

The National Academies
Committee on National Statistics

Meeting on Research Issues in
Elder Mistreatment and Abuse and Financial Fraud*

June 22, 2010

MEETING REPORT

Executive Summary

This report documents a meeting of leading experts on elder mistreatment (EM) held jointly by the National Institute on Aging and the National Academy of Sciences on June 22, 2010. The meeting was called to summarize the state-of-the-science in EM, identify gaps in knowledge, and elaborate upon the types of work needed to advance the science since the National Research Council's 2003 landmark publication *Elder Mistreatment: Abuse Neglect and Exploitation in an aging America*. While NIA's primary interest is to advance research in the field, presenters' remarks were wide-ranging including comments on infrastructure development, funding, and criminal justice issues. Four categories of salient outcomes were noted: (1) There is a need for interventions at all levels of the EM field including prevention, keeping abused elders in their own homes, clinical interventions, and legal/criminal justice interventions. (2) Measurement issues in EM have developed significantly, based upon NIA's funding of methodology development grants, and the field is ready to advance to a national prevalence/incidence study under the direction of agencies whose mission is closely aligned with prevalence/incidence detection such as CDC or DoJ. (3) Financial fraud was identified as a significant problem with too little research being conducted on determining detection and prevention strategies. (4) Finally, more general issues such as research involving EM in minority populations, career development of researchers in the field, and funding issues related to EM were discussed and identified as warranting greater attention and investment.

I. INTRODUCTION

An exploratory meeting on research issues in elder mistreatment and financial fraud was convened on June 22, 2010, by the Committee on National Statistics (CNSTAT) at The National Academies in Washington, D.C., to assess the state of the science on elder mistreatment and financial exploitation. The meeting was sponsored by the National Institute on Aging (NIA), National Institutes of Health (NIH) with the goal of reviewing the accomplishments and gaps in

* The expert meeting was hosted by the Committee on Population, The National Academies, and sponsored by the National Institute on Aging. This meeting summary was prepared by Mary Lou Rife and Rose Li, Rose Li and Associates, Inc. (rose@roseliassociates.com) under NIA contract no. HHSN263200700991P. The statements, conclusions, and identified research gaps contained in this document reflect both individual and collective opinions of the meeting participants and are not intended to represent the official position of The National Academies, the National Institutes of Health, or the U.S. Department of Health and Human Services. We gratefully acknowledge comments provided by Sidney M. Stahl, Richard Suzman, and John Haaga on earlier drafts of this report.

the field since the landmark publication in 2003 of *Elder Mistreatment: Abuse, Neglect, and Exploitation in an Aging America* by the National Research Council (NRC). The NRC report defined elder mistreatment (EM) as “(a) intentional actions that cause harm or create a serious risk of harm, whether or not intended, to a vulnerable elder by a caregiver or other person who stands in a trust relationship to the elder or (b) failure by a caregiver to satisfy the elder’s basic needs or to protect the elder from harm.”¹

The 2003 NRC report also recommended priorities and strategies for strengthening research in the field of elder mistreatment and abuse. Since that time, the NIA issued a Request for Applications (RFA) focused on methodological issues related to elder mistreatment from which nine projects were awarded,² funded several unsolicited projects on this topic, and worked with other funders (e.g., Department of Justice [DOJ] National Institute on Justice [NIJ]) to address research gaps within the medical, social service, and legal environments. There also has been an increase in publication volume on the topic of “elder abuse” since 2005.³ The NIA requested that CNSTAT assess the scientific knowledge gained in this interval and further discuss priorities for future research on elder mistreatment. Participants included 14 extramural investigators and representatives, NIA staff, and representatives from interested agencies including the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services; Centers for Disease Control and Prevention (CDC); Administration on Aging (AOA); DOJ; Federal Trade Commission; Financial Industry Regulatory Authority; General Accounting Office; and American Bar Association.

Prior to the meeting, invited participants were asked by Dr. Sidney Stahl (NIA) to prepare state-of-the-science briefs intended to assess salient and promising findings that may move the field forward, and gaps in knowledge that require immediate research attention to help understand and ameliorate the problem of elder mistreatment.

In her welcoming remarks, Dr. Connie Citro, CNSTAT Director and Meeting Chairperson,⁴ commented on the benefits of bringing people with methodological and substantive expertise together to work, given the current existence of “silos” in a decentralized research and statistical system. She also acknowledged that multiple agencies, institutes, and organizations are required to address different functions in the elder mistreatment arena. Dr. Richard Suzman, Director of the NIA Division of Behavioral and Social Research, echoed the need for significant collaboration by the nonprofit sector and federal agencies such as those represented at the meeting. The strength of the NIA in this field is funding research at the nexus of basic and

¹ Bonnie RJ, and Wallace RB. 2003. *Elder mistreatment: Abuse, neglect, and exploitation in an aging America*. Panel to Review Risk and Prevalence of Elder Abuse and Neglect. Washington, DC: The National Academies Press, p. 39.

² Developmental Research on Elder Mistreatment, released March 23, 2005 (RFA-AG-05-009) and reissued August 4, 2006 (RFA-AG-06-009). See <http://grants.nih.gov/grants/guide/rfa-files/RFA-AG-06-009.html>.

³ Lachs MS, and Pillemer KA. 2010. A short blueprint for progress in elder abuse research. Brief prepared for the Meeting on Research Issues in Elder Mistreatment and Abuse and Financial Fraud, Committee on National Statistics, The National Academies, June 22.

⁴ Connie Citro replaced Robert Wallace as chair of the meeting due to extenuating circumstances that precluded Wallace from attending the meeting.

applied sciences to generate advances in the field of aging. He emphasized the need for developing improved measures of well-being for the older populations, suggesting an innovative approach, for example, that focuses on the assessment of “misery and suffering,” including risk factors, scientific opportunities for research, and deployment of resources in the future.

The meeting consisted of four major sessions, each facilitated by an expert who had reviewed briefs prepared by selected experts on various aspects of elder mistreatment:

- Session 1: Methodological Issues in Elder Abuse Research
- Session 2: Medical Issues and Interventions
- Session 3: General Issues in Elder Abuse Research
- Session 4: Research on Financial Fraud Affecting the Elderly

This report highlights the main points from the state-of-the-science briefs, meeting presentations, and discussion, with particular emphasis on identified gaps and future priority areas. The identified gaps in knowledge are broad-ranging. While most may be relevant to gaps in research, many are gaps that are well beyond the NIA research mission. In the interest of providing a complete report of the proceedings, all of the identified gaps in knowledge as well as gaps in programmatic areas are reported here. Thus priorities and identified gaps are listed across a broad array of areas and not necessarily aimed at one funding agency such as NIA. Every effort was made to include each of the identified gaps in knowledge and ideas discussed at the meeting. The meeting agenda and final list of attendees is included as Appendices A and B.

II. SESSION 1: METHODOLOGICAL ISSUES IN ELDER ABUSE RESEARCH

Salient and Promising Research Findings

Several studies to improve understanding of elder abuse and neglect perpetration were cited as important strains of research, particularly as essential to primary prevention.

Victim prevalence studies are feasible

Mistreatment Category	Lauman, et. al N=3005 ^a	Acierno, et al. N=5777 ^b	Biggs, et. al (U.K.) N=2111 ^c
Psychological	9.0	4.6	0.4
Physical	0.2	1.6	0.4
Sexual	*	0.6	0.2
Neglect	*	5.1	1.1
Financial	3.5	5.2	0.6
One year, overall prevalence *		11.4	2.6

*Not measured or not reported
 Method used: a=in-person and/or mail in questionnaire
 b=RDD;CAPI
 c= in-person, CATI

Several population-based surveys, including the National Social Life, Health and Aging Project (NSHAP; Laumann et al.), a nationally representative telephone survey (Acierno, *et al.*) and a national study in the United Kingdom (Biggs, *et al.*), have shown that large-scale prevalence studies of elder mistreatment using probability sampling methods are feasible. There were differences in the estimates produced by the two studies of the United States, which may be attributable to mode effects (NSHAP used face-to-face interviews and mail-in questionnaires, while

Acierno, *et al.* used a telephone interview), differences in the number and content of specific items, questionnaire order, and variable construction. Further analysis of these two surveys (including attempts to calculate as similarly as possible a subset of rates common to each) could help clarify the sources of variation.

Reporting on potentially sensitive issues can be improved with use of technology

Older adults are able and willing to use technology to answer questions about elder mistreatment, such as audio computer-assisted self-interviewing (A-CASI) and telephone-based interactive voice response (IVR) to answer questions about elder mistreatment.⁵ Beach (2010) reports that more than 80 percent of older adults randomly assigned to such technology used it successfully. In addition, these techniques resulted in higher prevalence estimates of psychological mistreatment and financial exploitation than traditional interview methods. Progress has been made in the development of measure methods as well. Conrad, *et al.*, have used item-response theory to develop computer-adaptive testes that measure psychological and financial abuse and that may be adaptable for other kinds of abuse.⁶ These findings suggest that increasing the privacy of response, and the manner in which questions are asked, can make respondents more forthcoming in reporting on possibly sensitive topics. However, some participants raised concerns that older adults who are cognitively impaired may have difficulty operating the technology required by these more automated methods.

Social support is central to the lives of older adults

Social support is important as a potential preventive measure both with respect to mistreatment events and the potential outcomes of these events.^{7 8}

Residents are the source of much abuse in residential long-term care facilities

Weekly rates of resident-on-resident mistreatment very likely exceed yearly rates of mistreatment perpetrated by caregivers in residential settings.⁹

Elder abuse and self-neglect are associated with elevated mortality rates

⁵ Beach SR, 2010. Elder mistreatment research six years after the NRC/NAS report: New developments, remaining challenges. Brief prepared for the Meeting on Research Issues in Elder Mistreatment and Abuse and Financial Fraud, Committee on National Statistics, The National Academies, June 22.

⁶ Conrad KJ, Iris M, Ridings JW. 2008. Conceptualizing and measuring financial exploitation and psychological abuse of elderly individuals. Report to the National Institute of Justice. Project #2006-MU-MU-0004. See <http://www.ncjrs.gov/pdffiles1/nij/grants/228632.pdf>.

⁷ Acierno R. 2010. Elder mistreatment research: Salient findings, promising results, and gaps. Paper prepared for the Meeting on Research Issues in Elder Mistreatment and Abuse and Financial Fraud, Committee on National Statistics, The National Academies, June 22.

⁸ Hawes C. 2010. Overview/summary of research on elder abuse and neglect: where are we in 2010? Brief prepared for the Meeting on Research Issues in Elder Mistreatment and Abuse and Financial Fraud, Committee on National Statistics, The National Academies, June 22.

⁹ Acierno (2010) referring to work by Mark Lachs, Karl Pillemer, and Tony Rosen.

An analysis using record linkage techniques for the New Haven Established Population for Epidemiology Studies in the Elderly (EPESE) cohort has found that those referred to Adult Protective Services (APS) for elder mistreatment or self-neglect are associated with elevated mortality rates.¹⁰ A 2009 study using data from the Chicago Health and Aging Project (CHAP) reinforces the earlier finding.¹¹ Dong's research also shows dramatically higher one-year mortality rates, and more specifically with cardiovascular-related mortality, among older adults referred to social service agencies for self-neglect. Findings also demonstrated that mortality risk associated with EM was not confined to those with lowest levels of cognitive and physical function and not restricted to those with highest levels of depressive symptoms and lowest levels of social support and social engagement.

Better estimates of prevalence may be obtained by linking available data

Studies that focus on assimilating different types of data on elder abuse and linking different data sources (e.g., APS, law enforcement such as FBI National Incident Based Reporting System, medical records, state-level, forensic laboratories) and their respective data elements for the same individuals can help generate more precise comprehensive estimates of prevalence. The findings also can be used to evaluate the effectiveness of prevention interventions and to detect changing trends that inform new interventions.^{12 13} Study findings underscore the importance of mixed methods and consideration of qualitative approaches to provide more nuanced information for public health.¹⁴

APS records and autopsies may yield more useful data on elderly mistreatment

The Texas Elder Abuse and Mistreatment Institute (TEAM) focused research on forensic studies and biomarkers indicative of vulnerability in self-neglecting elders.¹⁵ Its studies resulted in several important findings, including the fact that medical records and other information, including scene investigation reports, are often inadequate in providing information to support medical examiners in the cause of death determinations; the findings suggest that APS records

¹⁰ Lachs MS, Williams CS, O'Brien S, Pillemer KA, and Charlson ME. 1998. The mortality of elder mistreatment. *Journal of the American Medical Association* 280:428-432.

¹¹ Dong S, Simon M, Mendes de Leon C, Fulmer T, Beck T, Hebert L, Dyer C, Paveza G, and Evans D. 2009. Elder self-neglect and abuse and mortality risk in a community-dwelling population. *Journal of the American Medical Association* 302:517-526.

¹² Verhoek Oftedahl W, Allen S, and Kohn R. 2010. Evaluation of data linkage methodology to improve estimates of elder mistreatment: Preliminary findings. Brief prepared for the Meeting on Research Issues in Elder Mistreatment and Abuse and Financial Fraud, Committee on National Statistics, The National Academies, June 22.

¹³ Hall JE. 2010. Field assessment: A public health perspective. Brief prepared for the Meeting on Research Issues in Elder Mistreatment and Abuse and Financial Fund, Committee on National Statistics, The National Academies, June 22.

¹⁴ Mulford C. 2010. Untitled. Brief prepared for the Meeting on Research Issues in Elder Mistreatment and Abuse and Financial Fraud, Committee on National Statistics, The National Academies, June 22.

¹⁵ Dyer CB, and Burnett J. 2010. NIH Conference: Current research and prevailing trends in elder mistreatment. Brief prepared for the Meeting on Research Issues in Elder Mistreatment and Abuse and Financial Fraud, Committee on National Statistics, The National Academies, June 22.

and autopsies may yield more useful data. A second TEAM study identified cognitive and functional impairments, self-reported health, morbidity and pain, personal hygiene, nutritional status, safety and circumstances of the home environment and associated social and demographic factors as important for developing a working model for neglect.

Identified Gaps in Knowledge

Participants acknowledged the limits of developing a single theory or organizing framework for elder mistreatment, despite the fact that this problem may affect the design of appropriate interventions and presents an obstacle regarding policy development. They agreed that it would be necessary to explore multiple conceptual frameworks from multiple disciplines to build a tighter concept of elder mistreatment. In addition, gaps in several major areas related to research methods were identified, including operational definitions, improved outcome measures, screening tools, and large-scale longitudinal studies. Several participants commented on the need in research to translate risk factors into prevention strategies. One very broad idea suggested synthesizing research findings on prevalence measurement and data collection innovation; continuing the work of conceptual development and theory building; and striving to develop and test substantive macro-level interventions. Another general identified problem area focused on developing strategies to integrate more effectively the elder treatment community with the epidemiological field to break down barriers that prevent survey progress. Participants also recognized that research needs to address elder abuse at multiple levels: physiological, psychological, behavioral, and community, using mixed methods including qualitative studies.

The CDC recently was able to integrate questions on elder maltreatment in a survey on intimate partner violence that will provide routine data. It was noted that this development is a promising prelude to CDC undertaking a full-scale national prevalence and incidence survey as part of the elder mistreatment components of the Health Care Affordability legislation. On the other hand, while some researchers have called for the National Center for Health Statistics (NCHS) to incorporate elder mistreatment-related questions into its surveys (e.g., National Health Interview Survey, National Nursing Home Survey), others claim that the relatively small sample sizes of the population of interest in its surveys, the exclusion of institutional populations, and reliance on household representatives as respondents would limit the usefulness of the data. Legal constraints typically introduce additional obstacles. There was agreement that more innovative methods are needed to gather longitudinal data, including local surveys.

The list of ideas below is based on the identified gaps that are related to research methodology and presented throughout the meeting.¹⁶

Operational Definitions

- Establish consistent working definitions of elder mistreatment (financial, physical, emotional, sexual, neglect) for research and epidemiological studies to help overcome

¹⁶ For a summary of overarching themes, see Wilbur K. 2009 (October 9). Research on elder mistreatment: What are the important findings over the past six years? Brief prepared for the Meeting on Research Issues in Elder Mistreatment and Abuse and Financial Fraud, Committee on National Statistics, The National Academies, June 22, 2010.

variations in current elder mistreatment prevalence estimates (3-28 percent, when these categories are not separated) and response rates (10-89 percent). For example, what is the difference between “mistreatment” and “abuse” and what is the meaning behind “trust relationship” in resident-on-resident abuse? What is the lower cut-off age for elder abuse? It was noted that CDC has been working on a consensus-based series of operational definitions for elder mistreatment.

- Determine the appropriate “denominator” across various types of abuse. Researchers often use the population aged 60+ or 65+, but the denominator depends on the definition and type of abuse, for example, number needing caregivers.
- Explore how definitions and underlying assumptions affect results, for example, perpetrator versus victim, or trusted other versus stranger.

Measurement and Screening Tools

- Develop screening tools appropriate to the persons and setting where they will be used, using a criterion standard for specificity and sensitivity, and identify ways to stratify baseline vulnerability of elder abuse victims.
- Study the role of cognitive impairment as a risk factor for elder mistreatment (since it is overrepresented in this age group), as well as being a potential risk factor for erroneous reporting of mistreatment.
- Compare various versions of the Conflict Tactics Scale (CTS), which provides some ability to compare numbers across studies, in a more formal manner for adaptation to elder mistreatment.
- Use concept mapping techniques in the areas of psychological and financial abuse to develop useful clinical and research tools for developing severity measures in other areas of elder mistreatment.
- Develop outcome measures that are more appropriate for both research and clinical use. Process measures (e.g., numbers served) are deemed inadequate since process measures only get at reported cases.
- Develop studies, based on domestic violence research, that determine the effects of screening, in order to understand if early detection prevents or escalates violence among elders.
- Develop surveillance and detection methods in social service provider settings, health care provider settings, and long-term care settings; identify incidence and prevalence rates of abuse and neglect in facilities.
- Create risk factor profiles for different types of elder mistreatment, and identify ways to screen for risk factors to follow longitudinally, at a reasonable cost.
- Study the relationship of self-neglect to elder mistreatment by trusted others.
- Develop a working model of neglect, both self-neglect and neglect by a trusted other.

Data Collection

- Design and conduct a large-scale population-based study to uniformly and comprehensively gather elder mistreatment data. This study should be based on the measurement advances developed and reported in this report and in the published literature. Such surveillance studies will require the financial input and leadership from

agencies whose mission it is to conduct tracking of large-scale health-related or crime-related phenomena., such as CDC or DoJ.

- Conduct longitudinal studies that follow the natural history of abuse, separating causes from outcomes. Based on the recommendations of the 2003 NRC report, integrate tested elder mistreatment questions into existing large-scale longitudinal studies of adults.
- Develop surveillance and detection methods in social service provider settings, health care provider settings, and long-term care settings. Include in prevalence rates the 1.6 million in nursing homes and the one million in assisted living or in licensed board and care homes, where 50 percent of the residents have severe impairment, a risk factor for resident abuse.
- Design surveillance and detection methods for community-dwelling, cognitively impaired elders, and design a rational community sampling strategy that is sufficiently representative to include those with cognitive impairment.
- Design data collection strategies for identifying and understanding risk factors associated with elder mistreatment perpetrators.
- Review human subject research requirements (e.g., Health Insurance Portability and Accountability Act [HIPAA], Institutional Review Board [IRB]) for protecting older and vulnerable adults that currently make potentially useful research studies overly difficult and expensive to do.

III. SESSION 2: MEDICAL ISSUES AND INTERVENTIONS

Salient and Promising Research Findings

A catalyst for developing interventions is the recognition that elder mistreatment is a societal threat that poses a public health burden, thereby requiring measuring the problem from different viewpoints, for example, in terms of mortality risk, health care needs, and social service costs.¹⁷

In addition, there are implications from decision-making research and policy related research about allocation of resources. Participants commented that little is known about interventions for the various forms of mistreatment, but agreed that interventions need to be mistreatment-type specific and tailored to the special needs of clients. Yet, there is a dearth of literature that documents any intervention studies to address improved screening, treatment, and prevention of elder mistreatment.

Participants identified a number of salient findings from research on interventions including the following:

- Evidence indicates that older adults are willing and capable of responding to elder mistreatment surveys that use a variety of measurement modalities.

¹⁷ See, for example, Stiegel LA. 2010. Reaching above the low-hanging fruit: The need for health-related research on capacity to make financial decisions, susceptibility to undue influence, and markers and consequences of neglect. Brief prepared for the Meeting on Research Issues in Elder Mistreatment and Abuse and Financial Fraud, Committee on National Statistics, The National Academies, June 22.

- Trained clinicians are willing and able to screen and plan care for elder mistreatment.¹⁸
- On the other hand, there is serious underreporting of neglect when older adults are screened in emergency departments by clinicians with little experience in screening for neglect cases. Clinicians prefer brief screens and want evidence that patients will not find the questions objectionable. There is also evidence that clinicians will undertake complex assessments in a timely and effective manner and create an integrated plan of care for geriatric patients affected by elder mistreatment with the appropriate screens and education.
- Related research indicates that elders are more at risk for neglect if their dyadic caregiver self-reports poor functional status and had significant childhood trauma.
- The accidental and non-accidental bruising studies by Mosqueda are notable in influencing how medical and criminal justice professionals consider bruising as evidence of physical abuse; these findings can be applied to the emergency room and office settings to prompt questions about the origins of the injury.¹⁹

Identified Gaps in Knowledge

Evaluation of Current Interventions

- Consider how to frame solutions in assessing interventions in terms of positive outcomes and recognized successes.
- Create and evaluate interventions for older adults with physical and cognitive disabilities, including dementia, who are highly vulnerable to mistreatment.
- Conduct studies to evaluate the efficacy, quality, and cost-effectiveness of groups that serve as responders to elder mistreatment, in addition to APS, including Elder Abuse Teams.
- Evaluate APS agencies by studying processes and outcomes, such as types of interventions, prevention of recidivism, death rates, cost-effectiveness, and need for medical and/or legal consultations. Research can assess APS interventions, for example, in terms of long-term outcomes and analyses of case dispositions.

Design of New Interventions

- Develop and evaluate intervention strategies that focus on prevention, based on the identification of risk factors.
 - Design community-based interventions to sustain and enhance social support networks to prevent mistreatment and enhance resilience.
 - Structure new preventive interventions to address the violence residents of care facilities perpetrate against one other.

¹⁸ Fulmer T. 2009 (Fall). Elder mistreatment: The state of the science. Brief prepared for the Meeting on Research Issues in Elder Mistreatment and Abuse and Financial Fraud, Committee on National Statistics, The National Academies, June 22.

¹⁹ Mosqueda L, Burnight K, and Liao S. 2005. The life cycle of bruises in older adults. *Journal of the American Geriatrics Society* 53(8):1339-1343 (August).

- Study the characteristics of victims and perpetrators of different types of elder abuse and design and test interventions effective for each type that would also lead to prevention strategies that can be tested in longitudinal studies.
- Design valid measurement tools for victim surveys, including alternatives to the conflict tactics scale (CTS). The CTS is not always applicable; for example, when a demented patient strikes a caregiver.
- Build on lessons learned from other fields, such as child abuse and intimate partner violence; for example, examine the applicability of forensic work in child abuse to determine the ability of older people to provide testimony at various levels of cognitive ability.
- Research strategies of elder abuse services that emphasize central coordination and an “ownership” model to assure continuity in the services of elder abuse.

Clinical Interventions

- Design intervention studies to test ways to improve clinicians’ screening, treatment, and prevention of elder mistreatment, including clinical trials that enroll clinicians into educational interventions that follow best practices for elder mistreatment.
 - Educate clinicians about screening for elder abuse and provide tools (brief screens) and evidence that patients will not find questions objectionable to enable them to complete complex assessments in a timely and effective manner leading to an integrated plan of care.
 - Develop consistent screening procedures based on the accidental and non-accidental bruising studies for use by health professionals who treat and attorneys who defend and try elder mistreatment cases.
 - Create a compendium of “best practices” in clinical settings for identifying elder mistreatment and neglect.
- Train long-term facility staff to deal with behavioral issues related to resident-on-resident abuse.
- Continue to study the more specific factors associated with elder mistreatment among individuals with dementia, such as Alzheimer’s disease (AD), to understand the targeted risk factors for elder mistreatment and for planning for future intervention studies among those with dementias.
- Examine elder mistreatment outcomes associated with cause-specific mortality so as to better understand potential causal mechanisms between elder mistreatment and mortality, including pathways between psychological and biological processes.
- Review and extend research that targets biological linkages with elder mistreatment and neglect, such as Vitamin D deficiency, a problem common in elders who self neglect. The characteristics of this deficiency, usually accompanied by impaired physical performance, cognitive impairments, weakness, more frequent falls, and inadequate living skills, can be potentially improved by treatment.

Legal/Criminal Justice Issues

- Reconceptualize neglect and inadequate care so as to define what “justice” means in this population.

- Continue research to provide additional information on forensic markers, as well as behavioral, environmental, financial, and physical markers.
- Identify those interventions by police, prosecutors, and others in the justice system such as guardians and aging network entities that are intended to make elders safe. While domestic violence relies heavily on justice system interventions, those models may not be relevant for the elder justice field.
- Study in greater detail the concept of executive dysfunction with regard to capacity assessment in abused elders who may refuse intervention because they lack capacity for self-care and self-protection and are therefore not able to extricate themselves from injurious living situations.
 - Review the consequences of outcomes of legal interventions; for example, prosecution of a trusted other is not necessarily a desired outcome, particularly for the abused person.
 - Design and then translate health-related research on functional and mental capacity, susceptibility to influence, and neglect markers that are accessible to a wide range of medical, legal, and social service professionals. These are needed to address the gap in research related to identifying cognitive and other behavioral markers of diminished capacity.
 - Locate or create data about guardianship, determination of incapacity, and types of monitoring.
 - Consider studies on the ability of older people to provide testimony at various stages of cognition; a growing body of literature considers the impact of emotion on working memory and other domains of cognition in older people. Forensic work has been done in this area with children and perhaps can be borrowed to jumpstart research on this area for elders.
- Assess the efficacy of criminal background checks and legislation (e.g., mandatory reporting laws) to determine if they make elders safer.
- Develop more targeted and efficacious measurements of outcomes of prevention and intervention of Multidisciplinary Teams (MDTs) to understand how these teams work best and what they have accomplished.
- Assess efficacy of Department of Justice elder abuse training materials, curricula, and training videos, of Corporate Integrity Agreements (CIAs), and ongoing systematic monitoring systems.

Mental Illness and Elder Abuse

In the area of mental health and elder abuse, salient findings include the lack of collaboration due to poor coordination and a basic misunderstanding about the goals of different agencies.²⁰ However, few studies exist with a primary focus on mental illness.²¹ In general, studies reinforce the idea that symptoms of mental illness are prevalent among victims of elder mistreatment, but

²⁰ Teaster PB, Stansbury KL, Nerenberg L, and Stanis P. 2009. An Adult Protective Services' view of collaboration with mental health services. *Journal on Elder Abuse & Neglect* 21(4):289-306.

²¹ Santos EJ, and Conwell Y. 2010. Mental illness and elder mistreatment research. Brief prepared for the Meeting on Research Issues in Elder Mistreatment and Abuse and Financial Fraud, Committee on National Statistics, The National Academies, June 22.

that they rarely produce a formal psychiatric diagnosis. There is the most evidence for dementia as a risk factor for mistreatment, but dementia is a progressive illness with myriad neuropsychiatric symptoms that evolve over many years.

Specific research gaps in this area include the following:

- Design research to determine the relationship between mental illness and elder abuse in terms of causal factors.
 - Conduct research on how different stages of dementia impact abuse and neglect.
 - Determine which characteristic symptoms of dementia place the older person at greater risk for elder mistreatment and for which types of elder mistreatment.
 - Study dyads of older adults with dementia and their caregivers to determine if the dementia influences the likelihood of abuse.
 - Explore caregiver stress relative to elder mistreatment and ways to build caregiving skills, especially for those caring for elderly with AD.
- Design studies to identify factors likely to moderate the relationship between mental illness and EM and which examine whether there are relationships that can be modified to prevent the progression from patient with mental illness to victim of elder mistreatment.
- Are there problems with access to psychiatric care and medical care, financial resources, and social support that can be solved for both the perpetrator and the victim of elder mistreatment? What are the factors that lead to mental illness as a consequence of elder mistreatment?
 - Study victim and perpetrator characteristics and family dynamics in collaboration with mental health researchers.
- Develop more memoranda of understanding (MOUs) between APS and mental health facilities that reinforce collaborative efforts in response to the needs of victims and adults at risk for abuse, neglect, self-neglect, and exploitation.

IV. SESSION 3: GENERAL ISSUES IN ELDER ABUSE RESEARCH

Salient and Promising Research Findings

Research on Minority Populations

Various race and ethnic groups maintain differing notions of what constitutes elder mistreatment. What appears to be abuse to the majority population may not be interpreted as such by minority elders. Consequently, an ethical dilemma may arise when an individual's view conflicts with a professional view of elder mistreatment.

An important question relates to access to communities and the acceptability of elder mistreatment as a research topic, given the possible impact on recruitment of participants. Recent studies provide a clear indication that participation of minorities is possible. For example, a research project funded by the NIA used Community-Based Participatory Research (CBPR) that

permits research participants a more direct role in the planning, process, and uses of research.²² This project, which uses CBPR and focused on Native American communities, increases the likelihood that approaches on a sensitive topic will be culturally relevant and more likely to be efficacious. However, it may be challenging to incorporate CBPR into standardized survey/epidemiological work.

Another key question regarding the U.S. minority population is whether standardized measures can encompass the varying meanings and conceptions of elder mistreatment among a range of U.S. ethnic groups. Large epidemiological surveys may need to be supplemented with sub-surveys of minorities that are comprised of more qualitative components to realize a more nuanced understanding. A combination of quantitative and qualitative methods may be required to get a “full picture,” using qualitative data to identify questions and interpret “meaning” in these communities.

The desire to respect varying perspectives raises ethical dilemmas for researchers who may find it challenging to use one absolute standard regarding the treatment of the elderly. A more nuanced perspective may be required to view the relationships of elder abuse to family violence across the lifespan in ethnic minority communities.

Identified Gaps in Knowledge

Research on Minority Populations

- Move beyond studying perceptions among ethnic minorities and determine what to do with that information. What does it mean for researchers ethically and practically if elders in a particular ethnic group see particular practices as more or less abusive? How do researchers put the knowledge of cultural differences into action? Places where there are commonalities may be limited to severe cases, such as physical and sexual assault.
- Incorporate mixed methods into large-scale epidemiological studies of elder mistreatment. In addition, study elder mistreatment in the broader context of family.
- Investigate racial/ethnic differences of risk/protective factors associated with elder mistreatment, particularly in longitudinal settings, to develop a benchmark for more targeted prevention and intervention studies.
- For qualitative research, move beyond focus groups to ethnographic interviewing and participant observation.
- Address continual ethical and IRB issues. Determine what constitutes elder mistreatment, who defines it, what behaviors should be reported, and what happens to elders, families, and communities when mistreatment is reported. This problem is perhaps even more acute in ethnically diverse communities.

Career Development for Elder Mistreatment Researchers

Throughout the meeting, it was reiterated that no career development infrastructure exists for professionals interested in elder mistreatment comparable to those working on other geriatric

²² Jervis LL, and the Shielding American Indian Elders Project Team. 2005. Native elder mistreatment: A CBPR approach. *Anthropology News* April, 52-53.

syndromes. However, there remains a need to recruit and advance scientists in the field. Given the current small number of committed and qualified investigators and the low level of funding to conduct science in the field of elder mistreatment, participants offered several ideas:

- Develop an infrastructure and a pipeline process to build a cadre of young researchers in medical, behavioral, and social sciences. Create a community of scholars that identify with each other who can have a sustained dialogue rather than just meeting at occasional conferences, and who can use virtual means when appropriate.
 - Create pre-doctoral and post-doctoral opportunities in the field and attract more funding streams, particularly from foundations, to support this work.
 - Create a critical mass of mentors in one place, as well as an innovative national mentorship model.
- One suggestion was to design ways to encourage professionals to join the elder abuse field, for example, through summer research institutes. It was suggested that the Institute of Medicine (IOM) might conduct a panel or study on the elder mistreatment workforce similar to the one that resulted in *Retooling for an Aging America. Building the Health Care Workforce* (2008). Another approach to this might be an activity that AGS undertake with a subcommittee on elder mistreatment.
- Persuade organizations, like the American College of Medical Schools (ACMS), to address elder mistreatment issues in recommended curricula.
- Establish research and training centers such as those at the University of California-Irvine, Cornell University, and the University of Texas-Houston to attract researchers to the field and train them in elder mistreatment research and treatment. Create a federal office for elderly mistreatment, comparable to those in child abuse or domestic violence, to provide more policy development, credibility, and visibility for the field.

Funding for Intervention Studies

Meeting participants commented on an increase in the number of peer-reviewed papers and an overall increase in federal funding by the NIA and the NIJ. However, experts called for additional and higher government funding levels at the NIH, CDC, and other HHS components for elder mistreatment, particularly in the context of aging of the population. Dr. Marie Bernard, Deputy Director, NIA, reminded participants that most applications submitted to the NIH are investigator-initiated, not in response to an RFA. Therefore, NIA/NIH funding is to an extent limited by the numbers of applications received on elder mistreatment.

While several foundations fund elder mistreatment research and programs (such as Archstone, Samuels, and Metlife), more needs to be done to “crack the bank,” as one participant noted, to attract more philanthropic, corporate, and private donors to support research on elder mistreatment.

Other specific ideas included:

- Provide funding for inter-university cooperative grants to create a national consortium to collectively address core issues of elder mistreatment.
- Fund intramural and extramural programs from different Department of Health and Human Services agencies and multiple NIH Institutes (e.g., NIA, National Institute of

Nursing Research, National Institute of Mental Health) to combine resources for research.

- Continue funding regular research (RO1) studies but with improved selection of reviewers who are experts in the field of elder mistreatment.
- Consider creating an interagency RFA to include the NIA, NIJ, CDC, and AOA to expand elder mistreatment research.

Other Federal Government Initiatives

- Consider elder mistreatment from perspectives such as health care, economics, and social justice so as to leverage research opportunities within existing policies and budgets.
- Conduct research on the cost of elder abuse to develop economic arguments for both prevention and intervention.
- Develop partnerships among various agencies, such as AOA, the Centers for Medicare & Medicaid Services, and the Substance Abuse and Mental Health Services Administration (SAMHSA) to support the NIA in elevating the importance of the topic within the federal government.
 - Identify committed legislative voices regarding elder mistreatment to suggest ways for the White House to take action and show support.

V. SESSION 4: RESEARCH ON FINANCIAL FRAUD AFFECTING THE ELDERLY

Salient and Promising Research Findings

While financial fraud is typically considered a law enforcement issue, it is important to consider how behavioral and social research can contribute to the prevention of financial fraud. Dr. Laura Carstensen, Director of the Stanford Center on Longevity, described a consensus conference on financial fraud among the elderly held in October 2009 at Stanford that involved academic experts from the fields of social and cognitive psychology, neuropsychology, behavioral economics, and communications, public officials from the Federal Trade Commission and a state attorney general's office, AARP, and the Financial Industry Regulatory Authority (FINRA). The purpose of the October 2009 meeting was to identify key issues as they relate to the elderly and address such questions as: What is known at the present time about the nature of fraud? What are the conditions that make elders most susceptible to being victimized? What psychological tendencies might make particular groups of people especially vulnerable? What questions, if answered, might lead to practical solutions to prevent fraud? The Center views its purpose as serving as a clearinghouse for existing projects, in addition to developing new research projects to move the field forward. The Center is forming a team of experts in different fields to expand research efforts regarding older adults and financial fraud.²³

The Federal Trade Commission (FTC) has conducted two surveys that address specific forms of

²³ See Gannon J, and Shadel D. 2010. Fraud prevention research update. Presented at the Meeting on Research Issues in Elder Mistreatment and Abuse and Financial Fraud, Committee on National Statistics, The National Academies, June 22.

fraud across different age groups.²⁴ The surveys did not ask if participants had been a victim of fraud, but instead asked a series of questions designed to determine if they have had experiences that the FTC considers usually indicative of fraud. The results only relate to the prevalence of specific types of fraud. Findings indicate that younger people had a higher incidence of fraud, which may be the result of higher reporting rather than actual higher incidence. The study used standard random digit dialing (RDD) sampling and had a response rate of 23-26 percent. The study also found that response rates depended on how the question about fraud victimization is asked.

A joint study by the FINRA Investor Education Foundation and AARP Washington focused on profiling and prevention of consumer fraud. The focus was on identifying the demographics of people that are most susceptible to particular types of financial fraud and increasing resistance through education. While research has not shown that older adults experience the highest incidence of fraud, they are the most targeted because they are more likely to have money saved in equity.

The studies used a random sample of the general population and compared the results to a population of known fraud victims. In addition to phone interviews, focus groups were conducted to help develop messages to reach the target audience. One finding from focus groups was that known victims of financial fraud often would not acknowledge that they were victims and continue to believe they made a mistake. This may be one explanation for underreporting of incidents in this population.

FINRA and AARP have developed a workshop to educate consumers on persuasion techniques used by con artists. AARP set up a national call center to provide one-on-one peer counseling to potential victims of fraud. One of the benefits of using social marketing research, such as profiling, is that researchers can develop specific messages to reach potential victims of fraud.

In his review of the research conducted by FTC, FINRA, and AARP, Dr. Roger Tourangeau commented on the problems of RDD surveys in terms of sampling methodology and measurement issues and stated the benefits of a comprehensive longitudinal study that would include a larger sample size to address causality issues.

Identified Gaps in Knowledge

Participants offered a number of research ideas:

Research Studies

- Develop longitudinal studies to examine all forms of fraud, the direction of causality, and the consequences of financial abuse for older adults.

²⁴ The results of these surveys can be found in two reports “Consumer Fraud in the United States: An FTC Survey” (see <http://www.ftc.gov/reports/consumerfraud/040805confraudrpt.pdf>) and “Consumer Fraud in the United States: The Second FTC Survey” (see <http://www.ftc.gov/opa/2007/10/fraud.pdf>). See also Anderson KB. 2010. What is the prevalence of consumer fraud: The FTC surveys. Presented at the Meeting on Research Issues in Elder Mistreatment and Abuse and Financial Fraud, Committee on National Statistics, The National Academies, June 22.

- Design research studies to investigate common behavioral patterns across victim types and between younger and older consumers to determine if there is a unifying theory of fraud victimization.
- Study in greater depth specific profiles and behaviors of repeat fraud victims and profiles of those victimized to understand risk factors that could be targeted with specific prevention techniques.
- Address gaps in profile research regarding victim types beyond those of investment and lottery fraud.
- Overcome sampling problems in RDD by using case control studies.
- Design studies to identify measures of cognition which may be a predictor of financial abuse and the relationship between financial fraud and social and psychological behaviors.
- Design fraud studies to go beyond using sample landline phone numbers that exclude 30 percent of the population due to cell phone usage, poor coverage, and other limitations that result in low response rates.
- Improve measurement related techniques in asking questions, such as telescoping and filtering in follow-ups. Explore different ways to ask questions (e.g., computer-assisted instead of phones).
- Explore ways to obtain legally lists of victims' names.

Interventions

- Use technology as an early alert/detection warning and to identify perpetrators and victims of fraud.
- Educate consumers through web-based information on financial fraud as a public health intervention.
- Develop more effective peer counseling messages by applying positivity and emotion theory to shape the interaction.

VI. CONCLUDING REMARKS

Although there has been significant progress, including important methodological advances in the study of elder mistreatment since the 2003 NRC publication of *Elder Mistreatment*, reliable data about elder mistreatment remains sparse while the needs of the field are great and growing.²⁵ The outcomes of this meeting will help to develop an agenda for future directions building on the landmark NRC report of 2003. This important document served as a steppingstone for new research in the field of elder mistreatment, increased the awareness of scholars about the need for research in this field, and paved the way for innovative approaches to elder mistreatment research. The group felt that NIA funding following the NRC publication, which primarily addressed methodological issues in elder mistreatment, was instrumental in advancing the field. They also felt that the field was ready for agencies such as CDC to step in and begin developing surveys for assessing incidence and prevalence estimates of elder mistreatment for the U.S. Participants were encouraged to establish an online communications

²⁵ Connolly MT. 2010. Untitled. Brief prepared for the Meeting on Research Issues in Elder Mistreatment and Abuse and Financial Fraud, Committee on National Statistics, The National Academies, June 22.

group to discuss their experiences regarding IRBs and other issues related to their research. The group concluded that the identification of gaps in knowledge elaborated at this meeting will help to encourage both research and enhance interest on the part of multiple sponsoring agencies to continue to improve data, develop tools, and mount interventions to address effectively the problem of elder mistreatment in our country.

APPENDIX A

MEETING AGENDA

- 8:30 am – 9:00 am **OPENING SESSION**
Welcome and Introductions
 Connie Citro, Chair
Opening Remarks on Behalf of the Committee on National Statistics
 Constance Citro, CNSTAT
Opening Remarks on Behalf of the National Institute on Aging
 Richard Suzman and **Sidney Stahl**, NIA
- 9:00 am - 10:15 am **SESSION 1 Methodological Issues in Elder Abuse Research**
Chair: **Carmel Dyer**, University of Texas Medical School–Houston
Discussant: **Mark Lachs**, Weill Medical College of Cornell University
 Discussion of papers prepared by:
 Ron Acierno, Medical University of South Carolina
 Scott Beach, University of Pittsburg
Discussant: **Kate Wilber**, University of Southern California
 Discussion of papers prepared by:
 Jeffrey Hall, Centers for Disease Control and Prevention
 Wendy Verhoek-Offedahl, Brown University
 Carrie Mulford, U.S. Department of Justice
Comments and General Discussion
- 10:15 am – 10:30 am Break
- 10:30 am – 12:15 pm **SESSION 2 Medical Issues and Interventions**
Chair: **Marie Bernard**, Deputy Director, NIA
Discussant: **XinQi Dong**, Rush University Medical Center
 Discussion of papers prepared by:
 Carmel Dyer, University of Texas Medical School – Houston
 Terry Fulmer, New York University
 Laura Mosqueda, UCI Medical Center
Discussant: **Ron Acierno**, Medical University of South Carolina
 Discussion of papers prepared by:
 Mark Lachs, Cornell Medical College
 Kate Wilber, University of Southern California
Discussant: **Marie-Terese Connolly**, Woodrow Wilson
 International Center
 Discussion of papers prepared by:
 Elizabeth Santos, University of Rochester
 Pamela Teaster and Tenzin Wangmo, University of Kentucky
Comments and General Discussion
- 12:15 pm – 1:00 pm Lunch

- 1:00 pm – 2:15 pm **SESSION 3 General Issues in Elder Abuse Research**
Chair: **Wendy Verhoek-Oftedahl**, Brown University
Discussant: **Terry Fulmer**, New York University
Discussion of papers prepared by
 Marie-Terese Connolly, Woodrow Wilson International
 Center
 XinQi Dong, Rush University Medical Center
Discussant: **Scott Beach**, University of Pittsburg
Discussion of papers prepared by
 Lori Jervis, University of Oklahoma
 Lori Steigel, American Bar Association
Comments and General Discussion
- 2:15 pm- 2:45 pm **Floor Discussion and Summing Up by NIA—**
What are the next issues to be pursued in research on elder mistreatment
and abuse?
- 2:45 pm – 4:15 pm **SESSION 4 Research on Financial Fraud Affecting the Elderly**
Chair: **Laura Carstensen**, Stanford University
Introductory Remarks: **Laura Carstensen**

What is the Prevalence of Financial Fraud?
 Keith Anderson, Federal Trade Commission (FTC)
Who are the Victims of Financial Fraud?
 John Gannon, Financial Industry Regulatory Authority (FINRA)
Increasing Resistance to Financial Fraud
 Douglas Shadel, AARP
Discussant: **Roger Tourangeau, University of Maryland and CNSTAT**
Comments and General Discussion

Summing Up: **Laura Carstensen**
- 4:15 – 4:30 pm **CONCLUDING REMARKS**
 Robert Wallace, Chair
 Richard Suzman and Sidney Stahl, NIA

APPENDIX B

FINAL LIST OF ATTENDEES

Ronald Acierno, Medical University of South Carolina, Johns Island, SC
Keith Anderson, Bureau of Economics, Federal Trade Commission, Washington, DC
Scott Beach, University of Pittsburgh, Pittsburgh, PA
Marie Bernard, National Institute on Aging, Bethesda, MD
Risa Breckman, Cornell University, Ithaca, NY
Kay E. Brown, General Accounting Office, Washington, DC
Kerry Burnight, University of California at Irvine, Orange, CA
Laura Carstensen, Stanford University, Stanford, CA
Marie-Terese Connolly, Woodrow Wilson International Center, Washington, DC
Yeates Conwell, University of Rochester, Rochester, NY
Martha Deevy, Stanford University, Stanford, CA
XinQi Dong, Rush University Medical Center, Chicago, IL
Carmel Dyer, University of Texas Medical School, Houston, TX
Nicholas Fox, Administration on Aging, Washington, DC
Terry Fulmer, New York University, New York, NY
John Gannon, Financial Industry Regulatory Authority, Washington, DC
Jeffery Hall, Centers for Disease Control and Prevention, Atlanta, GA
Catherine Hawes, Texas A&M Health Science Center, College Station, TX
Loris Jervis, University of Oklahoma, Norman, OK
Gavin Kennedy, Office of the Assistant Secretary for Planning and Evaluation, HHS, Washington, DC
Mark Lachs, Cornell University Medical College, New York, NY
Rose Maria Li, Rose Li and Associates, Inc., Bethesda, MD
Andy Mao, U.S. Department of Justice Civil Division, Washington, DC
Clarita Mrena, General Accounting Office, Washington, DC
Carrie Mulford, National Institute of Justice, Department of Justice, Washington, DC
Mildred Ramirez, Hebrew Home for the Aged, Riverdale, NY
Mary Lou Rife, Rose Li and Associates, Inc., Bethesda, MD
Elizabeth Santos, University of Rochester, Rochester, NY
Doug Shadel, AARP Washington, Seattle, WA
Sidney Stahl, National Institute on Aging, Bethesda, MD
Lori Stiegel, American Bar Association, Washington, DC
Richard Suzman, National Institute on Aging, Bethesda, MD
Jeanne Teresi, Columbia University, New York City, NY
Roger Tourangeau, University of Maryland, College Park, MD
Wendy Verhoek-Oftedahl, Brown University, Providence, RI
Edwin Walker, Administration on Aging, Washington, DC
Eve M. Weisberg, General Accounting Office, Washington, DC
Stephanie Whittier, Administration on Aging, Washington, DC
Kate Wilber, University of Southern California, Los Angeles, CA

Prepared Papers, but unable to attend

Laura Mosqueda, University of California-Irvine, Irvine, CA
Pamela Teaster, University of Kentucky, Lexington, KY

Staff:

Constance Citro, Director, The Committee on National Statistics

Gooloo S. Wunderlich, Study Director and Senior Program Officer
Bridget Edmonds, Administrative Assistant