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If you have technical difficulties during the webinar, contact Jason Adams, who is providing technical support for this webinar. His email address is jadams@ovcttac.org.

Today’s session will be recorded and made available on the training website.

If you have questions, type them in the feedback box. We will address as many as possible throughout the webinar.
Understanding Elder Mistreatment Through the Lens of Severity:
Implications for Research and Practice

David Burnes, M.S.W., Ph.D.
ELDER JUSTICE INITIATIVE

- The **mission** is to support and coordinate the Department of Justice’s enforcement and programmatic efforts to combat elder abuse, neglect, and financial fraud and scams that target older adults.

- The Initiative does so by—
  - Promoting justice for older adults.
  - Helping older victims and their families.
  - Enhancing state and local efforts through training and resources.
  - Supporting, organizing and presenting research to improve elder abuse policy and practice.
Introducing

David Burnes, M.S.W., Ph.D., is a professor at the Factor-Inwentash Faculty of Social Work, University of Toronto, Canada, and an Affiliate Scientist at Baycrest Health Sciences.
Department of Justice
Elder Justice Initiative

“How Understanding Elder Mistreatment through a Lens of Severity: Implications for Research and Practice”

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Presentation Overview

1. Present the dominant binary understanding of elder mistreatment

2. Move toward a lens of severity to understand the problem of elder mistreatment
ELDER MISTREATMENT

An intentional act or omission occurring in a relationship of trust, which causes harm or serious risk of harm (whether or not harm is intended) to a vulnerable older adult or deprives an older adult of basic needs.

- Emotional
- Physical
- Sexual
- Financial

Acts  Neglect (Omission)

(National Research Council, 2003)
Global Prevalence Knowledge

Only large-scale, population-based studies using probability sampling and collecting data directly from older adults

18 studies

- Nigeria
- United States
- Portugal
- Ireland
- Lithuania
- Finland
- Belgium
- India
- Greece
- Austria
- Italy
- Israel
- United Kingdom
- Germany
- Netherlands
- Spain
- China
- Sweden
- Canada
- Mexico
Global One-Year Elder Mistreatment Prevalence

- Emotional Abuse No Threshold: 13.6%
- Financial Abuse: 4.7%
- Emotional Abuse Threshold: 3.6%
- Neglect: 3.1%
- Physical Abuse: 2.8%
- Sexual Abuse: 0.7%
One-Year Elder Mistreatment Prevalence in U.S.

- Emotional Abuse No Threshold: 6.2%
- Financial Abuse: 4.5%
- Neglect: 4.1%
- Emotional Abuse Threshold: 1.9%
- Physical Abuse: 1.4%
- Sexual Abuse: 0.5%
OVERALL ELDER MISTREATMENT PREVALENCE

All Studies
• Global: 14.3%
• U.S.: 9.5%

Studies Using Emotional Abuse Threshold Criteria
• Global: 7.1%
• U.S.: 7.6%

Underestimated Prevalence
• Underreporting among elders
• Excluded cognitive impairment
• Excluded older adults in institutional settings
PREVALENCE STUDIES

Elder maltreatment (EM) measured as a dichotomous/binary outcome

NO  YES
PREVALENCE STUDIES

NO

YES  YES
MOVE TOWARD UNDERSTANDING EM IN TERMS OF “SEVERITY”

As a phenomenon, EM exists with tremendous variation in severity

• Victim’s subjective appraisal of severity
• Frequency of mistreatment behaviors
• Multiplicity of behaviors within a given mistreatment type
• Multiplicity between mistreatment types (polyvictimization)
Based on data from large-scale, population-based New York State Elder Mistreatment Prevalence Study – a random sample of EM victims
Capture Full Spectrum in Variation of Frequency/Multiplicity Severity for each EM Type

- One behavior event in past year
- Multiple behavior types once in past year
- Event since age 60 but none in past year
- One behavior several times in past year
- Multiple behavior types several times in past year

YES
Distribution of Emotional Abuse Severity Scores
N = 509 (12.2%)

- Distribution of severity scores across cases was positively/right skewed (not normal)
- Mean: 2 to 10 mistreatment events per year
- 2-10 times past year (33.2%)
- >10 times past year (23.4%)
Distribution of **Neglect** Severity Scores  
N = 109 (2.6%)

- Distribution of severity scores across cases was positively/right skewed (not normal)
- Mean: 2 to 10 neglectful events per year
- 2-10 times past year (34%)
- >10 times past year (32%)
Distribution of **Physical Abuse** Severity Scores

N = 89 (2.1%)

- Distribution positively/right skewed (not normal)
- Mean: 1 to 2 mistreatment events per year
- Once past year (26%)
- 2-10 times past year (26%)
- >10 times past year (11%)
## Predictors of Mistreatment Severity

<table>
<thead>
<tr>
<th>Emotional</th>
<th>Physical</th>
<th>Neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger Age</td>
<td>Younger Age</td>
<td>Younger Age</td>
</tr>
<tr>
<td>Living Alone w/Perpetrator</td>
<td>Living Alone w/Perpetrator</td>
<td>Living Alone w/Perpetrator</td>
</tr>
<tr>
<td>Higher Education</td>
<td></td>
<td>Lower Education</td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td>Lower Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Functional Impairment</td>
</tr>
</tbody>
</table>
Based on data from the large-scale, population-based New York State Elder Mistreatment Prevalence Study – a random sample of EM victims
**Emotional:** N = 106 older adults who reported 10 or more emotional abuse events in past year (CTS items)

<table>
<thead>
<tr>
<th>Severity</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Serious</td>
<td>43</td>
<td>41%</td>
</tr>
<tr>
<td>Somewhat Serious</td>
<td>26</td>
<td>25%</td>
</tr>
<tr>
<td>Very Serious</td>
<td>37</td>
<td>35%</td>
</tr>
</tbody>
</table>
Physical: N = 51 older adults who reported at least one physical abuse event in past year based on CTS items

Not Serious: N = 23 (45%)
Somewhat Serious: N = 20 (28%)
Very Serious: N = 31 (28%)
**Neglect**: N = 66 older adults who reported at least 2 to 10 neglectful events in past year

- Not Serious: N = 27 (41%)
- Somewhat Serious: N = 20 (23%)
- Very Serious: N = 27 (36%)
Neutralization Theory

**Denial of Perpetrator Responsibility**
(Contextual stress and victim self-blame)
- Impaired victim requiring care from perp.
- Impaired victim living with perp.
- Financial strain

**Appeal to Higher Loyalties**
(Kinship/familial loyalty)
- Perp. is family-related offspring
  (child or grandchild)

**Denial of Injury**
(Low appraisal of harm)
- Lower frequency/multiplicity of mistreatment behaviors

**Appraisal of Lower EM Seriousness**
What predicts subjective appraisals?

<table>
<thead>
<tr>
<th>Emotional</th>
<th>Physical</th>
<th>Neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency of mistreatment behavior(s)</td>
<td>Frequency of mistreatment behavior(s)⁺</td>
<td>Frequency of mistreatment behavior(s)</td>
</tr>
<tr>
<td>Victim-perpetrator relationship type</td>
<td>Victim-perpetrator relationship type</td>
<td>Victim-perpetrator relationship type</td>
</tr>
<tr>
<td>Victim-perpetrator living arrangement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functional capacity x dependence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victim age</td>
<td></td>
<td>Victim gender</td>
</tr>
</tbody>
</table>
Severity offers a different framework through which to understand the problem of elder mistreatment.

What are some implications for research and practice?
CLINICAL PRACTICE

Consistent with the way clinicians and clients intervene with the problem of EM

- We rarely completely extricate a victim from their EM situation
- Idea of “complete” case resolution or “elimination” of the problem is not often realistic or desired by the older adult
- Clinicians are not looking to move a case from a “yes” to “no” status
- Binary conceptualization is not how clinicians think
Targeted Interventions

Severity

lx lx lx lx
RESEARCH/EVALUATION/MEASUREMENT

Severity Spectrum

T1

T2

YES

NO
Severity Measure

- Subjective victim appraisal
- Frequency
- Multiplicity
- Duration
- Intensity
- Specific nature of behavior
- Intrusiveness
- Extent of injury
- Fatality
- Age
WHY FOCUS ON SEVERITY?

Varying severity is predictive of adverse outcomes

Victims enduring more frequent and varied mistreatment behaviors more likely to experience:

• **Poor mental health** (depression, anxiety)
• **Poor physical health** (digestive, bone and joint, high blood pressure, heart, lung, # of reported health conditions)
• **Chronic pain**

(Fisher et al., 2011)
WHY SEVERITY?

• More accurately reflects EM phenomena as they exist in reality

• Captures heterogeneity in lived EM experiences

• Aligns with way clinicians approach the problem in interventions

• Provides more sensitive framework through which to measure changes in EM status
Funding Acknowledgements

Research has been supported by—

• New York State William B. Hoyt Memorial Children and Family Trust Fund
• New York State Office of Children and Family Services
• Social Sciences and Humanities Research Council of Canada
• Elder Justice Foundation
Q & A
Questions & Suggestions

Suggestions can be emailed to elder.justice@usdoj.gov