



Elder Mistreatment Prevention for Public Health: Environmental Scan

Definitions of Elder Abuse *

The concept of elder abuse has been defined in multiple, overlapping ways within the literature. One commonly accepted definition was first used in the U.S. Center for Disease Control and Prevention's (CDC) book *Elder abuse surveillance: Uniform definitions and recommended core data elements, version 1.0*. This book defines elder abuse as “an intentional act or failure to act by a caregiver or another person in a relationship involving an expectation of trust that causes or creates a risk of harm to an older adult” (Hall et al., 2016). As part of the development of this definition, the CDC recruited a panel of professionals “representing multiple disciplines, various affiliations, and diverse areas of interest” (Hall et al., 2016). This process allowed for the creation of a holistic and comprehensive definition of elder abuse that is widely applicable and well-supported. Additionally, *Elder abuse surveillance: Uniform definitions and recommended core data elements, version 1.0* includes definitions of neglect, emotional/psychological abuse, sexual abuse, physical abuse, and financial abuse/exploitation, all of which are agreed upon in the literature as elements or types of elder abuse (Hall et al., 2016; Volmert & Lindland, 2016).

Other publications define elder abuse in a similar way, with a general agreement of scope that includes the five types of elder abuse mentioned previously. Examples of other definitions include:

- “Mistreatment of or harm to an older person.” (Volmert & Lindland, 2016)
- “A single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological and emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect.” (World Health Organization, 2022)
- “Misbehaving the elderly by those in a position of trust, power, or responsibility of caring for the elderly.” (Gholipour et al., 2020)

Definitions of elder abuse may vary depending on context, particularly differences in perspective between disciplines. A report published by the FrameWorks Institute provides examples of how various disciplines may define elder abuse differently based on the requirements of their work. Adult Protective Services in states tend to use a broader definition of elder abuse that includes self-neglect because they are responsible for providing services in instances of self-neglect.

In contrast, researchers use a narrower definition of elder abuse in order to separate out instances with differing underlying causes. Public health organizations and professionals may identify most with the perspective of the legal system, which uses a pragmatic approach that focuses on prevention and prosecution of elder abuse over a strict definition (Volmert & Lindland, 2016). What stays consistent across the majority of the literature about elder abuse are the five main types: neglect, emotional/psychological abuse, sexual abuse, physical abuse, and financial abuse/exploitation (Hall et al., 2016; Volmert & Lindland, 2016).

Definition of Elder Mistreatment

The majority of the literature uses the term “elder abuse” to refer to harm perpetrated unto older adults, with the concept of “elder mistreatment” used as a synonym for elder abuse. One widely accepted definition of elder mistreatment is “intentional actions that cause harm or create a serious risk of harm (whether or not harm is intended) to a vulnerable elder 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” (National Research Council, 2003).

The most current definitions of abuse are found in the federal adult protective services regulations. Abuse is defined as “the knowing infliction of physical or psychological harm or *the knowing deprivation of goods or services that are necessary to meet essential needs or to avoid physical or psychological harm.*” Neglect is defined as “the failure of a caregiver or fiduciary to provide the goods or services that are necessary to maintain the health and/or safety of an adult.” (HHS/ACL, 2024)

What Causes Elder Abuse?

Put simply, the causes of elder abuse within the literature are complex and multiple. There is an overall agreement that elder abuse cannot be attributed to any one cause, but rather the interaction of a variety of factors. Moreover, different types of elder abuse result from different causal factors. For example, financial exploitation may be caused by greed or financial need on the part of the caregiver, while neglect may result from caregiver stress, lack of adequate

education, or a history of conflict between the caregiver and abuse victim (Vilmert & Lindland, 2016).

Alongside the emphasis on interaction between factors contributing to elder abuse, researchers have also identified a clear set of risk factors that are commonly involved in abuse against older adults. Among these factors include individual features about both victims and perpetrators, as well as other components identified by victims of elder abuse themselves. Understanding what factors put individuals at risk for elder abuse is critical for the development of prevention programming and for developing the role of the public health workforce in addressing elder abuse.

Individual-level factors about victims that have strong support for being at risk of elder abuse include:

- Functional dependence/disability
- Poor physical or mental health
- Cognitive impairment
- Low income
- Dementia diagnosis
- Isolation and/or lack of social support
- Living with a large number of household members other than a spouse

Other individual-level factors about victims have been identified, but lack strong evidence. These factors include gender, with women being more at-risk than men, and age, with the “young old” (under 74) being more at-risk than the oldest adults. Race and ethnicity as risk factors for elder abuse also have mixed support in the literature (Lachs & Pillemer, 2015; Pillemer et al., 2016; Vilmert & Lindland, 2016).

Individual-level factors about perpetrators that have strong support for being at risk of committing elder abuse include:

- Mental illness
- Substance abuse
- Emotional manipulation of victim

Each of these factors impact the different types of abuse that constitute elder abuse, but they all have substantial support from multiple studies (Pillemer et al., 2016; Volmert & Lindland, 2016).

Some researchers have also included victims of elder abuse themselves in order to help identify additional risk factors. A major factor identified by victims in one qualitative study was an imbalance of power between perpetrators and victims. Many respondents felt as though they were viewed as “fragile” or “helpless,” which demonstrates the impact of ageist beliefs on victimization (Dias & Fraga, 2023). Additional qualitative research with victims of elder abuse found that participants identified the intersection of multiple types of oppression as an important causal factor of abuse. For example, respondents perceived that themselves and other older adults who experience sexism, ableism, racism, homophobia, and/or classism were also more at risk of experiencing elder abuse (Walsh et al., 2011).

The National Research Council published a list of additional recommendations to advance the knowledge of risk factors for elder mistreatment in their 2003 report. These recommendations included:

- Examine risk and protective factors for different types of elder mistreatment.
- Study the risk indicators, risk factors, and protective factors for elder mistreatment in institutional settings.

- Expand research on risk and protective factors to take into consideration the clinical course of elder mistreatment.
- Advance the measurement tools used in risk and protective factor research.

Although this report was published over 20 years ago, these recommendations are still relevant for research on elder abuse, given that the amount of progress made on accomplishing these recommendations has been minimal (National Research Council, 2003).

In contrast to the identification of risk factors for elder abuse, two protective factors have also been identified, both of which are potential avenues for public health intervention. First, higher levels of social support have been associated with a lower risk of experiencing elder abuse. More embeddedness in one's social network has a similar impact on elder abuse risk. This is especially true in rural communities, where older adults may have stronger social networks. Second, individual/unshared living environments have also been shown to be associated with a lower risk of elder abuse, particularly physical and financial abuse (Lachs & Pillemer, 2015).

Gaps in Understanding

Within the body of research about elder abuse, numerous gaps in understanding exist and contribute to difficulties addressing this problem. ACL's 202 report, *Building the Evidence Base for Adult Protective Services*, identified these issues as some of the focus areas for research:

- Unclear definitions across all 50 states resulting in differentiated responses
- Quality assurance and program improvement, particularly the need for systematic data collection and analysis to inform program quality
- Cost impact of adult protective services
- Assessing the validity and effectiveness of existing screening tools
- Best practices and effective models for collaboration between APS and criminal justice and law enforcement

The National Research Council Panel to Review Risk and Prevalence of Elder Abuse and Neglect identified these additional areas for improvement:

- Need for reliable and valid measurement of elder mistreatment and of indicators of risk and outcomes
- Linking elder mistreatment investigations to promising emerging areas of research, such as neuroscience
- Focusing only on dependent elders abused by caregivers, as this definition must be broadened to include intimate partner violence in later life and older people victimized by dependent relatives

Moreover, public health as a field tends to avoid thinking about elder abuse as a problem that it can contribute to solving. The majority of undergraduate, graduate, or postgraduate trainings do not integrate older adult health, elder abuse, or related topics into course content. The work needed to address elder abuse is not required of most state or local health departments in order to execute essential public health services. In addition, very few public health agencies or organizations have the “authority or infrastructural capacity” to carry out elder abuse prevention efforts. Collectively, these conditions have resulted in the perception that it is not the responsibility of the public health field to address elder abuse (Hall & Teaster, 2018)

Lastly, the majority of the literature on the public health role in preventing elder abuse focuses on primary prevention efforts. Additional research on effective strategies for responding to elder mistreatment when it has already occurred is a necessary next step in developing the role of the public health workforce with regard to elder abuse.

Elder Abuse as a Public Health Problem

One important step public health professionals and organizations can take toward beginning to address elder abuse is framing this issue as a public health problem. In their chapter

“Framing Elder Abuse as a Public Health Problem,” Jeffrey Hall and Pamela Teaster explain the precedents within the field of public health that situate it well to address elder abuse. First, healthy aging is the focus of many experts within the public health workforce and has been for decades. Hall and Teaster note that the embrace of healthy aging as a public health problem began with typical public health focuses, including sociodemographic transitions and the extension of life expectancy. The growing threat of chronic diseases and their emergence in older adulthood led to a logical increase in focus on older adult health in general (Hall & Teaster, 2018).

Second, because elder abuse impacts other public health work that supports optimal health in older adulthood, the field is well-positioned to take up programming to combat it. Elder abuse can make older adults’ existing health conditions worsen through physical or mental health effects (Lachs & Pillemer, 2015). Additionally, elder abuse can also disrupt or prevent current health promotion or disease prevention activities put forth by the public health workforce. Examples include appointments with providers, immunizations, or other activities designed to decrease health risks, like exercise regimens for fall prevention or preventive screening programs (Hall & Teaster, 2018).

Lastly, public health professionals and organizations have a responsibility to ensure the health and safety of the populations they are serving. Thus, it is imperative that the public health workforce that supports older adult health to recognize and work to prevent vulnerabilities that predispose older adults to experiencing elder abuse. However, the field of public health can and should do more to address elder abuse than simply viewing it as a hurdle to other public health activities. As an interdisciplinary, collaborative field, public health can support other sectors’

work in preventing elder abuse while also promoting proactive solutions and increased considerations of causal factors (Hall & Teaster, 2018).

Hall and Teaster put forth three opportunities for the field of public health to demonstrate its “usefulness where the framing of elder abuse is concerned” (2018). Primarily, public health’s emphasis on risk and protective factors as an element of prevention can be used as a model for developing actionable targets to address elder abuse within and in collaboration with other sectors. The authors also note the potential importance of technical packages to promote action and suggest strategies to confront specific health issues. These packages also present evidence for the use of specific practices or policies.

The field of public health has “vast expertise in engaging stakeholders” (2018). Collaborative relationships with experts from other sectors can support the perceived credibility of estimates of the prevalence, incidence, and severity of elder abuse as a public health problem. Overall, the field of public health has the tools and experience to prevent and address elder abuse. The next step is to convince professionals and organizations that they do have an actionable role in combating this issue (Hall & Teaster, 2018).

How Should Elder Abuse Be Addressed?

Addressing the complex problem of elder abuse requires multi-sector solutions.

Challenges to creating these solutions include:

- Many older adults do not want to report family members who are harming them because of possible legal consequences (Volmert & Lindland, 2016).
- Victims of elder abuse often state that they would prefer to remain in an abusive situation rather than be put into long-term care. (Volmert & Lindland, 2016).

- The research base surrounding solutions for addressing elder abuse is limited and cannot provide evidence-based recommendations in all situations (Volvmet & Lindland, 2016).
- Frames of elder abuse are purely descriptive without identifying specific causes or contributors (Hall & Teaster, 2018).
- There is no broad consensus on what constitutes credible indicators of elder abuse, including measurements of prevalence and incidence (Hall & Teaster, 2018).

Regardless of these obstacles, experts have identified several measures that have general consensus surrounding their effectiveness in addressing elder abuse (Volvmet & Lindland, 2016):

1. The Abuse Intervention-Prevention Model (AIM) is a multidimensional model for primary and secondary prevention of abuse of people with dementia. It involves early assessment of vulnerability to elder abuse and early tailored/targeted interventions for the person with dementia and/or their caregiver. It labels the perpetrator as the trusted other and suggests providing support for this person to reduce risk. (Henning et al, 2015)
2. Fund, reform, and reorganize Adult Protective Services, as well as develop better guidelines for the provision of services.
3. Provide better community supports and human services to alleviate caregiver stress, prevent social isolation, and ensure that detection of elder abuse occurs.
4. Institute multidisciplinary teams to ensure that services are optimally coordinated and expertise is properly utilized.
 - a. Included in this measure is expanding and coordinating the collection of data about elder abuse, including its incidence and prevalence (Pillemer et al., 2015).
5. Educate the public and train practitioners to better identify and respond to cases of elder abuse, with a focus on the timely translation of critical knowledge discovered through research to trainings (Pillemer et al., 2015).

6. Develop a knowledge base and fund research to determine which interventions and programs are most effective in preventing and responding to elder abuse (Pillemer et al., 2015).
 - a. Some experts also note the importance of connecting the field of neuroscience to elder mistreatment research, given that cognitive impairment is a documented risk factor for experiencing abuse.

Other potential strategies that have less consensus, but could still be impactful as part of measures to address elder abuse include (Pillemer et al., 2016):

- Money management programs for individuals vulnerable to financial exploitation have been shown to be effective in case studies.
- In Italy and France, elder abuse helplines provide support and resources to victims, with the advantage of anonymity for older adults who may feel shame about their situation.
 - The Department of Justice launched the National Elder Fraud Helpline in June 2023, which provides support to older adult victims of financial fraud and/or exploitation (U.S. Department of Justice, 2023).
- Emergency shelters have been effective for other populations who experience abuse, and some specialized shelters for victims of elder abuse have been successful at safe relocation and the prevention of permanent transition to a nursing home.

Conclusion

Elder abuse is a complex problem that will require creative solutions. The main problems to successfully preventing and addressing elder abuse include a lack of clear definitions and measures, an insufficient body of research, and a failure to frame elder abuse as a public health problem. Public health professionals and organizations have the experience and ability to be part of the fight against elder abuse, but engaging the field of public health will require an orientation towards potential roles and responsibilities. Experts in elder abuse prevention and response agree

upon a number of measures that can be taken by multi-sector teams to address this problem, including funding and reforming Adult Protective Services; providing better community supports; collaborating in multidisciplinary teams; educating the public and training practitioners; and developing a knowledge base and funding research on effective elder abuse interventions.

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*Throughout this paper, the terms “elder”, “older adult”, and “older person” refer to individuals aged 65 or older.

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