National Elder Justice Law Enforcement Summit Bibliography: Victim Impact

Reports and Online Resources

Acierno, R. (2018). The National Elder Mistreatment Survey: 5 Year Follow-up of Victims and Matched Non-victims. NIJ-Sponsored. https://www.ojp.gov/pdffiles1/nij/grants/252029.pdf
The purpose of the completed project was to follow the first National Elder Mistreatment Study, which provided prevalence estimates, with a second study of a subset of the same participants to measure the effects of elder abuse in terms of (1) health and mental health outcomes and (2) criminal justice system participation and satisfaction, as well as to specify additional predictors of these effects.

Elder Abuse Victimization: What We Know From Research and Practice-Based Evidence (2020). Center for Victim Research.
https://www.urban.org/research/publication/elder-abuse-victimization-what-we-know-research-and-practice-based-evidence
This report by the Center for Victim Research summarizes evidence from research and practice regarding what works to prevent elder abuse and to intervene when it occurs to mitigate harms and prevent further abuse. This report discusses the following eight findings of the research: 1) Each year, about 1 in 10 older adults in the United States experiences some type of abuse, with the most commonly reported forms being psychological, financial, and neglect; 2) The response to such victimization requires consistent definitions and valid measures of elder abuse to estimate prevalence; 3) Risk factors for one or more forms of elder abuse pertain to gender, race, mental and physical health, and marital status; 4) Older adults with cognitive impairments are particularly vulnerable to abuse, requiring effective protections; 5) Social support is one of the few well-documented protective factors, with social isolation being a risk factor; 6) Long-term adverse consequences of elder abuse include increased risk of revictimization, extended hospitalization, and institutionalization; 7) Promising interventions for elder abuse are multidisciplinary teams, victim support groups, and counseling, but more research is needed to identify effective interventions; and 8) Many mainstream community services are not prepared to address the distinctive needs of marginalized older adults. Research suggestions are offered for documenting the nature, prevalence, prevention, and effective victim services for elder abuse. 264 references

Insights on Adverse Effects of Elder Abuse. (2020, July 13). National Institute of Justice.
https://nij.ojp.gov/topics/articles/insights-adverse-effects-elder-abuse
Victims of elder abuse who receive a high level of social support experience less depression and report less generalized anxiety and poor health. This finding comes from an NIJ-funded analysis of the data from the second wave of interviews (Wave II) of the National Elder Mistreatment Study. According to Ronald Acierno, "…high social support at Wave II appeared to inoculate older adults against negative effects of mistreatment eight years earlier at Wave I for most outcomes."[1]

Jackson, S. L., & Hafemeister, T. L. (2011). Financial Abuse of Elderly People vs. Other Forms of Elder Abuse: Assessing Their Dynamics, Risk Factors, and Society's Response. NIJ-Sponsored. https://www.ojp.gov/pdffiles1/nij/grants/233613.pdf

This study examined the financial exploitation of elderly people compared to other forms of elder maltreatment in a domestic setting, i.e., physical abuse; neglect; and combinations of financial exploitation and physical abuse and/or neglect ("hybrid" maltreatment). Two significant conclusions were drawn from this study. First, the maltreatment of elderly persons differed by type of abuse. Second, the maltreatment of elderly persons involved an interactive relationship between the perpetrator and the victim. These conclusions have important implications for theory development that pertains to the maltreatment of elderly persons. The authors developed a theory for each type of maltreatment. Each theory aims to account for the behavior of both the elderly person and the perpetrator. These theories have not been tested, but are intended to begin the process of improving theory-based understanding of various types of elderly abuse. The study determined that the consequences of financial exploitation of the elderly were significant. Both PFE and HFE resulted in an average loss of $87,967 per elderly person. The study also found that victims and perpetrators of PFE are a more heterogeneous group compared to the elderly victims of other forms of maltreatment, making identification and intervention more challenging. This may explain why adult protective services (APS) workers indicated that financial exploitation cases are more difficult to investigate than cases of physical abuse or neglect. In addition, prosecutors are reluctant to take on cases that involve financial exploitation of the elderly, which makes it even less likely that APS workers will vigorously pursue these cases. Recommendations pertain to improved training for APS caseworkers and criminal justice officials. Using semi-structured interviews, 71 APS caseworkers in Virginia, elderly abused clients (60 years old or older), and/or a third party (someone who knew the elderly person well but was not involved in the abuse) were interviewed. Extensive references and appended research instruments.

National Victim Assistance Academy Resource Paper: Elder Abuse (2012). Office for Victims of Crime, Training and Technical Assistance Ctr (TTAC).
https://www.ovcttac.gov/downloads/views/TrainingMaterials/NVAA/Documents_NVAA2011/ResourcePapers/Color_Elder%20Abuse%20Resource%20Paper_2012_final%20-%20508c_9_13_2012.pdf
Following a presentation of statistics on the nature and prevalence of abuse of the elderly, this paper defines terms associated with elder abuse, addresses the unique impact/effect of abuse on elderly individuals, and considers perpetrator characteristics, victimization locations, and effective responses for victim support and advocacy. Older adults are victims of the same crimes as other age groups, and in addition they are often victimized because of their dependence on others and their physical limitations. Elder abuse occurs where they live, including private homes, residential-care facilities, foster care homes, and nursing facilities. The elderly are at particular risk for abuse when they are dependent on family members and/or other caretakers for their needs. Effective responses for supporting and improving services for elderly victims include the development of a safety plan that focuses on their limitations and vulnerabilities, encouragement and guidance for obtaining medical care, the provision of shelter when family caregivers are abusive, and the provision of information and assistance if their victimization leads to criminal proceedings. Elderly victims also need to receive information and guidance on recovering lost property or obtaining compensation for crime-related expenses. Other services often needed by elderly crime victims are legal and financial assistance; meal delivery services; special transportation; and regular contact with friends, family, and others who can provide needed help. The paper concludes with a discussion of cultural issues and barriers to reporting victimization and accessing services. Cultural conditioning may influence what and whether certain acts are viewed as elder abuse. Elderly victims may also prefer to address their victimization as a private matter, as they are reluctant to seek help from strangers employed by service and criminal justice agencies. Training requirements are discussed for service providers

who must serve a diverse population influenced by various cultural backgrounds. A listing of resources that include articles, publications, and Web sites is included. 51 notes

Stahl, S. M. (2015). *Building Consensus on Research Priorities in Elder Mistreatment*. US Department of Justice. https://www.justice.gov/file/852846/download
A survey of 26 leading U.S. elder abuse and financial exploitation researchers served as the basis for prioritizing critical knowledge gaps in the field. Three major themes emerged from this effort: (1) the need for psychometrically sound and consistent measurement; (2) research on strategies to prevent elder abuse and financial exploitation; and (3) the need for research on specific causes or risk factors as well as consequences for each type of abuse and exploitation. The survey results provide evidence for a targeted national elder abuse and financial exploitation research agenda.

The Elder Justice Roadmap: A Stakeholder Initiative to Respond to an Emerging Health, Justice, Financial and Social Crisis. (2014). DOJ and HHS.
https://www.justice.gov/file/852856/download
This initiative asked 750 stakeholders (see Appendix I) to complete, with as many ideas as they wished, the following statement: "To understand, prevent, identify or respond to elder abuse, neglect, or exploitation, we need…" Their responses provided the foundation for a dialogue involving various subject matter experts from across diverse disciplines, fields, professions, and settings (see Appendix B), and resulted in this report.

Articles

Acierno, R., Watkins, J., Hernandez-Tejada, M. A., Hernandez-Tejada, M. A., Muzzy, W., Frook, G., Steedley, M., & Anetzberger, G. J. (2019). Mental Health Correlates of Financial Mistreatment in the National Elder Mistreatment Study Wave II. *Journal of Aging and Health*, *31*(7), 1196–1211. https://journals.sagepub.com/doi/abs/10.1177/0898264318767037
Objective: Whereas prevalence of elder financial mistreatment has received increased attention over the past decade, health and mental health correlates are rarely studied. Thus, the potential relevance of financial abuse to mental health and perceived health is relatively unknown, and the objective of this article is to illustrate this relationship. Method: The second wave of the National Elder Mistreatment Study used random digit dialing telephone survey methodology to assess both recent financial mistreatment and its potential mental health correlates (i.e., diagnoses of depression, posttraumatic stress disorder [PTSD], generalized anxiety disorder [GAD], and self-ratings of physical health) in 774 older adults. Results: The study indicated that past-year Wave II financial mistreatment was associated with significantly increased likelihood of depression, PTSD, GAD, and poor self-rated health; and financial mistreatment perpetrated by family members was associated with particularly increased risk of depression. Discussion: Assessment of mental health is relevant and important in cases of financial abuse.

Acierno, R., Hernandez-Tejada, M. A., Anetzberger, G. J., Loew, D., & Muzzy, W. (2017). The National Elder Mistreatment Study: An 8-year Longitudinal Study of Outcomes. Journal of Elder Abuse & Neglect, 29(4), 254–269.
https://www.tandfonline.com/doi/abs/10.1080/08946566.2017.1365031
Objectives: To conduct an 8-year follow-up of the National Elder Mistreatment Study (NEMS) and specify risk ratios for negative outcomes of elder abuse, including DSM-5 defined depression, generalized anxiety disorder (GAD), post-traumatic stress disorder (PTSD), and poor self-reported health. Methods: Attempts were made to re-contact, via Computer Assisted Telephone Interview, all 752 NEMS participants who reported mistreatment since age 60 at Wave I, as well as a randomly selected sample of non-mistreated NEMS participants. Results:

183 NEMS Wave I elder abuse victims and 591 non-victims provided data. In bivariate analyses, elder mistreatment 8 years earlier increased risk of negative outcomes by 200–700%. However, multivariate analyses revealed that Current (Wave II) social support was highly protective against most negative outcomes (excepting PTSD), and even appeared to nullify effects of mistreatment on GAD and poor self-reported health. Conclusions: Outcomes of elder mistreatment have not been...

Alraddadi, K. (2022). Impacts of Mistreatment on the Psychological and Physical Health of Older Adults Living in Sheltered Homes. *Geriatric Nursing (New York, N.Y.)*, *43*, 182–187. https://www.sciencedirect.com/science/article/pii/S0197457221003724
Objectives: To assess the impact of the mistreatment on psychological and physical health among older adults living in sheltered homes.; Methods: This cross-sectional study included 446 older adults living in 43 sheltered homes. The psychological effects questions screened for suicidal ideation, depression, anxiety, and sleep problems. The physical health effects questions assessed perceived physical health status and healthcare resource utilization.; Results: All subtypes of mistreatment of older adults were associated with increased prevalence rates of anxiety symptoms, depressive symptoms, and sleep problems. Perceived poor physical health is common among older mistreated adults; it was self-reported by 74% who experienced physical mistreatment and 49% who experienced other types of mistreatment. Increased healthcare utilization was higher among older adults who experienced mistreatment.; Discussion: Mistreatment of older adults living in sheltered homes is associated with negative impacts on physical and psychological health, as well as increased healthcare utilization compared to those who are not mistreated.; Competing Interests: Declaration of Competing Interest The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Amstadter, A. B., Begle, A. M., Cisler, J. M., Hernandez, M. A., Muzzy, W., & Acierno, R. (2010). Prevalence and Correlates of Poor Self-Rated Health in the United States: The National Elder Mistreatment Study. *American Journal of Geriatric Psychiatry*, *18*(7), 615–623. https://www.sciencedirect.com/science/article/pii/S1064748112600736
Objectives: Despite its subjective nature, self-report of health status is strongly correlated with long-term physical morbidity and mortality. Among the most reliable predictors of self-reported poor health is older age. In younger adult populations, the second reliable predictor of reported poor health is the experience of domestic and other interpersonal violence. However, very little research exits on the connection between elder mistreatment and self-reports of poor health. The aim of this study was to examine the level of, and correlates for, poor self-rated health in a community sample of older adults with particular emphasis on elder mistreatment history, demographics, and social dependency variables. Design: Random digit dialing telephone survey methodology. Setting: A national representative phone survey of noninstitutionalized U.S. household population. Participants: Five thousand seven hundred seventy-seven U.S. adults, aged 60 years and older. Measurements: Individuals participated in a structured interview assessing elder mistreatment history, demographics, and social dependency variables. Results: Poor self-rated health was endorsed by 22.3% of the sample. Final multivariable logistic regression models showed that poor self-rated health was associated with unemployment, marital status, low income, low social support, use of social services, needing help in activities of daily living, and being bothered by emotional problems. Secondary analyses revealed a mediational role of emotional symptoms in the association between physical maltreatment and poor health. Conclusions: Results suggest that poor health is common among older adults. This study also identified correlates of poor health that may be useful in identification of those in need of intervention.

Armendariz, J. R., Han, S. D., & Fung, C. (2022). A Scoping Review and Conceptual Framework Examining the Role of Sleep Disturbance in Financial Exploitation in Older Adults. *Gerontology and Geriatric Medicine*, *8*(23337214221116230). https://journals.sagepub.com/doi/abs/10.1177/23337214221116233
Sleep disturbances and financial exploitation have both been linked to impaired cognitive ability, loneliness, and depressed mood in older adults, suggesting a potential role of sleep disturbances in increasing vulnerability to financial exploitation. We sought to identify evidence linking sleep disturbances to financial exploitation. We conducted a systematic search of MEDLINE, PubMed Central, and National Center for Biotechnology Information Bookshelf for relevant published articles on sleep and financial exploitation. Three studies examining both sleep and financial exploitation were identified. None of the studies explored sleep disturbances as a cause of financial exploitation. More work needs to be done to examine the role of sleep disturbances in financial exploitation. We propose a conceptual framework for identifying possible associations among sleep disturbance, biopsychosocial, and decision-related situational factors to guide further exploration of relationships between sleep and financial exploitation.

Begle, A. M., Strachan, M., Cisler, J. M., Cisler, J. M., Amstadter, A. B., Hernandez, M. A., & Acierno, R. (2011). Elder Mistreatment and Emotional Symptoms Among Older Adults in a Largely Rural Population: The South Carolina Elder Mistreatment Study. *Journal of Interpersonal Violence*, *26*(11), 2321–2332. https://journals.sagepub.com/doi/abs/10.1177/0886260510383037
Although two recent major studies provide some insight into the prevalence and correlates of elder mistreatment, the relationship between elder mistreatment and mental health remains unclear. This study begins to address this issue by examining the relationship between elder mistreatment (i.e., a recent history of emotional and physical abuse) and negative emotional symptoms (e.g., anxiety and depression) among 902 older adults aged 60 and above residing in South Carolina. Results demonstrate that emotional, but not physical, abuse is significantly correlated with higher levels of emotional symptoms. This relationship is sustained when controlling for established demographic and social/dependency risk factors. These data suggest that mistreated older adults also suffer from greater emotional symptoms and highlight the need for more research in this area.

Berkowsky, R. W., & Berkowsky, R. W. (2020). Elder Mistreatment and Psychological Well-Being among Older Americans. *International Journal of Environmental Research and Public Health*, *17*(20), 7525. https://www.mdpi.com/1660-4601/17/20/7525
Elder mistreatment is a major public health issue both in the US and around the globe. While extensive research has elucidated the association between elder mistreatment and health in older adults, little is known about the relationship between elder mistreatment and more eudaimonic measures of psychological well-being. Using data from the 2011 wave of the Wisconsin Longitudinal Study, this project examined the association between older adults' experience with varied forms of elder mistreatment and eudaimonic dimensions of psychological well-being including autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Ordinary least squares regression analyses found significant associations between experiences of elder mistreatment and psychological well-being. In particular, older adults who reported feeling that someone was too controlling over their daily lives and older adults who reported making donations to organizations they later worried were not legitimate reported significantly lower scores on all six psychological well-being dimensions. The results of this study suggest the negative effects of elder mistreatment can extend to more eudaimonic feelings of well-being, and programs designed to treat victims of elder mistreatment should incorporate strategies that help strengthen psychological well-being.

Bows, H. (2018). Sexual Violence Against Older People: A Review of the Empirical Literature. *Trauma, Violence & Abuse*, *19*(5), 567–583. https://journals.sagepub.com/doi/abs/10.1177/1524838016683455
Aging and sexual violence are both established areas of research, but little attention has been paid to research into sexual violence against older people. This article presents a critical review of the literature reporting empirical research in three overlapping fields of inquiry: elder abuse, domestic violence, and sexual violence, identifying points of theoretical and methodological similarity and difference across academic disciplines. Using a range of search terms combining age, sexual violence, and elder abuse, the following databases were searched: EBSCOHOST, Ingenta-Ingenta connect, and JSTOR. In total, the databases searches returned 31 relevant articles and an additional 9 relevant articles were found through manual searches of bibliographies and Google searches, which were grouped into three categories: elder abuse, domestic violence in later life, and sexual violence against older people. Four themes common across these fields emerged: prevalence, characteristics of victims and risk factors, impacts and coping strategies, and perpetrator and assault characteristics. The findings in each area are discussed in detail, exposing gaps in knowledge and understandings of sexual violence against older women. The article ends by defining a future research agenda for this underexplored phenomenon that is of increasing importance in a context of global aging.

Chao, Y. and Dong, X. (2020). Elder Mistreatment And Psychological Distress Among U.S. Chinese Older Adults. *Journal of Elder Abuse & Neglect*, *32*(5), 434–452. https://www.tandfonline.com/doi/abs/10.1080/08946566.2020.1814180
OBJECTIVE This study aimed to examine the associations between different types of elder mistreatment, anxiety symptoms, and depressive symptoms among U.S. Chinese older adults. METHODS Data were derived from the Population Study of Chinese Elderly (PINE), a study of Chinese older adults aged 60 years and above in the greater Chicago area from 2011-2013. Measurements include elder mistreatment screening tools, Hospital Anxiety and Depression Scale, and Patient Health Questionnaire-9. Negative binomial regressions and logistic regressions were performed. RESULTS Participants with any mistreatment, psychological mistreatment, physical mistreatment, financial exploitation, and caregiver neglect were more likely to have anxiety symptoms and depressive symptoms. Sexual mistreatment was not associated with symptoms of anxiety and depression. CONCLUSION AND IMPLICATIONS The rate of psychological distress differs based on the types of mistreatment among U.S. Chinese older adults. The findings underline the need for public and community awareness and improved education for health care professionals.

Cisler, J. M., Amstadter, A. B., Begle, A. M., Hernandez, M. A., & Acierno, R. (2010). Elder Mistreatment And Physical Health Among Older Adults: The South Carolina Elder Mistreatment Study. *Journal of Traumatic Stress*, *23*(4), 461–467. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2930089/
Exposure to potentially traumatic events (PTEs), including interpersonal violence, is associated with poorer physical health in young adults. This relation has not been well-investigated among older adults in specific populations. The present study was designed to investigate whether exposure to PTEs and elder mistreatment are associated with physical health status among older adults residing in South Carolina. Older adults aged 60 and above (N = 902) participated in a structured interview assessing elder mistreatment history, PTEs, demographics, and social dependency variables. Results demonstrated that PTEs were associated with poor self-rated health independently and when controlling for other significant predictors. A recent history of emotional mistreatment was associated with poor self-rated health independently, but not when controlling for other significant predictors.

Cisler, J. M., Begle, A. M., Amstadter, A. B., & Acierno, R. (2012). Mistreatment and Self-Reported Emotional Symptoms: Results From the National Elder Mistreatment Study. *Journal of Elder Abuse & Neglect*, *24*(3), 216–230. https://www.tandfonline.com/doi/abs/10.1080/08946566.2011.652923
Many community-residing older adults in the United States report past year mistreatment; however, little is known about mental health correlates of abuse. This study investigated whether a recent history of emotional, physical, or sexual abuse is associated with self-reported emotional symptoms (e.g., anxiety, depression) among a representative sample of older adults. Results demonstrated that each abuse type increased likelihood of reporting emotional symptoms; when other known correlates were controlled, only emotional abuse remained a significant predictor. Additional study of mistreatment-related correlates of depression and anxiety is needed, with a focus on the often overlooked category of emotional mistreatment.

Cooper, C., & Livingston, G. (2014). Mental Health/Psychiatric Issues in Elder Abuse and Neglect. *Clinics in Geriatric Medicine*, *30*(4), 839–850. https://www.geriatric.theclinics.com/article/S0749-0690(14)00081-0/abstract
Elder abuse may be defined as a violation of a vulnerable older person's human and civil rights. Psychiatric illness is an important cause of vulnerability to abuse, especially when it is comorbid with other risk factors, such as physical frailty, sensory impairment, social isolation, and physical dependency. Health care providers are likely to encounter elder abuse regularly, and therefore have an important role in its detection and management, and in the treatment of subsequent psychiatric illness. This article reviews the relationships between psychiatric illnesses and elder abuse and neglect, examines the psychiatric consequences, and discusses how these may be treated.

Dong, X., Chen, R., Chang, E.-S., & Simon, M. (2013). Elder Abuse And Psychological Well-Being: A Systematic Review And Implications For Research And Policy—A Mini Review. *Gerontology*, *59*(2), 132–142. https://doi.org/10.1159/000341652
Elder abuse and psychological distress are both important geriatric syndromes and are independently associated with premature morbidity and mortality. Despite recent advances, there has been little systematic exploration of the association between elder abuse and psychological distress. This systematic review synthesizes the qualitative and quantitative studies on the relationship between elder abuse and psychological distress, namely psychological distress as a risk factor and/or a consequence of elder abuse. Moreover, through this review, future research directions for elder abuse and psychological distress and their implications for practice and policy to improve the health and aging of vulnerable populations are also highlighted.

Dong, X., Chen, R., Fulmer, T., & Simon, M. A. (2014). Prevalence and Correlates of Elder Mistreatment in a Community-Dwelling Population of U.S. Chinese Older Adults. *Journal of Aging and Health*, *26*(7), 1209–1224. https://doi.org/10.1177/0898264314531617
Objective: This study aimed to examine the prevalence and correlates of elder mistreatment among U.S. Chinese older adults. Method: Data were drawn from the Population-Based Study of Chinese Elderly (PINE) study, a population-based epidemiological survey of 3,159 U.S. Chinese older adults in the Greater Chicago area. The study design was guided by a community-based participatory research approach. Results: This study found a prevalence of 15.0% for elder mistreatment among community-dwelling Chinese older adults. In addition, higher levels of education ($r = .16$, $p < .001$), fewer children ($r = .1$, $p < .001$), lower health status ($r = .11$, $p < .001$), poorer quality of life ($r = .05$, $p < .01$), and worsening health over the past year ($r = .08$, $p < .001$) were positively correlated with any elder mistreatment. Discussion: Elder

mistreatment is prevalent among U.S. Chinese older adults. The findings point to a pressing need for researchers, community service workers, health care providers, and policy makers to increase efforts on reducing elder mistreatment in U.S. Chinese communities.

Dong, X., Chen, R., Wu, B., Zhang, N. J., Mui, A. C. Y. S., & Chi, I. (2015). Association between Elder Mistreatment and Suicidal Ideation among Community-Dwelling Chinese Older Adults in the USA. *Gerontology*, *62*(1), 71–80. https://doi.org/10.159/000437420
Background: Elder mistreatment and suicidal ideation are important public health concerns among aging populations. However, very few studies have been conducted to explore the association between elder mistreatment and suicidal ideation. Objectives: To examine the association between elder mistreatment and suicidal ideation among Chinese older adults in the USA. Methods: Guided by a community-based participatory research approach, in this study we conducted in-person interviews with Chinese older adults aged 60 years and older in the Greater Chicago area from 2011 to 2013. Elder mistreatment was assessed by a 10-item instrument derived from the Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST) and the Vulnerability to Abuse Screening Scale (VASS). Suicidal ideation was assessed by the ninth item of the Patient Health Questionnaire-9 (PHQ-9) and the Geriatric Mental State Examination-Version A (GMS-A). Results: Overall, 3,159 Chinese older adults participated in this study, and their mean age was 72.8 years. After controlling for age, gender, education, income, medical comorbidities, depressive symptoms, and social support, elder mistreatment was significantly associated with 2-week suicidal ideation (OR 2.46, 95% CI 1.52-4.01) and 12-month suicidal ideation (OR 2.46, 95% CI 1.62-3.73). With respect to gender differences, the study found that the association remained significant for older women but not for older men after adjusting for all confounding factors. Conclusion: As the largest epidemiological study conducted among Chinese older adults in the USA, this study suggests that elder mistreatment is significantly associated with 2-week and 12-month suicidal ideation in older women but not in older men. Longitudinal studies should be conducted to explore the mechanisms through which elder mistreatment links with suicidal ideation.

Dong, X., & Simon, M. A. (2013). Elder Abuse as a Risk Factor for Hospitalization in Older Persons. *JAMA Internal Medicine*, *173*(10), 911–917. https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/1675876
Importance Elder abuse is associated with increased mortality risk. However, the relationship between elder abuse and health care services utilization remains unclear. Objective To examine the relationship between overall elder abuse and specific subtypes of elder abuse and rate of hospitalization in a community-dwelling population of older adults. Design Prospective population-based study. Setting Chicago Health and Aging Project. Participants Of the 6674 community-dwelling older adults who participated in the Chicago Health and Aging Project, 106 were identified by social services agencies for elder abuse. Main Outcomes and Measures The primary predictor was elder abuse (reported and confirmed) reported to social services agency. The outcome of interest was the annual rate of hospitalization obtained from the Centers for Medicare and Medicaid Services. Poisson regression models were used to assess these longitudinal relationships. Results The unadjusted mean annual rate of hospitalization was 0.62 (95% CI, 0.59-0.66) for those without elder abuse and 1.97 (95% CI, 1.33-2.61) for those with reported elder abuse. After adjusting for sociodemographic and socioeconomic variables, medical comorbidities, cognitive and physical function, and psychosocial well-being, reported elder abuse had higher rates of hospitalization (rate ratio [RR], 2.00 [95% CI, 1.45-2.75]). Psychological abuse (RR, 2.22 [95% CI, 1.44-3.43]), financial exploitation (RR, 1.75 [95% CI, 1.06-2.90]), caregiver neglect (RR, 2.43 [95% CI, 1.60-3.69]), and 2 or more types of elder abuse (RR, 2.59 [95% CI, 1.82-3.66]) were associated with increased rates of hospitalization, after considering the same potential confounders. Results from interaction term analyses

suggested that the association between elder abuse and hospitalization did not differ across the levels of medical comorbidities, cognitive and functional impairment, or psychosocial distress. Conclusions and Relevance Elder abuse was associated with increased rates of hospitalization in this community population. Future research is needed to explore the causal mechanisms between elder abuse and hospitalization. As we enter the era of health care reform, an improved understanding of factors that increase rates of hospitalization could also have significant implications for social and health policy as well as clinical care of the vulnerable patients.

Dong, Xin Qi. (2015). Elder Abuse: Systematic Review and Implications for Practice. *Journal of the American Geriatrics Society*, *63*(6), 1214–1238. https://doi.org/10.1111/jgs.13454
This article is based on the lecture for the 2014 American Geriatrics Society Outstanding Scientific Achievement for Clinical Investigation Award. Elder abuse is a global public health and human rights problem. Evidence suggests that elder abuse is prevalent, predictable, costly, and sometimes fatal. This review will highlight the global epidemiology of elder abuse in terms of its prevalence, risk factors, and consequences in community populations. The global literature in PubMed, MEDLINE, PsycINFO, BIOSIS, Science Direct, and Cochrane Central was searched. Search terms included elder abuse, elder mistreatment, elder maltreatment, prevalence, incidence, risk factors, protective factors, outcomes, and consequences. Studies that existed only as abstracts, case series, or case reports or recruited individuals younger than 60; qualitative studies; and non-English publications were excluded. Tables and figures were created to highlight the findings: the most-detailed analyses to date of the prevalence of elder abuse according to continent, risk and protective factors, graphic presentation of odds ratios and confidence intervals for major risk factors, consequences, and practical suggestions for health professionals in addressing elder abuse. Elder abuse is common in community-dwelling older adults, especially minority older adults. This review identifies important knowledge gaps, such as a lack of consistency in definitions of elder abuse; insufficient research with regard to screening; and etiological, intervention, and prevention research. Concerted efforts from researchers, community organizations, healthcare and legal professionals, social service providers, and policy-makers should be promoted to address the global problem of elder abuse.

Dong, X.Q., Simon, M. A., Beck, T. T., Farran, C., McCann, J. J., Mendes de Leon, C. F., Laumann, E., & Evans, D. A. (2011). Elder Abuse and Mortality: The Role of Psychological and Social Wellbeing. *Gerontology*, *57*(6), 549–558. https://doi.org/10.1159/000321881
Background: Elder abuse is a pervasive human right and public health issue. Objectives: We aimed to examine the mortality associated with elder abuse across levels of psychological and social factors. Methods: The Chicago Health and Aging Project (CHAP) is a prospective population-based cohort study that began in 1993. A subset of these participants enrolled between 1993 and 2005 had elder abuse reported to social services agencies (n = 113). Mortality was ascertained during follow-up and with the National Death Index. Psychosocial factors (depression, social network and social engagement) were assessed during the CHAP interview. Cox proportional hazard models were used to assess the mortality of elder abuse across levels of psychosocial factors using time-varying covariate analyses. Results: The median follow-up time for the cohort (n = 7,841) was 7.6 years (interquartile range 3.8–12.4 years). In multivariate analyses, those with highest (hazard ratio (HR) 2.60, 95% CI 1.58–4.28) and middle levels (HR 2.18, 95% CI 1.19–3.99) of depressive symptoms had an increased mortality risk associated with elder abuse. For social network, those with lowest (HR 2.50, 95% CI 1.62–3.87) and middle levels (HR 2.65, 95% CI 1.52–4.60) of social network had increased mortality risk associated with elder abuse. For social engagement, those with lowest (HR 2.32, 95% CI 1.47–3.68) and middle levels (HR 2.59, 95% CI 1.65–5.45) of social engagement had increased mortality risk associated with elder abuse. Among those with lowest levels of

depressive symptoms, highest levels of social network and social engagement, there was no significant effect of reported or confirmed elder abuse on mortality risk. Conclusion: Mortality risk associated with elder abuse was most prominent among those with higher levels of depressive symptoms and lower levels of social network and social engagement.

Goldstein, C., & Glass, N. (2020). Interpersonal Violence: A Review of Elder Abuse. *Current Trauma Reports*, *6*(4), 133–139. https://link.springer.com/article/10.1007/s40719-020-00205-7
Purpose We review the underappreciated problem of elder abuse with a focus on what trauma surgeons need to know. Because of its prevalence, it is important that clinicians understand types of elder abuse, risk factors in patient and perpetrator, prevention strategies, and the appropriate referral and treatment of potential victims of elder abuse. Recent Findings Elder abuse affects at least 10% of older individuals in the USA. Despite much effort to address the problem via legal and societal approaches, data to support particular programs are poor. And even with extensive efforts, the utility of established prevention strategies or existing screening tools to identify victims of elder abuse in the acute care setting has yet to be established. Elder abuse is a public health problem. As a society, we have only begun to define the extent of the problem. Healthcare systems have failed to effectively prevent or to accurately screen for, diagnose, and report elder abuse. The next steps include broader public awareness, educational initiatives, improved screening tools, and effective intervention strategies. In the meantime, we as trauma surgeons can be more diligent in reporting.

Graça, H., Frazão, S. L., Magalhães, T., Vieira-Pinto, P., Gomes, J. C., & Taveira-Gomes, T. (2023). Health Conditions in Older Adults Suspected of Being Maltreated: A 20-Year Real-World Study. *Journal of Clinical Medicine*, *12*(16). https://www.mdpi.com/2077-0383/12/16/5247
Older adult maltreatment (OAM) is a global problem that has attracted increasing attention due to the ageing population and its severe impact on victim health. Thus, this study aims to analyse the prevalence of certain health conditions in people ≥ 60 years old whom physicians from a local healthcare unit suspected to be victims of maltreatment. The specific objectives are to determine the prevalence rates of health-related risk factors, traumatic injuries and intoxications, mental disorders, and physical disorders. We conducted a real-world, retrospective, observational, and cross-sectional study based on secondary data analyses of electronic health records and healthcare registers of patients at the Local Healthcare Unit of Matosinhos (2001-2021). Information was obtained based on codes from the International Classification of Diseases, codes from the International Classification of Primary Care, and clinical notes (according to previously defined keywords). We identified 3092 suspected victims of OAM, representing 4.5% of the total population analysed. This prevalence is lower than the known rates. We also found that some health risk factors, traumatic injuries and intoxications, mental health disorders, and physical disorders presented higher rates in the suspected victims than among the total population. In this age group, we cannot assume that these health problems are only related to a possible current victimisation process; they could also be associated with adverse childhood experiences or intimate partner violence, among other forms of violence, all of which can lead to cumulative effects on the victim's health. This evidence increases healthcare providers' responsibility in detecting and reporting all cases of suspected maltreatment.

Hall, L., Moray, J., Gross, E., & Lichtenberg, P. A. (2022). The Relationship Between Financial Decision-Making and Financial Exploitation in Older Black Adults. *Journal of Aging and Health*, *34*(3), 472–481. https://doi.org/10.1177/08982643221085407
Objectives: This study examined the relationship between contextual measure of financial decision-making and the financial exploitation experiences of older Blacks, and the convergent validity of mental health measures of contextual decision-making items. Methods: This cross-

sectional study of 104 older Black adults included 52 cases of confirmed financial exploitation. Participants were matched on age and gender. Bivariate and multivariate analyses were performed to examine these relationships. Results: The contextual measure of financial decision-making was significantly associated with financial exploitation, above and beyond the relationship of demographic measures. Further, there was strong evidence for convergent validity between the contextual measure and mental health measures. Discussion: Results underscore the significant relationship of the contextual factors involved in financial decision-making and financial exploitation. This study provides a conceptually driven approach to understanding the experiences of older Black adult victims of financial exploitation.

Hernandez-Tejada, M. A., Skojec, T., Frook, G., Steedley, M., & Davidson, T. M. (2021). Addressing The Psychological Impact Of Elder Mistreatment: Community-Based Training Partnerships And Telehealth-Delivered Interventions. *Journal of Elder Abuse & Neglect*, *33*(1), 96–106. https://doi.org/10.1080/08946566.2021.1876578
This manuscript describes a two-pronged approach to addressing elder abuse in community-residing older adults. Part 1 of the program involves briefly training community healthcare providers to screen for elder abuse and refer for services; Part 2 is an intervention program that addresses mental health impacts of elder abuse in a non-stigmatizing, non-threatening manner, and leverages telehealth for greater reach.

Ilie, A. C., Pîslaru, A. I., Alexa, I. D., Pancu, A., Gavrilovici, O., & Dronic, A. (2017). The Psychological Abuse of the Elderly – a Silent Factor of Cardiac Decompensation. *Mædica*, *12*(2), 119–122. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5649032/
Abuse of the elderly is a major issue debated worldwide. The most commonly identified form of abuse is the physical abuse. It is also the most frequently studied in the medical literature. However, at least six types of elder abuse are identified, and physical abuse is found in a small proportion of the cases. The consequences of abuse are frequent and, by prolonging hospitalizations, they will be associated with high costs of medical services, and patient's lack of self-confidence which, in time, may lead to social isolation, somatization, anxiety, depression, and suicide attempts. In this context, the identification and correction of psychological abuse becomes a desideratum of utmost importance for ensuring an optimal therapeutic response. This should be done by using a simple method that does not require qualified personnel, but allows the patient to be guided towards psychological consultation; this study was carried out with the help of the EASI EASI (The Elder Abuse Suspicion Index) questionnaire., We present the case of an 80-year old patient in a rural area, who has been hospitalized several times, admitted for numerous episodes of global cardiac decompensation (about four over the last year). The causes of cardiac decompensation were, systematically, non-compliance with treatment, regardless of all attempts to readjust and simplify the therapeutic schemes. The dynamic geriatric assessment showed a deterioration of the patient's mental and nutritional status and an accentuation of depression. The EASI questionnaire used during the last admission corroborated with the psychological consultation and detected several types of abuse: abandonment, negligence and financial abuse. Given that the complexity of care, the frequency of hospitalizations and the length of stay were reduced, therapeutic compliance increased and the mental and nutritional status improved after correcting the abuse.

Kemp, S., & Erades Pérez, N. (2023). Consumer Fraud against Older Adults in Digital Society: Examining Victimization and Its Impact. *International Journal of Environmental Research and Public Health*, *20*(7). https://doi.org/10.3390/ijerph20075404
The European population is aging, which means more people aged sixty-five and over are at risk of financial exploitation. However, there is a lack of consensus regarding whether older persons are at greater risk of fraud than younger counterparts due to physical, economic, and

social factors or, rather, whether they are slightly protected from fraud in the digital era due to less frequent online activity. Moreover, little is known about the financial, emotional, psychological, and physical impacts of fraud experiences amongst older generations in digital society. We employ multilevel modelling on a sample of EU citizens (n = 26,735) to analyze these issues. The results show that, holding other factors constant, older adults are more likely to suffer fraud in general, but not fraud via online channels. Identity theft in which the offender attempts to trick the victim by impersonating a reputable organization is found to be particularly relevant for citizens aged sixty-five and above. Older persons are less likely to suffer a financial impact but more likely to experience anger, irritation, embarrassment, and negative impacts on their physical health from fraud in general as well as from online fraud. Many organizations aim to help protect older adults from financial crime and its impacts; thus, the results emphasize the need to understand particular fraud categories suffered by older generations and to design support programs that fully take into account the non-financial impacts of this crime.; Competing Interests: The authors declare no conflicts of interest.

Koga, C., Tsuji, T., Hanazato, M., Suzuki, N., & Kondo, K. (2022). Elder Abuse and Depressive Symptoms: Which is Cause and Effect? Bidirectional Longitudinal Studies From the JAGES. *Journal of Interpersonal Violence*, *37*(11–12), NP9403–NP9419. https://doi.org/10.1177/0886260520967135
Elder abuse is a serious public health concern that increases the risks of negative health outcomes globally. It is well known that abuse in older adults is associated with depression; however, longitudinal studies investigating the causal relationship between these events are scarce. Because the cause precedes the result over time, the temporal relationships between abuse and depression should be verified from each direction. This longitudinal study, therefore, investigated and clarified whether depression causes or results from elder abuse among older Japanese adults. Two longitudinal analyses were conducted using data derived from the Japan Gerontological Evaluation Study. The data were collected in 2010 and 2013 through a mail survey of 1,737 people (983 females, 754 males) across Japan. Of those who did not experience abuse in 2010, 38 (5.0%) males and 53 (5.4%) females newly experienced abuse in 2013. Among respondents who did not have depressive symptoms in 2010, 60 (8.0%) males and 61 (6.2%) females newly reported depressive symptoms in 2013. After adjusting for demographic factors in Analysis 1, people who experienced abuse were 2.28-fold (95% confidence interval [CI] = 1.68-3.09) more likely to have depressive symptoms three years later than those who were not abused. In Analysis 2, respondents who had mild or severe depression in 2010 were 2.23-fold (95% CI = 1.61-3.10) more likely to have experienced abuse after three years than those who did not have depression. After adjusting for several demographic factors, the results showed that abuse can lead to depression and that depression can be a cause of abuse. Therefore, preventing abuse should be considered from both directions.

Lamar, M., Yu, L., Leurgans, S., Aggarwal, N. T., Wilson, R. S., Han, S. D., Bennett, D. A., & Boyle, P. (2022). Self-Reported Fraud Victimization And Objectively Measured Blood Pressure: Sex Differences In Post-Fraud Cardiovascular Health. *Journal of the American Geriatrics Society*, *70*(11), 3185–3194. https://doi.org/10.1111/jgs.17951
Background Over 5 million older Americans are victims of financial exploitation, schemes, and/or scams per year. Such victimization is associated with increased hospitalizations, admittance to skilled nursing facilities, and lower 5-year all-cause mortality survival rates. Despite this, associations with medical comorbidities like elevated blood pressure (BP) have not been examined. Methods We investigated the association of self-reported fraud victimization (presence/absence) with objectively measured BP metrics leveraging cross-sectional and longitudinal data from over 1200 non-demented adults (75% female; age 81 years) from the Rush Memory and Aging Project. We first examined cross-sectional associations between

baseline fraud victimization and BP, then used longitudinal data to test the hypothesis that fraud victimization is associated with increases in BP after incident fraud. During up to 11 years of annual observation, participants were queried for fraud victimization and underwent serial BP measurements to calculate per visit averages of systolic and diastolic BP, mean arterial pressure (MAP), and pulse pressure. Results Cross-sectional analyses established that fraud victimization at baseline was associated with higher BP values. Next, using longitudinal changepoint analyses, we showed that fraud victimization was associated with elevations in BP among men but not women. Specifically, men who reported incident fraud exhibited increases in all BP metrics post-fraud. Conclusion Results suggest an important link between fraud victimization and BP, particularly among men. Older men showed significant elevations in BP after incident fraud that, compounded over time, may portend other adverse health outcomes.

Lavery, A. L., Hasche, L., DePrince, A., Gagnon, K., Srinivas, T., & Boyce, E. (2020). Mental Health Consequences and Service Use of Older Adults at Risk of Financial Exploitation. *Social Work Research*, *44*(4), 257–265. https://academic.oup.com/swr/article-abstract/44/4/257/6055097
This study examines whether the experience of financial exploitation is associated with increased likelihood of mental health consequences and subsequent use of mental health services. Interviews were conducted with 99 participants, age 60 and older, at risk for elder abuse. The authors and research team administered standardized measures of elder mistreatment, depression, trauma, social support, and service use. Older adults who experienced financial exploitation reported worse trauma symptoms and depression than those who did not experience financial exploitation. Those with increased functional impairment were least likely to rely on mental health services. The findings highlight the importance of interventions to address and enhance response to depression, trauma, and social support in older adults who are victims of financial exploitation.

Lindenbach, J., Morgan, D., Larocque, S., & Jacklin, K. (2022). Practitioner Experience With Mistreated Older Adults Who Have Dementia: Understanding Contextual Influences and Consequences. *Journal of Interpersonal Violence*, *37*(5–6), NP2671–NP2695. https://journals.sagepub.com/doi/abs/10.1177/0886260520943717
Studies of mistreatment of older adults have revealed alarmingly higher prevalence rates of mistreatment of those who have dementia. When the mistreatment occurs within the context of the home and is perpetrated by a family caregiver, it may remain hidden and only be discovered by the health and social service practitioners who have access to the home. Understanding the contexts within which this mistreatment occurs, and the influence of these contexts on the experience of these practitioners as well as on the resulting outcomes for mistreated older adults, has received little attention in the literature. This qualitative study, framed by critical social theory, aimed to answer the following research question: What are the contextual influences on practitioner experience with mistreatment of older adults with dementia by a caregiver within the home? Specifically, this study explored contextual influences within a Canadian province, where there is neither specific adult protective legislation nor infrastructure when mistreatment occurs within the home. Data were collected via semi-structured interviews, journals, and focus groups with 51 practitioners from various disciplines providing services to mistreated older adults with dementia in their homes. Theoretical thematic analysis led to the discovery of five contextual themes influencing the experience: the privileged burden of seeing behind closed doors; a domestic problem within a societal context; interprofessional challenges; a history of stagnation, losses, and systems failure; and a legislative complexity and oppression. Understanding these contextual influences is crucial to supporting practitioners, who, although entrusted to protect mistreated older adults, describe powerlessness within current contexts. This understanding is needed to improve outcomes for mistreated older adults with dementia.

Ludvigsson, M., Wiklund, N., Swahnberg, K., & Simmons, J. (2022). Experiences Of Elder Abuse: A Qualitative Study Among Victims In Sweden. *BMC Geriatrics*, *22*(1), 256. https://doi.org/10.1186/s12877-022-02933-8
Elder abuse is underreported and undertreated. Methods for prevention and intervention are being developed, but the knowledge guiding such measures is often insufficiently based on the victims' own voices due to a paucity of studies. The aim of this study was therefore to explore experiences of elder abuse among the victims themselves.

Marsigit, J., Khasanah, F. T., Nainggolan, L., & Wahyudi, E. R. (2022). Depression as a Consequence of Elder Mistreatment: A Case Report. *Gerontology & Geriatric Medicine*, *8*, 23337214221146070. https://journals.sagepub.com/doi/abs/10.1177/23337214221146072
A 61-year-old elderly woman came to the emergency room in tertiary hospital in Jakarta, Indonesia due to epigastric pain for the past 7 months which was worsened in the past 4 days. Due to her illness, her daughters prevent her to do daily chores and her hobbies, such as singing and gardening. On admission, she had hypertension with moderate dependency, frail, cognitive impairment, malnutrition, risk of sarcopenia, and risk of depression. She was later diagnosed with poorly differentiated colon adenocarcinoma and adjustment disorders with anxiety and depressive reaction due to emotional elder mistreatment. There are a variety of forms of elder abuse, not only physical, but also emotional, sexual, financial, and neglect. The prevalence of elder mistreatment is projected between 5% and 10% all over the world and it is thought to be underdiagnosed. Among the consequences of mistreatment or abuse include social alongside, economic, physical, and mental (e.g., isolation, constrained relationships, and broken social networks). This is a case report of depression because of elder mistreatment.; Competing Interests:

Mouton, C. P., Rodabough, R. J., Rovi, S. L. D., Brzyski, R. G., & Katerndahl, D. A. (2010). Psychosocial Effects of Physical and Verbal Abuse in Postmenopausal Women. *The Annals of Family Medicine*, *8*(3), 206–213. https://doi.org/10.1370/afm.1095
PURPOSE The purpose of this study was to examine the psychological effects of physical and verbal abuse in a cohort of older women. METHODS This observational cohort study was conducted at 40 clinical sites nationwide that are part of the Women's Health Initiative (WHI) Observational Study. We surveyed 93,676 women aged 50 to 79 years using the mental health subscales and the combined mental component summary (MCS) score of the RAND Medical Outcomes Study 36-item instrument. RESULTS At baseline, women reporting exposure to physical abuse only, verbal abuse only, or both physical and verbal abuse had a greater number of depressive symptoms (1.6,1.6, and 3 more symptoms, respectively) and lower MCS scores (4.6, 5.4, and 8.1 lower scores, respectively) than women not reporting abuse. Compared with women who had no exposure to abuse, women had a greater increase in the number of depressive symptoms when they reported a 3-year incident exposure to physical abuse only (0.2; 95% confidence interval [CI], −0.21 to 0.60), verbal abuse only (0.18; 95% CI, 0.11 to 0.24), or both physical and verbal abuse (0.15; 95% CI, −0.05 to 0.36); and they had a decrease in MCS scores when they reported a 3-year incident exposure to physical abuse only (−1.12; 95% CI, −2.45 to 0.12), verbal abuse only (−0.55; 95% CI, −0.75 to −0.34), and both physical and verbal abuse (−0.44; 95% CI, −1.11 to −0.22) even after adjustment for sociodemographic characteristics. CONCLUSION Exposure to abuse in older, functionally independent women is associated with poorer mental health. The persistence of these findings suggests that clinicians need to consider abuse exposure in their older female patients who have depressive symptoms. Clinicians caring for older women should identify women at risk for physical and verbal abuse and intervene appropriately.

Neise, M., Brijoux, T., & Zank, S. (2023). Development of the Elder Abuse and Emotional Consequences Scale (EACS). *GeroPsych: The Journal of Gerontopsychology and Geriatric Psychiatry*, *36*(3), 150–160. https://psycnet.apa.org/record/2022-95654-001
Little data exist on elder abuse (EA) among the very old (>80 years), and instruments have not been developed to identify EA within this group. This study presents a survey instrument: the Elder Abuse and Emotional Consequences Scale (EACS). We conducted interviews in a representative sample of the oldest old and did confirmatory factor analysis (CFA) based on n = 988 persons to confirm the assumed factor structure of the EACS. The results confirm a six-dimensional structure and good model fit of the questionnaire. A preliminary examination confirms the reliability and validity of the dimensions. The EACS is thus a multidimensional assessment of EA that can be used in interviews with the very old.

Nguyen, A. L., Mosqueda, L., Windisch, N., Weissberger, G., Axelrod, J., & Han, S. D. (2021). Perceived Types, Causes, and Consequences of Financial Exploitation: Narratives From Older Adults. *Journals of Gerontology Series B: Psychological Sciences & Social Sciences*, *76*(5), 996–1004. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8063670/
Objectives The goal of this study was to investigate the perception of financial exploitation and its causes and consequences by older adults who have firsthand experience of being exploited. Method Thirty-one cognitively healthy older adult participants aged 50 or older were drawn from the Finance, Cognition, and Health in Elders Study. In-depth, one-on-one interviews were conducted. Interview transcripts were analyzed using an iterative, data-driven, thematic coding scheme and emergent themes were summarized. Results Categories of financial exploitation included (a) investment fraud, (b) wage theft/money owed, (c) consumer fraud, (d) imposter schemes, and (e) manipulation by a trusted person. Themes emerged around perceived causes: (a) element of trust, (b) promise of financial security, (c) lack of experience or awareness, (d) decision-making, and (e) interpersonal dynamics. Perceived consequences included negative and positive impacts around (a) finances, (b) financial/consumer behaviors (c) relationships and trust, (d) emotional impact, and (e) future outlook. Discussion These narratives provide important insights into perceived financial exploitation experiences.

Nobels, A., Vandeviver, C., Beaulieu, M., Cismaru Inescu, A., Nisen, L., Van Den Noortgate, N., Vander Beken, T., Lemmens, G., & Keygnaert, I. (2020). “Too Grey To Be True?” Sexual Violence in Older Adults: A Critical Interpretive Synthesis of Evidence. *International Journal of Environmental Research and Public Health*, *17*(11). https://www.mdpi.com/1660-4601/17/11/4117
Sexual violence (SV) is an important public health issue with a major impact on victims and their peers, offspring and community. However, SV in older adults is under-researched. This paper aims to establish the prevalence and nature of SV in older adults in Europe, link this with existing policies and health care workers’ response to sexual health needs in older age, and critically revise the currently used frameworks in public health research. To fill this gap in the literature, we applied a Critical Interpretative Synthesis (CIS) approach. The CIS approach uses techniques from grounded theory and processes from systematic review. It allows to critically interpret key findings from both academic as well as grey literature, engendering theory refining. In the first phase of purposive sampling, we conducted a systematic review of academic sources and included 14 references. The cut-off age used to define old age varied between 60 and 70 years old among the included studies. Subsequently we added another 14 references in the second phase of theoretical sampling. We ultimately included 16 peer-reviewed articles and 12 documents from the grey literature. The CIS results demonstrate that knowledge of SV in older adults is still limited. The current research suggests that SV in older adults rarely occurs, however, prevalence rates are likely to be underestimated because of methodological shortcomings. The complexity of SV in older adults is not acknowledged in ongoing research

due to the conflation of SV with other types of violence. Information on specific risk factors and about assailants committing SV in old age is absent. Policy documents dealing with sexual and reproductive health, rights and ageing make no mention of SV in older adults. In clinical practice, the sexual health needs of older adults often remain unmet. In conclusion, our findings suggest that older adults are forgotten in prevention and response to SV. Greater awareness about this topic could contribute to a revision of current policies and health care practices, leading to more tailored care for older victims of SV.

Özer, N., & Tanriverdi, D. (2023). Determining Depression, Abuse, And Neglect In Elderly Individuals. *Psychogeriatrics*, *23*(4), 690–700. https://onlinelibrary.wiley.com/doi/abs/10.1111/psyg.12979
Background: This study was conducted to investigate depression, abuse, and neglect in elderly individuals. Methods: The sample of the research consisted of 315 elderly individuals. Data were collected using a personal information form, an elder abuse assessment form, and the Geriatric Depression Scale. Results: Emotional abuse, neglect, economic abuse, physical abuse, and sexual abuse were detected in 51.4%, 35.6%, 21.9%, 3.8%, and 0.03% of the elderly individuals, respectively. It was observed that elderly individuals in the advanced age group (75–95 years) experienced only emotional abuse, while women, single persons, those with low education levels, those without income of their own, and those who could not perform their self-care experienced both emotional abuse and neglect to a greater extent ($P < 0.05$). A total of 68.3% of the elderly individuals showed symptoms of depression at a significant level. The elderly individuals who were exposed to physical and emotional abuse and neglect had higher mean depression scores compared to those who were not ($P < 0.05$). Conclusions: The study showed that the severity of depression and prevalence of emotional abuse, neglect, financial abuse, and physical abuse were high among older adults. Mental health professionals have a very critical role in recognizing, detecting, and managing elder abuse and they should investigate elder abuse by integrating it into routine screening, especially in high-risk populations. It is recommended that guidelines for the detection and treatment of abuse and neglect be prepared and implemented.

Pillemer, K., Burnes, D., Hancock, D., Eckenrode, J., Rosen, T., MacNeil, A., & Lachs, M. S. (2022). Lack of Association of Elder Mistreatment With Mortality. *The Journals of Gerontology: Series A*, *77*(8), 1699–1705. https://doi.org/10.1093/gerona/glab348
Prior research is limited and inconsistent on the degree to which elder mistreatment (EM) is associated with mortality. This study uses data from a 10-year, prospective, population-based study of EM to determine the adjusted effects of EM on older adult mortality, after controlling for other health and socioeconomic covariates. The New York State Elder Mistreatment Prevalence Study conducted a random-sample telephone survey of older adults (n = 4 156) in 2009 (Wave 1). The current study employs EM and covariate data from Wave 1 and data on mortality status through Wave 2 (2019). EM was operationalized both as experiencing EM and as severity of EM. The survey measured overall EM and separate subtypes (emotional, physical, and financial abuse, and neglect).The hypothesis was not supported that abused and neglected older people would have higher rates of death over the study. Individuals who were victims of EM were no more likely to die over the following 10 years, compared with those who were not mistreated, after controlling for covariates. Furthermore, the severity of EM, as measured by the frequency of mistreatment behaviors, also was not associated with mortality risk. The finding that self-reported EM did not raise the risk of earlier death in this sample is encouraging. Future research should work to identify factors that may moderate the relationship between EM and mortality, such as social support/isolation, quality of family relationships, or involvement with formal support service systems.

Riggs, A. T., & Podrazik, P. M. (2014). Financial Exploitation of the Elderly: Review of the Epidemic—Its Victims, National Impact, and Legislative Solutions. In R. M. Factora (Ed.), *Aging and Money: Reducing Risk of Financial Exploitation and Protecting Financial Resources* (pp. 1–18). Springer. https://doi.org/10.1007/978-1-4939-1320-6_1
Elder financial exploitation is the illegal or improper use of an older adult's funds, property, or assets, and frequently occurs with other forms of abuse. This form of exploitation has emerged as one of the leading forms of elder abuse, having been described by some experts in the field as the epidemic of the twenty-first century. The societal repercussions are profound, affecting as many as seven million elderly Americans, with monies exploited estimated as $2.9 billion annually. The many variables that contribute to financial exploitation of older persons in the United States include a cohort effect of unprecedented wealth, trust, and generosity in an unparalleled number of elderly aging into physically frailty and cognitive impairment, creating a concerning environment of vulnerability to abuse and financial exploitation. There are additional concerns that financial exploitation is on the rise, with an expanding list of perpetrators that include more than just family or caregivers. Scams and confidence schemes that involve total strangers and defrauded funds from Medicare and Medicaid have become emerging trends. Advances in research have better defined the victim, perpetrator, and risk factors for financial exploitation. Despite such advances, coordination in education, prevention at the local level, and support by state and federal governments continue to evolve.

Satchell, J., Craston, T., Drennan, V. M., Billings, J., & Serfaty, M. (2023). Psychological Distress and Interventions for Older Victims of Crime: A Systematic Review. *Trauma, Violence & Abuse*, *24*(5), 3493–3512. https://doi.org/10.1177/15248380221130354
We aimed to conduct the first systematic narrative review and quality appraisal of existing evidence on the psychological consequences of crime in older victims in the community and psychological interventions. We searched five databases to identify all peer-reviewed literature published in English on psychological impact and/or interventions for older crime victims and quality appraised these using the Mixed-Methods Appraisal Tool, following Preferred Reporting Items for Systematic Reviews and Meta-analyses guidelines (Prospero: CRD42019140137). Evidence from included studies were narratively synthesized, along with their strengths and limitations. We found 20 studies on psychological distress in older victims, four of which included interventions. From these, we identified 30 different impacts including symptoms of anxiety, depression, post-traumatic stress disorder, emotions including humiliation and self-blame, and behavioral changes. Only feasibility interventions have been published, although promising results were reported for cognitive-behavioral informed treatments for depression and anxiety. Studies were wide-ranging in aims, crimes included, and outcomes used. Recommendations for improving the evidence-base and to raise the profile of this neglected population have been provided.; Competing Interests: Declaration of Conflicting Interests.

Schofield, M. J., Powers, J. R., & Loxton, D. (2013). Mortality and Disability Outcomes of Self-Reported Elder Abuse: A 12-Year Prospective Investigation. *Journal of the American Geriatrics Society*, *61*(5), 679–685. https://doi.org/10.1111/jgs.12212
Objectives To determine whether elder abuse can predict mortality and disability over the ensuing 12 years. Design Population-based prospective cohort study of women aged 70 to 75 in 1996; survival analysis. Setting Australia. Participants Twelve thousand sixty-six women with complete data on elder abuse. Measurements Elder abuse was assessed using the 12-item Vulnerability to Abuse Screening Scale (VASS) subscales: vulnerability, coercion, dependence, and dejection. Outcomes were death and disability (defined as an affirmative response to "Do you regularly need help with daily tasks because of long-term illness, disability or frailty?"). Results In 1996, 8% reported vulnerability, 6% coercion, 18% dependence, and 22% dejection. By October 2008, 3,488 (29%) had died. Mortality was associated with coercion (hazard ratio

(HR) = 1.21, 95% confidence interval (CI) = 1.06–1.40) and dejection (HR = 1.12, 95% CI = 1.03–1.23), after controlling for demographic characteristics, social support, and health behavior but not after adding chronic conditions to the coercion model. Over the 12 years, 2,158 of 11,027 women who had reported no disability in 1996 reported disability. Women who reported vulnerability (HR = 1.25, 95% CI = 1.06–1.49) or dejection (HR = 1.55, 95% CI = 1.38–1.73) were at greater risk of disability, after controlling for demographic characteristics, social support, and health behavior. The relationship remained significant for dejection when chronic conditions and mental health were included in the model (HR = 1.40, 95% CI = 1.24–1.58). Conclusion Specific components of vulnerability to elder abuse were differently associated with rates of disability and mortality over the ensuing 12 years.

Weissberger, G. H., Mosqueda, L., Nguyen, A. L., Samek, A., Boyle, P. A., Nguyen, C. P., & Han, S. D. (2020). Physical And Mental Health Correlates Of Perceived Financial Exploitation In Older Adults: Preliminary Findings From The Finance, Cognition, And Health In Elders Study (FINCHES). *Aging & Mental Health*, *24*(5), 740–746. https://doi.org/10.1080/13607863.2019.1571020
Objectives: Financial exploitation (FE) in old age is poorly understood, particularly among those without significant cognitive impairment. The Finance, Cognition, and Health in Elders Study (FINCHES) aims to identify factors associated with FE among cognitively-healthy older adults. Preliminary findings regarding physical and mental health correlates in the pilot phase of FINCHES are reported. Method: Sixteen older adults who self-reported FE were demographically-matched on age, education, sex, and race/ethnicity to eighteen older adults who did not report past FE. Results: Those who believed they were exploited endorsed significantly greater symptoms of depression ($p = 0.014$) and marginally greater symptoms of anxiety ($p = 0.062$). Participants trended towards lower perceived successful aging ($p = 0.094$). Perceived FE participants also endorsed greater medical conditions ($p = 0.047$), but follow-up individual item analyses suggest that this was driven by problems with sleep ($p = 0.030$). Conclusions: These preliminary findings from the pilot phase of FINCHES highlight negative mental health factors associated with perceived FE among cognitively-intact older adults.

Wong, J. S., & Waite, L. J. (2017). Elder Mistreatment Predicts Later Physical And Psychological Health: Results From A National Longitudinal Study. *Journal of Elder Abuse & Neglect*, *29*(1), 15–42. Elder mistreatment predicts later physical and psychological health: Results from a national longitudinal study.
The article focuses on the results of stress process theory which predicts that elder mistreatment leads to decline in health with social supports buffering its ill effects including symptoms like anxiety, and loneliness.

Yoon, S., Cummings, S., Nugent, W. R., & Forrest-Bank, S. (2022). How Spousal Physical Abuse Impacts Suicidal Ideation Among Community-Dwelling Older Adults: The Effects Of Protective Factors. *Aging & Mental Health*, *26*(1), 130–139. https://www.tandfonline.com/doi/abs/10.1080/13607863.2020.1844144
Purpose: The purpose of this study is to examine the impact on suicidal ideation (SI) of having experienced spousal physical abuse and the possible effects of protective factors on the relationship between depressive symptoms and SI among community-dwelling older adults.; Methods: Using Wisconsin Longitudinal Study data ($N = 6,125$), a path analysis was conducted to examine the impact of spousal physical abuse on SI and test the possible effects of protective factors.; Results: First, the experience of spousal physical abuse had a significant impact on both depressive symptoms and SI. Second, problem-focused coping, social support, and having a family confidant reduced depressive symptoms directly and mitigated SI indirectly. Third, emotional-focused coping had both direct and indirect effects on depressive symptoms and SI,

leading to increases in both. Fourth, although the practical significance may be small, emotional-focused coping worked as a moderator between depressive symptoms and SI.; Conclusions: Interventions are necessary to increase protective factors and decrease risk factors of depressive symptoms and SI among older adults. In addition, regular screening tests of Intimate Partner Violence, depressive symptoms and SI are recommended.

Yunus, R. M., Hairi, N. N., & Choo, W. Y. (2019). Consequences of Elder Abuse and Neglect: A Systematic Review of Observational Studies. *Trauma, Violence & Abuse*, *20*(2), 197–213. https://journals.sagepub.com/doi/abs/10.1177/1524838017692798
This article presents the results of a systematic review of the consequences of elder abuse and neglect (EAN). A systematic search was conducted in seven electronic databases and three sources of gray literature up to January 8, 2016, supplemented by scanning of citation lists in relevant articles and contact with field experts. All observational studies investigating elder abuse as a risk factor for adverse health outcomes, mortality, and health-care utilization were included. Of 517 articles initially captured, 19 articles met our inclusion criteria and were analyzed. Two reviewers independently performed abstract screening, full-texts appraisal, and quality assessment using the Newcastle–Ottawa Scale. Across 19 studies, methodological heterogeneity was a prominent feature; seven definitions of EAN and nine measurement tools for abuse were employed. Summary of results reveals a wide range of EAN outcomes, from premature mortality to increased health-care consumption and various forms of physical and psychological symptoms. Higher risks of mortality emerged as the most credible outcome, while the majority of morbidity outcomes originated from cross-sectional studies. Our findings suggest that there is an underrepresentation of older adults from non-Western populations and developing countries, and there is a need for more population-based prospective studies in middle- and low-income regions. Evidence gathered from this review is crucial in upgrading current practices, formulating policies, and shaping the future direction of research.