

Appendix 2

APS Literature Annotated Bibliography: 2004-2018

September 23, 2019

Prepared for
Administration for Community Living
Office of Performance and Evaluation

Submitted by
New Editions Consulting, Inc.
The Lewin Group



Contents

Literature Search Methods	3
Guidelines Updates	3
2016 Guidelines	3
Literature Search Findings	3
1. PROGRAM ADMINISTRATION	4
2. TIME FRAMES	10
3. RECEIVING REPORTS OF MALTREATMENT	10
4. CONDUCTING THE INVESTIGATION	11
5. SERVICE PLANNING AND SERVICE IMPLEMENTATION	13
6. TRAINING	16
7. APS PROGRAM PERFORMANCE	19
References	20

To see the updated Guidelines, go to: <https://acl.gov/programs/elder-justice/final-voluntary-consensus-guidelines-state-aps-systems>.

Literature Search Methods

In 2016, the first National Voluntary Consensus Guidelines for State Adult Protective Services (APS) Systems (Guidelines) was developed by the Administration for Community Living (ACL). In 2018, ACL initiated the process for updating the Guidelines. The literature review in both 2016 and 2018 sought to identify peer-reviewed journal articles focused on the evaluation of APS programs and practices. Although the main focus for the literature searches was on studies reporting findings for APS, studies reporting on effective protective service strategies from the child welfare field and long-term care ombudsman programs were also reviewed if those service strategies applied to the APS field as well.

Guidelines Updates

For the current Guidelines updates, a search was conducted for articles published between April 1, 2014, and November 30, 2018, searching 14 databases (i.e., Applied Social Sciences Index and Abstracts, Dissertations Abstracts, EBSCOhost Academic Search Complete, EBSCOhost MEDLINE Complete, ERIC, Google Scholar, Lexis-Nexis U.S. Law Reviews and Journals, National Criminal Justice Reference Service Abstracts Database, PILOTS: Published International Literature on Traumatic Stress, PubMed, Sage Publications Database, ScienceDirect, Social Services Abstracts, Sociological Abstracts). The following keywords were used for the search: abuse, adult protective service, adults with disability*, disabled, elder, exploitation, fraud, maltreatment, mistreatment, neglect, older adult, outcomes, or vulnerable.

2016 Guidelines

For the 2016 Guidelines, a search was conducted for articles published between 2004 and March 2014, searching 12 databases (the same databases as for the updates, except PubMed and ScienceDirect), and using keywords including search terms such as abuse, fraud, exploitation, maltreatment, adult protective service, elder, disabled, and outcomes.

Literature Search Findings

The following section provides a summary listing of articles (annotated bibliography) identified through the two literature searches conducted to date for the APS Guidelines. All articles are listed alphabetically by author under the relevant Guidelines domain and elements, based on the relevance of the findings. (Note: articles/findings may be relevant to more than one domain and, therefore, may be listed more than once.) Given that the primary focus of the current effort is on new research for the 2019 Guidelines update, relevant articles identified through the 2014–2018 search are presented first, followed by articles identified through the initial 2004–2014 search.

1. PROGRAM ADMINISTRATION

1A. ETHICAL FOUNDATION OF APS PRACTICE

No new supporting research identified.

1B. PROTECTING PROGRAM INTEGRITY

No new supporting research identified.

1C. DEFINITIONS OF MALTREATMENT

Mosqueda et al. (2016) conducted a formative evaluation to assess and understand the variability in elder abuse case findings in California by interviewing APS workers. In California, each county's APS office reports detailed data on APS investigations to the state department of social services monthly using a document called the SOC 242. Each allegation of abuse or neglect is investigated by an APS worker to determine whether it is "confirmed," "inconclusive," or "unfounded." The SOC 242 provides definitions of these terms, but the definitions are not precise. Results showed that the number of completed investigations by each county varied widely and that there was a wide range in the percentage of confirmed, inconclusive, and unfounded cases. APS workers noted that the limited definitions of the terms allow for a wide variety of interpretations of their meaning. APS workers also noted that variations in individual levels of skill, experience, and training can influence personal decisions on allegations and findings. Others noted the need for training to improve consistency and accuracy for identifying types of allegations. Interviewees who were APS employees with prior experience in child protective services (CPS) revealed a bias toward "unfounded" findings. Some respondents stated that the perceived impact on resource allocation influenced social workers' conclusions. Since "unfounded" findings may not warrant the allocation of services, workers who identify a need for the elder or family to access services, despite an absence of abuse, may be biased toward issuing an inconclusive finding. Many APS workers also expressed that it was sometimes difficult to make a clear determination of capacity. The authors conclude that differing interpretations of definitions of confirmed, inconclusive, and unfounded case findings, along with differences in worker expertise and practices, are the major contributors to variation in elder abuse data.

1D. POPULATION SERVED

No new supporting research identified.

1E. MANDATORY REPORTERS

Lees (2018) examined associations between mandated reporting and APS case outcomes using administrative data from the Massachusetts APS system, collected between June 2015 and March 2016. Reporters of abuse and neglect were categorized as mandated health care professional, other mandated reporter, or nonmandated report. A total of 17,081 individuals were included in the final dataset. Results showed that more than half of the reports were made by mandated reporters (59%), of whom 24% were classified as health care professionals. Controlling for victim age, gender, residence, and the primary allegation type, there was no significant effect of mandated status on whether a case was screened in. The results showed a significant effect of mandated status on case substantiation, with reports made by mandated reporters having 1.26 times the odds of being substantiated compared to those made by nonmandated reporters. In addition, examination of the influence of the covariates showed that reports made on victims in the younger age groups (60–79) were more likely to be substantiated than those made on victims who were aged 80–89. Reports made

on victims in the eldest age group (90+-year-olds) were less likely to be substantiated than those made on 80–89-year-olds. Reports that included allegations of physical and/or sexual abuse were more likely to be substantiated compared to those made for emotional abuse or neglect and less likely to be substantiated compared to reports with the primary allegation of self-neglect. Results also showed that reports made by nonmandated reporters had 1.27 times the odds of service refusal compared to those made by mandated reporters. Allegations of neglect and self-neglect were less likely to be associated with service refusal compared to allegations that included physical and/or sexual abuse. Reports from nonmandated reporters and health care professionals were less likely to be substantiated compared to reports made by other types of mandated reporters. Lastly, reports from nonmandated reporters were statistically significantly more likely to result in service refusal compared to those made by mandated reporters who were not health care professionals. In conclusion, the study found that reports made by mandated reporters were more likely to be substantiated and less likely to result in service refusal than reports made by nonmandated reporters.

Mathews, Lee, and Norman (2016) assessed the impact of a new mandatory reporting law in Western Australia for reporting child sexual abuse (CSA) on the number of reports made and the outcome of those reports. To assess the impact of the law, the authors compared the number of suspected child maltreatment reports made by mandated reporters and outcomes of those reports before the law (2006–2008) and after the law (2009–2012). The three main subgroups of mandated reporters used for analyses were police, teachers (including school principals), and doctors. Results showed that the number of reports by mandated reporters of suspected child sexual abuse increased by a factor of 3.7, from an annual mean of 662 in the 3-year prelaw period to 2,448 in the 4-year postlaw period. The increase in the first 2 postlaw years was contextually and statistically significant. The rate of reporting stabilized in 2010–2012, at one report per 210 children. The number of investigated reports increased threefold, from an annual mean of 451 in the prelaw period to 1,363 in the postlaw period. There was a significant decline in the proportion of mandated reports that were investigated in the first 2 postlaw years, suggesting the new level of reporting and investigative need exceeded capacity. The authors suggest that the subsequent significant increase in investigation in the third year, to the prelaw levels, suggests systemic adaptive capacity. The number of substantiated investigations doubled, from an annual mean of 160 in the prelaw period to 327 in the postlaw period, indicating twice as many sexually abused children were being identified. The authors conclude that the mandatory reporting law for CSA is associated with a substantial and sustained increase in identification of cases of CSA.

1F. COORDINATION WITH OTHER ENTITIES

Gassoumis, Navarro, and Wilber (2015) conducted a quasiexperimental study to examine the extent to which the elder abuse forensic center (forensic center) model, compared to usual APS care, increases the odds of conservatorship as a means to improving the safety of victims of elder financial exploitation (using propensity score matching). The outcomes for this study were whether APS cases were referred to a public guardian (PG) and whether clients were conserved. Findings indicate that the forensic center team had seven times greater odds of referring cases to the PG. While the proportion of cases referred by the center that resulted in conservatorship was not significantly different from the proportion in the usual care group, there were significantly more conservatorships among cases heard at the forensic center due to the higher rate of referral. The authors suggest that the magnitude of the observed effects indicates that the forensic center offers an effective pathway in bringing cases to the PG's attention for investigation and conservatorship, thereby increasing conservatorship as a remedy for those who require the highest level of protection.

He and Phillips (2017) conducted a secondary data analysis to assess the impact of interagency collaboration between child welfare (CW) and drug and alcohol services (DAS) on service delivery. The authors used data from the second cohort of families from the National Survey of Child and Adolescent Well-Being (NSCAW II). Results showed that having a memorandum of understanding (MOU) was the most prevalent collaboration activity (60%) between CW agencies and DAS providers. This was followed by cross-training (41%) and colocation of staffs and joint budgeting (29%). Around 60% of the CW agencies reported engaging in only one or no collaboration strategies with DAS providers. About 40% of the CW agencies reported that they always or sometimes had the availability of substance abuse specialists to accompany CW social workers during child abuse and neglect investigations. Approximately one third of the agencies reported that they had adequate to very adequate substance abuse treatment services available to families, whereas slightly fewer than 60% reported that they had priority arrangements for treatment for CW-involved families dealing with substance use disorders (SUDs). The mean total number of available SUD-related resources was 1.65 (SD = 0.23); 21% of the CW agencies reported that they did not have any availability of SUD-related resources in their organization. Results also indicated that availability of SUD resources was greater in CW agencies that engaged in the collaboration strategy of having an MOU and colocation of staffs, after accounting for all other covariates. Additionally, more intense collaboration was significantly associated with greater availability of SUD-related resources.

Rizzo, Burns, and Chalfy (2015) evaluated a multidisciplinary intervention model to address elder mistreatment, integrating the expertise of social workers and lawyers under the same roof, namely, the Jewish Association Serving the Aging (JASA) Legal/Social Work Elder Abuse Prevention Program (LEAP) in New York City. Data were generated using systematic random sampling (n = 250) from a multisite sample of JASA-LEAP case records closed between 2009 and 2011. Findings indicated that clients who accepted JASA-LEAP services were more likely to experience a reduction in risk of future mistreatment upon case closure. Findings also revealed that higher levels of JASA-LEAP intervention model fidelity were associated with more favorable outcomes at case closure—evidence that the program is working. The authors suggest that the findings from this study support the use of multidisciplinary models to intervene with victims of elder mistreatment.

Sirey et al. (2015) conducted a pilot study to examine the feasibility of implementing routine screening for depression and anxiety into an elder abuse service system; test the acceptability of a mental health intervention called Providing Options to Elderly Clients Together (PROTECT) to improve depression and elder abuse outcomes; and determine the most acceptable format to deliver mental health services within elder abuse practice. Three different delivery strategies were used: mental health and abuse services provided by the same counselor (“combined”); mental health and abuse services provided by different counselors who shared the client (“shared”); and standard referral (“referral”) to nearby mental health services, which was the usual procedure. Participants for this pilot were older adults (age ≥ 60) receiving services from the New York City Department for the Aging’s Elderly Crime Victims Resource Center (ECVRC). For the screening, ECVRC integrated depression and anxiety screening into routine case assessment, during the initial evaluation. Individuals with clinically significant depression or anxiety were randomized to receive one of the three mental health strategies (combined, shared, or referral). The PROTECT intervention included problem-solving psychotherapy, anxiety management techniques, and psychoeducation about the impact of depressive and anxious symptoms in general, as well as the potential impact of symptoms on taking steps to resolve the mistreatment. Staff screened 315 individuals, with 34% of clients scoring positive for depression or anxiety. Of those with mental health needs, only 15% refused all services. PROTECT was successfully implemented in two different formats with collaboration between staff workers. The results suggest that clients are willing to accept an offer of additional mental health services at the same time that

they are receiving mistreatment resolution service. Additionally, the pilot data support the potential for elder abuse service providers to work in tandem with mental health clinicians.

Wilber, Navarro, and Gassoumis (2014) examined the effectiveness of a multidisciplinary team (MDT) intervention—the Los Angeles County Elder Abuse Forensic Center (Center). The authors used a quasiexperimental design, focusing on elder abuse cases involving victims aged 65 or older reviewed at the Center between April 1, 2007, and December 31, 2009. Center cases (n=287) were compared to a propensity-score-matched sample of APS cases. Comparison sample selection included all APS referrals aged 65 and over received by Los Angeles County’s APS during the study period (n=33,650), excluding any cases heard at the Center. Cases reviewed at the Center were significantly more likely to be submitted to the district attorney (22%) than the comparison APS cases (3%). The proportion of cases in which the district attorney then filed charges did not differ significantly (73% for the center cases versus 86% for the APS group), nor did the proportion of cases with a successful plea or conviction (92% for the center cases versus 100% for the APS group). Cases reviewed at the Center were significantly more likely to be referred to the Office of the Public Guardian (30.6%) than usual care APS cases (5.9%). The proportion of referred cases that needed conservatorship did not differ significantly between the Center (52.9%) and the APS cases (41.7%). Recurrence of elder abuse was significantly reduced in Center cases, from 42.7% at baseline to 24.6%. By contrast, usual care APS cases showed a small but nonsignificant increase in recurrence, from 16.7% at baseline to 20.3%. The authors conclude that the elder abuse forensic center MDT model is an effective approach as it significantly increased prosecution rates and conservatorships for cognitively impaired older adults and reduced the rate at which cases reentered the APS system.

Supporting research from the 2016 Guidelines

Navarro, Gassoumis, and Wilber (2013) studied the involvement of an elder abuse forensic center in financial exploitation cases. The team compared cases that involved the center with those following usual practice. The center’s cases were more often submitted to the district attorney, more often resulted in filing of charges, and increased the odds of establishing a perpetrator’s guilt.

Wiglesworth, Mosqueda, Burnight, Younglove, and Jeske (2006) studied the impact of an elder abuse forensic center on collaboration of staff from multiple agencies in Orange County, California. Using surveys of agency staff, the team found participants believed they (the participants) were more efficient and effective when they collaborated with the forensic center.

1G. PROGRAM AUTHORITY, COOPERATION, CONFIDENTIALITY, AND IMMUNITY

No new supporting research identified.

1H. STAFFING RESOURCES

No new supporting research identified.

Supporting research from the 2016 Guidelines

Jogerst et al. (2004) studied the impact of various APS system characteristics on reports of abuse, investigations, and substantiated elder abuse. Data came from a survey of states. Investigators who handled reports of abuse of children and adults had lower investigation and substantiation rates than those who handled one or the other type of abuse report.

1I. ACCESS TO EXPERT RESOURCES

Brink, Thackeray, Bridge, Letson, and Scribano (2015) conducted a retrospective study examining differences in child sexual abuse (CSA) determinations for 1,422 children who were assessed by a multidisciplinary team (MDT) and the local child protective services (CPS). The authors also examined factors associated with differences in determinations by the MDT and CPS. Results showed a moderate agreement between MDT and CPS determinations. Of the 997 cases determined by the MDT to have a high likelihood for abuse, 789 (79.1%) were substantiated or indicated by CPS. In cases where the MDT determined a low or indeterminate likelihood of abuse (425 patients), CPS did not substantiate or indicate CSA in 78.8% (335 patients). High likelihood of CSA, as determined by the MDT, was strongly associated with an increasing total number of CSA disclosures and any disclosure of CSA, regardless of abuse severity. Other factors, such as sex, age, race, and socioeconomic status based on insurance type, were not associated with this determination, suggesting a nonbiased approach to the MDT determination of CSA. For cases with a high likelihood of CSA as determined by the MDT and CPS substantiation or indication, there was also a strong association with all risk disclosure categories of CSA. The authors suggest that the results highlight the importance of the forensic interview in CPS decisions of CSA and the potential role for child advocacy centers in providing trained professionals to conduct a high-quality interview during the initial assessment.

Burnett, Dyer, Clark, and Halphen (2018) described the Texas Elder Abuse and Mistreatment Institute Forensic Assessment Center Network (TEAM-FACN) program as well as preliminary data from its implementation. The TEAM-FACN program uses a Web-based portal and low-cost videophone technology to connect an APS agency and its clients to a centralized geriatric and elder mistreatment expert medical team for virtual in-home assessments. The technology was used to conduct video-assisted assessments, including mental health assessments, and telephone-based protective service planning during interdisciplinary team meetings, and to provide consultation services. After launching the TEAM-FACN program, referrals increased significantly, suggesting that the program is effective in increasing access to geriatric and elder mistreatment expert assessments for APS cases. In addition, the authors suggest it can serve as a model for fostering state protective agencies and medical professional collaborations. The authors highlight that the technology makes it easier to gather data, access records, complete evaluations, and transmit reports, facilitating timely provision of assessments. In addition, it streamlines communication, makes the process quicker, and helps prevent unexpected process delays, such as reports being lost in the mail. The authors note that virtual assessments also increase timeliness and efficiency by dissolving geographic barriers that limit expert availability and increase assessor travel time, and they offer a way to enhance collaborations.

1J. CASE REVIEW SUPERVISORY PROCESS

No new supporting research identified.

1K. WORKER SAFETY AND WELL-BEING

Ghesquiere, Plichta, McAfee, and Rogers (2018) implemented a cross-sectional, anonymous Web-based and in-person survey of 321 APS workers and supervisors to assess their responses to APS work environments. Overall, 92.8% of respondents reported exposure to at least one hazard in their APS careers, and 71% reported exposure to one or more hazards in the past month. Respondents reported an average of 3.42 different hazard exposures in the past month, with the most common exposures being dangerously cluttered living spaces; garbage or spoiled food; insect infestations; and being yelled at, cursed at, or belittled by a client or client's family. Supervision was rated mostly positively, with the majority of respondents noting their supervisors treated them with respect, listened to them, and supported their professional development. Respondents reported both positive and negative perceptions of the APS work

climate, with workload being perceived negatively. Specifically, less than half (47%) affirmed that they had sufficient resources to do their work, and 37% reported that their workload was reasonable. In addition, 43% affirmed that employees were protected from health and safety hazards, and 35% reported that their work unit recruited those with the right skills. Job satisfaction was rated as moderately high overall, but respondents also indicated high burnout risk (22.7%) and risk for secondary traumatic stress (24.6%) and low compassion satisfaction (19.9%). The authors state that the findings highlight the importance of building a positive and supportive work environment for APS workers and note that results can help inform management strategies for the prevention of burnout among APS workers.

1L. RESPONDING DURING COMMUNITY EMERGENCIES

No new supporting research identified.

1M. COMMUNITY OUTREACH AND ENGAGEMENT

Acierno, Hernandez-Tejada, Anetzberger, Loew, and Muzzy (2017) conducted an 8-year follow-up of the National Elder Mistreatment Study (NEMS) to specify risk ratios for negative outcomes of elder abuse, including Diagnostic and Statistical Manual of Mental Disorders (DSM-5)-defined depression, generalized anxiety disorder (GAD), posttraumatic stress disorder (PTSD), and self-reported poor health. Data were obtained from 183 NEMS Wave I elder abuse victims and 591 nonvictims. In bivariate analyses, elder mistreatment 8 years earlier increased risk of negative outcomes (risk of depression, GAD, PTSD, and self-reported poor health) by 200–700%. However, multivariate analyses revealed that current social support was highly protective against most negative outcomes (excepting PTSD) and even appeared to nullify effects of mistreatment on GAD and self-reported poor health. The most powerfully consistent predictor of current psychopathology and health complaints was not elder mistreatment. Rather, low social support consistently predicted negative outcomes. Conversely, high social support diminished risk of depression, generalized anxiety, and poor health associated with mistreatment. Thus, when social support from family or friends is unavailable or deficient, policy should direct services to compensate or supplement this factor. The findings echoed original NEMS conclusions with respect to the role of social support on risk of mistreatment: “The centrality of social support to the health and well-being of older adults is the core finding of this study.”

Susman, Lees, and Fulmer (2015) examined APS caseworkers’ perceptions of repeated referrals and recidivism to APS. Focus groups were conducted with 17 APS caseworkers from the Central Massachusetts APS program. Thematic analysis of the focus group transcripts yielded four overarching themes: poor communication between referral sources and APS, APS caseworkers as gatekeepers, self-determination, and changes in health conditions and family dynamics. Caseworkers discussed difficulties getting the information they needed. These difficulties were noted to be due to challenges in communicating with and reaching the original referral source (e.g., nurses, emergency medical technicians, banks, families, doctor’s offices, hospitals, visiting nurse associations, home care services); to lack of appreciation regarding their knowledge and expertise; and to APS being characterized as threat. Caseworkers discussed concerns regarding the policy that cases are to be closed after 6 months if an intervention is not actively being pursued. They suggested that this may be a reason for clients coming back, as a way to “check in,” noting that perpetrators may “be good” until the case has been closed. Since caseworkers must first receive permission from the older adult to begin investigating a case, the caseworker may not be able to intervene even when mistreatment is suspected. In terms of changes in referral patterns over the past 5–10 years, caseworkers noted that older adults referred more recently were younger than in prior years (in their 60s), were more often suffering from significant substance abuse or mental health problems, and may be caring for their own children with similar problems. This increased complexity in family dynamics was seen as

making it difficult for older adults to move out of potentially harmful living situations. The authors conclude that the identified themes for recidivism appear amenable to educational interventions for professionals, families, and communities in order to reduce repeated visits for services.

1N. PARTICIPATION IN RESEARCH

No new supporting research identified.

2. TIME FRAMES

2A. RESPONDING TO THE REPORT/INITIATING THE INVESTIGATION

No new supporting research identified.

2B. COMPLETING THE INVESTIGATION

No new supporting research identified.

2C. CLOSING THE CASE

Mariam, McClure, Robinson, and Yang (2015) assessed the effectiveness of the Eliciting Change in At-Risk Elders (ECARE) elder abuse intervention and prevention program, for building alliances between elders with suspected abuse and trained outreach specialists and for helping elders overcome ambivalence regarding making difficult life changes. In the ECARE program, outreach specialists meet with elders in person and use different strategies, including motivational interviewing, to build an alliance and connect elders to resources in the community based on their readiness to change, preferences, and needs. For this study, 47 elders and seven family caregivers (total N=55) of jeopardized elders received the full intervention, consisting of extensive assistance in either multiple areas of need or one major area of need (e.g., assistance leaving an abusive relationship), of an average duration of 15 hours and 5 minutes over three to 36 meetings across 3 to 18 months (mode = 5). The effectiveness of the ECARE program was evaluated by examining pre- to postintervention change in the strength of the working alliance between outreach specialist and participant, risk factors for further abuse, and movement along Prochaska and DiClemente's (1983)¹ stages of change regarding the key focus of intervention. Results showed that risk factors of elder abuse (i.e., economic and housing, and social and community functioning) decreased over the course of the intervention. In addition, nearly three quarters of participants made progress on their treatment goal, advancing at least one of the stages of change (precontemplation, contemplation, preparation, action, and maintenance). Forty-three percent of elders moved into the stages of action and maintenance regarding their goal. The authors note that, for other agencies serving at-risk elders, the project's findings suggest that a longer-term, relationship-based intervention for entrenched elders who are reluctant to receive services may be effective and therefore worth considering.

3. RECEIVING REPORTS OF MALTREATMENT

3A. INTAKE

No new supporting research identified.

3B. SCREENING, PRIORITIZING, AND ASSIGNMENT OF SCREENED IN REPORTS

No new supporting research identified.

¹ Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology, 51*(3), 390–395.

4. CONDUCTING THE INVESTIGATION

4A. DETERMINING IF MALTREATMENT HAS OCCURRED

Beach et al. (2017) developed and assessed short-form measures of four types of elder abuse—financial, emotional/psychological, physical, and neglect—using data from the Elder Abuse Decision Support System (EADSS). The EADSS is a data-driven technology-based information system that informs clinical decision-making, with the data informing the substantiation decision. The authors note that even though the EADSS questionnaires were shown to be effective at helping APS caseworkers substantiate reports of alleged abuse, follow-up interviews with caseworkers in Illinois revealed that the entire battery of EADSS abuse measures was too time-consuming to administer, given their caseloads. For this study, the author identified items for four abuse/neglect short forms and then tested the validity and reliability of the measures. The findings showed that the four identified short-form measures, containing 36 of the 82 original items, have validity similar to the original long forms. The authors suggest that the short forms can be used to standardize and increase efficiency of APS investigations and may also offer researchers new options for brief elder abuse assessments.

Brink et al. (2015) conducted a retrospective study examining differences in child sexual abuse (CSA) determinations for 1422 children who were assessed by a multidisciplinary team (MDT) and the local child protective services (CPS). The authors also examined factors associated with differences in determinations by the MDT and CPS. Results showed a moderate agreement between MDT and CPS determinations. Of the 997 cases determined by the MDT to have a high likelihood for abuse, 789 (79.1%) were substantiated or indicated by CPS. In cases where the MDT determined a low or indeterminate likelihood of abuse (425 patients), CPS did not substantiate or indicate CSA in 78.8% (335 patients). High likelihood of CSA, as determined by the MDT, was strongly associated with an increasing total number of CSA disclosures and any disclosure of CSA, regardless of abuse severity. Other factors, such as sex, age, race, and socioeconomic status based on insurance type, were not associated with this determination, suggesting a nonbiased approach to the MDT determination of CSA. For cases with a high likelihood of CSA as determined by the MDT and CPS substantiation or indication, there was also a strong association with all risk disclosure categories of CSA. The authors suggest that the results highlight the importance of the forensic interview in CPS decisions of CSA and the potential role for child advocacy centers in providing trained professionals to conduct a high-quality interview during the initial assessment.

Conrad, Iris, and Liu (2017) examined the efficacy of the Elder Abuse Decision Support System (EADSS) for improving individual assessments by comparing substantiation rates for elder abuse for cases in which the EADSS was implemented as an investigation system versus cases in which the standard protocol in Illinois was used. The EADSS is a data-driven technology-based information system that informs clinical decision-making, with the data informing the substantiation decision. The caseworkers use the EADSS assessments to obtain the data via client self-report, from collaterals, or from direct observation. EADSS computes scores for all measures and creates a summary report. The EADSS care plan links the substantiated types of abuse and specific indicators identified to suggestions for relevant interventions that could be implemented with the consent of the victim. The standard Illinois abuse, neglect, and exploitation (ANE) protocol consists of the following: the caseworker conducts a face-to-face interview with the alleged victim to determine the veracity of the allegations made in the intake report; then, based on one or more interviews, and in consultation with the supervisor, the caseworker reaches a substantiation decision on the allegations and then completes the client assessment form, checking off those indicators that relate to the abuse he/she had already substantiated. To examine the effectiveness of the EADSS, the

authors conducted a pretest/posttest of substantiation results with six agencies that provide ANE services in Illinois. Specifically, prior-year ANE substantiation rates for participating agencies were compared as pretest to rates using the EADSS for 1 year as posttest. Findings showed a significant difference in substantiation rates for the ANE cases (46.6%) versus the EADSS cases (60.2%). For every type of abuse, the EADSS abuse substantiation over allegation rate was significantly higher than the rate for the ANE. In addition, for cases with multiple types of abuse, substantiation rates were significantly higher using the EADSS (86.3%) versus the ANE standard protocol (43.3%). The authors highlight that the administration of comprehensive, standardized, empirically developed procedures helps to ferret out elder abuse.

Mosqueda et al. (2016) conducted a formative evaluation to assess and understand the variability in elder abuse case findings in California by interviewing APS workers. In California, each county's APS office reports detailed data on APS investigations to the state department of social services monthly using a document called the SOC 242. Each allegation of abuse or neglect is investigated by an APS worker to determine whether it is "confirmed," "inconclusive," or "unfounded." The SOC 242 provides definitions of these terms, but the definitions are not precise. Results showed that the number of completed investigations by each county varied widely and that there was a wide range in the percentage of confirmed, inconclusive, and unfounded cases. APS workers noted that the limited definitions of the terms allow for a wide variety of interpretations of their meaning. APS workers also noted that variations in individual levels of skill, experience, and training can influence personal decisions on allegations and findings. Others noted the need for training to improve consistency and accuracy for identifying types of allegations. Interviewees who were APS employees with prior experience in child protective services (CPS) revealed a bias toward "unfounded" findings. Some respondents stated that the perceived impact on resource allocation influenced social workers' conclusions. Since "unfounded" findings may not warrant the allocation of services, workers who identify a need for the elder or family to access services, despite an absence of abuse, may be biased toward issuing an inconclusive finding. Many APS workers also expressed that it was sometimes difficult to make a clear determination of capacity. The authors conclude that differing interpretations of definitions of confirmed, inconclusive, and unfounded case findings, along with differences in worker expertise and practices, are the major contributors to variation in elder abuse data.

Wilber et al. (2014) examined the effectiveness of a multidisciplinary team (MDT) intervention—the Los Angeles County Elder Abuse Forensic Center (Center). The authors used a quasi-experimental design, focusing on elder abuse cases involving victims aged 65 or older reviewed at the Center between April 1, 2007, and December 31, 2009. Center cases (n=287) were compared to a propensity-score-matched sample of APS cases. Comparison sample selection included all APS referrals aged 65 and over received by Los Angeles County's APS during the study period (n=33,650), excluding any cases heard at the Center. Cases reviewed at the Center were significantly more likely to be submitted to the district attorney (22%) than the comparison APS cases (3%). The proportion of cases in which the district attorney then filed charges did not differ significantly (73% for the center cases versus 86% for the APS group), nor did the proportion of cases with a successful plea or conviction (92% for the center cases versus 100% for the APS group). Cases reviewed at the Center were significantly more likely to be referred to the Office of the Public Guardian (30.6%) than usual care APS cases (5.9%). The proportion of referred cases that needed conservatorship did not differ significantly between the Center (52.9%) and the APS cases (41.7%). Recurrence of elder abuse was significantly reduced in Center cases, from 42.7% at baseline to 24.6%. By contrast, usual care APS cases showed a small but nonsignificant increase in recurrence, from 16.7% at baseline to 20.3%. The authors conclude that the elder abuse forensic center MDT model is an effective approach as it significantly increased prosecution rates and conservatorships for cognitively impaired older adults and reduced the rate at which cases reentered the APS system.

4B. CONDUCTING AN APS CLIENT ASSESSMENT

Burnett et al. (2018) described the Texas Elder Abuse and Mistreatment Institute Forensic Assessment Center Network (TEAM-FACN) program as well as preliminary data from its implementation. The TEAM-FACN program uses a Web-based portal and low-cost videophone technology to connect an APS agency and its clients to a centralized geriatric and elder mistreatment expert medical team for virtual in-home assessments. The technology used to conduct video-assisted assessments, including mental health assessments, and telephone-based protective service planning during interdisciplinary team meetings, and to provide consultation services. After launching the TEAM-FACN program, referrals increased significantly, suggesting that the program is effective in increasing access to geriatric and elder mistreatment expert assessments for APS cases. In addition, the authors suggest it can serve as a model for fostering state protective agencies and medical professional collaborations. The authors highlight that the technology makes it easier to gather data, access records, complete evaluations, and transmit reports, facilitating timely provision of assessments. In addition, it streamlines communication, makes the process quicker, and helps prevent unexpected process delays, such as reports being lost in the mail. The authors note that virtual assessments also increase timeliness and efficiency by dissolving geographic barriers that limit expert availability and increase assessor travel time, and they offer a way to enhance collaborations.

4C. INVESTIGATIONS IN RESIDENTIAL CARE FACILITIES

No new supporting research identified.

4D. COMPLETION OF INVESTIGATION AND FINDING

No new supporting research identified.

5. SERVICE PLANNING AND SERVICE IMPLEMENTATION

5A. VOLUNTARY SERVICE IMPLEMENTATION

Acerno (2018) conducted a 5-year follow-up assessment with a subsample of participants from the original National Elder Mistreatment Study (NEMS) to assess health and mental health outcomes and likelihood of reporting. The results indicated that the effects of past mistreatment were diminished for depression and entirely nullified for generalized anxiety disorder and self-reported poor health when current social support was considered. Specifically, with the exception of post-traumatic stress disorder (PTSD), high social support at Wave II appeared to inoculate older adults against negative effects of mistreatment 8 years earlier at Wave I for most outcomes. The results also showed that elder financial mistreatment perpetrated by family, friends, and acquaintances is far less likely to be reported than the same behaviors perpetrated by strangers. Surprisingly, rates of nonreporting of emotional mistreatment at the hands of strangers was also about 85–90%. The authors suggest that the failure to report emotional mistreatment across perpetrator types, in the context of a willingness to report other forms of mistreatment when perpetrated by a stranger, indicates that victims of this form of abuse may not be aware that it is a type of illegal behavior.

Burnes, Rizzo, and Courtney (2014) examined factors associated with favorable elder mistreatment (EM) protective service case outcomes using a multisite (Manhattan, Brooklyn, and Queens) random sample of 233 case records closed between 2009 and 2011 from the Jewish Association Serving the Aging (JASA) Legal/Social Work Elder Abuse Program (LEAP). The outcome was risk alleviation—specifically, level of future risk of mistreatment, measured as a multilevel ordinal variable (low risk of future EM, moderate risk of future EM, and EM risk remains high/unchanged). Distribution of cases according to outcome

level of future risk was as follows: low risk (39.1%), moderate risk (29.2%), and high/unchanged risk (31.8%). Victim characteristics were more important than perpetrator characteristics in predicting risk alleviation, with female and younger victims having poorer outcomes. While victim characteristics emerged as significantly associated with mistreatment status at case closure in the whole sample, perpetrator characteristics appeared as more important in the differentiated subtype analyses. Clients reporting evidence of greater social embeddedness outside of the home had more favorable outcomes. Prior involvement with a community resource to resolve EM was associated with a higher likelihood of EM risk alleviation, and EM victims with higher levels of participation in activities outside of the home had borderline greater odds of risk alleviation. Results also showed that a shared living arrangement with the perpetrator elevated the risk of future mistreatment, and that EM cases involving longer-term abusive relationships (more than 5 years) had lower odds of risk alleviation. The authors suggest that EM social service programs should aim to promote elder participation in supportive community social outlets (e.g., senior centers). In addition, the authors note that the finding highlights the need to identify and intervene on EM cases as early as possible in the mistreatment trajectory and the need to develop targeted safety planning for clients experiencing different forms of abuse and/or neglect.

Jackson and Hafemeister (2014) assessed whether and how various case characteristics associated with abusive situations differ across four pervasive forms of elder maltreatment. Participants included 71 APS caseworkers, 55 elder victims of abuse, and 35 third-party persons. The authors found significant associations between types of maltreatment and multiple case characteristics. Among the characteristics unique to pure financial exploitation (PFE), its victims were more likely to be victimized by a nonrelative, more likely to live alone, and more likely to be unaware they were being abused, and the duration of the abuse was shorter in length (32 months) than abuse experienced by victims of physical abuse (PA) and hybrid financial exploitation (HFE). Someone had tried to intervene in only 37% of the cases, a percentage considerably lower than for PA (50%) and HFE (69%) cases, suggesting that the victims and/or other individuals were less likely to know when PFE was occurring. The PA victims were more likely to be abused by a relative, to be more aware that they were being abused, and to have experienced the abuse for a longer period of time than PFE and neglect, with the duration of abuse averaging 152 months. Neglect victims were more likely to live with the abusive individual, and the abuse was more likely to involve a single incident and last for a relatively shorter period of time (28 months) compared to PA and HFE. However, no one had tried to intervene in the past, perhaps reflecting the isolation of these victims. HFE victims were more likely to be victimized by a relative (100%), more likely to have the abusive individual living with them, and relatively likely to be aware that they were being abused; and in all cases the abuse occurred multiple times. The authors conclude that the profiles and manifestations of elder maltreatment differ depending on the type of elder maltreatment involved, and they underscore the importance of differentiating among the various types of maltreatment when seeking to better understand this maltreatment. In addition, the authors note that the different profiles indicate the need for interventions tailored to meet the unique characteristics associated with each type of abuse, which may lead to greater victim safety.

Mariam et al. (2015) assessed the effectiveness of the Eliciting Change in At-Risk Elders (ECARE) elder abuse intervention and prevention program, for building alliances between elders with suspected abuse and trained outreach specialists and for helping elders overcome ambivalence regarding making difficult life changes. In the ECARE program, outreach specialists meet with elders in person and use different strategies, including motivational interviewing, to build an alliance and connect elders to resources in the community based on their readiness to change, preferences, and needs. For this study, 47 elders and seven family caregivers (total N=55) of jeopardized elders received the full intervention, consisting of

extensive assistance in either multiple areas of need or one major area of need (e.g., assistance leaving an abusive relationship), of an average duration of 15 hours and 5 minutes over three to 36 meetings across 3 to 18 months (mode = 5). The effectiveness of the ECARE program was evaluated by examining pre- to postintervention change in the strength of the working alliance between outreach specialist and participant, risk factors for further abuse, and movement along Prochaska and DiClemente's (1983)² stages of change regarding the key focus of intervention. Results showed that risk factors of elder abuse (i.e., economic and housing, and social and community functioning) decreased over the course of the intervention. In addition, nearly three quarters of participants made progress on their treatment goal, advancing at least one of the stages of change (precontemplation, contemplation, preparation, action, and maintenance). Forty-three percent of elders moved into the stages of action and maintenance regarding their goal. The authors note that, for other agencies serving at-risk elders, the project's findings suggest that a longer-term, relationship-based intervention for entrenched elders who are reluctant to receive services may be effective and therefore worth considering.

Sirey et al. (2015) conducted a pilot study to examine the feasibility of implementing routine screening for depression and anxiety into an elder abuse service system; test the acceptability of a mental health intervention called Providing Options to Elderly Clients Together (PROTECT) to improve depression and elder abuse outcomes; and determine the most acceptable format to deliver mental health services within elder abuse practice. Three different delivery strategies were used: mental health and abuse services provided by the same counselor ("combined"); mental health and abuse services provided by different counselors who shared the client ("shared"); and standard referral ("referral") to nearby mental health services, which was the usual procedure. Participants for this pilot were older adults (age ≥ 60) receiving services from the New York City Department for the Aging's Elderly Crime Victims Resource Center (ECVRC). For the screening, ECVRC integrated depression and anxiety screening into routine case assessment, during the initial evaluation. Individuals with clinically significant depression or anxiety were randomized to receive one of the three mental health strategies (combined, shared, or referral). The PROTECT intervention included problem-solving psychotherapy, anxiety management techniques, and psychoeducation about the impact of depressive and anxious symptoms in general, as well as the potential impact of symptoms on taking steps to resolve the mistreatment. Staff screened 315 individuals, with 34% of clients scoring positive for depression or anxiety. Of those with mental health needs, only 15% refused all services. PROTECT was successfully implemented in two different formats with collaboration between staff workers. The results suggest that clients are willing to accept an offer of additional mental health services at the same time that they are receiving mistreatment resolution service. Additionally, the pilot data support the potential for elder abuse service providers to work in tandem with mental health clinicians.

5B. INVOLUNTARY SERVICE IMPLEMENTATION

Gassoumis et al. (2015) conducted a quasi-experimental study to examine the extent to which the elder abuse forensic center (forensic center) model, compared to usual APS care, increases the odds of conservatorship as a means to improving the safety of victims of elder financial exploitation (using propensity score matching). The outcomes for this study were whether APS cases were referred to a public guardian (PG) and if clients were conserved. Findings indicate that the forensic center team had seven times greater odds of referring cases to the PG. While the proportion of cases referred by the

² Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology, 51*(3), 390–395.

center that resulted in conservatorship was not significantly different from the proportion in the usual care group, there were significantly more conservatorships among cases heard at the forensic center due to the higher rate of referral. The authors suggest that the magnitude of the observed effects indicates that the forensic center offers an effective pathway in bringing cases to the PG's attention for investigation and conservatorship, thereby increasing conservatorship as a remedy for those who require the highest level of protection.

5C. CLOSING THE CASE

Burnes, Connolly, Hamilton, and Lachs (2018) piloted the feasibility of implementing an adapted goal attainment scaling (GAS) procedure to measure client-centered APS case resolution outcomes. GAS allows for clients to set individual goals specific to their needs and construct of success and then facilitates assessment of clients' attainment of these goals. A standardized summary t-score is generated, which allows for comparison across clients. Participants for this pilot included 27 community-dwelling elder mistreatment victims, age 60 or above, from six Maine APS (MAPS) sites. The GAS process was implemented through a Web-based app, in which goals and scales could be selected from a preexisting/prepopulated menu. Findings suggest that GAS is a feasible measurement strategy to implement in the APS context. On average, the overall GAS process, including up-front goal identification/discussion, goal scale creation, and goal scoring, took just over half an hour with each case. Feedback from APS practitioners indicated that this amount of time is reasonable within their overall scope of practice, especially since GAS complements existing practice, rather than representing an additional task. The adapted GAS application, characterized by a preexisting menu of goals and prepopulated goal scales, was a useful approach. Virtually all goals used in the GAS process were extracted from the menu.

6. TRAINING

6A. CASE WORKER AND SUPERVISOR MINIMUM EDUCATIONAL REQUIREMENTS

No new supporting research identified.

Supporting research from the 2016 Guidelines

Daly, Jogerst, Haigh, Leeney, and Dawson (2005) studied state regulatory requirements for elder abuse workers' education to determine the requirements' relationship with rates of reporting, investigating, and substantiating cases. Investigation rates were significantly higher when the state required that staff have a social work degree, but substantiation ratios were significantly lower in these same states.

Jogerst et al. (2004) studied the impact of various APS system characteristics on reports of abuse, investigations, and substantiated elder abuse. Data came from a survey of states. Investigators who handled reports of abuse of children and adults had lower investigation and substantiation rates than those who handled one or the other type of abuse report.

6B. CASE WORKER INITIAL AND ONGOING TRAINING

Du Mont, Kosa, Yang, Solomon, and Macdonald (2017) conducted a Canada-based pilot study to assess the efficacy of the Elder Abuse Nurse Examiner Curriculum in improving participants' self-reported knowledge and perceived competence to respond to the care needs of abused older women and men, and participants' satisfaction with the curriculum. Participants were 18 sexual assault nurse examiners

(SANEs) who were trained in the use of the curriculum and completed pre and post questionnaires, as well as a training evaluation survey. Results showed significant improvements in self-reported knowledge and perceived skills-based competence from pretraining to posttraining for all content domains of the curriculum: older adults and abuse, documentation, legislative, and legal issues; interview with the older adult, caregiver, and other relevant contacts; assessment; medical and forensic examination; case summary, discharge plan, and follow-up care. The posttraining evaluation survey showed satisfaction among participants across all components of the curriculum and its delivery, particularly with reference to the comprehensiveness of the curriculum and the clarity and appropriateness of the training materials. The authors conclude that the pilot highlighted the effectiveness of the Elder Abuse Nurse Examiner Curriculum in improving SANEs' self-reported knowledge of and perceived competence in delivering elder abuse care.

Mosqueda et al. (2016) conducted a formative evaluation to assess and understand the variability in elder abuse case findings in California by interviewing APS workers. In California, each county's APS office reports detailed data on APS investigations to the state department of social services monthly using a document called the SOC 242. Each allegation of abuse or neglect is investigated by an APS worker to determine whether it is "confirmed," "inconclusive," or "unfounded." The SOC 242 provides definitions of these terms, but the definitions are not precise. Results showed that the number of completed investigations by each county varied widely and that there was a wide range in the percentage of confirmed, inconclusive, and unfounded cases. APS workers noted that the limited definitions of the terms allow for a wide variety of interpretations of their meaning. APS workers also noted that variations in individual levels of skill, experience, and training can influence personal decisions on allegations and findings. Others noted the need for training to improve consistency and accuracy for identifying types of allegations. Interviewees who were APS employees with prior experience in child protective services (CPS) revealed a bias toward "unfounded" findings. Some respondents stated that the perceived impact on resource allocation influenced social workers' conclusions. Since "unfounded" findings may not warrant the allocation of services, workers who identify a need for the elder or family to access services, despite an absence of abuse, may be biased toward issuing an inconclusive finding. Many APS workers also expressed that it was sometimes difficult to make a clear determination of capacity. The authors conclude that differing interpretations of definitions of confirmed, inconclusive, and unfounded case findings, along with differences in worker expertise and practices, are the major contributors to variation in elder abuse data.

Pickering, Ridenour, Salaysay, Reyes-Gastelum, and Pierce (2018) developed, implemented, and evaluated a virtual-reality-based educational intervention intended to improve elder abuse and neglect (EA/N) recognition and reporting among mandatory reporters—specifically, nurses and social workers providing in-home services. The educational intervention consisted of two parts, an introductory course and an advanced assessment training in virtual reality. Virtual-reality was used to provide experiential learning opportunities for teaching the use of the QualCare Scale. The QualCare Scale is a direct observational rating scale for identifying the met and unmet needs of the older adult to make conclusions about the quality of family caregiving received and the potential for abuse and neglect. To pilot the intervention, 39 individuals completed the introductory course, and 36 individuals participated in the virtual-reality-based training. The intervention was evaluated by assessing satisfaction, changes in knowledge, and changes in practice. Results showed that participants were satisfied with the content and format of the training program. Participants made gains in knowledge in identification and had 99% accuracy in their mandatory reporting decisions. Importantly, professionals reported making changes in their daily practice based on knowledge and skills learned. The authors conclude that the data indicate that this interdisciplinary training program is a satisfactory way to learn and to produce changes in knowledge and clinical practice.

Storey and Prashad (2018) conducted a Canada-based study to test actual and perceived improvements among health professionals attending a lengthy multimethod training program that seeks to improve confidence, knowledge, and case management skills, including how to identify, report, and investigate cases of suspected abuse, neglect, and self-neglect of vulnerable adults. An online survey was used to compare outcomes for vulnerable adult specialists who completed the basic “re:act Adult Protection Worker Curriculum” (N=109) to outcomes for vulnerable adult specialists who did not complete the training (N=48). Across the seven questions asked about perceived knowledge and competence, completers rated themselves as having significantly more knowledge and competence than did noncompleters. In addition, completers answered significantly more multiple-choice questions correctly than did noncompleters. There were no improvements in applied knowledge. Completers were separated into three groups based on their profession: social worker (n = 66, 61%), nurse (n = 35, 32%), and other professional (n = 8, 7%). Of the seven questions posed regarding perceived knowledge and competence, significant differences were found between groups for six questions, with social workers reporting significantly more confidence in their knowledge and competence than did nurses. The authors conclude that this curriculum and accompanying training materials could be made available online to all health authorities for implementation as appropriate to local operational needs.

Supporting research from the 2016 Guidelines

Connell-Carrick and Scannapieco (2008) studied the impact of training on APS workers’ perceptions of the training and their own skills shortly after their training finished. The training lasted 3 months and involved classroom and field experience. Staff reported positive experiences with training and gains in knowledge and skills. They were most confident in their ability to assess physical abuse and self-neglect and least confident of assessing sexual abuse and financial exploitation.

Jogerst et al. (2004) studied the impact of various APS system characteristics on reports of abuse, investigations, and substantiated elder abuse. Data came from a survey of states. Investigators who handle reports of abuse of children and adults had lower investigation and substantiation rates than those who handled one or the other type of abuse report.

6C. SUPERVISOR INITIAL AND ONGOING TRAINING

Ghesquiere et al. 2018 implemented a cross-sectional, anonymous Web-based and in-person survey of 321 APS workers and supervisors to assess their responses to APS work environments. Overall, 92.8% of respondents reported exposure to at least one hazard in their APS careers, and 71% reported exposure to one or more hazards in the past month. Respondents reported an average of 3.42 different hazard exposures in the past month, with the most common exposures being dangerously cluttered living spaces; garbage or spoiled food; insect infestations; and being yelled at, cursed at, or belittled by a client or client’s family. Supervision was rated mostly positively, with the majority of respondents noting their supervisors treated them with respect, listened to them, and supported their professional development. Respondents reported both positive and negative perceptions of the APS work climate, with workload being perceived negatively. Specifically, less than half (47%) affirmed that they had sufficient resources to do their work, and 37% reported that their workload was reasonable. In addition, 43% affirmed that employees were protected from health and safety hazards, and 35% reported that their work unit recruited those with the right skills. Job satisfaction was rated as moderately higher overall, but respondents also indicated high burnout risk (22.7%) and risk for secondary traumatic stress (24.6%) and low compassion

satisfaction (19.9%). The authors state that the findings highlight the importance of building a positive and supportive work environment for APS workers and note that results can help inform management strategies for the prevention of burnout among APS workers.

7. APS PROGRAM PERFORMANCE³

Booker, Breaux, Abada, Xia, and Burnett (2018) assessed the satisfaction with APS of 77 community-dwelling adults 65 years and over with substantiated self-neglect. Data were drawn from a 6-month double-blind randomized controlled trial that examined whether multidisciplinary medical and social work team recommendations coupled with APS usual care was more effective at reducing self-neglect behaviors in older adults compared to APS-substantiated elder self-neglect receiving usual care only. Participants completed the eight-item client satisfaction questionnaire at the end of the 6-month trial. The results from the secondary data analysis showed that overall, the majority (77%) of participants indicated being satisfied with the APS experience. The highest proportion of responses indicating satisfaction was observed regarding recommending APS to a friend in need (87% of subjects reported satisfaction); coming back to APS if seeking help again (84% of subjects reported satisfaction); and satisfaction with the amount of help received from APS (83% of subjects reported satisfaction). The question with the lowest proportion of participants expressing satisfaction asked about the extent to which APS met their needs (65% of subjects reported satisfaction), suggesting that APS may benefit from examining its service areas and identifying which specific areas may require expansion to meet client needs.

Burnes et al. (2014) examined factors associated with favorable elder mistreatment (EM) protective service case outcomes using a multisite (Manhattan, Brooklyn, and Queens) random sample of 233 case records closed between 2009 and 2011 from the Jewish Association Serving the Aging (JASA) Legal/Social Work Elder Abuse Program (LEAP). The outcome was risk alleviation—specifically, level of future risk of mistreatment, measured as a multilevel ordinal variable (low risk of future EM, moderate risk of future EM, and EM risk remains high/unchanged). Distribution of cases according to outcome level of future risk was as follows: low risk (39.1%), moderate risk (29.2%), and high/unchanged risk (31.8%). Victim characteristics were more important than perpetrator characteristics in predicting risk alleviation, with female and younger victims having poorer outcomes. While victim characteristics emerged as significantly associated with mistreatment status at case closure in the whole sample, perpetrator characteristics appeared as more important in the differentiated subtype analyses. Clients reporting evidence of greater social embeddedness outside of the home had more favorable outcomes. Prior involvement with a community resource to resolve EM was associated with a higher likelihood of EM risk alleviation, and EM victims with higher levels of participation in activities outside of the home had borderline greater odds of risk alleviation. Results also showed that a shared living arrangement with the perpetrator elevated the risk of future mistreatment, and that EM cases involving longer-term abusive relationships (more than 5 years) had lower odds of risk alleviation. The authors suggest that EM social service programs should aim to promote elder participation in supportive community social outlets (e.g., senior centers). In addition, the authors note that the finding highlights the need to identify and intervene on EM cases as early as possible in the mistreatment trajectory and the need to develop targeted safety planning for clients experiencing different forms of abuse and/or neglect.

³ This domain was revised into two elements (7A. Managing Program Data and 7B. Evaluating Program Performance) as part of the updates.

Susman et al. (2015) examined APS caseworkers' perceptions of repeated referrals and recidivism to APS. Focus groups were conducted with 17 APS caseworkers from the Central Massachusetts APS program. Thematic analysis of the focus group transcripts yielded four overarching themes: poor communication between referral sources and APS, APS caseworkers as gatekeepers, self-determination and changes in health conditions and family dynamics. Caseworkers discussed difficulties getting the information they need. These difficulties were noted to be due to challenges in communicating with and reaching the original referral source (e.g., nurses, emergency medical technicians, banks, families, doctor's offices, hospitals, visiting nurse associations, home care services); to lack of appreciation regarding their knowledge and expertise; and to APS being characterized as threat. Caseworkers discussed concerns regarding the policy that cases are to be closed after 6 months if an intervention is not actively being pursued. They suggested that this may be a reason for clients coming back, as a way to "check in," and noted that perpetrators may "be good" until the case has been closed. Since caseworkers must first receive permission from the older adult to begin investigating a case, the caseworker may not be able to intervene even when mistreatment is suspected. In terms of changes in referral patterns over the past 5–10 years, caseworkers noted that older adults referred more recently were younger than in prior years (in their 60s), were more often suffering from significant substance abuse or mental health problems, and may be caring for their own children with similar problems. This increased complexity in family dynamics was seen as making it difficult for older adults to move out of potentially harmful living situations. The authors conclude that the identified themes for recidivism appear amenable to educational interventions for professionals, families, and communities in order to reduce repeated visits for services. As a significant limitation to studying mistreatment cases, the authors highlight the lack of longitudinal data. Specifically, the state of Massachusetts is required to expunge APS records from substantiated cases within 7 years, making it difficult to follow cases over a protracted period of time.

References

- Acierno, R. (2018). *National Elder Mistreatment Survey: 5 year follow-up of victims and matched non-victims*. National Institute of Justice (NIJ). Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/252029.pdf>
- 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.
- Beach, S. R., Liu, P.-J., DeLiema, M., Iris, M., Howe, M. J. K., & Conrad, K. J. (2017). Development of short-form measures to assess four types of elder mistreatment: Findings from an evidence-based study of APS elder abuse substantiation decisions. *Journal of Elder Abuse & Neglect*, 29(4), 229-253.
- Booker, J. G., Breaux, M., Abada, S., Xia, R., & Burnett, J. (2018). Assessment of older adults' satisfaction with Adult Protective Services investigation and assistance. *Journal of Elder Abuse & Neglect*, 30(1), 64-74.
- Brink, F. W., Thackeray, J. D., Bridge, J. A., Letson, M. M., & Scribano, P. V. (2015). Child advocacy center multidisciplinary team decision and its association to child protective services outcomes. *Child Abuse & Neglect*, 46, 174-181.
- Burnes, D., Connolly, M. T., Hamilton, R., & Lachs, M. S. (2018). The feasibility of goal attainment scaling to measure case resolution in elder abuse and neglect adult protective services intervention. *Journal of Elder Abuse & Neglect*, 30(3), 209-222.
- Burnes, D. P. R., Rizzo, V. M., & Courtney, E. (2014). Elder abuse and neglect risk alleviation in protective services. *Journal of Interpersonal Violence*, 29(11), 2091-2113.
- Burnett, J., Dyer, C. B., Clark, L. E., & Halphen, J. M. (2018). A statewide elder mistreatment virtual assessment program: Preliminary data. *Journal of the American Geriatrics Society*. Epub ahead of print. doi: 10.1111/jgs.15565
- Connell-Carrick, K., & Scannapieco, M. (2008). Adult protective services: State of the workforce and worker development. *Gerontology & Geriatrics Education*, 29(2), 189-206.

- Conrad, K. J., Iris, M., & Liu, P.-J. (2017). Elder Abuse Decision Support System: Field test outcomes, abuse measure validation, and lessons learned. *Journal of Elder Abuse & Neglect*, 29(2-3), 134-156.
- Daly, J. M., Jogerst, G. J., Haigh, K. M., Leeney, J. L., & Dawson, J. D. (2005). APS workers job requirements associated with elder abuse rates. *Social Work in Health Care*, 40(3), 89-102.
- Du Mont, J., Kosa, D., Yang, R., Solomon, S., & Macdonald, S. (2017). Determining the effectiveness of an elder abuse nurse examiner curriculum: A pilot study. *Nurse Education Today*, 55, 71-76.
- Gassoumis, Z. D., Navarro, A., & Wilber, K. H. (2015). Protecting victims of elder financial exploitation: The role of an elder abuse forensic center in referring victims for conservatorship. *Aging & Mental Health*, 19(9), 790-798.
- Ghesquiere A., Plichta, S. B., McAfee, C., & Rogers, G. (2018). Professional quality of life of adult protective service workers. *Journal of Elder Abuse & Neglect*, 30(1), 1-19.
- He, A. S., & Phillips, J. (2017). Interagency collaboration: Strengthening substance abuse resources in child welfare. *Child Abuse & Neglect*, 64, 101-108.
- Jackson, S. L., & Hafemeister, T. L. (2014). How case characteristics differ across four types of elder maltreatment: Implications for tailoring interventions to increase victim safety. *Journal of Applied Gerontology*, 33(8), 982-997.
- Jogerst, G. J., Daly, J. M., Dawson, J. D., Brinig, M. F., Schmuck, G. A., & Peek-Asa, C. (2004). APS investigative systems associated with county reported domestic elder abuse. *Journal of Elder Abuse & Neglect* 16(3), 1-17.
- Lees, K. (2018). *Elder mistreatment: An examination of formal and informal responses to a growing public health concern* (Doctoral dissertation). Retrieved from <https://repository.library.northeastern.edu/files/neu:cj82r9210>
- Mariam, L. M., McClure, R., Robinson, J. B., & Yang, J. A. (2015). Eliciting Change in At-Risk Elders (ECARE): Evaluation of an elder abuse intervention program. *Journal of Elder Abuse & Neglect*, 27(1), 19-33.
- Mathews, B., Lee, X. J., & Norman, R. E. (2016). Impact of a new mandatory reporting law on reporting and identification of child sexual abuse: A seven year time trend analysis. *Child Abuse & Neglect*, 56, 62-79.
- Mosqueda, L., Wigglesworth, A., Moore A. A., Nguyen, A., Gironde, M., & Gibbs, L. (2016). Variability in findings from adult protective services investigations of elder abuse in California. *Journal of Evidence-Informed Social Work*, 13(1), 34-44.
- Navarro, A. E., Gassoumis, Z. D., & Wilber, K. H. (2013). Holding abusers accountable: An elder abuse forensic center increases criminal prosecution of financial exploitation. *The Gerontologist*, 53(2), 303-312.
- Pickering, C. E. Z., Ridenour, K., Salaysay, Z., Reyes-Gastelum, D., & Pierce, S. J. (2018). EATI Island – A virtual-reality-based elder abuse and neglect educational intervention. *Gerontology & Geriatrics Education*, 39(4), 445-463.
- Rizzo, V. M., Burnes, D., & Chalfy, A. (2015). A systematic evaluation of a multidisciplinary social work–lawyer elder mistreatment intervention model. *Journal of Elder Abuse & Neglect*, 27(1), 1-18.
- Sirey, J. A., Berman, J., Depasquale, A., Halkett, A., Raeifar, E., Banerjee, ... Raue, P. J. (2015). Feasibility of integrating mental health screening and services into routine elder abuse practice to improve client outcomes. *Journal of Elder Abuse & Neglect*, 27(3), 254-269.
- Storey, J. E., & Prashad, A. A. (2018). Recognizing, reporting, and responding to abuse, neglect, and self-neglect of vulnerable adults: an evaluation of the re:act adult protection worker basic curriculum. *Journal of Elder Abuse & Neglect*, 30(1), 42-63.
- Susman, A., Lees, K. E., & Fulmer, T. (2015). Understanding repeated visits to adult protective services. *The Journal of Adult Protection*, 17(6), 391-399.
- Wigglesworth, A., Mosqueda, L., Burnight, K., Younglove, T., & Jeske, D. (2006). Findings from an elder abuse forensic center. *The Gerontologist*, 46(2), 277-283.
- Wilber, K. H., Navarro, A. E., Gassoumis, Z. D. (2014). *Evaluating the elder abuse forensic center model*. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/246428.pdf>