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UNIVERSITY OF SAN DIEGO

Hahn School of Nursing and Health Science

DOCTOR OF PHILOSOPHY IN NURSING

BATTERY AND ABUSE IN THE ELDERLY: A FORENSIC ANALYSIS

By

Amy Y. Carney, MFS, N.P.

A Dissertation presented to the

FACULTY OF THE HAHN SCHOOL OF NURSING AND HEALTH SCIENCE

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In partial fulfillment of the requirements for the degree

DOCTOR OF PHILOSOPHY IN NURSING

May, 2010

Dissertation Committee

Cynthia D. Connelly, PhD, RN, FAAN, Chairperson

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ABSTRACT

Elder abuse is a recognized social problem in the United States. First labeled as “granny battering” and originally studied under the umbrella of family violence, maltreatment of the elderly has received more funding and research in recent years. Multiple aspects of elder abuse have been examined in the literature including measures for detection, assessment, and documentation. Although studies have examined the circumstances surrounding abuse as well as theories of causation and characteristics of the abuser and the abused, studies of the relationship between the abuser and the abused are less well documented. The purpose of this research was to examine the abuser relationship, family or non-family, and types of abuse (physical, financial, sexual) in the elderly through evaluation of prosecuted cases of elder abuse in order to identify relationships which may inform nursing science in early prevention and intervention strategies in a vulnerable elderly population. Specifically, this research aimed to answer the question “What is the relationship between type of abuser (family, non-family) and type of abuse in cases prosecuted through the San Diego District Attorney’s Office?” Statistical analysis demonstrated significance in abuser-abused relationship, type of abuse, and demographic age/gender predictors of financial and physical abuse. No statistical significance was found for sexual abuse. This study informs future nursing research in health outcomes for vulnerable elders, nursing curriculum, and health policy in an aging population.

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DEDICATION

This dissertation is dedicated to all of the elders whose cases I evaluated and researched for this study. Your stories have touched me deeply, and have made me want to do more on behalf of you and others caught up in the nightmare of elder abuse.

In addition I dedicate this work to all of the nurses, social workers, Adult Protective Services personnel, law enforcement officers, elder abuse investigators and attorneys of the San Diego District Attorney's Office, as well as countless others who work with the elder population in the effort to keep them safe. Your work may not always be known, but it should be.

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Thanks to Dr. Hilda Grey who started me on this road, and Dr. Anne Mayo who kept me on the straight and narrow.

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Heartfelt thanks also to my family and friends, especially Dr. Russ Neuhart, for the meals, the encouragement, the pep talks, and the late-night texting and phone calls. Talk about patience.

My colleagues and friends at Neighborhood HealthCare and Palomar Pomerado Health System: I couldn't have done it without you.

My fellow PhD and DNP students: I've said it before, and I say it again, you were my support system. Best of luck to all of you.

Last but not least, a very special thanks to the clerks of the Records Department of the Superior Court of the County of San Diego. You guys rock.

Grammatici cetant et adhuc sub iudice lis est.

Scholars dispute, and the case is still before the court.

Horace

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CHAPTER 1

The Problem and Background

Elder abuse remains an international health problem. Congressional hearings in the 1970's began focusing more attention on elder issues that the Government had first addressed in the 1950's. Since that time, when elder abuse was labeled as "granny battering", more funding and research has been focused on maltreatment of the elderly, originally under the umbrella of family violence (National Research Council, 2003). Multiple aspects of elder abuse have been examined in the literature including measures for detection, assessment, and documentation. Although studies have examined the circumstances surrounding abuse, as well as theories of causation and characteristics of the abusers and the abused, studies of the relationship between the abuser and the abused elder are less well represented in the literature. The purpose of this research is to examine the abuser relationship, either family or non-family, and type of elder abuse (physical, sexual, financial) through evaluation of prosecuted cases of elder abuse. Findings from this study will inform early prevention and intervention strategies in a vulnerable elderly population. Specifically, the research aims to answer the question "What is the relationship between type of abuser (family, non-family) and type of abuse in cases prosecuted through the San Diego District Attorney's Office?"

Background and Significance

In 2001 the United States Administration on Aging (AoA) reported that there were 43 million Americans over the age of 60, and of those 3 million were 85 or older. With increases in improved health and standard of living, the AoA predicted that by

2030 more than 85 million Americans will be over the age of 60, and 8 million will be over the age of 85. While issues of Social Security and affordable long-term health care have received national attention crimes against the elderly have often been ignored. Based on census data and findings in the National Elder Abuse Incidence Study (NEAIS) conducted by the National Center on Elder Abuse (2007) 449,924 persons aged 60 and over were estimated to have experienced neglect and/or abuse in domestic settings in 1996. The U.S. Department of Social and Rehabilitation Services began funding National Protective Services in the late 1960's, but congressional hearings on elder abuse were not held until 1979 by the House Select Committee on Aging. In 1981 the National Center for Adult Abuse was established; by 1982 every state had developed an adult protection law and 42 states had mandatory elder abuse reporting laws. Amendments to the Older Americans Act in 1987 mandated that states provide outreach services to identify abuse cases and devise procedures for reporting and public education. Subsequently, advocacy groups and national organizations such as the American Association of Retired Persons and the National Organization of Women held forums and organized congressional hearings on elder abuse, and communities and health care organizations began developing local programs for abused elders (NursingWorld, 2002). Health care consequences of abuse were beginning to be identified but incidence and prevalence were difficult to establish.

During this time professional nursing was also identifying elder populations at risk and advocating for changes in health care policy on elder abuse. Nurses were noted to be in a unique position as non-family members, with close contact with the elderly, and could be instrumental in detecting, managing and preventing elder abuse.

Knowledge and education in elder abuse were cited as keys to developing and instituting strategies for prevention and management of abuse (Muehlbauer & Crane, 2006).

Conceptual Framework

The framework for the study is guided by the theories of symbolic interactionism and forensic nursing. The theory of symbolic interactionism as seen through the works of George Herbert Mead, Herbert Blumer, Manford Kuhn and fellow sociologists allows humans to create and use symbols to represent each other, ideas, objects, patterns, and experiences. The use of these symbols builds patterns of social organization. Through these interactions humans take on roles in society and in specific situations, and these roles have meaning (Turner, 1986). Symbolic interactionism theorists also suggest that human conduct is social and that humans work with plan and purpose. However, while human beings are capable of seeing the consequences of their actions from the point of others some humans are self-absorbed and put their own interests first. The concept of 'deviance' is seen as a threat to the security of the social order. Types of deviance such as child abuse, assault, larceny and fraud disturb the fabric of society and contribute a negative essence to the individual who engages in them; those who engage in deviance have purposes and goals just as do those individuals who avoid deviance (Hewitt, 2007).

Two of the concepts central to symbolic interactionism are 'creating social bonds' and 'solving problems'. Activities in society are coordinated through stable interpersonal attachments, or 'social bonds'. Humans construct a web of social bonds in order to feel attached to others, who are also interconnected. Members of a bond demonstrate coordinated actions, sometimes successfully and sometimes in conflict. An

example of this is adult children of aging parents agreeing that their parents need care but disagreeing on how this should be done. ‘Solving problems’ is seen as inherent in the organization of human conduct. Symbolic interactionism sees the effort to *solve* problems as important in social order as is routine conduct performed along established lines in a culture. The social unit of the family may need to solve such problems as feeding a family on a limited budget, or whether to spend money on a new television or on the care of a sick child (Hewitt, 2007).

In this study symbolic interactionism informs the study by its emphasis on the actions between persons, the symbolism of those actions, and their meaning to the participants, whether deviant or culturally accepted. Elder abuse diverges from the culturally accepted norm when the abuser responds to a need (physical, sexual, financial) and identifies a vulnerable elder as the means to solve this problem. Further, symbolic interactionism helps to define the societal response to this deviance when the situation that has been identified as problematic requires a solution to maintain social order (Hewitt, 2007).

Forensic nursing is defined as the application of nursing to the law. Central to the role of the forensic specialist in nursing is violence-related trauma. The bio/psycho/social/spiritual education of the nursing professional combines with the forensic aspects of healthcare in the scientific investigation and treatment of both victims and perpetrators of criminal activity, violence, and traumatic accidents. Formally granted nursing specialty status in 1995, by the American Nurses Association’s Congress of Nursing Practice, the theoretical components of forensic nursing are multi-dimensional. Holistic in nature, forensic nursing and forensic nursing theory incorporate

the domains particular to all nursing care theories but go beyond the biopsychosocial-spiritual-cultural arenas and include the dimension of law. Under this inclusion is the assessment, evaluation and intervention of elder abuse (Lynch, 2006).

Purpose and Aims

The purpose of this descriptive correlational study is to examine the relationship between victims of elder abuse and those who were convicted of crimes stemming from the abuse by the San Diego District Attorney's Office. Specifically, the aims of this study are:

Aim 1

To characterize the incidence and prevalence of the different types of abuse prosecuted through the San Diego District Attorney's Office in a selected population.

Aim 2

To examine the abuser relationship (family/non-family) and type of abuse (physical, sexual, financial) inflicted on the elderly.

Aim 3

To explore victim and perpetrator factors that increases the odds for elder abuse.

CHAPTER II

Literature Review

The purpose of this chapter is to provide a summary of the literature pertaining to battery and abuse in the elderly including history, aspects of victimology, and research. Gaps in the literature are identified to establish the need for this study.

History, Elder Abuse Awareness, and Research

Although granny bashing had been identified in British medical journals in the 1960's one of the earliest studies in the United State on elder abuse surfaced in 1979 when Block & Sinnott (Eds.) published *The Battered Elder Syndrome: An Exploratory Study*. The authors stated that the purpose of the study was to determine the feasibility of approaches to investigate the national incidence of maltreatment of older persons as well as methods for investigating neglect, mental, or physical abuse. Their aim was to provide a basis for policy and program development that would protect older adults from violations of their dignity and rights. They noted that in 1976 the Subcommittee on Housing and Consumer Interests had stated that "psychologically, financially, and physically, no group of citizens suffers more painful losses than our Nation's elderly do at the hands of America's criminal predators" (Block and Sinnott, p. 1). The authors also note that the Administration on Aging had stressed the importance of investigation into the incidence of elder mistreatment in 1978, stating that elder abuse had been largely ignored in studies of victimization and crime, even though "instances abound in which functionally impaired or socially isolated elderly....are neglected or are mentally or physically abused. There are numerous reports which document violations of the human

rights of such vulnerable elderly in their homes, in congregate living arrangements, and in institutions. What is unknown is the incidence of such occurrences for different types of abuse and neglect” (Block & Sinnott, p.1). This early study sought estimates of the prevalence of what the authors called the “battered elder phenomenon” in a population over 60 years of age. They focused on mental and physical abuse perpetrated by adult children or other adult relatives or caretakers. A portion of the conceptual basis for their work came from studies in the battered wife and battered child syndromes. This study found that while the abused elderly did suffer serious physical impairments, more psychological than physical abuse was reported. It also found that family members rather than strangers were usually the abusers, and that the victims of abuse were usually severely disabled women. The authors stated that one myth about abuse was contradicted by their study: The myth that both the abusers and the abused were members of a minority group or were in a lower socioeconomic class. This study found that abuse occurred with middle class persons with no minority or ethnic identification. These researchers also concluded that the cases that were reported were only the “tip of the iceberg” (p.83).

In 1981 Hickey and Douglass reported the results of semi-structured interviews with 10 groups of professionals who worked with the elderly. Two hundred twenty-eight respondents described their experiences with active or passive neglect, and with physical and verbal/emotional abuse. The researchers found that these professionals viewed intentional neglect as a consequence of the inadequacy of the caretaker, but unintentional neglect was a result of the victim’s isolation. It was also found that most of the respondents indicated that no procedures were established for dealing with

mistreatment or for follow-up, and that over one-half of the cases reported nothing was done about the mistreatment.

Sengstock and Liang (1982) in a study entitled *Identifying and Characterizing Elder Abuse* reported on 77 cases of elder abuse, with data collected through questionnaires and interviews with health and social service agencies, victims and their families, and control group interviews. This was the first study in which victims themselves were interviewed. The researchers identified five types of abuse and noted that in many cases there were multiple types of abuse. The majority of victims suffered psychological abuse; it was noted that this often accompanies other types of abuse. The child of the victim was the abuser in approximately half of the cases, with sons and daughters nearly equally responsible. Agency interviews revealed difficulty identifying cases of abuse, and distinguishing abuse from normal signs of aging. It was also found that there was reluctance by agencies and members of agencies to intervene in suspected cases. The authors noted that the quality of service provided was uneven, and recommended that a clearer method of identification was needed that did not rely on the professional background of the observer. In addition they cited a need to establish standards of care which would make services and referrals more certain.

In 1988 the Journal *RN* published a short article by Thobaben on identifying and stopping elder abuse, but no research was presented. Similarly, nursing assessment and intervention was proposed by Sayles-Cross (1988), but the author noted that nursing research on this topic was in its infancy. At that time the majority of studies had been conducted with small non-representative samples from professional case files, and comparison groups had not been utilized. Sayles-Cross cited areas in need of further

study including theory testing and building, incidence and prevalence studies, and the development of a universal definition of elder abuse.

Saveman, Hallberg, and Norberg (1993) conducted a Swedish study and also noted the difficulty of not having a definition of elder abuse. In their study district nurses were interviewed with open-ended questions regarding identification and definitions of elder abuse. The researchers found that the nurses gave broad descriptions of various aspects of the concept of elder abuse rather than a distinct definition in order to describe the complexity of the situation itself, with the findings being of primarily practical significance to the nurses themselves.

In a national survey of state adult protective service (APS) programs Goodrich (1997) examined risk assessment protocols, documentation systems, and outcome measures in APS intervention. The results indicated wide variation in structure and administration in programs but also in the age of client eligibility, state level data, reporting requirements, and types and definitions of abuse. About half the programs were using some form of risk assessment tool. The most common client outcome measure was found to be reason for case closure, and the primary criteria for achievement of program goals were substantiation statistics.

In a study conducted by Mouton, Rovi, Furniss, and Lasser (1999) the relationship between domestic violence and health in older women was examined. Using a pilot cross-sectional survey 257 women whose average age was 63 were interviewed using the Domestic Violence Screening Questionnaire, an instrument developed by the authors. In addition each participant was asked questions about their physical and mental

health using the Medical Outcomes Study Short Form 36 (SF36) (Ware, Kosinski, & Keller, 1994). The researchers found that 32% of the women had experienced domestic violence, 22.6% had been threatened and 15% had experienced physical assault. They noted that the mental component summary scores on the Medical Outcomes Study SF36 were lower for women who had been threatened compared to those who reported not being threatened. The authors state that this pilot study suggests that the threat of abuse was associated with poorer mental health outcomes.

In 2000 Giurani and Hasan revisited the term ‘granny battering.’ They noted that prevalence of elder abuse had only been studied in a few countries, the United Kingdom being one of them, and that definitions continued to vary. The authors suggested five major theories of causation, including exchange theory, in which the abuser will continue the abuse as long as they can gain from it; characteristics of the abused included being a female over age 75 who is unable to live independently; characteristics of the abuser included being an adult caregiver who is usually a relative, has looked after the elder for a long period of time, is under stress, and is in some way dependent on the abused, such as financially or emotionally. They propose efforts to change the behavior of the patients, improve the coping skills of the caretakers under the guidance of a clinical psychologist, and family counseling. Separation of patient and caretaker is considered if other methods of intervention fail. These authors also state that a legal framework is in place in the United Kingdom and can be useful in elder abuse but that criminal proceedings are seldom appropriate. They further cite as an example, the United States, specifically a report by R.S. Wolf in the *Journal of the American*

Geriatric Society “where mandatory reporting of suspected cases of elder abuse has not met with any success” (Giurani & Hasan, p. 220).

The National Research Council of the National Academies (2003) published *Elder Mistreatment: Abuse, Neglect, and Exploitation in an Aging America*. It was the charge of the panel to review risk and prevalence of elder abuse and neglect in America. The Panel noted that in the twenty years since the late 1970’s when Congressman Claude Pepper held hearings on the mistreatment of the elderly, fewer than 50 scientific studies had been published on the problems of elder abuse. The panel recommended concepts, definitions, and guidelines for measurement of elder abuse; risk factors; screening and case identification in the clinical setting; evaluating interventions, as well as a theoretical model of elder mistreatment. The report included an analysis of elder abuse and neglect definitions state by state and background papers on elder mistreatment including the clinical and medical forensics of elder abuse and neglect.

Fisher and Regan (2006) examined the relationship between the extent and frequency of abuse in older woman and its impact on their health. The authors developed a measure, the Women’s Health and Relationship Survey (WHRS), adapted from validated instruments. The WHRS measured five types of abuse: Psychological/emotional, control, threat of physical abuse, physical, and sexual. The cross-sectional study of women aged 60 and over found that nearly half had experienced at least one type of abuse; those reporting psychological/emotional abuse or multiple types of abuse reported significantly more health condition than non-victims.

In a Florida study Schonfeld, Larsen, and Stiles (2006) analyzed data from two existing state-wide databases to examine behavioral health services utilization in persons aged 65 and older. The authors compared information from Medicare and Medicaid claims against data from two groups: Those who had accessed the state-wide abuse hotline information system and those who had not. The researchers found that the use of behavioral health services was greater among those who had utilized the state abuse hotline.

Acierno et al. (2010) noted that although the National Elder Abuse Incidence Study was the first major investigation into elder mistreatment in the United States it did not actually collect its data from older adults but instead used Adult Protective Services records and sentinel reports, such as those from community professionals. Using a representative sample from across the United States the authors conducted telephone interviews to establish the types and prevalence of abuse in a population over 60 years of age. Analyzing data from 5,777 respondents they found a one year prevalence of 4.6% for emotional abuse, 1.6% for physical abuse, 0.6% for sexual abuse, 5.1% for potential neglect, and 5.2% for current financial abuse by a family member. One in 10 respondents reported physical, emotional, sexual abuse, or potential neglect in the past year.

International Perspectives on Elder Abuse

Elder abuse issues are not limited to the United States. Malley-Morrison, Nolido, and Chawla (2006) noted that while violence in the home is being addressed as a basic human right elder abuse continues to be relatively neglected worldwide. Several studies

have linked national economic conditions and low socio-economic status with abuse. In an exploratory study of Russian perspectives on elder abuse Rinsky and Malley-Morrison (2006) identified that the elderly, particularly women, were living with health care hardships and harsh economic living conditions. Housing shortages necessitate that the elderly live with their children, which is where the majority of elder abuse takes place in the form of beatings, withholding of food, and neglect. Rabi (2006) conducted a pilot study on Israeli attitudes of elder abuse and noted that a large portion of the elder population were immigrants with interrupted work histories, poor skills, or physical weaknesses. Unable to achieve economic security leads to vulnerability and dependence. Relying heavily on their adult children for care in already overcrowded conditions may lead to the caretakers feeling over-burdened and increase the occurrence of maltreatment. Tam and Neysmith (2006) studied elder abuse in Chinese communities in Canada and found isolation to be a social condition of elder abuse. As new immigrants the elderly would not be eligible for welfare or pensions and were financially dependent on their children. In focus groups with Chinese-speaking home care workers the authors found that the Chinese elderly preferred to keep to a traditional family model in which the children care for the elderly parents. When this need could not be met the result included conflict, family arguments and disrespect.

Several other nations have long recognized elder abuse as a national problem, and more have recently begun to address it. In France a retired professor of geriatric medicine, Robert Hugonot, founded the organization ALMA France (ALlo MAltraittance) in 1994. The purposes of this voluntary organization include developing a national helpline network, protect and support vulnerable elderly, recruit and train

counselors, document statistics, produce research, and provide information to the press. In Ireland a Working Group on elder abuse was established at the Department of Health in 1999. In a 2002 report, the Group recommended establishment of a national group at the Department of Health to oversee implementation of recommendations, formation of national policy on elder abuse, and recruitment of senior case workers in the community to respond to referrals. In Sweden research on caregiving and elder abuse began in the late 1980s and 1990s, and a national conference with the launch of an elder abuse publication took place on World Elder Abuse Awareness Day in June of 2006 (Penhale, 2006).

Definitions of Elder Abuse

As noted previously multiple definitions of elder abuse, mistreatment, and neglect exist in the literature. The National Gerontological Nurses Association (NGNA, 2006) in their position statement on elder abuse, neglect, and maltreatment defines eight separate types of abuse, including physical, intentional neglect, and abandonment. The National Center on Elder Abuse defined domestic elder abuse as “Any of several forms of maltreatment of an older person by someone who has a special relation with the elder (e.g., a spouse, a sibling, a child, a friend, a caregiver in the older person’s home or in the home of the caregiver)” (NursingWorld, 2002). The American Medical Association provided a definition of elder abuse in 1985: “Abuse shall mean an act or omission which results in harm or threatened harm to the health or welfare of an elderly person. Abuse includes intentional infliction of physical or mental injury; sexual abuse, or withholding of necessary food, clothing, and medical care to meet the physical and mental needs of an elderly person by one having the care, custody, or responsibility of

an elderly person” (White, 1989). In the United Kingdom the Social Services Inspectorate stated “Abuse may be physical, sexual, psychological or financial; it may be intentional, unintentional, or the result of neglect. It causes harm to the older person either temporarily or over time” (Giurani and Hasan, 2000). In Forensic Nursing elder abuse is defined as “Abuse of the elderly by a caretaker, either a relative, friend or individual upon whom the elderly person is dependent, which is manifested in several ways including physical or sexual abuse, financial abuse or exploitation, neglect, and emotional or psychological abuse” (Lynch, 2006, p.698).

In its published report cited previously the National Research Council (2003) noted multiple ‘definitional issues’. The Panel stated that in part this is traceable to statutory definitions that are often ambiguous and highly variable. Legal definitions vary widely from state to state causing difficulty in matching research definitions with statutory definitions, and raising challenges in comparability across research designs. They suggest that scientific vocabulary and measures used to study elder neglect and abuse must diverge from legal definitions in three respects: One: The conduct by the perpetrator and the harm to the elder must be objectively ascertainable; Two: Although abuse and neglect represent yes/no judgments from a legal standpoint most of the behaviors fall along a continuum and should be analyzed empirically as ‘dimensional variables’ in terms of severity, frequency, and intensity; and Three: The range of conduct being measured should be more inclusive than the behaviors or consequences that would amount to neglect or abuse under the applicable law.

In the state of California the Welfare and Institutions code section 15610.07 states “Abuse of an elder or dependent adult” means either of the following:

- a.) Physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering.
- b.) The deprivation by a care custodian of goods or services necessary to avoid physical harm or mental suffering (Elder Abuse Advocate, retrieved 8/23/09).

The California Penal Code forms the basis for the application of criminal law in California (Wikipedia.org, retrieved 8/23/09). Section 368 states:

“The legislature finds and declares that crimes against elders and dependent adults are deserving of special considerations and protection, not unlike the special protection provided for minor children, because elders and dependent adults may be confused, on various medications, mentally or physically impaired or incompetent and therefore less able to protect themselves, to understand or report criminal conduct, or to testify in court proceedings on their own behalf.”

Penal code section 11174.4 states that “elder” means any person who is 65 or older; “abuse” means any of the conduct described in article 2 (commencing with section 15610) of chapter 11 of part 3 of division 9 of the California Welfare and Institutions Code, previously noted.

Types of Abuse

As stated above, abuse of the elderly can incorporate many dimensions. Lynch (2006) defines ‘battering’ as “a term encompassing the range of behaviors that hurt, intimidate, coerce, isolate, control, or humiliate another, most commonly an intimate

partner, most frequently a woman” (p.694). In criminal law ‘battery’ is the use of force against another, resulting in harmful or offensive contact. Black’s Law Dictionary (2001) notes that battery is a misdemeanor under most modern statutes. Types of battery include simple battery that does not result in serious bodily harm; aggravated battery, in which the circumstances of the battery make it more severe, such as use of a weapon or battery resulting in serious bodily harm; and sexual battery. Battery is a common type of physical abuse in abuse of the elderly.

Sexual abuse of the elderly is well documented in the literature. The National Center on Elder Abuse (2007) defines sexual abuse as ‘non-consenting sexual contact of any kind’ which includes unwanted touching, sexual assault or battery such as rape or sodomy, sexually explicit photographing, and sexual contact with any person incapable of giving consent. Teaster and Roberto (2004) examined the relationship between characteristics of older adults and the type of sexual abuse experienced. The Adult Protective Services cases of 82 adults between the ages of 70 and 89 were analyzed. The study found that most of those abused were women who had functional or cognitive limitations, residing in nursing homes. The authors state that consistent with previous research in this area the overwhelming majority of the victims were women with difficulties in ambulation, orientation, and management of finances. The most frequent form of abuse was kissing and fondling; almost half of all cases involved multiple types of sexual abuse. Sexual homicide of elderly females is also documented in the literature. Safarik, Jarvis, and Nussbaum (2002) noted that up to that time little was known about the offenders who perpetrated the crime as the crime itself was relatively infrequent but that prevalence may increase as the population of the United States ages. Safarik and

Jarvis (2005) used two scales, the Injury Severity Score and the Homicide Injury Score to quantify the degree of injury in homicide in order to examine the dynamics of homicidal behavior. The authors then tested these scales on a data set of 128 elderly female homicide victims. They state that the scales showed that many of the victims exhibited severe, multiple and excessive injuries. The researchers also stated the results suggested that excessive homicidal injuries were indicative of an offender who is younger, and was local to the crime scene. Burgess and Clements (2006) examined information processing of sexual abuse in elders. They conducted a retrospective record review of 284 cases of documented elder sexual abuse. They noted that rape trauma in the elderly victim can increase the challenge for recovery and can lead to further psychological, physical and cognitive deterioration. They propose a treatment model for intervention with the elder sexual assault victim. Poulos and Sheridan (2008) performed a literature review to examine genital injuries in postmenopausal women after sexual assault. The review supported the authors' hypothesis that genital injuries in sexual assault are more severe and occur more frequently in postmenopausal women than in younger women. The authors also note that some elderly victims may have difficulties in cognition and orientation and may not have the capacity to participate in the investigation. They also note that reporting of the assault may be delayed as the victims were not able to communicate clearly about the incident.

The National Research Council (2003) stated financial exploitation is the inappropriate use of an elderly person's resources for personal gain. Victims are often widows or widowers, in their seventies and eighties, and living in the community. Financial exploitation includes telemarketing fraud, extortion, theft, and credit card

fraud. Financial fraud of older adults may leave them unable to pay for food, medication, or health care. Changes in wills, signing over deeds, transfer of personal belongings or giving material goods without consent should raise suspicion of elder abuse, particularly in those elders with cognitive impairment. Financial abuse often goes unrecognized, and can occur with other types of abuse and neglect. Kemp and Mosqueda (2005) argue in the future financial abuse of the elderly is expected to increase due to four main factors: The numbers of elderly in the population are increasing; the elderly own a disproportionately large share of wealth in the United States and many have good credit, which can be considered a valuable asset; vulnerability to abuse increases with age; and the variety and creativity of ways of taking advantage of the elderly are increasing.

Self-neglect, psychological abuse and control are also types of elder abuse found in the literature; however, these are not commonly seen in the criminal court system. For the purposes of this study physical abuse and neglect, sexual abuse, and financial abuse are included in the data.

Assessment Measures

Multiple measures exist in the literature for use in the detection, assessment and documentation of elder abuse. Fulmer (1984) reported on the Elder Assessment Instrument (EAI), a 41 item Likert scale comprised of seven sections that review signs, symptoms, and subjective complaints of various aspects of elder abuse. The author reports that although it can be administered rapidly in about 12 -15 minutes its limitations include no scoring system and weak specificity.

Hwalek and Sengstock (1986) examined 100 items for their predictive value in discriminating cases of abuse/neglect from comparable elderly not known to be victims. Nine items were identified that were found to have 93.5% accuracy in classifying cases into abuse/neglect or control groups. These included questions asked of the elderly about personal safety and finances, characteristics of the elderly such as 'source of stress', and characteristics of the caretaker, such as being dependant on the elderly person for financial support. Sengstock and Hwalek (1985-1986) studied seven elder abuse identification indices developed by different agencies and researchers in an effort to develop a comprehensive measure for identifying elder victims of abuse. The study recommendations included finding improved methods for identifying victims of physical abuse and neglect; developing measures of sexual abuse; specifying techniques to distinguish normal signs of aging from neglect/abuse; and clarifying abuse and neglect symptoms more specifically. Neale, Hwalek, Scott, Sengstock, and Stahl (1991) examined the construct validity of a 15 item tool, the Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST). Nine items were found to significantly discriminate among three groups: Elders whose reported abuse was substantiated by adult protective services (APS) case workers; elders whose reported abuse was not substantiated by APS case workers; and a community based comparison group. The findings suggest the measure may be useful in identifying high-risk elders in need of protective services.

Kottwitz and Bowling (2003) developed a 25 question Elder Abuse Questionnaire, based on a review of the literature and the Neuman Systems Model. In their pilot study they concluded that the instrument had a strong to moderate reliability (Cronbach's alpha inter-item correlation = 0.6687) although they acknowledge that the

study population was narrowly focused and should be repeated with numerous populations.

Yaffe, Wolfson, Lithwick, and Weiss (2008) examined the literature on elder abuse including obstacles to identification and limitations of detection tools. In response to the gap they identified, the Elder Abuse Suspicion Index (EASI) for use by physicians in the clinical setting was developed. The EASI had an estimated sensitivity and specificity of 0.47 and 0.75, usually took about two minutes to administer, and 97.2% of doctors felt it would have 'some' or 'big' practice impact. The authors concluded that this was a first stage in the development of a user-friendly measure that could promote referrals of possible victims for in-depth assessment. Although this is by no means an exhaustive review of available assessment measures it is an indication that there is a gap in the research in patterns of battery and abuse in the elderly.

Victimology

Victimology is defined as the scientific study of victims and victimization, including the relationships between offenders and victims, corrections, courts, media, investigators, and social movements. First used by forensic psychiatrist Fredric Wertham in 1949 forensic victimology is intended to serve the justice system by educating it. Victimology falls into three main subgroups: *General*, the study of individuals or groups who have suffered harm or loss; *penal/interactionist*, the study of victims and offenders, and *critical victimology*, which examines how criminality and victimity are established. One of the earliest victimologists, Hans von Hentig, studied the role victims played in the crimes committed against them. He theorized thirteen classifications of victim, one

of which he termed “the old”. Modern victimologists, adopting these early descriptions, use them to describe the characteristics of the vulnerable elderly: They may be physically weaker, mentally less adept, and have someone else caring for them. This can expose them to a variety of harm, from theft of property to physical abuse. As they have access to money they may be particularly vulnerable to confidence scams; a sense of pride and/or poor memory may contribute to preventing them from reporting loss (Turvey and Petherick, 2009).

In the state of California one of the strategies used in combating elder abuse is mandatory reporting. Established in the California Welfare and Institutions Code section 15600, The Elder Abuse and Dependant Adult Civil Protection Act (RAINN, 2007) those who must report incidents of abuse include nurses, doctors, social workers, police, fire fighters, emergency responders, elder outreach workers, home health agencies and certain other professionals. An immediate report to law enforcement and adult protective services is required, and a written report must be submitted within 48 hours. Barriers to reporting include fear, reluctance to become involved, and loss of anonymity. Individuals who are not included as mandatory reporters are encouraged to report if elder abuse is suspected (California Elder Law Attorney Blog, 2009).

Conceptual Framework

The theories of symbolic interactionism and forensic nursing guide the conceptual framework for this study. Research in symbolic interaction has emphasized the role of the participants, called ‘the actors’, in defining and interpreting interpersonal situations. Birkbeck and LaFree (1993) examined the situational analysis of crime and

deviance. Crime refers to events with certain necessary conditions, such as opportunity, victims, and goods. Criminality refers to differences across individuals in the propensity to commit a criminal act. Criminality is necessary for a crime to occur, but also requires situational inducements such as motivation and opportunity. Symbolic interaction contributes to a situational analysis of crime and deviance by focusing on the meaning of the interactions to the actors, by conceptualizing deviance and crime as situationally precarious outcomes, and by linking offender motivation and situational opportunities in crimes such as murder, rape, and family violence. The authors cite as an example the crime of robbery: Robbers often victimize people they know, close to their home, often with little advance planning. Flynn (2000) examined battered women and companion animals, and the symbolic interaction between them. The author notes that in order to interact symbolically actors must be able to define how others see the situation, and that language was assumed to be a critical part of the process. For this study in-depth, semi-structured interviews were used with ten clients at a battered women's shelter who had companion animals. Questions included the nature of the companion animal abuse, how the abuse was used to control or hurt partners, the emotional role the pet played in the women's lives, and how the pets were affected by the women's abuse. Flynn found that the women perceived their animals to be emotional beings, capable of expressing emotion and attuned to the women's emotions. The author states that these human-animal relationships are interactive, the animal is able to create shared definitions of a situation, and that there is evidence for viewing animals as minded social actors capable of interacting symbolically.

Forensic nursing theory is interconnected with the theories of legal science and the physical sciences as contained in the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), providing regulatory guidelines for healthcare practitioners. The foundation for forensic nursing practice rests on these guidelines, including crime victim identification, evidence recovery and documentation, and procedures for reporting abuse or suspicious patient behaviors to legal agencies. The legal sciences define the parameters of the laws responsible for the behaviors of the nurse professional. Forensic nursing behaviors include crime-related injury identification, evidence collection, and reporting the abuse or death of patients in custody as well as those who are incarcerated or in institutionalized care. Multiple, integrated dimensions of both justice and health disciplines combine a variety of theories into nursing practice and define forensic nursing science (Lynch, 2006).

As stated in this chapter multiple aspects of elder abuse have been examined beginning with early studies in the United Kingdom in the 1960's, and the United States in the 1970's. Research has identified areas of study including types of abuse and instruments for identification and assessment as well as potential for abuse. Gaps exist in the literature in the area of family relationship to the abused elder, and the association between type of abuser and type of abuse. This research assisted in filling that gap.

CHAPTER III

Methodology

The purpose of this descriptive correlational study is to gain a broader understanding of elder abuse through the examination of the relationship between victims of elder abuse and those who were convicted of crimes stemming from the abuse by the San Diego District Attorney's office. This chapter includes a description of the design, sample and sampling, data collection, and analytic procedures. The protection of human subjects is also presented.

Specific aims:

Aim 1

To characterize the incidence and prevalence of the different types of abuse prosecuted through the San Diego District Attorney's office in a selected population.

Aim 2

To examine the abuser relationship (family/non-family) and type of abuse (physical, sexual, financial) inflicted in the elderly.

Aim 3

To explore victim and defendant factors that increase the odds for elder abuse.

Design

A descriptive correlational design was used for this quantitative study.

“Descriptive” indicates the examination of a single variable for its characteristics; the purpose of descriptive research is to accurately describe past or current phenomena (University College Dublin). A correlational design is used to establish that a relationship exists between two variables, and is often used as a foundation for later experimental or quasi-experimental studies (Saddler, 2007).

Sample

The court records for the County of San Diego were examined for 100 defendants prosecuted through the District Attorney’s Office. All of the defendants had been convicted of crimes stemming from incidents of elder abuse. Inclusion criteria for this study were: a) an arrest made for the commitment of a crime which included financial, sexual, or physical abuse and b) conviction on charges stemming from the elder abuse in the San Diego judicial system. Exclusion criteria were those cases in which no conviction could be found.

“Conviction” was defined as those charges for which the defendants are found guilty by the presiding judge of the court. Sentencing, which is the judgment that the court formally pronounces after finding the defendant guilty, was chosen as the completion of the court case and resolution of the current charges with each defendant before the court.

Independent variables for both the defendant and the victim include age, gender, race/ethnicity and relationship.

Power, Effect, and Sample Size

There is no consensus on the approach to compute power and sample size with logistic regression; although as pointed out by Katz (1999) 10 outcomes for each independent variable is appropriate. In logistic regression an estimate of the probability of a certain event occurring is made, rather than detecting the difference or relationship that may be present, such as in linear regression. No assumptions are made about the dependent variable (DV) and independent variable (IV), the relationship is non-linear, and is not normally distributed (Munro, 2005). Some authors use the likelihood ratio test; some use the test on proportions; some suggest various approximations to handle the multivariate case. Some advocate the use of the Wald test since the Z-score is routinely used for statistical significance testing of regression coefficients (Demidenko, 2007). Since this a descriptive study and not focused on hypothesis testing, the Final Logistic Regression Model, which includes statistical significance defined by $p < 0.05$, where p is from the Wald test for Confidence Interval for the Odds Ratio and overall statistical significance is tested by the likelihood ratio test, $p < 0.1$, was used to demonstrate logistic regression model fit.

Data Collection

A case/record abstraction tool was developed to guide the gathering of information from each defendant's court record (appendix A). All information was recorded on the case/record abstraction tool.

The names of the defendants in each case of elder abuse were located by review of court records, newspaper searches and case reports of elder abuse. Each name was

entered into the name search data base for the San Diego County Court system at its website:

<http://courtindex.sdcourt.ca.gov.CISPublic/namesearch>.

Hard copies of the court records were then examined from their home locations: North County Court Complex in Vista, California; Central San Diego Courthouse Hall of Records; South County Courthouse in Chula Vista, California; and East County Courthouse in El Cajon, California. Records were also reviewed at the Legal Research Center at the University of San Diego School of Law.

Measures

Each record was examined for the following:

- a.) The relationship (family/non-family) between the victim and the defendant
- b.) The charges for which the defendant was arrested, including those of elder abuse.
- c.) The charge(s) for which the defendant was ultimately convicted.
- d.) The sentence given the defendant by the Court
- e.) Victim outcome (survived, deceased).

Demographic Data

Demographic data was collected for both victim and defendant and was limited to the following:

- a.) Age of the victim, thus establishing the victim as “elder”
- b.) Gender of the victim
- c.) Gender of the defendant.

Statistical Analysis

This descriptive correlational design used descriptive and multivariate statistics to answer the following research questions. The data was analyzed using the PASW (formerly SPSS) 17.0 program.

Question 1: What is the incidence and prevalence of types of elder abuse?

Question 2: What is the relationship (family/non-family) between the victim and the defendant in cases prosecuted by the San Diego District Attorney’s Office?

Question 3: What is the relationship between type of abuser (family/non-family) and type of abuse (physical, sexual, financial)?

Question 4: What independent variable(s) increase the odds of elder abuse?

Descriptive statistics (means, percentages, χ^2) were generated to answer questions 1-3. Logistic regression was utilized to examine if the relationship between the victim and the defendant increases the odds for abuse. According to Field (2005) logistic regression is used to predict which of two groups a person is likely to belong to given certain other information. Logistic regression is used when the dependent variable is neither continuous nor quantitative (Mertler and Vannatta, 2005). This statistical method was chosen because this research is not to imply that type of abuser “causes” a

certain type of abuse; the interest of this study is the relationship between the variables, i.e. the variables which increase the odds of the occurrence of elder abuse.

Human Subjects

Protection for Human Subjects was obtained through the Institutional Review Board per the protocols of the University of San Diego (Appendix B).

Access to this data was through public records. “Public records” refers to information that has been recorded or filed by agencies at the local, state or federal level. Access to these records is allowed through the California Public Records Act (California Codes Government Code Section 6250-6270. Names of the victims were used only as noted in the court file to connect victim and defendant in each case. No names for either the victims or defendants are noted in the study. All records of identifying information regarding the victims of elder abuse were kept in a locked location known only to the principal investigator.

CHAPTER IV

Results

The purpose of this descriptive correlational study was gain a broader understanding of elder abuse through the examination of the relationship between victims of elder abuse and those who were convicted of crimes stemming from the abuse by the San Diego District Attorney's Office. This study included the evaluation of court records in order to obtain information about the abusers and victims of elder abuse for family/non-family relationship and type of abuse. This chapter presents the study findings. First a descriptive profile of the sample is given, followed by specific findings for each aim.

Court records were evaluated for the years 1996 through 2009; retrospective data was collected with the use of a case/record abstraction tool developed to guide the gathering of information from each defendant's court record. Data was abstracted from September 2009 through February 2010.

Sample Characteristics

The number of victims of elder abuse identified in this study was 155 and ranged in age from 51 to 99 years, $M = 80.55$ ($SD = 8.71$). Gender was available for 100 victims: 29 male, 71 female. The majority of the victims survived the abuse 87.15 (n=135), although 20 died. Defendant relationship to victim was as follows: son 11.6% (n=18), daughter 2.9% (n=6), caretaker 9% (n=14), followed by nephew, granddaughter, grandson, driver, niece, daughter-in-law and mother-in-law at 0.6% (n=1 for each). No

relationship between victim and abuser was found in 71% of cases (n=110) (See Table 1).

Table 1:

Demographic profile of the Sample

Characteristic	n (%)
Gender ^a	
Male	29
Female	71
Outcome	
Survived	135 (87.1%)

^a Only known for n = 100

Aim 1

To characterize the incidence and prevalence of the different types of abuse prosecuted through the San Diego District Attorney's Office in a selected population.

Question 1: *What is the incidence and prevalence of types of elder abuse in the examined cases?*

Financial abuse was found in 80.8% of the victims ($n=126$), physical abuse in 31.4% of cases ($n=49$), and sexual abuse in 5.1% of cases ($n=8$) (See table 2)

Table 2: Incidence and Prevalence of Types of Abuse

	# of victims	% of all victims
Financial Abuse	126	80.8%
Physical Abuse	49	31.4%
Sexual Abuse	8	5.1%

Question 2: *What is the relationship (family/non-family) between the victim and the defendant in the examined cases?*

Table 3: Victim and Defendant Relationship

Relationship to Victim

Son	18 (11.6%)
Daughter	6 (3.9%)
Caretaker	14 (9%)
Nephew	1 (.6%)
Granddaughter	1 (.6%)
Grandson	1 (.6%)
Driver	1 (.6%)

Niece	1 (.6%)
Daughter in Law	1 (.6%)
Mother in Law	1 (.6%)
No Relation	110 (71%)

A familial relationship was found between victim and abuser in 21.3% of cases ($n=33$). No familial relationship was found in 78.7% of cases ($n=122$).

Aim 2

To examine the abuser relationship (family/non-family) and type of

Abuse (physical, sexual, financial) inflicted in the elderly.

Question 3: What is the relationship between abuser (family/non-family)

and type of abuse (physical, sexual, financial) in the

examined cases?

Correlational and Chi-square analyses were used to evaluate the effect of familial relationship on type of abuse. Prior to the analysis the variable for family relationship was collapsed (0 = no family relationship, 1 = related). As shown in Table 3, financial abuse is more commonly committed by non-family members, while physical abuse was more commonly perpetrated by family members. No significant findings were noted for sexual abuse.

Table 3a: Relationship between Having Familiar Relationship and Type of Violence

	Financial Abuse	Physical Abuse	Sexual Abuse
Familial Relationship	-.518**	.426**	-.050

**p<.001

Chi-Square Analyses:

Financial abuse

	No Financial Abuse	Financial Abuse Occurred
	<u>n</u>	<u>n</u>
Unrelated to Victim	10	112
Related to Victim	19	14

Pearson Chi-Square: 41.641 (p<.001)

Physical Abuse

	No Physical Abuse	Physical Abuse Occurred
	<u>n</u>	<u>n</u>
Unrelated to Victim	96	26
Related to Victim	10	23

Pearson Chi-Square: 28.128 (p<.001)

Sexual Abuse

	No Sexual Abuse	Sexual Abuse Occurred
	<u>n</u>	<u>n</u>
Unrelated to Victim	115	7
Related to Victim	32	1

*No Significant Findings**Aim 3*

To explore victim and perpetrator factors that increase the odds for elder abuse.

Question 4: *If elder abuse can be predicted correctly, which variables are central in the prediction of that status?*

Question 4a: What independent variable(s) increase the odds of elder financial abuse?

Logistic regression was conducted to determine if victim age, gender, or if defendant related to victim were predictors of financial abuse. Regression results indicate the overall model of these three predictors was statistically reliable in distinguishing of status as abuse victim (Log Likelihood = 70.148; Goodness of Fit = 9.005; $\chi^2(3) = 22.211$, $p = .001$). The model correctly classified 72.9% of the cases. Regression coefficients are presented in table 4. Wald statistics indicated that victim age ($p = 0.012$) and whether perpetrator was related to the victim ($p = 0.002$) significantly predicts financial abuse. A statistically significant inverse correlation was found between ‘related’ and ‘financial abuse’: Non-family status is related to increased financial abuse.

Table 4: Regression Coefficients

<u>Predictor</u>	<u>B</u>	<u>Wald</u>	<u>df</u>	<u>p</u>	<u>Odds Ratio</u>
<u>Victim Gender</u>	<u>-1.23</u>	<u>3.15</u>	<u>1</u>	<u>.076</u>	<u>.292</u>
<u>Victim Age</u>	<u>.094</u>	<u>6.34</u>	<u>1</u>	<u>.012</u>	<u>1.098</u>
<u>Related to Victim</u>	<u>1.98</u>	<u>9.88</u>	<u>1</u>	<u>.002</u>	<u>7.256</u>
<u>Constant</u>	<u>-7.809</u>	<u>6.77</u>	<u>1</u>	<u>.009</u>	<u>.000</u>

Question 4b:

What independent variable(s) increase the odds of elder physical abuse?

Logistic regression was conducted to determine if victim age, gender, or if defendant related to victim were predictors of physical abuse. Regression results indicate the overall model of these three predictors was statistically reliable in distinguishing of status as abuse victim (Log Likelihood = 80.222, Goodness of Fit = 17.029,

$\chi^2 (3) = 13.129, p = .004$). The model correctly classified 74.3% of the cases.

Regression coefficients are presented in table 5. Wald statistics indicated that the condition of defendant related to victim significantly predict physical abuse. Victim gender and age approach significance. Odds ratios for relationship revealed little increase in the likelihood in physical abuse status. However, it must be noted that the Hosmer and Lemshow was significant ($p < .03$) indicating that the data did not fit the model well.

Table 5: Regression Coefficients

<u>Predictor</u>	<u>B</u>	<u>Wald</u>	<u>df</u>	<u>p</u>	<u>Odds Ratio</u>
<u>Victim Gender</u>	<u>1.14</u>	<u>3.02</u>	<u>1</u>	<u>.082</u>	<u>3.138</u>
<u>Victim Age</u>	<u>-.069</u>	<u>3.80</u>	<u>1</u>	<u>.051</u>	<u>.934</u>
<u>Related to Victim</u>	<u>-1.35</u>	<u>4.75</u>	<u>1</u>	<u>.029</u>	<u>.259</u>
<u>Constant</u>	<u>6.697.809</u>	<u>5.40</u>	<u>1</u>	<u>.020</u>	<u>805.81</u>

Additional cross-tabulations were conducted using Chi-Square to determine statistical difference in defendant gender and type of abuse. A significant difference was detected in physical abuse: Men were found to be more likely to commit physical abuse ($p = .028$). No significant difference was found between genders for financial abuse: Both genders were equally likely to commit financial abuse ($p = .293$) (Table 6).

Table 6: Defendant Gender Analyses

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	68	67.3	72.3	72.3
	Female	26	25.7	27.7	100.0
	Total	94	93.1	100.0	
Missing	System	7	6.9		
Total		101	100.0		

Crosstab – Gender x Financial Abuse

Count

		DefSex		Total
		Male	Female	
Financial abuse?	No	23	6	29
	Yes	44	20	64
Total		67	26	93

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.105(b)	1	.293		

Crosstab – Gender x Physical Abuse

Count

		DefSex		Total
		Male	Female	
Physical abuse?	.00	22	15	37
	1.00	45	11	56
Total		67	26	93

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4.831(b)	1	.028		

Summary of Results

Results presented in this chapter were an analysis of correlation and logistic regression. Statistical significance was shown in the following relationships: “Family” was significantly, positively related to physical abuse and significantly, negatively related to financial abuse ($p = .001$). Additionally, sons were found to be more likely to commit physical abuse, followed by daughters ($p = .007$). Statistical significance was also found in age/gender as predictors of financial abuse ($p = .04$), and age/gender with physical abuse ($p = .019$): Older age was associated with more financial abuse, and lower age with more physical abuse. Further discussion of results and interpretation will be presented in Chapter Five.

CHAPTER V

Discussion of Findings

The purpose of this study was to examine the relationship between type of abuser (family, non-family) and type of abuse (physical, sexual, financial) in cases prosecuted through the San Diego District Attorney's Office. The sample was derived from court records in which the defendants had ultimately been convicted on charges stemming from elder abuse. From these records 155 victims of elder abuse were identified between the years 1996 and 2009.

The theoretical framework for this study was based in symbolic interaction and forensic nursing theory. Symbolic interaction is evident in the relationships between the elderly and the family and non-family persons with which they interact. Additionally, symbolic interaction frames how society sees and responds to deviant behavior, such as elder abuse. Forensic nursing theory informs this study with its emphasis on the elder as a biopsychosocial being, interacting with the nursing and justice arenas.

Aim 1: To characterize the incidence and prevalence of the different types of abuse prosecuted through the San Diego District Attorney's Office in a selected population.

Of the 155 victims of elder abuse in this study 80.8% (N=126) were victims of financial abuse, 31.4% (N=49) were victims of physical abuse, and 5.1% (N=8) were victims of sexual abuse.

Aim 2: To examine the abuser relationship (family/non-family) and type of abuse (physical, financial, sexual) inflicted on the elderly.

Correlations and logistic regression were conducted to determine the relationships between abuser and type of abuse. The analysis found that physical abuse was much more likely to be caused by a family member, and financial abuse more likely to be committed by a non-family member ($p = .001$). Additionally it was found that men are more likely to commit physical abuse, but both genders are equally likely to commit financial abuse. Familial gender relationship was also found to be significant: Sons were more likely to commit physical abuse, followed by daughters, while caretakers were much less likely ($p = .007$).

Aim 3: To explore victim and defendant factors that increase the odds for elder abuse.

Statistical analysis using age and gender as predictors of elder abuse indicated that these factors did increase the odds for abuse, with age driving this significance ($p = .004$). Age and gender were also predictors of physical abuse, with age driving the significance ($p = .019$). Older age was associated with more financial abuse, and lower age was associated with more physical abuse.

This study has shown that elderly patients are at risk for the three types of examined abuse: Primarily financial, followed by physical, and finally sexual. These abuses occur at the hands of family members, caretakers, and the public. This study informs nursing education in the scope of this abuse and indications for suspicion of, and intervention in, abuse of the vulnerable elderly. This research complements other studies previously done on prevalence of elder abuse and fills in the gap in the literature on relationship of abuser and abused elder in a select population.

Implications for Nursing

Advances in health care have made possible increases in life expectancy. As the population ages more elderly will be in hospitals and nursing homes, as well as their own homes. One of the attributes of the elderly that put them at-risk is their assets: Often the elderly own their homes or have bank accounts or other property that make them a target for financial abuse. This study has shown financial abuse to be the most prevalent type of abuse in this study.

The elderly often become frail as they age and cognition may decline. Inability to shop for or feed themselves, take care of activities of daily living, or handle their own finances often develops. Appropriate nursing identification of these indicators and timely intervention is needed to recognize not only the health care indices of aging but the indicators of financial, physical and sexual abuse when this population is seen in Emergency Departments as well as during routine medical procedures. Home health nurses are often the first to see suspicious bruises, lack of food in the house, or bills being unpaid. Similarly, suspicious activity of a family member or caretaker may alert the nurse to potential abuse.

Nursing Education

Education of baccalaureate and graduate nurses should include a comprehensive curriculum in abuse at all ages, with particular attention on the elderly. Included in that curriculum should be identification and methods for intervention but also the legal requirements and ramifications of elder maltreatment. This education should go beyond mandatory reporting. Issues such as elder rights, conservatorship, legal proceedings,

advance directives, wound identification and documentation are just some of the areas that should be included. The basics of forensic nursing, with its emphasis on multiple facets of the nursing and judicial systems, should also be included. Cohen, Levin, Gagin, & Friedman (2007) state that hospitalization provides an excellent opportunity to identify elders at risk of abuse. The authors used three types of assessment tools to identify elder abuse: Direct questions, identification of signs of abuse, and assessment of high risk of abuse. They found that 5.9% disclosed abusive behaviors, 21.4% had evident signs of abuse, and 32.6% were found to be at high risk of abuse. Of those who disclosed abuse more than 70% were identified with evident signs and were at high risk of abuse. Education in these types of indicators of abuse could play a key role in nursing intervention in elder abuse. Wigglesworth et. Al (2009) studied bruising as a marker of physical elder abuse. The authors found that seventy-two percent of elders who had been abused within 30 days of examination had bruises. Abused older adults had significantly larger bruises, and most knew the cause of their bruises. Location of bruising was also a factor. These key indicators could be instrumental in nursing education in abuse.

Cultural awareness is another area where nursing education can identify gaps in nursing knowledge in elder abuse. Arai (2006) studied elder abuse in Japan, and noted the rapid rise in an aging population, similar to the United States. The concept of filial piety, reverence for one's parents and respect for ancestors, is a strong cultural tradition in Japan but has seen less adherence in younger generations. The author studied perception of elder abuse among Japanese men and women, and found that physical aggression, neglect, and blaming were noted as examples of extreme abusive behavior. Japanese women provided more psychological neglect responses than verbal responses

in examples of mild abuse. Arai states that these findings have implications for changing cultural values and family relationships. These findings may also have implications for nursing education in multicultural communities in the United States.

Nursing Research

This study retrospectively examined victims of elder abuse over a thirteen year period. One of the areas that was not examined was 'neglect', either by family/caretaker or by elders themselves. This is an area that is emerging in the elder-legal arena and deserves much more research from the nursing profession. Often difficult to identify, it is equally hard to prosecute successfully. This is a topic where nursing research can be instrumental identifying characteristics and attributes of neglect or potential neglect and making this study information available to the nursing and legal fields.

Another area that requires more nursing research is abuse in residential and commercial care facilities. Skilled nursing facilities, convalescent hospitals and 'Board and Care' facilities have recently been identified as areas where elder abuse is perpetrated but unrecognized and under-reported. Gittler (2008) cited the existence of multiple state and federal laws governing nursing home residents which work together to protect those residents from harm. The author noted state laws that govern the licensing of individual facilities, federal laws that govern licensing for Medicare and Medicaid, and health care fraud abuse laws to combat provision of substandard care. Citing the Nursing Home Reform Act of 1987 Gittler notes that there are laws credited with improving care in nursing homes but that gaps persist. Those with direct interest in effective regulation of nursing homes include not only regulators, nursing home owners,

and staff but the residents themselves. Nursing research in Nursing Home care and abuse can influence policy change and implementation in residential care and safety.

Sociologists have examined multiple aspects of family dynamics in interpersonal violence. The use of symbolic interaction in this study illustrates a theoretical foundation for nursing research in this area as well, informing future studies on actions between persons and the meanings to those involved, as well as societal response and potential interventions ahead of instances of abuse. By recognizing suspicious family dynamics and indicators of abuse nurses will be able to intervene in the abuse process and increase the safety of the elderly.

Across all arenas of nursing, research should include nursing's role in health policy and the implementation of those policies. Identifying deficiencies in elder health care and possible strategies for change, stemming from research, can influence changes in types and delivery of healthcare for this vulnerable population. This study has complemented previous research in incidence and prevalence of elder abuse, and has shown that relationship to victim in a select population is significant for types of abuse.

Conclusion

This study examined a population of elder abuse victims in which crimes against the elderly were prosecuted through the San Diego District Attorney's Office. Statistical analysis demonstrated significance for type of abuse, relationship of abuser to the abused, and gender and age data that increased the odds for abuse. Knowledge of these factors are important to education and research in nursing as they inform practice,

provide identifiers for change in practice and have the potential to improve patient well-being and outcomes. Additions needed to enhance nursing curriculum at both the baccalaureate and graduate level will lead to future research and enhance multiple areas of nursing practice.

APPENDIX A

Case/Record Abstraction Tool

Data ID #: _____

BATTERY AND ABUSE IN THE ELDERLY:A FORENSIC ANALYSIS

Victim ID #: _____ M F

Defendant(s)

Initials: _____ M F _____ Dates: _____

_____ M F _____

_____ M F _____

Relationship(s): _____

Family

Non-Family

Notes: _____

Case: _____

Prosecuting DA: _____

Criminal Charges: _____

Conviction(s): _____

Sentence: _____

Victim Outcome: _____

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