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PROJECT TITLE

Developing a Taxonomy To Understand and Measure Outcomes of Success in Community-Based Elder Mistreatment Interventions

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SUMMARY OF THE PROJECT

Elder mistreatment (EM) is recognized as a serious public health concern (Hall, Karch, & Crosby, 2016) and top-priority aging issue among researchers, clinicians, and policy-makers (White House Conference on Aging, 2015). EM refers to an intentional act or lack of action by a person in a relationship involving an expectation of trust, which causes harm or risk of harm to an older adult (Hall et al., 2016). EM comprises five subtypes, including physical abuse, emotional/psychological abuse, sexual abuse, financial abuse/exploitation, and neglect by others (National Research Council, 2003). Approximately 9.5% of community-dwelling, cognitively intact adults age 60 years or older in the U.S. experience some form of EM each year (Pillemer, Burnes, Riffin, & Lachs, 2016). EM victimization is associated with serious consequences, such as pre-mature mortality, poor mental/physical health, nursing home placement, emergency service use, and hospitalization (Dong, Simon, & Evans, 2012; Fisher, Zink, & Regan, 2011; Lachs, Williams, O'Brien, & Pillemer, 2002; Lachs, Williams, O'Brien, Pillemer, & Charlson, 1998; Sirey et al., 2015a).

Although EM research has made substantial progress to advance knowledge about problem prevalence, risk factors, and consequences, our understanding of effective EM interventions remains a major concern (Pillemer et al., 2016). In particular, research available to inform effective practice in community-based EM response program (EMRP) interventions is severely limited (Ayalon, Lev, Green, & Nevo, 2016; Baker, Francis, Hairi, Othman, & Choo, 2016; O'Donnell, Phelan, & Fealy, 2015). For the purpose of the current study, EMRP refers to programs in the community responsible for working directly with substantiated EM victims in a secondary prevention role to reduce the risk of re-victimization.

For the vast majority of U.S. states, EMRP refers to centralized state or locally-administered adult protective services (APS) programs (National Adult Protective Services Association [NAPSA], 2012). However, in select jurisdictions, EMRP also includes decentralized community-based social service programs (Schechter & Dougherty, 2009; Sirey et al., 2015a), as well as multidisciplinary teams and forensic centers that address EM cases (Navarro et al., 2015). Regardless of administrative or model structure, EMRP interventions share a common overall goal to eliminate or reduce the risk of re-victimization. EMRPs also commonly work from a practice paradigm anchored in shared fundamental practice principles, including an older adult's right to self-determination and the imperative to pursue the least restrictive intervention path (Administration for Community Living, 2016; Burnes, 2017; NAPSA Education Committee, 2013). Despite a growing need for EMRP services across the country, EM victim clients continue to be exposed to program interventions that lack evidence of effectiveness (Ernst et al., 2014).

Reviews of the EMRP evidence base consistently find that EMRP intervention research is constrained by insufficient research capacity/infrastructure, such as intervention outcome measurement tools (Ernst et al., 2014; Stolee, Hiller, Etkin, & McLeod, 2012). The field lacks valid tools to measure client change (or change in case status) over the course of EMRP intervention (Anthony, Lehning, Austin, & Peck, 2009; Burnes, Connolly, Hamilton, & Lachs, 2018; Burnes, Lachs, & Pillemer, 2018). At the heart of this measurement gap is a lack of clarity regarding what constitutes EMRP intervention success. The development of valid intervention outcome measures is not possible without establishing indicators of EMRP success. In turn, without valid EMRP outcome measures, intervention research cannot systematically compare the effectiveness of different EMRP models and practices toward the development of an evidenced-

based response system. The field lacks a systematic understanding of EMRP case outcomes that reflect intervention success. The development of a taxonomy of successful EMRP intervention outcomes would provide such a systematic understanding and establish a framework that can be used to develop EMRP intervention outcome measures in future research.

Goals and Objectives

As an effort to address the aforementioned gap in EMRP intervention research infrastructure, this study had the following objectives:

- 1) Develop a taxonomy of case outcomes that indicate success in the EMRP intervention context
- 2) Verify the validity of the developed taxonomy of EMRP case outcomes
- 3) Use an intervention outcome measurement strategy called goal attainment scaling (GAS) as a foundation to develop preliminary measurement scales for each outcome in the taxonomy

Research Design, Methods, Participants, Analytical and Data Analysis Techniques

Objective 1: Develop a Taxonomy of Case Outcomes that Indicate Success in the EMRP Intervention Context

Bailey (1994) described two general approaches to taxonomy development – an empirical-to-conceptual (inductive) strategy and a conceptual-to-empirical (deductive) strategy. The former inductive approach uses data/observations as a basis to generate conceptual taxonomy dimensions and characteristics. The latter deductive approach relies on researcher knowledge, experience, and conceptual understanding of the topic to generate taxonomy dimensions and characteristics, which are then verified or modified upon application to actual cases. Recognizing that taxonomy development often requires a mixture of inductive and

deductive strategies, Nickerson et al. (2013) proposed an updated mixed methodology that allows researchers to use both strategies in an iterative manner. Using this updated methodology, a taxonomy is developed (expanded, modified) through a series of successive stages, based on incoming sources of data and/or application of the researcher's knowledge and conceptual understanding. Accordingly, the current project approached taxonomy development using both a pre-conceived ecological systems conceptual framework and two sources of data collection (interviews with victims, scoping review).

We followed a two-stage process to facilitate the development of a taxonomy reflecting successful EMRP intervention case outcomes. Each stage provided a new perspective or source of information that informed successive iterations of taxonomy development. Specifically, information was collected from: 1) EM victims involved in EMRP services, and 2) a scoping review of existing EMRP evaluation literature. Although we initially planned to incorporate data from EMRP practitioners and EM experts on multidisciplinary intervention teams, these data collection efforts were forestalled by the COVID-19 pandemic. The first iteration of taxonomy was derived from information drawn from EM victims. The first source of information is, arguably, the most developmentally important because it sets an initial, global taxonomy orientation. The decision to begin with EM victims as the first source of information to generate the taxonomy reflects a victim-centric epistemological position that prioritizes this perspective. Indeed, in EMRP intervention, victims are primarily responsible for determining the meaning of problem resolution or success.

Conceptual Framework

The ecological-systems framework has become the dominant perspective to guide analysis on the issue of EM (National Research Council, 2003; Schiamberg & Gans, 1999). The

seminal theoretical risk framework developed by the National Research Council (2003) conceptualized EM as an issue affected by several levels of ecological influence, including the individual victim, individual perpetrator, victim-perpetrator relationship, and the surrounding social environment. More recently, the abuse intervention model (AIM) proposed that EM interventions ought to target vulnerabilities attached to the individual older adult, individual perpetrator, and surrounding contextual domains, including the victim-perpetrator relationship and social environments (Mosqueda et al., 2016). EM intervention theory suggests that an effective intervention model should have the capacity to work with both the older adult victim and the perpetrator and to strengthen the family and social systems surrounding the victim-perpetrator dyad (Burnes, 2017; Hamby, Smith, Mitchell, & Turner, 2016; Jackson, 2016; Mosqueda et al., 2016). Accordingly, taxonomy development was guided by an eco-systemic lens to organize the scope of outcomes.

Stage 1: Interviews with EM Victims

As noted above, the first stage of taxonomy development was based on information from EM victims. Qualitative, in-person interviews were conducted with older adults who had been assessed as EM victims through formal EMRP assessment/investigation procedures and had decided to accept involvement with EMRP services. The purpose of interviews was to elicit EM victims' perceptions about what outcomes constitute success over the course of EMRP intervention. The qualitative research process followed a descriptive phenomenological approach, which is useful in describing the experiences of a group of individuals facing a shared phenomenon and carries an assumption that individuals are capable of ascribing meaning to their own lived experience (Creswell, 2007).

Sample

Participants ($n = 27$) were recruited from JASA-LEAP, which is the largest community-based EM intervention program in New York City for cognitively intact older adults and addresses EM cases across three boroughs (Manhattan, Brooklyn, and Queens). JASA-LEAP offers specially trained attorneys and social workers to identify EM and eliminate or reduce the risk of re-victimization (Rizzo, Burnes, & Chalfy, 2015). EM victimization was determined through formal JASA-LEAP assessment procedures that gathers evidence from multiple sources, including interviews with the suspected victim and relevant others (e.g., family members, caregiver); direct observation and physical evidence (e.g., injuries, home environment conditions); and corroborating documentation from other entities involved with the older adult (e.g., social services, family physician, financial institution, etc.). For the purpose of this study, EM victimization included one or more of the following subtypes: physical, sexual, emotional, or financial abuse, or neglect.

Recruitment followed a “warm hand-off” approach in which the victim’s trust of the JASA-LEAP practitioner is extended to the researcher. Older adults who agreed to be contacted and learn more about the research project received a telephone call from a member of the research team. If interested in study participation, an in-person meeting was scheduled to provide consent and participate in an interview. Interviews took place at a time convenient to the participant and location where they felt safe and comfortable. To honor the time and effort involved in study participation, participants were provided \$25 cash compensation.

We recognize that many EM cases are characterized by more than one subtype (Hamby et al., 2016). A primary EM subtype was determined by the JASA-LEAP practitioner responsible for a given case. Eligible participants included those age 60 years or older, living in the

community (not an institutional setting), mistreatment perpetrated by a person in a relationship of trust (e.g., family, friend, home-care aid, professional, etc.), English-speaking, and having the cognitive capacity to participate in an interview. Cognition was assessed using a shortened version of the Abbreviated Mental Test (Swain & Nightingale, 1997).

Data Collection

Interviews followed a semi-structured, open-ended format to help direct the conversation and allow un-anticipated themes to be explored (Lofland, Snow, Anderson & Lofland, 2006). Participants were asked to describe, from their perspective, reasons for involvement with JASA-LEAP, experience with formal EM intervention support, and how they would like to see their situation change. Questions designed to elicit victims' perceptions about what success means in the context of EM intervention included: *What overall goals are most important to you while working with JASA-LEAP? How would you like to see your situation change while working with JASA-LEAP? What would this change look like by the end of your time with JASA-LEAP?* Based on prior EM research and theory, victims were also asked about how changes in the following specific domains could make their mistreatment situation better: living arrangement, home environment, relationship with perpetrator, social support network, physical health, mental health, daily physical functioning, and finances (Burnes, Rizzo, & Courtney; Neale, Hwalek, Goodrich, & Quinn, 1996; National Research Council, 2003). Questions were contextualized through probes related to problem severity (e.g., how long EM had been happening, how many times EM occurred in the past year), living arrangement, victim-perpetrator relationship type, and an appraisal of how serious they perceived the EM situation. Interviews were audio-recorded and transcribed verbatim. Please see Appendix A for the full interview guide.

Analysis

We followed an iterative, constant comparison process that allowed the emergence and reorganizing of themes as new information across transcripts arose (Corbin & Strauss, 2008). Data collection and analysis occurred concurrently. NVivo 12 software was used to organize the analytic process of identifying, sorting, and clustering key transcript statements into categories and sub-categories. To enhance trustworthiness, two researchers independently coded transcript data. The authors cross-checked codes during in-person meetings to compare coding approaches and arrived at common categories. Transcripts were open-coded line-by-line and central codes emerged throughout the constant comparative process as a basis to organize categories and sub-categories. Hand-written field notes were taken during the interview to capture impressions of the participant throughout the interview. An audit trail was kept through detailed memos, analytic notes, and the NVivo analysis record.

Stage 2: Scoping Review

The second stage of taxonomy development was informed by a scoping review of the existing EM intervention research literature to identify which EMRP case outcomes have been used by researchers to define EMRP success (Burnes et al., 2020). Scoping reviews are appropriate when the purpose of the review is to identify certain characteristics from studies (in this case intervention outcomes) and to map, report, or discuss these characteristics (Munn et al., 2018). This scoping review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) guidelines (Tricco et al., 2018). A protocol for this scoping review was registered with the Open Science Framework registry (Burnes et al., 2019) and can be publicly accessed at: <https://osf.io/mwz4s>.

Eligibility

We included studies that conducted an evaluation or assessment of an EM response intervention; included an evaluation design; evaluated an EM intervention targeting cases occurring in the community; evaluated at least one intervention outcome using quantitative analysis; and evaluated an intervention responding to one or more of the following EM subtypes: financial, physical, emotional/psychological or sexual abuse, or neglect by others. We included studies written in English during any year of publication and anywhere in the world and were accessible as a full-text peer-reviewed publication. Included studies were not limited to a particular evaluation design (e.g., RCT, quasi-experimental, single-group pre/post) since the focus of this review was on the outcomes considered, not an appraisal of the strength of evidence. Studies occurring in institutional settings (e.g., nursing homes) or that were purely qualitative were excluded from the review. This review focused on EM response interventions addressing substantiated cases (e.g., APS) and excluded primary prevention studies with a focus on forestalling the occurrence of initial victimization (e.g., education awareness campaigns).

Search Strategy

The following electronic databases were searched from database inception until February/March 2019: Ovid MEDLINE, Ovid Embase, Ovid PsycInfo, Ovid Social Work Abstracts, Ebsco AgeLine, Ebsco CINAHL, Wiley Cochrane Central, and Proquest Sociological Abstracts. Search strategies were developed by an academic health science librarian (EL) in collaboration with the project leads. The search strategies were translated using each database platform's command language, controlled vocabulary, and appropriate search fields. MeSH terms, Emtree terms, APA thesauri terms, AMED thesauri terms, CINAHL headings, Thesaurus of Sociological Indexing terms, and textwords were used for the search concepts of

“elder abuse” and “program evaluation”. No limits were applied to the search strategies. Additional records were identified by hand-searching the reference lists of relevant EM intervention review articles, as well as the reference lists of the studies included in the scoping review. Study authors were contacted in cases where the full text of relevant records were unavailable. Two independent reviewers screened the titles/abstracts of all records for relevance and potential eligibility. Subsequently, two independent reviewers also assessed the full texts of relevant records to determine inclusion in the scoping review. Disagreements were resolved in consultation with a third member of the research team. Covidence systematic review management software was used to facilitate the screening process.

Data Charting

Two reviewers independently extracted the following study-level data from each record using a common data collection table: authors, location, intervention title, intervention target group, study evaluation design, sample size, intervention outcome name, intervention outcome operationalization, for whom and what construct does the intervention outcome target, intervention outcome frequency distribution (categorical variables) or mean (continuous variables), and significance of outcome difference across intervention comparison groups (applicable only to studies using a comparison design). The data collection table underwent an initial calibration process involving all reviewers extracting data from the same set of studies (n = 5) to ensure reviewers had mutual understanding of the process.

The eco-systemic framework described above was used to organize and ultimately map the intervention outcomes into broad “categories”. As a part of the data extraction process, the research team assigned each study intervention outcome to one of the following eco-systemic “categories” that represented the level of ecological influence an outcome targeted: individual

“victim,” individual “perpetrator”, “victim-perpetrator relationship”, “family system”, “home environment”, and “social system”.

In addition to assigning each intervention outcome to a broad eco-systemic or intervention process categorization, outcomes were assigned a *theme* that represented the outcome construct under study. Outcome themes provided a second, more specified layer of categorization and were developed through team consensus. For example, a study measuring the outcome of depression among older adult victims was assigned the broad category “victim” and a theme of *mental health*. This category/theme approach provided an organizational framework to index and map intervention outcomes across studies.

Expected Applicability of the Research

The taxonomy of successful EMRP case outcomes developed in this study will serve as a formative piece of infrastructure for future EMRP intervention research. It will provide a comprehensive and conceptually organized range of outcomes, heavily informed by the perspective of victims, that can be used to guide EMRP intervention research outcome measurement. First, researchers can use the taxonomy as a reference in designing their studies and selecting appropriate intervention outcomes to measure. Second, the lack of meaningful validated outcome measurement tools in the field is a major impediment to conducting rigorous intervention research. Future research can use the taxonomy as a platform to identify meaningful outcomes of success and use this information to guide the development of validated EMRP outcome measurement tools. Ultimately, the development and availability of meaningful EM intervention outcome measures will allow the field to systematically compare and identify effective intervention practices and models. Finally, the taxonomy of successful outcomes developed in this study may also inform practice in community-based EMRPs. Without an

organized understanding of what success means in the context of EMRP intervention, practitioners lack a compass to help guide practice decisions and the development of appropriate treatment plans.

CHANGES IN APPROACH FROM ORIGINAL DESIGN AND REASON FOR CHANGE

COVID-19-Related Delays

Please note that this project was delayed and considerably impacted by the COVID-19 pandemic.

Objective 1: Taxonomy Development

Qualitative interview data collection activities with a key source, APS (n = 30), for the purpose of taxonomy development was unable to commence once COVID-19 arose. COVID-19 emerged just prior to beginning data collection with APS and, due to the ongoing pandemic, we were unable to commence APS data collection activities prior to termination of the grant period in September 2020. Without data collection from APS, the originally anticipated study sample size of qualitative interview participants was reduced substantially from n = 60 to n = 28. This reduced sample of victim interviews precluded the possibility of examining differences in successful case outcomes according to EMRP administration type (e.g., centralized APS versus de-centralized JASA-LEAP) and reduced the analytic power to understand potential differences in outcomes of success across different EM subtypes.

Objective 2: Taxonomy Verification

Due to the timing of COVID-19, it was not possible to interview older adult victims, either through JASA-LEAP or APS (n = 20), for the purpose of verifying the taxonomy of successful EM intervention outcomes.

Objective 3: Goal Attainment Scaling (GAS)

The initial project proposed direct interviews with a total of n = 80 older adult EM victims from JASA-LEAP and APS. As stated above, due to the pandemic, we were unable to conduct initial interviews with older adults recruited through APS (n = 30) or conduct interviews for the purpose of taxonomy verification (n = 20). Given the nuanced information required to design five-point GAS scales, the capacity to construct GAS scales for each outcome identified in the taxonomy was contingent upon a full set of qualitative interview data from different sources (JASA-LEAP, APS). Thus, it was not possible to construct preliminary GAS scales with the limited data and information collected.

OUTCOMES

Results and Findings

Interviews with Victims

A total of 27 EM victims recruited from JASA-LEAP completed in-person interviews. Participant comprised mostly females (81.5%) with mean age 69.2 (Range: 60 – 88, SD: 7.30). In regard to race/ethnicity, participants were African-American (59.3%), non-Hispanic/White (11.1%), Hispanic/White (11.1%), Asian (3.7%), more than one race (3.7%), and other (7.4%). Mistreatment types included emotional abuse (77.8%), physical abuse (51.9%), and financial abuse (33.3%) with approximately half of participants reporting poly-victimization (51.9%). Perpetrators were related to victims as children (55.6%), spouse/partner (11.1%), grandchildren (7.4%), other family (18.5%), paid caregivers (3.7%), and other forms of trust relationships (3.7%). Participants lived alone (37%) or with others (63%).

Outcomes of Success

Using an ecological-systems framework, outcomes of success were organized according to categories of the individual victim, individual perpetrator, victim-perpetrator relationship, family system, and home environment (see Table 1 for frequencies of successful outcomes based on victim interviews).

Individual Victim

Outcomes of success attached to the level of the individual victim crossed several themes related to safety, housing, connection to services, financial assistance, health, social support, mental health, problem mastery, and self-actualization.

Safety

Safety was a relatively common theme reported by victims indicative of success in the context of EMRP intervention. It carried four sub-themes related to personal, home, legal, and location safety.

Personal Safety. Several respondents described how they would like to feel personally safe again without living under the threat of mistreatment. For example, they would like to be able to leave the house without looking over their shoulder or worrying about someone coming after them.

Home Safety. Many respondents talked about ways to feel safe in their own home, specifically. For the most part, home safety referred to installing adequate home security measures, such as new door locks, door ringers, or door cameras that would either prevent the perpetrator from entering the home or provide a means of monitoring who is at the front door.

Location Anonymity. Some respondents described a desire to move away from their neighborhood or city altogether without telling their perpetrator about the new address. Such

location anonymity would allow them to live without worrying about the perpetrator coming over or breaking in to their home.

Legal Safety. Several respondents reported a desire or benefit in seeking a sense of safety through legal measures, including involvement of a family court and/or obtaining an order of protection that legally provides distance from the perpetrator.

Abuse Occurrence

Cessation. Although ameliorating the mistreatment situation was apparent in most of the interviews, some participants explicitly described a desire for the abuse to stop. These respondents expressed intolerance for the ongoing abuse and a desire to be free from their mistreatment scenario.

Reduction. In describing the ongoing EM situation, one participant stated that they would like the mistreatment to get to a level that would allow them to move forward in their life. In this scenario, the participant was describing a reduction in problem magnitude, rather than complete cessation of the mistreatment.

Housing

Housing represented another theme indicative of success, including finding a new home in general or one with assisted living services.

New Home. Many respondents identified finding a new home as a key outcome of success. In some cases, the goal was to live alone in a new home and, in other cases, to move as a couple or to bring grandchildren along with them into a new home away from the perpetrator.

Assisted Living. A couple of respondents spoke about a desire to move into an assisted living facility, because they were living with some form of functional impairment and required help with day-to-day activities.

Connection to Services

As a relatively straightforward outcome of success, some respondents described a need to be connected with certain services.

Health. A couple of participants identified a need to be connected with healthcare services, such as regular visits with a family doctor or setting up services with an in-home nurse or aid to assist with insulin injections, medication management, and other activities of daily living.

Social Work. Participants described a need to be connected to social work services, such as an EM survivor support group, which would allow them to get out of the home and receive support from others who have experienced mistreatment.

Law Enforcement. A couple of respondents also described the importance of being connected to law enforcement, for example, to receive random check-in visits from police or to receive education from them on how to handle specific mistreatment situations.

Mental Health. Participants also reported a need to be connected with mental health counselling services in order to have an outlet in which they can process the mistreatment situation and/or related issues that stem from the mistreatment such as depression.

Financial Assistance. Many respondents also identified a need for financial assistance. In some cases, respondents described how removing their perpetrator from the house has

enhanced their safety, but it had left a gap in household financial contributions, for example, to help pay bills. This gap in contributions to household expenses represented a stressor for participants and, without financial assistance as a supplement, could serve as a reason to let the perpetrator back into the home.

Physical Health

Health Status. Respondents described how the stress of the mistreatment situation had contributed to health status concerns. Mistreatment-related stress had either triggered or exacerbated health concerns related to blood pressure, diabetes, sleep, and weight loss. One participant noted that the stress and toll attached to their mistreatment situation contributed to them losing 35 pounds in one month.

Social Support

Social support represented a relatively common theme of success from the perspective of victims, which fell across three outcome areas: emotional support, social contact/network, and surveillance/monitoring.

Emotional Support. Several participants described a need for people in their life who can help them through the struggle of their mistreatment situation. In most cases, participants described how important it was to have others with whom they can talk to and receive caring and comforting support. In some cases, participants described a need for close friends or family contacts to provide emotional support. However, in many cases, participants described how helpful a support group with other EM victims had been in providing an outlet of emotional support.

Social Contact/Network. Many participants described the importance of having a regularly scheduled activity that gets them out of the home and introduces them to new people, so that they are not alone. Finding ways to reduce feelings of isolation in the home was helpful, whether that was going to see others in the community or having visitors come to see them in the home.

Surveillance/Monitoring. A few participants reported a desire to have others check in on them, such as law enforcement or neighbors. The presence of others checking in would help provide another set of eyes on the situation, and it would hold perpetrators accountable knowing that others are monitoring.

Mental Health

Victims expressed several outcomes of success that characterized their mental health, including outcomes related to piece of mind, depression, fear, concern for perpetrator, happiness/joy, and shame/embarrassment.

Piece of Mind. As one of the most common themes expressed by victims, many respondents used the words “piece of mind” to describe an outcome of success. Respondents wanted to reach a state of peacefulness, calmness, and comfort within themselves and/or in their home. They described a desire to feel emotionally settled and to regain composure. This sentiment of peacefulness was pervasive and appeared across the majority of participants in the sample.

Depression. Several respondents reported how they felt depressed because of the mistreatment situation, and that a main goal in their work with JASA-LEAP was to deal with this

depression. As a result of feeling depressed, respondents described how they did not want to go out anywhere or that they lacked the motivation to find a job, for example.

Fear. Several respondents described an enduring mental state of living in fear and feeling scared of their perpetrator. This fear affected different parts of their lives, including sleep or leaving the house. One participant described having flashbacks triggered by being in certain locations, while another participant described a fear that the perpetrator would come back to their home.

Concern for Perpetrator. Some respondents expressed anguish about seeing their perpetrator experience challenges and described a desire to see them get better. In addition to themselves receiving support, they wanted to see their perpetrator do better, receive help, and make changes. Relieving this anguish or concern about their perpetrator represented an outcome of success.

Happiness. Some participants described feelings of sadness attached to their mistreatment situation that they would like to overcome. A couple of them became tearful during the interview in thinking about their situation or described how they continue to cry when reflecting about it. They described how they want to feel happier, smile more and get more joy back in their life.

Shame/Embarrassment. A few respondents spoke about feelings of embarrassment or shame attached to their mistreatment situation. One respondent described feelings of embarrassment about seeing their neighbors and, in turn, did not want to leave the home. Other respondents described how they did not want to feel guilt or self-blame for their adult child

perpetrator's behavior or for wanting to address the problem, for example, by removing them from the home.

Problem Mastery

Participants described a desire to achieve a sense of mastery over their mistreatment situation and achieving this mastery followed a process involving the following outcomes: learning about the problem, seeing the problem, and developing self-efficacy.

Learning About the Problem. Some respondents described a stage of change in which they would like to simply learn more about the problem. This learning could be accomplished by receiving written information or hearing an organization such as law enforcement speak about the issue.

Seeing the Problem. As a subsequent phase to learning about mistreatment, a couple of participants described how they needed to recognize or see that the mistreatment is indeed a problem in their life and that there is a need for change. Without seeing the mistreatment situation as an actual problem, it was difficult to envision taking steps toward addressing the issue.

Self-Efficacy. Many respondents recognized the mistreatment situation as a problem; however, they wanted to become better in dealing with or addressing it. They wanted to feel stronger and have greater capacity to handle situations involving their perpetrator. They described a desire to gain strength, recognize that they deserve better, and feel resolute about not letting this happen again.

Self-Actualization

Liberation. Many respondents described how they no longer wanted to feel trapped by their mistreatment situation, or to feel liberated. They described a desire to regain space in their home or to have the freedom to talk or move around their space without being watched. They expressed a desire to once again have the freedom to go about their daily business without feeling restricted, and to feel like they can breathe again.

Fresh Start. As a follow-up to feeling liberated, many participants also described a desire to have a fresh start in their life. These participants wanted to see themselves move forward in their life and make themselves a priority.

Meaningful Engagement. As a part of the process of self-actualization and moving forward, several participants expressed a desire to find more meaning in their life or a sense of purpose. They described how they would like to engage in activities or goals that are personally meaningful and that they had not been able to indulge in due to their mistreatment situation.

Individual Perpetrator

Outcomes of success attached to the category of the individual perpetrator crossed several themes related to launching, receiving help, problem recognition, readiness to change, accountability, and finding housing.

Launch

The most common theme attached to the perpetrator, as expressed by victims, related to a failure to launch or to lead independent lives. Many respondents described that their perpetrator needed to move on with their life, become more responsible, and mature. Several respondents connected this need to launch with responsibilities related to gaining **employment, living independently, or completing school.**

Receive Help

Several respondents identified that they would like to see their perpetrator receive help. In some cases, they reported barriers to this outcome of success, including the perpetrator being reluctant to accept help.

Mental Health Support. Many respondents reported that their perpetrator would benefit from mental health support. Some respondents described that their perpetrator could use counselling or therapy as an outlet to talk out psychological issues, while others noted that the perpetrator required more formalized psychiatric support and medication to manage mental illness. Many respondents pointed to a substance use issue as a main source of their perpetrator's problematic behaviors, including addictions with pain pills, street drugs, marijuana, and drinking. In these cases, victims described a desire for the perpetrator to receive addictions counselling or enter a rehabilitation program. Several respondents also described how their perpetrator needed support in dealing with anger, aggression, or rage. Finally, a couple of respondents described how their perpetrator required support in managing and adhering to their medication for mental health issues.

Treatment Facility. A few of respondents described how their perpetrator would benefit from treatment from a healthcare professional. Specifically, respondents described how their perpetrator would benefit from treatment in a facility or hospital with direct access to a range of healthcare services, including assistance in dealing with pain.

Readiness for Change

Problem Recognition. Many respondents talked about how their perpetrator did not see that their behavior was a problem. A key outcome of success would be for the perpetrator to recognize their actions as abusive and admit that they are wrong, without blaming others.

Openness to Change. Related to the issue of problem recognition, several respondents described how their perpetrator was not yet at a place where they were open to change, and that any change needed to start within themselves. They described how perpetrators had not been willing to accept help or had entered support programs with a closed mentality.

Accountability

Mistreatment Behavior Inhibition. Several respondents described measures that held their perpetrators more accountable. Knowing that the victim is accessing supportive or protective measures (e.g., phoning the police, involving the court system, engaging with JASA-LEAP) kept perpetrators' abusive behavior at bay. Victims described a noticeable change in perpetrator behavior once the perpetrator was aware that the victim had a lawyer, was seeking support at JASA-LEAP, and/or could call the police at any time.

Housing

Find New Home. Several respondents described how their perpetrator required assistance finding appropriate housing. In some cases, perpetrators needed help finding an assisted living arrangement in which they could receive help with daily living tasks and be monitored.

Victim-Perpetrator Relationship

Outcomes of success attached to the category of the victim-perpetrator relationship related to victims' perceptions as to how they would like to see this relationship unfold and the level of dependence that the perpetrator had on the victim.

Relationship State

Victims in this sample expressed a range of outcomes related to a desired state of their relationship with the perpetrator.

Maintain with Boundaries. Several respondents described how they would like to maintain a relationship with their perpetrator with boundaries. For example, victims described how their perpetrator could come over to eat meals but would not be allowed to stay overnight. Other respondents described scenarios in which they would only speak to their perpetrator over the phone or would need to live in separate spaces.

Sever. Some respondents expressed that they would no longer like to have a relationship with their perpetrator. These participants had different reasons for wanting to sever the relationship, such as the mistreatment having happened for too long, a disbelief in the perpetrator's capacity to change, or disgust with the perpetrator's behavior. These participants had decided that they did not want their perpetrator in their life anymore.

Repair. Several participants expressed a desire to repair and establish a better relationship with their perpetrator. These participants described how they would like to repair the relationship toward a deeper connection and talk to one another from the same page. A few respondents suggested that both themselves and their perpetrator had shortcomings and the relationship repair needed to come from both directions in the victim-perpetrator dyad.

Resume Over Time with Conditions. Several respondents described how they would like to have a relationship with their perpetrator in the future. In a couple of cases, respondents needed time to heal before they could begin having contact. In other cases, they reported how they would need to see evidence that the perpetrator had learned from their actions, changed, and/or received proper support (e.g., counselling, medication) before they would resume a relationship. In one case, the victim stated that they would resume a relationship once the perpetrator was ready to come and ask for forgiveness. These victims were open to a relationship with their perpetrator over time conditional upon the perpetrator having taken appropriate steps toward change and reconciliation.

Relational Dependence

Perpetrator Resource Independence from Victim. Several respondents expressed frustration about their perpetrator continuing to be dependent upon them for resources, such as finances, food, or housing. It represented a major stress for many of the older adults who were living on a fixed income that was not designed for other dependents. Resource depletion was compounded when the perpetrator was living with their kids in a victim's home. Perpetrator resource dependence took away resources the victim could otherwise use for themselves. One respondent also described how the dependent arrangement prevented the perpetrator from moving on and, thus, maintained opportunities for mistreatment.

Family System

Participants described outcomes of success that extended beyond themselves or the perpetrator and reached other members of the family system. Outcomes attached to the family system included a desire to protect other members of the family and wanting to repair fragmented family relationships.

Protection

Other Members. Some participants described serious concerns about their grandchildren who may also be exposed to mistreatment by an adult child perpetrator or exposed to underlying mental health issues of the adult child.

Restoration

Reuniting Members. A few participants described ways that the mistreatment situation had fragmented the family system and a desire to reunite or repair these broken relationships. In some cases, conflict with an adult child had impacted an older adult's relationship with their grandchildren in that they have not seen them and/or the adult child perpetrator had turned grandchildren against the older adult. In these cases, the older adult expressed a desire to reunite with their grandchildren. In another case, the mistreatment situation perpetrated by an adult child created conflict within the adult-child sibling sub-system, and the older adult expressed a desire for her children to speak to each other again. Another respondent described how it felt strange to have family gatherings and one of her children (perpetrator) was missing.

Home Environment

Living Arrangement

Perpetrator Move out of Victim's Home. Many participants described how they would like their perpetrator to move out of the home whether through legal means (e.g., order of protection) or otherwise.

Safely Live Together. Several respondents described scenarios in which they were unwilling to remove their perpetrator from the home. In a couple of cases, victims and perpetrators lived on different levels of the same home. These victims expressed a desire to design a plan that would allow them to live safely together in the same building. For example,

respondents described safety plan routines in which they tried to avoid contact with the perpetrator, such as learning the perpetrator’s schedule and coming and going at different times.

Table 1: Frequency of outcomes of success from the perspective of interviewed victims

Category	Theme	Outcome	Frequency
Victim			
	Safety	Personal Safety	10
		Home Safety	8
		Location Anonymity	6
		Legal Safety	12
	Abuse Occurrence	Cessation	2
		Reduction	1
	Connecting to Services	Health	3
		Social Work	2
		Law Enforcement	2
		Mental Health	2
		Financial Assistance	9
	Physical Health	Health Status	4
	Social Support	Emotional Support	11
		Social Contact/Network	13
		Surveillance/Monitoring	3
	Mental Health	Piece of Mind	16
		Depression	7
		Fear	7

		Concern for Perpetrator	7
		Happiness	5
		Shame/Embarrassment	4
	Problem Mastery	Learn About Problem	2
		Seeing the Problem	2
		Self-Efficacy	10
	Self-Actualization	Liberation	9
		Fresh Start	9
		Meaningful Engagement	7
Perpetrator			
	Launch	Employment	8
		Independent Living	7
		School	5
	Receive Help	Mental Health	12
		Addiction	8
		Anger	4
		Treatment Facility	3
	Readiness for Change	Problem Recognition	8
		Openness to Change	5
	Accountability	Mistreatment Behavior Inhibition	7
	Housing	Find New Home	6
Victim-Perpetrator Relationship			
	Relationship State	Maintain with Boundaries	7
		Sever	8

		Repair	6
		Resume Over Time with Conditions	6
	Relational Dependence	Perpetrator Resource Independence	6
Family System			
	Protection	Other Members	4
	Restoration	Reuniting Members	4
Home Environment			
	Housing	New Home	11
		Assisted Living	2
	Living Arrangement	Perpetrator Move Out	15
		Safely Live Together	6

Scoping Review

The database and hand searches identified 12,006 total articles, which resulted in 7,245 unduplicated titles/abstracts to screen. Among these records, 156 articles were identified as relevant for full-text review. One hundred and five articles were excluded through the full-text review process for reasons such as lacking an intervention outcome, a quantitative component, or a full-text publication format. The full search/screening process resulted in 52 studies eligible for our scoping review.

Studies in this scoping review were published between 1986 and 2019, and they were conducted in the U.S (67.3%), U.K. (13.5%), Australia (5.8%), Canada (5.8%), Iran (5.8%), and Japan (1.9%). Studies evaluated outcomes in a variety of program settings/types, including centralized national, state or county-administered services (e.g., APS; 44.2%), de-centralized or independent community-based programs (26.9%), research-driven intervention models (17.3%), and multidisciplinary teams or forensic centers (11.5%). A total of 184 outcomes were considered across studies (range: 1–16, mean = 3.5).

Outcomes of Success

Similar to the analysis of interviews with victims above, outcomes of success were assigned to themes within the following broad categories: victim, perpetrator, victim-perpetrator relationship, family system, and home environment (see Table 2 for frequencies of successful outcomes based on prior research in the scoping review).

Within the category of the individual victim, the most common outcome theme was *mistreatment occurrence*, which assessed the extent or magnitude of the mistreatment. Abuse occurrence was operationalized using a range of approaches and terminology, including whether the mistreatment was present or absent, indicating an outcome of success of mistreatment

cessation. In other cases, abuse occurrence was operationalized according to how the level or **severity of mistreatment changed over time** (e.g., worsened, improved, stopped, or remained unchanged). The second most common outcome theme within the individual victim category was *case resolution* – a global assessment of the overall abuse situation at case closure. Case resolution was operationalized through various terms/constructs, including levels of **re-victimization risk, safety achievement, goal achievement, and appraisals of global change** in case status.

Table 2: Frequency of outcomes of success from existing EM intervention research

Category	Theme	Outcome	Frequency
Victim			
	Mistreatment Occurrence	Cessation	17
		Change/Severity Over Time	8
	Case Resolution	Re-Victimization Risk status	7
		Safety achievement	3
		Goal achievement	5
		Appraisal of global change	4
	Mental Health	Depression	2
		Anxiety	2
		Suicidal	1
	Criminal Justice	Police Involvement	1
		Legal Action	3
	Psychological	Self-Esteem	2
		Self-Efficacy	2

		Sense of Control	2
		Readiness for Change	1
	Emotional	Guilt	1
		Personal Growth	1
	Personality	Assertiveness	1
	Health Behavior	Alcohol Abuse	1
		Drug Abuse	1
	Problem Mastery	Mistreatment Knowledge	2
		Mistreatment Coping	2
	Service Connection	Guardianship	2
	Safety	Safety Plan	1
	Social	Isolation	2
		Support	2
	Physical Health	Functional Capacity	1
		Health Status	1
Perpetrator			
	Criminal Justice	Prosecution	2
		Charges Filed	1
		Arrested	1
		Convicted	2
		Plea bargain	1
		Indicted	1
		District Attorney Referral	1
		Sentencing	1
	Mental Health	Strain	1

		Depression	1
		Anxiety	1
		Care Burden	1
	Readiness for Change	Help-Seeking	2
Victim-Perpetrator Relationship			
	Relationship Status	Permanent Separation	1
		Temporary Separation	1
	Relationship Quality	Emotional Tone	1
		Satisfaction	
	Relational Dependence	Victim Dependency on Perpetrator	1
Family System			
	Relational	Conflict	1
Home Environment			
	Housing	Placement Type	2
		Relocation Status	1

Less frequent outcome themes within the victim category were: *mental health* (**depression, anxiety, suicide**), *criminal justice* (**police involvement, legal action**), *psychological* (**self-esteem, self-efficacy, sense of control, readiness for change**), *emotional* (**guilt, personal growth**), *personality* (**assertiveness**), *health behavior* (**alcohol abuse, drug abuse**), *problem mastery* (**mistreatment knowledge, mistreatment coping**), *service connection* (**guardianship**), *safety* (**safety plan**), *social* (**isolation, support**), and *physical health* (**functional capacity, health status**).

The most common outcome theme within the individual perpetrator category was *criminal justice*. Perpetrator criminal justice was operationalized through many constructs, such as whether or not a case was referred to the **District Attorney's Office** or the perpetrator was **charged, arrested, prosecuted, convicted**, received a **plea bargain**, or **indicted**, as well as **sentencing** length. Less frequent outcome themes within the perpetrator category included: *mental health (strain, depression, anxiety, care burden)*, *readiness for change (help-seeking)*.

Unlike the victim and perpetrator categories, the victim-perpetrator relationship, family system, and home environment categories did not contain dominant (particularly frequent) outcomes. Outcome themes within the victim-perpetrator relationship category included: *relationship status (permanent/temporary separation status)*, *relationship quality (emotional tone, satisfaction)*, and *relational dependence (victim dependency on perpetrator)*. The family system category contained the outcome theme *relational (conflict)*. Finally, the home environment category contained the outcomes theme of *housing (placement type, relocation status)*.

Taxonomy of Successful Case Outcomes

A final taxonomy representing outcomes of success in the context of EMRP intervention is presented in Table 3. The final taxonomy combines findings from interviews with victims and the scoping review of existing EM intervention research literature. As above, the taxonomy is organized by category (victim, perpetrator, victim-perpetrator relationship, family system, home environment), theme, and specific outcomes of success. Additionally, the "source" column indicates whether the outcome originated from victim interviews (I), scoping review research (R), or both (I, R).

The final taxonomy contains 81 outcomes of success, which are organized into 25 themes within the aforementioned 5 eco-systemic categories. The victim category contains 11 themes and 44 outcomes. The perpetrator category comprises 6 themes and 22 outcomes. The category reflecting the victim-perpetrator relationship contains 3 themes and 8 outcomes. The family system category consists of 3 themes and 3 outcomes, and the home environment category contains 2 themes and 4 outcomes. With these frequencies in mind, the taxonomy is disproportionately represented by outcomes attached to the victim. Specifically, victim outcomes account for more than half (54.3%) of the total outcomes in the taxonomy. Although a focus on victim outcomes is appropriate, the disparity in outcome distribution across eco-systemic categories between those attached to victims and those attached to other categories is marked. Experts emphasize that EM is a problem rooted in several eco-systemic levels (National Research Council, 2003). To effectively address EM in the community, intervention models indicate that programs should target vulnerabilities attached to the victim’s full ecological system (Burnes, 2017; Mosqueda et al., 2016). *It is critical that future EM intervention research consider outcomes that reflect the full range of eco-systemic levels.* Without measuring outcomes across all eco-systemic categories, studies are limited in assessing the effectiveness of programs.

Table 3: Taxonomy of Outcomes of Success for EMRP Intervention

Category	Theme	Outcome	Source
Victim			
	Mistreatment Occurrence	Cessation	I, R
		Change/Severity Over Time	I, R
	Case Resolution	Re-Victimization Risk status	R

		Safety achievement	R
		Goal achievement	R
		Appraisal of global change	R
	Safety	Personal Safety	I, R
		Home Safety	I
		Location Anonymity	I
		Legal Safety	I, R
	Service Connection	Health	I
		Social Work	I
		Law Enforcement	I, R
		Mental Health	I
		Legal Action	R
		Guardianship	R
		Financial Assistance	I
	Physical Health	Health Status	I, R
		Functional Capacity	I, R
	Health Behavior	Alcohol Abuse	R
		Drug Abuse	R
	Social Support	Emotional Support	I, R
		Social Contact/Network	I, R
		Surveillance/Monitoring	I
	Mental Health	Piece of Mind	I
		Depression	I, R
		Anxiety	R
		Fear	I

		Concern for Perpetrator	I
		Happiness	I
		Shame/Embarrassment/Guilt	I, R
		Suicidal	R
	Psychological	Self-Esteem	R
		Sense of Control	R
		Readiness for Change	R
	Problem Mastery	Abuse Knowledge	I, R
		Seeing the Problem	I
		Coping	R
		Self-Efficacy	I, R
	Self-Actualization	Liberation	I
		Fresh Start	I
		Meaningful Engagement	I
		Personal Growth	R
		Assertiveness	R
Perpetrator			
	Launch	Employment	I
		Independent Living	I
		School	I
	Mental Health	Addiction	I
		Anger	I
		Strain	R
		Depression	R
		Anxiety	R

		Care Burden	R
	Healthcare	Treatment Facility	I
	Readiness for Change	Problem Recognition	I
		Openness to Change	I
		Seek Help	I, R
	Accountability	Abusive Behavior	I
	Criminal Justice	Prosecution	R
		Charges Filed	R
		Arrested	R
		Convicted	R
		Plea bargain	R
		Indicted	R
		District Attorney Referral	R
		Sentencing	R
Victim-Perpetrator Relationship			
	Relationship Status	Maintain with Boundaries	I
		Sever	I, R
		Repair	I
		Resume Over Time with Conditions	I, R
	Relationship Quality	Emotional Tone	R
		Satisfaction	R
	Relational Dependence	Victim Dependency on Perpetrator	R
		Perpetrator Dependence on Victim	I
Family System			
	Protection	Other Members	I

	Restoration	Reuniting Members	I
	Relational	Conflict	R
Home Environment			
	Housing	New Home in Community	I, R
		Assisted/Institutional Placement	I, R
	Living Arrangement	Perpetrator Move Out	I, R
		Safely Live Together	I

Of the 81 outcomes of success in the taxonomy, 30 outcomes originated from the victim interviews alone, 32 outcomes stemmed from the research literature alone, and 19 outcomes overlapped in representation from both sources. *The relatively low overlap between outcomes of success expressed by victims themselves and those used by researchers reflects a need to conduct research that has greater relevance to the older adults for whom interventions are developed to serve.* In particular, perpetrator outcomes identified in prior research from the scoping review were heavily oriented toward criminal justice consequences (e.g., arrest, conviction), whereas such criminal justice outcomes were not emphasized by victims themselves, who tended to emphasize perpetrator outcomes related to perpetrator support and growth. A key strength of the taxonomy developed in this study is an integration of the victim perspective.

The taxonomy presented in this study is comprehensive, yet it is not exhaustive. There is an opportunity to modify or expand the taxonomy with further research involving the perspective of victims, perpetrators, and other family members, as well as service professionals who work in the EMRP intervention context. Taxonomy extendibility or the capacity to include additional

themes/outcomes in the future (Nickerson et al., 2013) is a key assumption in the ongoing development of understanding EMRP intervention outcomes of success.

Limitations

The current study contains important limitations. The EM literature has evolved to recognize that EM subtypes are substantively different and require different clinical considerations (National Research Council, 2003). The current study developed a taxonomy of successful outcomes in relation to EM as a global phenomenon. Future research should include a larger sample of victims representing enough cases across all EM subtypes to understand how much overlap or level of distinction exists across EM subtypes in regard to what constitutes successful case outcomes. Due to the COVID-19 pandemic, the current study was unable to collect data from APS. The extent to which constructions of successful case outcomes vary in centrally administered APS programs versus de-centralized EMRPs, such as JASA-LEAP is unknown. From the perspective of an EM victim requiring support, success may not depend on the administrative structure of a given EMRP. However, to understand whether successful case outcomes are defined differently by EMRP type, future research should collect data from both APS and de-centralized EMRP sources.

Finally, a key assumption underlying the taxonomy developed in the current study was that case outcomes are primarily driven by victim clients themselves. Thus, the taxonomy will be applicable to clients with cognitive capacity and clients who have been assessed to lack some degree of cognitive capacity but maintain the ability to either independently express their wishes or can set goals through a supported decision-making process. Practice with EMRP clients who completely lack capacity is generally guided by a different set of practice principles and the tenet of client self-determination does not necessarily apply. A separate taxonomy of successful case

outcomes that incorporates restrictions embedded within public and private guardianship regulation is required for EM victims who completely lack the capacity to make decisions for themselves and who are not primarily driving the meaning of success.

Artifacts

List of Products and Dissemination Activities

The current research has resulted in the following publication:

- Burnes, D., MacNeil, A., Nowaczynski, A., Sheppard, C., Trevors, L., Lenton, E., Lachs, M.S., & Pillemer, K. 2020. (advanced online publication). A Scoping Review of Outcomes in Elder Abuse Intervention Research: The Current Landscape and Where to Go Next. *Aggression and Violent Behavior*. doi:10.1016/j.avb.2020.101476

This research has also been presented at the following conferences:

- Hsieh, J., Burnes, D., Scher, C., Zanotti, P., Burchett, C., Sirey, J. A., & Lachs, M. S. (2020, Accepted, November) *What Are the Most Distressing Aspects of Experiencing Elder Abuse? Findings From a Qualitative Study With Victims*. Poster presented at the Gerontological Society of America (GSA) 72nd Annual Scientific Meeting, Online (due to COVID-19).
- Burnes, D. *What Does "Success" Mean for Elder Abuse Victim Over the Course of Intervention?* Keynote address at the 2019 New York City Elder Abuse Conference. New York, NY, USA. (2019, June)
- Burnes, D., Hsieh, J., Sher, C., Zanotti, P., Burchett, C., Sirey, JA., & Lachs, M. (2020, January). *What Does Success Mean in the Context of Elder Abuse Intervention from the Perspective of Victims?* Paper presented at the 24th Annual Conference of the Society for Social Work and Research (SSWR), Washington, DC, USA.

- Burnes, D., Hsieh, J., Sher, C., Zanotti, P., Burchett, C., Sirey, J.A., & Lachs, M. (2019, November). *What Does Success Mean in the Context of Elder Abuse Intervention from the Perspective of Victims?* Poster presented at the Gerontological Society of America (GSA) 71st Annual Scientific Meeting, Austin, TX, USA.
- Sheppard, C., Nowaczynski, A., Lachs, M., & Burnes, D. (2019). *Understanding outcomes in elder mistreatment interventions: A scoping review*. Paper presented at the 48th Scientific and Educational Meeting of the Canadian Association on Gerontology (CAG), NB, Canada.
- Burnes, D. Hsieh, J., Scher, C., Zanotti, P., Burchett, C., Sirey, J. A., & Lachs, M. S. (2019). *What Does Success Mean in the Context of Elder Abuse Intervention from the Perspective of Victims?* Poster presented at the 48th Canadian Association on Gerontology (CAG) Conference, NB, Canada.

Datasets Generated

The current study includes two sources of data that stem from the in-person, individual interviews with EM victims recruited from JASA-LEAP. The first (main) source of data are the verbatim transcripts of the interviews with EM victims, which have been archived in a document entitled, “DATA – Qualitative Interview Transcripts Verbatim”. Each transcript begins with the Study ID (in bold) and proceeds with the verbatim transcript of the interview. The second source of data is an archived SPSS file, entitled “Participant Descriptives Database,” which captures descriptive and case characteristics of each interview and can be used to help contextualize each interview or summarize the interviews collectively. Interview participants across the two sources of data (interview transcripts, SPSS file) can be linked using the common Study ID numbers. Neither source of data includes personally identifying information.

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Appendix A

Interview Guide: Older Adult Victims of Elder Mistreatment

Description of Study

Thank you for taking the time to speak with me today. As you know, we are doing research in partnership with Weill Cornell Medical College to understand the perspective of adults over 60 years of age who are working with [Adult Protective Services/JASA-LEAP]. We really appreciate you taking the time to talk today.

How are you doing today?

Do you have any questions about the project?

Cognitive Screen and Demographics

Before we begin, I would like to ask some basic questions:

What is the date?	
What is your age?	
What is your date of birth?	
What is the name of the [Adult Protective Services/JASA-LEAP] person that you have been working with?	
What is your marital status?	
What is your highest level of education?	
Do you live alone or with others in the home?	
How do you describe your ethnicity?	Hispanic/non-Hispanic
How do you describe your racial identity	White Black or African-American Asian Native Hawaiian or Other Pacific Islander More than one race
Gender (filled in by interviewer)	

Main Questions

I am aware that adults receive help from [*Adult Protective Services/JASA-LEAP*] when they are experiencing challenges with other people in their life, like family members, friends, caregivers, or others they know. This could be because another person in the adult's life is not treating them very nicely.

How would you describe the reasons for your involvement with [*Adult Protective Services/JASA-LEAP*]?

Probe: What is your relationship with [perpetrator]?

Do you live with [perpetrator]?

Okay, so it sounds like your [relation of perpetrator – e.g., son, wife, grandson, etc.] is [description of the problem using respondent's language – e.g., not taking care of you the right way, taking your belongings without permission, not speaking with you very nicely, etc.].

How long has this situation been going on for?

How many times has this [problem] situation happened in the last year?

Typically, [*Adult Protective Services/JASA-LEAP*] becomes involved to help a person feel more safe, to improve the person's quality of life, and to work toward a situation where the problem is less likely to occur again.

Ideally, what role do you think [*Adult Protective Services/JASA-LEAP*] should play in helping you deal with this problem?

What are some specific things that a worker from [*Adult Protective Services/JASA-LEAP*] can do to help you feel more comfortable in working with them?

From your perspective, what overall goals are most important to you while working with [*Adult Protective Services/JASA-LEAP*]?

How would you like to see your [problem] situation change while working with [*Adult Protective Services/JASA-LEAP*]?

Note: If problem situation has already changed due to timing of interview, ask: In what ways has your [problem] situation changed for the better since working with JASA?

Probe (for each change): Specifically, what would this change look like by the end of your time with [*Adult Protective Services/JASA-LEAP*]?

In thinking about the [problem] situation, how could things get better in terms of your:

- Safety
- Lowering the chances that the [problem] situation happens again

Can you think about how a change in your [item below] could make the mistreatment situation any better?

Probe:

- Living arrangement
- Home environment
- Relationship with [perpetrator]
 - o Probe: How about in the long run?
- Social support network
- Physical health
- Mental health
- Daily physical functioning
- Finances

Imagine the [perpetrator] was willing to get some form of support as well to help make this [problem] situation better – do you think this would be a good idea?

Probe: If Yes:

- What kind of help or support do you think [perpetrator] could benefit from?
- What kind of changes would you like to see made in [perpetrator's] life if he/she could get help?

Probe: How could [perpetrator's] [item below] change in order to improve the [problem] situation?

- Mental health
- Substance use
- Financial Dependence

Probe: If No:

- How come?

Overall, at the end of your time spent with [*Adult Protective Services/JASA-LEAP*], how will you know if things have gotten better with respect to the [problem] situation?

In thinking about the [problem] situation, what about it do you find most distressing or challenging?

Overall, how serious do you consider the [problem] situation to be?

A lot of older adults who are not being treated properly by someone in their life - whether that's the way they are treated verbally, emotionally, physically, financially, or in terms of the quality of care they receive in meeting their day-to-day needs - do not feel comfortable coming forward to seek help from services in the community, like [*Adult Protective Services/JASA-LEAP*], the

police, or a legal service. In other words, they might be experiencing some form of abuse, neglect or mistreatment, but they do not seek help or support.

What were some reasons you may have waited before deciding to get help from [*Adult Protective Services/JASA-LEAP*]?

What was it that ultimately made you decide to get help?

What are some other reasons why you think it is difficult for some other older adults to come forward and seek help from services like [*Adult Protective Services/JASA-LEAP*]?