

Karen A. Roberto and Pamela B. Teaster

2.1 Theorizing Elder Abuse

Although tremendous growth has occurred in the breadth and depth of topics investigated within the elder abuse literature, identification of the theoretical underpinnings of elder abuse research, practice, and policy has lagged behind the empirical output. Many academicians as well as practitioners fail to acknowledge explicitly the influence of theory on their research, teaching, programmatic, and policy efforts. Reasons for the lack of theory guidance and interpretation include limited national attention and concern about elder abuse, little federal funding to support theory development, and over reliance on caregiver stress models [72]. To address the dearth of theory use within the field of elder abuse, experts were invited to a meeting coordinated by the National Institutes of Justice [106] to discuss the appropriateness of requiring research proposals and peer-reviewed manuscripts focused on elder abuse to have an underlying conceptual framework or theory. Opinion was mixed, with the support or lack thereof tending to fall along participants' disciplinary lines. As would be expected, investigators from academic disciplines that rely heavily on explicit theoretical foundations were highly supportive of the inclusion of theory, whereas investigators from research disciplines that more implicitly address theory regarded the requirement as an impediment to their work.

We contend that it is critical to the advancement of the field of elder abuse that theory development moves forward. In this chapter, we draw upon multiple literatures to inform theory within the context of elder abuse. We begin by discussing the importance of theory and theorizing in general,

and for enhancing a nascent field of study like elder abuse in particular. Our argument for the importance of theory is followed by a historical overview of theories most often applied to the study of elder abuse and a depiction of theory use in scholarly articles. The next section provides an examination of key theories from the child abuse and intimate partner violence literature, as well as broader theoretical perspectives that have the potential to inform work on elder abuse. We then propose and explain a new approach for theorizing about elder abuse, *The Contextual Theory of Elder Abuse*. The final section presents opportunities for continued theory development and theorizing in future research and practice. Although scholars differentiate among theories, perspectives, conceptual models, and schools of thought, investigators frequently use the terms interchangeably. As we examine different theoretical lenses relevant to the study of elder abuse, we will use 'theory' to acknowledge all types and levels.

2.2 The Importance of Theory

Theories are at the heart of research and practice. They represent a systematic way of understanding behaviors, situations, and events. Observations of a phenomenon, often provided by individuals in professional and leadership roles (e.g., clinicians, service providers, educators, policymakers), lead to hunches or a personal theory about its causes and consequences. In order to fully intervene, professionals have to understand the issue under study, in all its complexity. Researchers rely on more formalized theoretical approaches and scientific methods to explore their guesses or test hypotheses. Theories provide powerful influences on how information is collected and analyzed, guiding description, explanation, prediction, or interpretation of the phenomenon under study. Findings that are consistent across studies provide practitioners and policymakers evidence to describe and understand complex phenomenon and act upon and change its course.

K.A. Roberto (✉) · P.B. Teaster
Center for Gerontology, Virginia Polytechnic Institute
and State University, Blacksburg, VA 24061, USA
e-mail: kroberto@vt.edu

P.B. Teaster
e-mail: pteaster@vt.edu

Theories shape a field; influence the education, training, and socialization of its professionals; and define the scope of practice and policy. Sound research relies upon explicit theory use. Theory helps identify patterns and tendencies, and trajectories that in turn influence appropriate responses and strategies. Thus, recognizing the importance and contribution of theory and engaging in the process of theorizing is essential for promoting knowledge and advancing any field of study. To advance science, scholars must ask new questions and generate new hypothesis to test existing and emerging theories necessary for exploring and solving complex social concerns, both locally and globally. A lack of theory in research and practice leads to limited or spurious application of research findings that hinder building cumulative knowledge about an issue [16].

Theory also enhances students' and professionals' learning. Theory-driven knowledge is an essential platform of the curriculum for education and training programs and provides a platform upon which the expertise and skills of future leaders is built. In this realm, a healthy tension between theory and practice often develops. Many academics thrive on theoretical discussions with respect to both subject matter content and methodological advancements. Conversely, students may dismiss the importance of theory when presented in the classroom but often embrace their theoretical roots as they assume their professional roles and are faced with situations in the field that require substantive responses or opportunities to influence practice. Seasoned practitioners often minimize the importance of theory in service provision, or simply neglect to recognize the theoretical frameworks underpinning practice. For example, Bergeron [21] described how a family preservation framework, although not explicitly applied by elder protection service workers, provided an implicit guide for their decision-making processes. Bridging the dualisms between academic and professional knowledge, clinicians and practitioners can marshal the most appropriate theory and practice strategies for a given situation as they develop, implement, and test the effectiveness of treatments, services, and interventions.

Theory is critical not only for advancing science and practice, but also for the development of policy. Policy solutions and related decision making are not merely a technical function of legislators and government officials, but rather they are a complex interactive and iterative interplay of actions and actors influenced by the diverse nature of socio-political and other environmental forces. To create policy, leaders at the federal, state, and local levels must determine which issues merit attention, focus on those issues, and develop strategies to address them. As policy development processes unfold, informed decision makers make use of theoretically grounded, consistent, and coherent research to guide the policy prescription deemed most likely to solve the problem. Without sufficient evidence acquired

from sound, theoretically-informed research and practice, policy planning and analysis is diffuse, limited, and often thwarted entirely because there is no clear avenue for problem resolution. Thus, the link between theory, practice, and policy is essential for diagnosing situations, explaining their causes, prescribing responses, and evaluating the impact of different solutions [163].

2.3 Theory and Theorizing

Responding to the importance of the call for more and better use of theory as an avenue for advancing the field of elder abuse requires researchers to address issues related to the definition of theory, stage of theory development, differences in theoretical presuppositions, and application of theory within study designs and professional writing. While definitions of theory vary by orientation (e.g., positivistic, interpretive, critical), nuances of varying disciplines (e.g., gerontology, family studies, psychology, law, medicine, social work, public health), and perspectives (e.g., micro, macro), a key element of any theory is a description or explanation of observed phenomena [19]. At its most basic level, a theory attempts to provide an explanation for and contribute meaning to the causes and consequences of beliefs and behaviors. To advance thinking about and understanding of an issue or event, such as elder abuse, theory needs to be viewed as a process and not as a static creation.

The process of theorizing draws attention to the explicit actions scholars and practitioners take in "developing ideas that allow us to understand and explain our data" ([17], p. 5). In other words, theorizing goes beyond what is observed to questioning the why and how a situation emerged. It is an ongoing, iterative, and engaging process. Theorizing begins with an awareness of ideas, followed by the development of hunches or beliefs about how the ideas are linked, empirical research, evidence-based associations, the creation of concepts, and an understanding of the complexity of the associations made. Finally, from this process, a theory emerges as a tool to help understand, explain, and give meaning to the data collected (see Fig. 2.1; [39]).

Ontological and epistemological considerations also influence theorizing. Ontology focuses on the nature and relationship of the object or occurrence of a phenomenon [144] and is critical for developing a more sophisticated understanding of elder abuse. Implicitly, researchers and practitioners have focused on the ontological context of elder abuse for decades, particularly in establishing uniform and measureable definitions. Such a focus is essential for grasping the problem at the level of the individual as well as collecting reliable and valid data about other aspects of the problem. Ontological questions are definitional in nature;

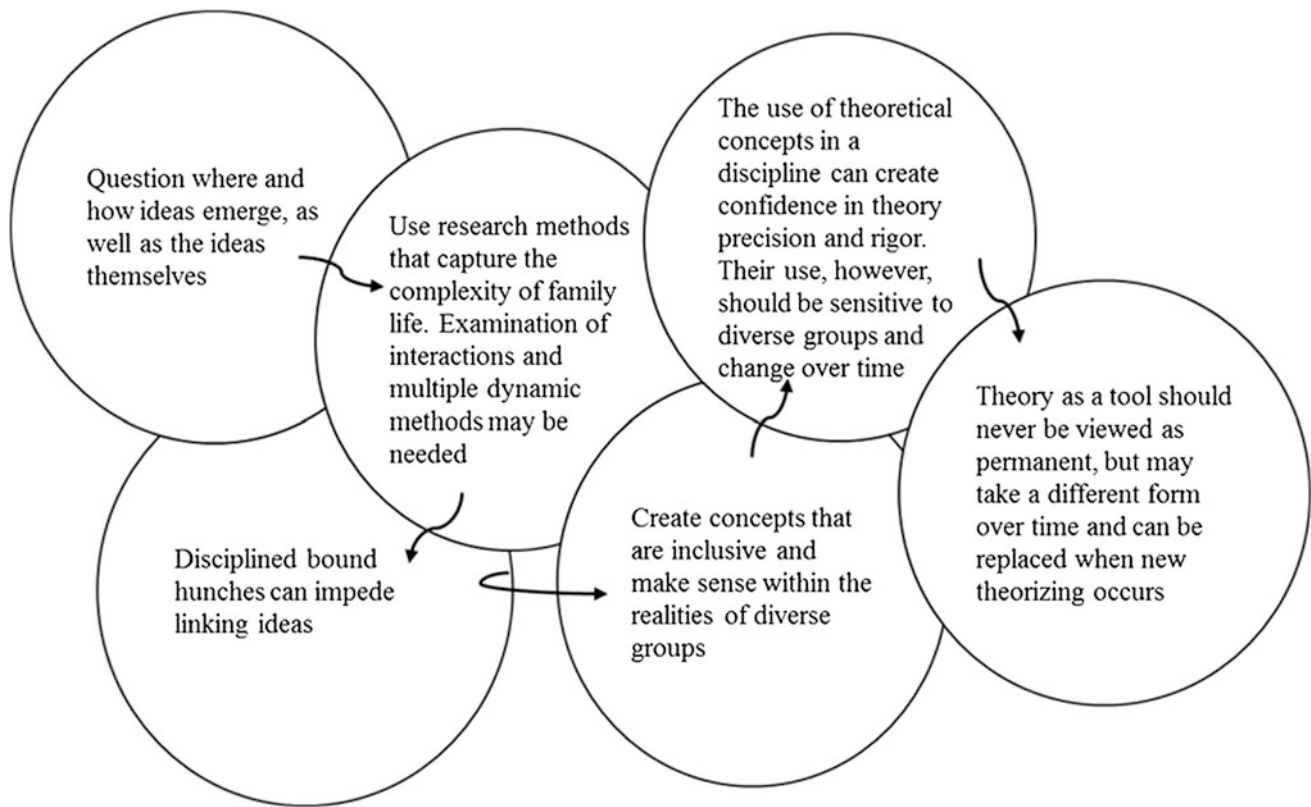


Fig. 2.1 The process of theorizing. Adapted from “My view: The process of theorizing,” by [39]. Copyright 2008 by Sage Publications

they seek to explain the reality for the situation. Examples of questions frequently addressed in the literature include: What is elder abuse? What are subtypes of elder abuse? What is the relationship between various types of elder abuse? What does it mean to be a victim or perpetrator of elder abuse?

Epistemological considerations focus on the nature, origins, methods, and limits of knowledge [167]. While multiple epistemologies or ways of knowing exist (e.g., scientific view, interpretive perspective, critical perspective), no one approach is necessarily more useful or better than another. Rather, they provide different lenses from which to view and understand a phenomena. With respect to elder abuse, epistemological considerations address how investigators go about acquiring knowledge on the issue. For example, how is the occurrence of elder abuse confirmed? Is the perception that a victim was abused sufficient to indicate that elder abuse has occurred? Conversely, must the abuse be verified in order for it to have occurred? If yes, what entity or entities perform the verification (e.g., physician confirmation, court confirmation, agency confirmation)? By extension, at what level is the verification rigorous enough for the advancement of knowledge?

For elder abuse, as with any field of study, creating a knowledge base is a continuous process of discovery and

confirmation that involves different methods of theorizing: deductive theorizing, inductive theorizing, combining, and borrowing [17]. *Deductive theorizing* involves drawing from an existing theory of larger scope and more generality to deduce a theory of smaller scope and less generality. A general theory, such as the life course perspective [48], allows investigators to infer logically a number of specific explanations about the nature of a phenomena, for example, elder self-neglect [8]. *Inductive theorizing* often starts with the data and induces logically a theory of larger scope and generality, such as a model developed from an analysis of barriers to help seeking for older women who experience intimate partner violence [15]. This approach also puts forth theory from confirmed empirical generalizations. A third approach of theorizing involves *combining*, either in totality or pulling together specific tenets or constructs from two or more theories relevant to the issue under study, as was used in theorizing about low levels of reporting of abuse by older immigrant women [135]. *Borrowing* promising theories and concepts from similar topics or other disciplines, such as the application of the stress process model to predict elder abuse by family caregivers [173], is common in emerging and multidisciplinary fields similar to elder abuse. To contribute stronger, theorized knowledge and demonstrate the usefulness of theory for understanding of elder abuse requires not

only applying and testing existing theories but also constructing new ones. Although the latter approach is perhaps the most challenging, it also is likely to be the most fruitful, as it requires elder abuse scholars to be producers rather than just consumers of theory.

2.4 Theories Used to Advance Understanding of Elder Abuse

As elder abuse emerged as an area of scholarship, researchers often “borrowed” theories from other disciplines to guide their research [22, 72, 109]. This approach was entirely natural in the life course of a nascent area of inquiry concerning a complex societal problem. As scholars adopted and adapted these theories to inform their exploration of the many facets of elder abuse, their research contributed significantly to the quantity and quality of scholarship and informed the development of professional practices and policy addressing issues of elder abuse.

In this section, we present an overview of the conceptualization of early and predominant theories that have been used to explain elder abuse, highlighting their use with specific populations in particular settings, and with different types of abuse. When available, we include examples of the *explicit* application of each theory to empirical studies of elder abuse. Examples cited are by no means exhaustive of all theory-informed elder abuse research. We recognize that much of the published research is based upon *implicit* theoretical assumptions and explanations about various aspects of elder abuse; however, we chose not to include articles in which the authors provided neither a theoretical justification for the purpose and design of their studies nor included a theoretical explanation when discussing and interpreting their results.

2.5 Caregiver Stress and Elder Abuse

With roots in the gerontological literature, caregiver stress theory focuses on the response to stressors faced by family members and other individuals when providing care for an older person with functional and/or cognitive impairments [114]. Caregiving includes assuming new roles and responsibilities and involves recurrent redirection and reorganization of family life that leads to escalating dependencies that contribute to daily stressors and strains that challenge relatives providing care [5]. The nature of the care demands and the frequency, type, and the magnitude of the stress and strain experienced by caregivers associated both with their caregiving responsibilities and other aspects of their lives (e.g., work, relationships), as well as their use of coping strategies and reliance on others for support affect

caregivers’ abilities to provide effective care as well as their own physical and psychological well-being. Applied to the study of elder abuse, the *caregiver stress hypothesis* posited that the high levels of stress experienced by the caregiver resulted in abuse of dependent older adults. Thus, negative caregiver outcomes may have both direct and indirect effects on the caregiving process, the relationship between the caregiver and care receiver, and ultimately the welfare and well-being of the older person receiving care [107].

Early research in the late 1970s and early 1980s provided descriptive evidence in support of the relationship between caregiver stress and elder abuse (see review by [69]). As researchers attempted to disentangle the relationship of caregiver stress and elder abuse, evidence began to mount in support of the reverse of the caregiver stress hypothesis—rather than the stress of caring for a dependent older adult increasing the risk for elder abuse, it was the dependency of the abuser on the older adult that placed the elder at risk for abuse [120, 170]. The landmark study conducted by Pillemer and Finklehor [119], in which they compared non-abused elders to older adults who had experienced physical abuse, neglect, and chronic verbal aggression by a spouse or adult child, shed additional light on the relationship between caregiving and elder abuse. The authors found perpetrator characteristics (e.g., personality, deviant behaviors, dependence on the elder) to be more powerful predictors of abuse than victim characteristics (e.g., ill health; functional disabilities). Since then, the work of other investigators has confirmed that factors related to the need to depend on older family members for shelter, security, and support contribute to all types of elder abuse [3, 71, 72, 75].

Although scholars no longer consider caregiver stress the primary cause of elder abuse, researchers have continued to explore caregiving situations in which the behaviors of well-meaning caregivers may place older adults at risk for abuse. Analysis of data gathered for the *Family Relationships in Later Life Project*, which included caregivers of elderly relatives with whom they co-resided, identified a number of potentially harmful behaviors including handling the elder roughly, threatening the elder with abandonment or nursing home placement, and insulting, screaming at, or yelling at the elder [14, 142, 168, 169], that if not addressed, could lead to heightened incidences of abuse. Feelings of caregiver resentment [169], reliance on proactively aggressive caregiving strategies [142], and anger [95] were associated with caregiver self-reports of potentially harmful behaviors. Studies of family members of persons with dementia conducted outside the United States also found that caregivers often reported the use of potentially harmful caregiving tactics. Across studies, verbal aggression (e.g., shouting, insulting) was more commonly acknowledged by caregivers than the use of physically harmful actions (e.g., hitting). Predictors of the use of potentially abusive

behaviors included care recipients' agitated behaviors and caregiver depersonalization [173], caregiver burden [35, 174], and care recipients' communication difficulties [33]. The relationship among stress, dependency, and elder abuse also has been examined in non-family care situations. For example, caregiver burden in conjunction with stress and conflict in the workplace were among factors contributing to abuse of residents by nursing home staff in Germany [57].

The problem of elder abuse within the context of family caregiving is not a consequence of a single event and cannot be explained by a single cause. Recognition of the complexity of caregiving situations has helped to refute the hypothesis that caregiver stress inevitably results in elder abuse. However, the effectiveness of stress-process theories for understanding elder abuse has been limited by researchers' focus on isolated components of the theory rather than testing such theories in their entirety. In addition, the focus of caregiver stress and abuse studies tend to focus primarily on outcomes for older adults with cognitive impairments and cover the range of abuse types indiscriminately. How well the theory will hold up for other populations of elders (e.g., older adults from different race or ethnic groups, physically frail elders) or in predicting caregiver risk for specific types of abusive has yet to be examined.

2.6 Ecological Theories of Abuse

Ecological theories of elder abuse have relied upon Bronfenbrenner's [26] *Ecological Model*, which suggests that individuals are embedded in a series of environmental systems that interact with one another and with the individual to influence personal development and life experiences. The innermost system, the microsystem, is the person's immediate surroundings and relationships. The next layer in the model is the mesosystem, where a person's microsystem structures interconnect and assert influence upon one another. The exosystem represents the third layer of the model, which is external to the individual, but affects him or her through interactions with structures in the microsystem. The outermost layer, the macrosystem, is comprised of cultural values, customs, and laws that have a cascading influence throughout interactions with all of the other systems.

Building on research that pointed to the importance of addressing the broader context in which elder abuse occurs [83, 138] combined tenets from ecological theory and the life course perspective to focus on the contextual risk factors for elder abuse by adult children as caregivers. Accordingly,

The applied ecological model ... posits the essential and crucial role of the intergenerational relationship between an adult child and an aging parent over the life course as a basis for both the understanding of elder abuse as well as the development of relevant prevention and intervention programs (p. 83)

They proposed a model that simultaneously focused on the adult child and aging parent [138, 139]. The development of both parties are given equal importance as is the context their relationship. They proposed a variety of variables or risk factors for abuse within each of the systems: (1) Aging Parent Microsystem—gender, marital status, chronological age, health, dementia/Alzheimer's disease, provocative/disruptive behavior, substance abuse, psychological factors (e.g., depression), and social isolation; (2) Adult Child Microsystem—substance abuse, mental/emotional illness, dementia, lack of caregiving experience, reluctance, stress and burden, personality traits (e.g., impatient behavior), and lack of social support; (3) Family Microsystem—dependency, living arrangements, history of abuse in the family, intergenerational transmission of violent behavior, and multigenerational demands; (4) Adult Child Mesosystem/Older Adult Exosystem: employment status and financial resources, social isolation, and lack of formal support; (5) Older Parent Mesosystem/Adult Child Exosystem—social isolation and lack of formal support; and (6) Macrosystem—cultural norms and public policy.

Parrra-Cardona et al. [111] expanded on Schiamberg and Gans' [138] model by identifying diverse factors and dynamics associated with elder abuse and neglect in Latino families. While many of the same risk factors identified in the applied ecological model are relevant to consider for elder abuse in Latino families, additional factors may come into play. For example, country of origin and language is viewed as a potential older adult microsystem risk factors. The authors also contend that within the family microsystem, cultural identity needs to be considered. At the Macrosystem, health care barriers can negatively impact the health of older Latino adults and subsequently place them at risk for abuse. In addition, Latino cultural values and gender roles need to be considered. Parrra-Cardona et al. [111] proposed the use of the model as an assessment and guide to clinical practice with Latino families.

The applied ecological model has also been adapted for informing the nature of elder abuse and neglect in African American families [68]. Unique risk factors added to the original model include (1) Caregiver Microsystem—limited caregiving skills; (2) Older Adult Microsystem—over identification with caregiver role and elder distrust of institutions; (3) Mesosystem—denial; (4) Exosystem—stressed family networks and caregivers' limited access to culturally

relevant services; and (5) Macrosystem—legacy of slavery, internalized racism, poverty, and health disparities.

In one of the few studies to address elements of each of the ecological systems, Teaster et al. [149] used an ecological-community framework to organize and interpret the findings of their qualitative study of intimate partner violence of rural older women. Analysis of interviews with older women and focus groups with community service professionals revealed multiple interacting influences that perpetuated violence in the lives of the rural older women including their individual and family contexts (microsystem), the relationships between the women and their extended family, church, and others in her life (mesosystem), community support or lack thereof (exosystem), and rural culture (macrosystem).

Researchers continue to rely on variations of the ecological model as the foundation for studies of risk and vulnerability for elder abuse in general, specific types of elder abuse, and of elder abuse within specific cultural contexts. However, rather than embracing the model in its entirety, most authors introduced their work within the context of the ecological model and discussed the findings within one or more of the interacting or intersecting systems. For example, the study by Wangmo et al. [164] of Adult Protective Services focused on elder abuse broadly and formal relationships, formal supports, broader ideological values, norms, and institutional patterns of communities and states, whereas Mihaljcic and Lowndes [104] examined macro level factors in their exploration of individual and community attitudes toward financial elder abuse. Schiamberg et al. [140] identified individual, social, and contextual risk factors of physical abuse of nursing home residents. Similarly, Lee et al. [89] relied on the ecological model in combination with the cultural sensitivity model [128] to assess how cultural, social, and other contextual factors influenced perceptions of elder abuse among Korean and Chinese immigrants. Internationally, Walsh and Yon [162] used the ecological model to develop an empirical profile for elder abuse research in Canada, while Phelan [117] focused specifically on political changes in Ireland that directly affected individual and relation dynamics of elder abuse.

Ecological theories have helped facilitate an understanding of elder abuse as a complex problem requiring scientific understanding of the various systems in which older persons interact as well as coordinated responses from different levels of interventions and policies. While this is a strength of the theory, its multiplicity is also a limitation. In addition, variations in the application of ecological theory have emerged from a close-knit coterie of researchers and tend to be conceptual rather than empirically driven. Finally, while the theory stresses person-context interrelatedness, reasons

associated with the development of the propensity for elder abuse (i.e., processes and behaviors) within and across the ecological systems have not been thoroughly addressed.

2.7 The Life Course Perspective

Often used in conjunction with another theory or framework, the *life course perspective* focuses on the changing contexts of lives and their consequences for human development. Central themes of the life course perspective include the interplay of human lives and historical times; the social meaning of age, age-norms, age-graded roles and events; the timing, sequencing and duration of life events; the linking and interdependence of lives; and human agency in choice making [47, 49]. A basic principle is that people experience sequences of transitions (i.e., a change in state or stage) and periods of stability throughout their lives that form distinctive trajectories in various life domains [49]. Both positive and adverse ontogenetic (i.e., individual), generational (i.e., family) and societal events, as well as the dynamic interactions among individual time (i.e., individual development), generational time (i.e., position within the family with associated roles and expectations), and historical time (i.e., events, periods, and eras dominated by seminal geopolitical or economic events) affect life trajectories [18]. The timing, sequencing, spacing, density, and duration of events also influence life transitions or turning points, which result in major directional changes or discontinuities in a trajectory [141]. Life course theorists acknowledge the importance of social bonds in life trajectories and transitions, specifically, the principle of “linked lives,” which emphasizes relational interconnectedness [49]. Individual lives are at once embedded within relationships with family and other social network members and are influenced by them. Although the immediate relevance of social relationships may wax and wane over time, relationship stories are integral to how older adults make meaning of their lives. Individuals are active agents in interaction with social contexts and structures, with reciprocal influence on familial and social contexts.

Korbin et al. [81] used a life course framework as they explored the transmission of violence from one generation to another and its influence on elder abuse. They found that the experience of violence as children did not differ between elder abusing adult offspring and child abusing parents; however, child abusing parents were far more likely than elder abusing adult children to have experienced severe violence in their childhoods. Findings suggest that the intergenerational transmission of family violence is a more useful framework for explaining violence towards children rather than for violence towards elderly parents.

Similarly, Payne and Gainey [113] examined how the phenomenon of family violence varies over the course of one's life. They addressed elder abuse through a life course lens by placing abuse within the context of family violence, examining the intersection of macro-level characteristics that affect individuals' lives. Band-Winterstein and Eisikovits [9] examined how life-long intimate partner violence is experienced in old age and how age and violence interact and change throughout the life span. Their qualitative study explored the lived experiences of 40 persons who had lived for a significant time in violent situations, revealing four clusters of living situations, including living in violence and illness at the end of life.

In a recent application of the life course perspective, McDonald and Thomas [100] conducted a cross-sectional telephone survey measuring five types of elder abuse (neglect, physical, sexual, psychological, and financial) and its occurrence across the life course. When risk factors for abuse were considered simultaneously, including abuse during all three life stages of life, only a history of abuse during childhood retained its importance. Abuse in childhood increased the risk of experiencing one type of abuse relative to no abuse but was unrelated to experiencing two or more types of abuse as compared to no abuse.

The life course perspective provides a context for action and intervention into elder abuse, allowing multiple approaches to address the problem. Its limitations include its potential for misapplication of central tendency, confounding social change with social forces, confusing concepts of time and change, problematizing free exercise of choice, and neglect of inter-cohort variability.

2.8 Feminist Perspectives

Feminist frameworks offer an important lens for examining the complex intersection of social and historical context, age, gender, race, ethnicity, socioeconomic status, and sexual orientation in the lives of an increasingly diverse and often marginalized population of victims of elder abuse [161]. Positioning old age and gender against a backdrop of inequality allows scholarly examination of the relationship between abuse and social and economic power [4, 62, 65]. In many cultures, women are economically and socially disadvantaged in comparison to men, thus making gender itself a risk factor for elder abuse. Without economic or social means, older women may elect to remain in unsafe relationships [80, 90].

The research and writings of Vinton [157, 158] provided some of the earliest applications of a feminist perspective to elder abuse. She identified the joint forces of ageism and sexism as affecting older females who experienced violent

relationships. For example, her study of 25 women's shelters in Florida [159] revealed that shelters were inadequate for the needs of older women. In a state with one of the largest elderly populations, only two shelters offered special programming for older women at that time.

Scholars employing feminist perspectives to the study of elder abuse and violence typically have focused on relational inequities or power imbalance [64, 108, 115, 145]. Recently, for example, Yon et al. [175] identified differentials in age, education, and income contributions as risk factors for spousal abuse in mid-and old age, whereas Kalavar et al. [77] discussed societal changes in India and how perceived differential status within relationships created pathways to abuse, neglect, and abandonment of older adults by adult children. Harbison [60] used a critical feminist lens in her analysis of interviews with informal service providers in Canada to explore tensions between the domestic violence shelter movement and the predominant desires of older women to manage their abusive situations without leaving their homes.

The inclusion of principles of feminist theory in the study of elder abuse has helped to clarify the dynamics of intimate partner violence across the lifespan in particular, and elder abuse more generally. However, some authors critiqued the gender bias particularly in late life intimate partner violence research [126], as few investigations of issues relative to female on male or male on male violence in late life exist [131]. Methodologically, most studies that employ a feminist framework are qualitative in nature; researchers face the challenge of capturing concepts of values, power, and politics in quantitative terms that are meaningful to older study participants and that have universal recognition.

2.9 The National Academies of Science Elder Mistreatment Framework

Supporting the importance of relational factors is the internationally recognized framework for scholarship on elder mistreatment put forward by the National Academies of Sciences (NAS) [24]. Unlike any of the other theories discussed thus far, this framework was developed by members of the NAS panel, whose charge it was to elevate and guide scholarship specifically on the subject of elder mistreatment, defined as "(a) intentional actions that cause harm or create a serious risk of harm (whether or not harm is intended) to a vulnerable elder by a caregiver or other person who stands in a trust relationship to the elder or (b) failure by a caregiver to satisfy the elder's basic needs or to protect the elder from harm" ([24], p. 40). The NAS framework considers a variety of contributors to mistreatment and has as its premise elders in relationship with others. It is predicated on a conception

of elder mistreatment as a series of transactions between the elder and a person(s) who has gained the older adult's trust and who is abusing, neglecting, and/or exploiting him or her. The framework also takes into account that the older adult and the abuser are embedded in a social context, one in which power and power exchanges exist and that there exists an inequality status of the older adult in relation to the abuser. Also, and importantly, the framework includes outcomes of the mistreatment for the elder and the abuser. The NAS framework is one of the few that positions mistreatment in a sociocultural context and takes into account quality of life and the continuation of elders in relationship with others.

Although the theory itself does not appear to have been empirically tested, the concepts from the framework have been adopted by many researchers in the field [2, 40, 73]. Disadvantages of this theoretical framework are its conceptualization of the "trusted other," placing primacy on the trust relationship but lacking specificity regarding when the trust relationship is established. It also does not address time in relationship to the abused person and the abuser or specific characteristics of the abuser. Notably, the framework excludes the major issue of elder self-neglect because there is no identified trusted other with this form of abuse.

2.10 Model of Self-Neglect

Self-neglect, or the inability of an individual to use goods and services to meet basic needs, is typically the most common form of abuse faced by Adult Protective Service agencies [146]. Using the charts of 538 patients referred by Texas Adult Protective Services, Dyer et al. [45] attempted to distinguish functional, cognitive, and social factors associated with self-neglect among older adults in order to identify etiologic models. Based on their findings, the authors contend that older adults who self-neglect have impairments in activities of daily living, lack critical support services, and fail to recognize the inherent danger of these deficits, thus losing their cognitive capacity to self-protect. Their model takes into account social issues, such as lack of family, lack of transportation, and inadequate funds by which to live to the extent that the elder is functionally impaired.

Dong et al. [41] built upon Dyer's self-neglect model to explore the association between elder self-neglect and mortality. Data were gathered from residents aged 65+ living in three adjacent neighborhoods in Chicago participating in the *Chicago Health and Aging Project*. Reported elder self-neglect was associated with a significantly increased risk of mortality after a year's time.

The self-neglect framework holds promise for evidence-based practices for intervention into and prevention of elder self-neglect. A limitation is that the model has not been fully tested and may not apply to all manifestations of self-neglect and its associated comorbidities.

2.11 International Perspectives

Like their counterparts in the US, international scholars have also grappled with the use of theory in elder abuse, stressing the need for its application cross-nationally and its sensitivity to diverse values and conceptualizations of the problem [22, 82, 121]. A human rights framework is emerging as an appropriate one for examining elder abuse internationally [23, 118]. A human rights perspective centers on issues of inequality and violence: dignity, respect for persons, and equality of social status, all conceptions that have a direct relationship with ageism [166].

The United Nations [153–155] defined human rights as a basic entitlement and first response of all governments. Drawing from a human rights perspective, The World Health Organization (WHO) places elder abuse within a context of world violence occurring across all age groups [84, 171]. Rights discourse has widened the recognition of disenfranchised groups to potentially include older adults [42], which expands the dialogue to embrace issues of justice and dignity [101]. A concept at the heart of human rights is that of ageism [29], a form of bigotry that explicitly and implicitly affects the treatment of older persons in such spheres as health care, economic security, decision making [37], and citizenship [118].

The human rights framework has not been explicitly applied to research on elder abuse, although a number of studies have examined its dimensions. For example, Doyle [43] explored the impact of power differentials on the care experiences of older people in South East Queensland and found active power inequality between the older adults as recipients of care and their caregivers, which affected their independence and autonomy. Keikelame and Ferreira [78] examined the treatment of older adults in Capetown, South Africa, and discovered abuse as well as dehumanizing treatment at health clinics, pension pay points, and government offices [44].

The human rights perspective for elder abuse holds much promise for elder abuse research on the world stage. Human rights foundations of dignity, justice, economic security, and safety are common concerns for both developed and developing countries. A limitation is inherent, however, in how expansive the issue is, as these core principles present difficulty in operationalization and empirical testing.

2.12 Challenges of Using Existing Theories in Research and Practice

The disparate use of the early and predominant theories presented above reveals that no one theory or set of theories has yet taken hold within the field. A number of reasons account for the lack of theoretical consensus. First, many studies, as mentioned earlier, do not use any theory or framework, either because researchers are unfamiliar with them or do not have a consensus regarding the most appropriate theory or set of theories to use. Second, theories may not be used because the research expressly confronts a problem and is conducted in reaction to a presenting problem rather than embedding a theory in the research *a priori*. Third, few cross-cutting theories have been embraced for various abuse typologies. For instance, a more holistic theory, such as the ecological model, is gaining acceptance, but in fact, only a handful of studies have applied it in its totality. Additionally, the framework suffers from the same problem as many of the others: that is was not intended for elder abuse but rather addressed child development. Fourth, theories continue to be discipline-specific, that is, the type of abuse and the remedy sought tends to drive the theory used (e.g., criminal justice theories, relational theories for family violence). Fifth, certain models, frameworks, and theories also fail to pass the test of cultural embeddedness. That is, most of the theories discussed above may be difficult to apply to various cultures (e.g., African Americans, Native Americans, Latinos, Asians, Hindi) other than those that are Euro-centric. For example, in-depth focus groups with 30 participants revealed that older Korean participants were more influenced by hierarchy and cultural beliefs in family ties and less likely to disclose abuse than were their Chinese counterparts [89]. Finally, the very use of any type of theory in research has not yet been embraced by the field. Many scholars and practitioners alike contend that meaningful and informative research has been conducted without it and that requiring that research or practice is grounded in theory will impede their producing immediate and cutting-edge research.

2.13 Theoretical Insights from Other Disciplines

In addition to the theories identified in the current elder abuse literature, there are several other theories within and outside the realm of abuse that may prove helpful. We, along with others, contend that drawing from multiple disciplines and incorporating elements from multiple frameworks and paradigms is the most efficacious way of theorizing about the problem of elder abuse and its solutions ([28, 72, 129, 133, 151]). Although researchers often do not specifically apply

theories of child abuse and intimate partner violence to older adult populations, these theories offer a way to think about factors that might be associated with elder abuse. In addition, more global theoretical perspectives emerging from public health and the social sciences provide insightful constructs that inform further theory construction within the field of elder abuse.

2.14 Child Abuse

A basic tenet of Bandura's [10] *social learning theory* is that behavior is learned by observing others. Children learn through the process of observation, imitation, and modeling their behaviors, attitudes, and emotional reactions of their parents. What they see as normative and acceptable behavior within their home influences their own behavior in future social situations [11]. With respect to abusive behavior, ample evidence exists linking experiences of abuse or exposure to family violence with perpetrating violence in adolescence and adulthood (see reviews by [55, 66]). Although no empirical evidence exists to either support or refute the intergenerational transmission of violence hypothesis with respect to elder abuse, (e.g., adult children abuse their elderly parents who abused them as young children), recent longitudinal findings showed that early exposure to abuse has lifelong relational consequences [100, 137].

One of the first comprehensive theories of the sexual abuse of children, Finkelhor's [51] *Precondition Model of Child Sexual Abuse* identified four preconditions for sexual abuse (motivation to sexually abuse, overcoming internal inhibitors, overcoming external inhibitors, and overcoming the resistance of the child) that operate on both individual and social levels and that can act as motivators or inhibitors to child sexual abuse perpetration. If the preconditions occur and the abuse is then perpetrated within families, despite its being socially taboo in the larger population, the abusive behavior becomes normative or ignored within a family unit and encoded by children who may later, as adolescents and adults, replicate the same learned behaviors [56]. With respect to older adults, a national study of sexual abuse in long term care facilities found that in some cases, staff members and residents substantiated for abuse had *a priori* criminal history, including sexual violence or a history of sexually inappropriate behavior [124, 148].

2.15 Intimate Partner Violence

The intimate partner literature also has identified an array of potential demographic, psychological, and sociological risk factors for violence against women perpetrated by their male

intimate partners that may enhance elder abuse theory development. A recurrent theme across this substantial body of literature is that intimate partner violence occurs when one partner uses violence to secure power and control within the relationship. Two theoretical perspectives have been commonly used to explain the links between risk factors and the use of violence in intimate relationships: resource theories and feminist-informed theories [13].

Resource theories. Resource theories locate power in a relationship in the person who controls most of the resources (e.g., education, income, occupational prestige). In relationships where there is an absence or imbalance of material or cultural resources, violence against an intimate partner is likely to be used as the ultimate resource to gain and maintain power and control [54]. Although *resource theory* emphasizes men's absolute possession of structural resources [58], other scholars have proposed a *relative resource theory* that contends that it is not so much men's lack of overall resources that predicts wife abuse but rather lack of resources relative to their wives [99]. This theory combines the idea that social resource constraints and related social stress will increase risk for partner violence with the idea that traditional sex-role expectations (e.g., male as breadwinner) are violated by resource imbalances in favor of the female partner. While these theories have received wide support in the intimate partner violence literature, Atkinson et al. [6] argue that gender ideology (i.e., how one identifies oneself with regard to marital and family roles traditionally linked to gender) moderate the effect of husbands' relative resources on abuse by changing the meaning of relative resources. They found that the husband's relative resources are negatively associated with the likelihood of wife abuse for traditional husbands but are not necessarily associated for transitional or egalitarian husbands. Thus, a *gendered resource theory* advances understanding of the intersection of how social structure and culture creates a context under which wife abuse is a more or less likely event. Although intimate partner violence in late life has received much less attention in the research literature, the perceived resource and power imbalance identified within violent relationships is evident in older women's reluctance to seek services, which is often deeply rooted in personal shame and humiliation, fear of further abuse, lack of financial resources to live independently, guilt about abandoning an abuser in poor health, and the need to keep family problems private [132].

Feminist-informed theories. Feminist perspectives of intimate partner violence also focus primarily on issues of power and control. As discussed by Basile et al. [13], *feminist-informed perspectives* emphasize the importance of social context and purport that intimate partner violence is more likely to occur among men who have been socialized by their society, communities, families-of-origin, and peers to

positively endorse the use of violence in close relationships, maintain hostile attitudes toward women, and adopt a traditional male (i.e., "macho") sex-role orientation. While there is a preponderance of research linking male intimate partner perpetration to witnessing or experiencing family-of-origin violence [55], peer group influences [30], negative attitudes toward women [134], a need for power and control [87], and positive views of violent attitudes and behavior [46], increasing attention has been given to a gender-inclusive approach to understanding intimate partner violence that thwarts preconceived notions that violence is primarily a male-to-female phenomenon [59]. This has not been the case in the late life violence literature, where women are most frequently identified as victims of intimate partner violence and men are most often the perpetrators of the violence [132].

Johnson [76] has argued that there are qualitatively distinct forms of intimate partner violence that have different effects on the victim. *Situational couple violence* involves low levels of violence perpetrated by both sexes in the absence of the control motive. It occurs when specific conflict situations escalate. *Intimate terrorism* involves coercive aggression by a man who is motivated by the need to maintain control over his partner. *Mutual violent control* is characterized by control and violence by both partners, and *violent resistance* is characterized by self-defense or retaliation by victims (mainly women). With the exception of self-defense, female perpetration of violence against male partners is more closely related to other forms of non-gender-specific unhealthy relationship behavior [125].

Recent research also suggests that a significant proportion of young adults are involved in acts of intimate partner violence that can be categorized as bidirectional with substantial overlap in victim and perpetrators roles [50, 127]. Although research on female-to-male and bidirectional violence may be considered a first step in bringing a more informed understanding of patterns of violence among young people, the gender-inclusive conceptualization has been controversial and criticized as undermining a gender analysis of intimate partner violence, directing the focus away from the burden on women [7] and ignoring the context surrounding the incidents of violence, such as the intent (e.g., to injure, threaten, or control; self-defense; or retaliation), sequence (which partner initiated violence), degree of physical harm, and emotional impact [110].

2.16 Public Health

Some researchers are asking how abusive behaviors can be transmitted among abusers, similar to a contagion of disease [112]. Contagions are phenomenon (e.g., information, warnings, influence) or behaviors (e.g. abuse, addictions)

that can spread through a population. Contagion can also spread to an individual (e.g., some behavior is adopted) based on influences that he or she receives from peers, family, and environment. Much evidence exists for contagion (influence) processes in human populations, including general observations of social behaviors [32, 165] and specific studies of contagions and contagion-like influences for incarceration [94], propagating information on Twitter [136], stress [27], and emotions [61], among others. Intervention methods, based on social networks and contagion dynamics, have been shown to reduce the use of drugs [91] and control the spread of influenza [12]. A finding in obesity research [98]—that obesity causes social marginalization, and not the other way around—suggests new directions for interventions based on social network structure. Additional studies use models from the sociology and data mining communities to develop strategies that inhibit the spread of contagions (e.g., [85, 152]).

During a 2013 National Academies of Science workshop, participants provided evidence for a *Contagion of Violence Model* with respect to the abuse of young children and intimate partners [112]. For older adults, the symptom manifests itself as the physical abuse of an elder perpetrated by a family member. Violence may be transmitted either through direct victimization or by just witnessing abuse [52]; previous exposure to a traumatic event also creates susceptibility to elder abuse [2]. The contagion model suggests that the very fact of being an older adult may create susceptibilities to abuse, as in the situation of older adults in prison settings who are victimized by younger inmates [79]. Vulnerabilities that may increase as an individual ages may leave him or her susceptible to abuse by a younger family member.

2.17 Social Sciences

Social organization models represent how people in a community interrelate, cooperate, and provide mutual support. These models frequently make mention of social support norms, social controls that regulate behavior and interaction patterns and the networks that operate in a community [96]. Community members share norms that govern behaviors and expectations that permit both licit and illicit activities [53]. Certain communities may tolerate activities and behaviors that are considered unacceptable by the general population. These subgroups may be characterized by particular demographic characteristics (i.e., age, ethnicity) and attitudes about gender, sense of self, and attributes of others. The variation and complexity of a community is reflected in its structure and protective or risky processes and behaviors engaged in by its members. For example, an identified risk factor for intimate partner

violence perpetration is living in violent or disadvantaged communities [36, 123, 172]. Benson et al. [20] theorized that residents of disadvantaged neighborhoods that are low on collective efficacy may be unwilling to report domestic disputes. Their unwillingness may arise out of their weak ties to their neighbors or their acceptance of a general community norm that people are expected to stay out of the personal affairs of others. Even if most residents personally disapprove of intimate partner violence, they may be reluctant to express their disapproval openly; thus, individuals may act aggressively against their partners because they have little to fear from either their neighbors or the police.

Conversely, community networks can also play a significant role in promoting the well-being of individual members and their families [96]. Informal relationship networks involve voluntary relationships (e.g., neighbors) whereas formal support networks involve obligatory relationships, such as those associated with agencies and organizations. These two networks often interact and are essential for providing support for community members. Because the lives of most victims and perpetrators of intimate partner violence intersect with the broader community and are therefore subject to community influence, prevention at the community level can influence what occurs within relationships [97].

2.18 The Contextual Theory of Elder Abuse

While we acknowledge the inherent challenges of theorizing, we emphasize that moving forward with theory development at this juncture in the progression of elder abuse scholarship is critical for the refinement of study design and subsequent interpretation of findings and explanations of their implications. Thus, we propose *The Contextual Theory of Elder Abuse*. Using this theory, the field stands to gain a more coherent, comprehensive, and applicable strand of research on elder abuse. The findings that emerge from studies informed by this theory will be relevant to both scholars and professionals, as the theory we advance has broad applicability for research, practice, and policy.

The Contextual Theory of Elder Abuse addresses the complexities of elder abuse. As gerontologists, we are aware of the often-discussed intersection of aging and abuse, which presents complications that are inherently difficult to address. When children are abused, they are victims of abuse with relatively short or no histories with the abuser(s). Importantly, their legal standing is that of a child. Alternately, older adults have lived long, and many share linked lives with their abusers. Unless determined legally incapacitated, they have the legal standing of an adult and thus the autonomy to make appropriate or inappropriate decisions (as determined by others) to either disentangle themselves

from an abusive situation or remain enmeshed in one. Also, although many issues and relationships affect abused children, we argue that far more issues and relationships affect elders, consequently creating intricate problems to resolve when abuse occurs. By virtue of their age, most older adults have forged well-defined identities, influenced by distinct and often distant historical periods, have made a multiplicity of life choices, and usually have lives far more intertwined with others than their younger counterparts. Older adults' life pathways intersect with partners, children, friends, faith groups, private and governmental entities, informal and formal care systems, and so forth that are in turn shaped by pronounced attitudes and values woven throughout these relationships.

We acknowledge the important contribution of Bronfenbrenner's [26] ecological model for the study of human development and the Social-Ecological Model promulgated by the Centers for Disease Control [31] applied to violence in general for theorizing about elder abuse. Building upon these models, the Contextual Theory of Elder Abuse has at its center the victim, representing the first context that must be considered in any study of elder abuse. Placing the victim of abuse at the center is consistent with the "person-centered" approach currently applied to acute and long-term health care and essential to elder abuse prevention and intervention [93, 160].

Our theory, also informed by the insights and knowledge gained from theorizing presented within the child abuse and

intimate partner violence literature, positions the phenomenon of elder abuse within a larger set of actors and behaviors found within relationships, communities, and societies. It recognizes the intersectionalities of individual identities (e.g., age, gender, race, sexuality) as well as the dynamic relationships of older individuals and establishes a foundation for exploration and examination of the breadth and depth of individual characteristics on the occurrence of elder abuse, how those occurrences are linked to the lives of others, the response of the communities in which older adults live, and the power and influence of societal norms and values for propagating or stopping elder abuse. Elder abuse is an individual, relational, and community problem situated in historical time, as time periods and cohorts may define acts as appropriate treatment that, in later generations, are regarded as abusive of an elder. Elder abuse is a public health problem for which both prevention and intervention efforts are necessitated, and, although it can be construed as an individual problem, it occurs in communities and societies worldwide.

Below, we present the four contexts that constitute our theory of elder abuse: the individual context, relational context, community context, and societal context. Within each context, we identify initial constructs and concepts, that is, abstractions or generalizations about an aspect of elder abuse that serves a building block of the theory [143]. In Table 2.1, we provide examples of constructs and concepts, propositions that denote the relations among the concepts,

Table 2.1 The contextual theory of elder abuse: example constructs, propositions, and hypotheses

Constructs/concepts	Propositions	Hypotheses
<i>Individual context</i>		
Personal characteristics Situational influences Past events	Negative life events contribute to the risk of being a victim or perpetrator of abuse in later life	H ₁ : Experiencing childhood or family trauma increases the likelihood of experiencing elder abuse H ₂ : Being abused as a child increases the likelihood of perpetrating elder abuse
<i>Relational context</i>		
Personal ties Social integration Dependency on others	Social relationships protect against elder abuse	H ₁ : Limited engagement with others increases an older adult's vulnerability to elder abuse H ₂ : Reliance on others contributes to the occurrence of elder abuse
<i>Community context</i>		
Community integration	High levels of community capacity reduce the occurrence and duration of elder abuse	H ₁ : Community priorities influence how formal and informal networks respond to elder abuse H ₂ : Adequate social capital increases the likelihood of focused and immediate intervention efforts for abuse victims, perpetrators, and others who are affected
<i>Societal context</i>		
Norms Values Policies	Societal attitudes about aging influence the level of resources devoted to the prevention of elder abuse	H ₁ : Societal values influence the adoption of policies that address elder abuse H ₂ : Societies in which women are disadvantaged have greater occurrences of elder abuse than those in which women have greater privilege

and hypotheses associated with each proposition. Because constructs and concepts have a variety of meanings, how they are operationalized, defined, and measured will depend upon the individual researchers and the methods used in their investigations [143] of elder abuse. Similarly, hypotheses will be generated from existing theory, existing literature, and logical reasoning, all of which will increase the explanatory power of the theory.

2.19 Individual Context

The *individual context* involves both biological and personal factors converging to influence how individuals behave, how risk factors increase the likelihood of becoming a victim or perpetrator, and how these factors, such as poor health or dementia, affect the individuals during and after an abusive situation. Within the individual context, variables of particular interest include personal characteristics (e.g., age, sex, gender, race/ethnicity) [2, 88], education, habilitation (e.g., community or long-term care setting; rural or urban geographic area), income level, physical health, mental health, and cognitive capacity [86]. Depending their definition, personal constructs situated within the individual context may heighten, moderate, or reduce the risk for elder abuse. Neither the contributions of individual characteristics nor the complex interactions between and among them are fully understood.

Along with the characteristics of the victim and abuser, it is equally important to understand the contribution of positive and adverse ontogenetic (i.e., individual), generational (i.e., family), and societal events, as well as the life trajectories [18] of victims and abusers. Timing, sequencing, spacing, density, and duration of key events influence life transitions or turning points, a backdrop against which abuse may occur when an adult is old [137].

2.20 Relational Context

Elder abuse occurs within the context of relationships. The *relational context* focuses on the interactions and dynamics between older adults and other individuals they encounter as a means of (1) understanding the role social networks play in lessening the risk for elder abuse and (2) identifying the types of relationships between elder abuse victims and perpetrators. Within this context, it is important to keep in mind that relationships are not formulaic; rather, they are variable and dynamic, occurring between and among individuals and over time.

Social engagement is a protective factor against the risk of elder abuse. Findings from both national [1] and international [102] surveys have shown that older adults who

were actively involved with members of their social network were less likely to experience abuse. Having social ties within dense networks (i.e., connections among network members) also lessens older persons' risk for abuse. However, unless older adults are forthright about how they are being treated, they may dismiss concerns raised about the nature and intent of a relationship. Such is the case in the classic scam whereby a seemingly romantic or caring relationship is established with an older person for the sheer intent of financial gain [103]. Conversely, family members, friends, and neighbors may perceive alleged perpetrators as the older adult's primary source of support rather than as an individual who is causing him or her harm.

Attention also needs to be given to the characteristics of the current relationship and the history of the relationship between victims and perpetrators. To illustrate the dynamics and variation within the context of abusive relationships, we focus on a common situation in which an older adult is reliant upon an adult child for care. Although the overwhelming majority of adult children provide appropriate care and a supportive environment for their older parents, it is important to recognize family care dynamics that foster abusive situations in order to disentangle the interdependencies of caregivers and care recipients in late life. Changes in roles and the nature of the parent-children relationship affect both caregivers and care recipients. Adult child caregivers may experience distress in the provision of care for which they may be ill-equipped, in turn leading to a range of often escalating, potentially abusive behaviors ranging from verbally assaulting their elderly relatives to depriving them of daily essentials, care, and services [3, 14]. Family members' reactions to the stress of caregiving may be compounded by factors present in the individual context, such as dependencies on alcohol, drugs, or other mental health problems [34]. Conversely, while an adult child may be the designated provider of care, s/he may also be reliant upon an elderly parent for housing, finances, and emotional support [71, 151]. If the availability of these resources are threatened, the adult child may attempt to take control of the situation by physically, psychologically, or financially abusing the elderly parent.

2.21 Community Context

The *community context* sheds light on people's sense of place and how members relate to one another within the space in which they live, work, worship, and so forth. Although the structure and culture of communities may shield elders from abuse, they may also inadvertently conceal and facilitate elder abuse. From this context, questions raised about elder abuse include how characteristics of settings affect the prevalence of elder abuse, what are the

community's short term responses and long-term supports for older persons who experience abuse, and how does the community respond to perpetrators of elder abuse.

Most communities have an array of formal programs and services aimed at older adults. They are designed to enhance personal and social well-being (e.g., information and referral/assistance, senior centers, employment and income programs), assist older adults in maintaining their level of functioning (e.g., nutrition and meal programs, transportation services, mental health services), and provide long-term care to meet the needs of more dependent elders (e.g., case management services, home care services, respite services). Participation in community programs and use of available supportive services can help assuage some of the vulnerability and risk associated with elder abuse [63, 116].

Formal support networks also involve obligatory relationships, such as those with agencies and organizations tasked with addressing the problem of elder abuse. In the United States, Adult Protective Services (APS) is the principle public agency responsible for investigating the situation occurring in the community. In addition to, and often in conjunction with APS, members of the criminal justice system (e.g., police officers, detectives, lawyers, elder focused courts), social workers, mental health counselors, primary care physicians, emergency healthcare providers (e.g., emergency medical technicians, forensic nurses, emergency room physicians) and aging services professionals (e.g., home and community-based service providers, nursing home providers, Agency on Aging staff, Long-Term Care Ombudsman) work to either prevent or intervene when elder abuse is reported or otherwise recognized or alleged. Many communities have created multidisciplinary teams comprised of local professional (e.g., physicians, social workers, law enforcement, APS workers) to work with or on behalf of older victims [147, 150]. Such teams offer an integrative and holistic approach to elder abuse by having multiple professional disciplines involved in the development of interventions. The response of formal networks, individually and collectively, can reflect powerful and public attempts to address the problem; however, each is constrained by local statute and regulation, funding, public scrutiny, and workforce preparation.

Informal relationship networks are also part of the community context. These networks are voluntary relationships, such as those with church members, friends, and neighbors and are characterized by mutual exchanges and reciprocal responsibility. Community networks provide a strong influence over interactions with and treatment of older adults that is accepted, for example, caring for older adults in the community through parish nurses or home visitation [122] or through establishing behaviors that are under scrutiny, such as Neighborhood Watch programs.

Informal and formal networks usually intersect. The degree to which they demonstrate community capacity, or a sense of shared responsibility for the welfare of the community and its individual members [25] is essential for stopping the spread of abuse and providing support for older adults who experience abuse or for those who abuse. Efforts to reduce and treat elder abuse must include multiple, responsive, interrelated primary, secondary, and tertiary intervention strategies that addresses issues over the long term. For example, within one Native American community, members developed the Family Care Conference, a community-based intervention strategy for preventing and mitigating elder abuse [67]. Participants, with a facilitator and service providers, presented their views on the needs of the elders, designed a plan to address their needs, and identified strategies for its implementation.

2.22 Societal Context

The societal context involves overarching ideological values and norms that can foster a climate in which abuse is either normative or non-normative, encouraged or discouraged. Concepts emanating from the societal context include large-scale changes in power and control dynamics such as age-related changes in social positions and financial resources that may escalate the experience of late life abuse or the propensity to abuse [145]. More generally, ageism is pervasive throughout the United States and elsewhere, leading to prejudiced attitudes, actions, and societal marginalization. It follows that societal tolerance of the abuse of older adults is a reflection of such ageism.

Many state governments are enacting laws or enhancing penalties for cases in which elders have been exploited, another reflection of a growing societal intolerance for mistreating older adults by taking their assets. Such is the case in Alabama where increased attention to elder abuse and legislative changes to law has resulted in increased public support for criminalization of elder abuse and endorsement of felony offense categorizations for acts of elder abuse and longer prison sentences for perpetrators [105].

Implementation of federal laws often results in less variability across state statutes on elder abuse. In 2004, the Centers for Medicare and Medicaid Services (CMS) implemented a federal complaint/incident system that provided the first national database of mistreatment in the nursing home setting. Although state nursing home licensure and certification statutes guide investigations of nursing home abuse allegations and deficiencies, with the implementation of this system, categories for these deficiencies became uniform across the United States. While substantial differences in reporting rates across states remain, differences can no

longer attributed to variations in the laws, reflecting a movement toward a national consensus promoting the health, safety, and welfare of older adults [74].

Large scale actions of government are emblematic of the societal context. Enactment of the Elder Justice Act in 2010 reflects a societal acknowledgement that the welfare and safety of older adults is important and worthy of national focus and funding, so much so that it is necessary to mount a concerted, national effort to protect them. A part of the larger Affordable Care, the Elder Justice Act includes provisions for federal resources to address elder abuse, neglect, and exploitation. Within the Department of Health and Human Services, the act provides for the establishment of the Elder Justice Coordinating Council, an advisory board, and forensic centers. Funding is also provided for improving long-term care, Adult Protective Services, and the long-term care ombudsman program. The Act charges the Department of Justice with examining existing laws, changing them as appropriate, and enhancing the investigation and prosecution of cases involving elder abuse [156]. Advocates, practitioners, researchers and supportive legislators worked diligently for many years to give elder abuse the legislative attention it deserves. Passage of the Elder Justice Act significantly raised national awareness of elder abuse.

2.23 Challenges and Opportunities for Advancing the Contextual Theory of Elder Abuse

Like most theories, the Contextual Theory of Elder Abuse is a work in process that will evolve with use. A limitation, as with any newly proposed theory, is that it has yet to be empirically tested or critiqued. Establishing its validity and reliability is a critical next step in the theory development process. Specifically, the extent to which hypotheses generated by the Contextual Theory of Elder Abuse match empirical observations and are replicable over time and across studies [72] as well as for the study of all types of elder abuse will be vital to its acceptance and use among researchers and practitioners. As part of this process, key concepts must be agreed upon, operationally defined, and be capable of being measured.

While the underlying assumption of the Contextual Theory of Elder Abuse is that each context exerts an influence on elder abuse, whether readily apparent or not, we stress that the theory does not have to be used in its totality. Currently, many prevention and intervention efforts and methodological approaches focus solely on one or two of the identified contexts. For example, while elder abuse may occur because an older person lives alone or has dementia (individual context), the designated family care provider may not have inadequate skills or resources to meet the older person's care

needs and may be dependent upon the older relative for material support (relational context). The abuse may escalate because organizational resources are inadequate for prevention and intervention (community context) or because older adults are not viewed as a population deserving of public attention (societal context). Though most studies of elder abuse would over-extend available data if research questions and hypotheses were posed for each context, we encourage researchers and practitioners to broaden the lens from which they approach their work and acknowledge the influence of the multiple contexts of elder abuse regardless of where they focus their emphasis and expertise.

As a global approach for the study of elder abuse, the Contextual Theory of Elder Abuse emphasizes that elder abuse is not "just a family problem," but rather that abuse occurs against a backdrop and interplay of larger contextual issues, including why older adults are abused by trusted others as well as why they are the target of abuse by complete strangers. Regardless of the type of abuse, the location of the abuse, or the population of elders under study, we maintain that without an awareness of context, the understanding of elder abuse will remain incomplete.

2.24 Next Steps in Theorizing Elder Abuse Research and Practice

To move the field forward necessitates a course correction in the ways in which elder abuse research is conducted, published, and integrated into practice and policy. As highlighted in this chapter, independent efforts by a handful of researchers have put forth a number of perspectives for advancing theoretically informed elder abuse research. We argue for greater intentionality with the theorizing of elder abuse research and practice.

2.25 Directions for Theory Use in Research

Often, research on elder abuse has been problem rather than theory driven. That is, the work of pioneering elder abuse scholars and others from a variety of disciplines, many whom have more recently turned their attention to the study of elder abuse, has been pushed by a set of problems or concerns (e.g., fraud, violence, eldercare) in search of a solution rather than testing why some older adults experience actual or threats of abuse and others do not. Dynamic theories are powerful tools in identifying and understanding the complexities of elder abuse. Ignoring theory when planning studies and interpreting findings conceals gaps in research and knowledge that would be more apparent if investigators operated from a theory-based stance [130]. With well-articulated, constant development and testing of

theories, the processes and dynamics of elder abuse and the influence that outcomes of abuse have on the quality of older adults' lives and the lives of affected others can be explored and explained more adequately.

The field is ripe for the development and adoption of theory to more precisely predict what formal community intervention strategies will be acceptable to older adults and under which circumstances and conditions. Theory-driven research in the U.S. and elsewhere that accounts for social and political differences across nations will enhance a global understanding of elder abuse. Only by grounding research in theoretical principles of human nature and behavior will scholars and practitioners achieve a full understanding of what empirical findings reveal about the complexity of elder abuse and be able to apply and share this information widely. With their guidance, editors of peer-reviewed journals in which studies on elder abuse are published can increase their emphasis that studies be grounded in a framework or theory. Likewise, when research studies funded by either public or private dollars are proposed, an expectation of reviewers that theoretical frameworks undergird the study will also serve to influence the direction of research and its influence on practice.

2.26 Directions for the Use of Theory in Practice

Sound theories will also guide practice. Findings from research grounded in theoretical constructs can have a critical impact on a field that has received mixed guidance on how to intervene in "boots on the ground" problems. The exchange of research findings and best practice strategies among researchers, practitioners, and policymakers is critical for understanding the growing phenomena of elder abuse and the development and implementation of services and interventions. Studies of elder abuse have often been guided by real life experiences encountered by entities confronting the problem. Importantly, scholars must continue to refine methodologies that cross-link the increasingly sophisticated data from APS with aggregated information from cross-sectional longitudinal datasets, particularly those that include reliable measures of health and health outcomes. Additionally, data mining of already conducted studies is another source of rich information that can guide policy and practice. Large, population-based studies such as those conducted by Acierno et al. [2] and Lifespan of Greater Rochester [92] have been exceptionally useful in influencing public policy.

The major piece of legislation on the topic, The Elder Justice Act ([156]; Public Law 111-148) has the potential to play an important role in the expansion of theory, especially concerning prevention and intervention efforts. Major tenets

of the Act, such as the provision for state demonstration grants to test a variety of methods to improve APS, the development of forensic centers, and the improvement of data collection and dissemination by the Department of Health and Human Services can shape the field by grounding such efforts in suitable frameworks and theories. These initiatives can unify the field and provide much-needed evidence for promising prevention and intervention practices. Employing theory on a federal level will also have a trickle-down effect to initiatives at state and local levels as well.

Theoretical development is needed to more precisely predict the acceptability of formal community interventions for older adults and under what circumstances and conditions. Theory-driven research that accounts for social and political differences across nations also is required to enhance the global understanding of elder abuse. Only by grounding research in theoretical principles of human nature and behavior will scholars and practitioners achieve a full understanding of what empirical findings reveal about the complexity of elder abuse and be able to apply this information widely. Thus, the exchange of research findings and best practice strategies among researchers, practitioners, and policymakers is critical for understanding the growing phenomena of elder abuse and the development, implementation, and evaluation of services and evidence-based interventions.

A promising approach to formalizing relationships among theory, research, and practice is implementing community-based participatory research (CBPR) strategies to address issues and concerns of elder abuse within communities. CBPR is a collaborative process of research involving investigators and community representatives [70]. In both the process and products of research, CBPR encourages active exchange between community members (i.e., service providers, educators, and consumers) and researchers, employs local knowledge in the understanding of issues of concern, invests community professionals in both the study design and evaluation of outcomes and the dissemination and use of research findings, and reflects prevailing societal norms. Although examples of studies using principles of CBPR can be found in the elder abuse literature (e.g., [38, 40, 73]), elder abuse scholars must bring theoretically grounded information to discussions with practitioners and policy makers in order to ensure that future initiatives recognize and address the contexts affecting older adults who experience abuse. Conversely, discussions of the realities and complexities of 'real-world' experiences, as perceived by practitioners, provide scholars with new theoretical insight and questions to explore.

Although prevention and intervention services for elder abuse have their unique nuances, a theoretical explanation and meaning that is transferable will lead to greater sustainability. We view the connections among theory,

research, and practice as a dynamic and ongoing interchange among professionals and propose the Contextual Theory of Elder Abuse as a bridge to make these connections.

References

1. Acierno R, Hernandez-Tejada M, Muzzy W, Steve K. National elder mistreatment study (2007-WG-BX-0009). Retrieved from Rockville, MD. 2009. <https://www.ncjrs.gov/pdffiles1/nij/grants/226456.pdf>.
2. Acierno R, Hernandez MA, Amstadter AB, Resnick HS, Steve K, Muzzy W, Kilpatrick DG. Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: The National Elder Mistreatment Study. *Am J Public Health*. 2010;100:292–7. doi:10.2105/ajph.2009.163089.
3. Amstadter AB, Cisler JM, McCauley JL, Hernandez MA, Muzzy W, Acierno R. Do incident and perpetrator characteristics of elder mistreatment differ by gender of the victim? Results from the National Elder Mistreatment Study. *J Elder Abuse Negl*. 2011;23:42–57. doi:10.1080/08946566.2011.534707.
4. Anderson KL. Conflict, power, and violence in families. *J Marriage Fam*. 2010;72:726–42. doi:10.1111/j.1741-3737.2010.00727.
5. Aneshensel CS, Pearlin LI, Mullan JT, Zarit SH, Whitlatch CJ. Profiles in caregiving: the unexpected career. New York: Academic Press; 1995.
6. Atkinson MP, Greenstein TN, Lang MM. For women, bread-winning can be dangerous: gendered resource theory and wife abuse. *J Marriage Fam*. 2005;67:1137–48. doi:10.1111/j.1741-3737.2005.00206.x.
7. Bates EA, Graham-Kevan N, Archer J. Testing predictions from the male control theory of men's partner violence. *Aggress Behav*. 2014;40:42–55. doi:10.1002/ab.21499.
8. Band-Winterstein T, Doron II, Naim S. Elder self neglect: a geriatric syndrome or a life course story? *J Aging Stud*. 2012;26:109–18. doi:10.1016/j.jaging.2011.10.001.
9. Band-Winterstein T, Eisikovits Z. "Aging out" of violence: the multiple faces of intimate violence over the life span. *Qual Health Res*. 2009;19(2):164–80. doi:10.1177/1049732308329305.
10. Bandura A. Social learning theory. New York: General Learning Press; 1977.
11. Bandura A, Huston AC. Identification as a process of incidental learning. *J Abnorm Soc Psychol*. 1961;63:311–8. doi:10.1037/h0040351.
12. Barrett C, Bisset K, Leidig J, Marathe A, Marathe M. Economic and social impact of influenza mitigation strategies by demographic class. *Epidemics*. 2011;3:19–31. doi:10.1016/j.epidem.2010.11.002.
13. Basile KC, Hall JE, Walters ML. Expanding resource theory and feminist-informed theory to explain intimate partner violence perpetration by court-ordered men. *Violence Against Women*. 2013;19:848–80. doi:10.1177/1077801213497105.
14. Beach SR, Schulz R, Williamson GM, Miller LS, Weiner MF, Lance CE. Risk factors for potentially harmful informal caregiver behavior. *J Am Geriatr Soc*. 2005;53(2):255–61. doi:10.1111/j.1532-5415.2005.53111.x.
15. Beaulaurier RL, Seff LR, Newman FL. Barriers to help-seeking for older women who experience intimate partner violence: a descriptive model. *J Women Aging*. 2008;20(3–4):231–48. doi:10.1080/08952840801984543.
16. Bengtson V. My view: theory as puzzle-building. In: Bengtson VL, Acocock AC, Allen KR, Dilworth-Anderson P, Klein D, editors. Sourcebook of family theory and research. Thousand Oaks, CA: Sage; 2005. p. 5.
17. Bengtson VL, Acocock AC, Allen KR, Dilworth-Anderson P, Klein D. Theory and theorizing in family research: puzzle building and puzzle solving. In: Bengtson VL, Acocock AC, Allen KR, Dilworth-Anderson P, Klein D, editors. Sourcebook of family theory and research. Thousand Oaks, CA: Sage; 2005. p. 3–22.
18. Bengtson VL, Allen KA. The life course perspective applied to families over time. In: Boss PG, Doherty WJ, LaRossa R, Schumm WR, Steinmetz SK, editors. Sourcebook of family theories and methods: a contextual approach. New York: Plenum Press; 1993. p. 469–99.
19. Bengtson VL, Gans D, Putney NM, Silverstein M. Theories about age and aging. In: Bengtson VL, Gans D, Putney NM, Silverstein M, editors. Handbook of theories of aging. 2nd ed. New York: Springer Publishing Company; 2009. p. 23.
20. Benson ML, Wooldredge J, Thistlethwaite AB, Fox GL. The correlation between race and domestic violence is confounded with community context. *Soc Probl*. 2004;51:326–42. doi:10.1525/sp.2004.51.3.326.
21. Bergeron LR. Family preservation: An unidentified approach in elder abuse protection. *J Contemp Human Serv*. 2002;83:547–56. doi:10.1606/1044-3894.48.
22. Biggs S, Goergen T. Theoretical development in elder abuse and neglect. *Ageing Int*. 2010;35(3):167–70. doi:10.1007/s12126-010-9066-z.
23. Biggs S, Haapala I. Elder mistreatment, ageism, and human rights. *Int Psychogeriatr*. 2013;25(08):1299–306. doi:10.1017/S1041610212002372.
24. Bonnie RJ, Wallace RB, editors. Elder mistreatment: abuse, neglect, and exploitation in an aging America. Washington, DC: National Academies Press; 2003.
25. Bowen GL, Martin JA, Mancini JA, Nelson JP. Community capacity: antecedents and consequences. *J Commun Pract*. 2000;8(2):1–21. doi:10.1300/J125v08n02_01.
26. Bronfenbrenner U. Ecology of the family as a context for human development: research perspectives. *Dev Psychol*. 1986;22:723–42. doi:10.1037/0012-1649.22.6.723.
27. Bulger N, DeLongis A, Kessler R, Wethington E. The contagion of stress across multiple roles. *J Marriage Family*. 1989;51:175–83. doi:10.2307/352378.
28. Burnight K, Mosqueda L. Theoretical model development in elder mistreatment. U.S. Department of Justice. 2011. <https://www.ncjrs.gov/pdffiles1/nij/grants/234488.pdf>.
29. Butler RN. Ageism: another form of bigotry. *Gerontologist*. 1969;9(4 Part 1):243–6. doi:10.1093/geront/9.4_Part_1.243.
30. Casey EA, Beadnell B. The structure of male adolescent peer networks and risk for intimate partner violence perpetration: findings from a national sample. *J Youth Adolesc*. 2010;39(6):620–33. doi:10.1007/s10964-009-9423-y.
31. Centers for Disease Control. The social-ecological model: a framework for prevention. 2015. <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>.
32. Centola D, Macy M. Complex contagions and the weakness of long ties. *Am J Sociol*. 2007;113:702–34. doi:10.1175/2482540.2482550.
33. Cooney C, Howard R, Lawlor B. Abuse of vulnerable people with dementia by their carers: can we identify those most at risk? *Int J Geriatr Psychiatry*. 2006;21(6):564–71. doi:10.1002/gps.1525.

34. Cooper C, Livingston G. Mental health/psychiatric issues in elder abuse and neglect. *Clin Geriatr Med*. 2014;30:839–50. doi:[10.1016/j.cger.2014.08.011](#).
35. Cooper C, Selwood A, Blanchard M, Walker Z, Blizard R, Livingston G. Abuse of people with dementia by family carers: representative cross sectional survey. *BMJ* 2009; 338. doi:[10.1136/bmj.b155](#).
36. Cunradi CB. Intimate partner violence among Hispanic men and women: the role of drinking, neighborhood disorder, and acculturation-related factors. *Violence Vict*. 2009;24:83–97. doi:[10.1891/0886-6708.24.1.83](#).
37. Daly G. Citizenship, public accountability and older people: user involvement in community care provision. *Educ Aging*. 2001;16:55–74.
38. DeLiema M, Gassoumis ZD, Homeier DC, Wilber KH. Determining prevalence and correlates of elder abuse using promoters: low-income immigrant Latinos report high rates of abuse and neglect. *J Am Geriatr Soc*. 2012;60:1333–9. doi:[10.1111/j.1532-5415.2012.04025.x](#).
39. Dilworth-Anderson P. My view: the process of theorizing. In: Bengtson VL, Acock AC, Allen KR, Dilworth-Anderson P, Klein, editors. *Sourcebook of family theory and research*. Thousand Oaks, CA: Sage; 2005. p. 7–8.
40. Dong XQ, Chang E, Wong E, Wong B, Skarupski KA, Simon MA. How do U.S. Chinese older adults view elder mistreatment? Findings from a community-based participatory research study. *J Aging Health*. 2011;23:289–312. doi:[10.1177/0898264310385931](#).
41. Dong X, Simon M, de Leon CM, Fulmer T, Beck T, Hebert L, Dyer C, Paveza G, Evans D. Elder self-neglect and abuse and mortality risk in a community-dwelling population. *JAMA*. 2009;302(5):517–26. doi:[10.1001/jama.2009.1109](#).
42. Doron I, Apter I. The debate around the need for an international convention on the rights of older persons. *Gerontologist*. 2010;50(5):586–93. doi:[10.1093/geront/gnq016](#).
43. Doyle S. The impact of power differentials on the care experiences of older people. *J Elder Abuse Negl*. 2014;26:319–32. doi:[10.1080/08946566.2013.875970](#).
44. DPhil MF, Lindgren P. Elder abuse and neglect in South Africa: a case of marginalization, disrespect, exploitation and violence. *J Elder Abuse Negl*. 2008;20(2):91–107. doi:[10.1080/08946560801974497](#).
45. Dyer CB, Goodwin JS, Pickens-Pace S, Burnett J, Kelly PA. Self-neglect among the elderly: a model based on more than 500 patients seen by a geriatric medicine team. *Am J Public Health*. 2007;97(9):1671. doi:[10.2105/AJPH.2006.097113](#).
46. Eckhardt CI, Samper R, Suhr L, Holtzworth-Munroe A. Implicit attitudes toward violence among male perpetrators of intimate partner violence: a preliminary investigation. *J Interpers Violence*. 2012;27:471–91. doi:[10.1177/0886260511421677](#).
47. Elder G. Family history and the life course. *J Family Hist*. 1977;2:279–304. doi:[10.1177/036319907700200402](#).
48. Elder G. Life course dynamics: trajectories and transitions, 1968–1980. Ithaca, NY: Cornell University Press; 1985.
49. Elder G. The life course and human development. In: Lerner RM, editor. *Handbook of child psychology: vol: 1. Theoretical models of human development*. 5th ed. New York: Wiley; 1998. p. 939–91.
50. Fass DF, Benson RI, Leggett DG. Assessing prevalence and awareness of violent behaviors in the intimate partner relationships of college students using internet sampling. *J College Stud Psychother*. 2008;22(4):66–75. doi:[10.1080/87568220801952248](#).
51. Finkelhor D. Child sexual abuse. New York: Free Press; 1984.
52. Flannery DJ, Singer MI, Van Dulmen MM, Kretschmar J, Belliston LM. Exposure to violence, mental health and violent behavior. In: Flannery DJ, Vazsonyi AT, Waldman I, editors. *The Cambridge handbook of violent behavior and aggression*. Cambridge, UK: Cambridge University Press; 2007. p. 306–21.
53. Furstenberg FF, Hughes ME. The influence of neighborhoods on children's development: a theoretical perspective and research agenda. In: Brooks-Gunn J, Duncan GJ, Aber JL, editors. *Neighborhood poverty: policy implications in studying neighborhoods*. New York: Russell Sage Foundation; 1997. p. 22–47.
54. Gelles R. Family violence. In: Flannery DJ, Vazsonyi AT, Waldman ID, editors. *The Cambridge handbook of violent behavior and aggression*. Cambridge, UK: Cambridge University Press; 2007. p. 403–17.
55. Gil-Gonzalez D, Vives-Cases C, Ruiz M, Carrasco-Portino M, Alvarez-Dardet C. Childhood experiences of violence in perpetrators as a risk factor for intimate partner violence: a systematic review. *J Public Health*. 2008;30(1):14–22. doi:[10.1093/pubmed/fdm071](#).
56. Glasser M, Kolvin I, Campbell D, Glasser A, Leitch I, Farrelly S. Cycle of child sexual abuse: links between being a victim and becoming a perpetrator. *Br J Psychiatry*. 2001;179:482–94. doi:[10.1192/bjp.179.6.482](#).
57. Goergen T. Stress, conflict, elder abuse and neglect in German nursing homes: a pilot study among professional caregivers. *J Elder Abuse Negl*. 2001;13(1):1–26. doi:[10.1300/J084v13n01_01](#).
58. Goode WJ. Force and violence in family. *J Marriage Family*. 1971;33:624–36. doi:[10.2307/349435](#).
59. Hamel J. Toward a gender-inclusive conception of intimate partner violence research and theory: part I—traditional perspectives. *Int J Men's Health*. 2007;6:36–53. doi:[10.3149/jmh.0601.36](#).
60. Harbison J. Stoic heroines or collaborators: ageism, feminism and the provision of assistance to abused old women. *J Social Work Pract*. 2008;22(2):221–34. doi:[10.1080/02650530802099890](#).
61. Hatfield E, Cacioppo JT, Rapson RL. Emotional contagion. New York, NY: Cambridge University Press; 1994.
62. Held V. The ethics of care: personal, political, and global. Oxford: Oxford University Press. 2006.
63. Henderson D, Buchanan JA, Fisher JE. Violence and the elderly population: issues for prevention. In: Schewe PA, editor. *Preventing violence in relationships: interventions across the life span*. Washington: American Psychological Association; 2002. p. 223–45. doi:[10.1037/10455-009](#).
64. Hightower J, Smith MJ, Hightower HC. Hearing the voices of abused older women. *J Gerontol Soc Work*. 2006;4(3–4):205–27. doi:[10.1300/J083v46n03_12](#).
65. Holstein M, Parks J, Waymack M. Ethics, aging, and society: the critical turn. New York: Springer; 2011.
66. Holt S, Buckley H, Whelan S. The impact of exposure to domestic violence on children and young people: a review of the literature. *Child Abuse Negl*. 2008;32:797–810. doi:[10.1016/j.chiabu.2008.02.004](#).
67. Holkup PA, Salois EM, Tripp-Reimer T, Weinert C. Drawing on wisdom from the past: an elder abuse intervention with tribal communities. *Gerontologist*. 2007;47:248–54. doi:[10.1093/geront/47.2.248](#).
68. Horsford SR, Parra-Cardona JR, Post LA, Schiamberg L. Elder abuse and neglect in African American families: informing practice based on ecological and cultural frameworks. *J Elder Abuse Negl*. 2010;23:75–88. doi:[10.1080/08946566.2011.534709](#).

69. Hudson MF. Elder neglect and abuse: current research. In: Pillemer KA, Wolf RS, editors. *Elder abuse: conflict in the family*. Dover, MA: Auburn House; 1986.
70. Israel BA, Schulz AJ, Parker EA, Becker AB, Allen AJ, Guzman JR. Critical issues in developing and following community based participatory research principles. In: Minkler M, Wallerstein N, editors. *Community based participatory research for health*. San Francisco: Jossey-Bass; 2003. p. 53–76.
71. Jackson SL, Hafemeister TL. Pure financial exploitation versus hybrid financial exploitation co-occurring with physical abuse and/or neglect of elderly persons. *Psychol Violence*. 2012;2:285–96. doi:10.1037/a0027273.
72. Jackson SL, Hafemeister TL. Understanding elder abuse: new directions for developing theories of elder abuse occurring in domestic settings. 2013. <https://www.ncjrs.gov/pdffiles1/nij/241731.pdf>.
73. Jervis LL, Fichenscher A, Beals J. Assessment of elder mistreatment in two American Indian samples: psychometric characteristics of the HS-EAST and the native elder life-financial exploitation and neglect measures. *J Appl Gerontol*. 2014; 33(3):336–56. doi:10.1177/0733464812470748.
74. Jogerst GJ, Daly JM, Hartz AJ. State policies and nursing home characteristics associated with rates of resident mistreatment. *J Am Med Dir Assoc*. 2008;9:648–56. doi:10.1016/j.jamda.2008.05.005.
75. Jogerst GL, Daly JM, Galloway BA, Zheng S, Xu Y. Substance abuse associated with elder abuse in the United States. *Am J Drug Alcohol Abuse*. 2012;38(1):63–9. doi:10.3109/00952990.2011.600390.
76. Johnson MP. *A typology of domestic violence: intimate terrorism, violent resistance, and situational couple violence*. Lebanon, NH: Northeastern University Press; 2010.
77. Kalavar JM, Jamuna D, Ejaz FK. Elder abuse in India: extrapolating from the experiences of seniors in India's "Pay and Stay" homes. *J Elder Abuse Negl*. 2013;25(1):3–18. doi:10.1080/08946566.2012.661686.
78. Keikelame MJ, Ferreira M. *Mpathekombi, ya bantu abadala. Elder abuse in black townships on the Cape Flats*. Cape Town, University of Cape Town, Institute of Ageing in Africa. 2000. www.instituteofageing.uct.ac.za.
79. Kerbs JJ, Jolley JM. Inmate-on-inmate victimization among older male prisoners. *Crime Delinq*. 2007;53:187–218. doi:10.1177/0011128706294119.
80. Koenig TS, Rinfrette ES, Lutz WA. Female caregivers' reflections on ethical decision-making: the intersection of domestic violence and elder care. *Clin Soc Work J*. 2006;34:361–72. doi:10.1007/s10615-005-0023-3.
81. Korbin JE, Anetzberger GJ, Austin C. The intergenerational cycle of violence in child and elder abuse. *J Elder Abuse Negl*. 1995;7(1):1–15. doi:10.1300/J084v07n01_01.
82. Kosberg JI, Lowenstein A, Garcia JL, Biggs S. Study of elder abuse within diverse cultures. *J Elder Abuse Negl*. 2003;15(3–4):71–89. doi:10.1300/J084v15n03_05.
83. Kosberg JI, Nahmias D. Characteristics of victims and perpetrators and milieus of abuse and neglect. In: Baumhover LA, Ball SC, editors. *Abuse, neglect and exploitation of older persons: strategies for assessment and intervention*. London: Jessica Kingsley; 1996. p. 31–50.
84. Krug EG, Mercy JA, Dahlberg LL, Zwi AB. The world report on violence and health. *Lancet*. 2002;360(9339):1083–8. doi:10.1016/S0140-6736(02)11133-0.
85. Kuhlman CJ, Kumar AVS, Marathe MV, Ravi SS, Rosenkrantz DJ. Inhibiting diffusion of complex contagions in social networks: theoretical and experimental results. *J Data Mining Knowl Discov*. 2015;29:423–65. doi:10.1007/s10618-014-0351-4.
86. Lachs MS, Williams C, O'Brien S, Hurst L, Horwitz R. Risk factors for reported elder abuse and neglect: a nine-year observational cohort study. *Gerontologist*. 1997;37:469–74. doi:10.1093/geront/37.4.469.
87. Langhinrichsen-Rohling J, McCullars A, Misra TA. Motivations for men and women's intimate partner violence perpetration: a comprehensive review. *Partner Abuse*. 2012;3(4):429–68. doi:10.1891/1946-6560.3.4.429.
88. Laumann EO, Leitsch SA, Waite LJ. Elder mistreatment in the United States: prevalence estimates from a nationally representative study. *J Gerontol B Psychol Sci Soc Sci*. 2008;63:S248–54.
89. Lee Y, Moon A, Gomez C. Elder mistreatment, culture, and help-seeking: a cross-cultural comparison of older Chinese and Korean immigrants. *J Elder Abuse Negl*. 2014;26(3):244–69. doi:10.1080/08946566.2013.820656.
90. Lev-Wiesel R, Kleinberg B. Elderly battered wives' perceptions of the spousal relationship as reflected in the drawings of the couple. *Arts Psychother*. 2002;29:13–7. doi:10.1016/S0197-4556(01)00122-8.
91. Li J, Weeks MR, Borgatti SP, Clair A, Dickson-Gomez J. A social network approach to demonstrate the diffusion and change process of intervention from peer health advocates to the drug using community. *Subst Use Misuse*. 2012;47:474–90. doi:10.3109/10826084.2012.644097.
92. Lifespan of Greater Rochester I, University WCMCOC, Aging NYCDFT. Under the radar: New York state elder abuse prevalence study—Self-reported prevalence and documented case surveys. 2011. <http://www.lifespan-roch.org/documents/UndertheRadar051211.pdf>.
93. Lithwick M, Beaulieu M, Gravel S, Straka SM. The mistreatment of older adults: perpetrator-victim relationships and interventions. *J Elder Abuse Negl*. 2000;11(4):95–112. doi:10.1300/J084v11n04_07.
94. Lum K, Swarup S, Eubank S, Hawdon J. The contagious nature of imprisonment: an agent-based model to explain racial disparities in incarceration rates. *Interface*. 2014;11(98):20140409. doi:10.1098/rsif.2014.0409.
95. MacNeil G, Kosberg JI, Durkin DW, Dooley WK, DeCoster J, Williamson GM. Caregiver mental health and potentially harmful caregiving behavior: the central role of caregiver anger. *Gerontologist*. 2010;50(1):76–86. doi:10.1093/geront/gnp099.
96. Mancini JA, Bowen GL. Families and communities: a social organization theory of action and change. In: Peterson GW, Bush KR, editors. *Handbook of marriage and the family*. 3rd ed. New York, NY: Springer; 2013. p. 781–813.
97. Mancini JA, Nelson JP, Bowen GL, Martin JA. Preventing intimate partner violence. *J Aggress Maltreatment Trauma*. 2006;13(3–4):203–27. doi:10.1300/J146v13n03_08.
98. Marathe A, Pan Z, Apolloni A. Analysis of friendship network and its role in explaining obesity. *ACM Trans Intell Syst Technol*. 2013;4(3):56. doi:10.1145/2483669.2483689.
99. McCloskey L. Socioeconomic and coercive power within the family. *Gender Soc*. 1996;10:449–63. doi:10.1177/089124396010004006.
100. McDonald L, Thomas C. Elder abuse through a life course lens. *Int Psychogeriatr*. 2013;25(8):235–43. doi:10.1017/S104161021300015X.
101. Mégret F. The human rights of older persons: a growing challenge. *Human Rights Law Review*. 2011;11(1):37–66. doi:10.1093/hrlr/ngq050.
102. Melchiorre MG, Chiatti C, Lamura G, Torres-Gonzales F, Stankunas M, Lindert J, Ioannidi-Kapolou E, Barros H, Macassa G,

- Soares JFJ. Social support, socio-economic status, health and abuse among older people in seven European countries. *PLoS ONE*. 2013;8(1):e54856. doi:[10.1371/journal.pone.0054856](https://doi.org/10.1371/journal.pone.0054856).
103. MetLife Mature Market Institute. Broken trust: elders, family, and finances. 2009. <http://www.gerontology.vt.edu/docs/mmi-studies-broken-trust.pdf>.
 104. Mihaljcic T, Lowndes G. Individual and community attitudes toward financial elder abuse. *J Elder Abuse Negl*. 2013;25(2):183–203. doi:[10.1080/08946566.2012.712867](https://doi.org/10.1080/08946566.2012.712867).
 105. Morgan E, Johnson I, Sigler R. Public definitions and endorsement of the criminalization of elder abuse. *J Crim Justice*. 2006;34(3):275–83. doi:[10.1016/j.jcrimjus.2006.03.004](https://doi.org/10.1016/j.jcrimjus.2006.03.004).
 106. National Institute of Justice. Elder mistreatment: using theory in research. 2014. <http://www.nij.gov/topics/crime/elder-abuse/Documents/elder-mistreatment-theory-meeting-summary.pdf>.
 107. Navaie-Waliser M, Spriggs A, Feldman PH. Informal caregiving: differential experiences by gender. *Med Care*. 2002;40(12):1249–59.
 108. Nerenberg L. A feminist perspective on gender and elder abuse: a review of the literature. National Committee for the Prevention of Elder Abuse. 2002. <http://www.ncea.aoa.gov/Resources/Publication/docs/finalgenderissuesinelderabuse030924.pdf>.
 109. Nerenberg L. Elder abuse prevention: emerging trends and promising practices. New York: Springer; 2008.
 110. Palmetto N, Davidson LL, Breitbart V, Rickert VI. Predictors of physical intimate partner violence in the lives of young women: victimization, perpetration, and bidirectional violence. *Violence Vict*. 2013;28:103–21. doi:[10.1891/0886-6708.28.1.103](https://doi.org/10.1891/0886-6708.28.1.103).
 111. Parra-Cardona JR, Meyer E, Schiamberg L, Post L. Elder abuse and neglect in Latino families: an ecological and culturally relevant theoretical framework for clinical practice. *Fam Process*. 2007;46(4):451–70. doi:[10.1111/j.1545-5300.2007.00225.x](https://doi.org/10.1111/j.1545-5300.2007.00225.x).
 112. Patel DM, Simon MA, Taylor RM. Contagion of violence: workshop summary. National Academies Press. 2013. <http://www.nap.edu/catalog/13489/contagion-of-violence-workshop-summary>.
 113. Payne BJ, Gainey RR. Family violence and criminal justice: a life-course approach. 3rd ed. New Providence, NJ: Routledge; 2010.
 114. Pearlín LI, Mullan JT, Semple SJ, Skaff MM. Caregiving and the stress process: an overview of concepts and their measures. *Gerontologist*. 1990;30:583–94. doi:[10.1093/geront/30.5.583](https://doi.org/10.1093/geront/30.5.583).
 115. Penhale B. Older women, domestic violence, and elder abuse: a review of commonalities, differences, and shared approaches. *J Elder Abuse Negl*. 2003;15(3–4):163–83.
 116. Penhale B. Responding and intervening in elder abuse and neglect. *Ageing Int*. 2010;35:235–52. doi:[10.1007/s12126-010-9065-0](https://doi.org/10.1007/s12126-010-9065-0).
 117. Phelan A. Elder abuse: a review of progress in Ireland. *J Elder Abuse Negl*. 2014;26(2):172–88. doi:[10.1080/08946566.2013.784088](https://doi.org/10.1080/08946566.2013.784088).
 118. Phelan A. Elder abuse, ageism, human rights and citizenship: implications for nursing discourse. *Nurs Inq*. 2008;15(4):320–9. doi:[10.1111/j.1440-1800.2008.00423.x](https://doi.org/10.1111/j.1440-1800.2008.00423.x).
 119. Pillemer K, Finkelhor D. Causes of elder abuse: caregiver stress versus problem relatives. *Am J Orthopsychiatry*. 1989;59(2):179–87. doi:[10.1111/j.1939-0025.1989.tb01649.x](https://doi.org/10.1111/j.1939-0025.1989.tb01649.x).
 120. Pillemer KA, Wolf RS. Elder abuse: conflict in the family. Santa Barbara: Greenwood Publishing Group; 1986.
 121. Podnieks E, Anetzberger GJ, Wilson SJ, Teaster PB, Wangmo T. WorldView environmental scan on elder abuse. *J Elder Abuse Negl*. 2010;22(1–2):164–79. doi:[10.1080/08946560903445974](https://doi.org/10.1080/08946560903445974).
 122. Podnieks E, Wilson S. An exploratory study of responses to elder abuse in faith communities. *J Elder Abuse Negl*. 2003;15(3–4):137–62. doi:[10.1300/J084v15n03_09](https://doi.org/10.1300/J084v15n03_09).
 123. Raghavan C, Rajah V, Gentile K, Collado L, Kavanagh AM. Community violence, social support networks, ethnic group differences, and male perpetration of intimate partner violence. *J Interpers Violence*. 2009;24:1132–49. doi:[10.1177/0886260509331489](https://doi.org/10.1177/0886260509331489).
 124. Ramsey-Klawnsnik H, Teaster PB, Mendiondo MS, Marcum JL, Abner EL. Sexual predators who target elders: findings from the first national study of sexual abuse in care facilities. *J Elder Abuse Negl*. 2008;20(4):353–76. doi:[10.1080/08946560802359375](https://doi.org/10.1080/08946560802359375).
 125. Reed E. Intimate partner violence: a gender-based issue? *Am J Public Health*. 2008;98:197–8. doi:[10.2105/AJPH.2007.125765](https://doi.org/10.2105/AJPH.2007.125765).
 126. Reeves KA, Desmarais SL, Nicholls TL, Douglas KS. Intimate partner abuse of older men: considerations for the assessment of risk. *J Elder Abuse Negl*. 2007;19(1–2):7–27. doi:[10.1300/J084v19n01_02](https://doi.org/10.1300/J084v19n01_02).
 127. Renner LM, Whitney SD. Risk factors for unidirectional and bidirectional intimate partner violence among young adults. *Child Abuse Negl*. 2012;36:40–52. doi:[10.1016/j.chiabu.2011.07.007](https://doi.org/10.1016/j.chiabu.2011.07.007).
 128. Resnicow K, Braithwaite R, Ahluwalia J, Baranowski T. Cultural sensitivity in public health: defined and demystified. *Ethn Dis*. 1999;9:10–21.
 129. Roberto KA. Abusive relationships in late life. In: George LK, Ferraro KF, editors. *Handbook of aging and the social sciences*. 8th ed. New York: Elsevier/Academic; 2016. p. 337–56.
 130. Roberto KA, Blieszner R, Allen KR. Theorizing in family gerontology: new opportunities for research and practice. *Fam Relat*. 2006;55:513–25. doi:[10.1111/j.1741-3729.2006.00422.x](https://doi.org/10.1111/j.1741-3729.2006.00422.x).
 131. Roberto KA, McPherson MC, Brossoie N. Intimate partner violence in late life: a review of the empirical literature. *Violence Against Women*. 2014;19:1538–58. doi:[10.1177/1077801213517564](https://doi.org/10.1177/1077801213517564).
 132. Roberto KA, McPherson M, Brossoie N. Intimate partner violence in late life: a review of the empirical literature. *Violence Against Women*. 2013;19:1538–58. doi:[10.1177/1077801213517564](https://doi.org/10.1177/1077801213517564).
 133. Roberto KA, Teaster PT, McPherson M. Abuse in late life: unsuspecting elders and trusted others. In: Arditti J, editor. *Family problems: stress, risk, and resilience*. Hoboken, NJ: Wiley; 2015. p. 228–48.
 134. Robertson K, Murachver T. Correlates of partner violence for incarcerated women and men. *J Interpers Violence*. 2007;22:639–55. doi:[10.1177/0886260506298835](https://doi.org/10.1177/0886260506298835).
 135. Roger KS, Brownridge DA, Ursel J. Theorizing low levels of reporting of abuse of older immigrant women. *Violence Against Women*. 2015;21:632–51. doi:[10.1177/1077801214545021](https://doi.org/10.1177/1077801214545021).
 136. Romero D, Meeder B, Kleinberg J. Differences in the mechanics of information diffusion across topics: Idioms, political hashtags, and complex contagion on twitter. The 20th International World Wide Web Conference (WWW), Hyderabad, India. 2011.
 137. Savla J, Roberto KA, Jaramillo AL, Gambrel LE, Karimi H, Butner LM. Childhood abuse affects emotional closeness with family in mid and later life. *Child Abuse Negl*. 2013;37:388–99. doi:[10.1016/j.chiabu.2012.12.009](https://doi.org/10.1016/j.chiabu.2012.12.009).
 138. Schiamberg LB, Gans D. An ecological framework for contextual risk factors in elder abuse by adult children. *J Elder Abuse Negl*. 1999;11(1):79–103. doi:[10.1300/J084v11n01_05](https://doi.org/10.1300/J084v11n01_05).
 139. Schiamberg LB, Gans D. Elder abuse by adult children: an applied ecological framework for understanding contextual risk factors and the intergenerational character of quality of life. *Int J Aging Hum Dev*. 2000;50(4):329–59. doi:[10.2190/DXAX-8TJ9-RG5K-MPU5](https://doi.org/10.2190/DXAX-8TJ9-RG5K-MPU5).
 140. Schiamberg LB, Oehmke J, Zhang Z, Barboza GE, Griffo RK, Von Heydich L, Post LA, Weatherill RP, Mastin T. Physical abuse of older adults in nursing homes: a random sample survey

- of adults with an elderly family member in a nursing home. *J Elder Abuse Negl.* 2012;24(1):65–83. doi:[10.1080/08946566.2011.608056](https://doi.org/10.1080/08946566.2011.608056).
141. Settersten RA, editor. *Invitation to the life course: toward new understandings of later life*. Amityville, NY: Baywood; 2003.
 142. Shaffer DR, Dooley WK, Williamson GM. Endorsement of proactively aggressive caregiving strategies moderates the relation between caregiver mental health and potentially harmful caregiving behavior. *Psychol Aging.* 2007;22(3):494–504. doi:[10.1037/0882-7974.22.3.494](https://doi.org/10.1037/0882-7974.22.3.494).
 143. Shoemaker PJ, Tankard JW, Lasorsa DL. *How to build social science theories*. Thousand Oaks, CA: Sage; 2004.
 144. Smith B. Objects and their environments: From Aristotle to ecological ontology. In: Frank A, Raper J, Cheylan J, editors. *The life and motion of socioeconomic units (GISDATA 8)*. London: Taylor and Francis; 2001. p. 79–97.
 145. Straka SM, Montminy L. Responding to the needs of older women experiencing domestic violence. *Violence Against Women.* 2006;12(3):251–67. doi:[10.1177/1077801206286221](https://doi.org/10.1177/1077801206286221).
 146. Teaster PB, Otto JM, Dugar TD, Mendiondo MS, Abner EL, Cecil KA. The 2004 survey of state Adult Protective Services: Abuse of adults 60 years of age and older. Report to the National Center on Elder Abuse, Administration on Aging, Washington. 2006. http://www.ncea.aoa.gov/Resources/Publication/docs/2-14-06_FINAL_60_REPORT.pdf.
 147. Teaster PB, Nerenberg L, Stansbury K. A national study of multidisciplinary teams. *J Elder Abuse Negl.* 2003;15(3/4):91–108. doi:[10.1300/J084v15n03_06](https://doi.org/10.1300/J084v15n03_06).
 148. Teaster PB, Ramsey-Klawnsnik H, Abner EL, Kim S. The sexual victimization of older women living in nursing homes. *J Elder Abuse Negl.* 2015; doi:[10.1080/08946566.2015.1082453](https://doi.org/10.1080/08946566.2015.1082453).
 149. Teaster PB, Roberto KA, Dugar TA. Intimate partner violence of rural aging women. *Fam Relat.* 2006;55:636–48. doi:[10.1111/j.1741-3729.2006.00432.x](https://doi.org/10.1111/j.1741-3729.2006.00432.x).
 150. Teaster PB, Wangmo T. Kentucky's local elder abuse coordinating councils: a model for other states. *J Elder Abuse Negl.* 2010;22(1/2):191–206. doi:[10.1080/08946560903446063](https://doi.org/10.1080/08946560903446063).
 151. Teaster PB, Wangmo T, Vorsky F. Abuse in aging families. In: Blieszner R, Bedford V, editors. *Handbook of families and aging*. 2nd ed. Denver, CO: Praeger; 2012. p. 409–30.
 152. Tong H, Prakash BA, Eliassi-Rad T, Faloutsos M, Faloutsos C. Gelling and melting large graphs by edge manipulation. 21st ACM international conference on information and knowledge management (CIKM), Maui, HI. 2012.
 153. United Nations. Universal declaration of human rights. 1948. <http://www.un.org/en/universal-declaration-human-rights/>.
 154. United Nations. Vienna declaration and programme for action. World conference on human rights, (14–25 June 1993, Vienna). Geneva: United Nations General Assembly 1993.
 155. United Nations. Abuse of older persons; recognising and responding to abuse of older persons in a global context. New York: United Nations Economic and Social Council. United Nations/International Association of Gerontology; 2002.
 156. United States Government Printing Office. Public law 111-148-MAR. 23, 2010. Retrieved from <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>.
 157. Vinton L. Abused older women: battered women or abused elders? *J Women Aging.* 1991;3(3):5–19. doi:[10.1300/J074v03n03_03](https://doi.org/10.1300/J074v03n03_03).
 158. Vinton L. Working with abused older women from a feminist perspective. *J Women Aging.* 1999;11(2–3):85–100. doi:[10.1300/J074v11n02_07](https://doi.org/10.1300/J074v11n02_07).
 159. Vinton L. Battered women's shelters and older women: The Florida experience. *J Family Violence.* 1992;7(1):63–72. doi:[10.1007/BF00978725](https://doi.org/10.1007/BF00978725).
 160. Vladescu D, Eveleigh K, Ploeg J, Patterson C. An evaluation of a client-centered case management program for elder abuse. *J Elder Abuse Negl.* 2000;11(4):5–22. doi:[10.1300/J084v11n04_02](https://doi.org/10.1300/J084v11n04_02).
 161. Walsh CA, Olson JL, Ploeg J, Lohfeld L, MacMillan HL. Elder abuse and oppression: voices of marginalized elders. *J Elder Abuse Negl.* 2010;23(1):17–42. doi:[10.1080/08946566.2011.534705](https://doi.org/10.1080/08946566.2011.534705).
 162. Walsh CA, Yon Y. Developing an empirical profile for elder abuse research in Canada. *J Elder Abuse Negl.* 2012;24(2):104–19. doi:[10.1080/08946566.2011.644088](https://doi.org/10.1080/08946566.2011.644088).
 163. Walt SM. The relationship between theory and policy in international relations. *Annu Rev Polit Sci.* 2005;8:23–48. doi:[10.1146/annurev.polisci.7.012003.104904](https://doi.org/10.1146/annurev.polisci.7.012003.104904).
 164. Wangmo T, Teaster PB, Mendiondo M, Grace J, Blandford C, Fisher S, Wong W, Fardo D. An ecological systems examination of elder abuse: a week in the life of adult protective services. *J Elder Abuse Negl.* 2014;26(5):440–57. doi:[10.1080/08946566.2013.800463](https://doi.org/10.1080/08946566.2013.800463).
 165. Watts D. A simple model of global cascades on random networks. *Proc Natl Acad Sci.* 2002;99:5766–71. <http://www.jstor.org/stable/3058573>.
 166. Wilkinson R. Linking social structure and individual vulnerability. *J Commun Work Dev.* 2004;5:31–47.
 167. Williams M. *Problems of knowledge: a critical introduction to epistemology*. New York: Oxford University Press; 2001.
 168. Williamson GM, Shaffer DR. Relationship quality and potentially harmful behaviors by spousal caregivers: how we were then, how we are now. *Psychol Aging.* 2001;16:217–26. doi:[10.1037/e323142004-005](https://doi.org/10.1037/e323142004-005).
 169. Williamson GM, Martin-Cook K, Weiner MF, Svetlik DA, Saine K, Hynan LS, Dooley WK, Schulz R. Caregiver resentment: explaining why care recipients exhibit problem behavior. *Rehabil Psychol.* 2005;50:215–23. doi:[10.1037/0090-5550.50.3.215](https://doi.org/10.1037/0090-5550.50.3.215).
 170. Wolf RS, Strugnell C, Godkin M. Preliminary findings from the three models project on elderly abuse. Worcester, MA: University of Massachusetts, University Center of Aging; 1982.
 171. World Health Organization. The Toronto declaration on the global prevention of elder abuse. Geneva: WHO; 2002.
 172. Wright EM, Benson ML. Clarifying the effects of neighborhood context on violence “behind closed doors”. *Justice Q.* 2011;28:775–98. doi:[10.1080/07418825.2010.533687](https://doi.org/10.1080/07418825.2010.533687).
 173. Yan E. Abuse of older persons with dementia by family caregivers: Results of a 6-month prospective study in Hong Kong. *Int J Geriatr Psychiatry.* 2014;29:1018–27. doi:[10.1002/gps.4092](https://doi.org/10.1002/gps.4092).
 174. Yan E, Kwok T. Abuse of older Chinese with dementia by family caregivers: an inquiry into the role of caregiver burden. *Int J Geriatr Psychiatry.* 2011;26(5):527–35. doi:[10.1002/gps.2561](https://doi.org/10.1002/gps.2561).
 175. Yon Y, Wister AV, Mitchell B, Gutman G. A national comparison of spousal abuse in mid- and old age. *J Elder Abuse Negl.* 2014;26(1):80–105. doi:[10.1080/08946566.2013.784085](https://doi.org/10.1080/08946566.2013.784085).

Elder Abuse

Research, Practice and Policy

Dong, X. (Ed.)

2017, XXII, 725 p. 87 illus., 54 illus. in color., Hardcover

ISBN: 978-3-319-47502-8