ELDER ABUSE SURVEILLANCE:

UNIFORM DEFINITIONS AND RECOMMENDED CORE DATA ELEMENTS

National Center for Injury Prevention and Control
Division of Violence Prevention

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Version 1.0

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EXECUTIVE SUMMARY

Longstanding divergences in the definitions and data elements used to collect information on Elder Abuse (EA) make it difficult to measure EA nationally, compare the problem across states, counties, and cities, and establish trends and patterns in the occurrence and experience of EA. To help remedy these problems and promote public health surveillance[i] of EA, the Centers for Disease Control and Prevention (CDC) and a diverse group of EA experts collaboratively produced version 1.0 of uniform definitions and recommended core data elements for possible use in standardizing the collection of EA data locally and nationally. Proposed uniform definitions were developed for the following phenomena (and for associated terms or elements that could be sources of confusion or disagreement).

Elder Abuse
Involved Parties
Physical Abuse
Sexual Abuse
Emotional/Psychological Abuse
Neglect
Financial Abuse/Exploitation
Other Related Phenomena
Elder Abuse Circumstances or Consequences (associated concepts)

Subcategories in the Core Data Element set include:

1) Identifying Information,

2) Elder Demographics,

3) Elder Situational Data Elements,

4) Perpetrator Demographics,

5) Perpetrator Situational Data Elements,

6) Data Elements for All Abuse Events,

7) Physical Abuse Data Elements,

8) Sexual Abuse Data Elements,

9) Emotional/Psychological Abuse Data Elements,

10) Neglect by Caregivers Data Elements, and

11) Financial Abuse Data Elements.

The development and use of uniform definitions and recommended core data elements is an important first component of a larger process addressing data collection features that cause important discrepancies, gaps, and limitations in what is known about EA. Their use may move the EA prevention field closer to obtaining robust epidemiologic estimates which may provide a stronger basis for evaluating population level prevention/intervention strategies and setting prevention priorities.

As with the other CDC guidelines for uniform definitions and recommended data elements, this initial release of *Elder Abuse Surveillance: Uniform Definitions and Recommended Core Data Elements, Version 1.0* is intended to serve as a starting point. Many definitions, data element descriptions, and coding specifications are new, and field testing is necessary to evaluate them. Systematic field studies are needed to gauge the usefulness of the content of Version 1.0, identify optimal models, methods, and processes of data collection, and specify resource requirements for implementation. Prospective users of Version 1.0 are invited to contact CDC (via dvpinquiries@cdc.gov) to discuss their plans for evaluating or using some or all of the recommended core data elements. Lessons learned through field use and evaluation will be a valuable source of input for subsequent revisions.

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BACKGROUND

Introduction

Older adulthood is often labeled the "Golden Years." It is a point where many Americans expect to do things that they could not do earlier in life due to factors such as family and occupational commitments or financial constraints. It is a time when many Americans expect to continue growing as individuals by pursuing personal interests, hobbies, or even second careers, as their health permits. At a minimum, most Americans believe that old age should be a time in one's life that is worry-free, peaceful, and stable, where autonomy is retained as long as possible.

Unfortunately, for persons who experience Elder Abuse (EA),[ii, iii] old age may be far from "golden." It can be a sad, stressful time filled with pain, poor health, and poverty. It can involve a life that is disconnected from the activities and relationships that one finds most meaningful. This disconnection also affects life within the communities surrounding such persons by denying them access to these valued older contributors who are important sources of knowledge, expertise, and mentoring.

EA can be prevented or halted. However, preventing EA at the population level requires data that will support effective action. Such data enable the effectiveness of prevention and intervention strategies to be assessed and facilitate decisions regarding strategies that should be implemented or further evaluated. The data also inform decisions on how resources should be allocated to achieve EA prevention and intervention objectives.

Numerous organizations and agencies collect EA-related data that could be used for the previous purposes. Unfortunately, these data have often been collected for EA cases using different case definitions. Moreover, the frequently used data collection instruments, protocols, and systems tend to capture information on persons and incidents that is too often incompatible. Such divergences reflect variations in the legislation, statutes or regulations that provide the criteria used to identify cases, or variations in the goals, philosophies, or scope of specific studies.[1-8] These divergences have made it difficult to determine the magnitude of EA nationally, to compare the problems across states, counties, and cities, and to establish trends and patterns in the occurrence and experience of EA.

Given these conditions and consequences, the creation of uniform definitions and data elements for use in collecting EA data is essential. To promote national level public health surveillance of EA, the Centers for Disease Control and Prevention's Division of Violence Prevention (CDC/DVP) produced a set of uniform definitions and recommended core data elements. Use of uniform definitions and data elements may move the field focused on EA closer to obtaining robust, accurate and reliable epidemiologic estimates.[1] They may also provide a stronger basis for evaluating the effectiveness of population level strategies for prevention and intervention and for setting prevention priorities and objectives.

Public Health Importance of EA

Several factors make EA an important public health issue. First, the growth rate of the older adult population (persons 65 years old and over) has greatly exceeded the growth rate of the population of the country as a whole. In 1900 there were 3 million older adults, by 1994 there were 33 million, by 2030 the U.S Census Bureau estimates that there will be 71 million. About 1 in 8 Americans were aged 65 years and older in 1994, but about 1 in 5 would be in that age group by the year 2030 (U.S. Bureau of the Census, Jennifer Cheeseman Day, personal communication). These demographic trends indicate that there will be an expanded population potentially at-risk for these forms of violence.

Second, the public health impacts of EA may be far-reaching due to the numerous and varied physical and psychosocial consequences of being exposed to these phenomena. However, few studies have examined the consequences of EA, and even fewer have distinguished the impacts of EA from those linked to normal aging.[8-10] The most commonly documented physical impacts of EA include: welts, wounds, and injuries (bruises, lacerations, dental problems, head injuries, broken bones, pressure sores); persistent physical pain and soreness; nutrition and hydration issues; sleep disturbances; increased susceptibility to new illnesses (including sexually transmitted diseases); exacerbation of pre-existing health conditions; and increased risks for premature death.[11-15] EA is predictive of later disability among persons who initially displayed no disability and is associated with increased rates of emergency department utilization, increased risks for hospitalization, and increased risk for mortality.[16-19] Established psychological impacts of EA include levels of psychological distress, emotional symptoms, and depression higher than those observed among elders who have not experienced these exposures.[20-26] Potential psychological consequences deserving further study are increased risks (relative to younger population of persons who have experienced abusive or neglectful behaviors) for developing fear / anxiety reactions, and post- traumatic stress syndrome. Lastly, the social consequences of EA may vary from increased social isolation (due to self-withdrawal or perpetrator imposition) to decreased social resources (social identities, supports, roles in key networks) and increased expenditures on services to compensate for resources lost through exploitation and to identify and rehabilitate EA victims.[11,27] The direct medical costs of injuries caused by EA are estimated to contribute more than $5.3 billion to the nation's annual health expenditures,[28,29] while financial abuse by itself costs older Americans over $2.6 billion dollars annually.[30,31] Other societal costs may include expenses associated with the prosecution, punishment, and rehabilitation of EA perpetrators. Estimates of such expenses are not currently available.

The Need for Uniform Definitions and Recommended Data Elements

Impediments to Data Comparison and Aggregation / Pooling: Administrative Data

It is difficult to confirm and characterize the true public health burden of EA. This is largely due to the methodological problems that definitional variations introduce into efforts to aggregate, compare, and/or interpret data from different sources.

For example, administrative data sources (e.g., Adult Protective Services, Long-Term Care Ombudsman, state long-term care facilities, regulatory, and law enforcement) cannot be readily pooled because they use divergent definitions to define cases and collect data.[32] Research by Daly et al,[33] Joegerst et al.,[34] and others (including the CNSTAT of the National Research Council of the National Academies of Science) has firmly established that variations in the state or local statutes from which operational definitions have been derived introduce comparability problems that cannot always be resolved in a meaningful way. Characteristics such as the use of different terms and jargon and behavioral categories that are not conceptually or operationally compatible make efforts such as cross-walking[iv] for the purpose of data aggregation very difficult.

The previous problems are further compounded by sector and system specific characteristics that vary the depth, breadth, and quality of data elements that are available for comparison. These include intrinsic differences in each data collection system's purpose/objectives, design and infrastructure, or scope of focus and operation. They may also include variations in the activities, processes, and procedures by which relevant data are collected, interpreted, or reported. Such system specific characteristics are responsible for the presence of unique or specialized data elements, variations in data element properties, and differences in the set of data elements comprising the core of data collection efforts.

Impediments to Comparison and Aggregation/Pooling: Survey Research Data

Many discussions regarding data on Elder Abuse focus on problems compiling data from administrative data sources. However, there also has been some consideration of how definitional issues affect potentials for comparing or pooling of estimates from population based studies. Estimate pooling involves producing a common estimate as a function of individual estimates such as those obtained in studies of EA's and prevalence. This methodology could be used to obtain more precise estimates of EA's prevalence if the estimates of different population-based studies could be combined in a statistically valid way.

The impediments to pooling estimates from existing population based studies of EA are numerous and diverse. For one, relevant studies were conducted at different points in time, using samples that are not directly comparable. Although the samples are nationally representative, they capture different cohorts in the national population. This is important because studies conducted at different points in history capture groups of older adults whose risks for abuse may be influenced by different societal conditions and occurrences that could result in differences in the population exposure to risk factors for EA over time. Existing population based studies also differ with regard to the age groups from which data were collected as well as the approaches used for sample generation and data collection (e.g., ages 57-85, 60 and older, ages 65 and older).

More importantly, the studies differ with regard to how EA was measured. For example, some studies examine only physical abuse, whereas others examine only psychological abuse. Even the measurement of physical abuse itself varies markedly. Different studies measure different types of physical abuse, and varying numbers of abusive behaviors that may be suffered. Laumann et al., for instance, measured three forms of physical abuse using a single question— "Is there anyone who hits, kicks, slaps, or throws things at you?"[35] In contrast, Acierno et al.[2] measured multiple forms and aspects physical abuse using three questions—"Has anyone ever hit you with their hand or object, slapped you, or threatened you with a weapon?", "Has anyone ever tried to restrain you by holding you down, tying you up, or locking you in your room or house?", and "Has anyone ever physically hurt you so that you suffered some degree of injury, including cuts, bruises, or other marks?" Lastly, the measures of abuse themselves also vary in behavioral specificity, with some studies using more general, summary measures asking whether elders experienced any one of several behaviors while other studies use greater numbers of questions to allow individual experiences to be measured separately. Differences in this area produce substantial variation in the degree of measurement overlap across studies and in the validity, sensitivity, and specificity of indicators of abuse.

Definitions Developed by Agencies, Associations, and Institutions

As concerned parties have mobilized to confront Elder Abuse, different but related frames have been constructed to define, understand, and address it. The definitional activities and products of such stakeholders have shaped ideas about what should be considered EA, its constituent elements, dimensions, or types, and the specific populations in which it can occur. A cross-section of prominent definitions on Elder Abuse and related constructs is provided in Table 1. Most were developed, are supported, or are used by groups whose stature is sufficient to influence practices and policies governing various sectors of the field of EA prevention. Others were produced by seminal efforts that have expanded thought about how EA should be conceived and measured. All definitions were thoroughly studied in preparation for the definitions development process described in the following section. They provided important building blocks for the creation of the proposed uniform definitions.

Although there are some similarities among the provided definitions (and with our proposed uniform definitions), several differences are worthy of note. Beyond the most obvious variations in terminology, the definitions vary in their level of abstraction (i.e., cover many phenomena very generally in a highly conceptual manner, very concretely address a few behaviors in a narrow context/situation specific way, or assume a position somewhere between these poles). They also vary in their specificity of behavioral manifestations/indicators and elaboration of definitional elements whose meanings might require clarification to assure uniformity in the interpretation and use of the definitions. For example, definitions in the Older Americans Act (OAA), on the website of the National Center for Elder Abuse (NCEA), and in definitions from the National Research Council (NRC) specify conditions that must be present for EA or a related phenomenon to be present (i.e., mistreatment or abuse). They also specify the full range of persons who may be involved. (i.e., older adults/elders, as a result of actions/inactions by caregivers and trusted individuals). In contrast, the definition of EA that the American Medical Association (AMA) devised during the late 1990s discusses EA more generally. This definition does not state what categories of individuals could be considered perpetrators. The AMA definition presented here also differs from the other definitions because it does not include some aspect of trust or an anchoring to a trust relationship as a necessary element for distinguishing EA from victimization due to the actions of strangers.

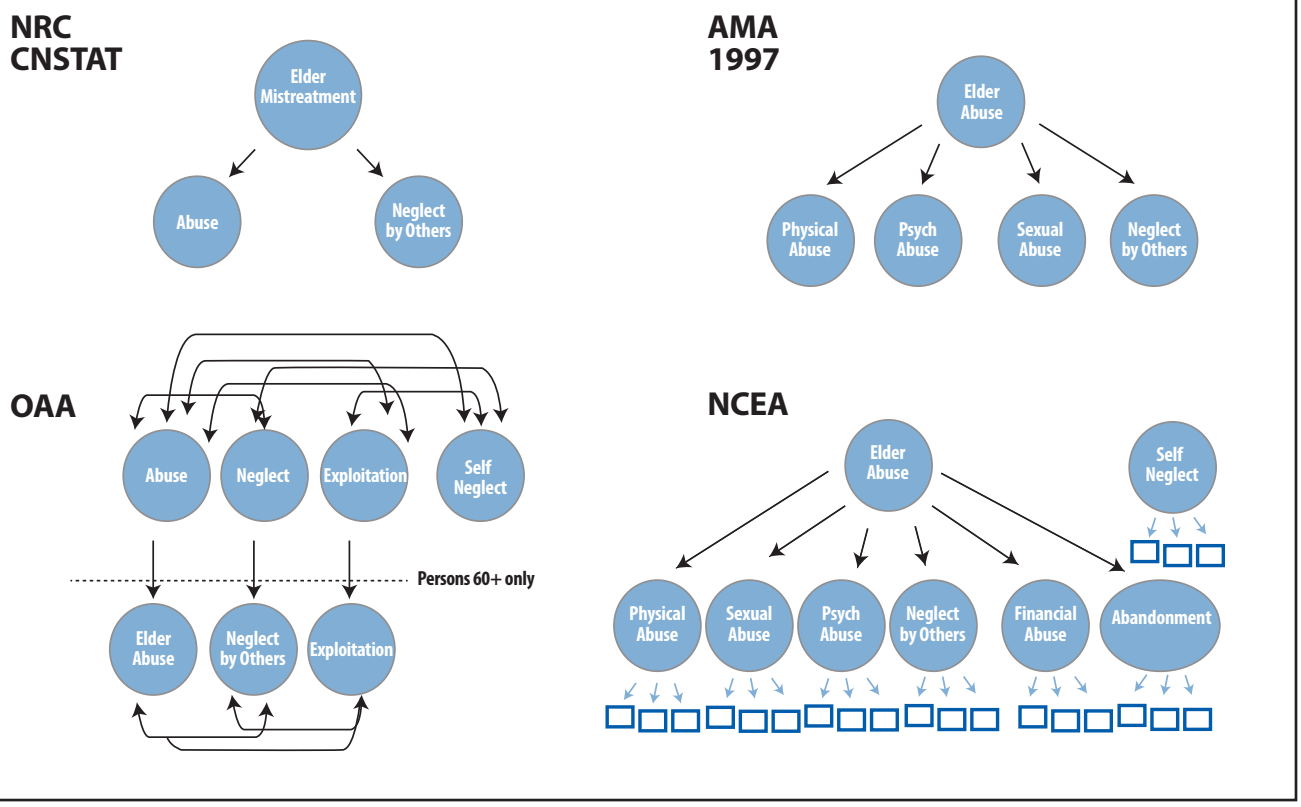
Table 1. A Cross-Section of Prominent Definitions On Elder Abuse and Related Constructs

Author / Source / Origin	Included Constructs	Specified Definitions
Older Americans Act Of 1965 As Amended In 2006 (Public Law 109-365)	**Older individual:**	An individual who is 60 years of age or older.
	Abuse:	The willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting harm, pain, or mental anguish; or deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness.
	Neglect:	The failure of a caregiver or fiduciary to provide the goods or services that are necessary to maintain the health or safety of an older individual; or Self-neglect.
	Self-neglect:	An adult's inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including-Obtaining essential food, clothing, shelter, and medical care; Obtaining goods and services necessary to maintain physical health, mental health, or general safety; or Managing one's own financial affairs.
	Exploitation	The fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of an older individual for monetary or personal benefit, profit or gain, or that results in depriving an older individual of rightful access to, or use of, benefits, resources, belongings, or assets.
	Elder abuse	The term "elder abuse" means abuse of an older individual.
	Elder abuse, neglect, and exploitation	The term "elder abuse, neglect, and exploitation" means abuse, neglect, and exploitation, of an older individual.
The American Medical Association (1997)	**Elder abuse**	An act or omission which results in harm or threatened harm to the health or welfare of an elderly person. Abuse includes intentional infliction of physical or mental injury; sexual abuse; or withholding of necessary food, clothing, and medical care to meet the physical and mental needs of an elderly person by one having the care, custody, or responsibility of an elderly person.
Committee on National Statistics, National Research Council of The National Academies of Sciences, Engineering, and Medicine (also embraced by the National Institute on Justice of the U.S. Department on Justice and the National Institute on Aging of the National Institutes on Health (2003)	**Mistreatment**	Intentional actions that cause harm or create a serious risk of harm, whether or not intended, to a vulnerable elder by a caregiver or other person who stands in a trust relationship to the elder or failure by a caregiver to satisfy the elder's basic needs to protect the elder from harm.

Author / Source / Origin	Included Constructs	Specified Definitions
NRC continued...	**Abuse**	Conduct by responsible caregivers or other individuals that constitutes "abuse" under applicable state or federal law.
	Neglect	An omission by responsible caregivers that constitutes "neglect" under applicable federal or state law.
	Harm	Injuries or unmet basic needs attributable to acts or omissions by others.
	Caregiver	A person who bears or has assumed responsibility for providing care or living assistance to an adult in need of such care or assistance.
	Trust relationship	A care giving relationship or other familial, social or professional relationship where a person bears or has assumed responsibility for protecting the interests of the older person or where expectations of care or protection arise by law or social convention.
	Vulnerability	Financial, physical or emotional dependence on others or impaired capacity for self-care or self-protection.
Department of Justice , Office of Victims of Crime	**Elder Abuse / Elder Mistreatment**	Any knowing, intentional, or negligent act that causes harm or creates a serious risk of harm to an older person by a family member, caregiver, or other person in a trust relationship. Elder abuse may include abuse that is physical, emotional/psychological (including threats), or sexual; neglect (including abandonment); and financial exploitation.
Department of Justice, Office of Justice Programs	**Elder Abuse**	Intentional actions by a caregiver or other trusted individual that causes harm to an older adult. Elder abuse can also include the failure of a caregiver or other responsible party to provide for the basic needs of an elder. The comprehensive definition of elder abuse includes financial exploitation of older people, as well as physical abuse, neglect, emotional abuse, and sexual abuse.
Administration on Aging National Center on Elder Abuse	**Elder Abuse**	Intentional or neglectful acts by a caregiver or "trusted" individual that lead to, or may lead to, harm of a vulnerable elder. Use of physical force that may result in bodily injury, physical pain, or impairment.
	Physical Abuse	Physical abuse may include but is not limited to such acts of violence as striking (with or without an object), hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching, and burning. In addition, inappropriate use of drugs and physical restraints, force-feeding, and physical punishment of any kind also are examples of physical abuse.

Author / Source / Origin	Included Constructs	Specified Definitions
	Sexual Abuse	Non-consensual sexual contact of any kind with an elderly person. Sexual contact with any person incapable of giving consent is also considered sexual abuse. It includes, but is not limited to, unwanted touching, all types of sexual assault or battery, such as rape, sodomy, coerced nudity, and sexually explicit photographing.
	Emotional or psychological Abuse	The infliction of anguish, pain, or distress through verbal or nonverbal acts. Emotional/psychological abuse includes but is not limited to verbal assaults, insults, threats, intimidation, humiliation, and harassment. In addition, treating an older person like an infant; isolating an elderly person from his/her family, friends, or regular activities; giving an older person the "silent treatment;" and enforced social isolation are examples of emotional/psychological abuse.
	Neglect	The refusal or failure to fulfill any part of a person's obligations or duties to an elder. Neglect may also include failure of a person who has fiduciary responsibilities to provide care for an elder (e.g., pay for necessary home care services) or the failure on the part of an in-home service provider to provide necessary care.
	Abandonment	The desertion of an elderly person by an individual who has assumed responsibility for providing care for an elder, or by a person with physical custody of an elder.
	Financial or Material Exploitation	The illegal or improper use of an elder's funds, property, or assets. Examples include, but are not limited to, cashing an elderly person's checks without authorization or permission; forging an older person's signature; misusing or stealing an older person's money or possessions; coercing or deceiving an older person into signing any document (e.g., contracts or will); and the improper use of conservatorship, guardianship, or power of attorney.
	Self-Neglect	The behavior of an elderly person that threatens his/her own health or safety. Self-neglect generally manifests itself in an older person as a refusal or failure to provide himself/herself with adequate food, water, clothing, shelter, personal hygiene, medication (when indicated), and safety precautions. The definition of self-neglect excludes a situation in which a mentally competent older person, who understands the consequences of his/her decisions, makes a conscious and voluntary decision to engage in acts that threaten his/her health or safety as a matter of personal choice.

Figure 1. Conceptual Models Underlying Assorted Elder Abuse Definitions



All six definition sets focus on older adults. However, the specific category of persons given attention in the OAA are persons age 60 and older while the NRC based definitions focus squarely on persons defined as vulnerable. The AMA definition arguably has the broadest focus of all the definition sets in its reference to "elderly persons."

Notable differences in the degree and type of information provided about proposed categories/ constituent elements reflect differences in each group's starting point in the operationalization process. The starting points largely determined the nature and content of the underlying conceptual model and will influence any measurement models subsequently developed (see Figure 1). For instance, the OAA definitions start with a model including four interrelated global constructs at the highest order— abuse, neglect, self-neglect, and exploitation. Subtypes of these constructs were developed by narrowing the focus from the universe of experiences with abuse, neglect, and exploitation to only those of persons 60 years of age and older. The behavioral content remains unchanged and is fairly abstract in nature due to its political and legal origins and functions.

In contrast, the NRC definitions reflect a model that includes abuse and neglect as forms of mistreatment. It does not, however, distinguish further between abuse and neglect to designate specific behavioral or experiential indicators that can be measured or observed. The rationale for this action is straightforward. The CNSTAT's underlying goal was to provide a viable frame for EA related research while allowing researchers to define the specific indicators of abuse and neglect in a manner most consistent with the operational definitions present in relevant state and federal laws.

Of the set of definitions, the NCEA's are by far the most detailed and operationally specific. However, the usefulness of the definitions may be limited by their exclusion of definitions for embedded elements, concepts, and terms that are themselves moderately abstract in nature. Terms such as "impairment," "non-consensual contact," "harassment," and "fiduciary responsibility," for instance, may be misunderstood or interpreted in a manner that diverges from the organization's intention when read by persons lacking legal training. This could lead to variations in both clinical judgments and the application of structured frameworks for decision making which may rely on EA definitions to provide parameters for case identification, reporting or investigation.

In sum, each of the presented definitions has its own strengths and weaknesses. In their own way, each definition development effort has advanced the field of EA prevention by incrementally improving the rigor with which EA is conceptualized. They have also helped cultivate data collection and research efforts that are better positioned to capture and distinguish behaviors that

should be the foci of systems level prevention efforts. Nevertheless, these definitions cannot be directly and immediately used as a basis for data standardization due to the characteristics highlighted in the previous paragraphs.

The effort described in this document is an attempt to capitalize or build on the gains made in previous work to improve EA's definition and measurement. It incorporates lessons learned in these efforts, integrating the strong points of each definition set and attempting to address their limitations with the goal of making further progress towards developing uniform definitions and data elements that would be utilized by the widest possible variety of groups working to prevent EA.

Rationales for Uniform Definitions and Recommended Core Data Elements for Elder Abuse Surveillance

The development and use of uniform definitions and recommended core data elements is an important first component of a larger process a process to improve or standardize the data collection on EA. By developing uniform definitions and recommended core data elements, we create a basis from which data standardization work can be initiated. They provide a viable mechanism for coordinating, harmonizing, and linking diverse sources of EA data. Use of these definitions could increase the comparability and usefulness of administrative and research data. These definitions can make it possible to more fully describe EA's scope and nature, expand knowledge about its developmental history (by allowing individual's interactions with, movement through, or use of different systems to be tracked), and document the outcomes of persons who have perpetrated or experienced EA and have interacted with specific systems or received specific services.

Participatory Process

CDC facilitated development of the proposed uniform definitions and recommended data elements for EA surveillance via a grounded, participatory process. CDC recruited a panel of scientists and practitioners representing multiple disciplines (e.g., medicine, psychology, epidemiology, sociology, gerontology), various affiliations (e.g., government, academic institutions), and diverse areas of interest (e.g., suicidal behavior, public health surveillance, injury prevention). CDC also established relationships with and sought panel participation from staff from other federal agencies focused on EA prevention. The members of the panel formed by the two groups of collaborators are listed on page 6 of this document.

Together, panelists 1) identified concerns associated with defining, applying, and gaining acceptance of uniform definitions; 2) identified implications, costs, and benefits inherent to various approaches to definition; and 3) developed draft uniform definitions and recommended data elements for operationalization.

They also worked with CDC to develop descriptors for starter data elements and to distinguish Core data elements essential for EA surveillance from Supplementary data elements recommended for collection as resources permit.

CDC staff summarized the recommendations from meetings of the expert panel and incorporated changes recommended by the panel members. They also 1) created a list of terms for sub-definition, 2) researched definitions for these terms, 3) developed descriptions and criteria for the data elements and 4) produced a document containing all of this information. A draft of this document was sent to the expert panel for a final review and then prepped for peer review based on a last set of panel suggestions.

The peer review process was extensive. It involved submission of independent critiques, commentary, and suggestions by the eighteen reviewers listed on page 8 of this document. These peer reviewers were nominated by members of the expert panel.

CDC compiled comments and suggestions submitted by each peer reviewer. CDC staff then integrated and reconciled (in cases where opposing perspectives emerged) peer review feedback to produce a next iteration of the draft definitions and data elements document. The document incorporating contributions of both the expert panel and the peer review process was subsequently critiqued a final time in CDC's internal scientific review and clearance process. This clearance process ensures the scientific quality, integrity, and relevance of CDC documents before they are released to the public. The current document, *Elder Abuse Surveillance: Uniform Definitions and Recommended Core Data Elements, Version 1.0*, and the forthcoming document *Elder Abuse Surveillance: Supplementary Data Elements* reflect these developmental processes, their diverse facets, and their assorted contributors.

Purpose and Scope

Elder Abuse Surveillance: Uniform Definitions and Recommended Core Data Elements, Version 1.0, is intended for voluntary use by individuals and organizations interested in gathering surveillance data on EA. The term "surveillance" is used in the public health sense and is defined as the ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding

a health-related event for use in public health action to reduce morbidity and mortality and to improve health. This process is explicitly tied to public health action, where existing knowledge is applied to guide authorities to initiate prevention and control efforts. It provides answers to essential questions including:

1. What is the problem? (Who and how many are being injured and in what ways?)
2. What is the cause? (What are the risks that contribute to injury?)
3. What works? (How can we intervene and which interventions best reduce the risks and the harm?)
4. How do we prevent it? (How do we make the best use of available resources to stop people from being injured or to reduce the harm done? How do we add to our resources if they are insufficient?)

Public health surveillance is therefore directly linked to the population's monitoring and control needs, especially those relating to sources of injury such as EA.

This document is not meant as a set of mandates, but rather is intended to promote and improve consistency of EA measurement and surveillance. If the recommended data elements can be uniformly recorded and the data made available to numerous users, then better estimates of the incidence and prevalence of EA can be obtained and problems such as data incompatibility and high costs of collecting, linking, and using data can be substantially reduced.

Broad categories of developed recommended data elements included Core Data Elements (units of data that should be collected or documented for every case/incident) and Supplementary Data Elements (additional data that can be collected to further describe cases/incidents if resources will allow this). The current document only presents content for Core Data Elements. The elements included in this set represent the minimum amount of information needed to establish or evaluate priorities and strategies for EA prevention and intervention. To promote nation-wide interoperability Core Data Elements also include data elements that are critical for record linkage purposes, duplicate record identification/removal, and case monitoring.

The recommended data elements are designed to collect information of value for public health surveillance of EA and to serve as a technical reference for automation of the surveillance data. A structured format, modified slightly from Data Elements for Emergency Department Systems (DEEDS), Release 1.0(National Center for Injury Prevention and Control, 1997), is used to document each data element as follows:

- Description/Definition of the data element;
- Description of its Uses;
- Discussion of conceptual or operational issues;
- Specification of the Data Type(and maximum allowed Field Length);
- Indication of when data element Repetition may be necessary to include all answers that may apply;
- Field values/ coding instructions that designate recommended coding specification and valid data entries; and
- Where applicable, reference to one or more Data Standards or Guidelines used to define the data element and its field values, and Other References considered in developing the data element.

Data types and field lengths conform to specifications in Health Level7 (HL7), a widely used protocol for electronic data exchange (HL7, 1996), and ASTM's Introduction 5(formerly known as the American Society for Testing and Materials) E1238-94: Standard Specification for Transferring Clinical Observations Between Independent Computer Systems (ASTM, 1996).

Notes on the Use of *Elder Abuse Surveillance Uniform Definitions and Recommended Core Data Elements, Version 1.0*

The Uniform Definitions are used throughout the Recommended Core Data Elements. The definitions are likely to be of value to policymakers, researchers, public health practitioners, victim advocates, service providers, and media professionals seeking to clarify discussions about EA. However, most terms in the "Uniform Definitions" are defined in only a comprehensive sense, and practitioners, researchers, and other users may need to further refine and systematically adapt them for use in particular professional and practice settings. Such work should ideally occur within a guided adaptation process that will preserve the core elements of the Uniform Definitions while achieving relevance, sustainability, and acceptability among specific end-user populations. Other terms were not defined by the expert panel and may need to be defined in subsequent versions of the "Uniform Definitions." Examples of specific issues needing further clarification include how to identify victims and perpetrators in episodes that appear to be mutually violent, and how to capture important developments such as transitions out of victimization or perpetration status.

Elder Abuse (EA), as specified in the "Uniform Definitions" and used throughout the "Recommended Core Data Elements," refers to an intentional act or failure to act by a caregiver or another person in a relationship involving an expectation of trust that causes or creates a serious risk of harm to an older adult.

Points to Consider:

- As with all efforts to collect data on Elder Abuse, ethical and safety issues are paramount. No data should be collected or stored that would in any way jeopardize a possible victim's safety. Those interested in developing a surveillance system for EA must be particularly conscious of the need to preserve confidentiality. Confidentiality must be protected when planning data linkage across multiple data sources, perhaps through mechanisms such as encryption of unique identifiers.

- No single agency is likely to collect all of the data elements recommended. As a consequence, it is likely that anyone setting up a surveillance system will need to combine data from a number of sources (e.g., health care records and police records) using a relational database. This will allow information on data elements to be gathered from each data source used. The mechanics of how to set up relational databases are not discussed in this document, but background information from the CDC's National Violent Death Reporting System (NVDRS: see http://www.cdc.gov/ViolencePrevention/NVDRS/index.html for more information) should provide information helpful for developing such databases. A unique identifier will need to be created to allow for linkage across all data sources included. This identifier may or may not be identical to the data element Case ID.

- The goals of EA surveillance are to obtain an estimate of the number of people who are affected by EA and to describe the characteristics of people affected, the number and types of EA episodes, the associated injuries, and other consequences. Counting injuries as part of a surveillance system is a common proxy for estimating the number of people affected. However, the large number of cases in which multiple forms of violence co-occur and the repetitive nature of EA mean that such a proxy may be less accurate than is desired. In addition, it is often difficult to distinguish an injury due to a benign cause from one due to abuse, especially in older aged individuals. This is because many common age-related conditions may mask or mimic signs of abuse. To obtain more accurate estimates of the number of people affected by EA, ultimately we will need to develop mechanisms for linking data, both within and across different data sources, through the use of unique identifiers.

- The elements can be gathered in any order and can be obtained from one or more data sources for any given victim of EA. Each data element includes a code set that specifies recommended coding values and instructions for what to do when the data element is not applicable for a particular victim. Obviously, the accuracy and completeness of data collected on EA victimization depend upon what is documented by the agency providing the information.

- The mechanics of how to set up a database that accommodates data from multiple sources are not discussed in this document. Users should refer to other sources for information on how to set up a database.

Next Steps

This initial release of *Elder Abuse Surveillance: Uniform Definitions and Recommended Core Data Elements, Version 1.0* is intended to serve as a starting point for advancing surveillance, research, and practice aimed at preventing EA. It is our hope that the proposed Uniform Definitions will assist the field in 1) further describing and delineating the core constituent elements of EA; 2) improving the classification of its behavioral manifestations and its differentiation from other, similar phenomena; 3) clarifying and explaining the practical relevance of concepts, terms, or expressions that are often esoteric and abstract; and 4) making information and vocabulary regarding EA accessible to and actionable for the widest variety of stakeholders. Through such contributions the current effort and any ensuing work will build upon and extend the achievements of earlier definitional efforts.

The developed Supplementary Data Elements will be presented in the forthcoming CDC publication Elder Abuse Surveillance: Supplementary Data Elements. The Supplementary Data Elements presented in this companion publication are designed to

augment information provided by the Core Data Elements presented here. The publication will provide practice based and research informed guidance regarding additional administrative, clinical, or survey data that would be beneficial to collect if resources allow. Such data could provide practitioners and researchers with more extensive opportunities for expanded surveillance, etiologic study, and research to inform practice.

Many of the Recommended Core Data Element definitions and coding specifications are new, and field testing is necessary to evaluate them. Systematic field studies are needed to gauge the usefulness of Version 1.0 for EA surveillance, to identify optimal methods of data collection, and to specify resource requirements for implementation. Prospective users of Version 1.0 are invited to contact CDC to discuss their plans for evaluating or using some or all of the Uniform Definitions and Recommended Core Data Elements. Lessons learned through field use and evaluation will be a valuable source of input for subsequent revisions, but all comments and suggestions for improving this document are welcome.

Please send questions or suggestions for improving this document to:

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UNIFORM DEFINITIONS

Defined Terms

ELDER ABUSE

An intentional act or failure to act by a caregiver or another person in a relationship involving an expectation of trust that causes or creates a risk of harm to an older adult.

Sub-definitions:

Intentional / Intentionally

Intended or planned; done deliberately, knowingly, willfully, or voluntarily.

The term "intentional" limits EA to acts purposefully, deliberately, and consciously taken by another or others. Consistent with other World Health Organization and CDC work on interpersonal violence, intentionality is tied to actions taken regardless of the possible or actual outcomes of the action. In other words, actions should be classified not on the consequences of the act, but on the nature of/motives for the act itself. This classification approach is important. The harm or injuries produced intentionally and unintentionally may be nearly indistinguishable. However, the approaches required to prevent or halt processes leading to intentional injuries and to limit their adverse effects may be wholly different from those needed to address processes that may lead to unintentional injuries. Determining and understanding intent is an indispensable prerequisite for the design of prevention and intervention strategies that are appropriate and effective.

It is acknowledged that (1) acts by caregivers and others in relationships involving expectations of trust may be deliberate and intentional; however, harm to an older adult might not be the intended consequence; (2) harm to an older adult may not be the intended consequence of a failure to act; (3) individual incidents may involve mixtures of intentional and unintentional acts; (4) determining intent is often difficult and in many cases depends on the amount and quality of available evidence, how such evidence is interpreted, and perceptions regarding intent and motives.

Expectation of Trust

The rational expectation or belief that a relative, friend, caregiver, or other person with whom a legally defined professional relationship exists can or should be relied upon to protect the interests of an older adult and/or provide for an older adult's care. This expectation is based on either the willful assumption of responsibility or expectations of care or protection arising from legal or social conventions. The expectation that the aforementioned persons will perform actions that benefit the older adult, regardless of whether the behaviors are controlled or monitored, creates a condition of vulnerability.

Persons such as estranged relatives with whom there is neither affection nor trust would be excluded. In addition, the expectation of trust generally does not extend to strangers or persons of casual acquaintance. The exception is when strangers or casual acquaintances are embraced by older adults as family members, friends, or caregivers. With this transition the former strangers/acquaintances become subject to the same expectations governing the behaviors of others in a position of trust.

Risk

The possibility that an individual will experience an event, illness, condition, disease, disorder, injury or other outcome that is adverse or detrimental and undesirable.

Harm

Immediate or delayed disruptions to an individual's physical, cognitive, emotional, social, or financial health.

1. Disruption of physical health includes, but is not limited to physical injuries, preventable illnesses, and inadequate nutrition.

   – Physical injuries are physical disruptions, including those that may result in death, occurring to the body due to exposure to thermal, mechanical, electrical, or chemical energy interacting with the body in amounts or rates that exceed the threshold of physiological tolerance, or from the absence of such essentials as oxygen or heat.[36]

Physical injuries can include physical marks, burns, lacerations, contusions, abrasions, broken bones, internal injuries, organ damage, poisoning, asphyxiation.

– Preventable illnesses are those illnesses and diseases that can be avoided by initiating preventive health behaviors or using preventive health care services. Examples include pneumococcal diseases, influenza, and tetanus. Preventable illnesses can increase morbidity and mortality among older adults because, relative to younger populations, older adults, on average, tend to experience more co-occurring medical conditions, may be more susceptible to serious conditions associated with preventable illnesses, and are at higher risk for complications. They may result from a denial of medical care, withholding of medication, or failure to immunize medically vulnerable or frail older adults against diseases.

By itself failure to assure that an older adult is vaccinated is not considered abuse. However, this failure can be interpreted as an element of neglect when combined with other negligent behaviors. While this action alone could not be considered sufficient evidence of neglect, it is often observed in combination with other conditions such as malnutrition, wasting, etc. This is an issue of particular relevance to older adults who are medically vulnerable or frail. Their compromised health states make it extremely vital that steps be taken to avoid preventable illnesses which could spiral into significant, life-threatening conditions.

– Inadequate nutrition refers to imbalances in needed nutrients and energy from food that may increase an older adult's risks for adverse health outcomes, poor health, and impaired functioning.

2. Disruption of cognitive health may include changes in cognitive performance (e.g., impaired decision making and problem solving, poor memory performance, and stress-related cognitive interference) or changes in the brain's structural or functional integrity.

3. Disruption of emotional health may involve problems with emotional regulation (the ability to determine what emotions once has, when one has them, and how often one experiences or expresses emotions) or emotional intelligence (the ability to perceive and express emotions, understand affect-laden information, use emotional knowledge, and regulate conditions to foster intellectual growth and well-being).

4. Disruptions of social health may include damaged or severed social bonds, relationships, or social ties, loss of social identities, social positions and social roles, or loss of access to vital social resources, networks, and institutions.

5. Disruptions of financial health or standing may include accrual of new liabilities (e.g., health care costs, loans, credit lines, overdraft or interest fees), net income reductions or potential earnings losses, losses of tangible personal property (e.g., automobiles, houses, art/antiques etc.) reduced or depleted assets (e.g., savings, checking or investment accounts), or reduced availability of funds to cover obligatory (e.g., living expenses, loans or mortgages, medications and required medical care or services) and discretionary (hobbies, leisure, and entertainment) expenses. Such changes may limit or remove options for ensuring satisfaction of one's physiological, psychological and social needs.

INVOLVED PARTIES

Older Adult / Elder

Any person whose chronological age is 60 years or older. Age 60 was selected as the lower boundary for classification as an older adult because it is the age of first eligibility for services furnished under the Older American's Act and for inclusion in activities and programs covered in the Elder Justice Act.

Victim

Person on whom the abuse is inflicted or who experiences abuse. Survivor is often used as a synonym for victim.

Perpetrator / Offender

Person or persons who inflicts or causes the victim to experience abuse. Such persons must be in a relationship involving an expectation of trust.

Current or Former Legal Spouse

Someone to whom the victim is or was legally married, as well as a separated legal spouse.

Other Intimate Partner

Current common-law spouses, current boyfriends/girlfriends/partners (opposite or same sex), former common-law spouses, or former boyfriends/girlfriends/partners (opposite or same sex). Intimate partners may or may not be cohabiting. Intimate partners may or may not have an existing sexual relationship. States differ as to what constitutes a common-law marriage. Users of the Recommended Core Data Elements will need to know what qualifies as a common-law marriage in their state.

Child

A person's biological or legally adopted offspring, including a son or daughter. May also include step children and foster children.

Other Family Member/Relative

Someone sharing a relationship by blood or marriage, or other legal contract or arrangement (i.e., legal adoption, foster parenting). This includes current as well as former family relationships. Therefore, though not an exhaustive list, stepparents, parents, siblings, grandchildren, former in-laws, and adopted family members are included in this category. This category excludes the victim's children.

Caregiver

1. Family (Informal) Caregiver: any relative, partner, friend or neighbor who has a significant personal relationship with, and provides a broad range of Instrumental Activities of Daily Living (ADL) /Activities of Daily Living(ADL) (defined below) assistance for an older adult. These individuals may be primary or secondary caregivers (i.e., persons who assist a primary caregiver) and live with, or separately from, the person receiving care.

2. Formal Caregiver: a provider associated with a formal service system, whether a paid worker or a volunteer.

Care Custodian

An individual entrusted with the care and maintenance of another person.

Legal Guardian

A person who has been appointed by a court to possess the power and obligation to take care of and manage the property, well-being and/or rights of a person who, because of status as a minor, understanding, or self-control, is considered incapable of administering his or her own affairs.

Other Person in Position of Power or Trust

Someone such as a religious leader, advisor, or employer (not an exhaustive list).

Friend

Someone with whom the victim shares a substantial personal relationship but who is not related to the victim by blood or marriage, and is not a current or former spouse, another current or former intimate partner, another family member, or a person in an official position of power or trust.

Acquaintance / Persons of Casual Acquaintance

Someone who is known casually to or recognized by the victim, with whom no substantial personal relationship exists, who is not related to the victim by blood or marriage, and is not a current or former spouse, another current or former intimate partner, another family member, a friend, a person in an official position of power or trust, or a stranger.

Stranger

Someone who is not known to the victim and with whom no substantial personal, pre-existing relationship exists.

PHYSICAL ABUSE

The intentional use of physical force that results in acute or chronic illness, bodily injury, physical pain, functional impairment, distress, or death.* Physical abuse may include but is not limited to such acts of violence as striking (with or without an object or weapon), hitting, beating, scratching, biting, choking, suffocation, pushing, shoving, shaking, slapping, kicking, stomping, pinching, and burning. In addition, inappropriate use of medications and physical restraints, pinning in place, arm twisting, hair pulling, force-feeding, and physical punishment of any kind also are examples of physical abuse.

* The threat of force with or without a weapon should be considered emotional abuse.

Sub-definitions:

Illness

An acute or chronic condition of poor health that may affect the body or mind.

Bodily / Physical Injury

Any physical damage or hurt occurring to the body.

Physical Pain

A state of physical uneasiness that ranges from mild discomfort or dull distress to acute, often unbearable, agony. May be generalized or confined to a specific area of the body; is typically the consequence of being injured or hurt physically or as a result of illness. Pain characteristics include the site (localization), onset and offset, character, radiation, associated symptoms, time pattern, exacerbating and ameliorating factors, and severity. Usually produces a reaction of wanting to avoid, escape, yield to, or eliminate the causative factor and its effects.

Functional Impairment

The inability to perform routine and age-appropriate tasks in the domains of work, home, and social activities, as indicated by threshold tests.

Distress

Mental or physical suffering or anguish of the body and/or mind.

Inappropriate Use of Medications

Use of medications in a way that causes bodily injury, physical pain, functional impairment, extreme distress, or death. May involve the use of prescribed drugs as well as those for which a prescription has not been provided. Examples include but are not limited to: administration of medication for the correct indication but at doses that are too high or too low; over-medication, especially over–sedation; under-medication, especially analgesia; administration of the wrong medication; administration of medication for a purpose for which it was not intended; bartering or exchange of medications for coercive purposes.

Inappropriate Use of Physical Restraints

Physical restraints include any device, material or equipment attached to or near a person's body, which cannot be controlled or easily removed by the person. Such restraints deliberately prevent or are deliberately intended to prevent a person's free body movement to a position of choice and/or a person's normal access to their body. The inappropriate use of physical restraints refers to use of such devices, materials, or equipment in a way that causes bodily injury, physical pain, functional impairment, extreme distress, or death or for purpose of punishment. Does not include situations where restraint use has been medically authorized for a legitimate purpose (e.g., managing behavioral aggression associated with acute or chronic psychiatric conditions) and harm is caused by a person's own behaviors or status.

Physical Punishment

The direct or indirect infliction of physical discomfort or pain for the purpose of (1) stopping unwanted behavior, (2) preventing the recurrence of unwanted behavior, or (3) because of a failure to perform a required, requested, or desired activity.

SEXUAL ABUSE

Forced and/or unwanted sexual interaction (touching and non-touching acts) of any kind with an older adult. This may include but is not limited to forced and/or unwanted completed or attempted contact between the penis and the vulva or the penis and the anus involving penetration, however slight; forced and/or unwanted contact between the mouth and the penis, vulva, or anus; forced and/or unwanted penetration of the anal or genital opening of another person by a hand, finger, or other object; forced and/or unwanted intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks; unwarranted, intrusive, and/or painful procedures in caring for genitals or rectal area; or forced and/or unwanted non-contact acts of a sexual nature such as forcing a victim to view pornographic materials, photographing an elder for sexual gratification, voyeurism and verbal or behavioral sexual harassment.

All the above acts also qualify as sexual abuse if they are committed against an incapacitated person who is not competent to give informed approval, indicating a freely given agreement to have sexual intercourse or sexual contact.

Sub-definitions:

Forced

Obtained through the use of physical power or the use of express or implied threats of violence, reprisal or other intimidating behavior that puts a person in immediate fear of the consequences in order to compel that person to act against his or her will.

Unwanted

Not wanted, desired, requested, or consented to.

Sexual Interaction

Any of numerous ways by which people experience and express themselves as sexual beings, as influenced and defined by personal preferences and/or social or cultural conventions (religious or legal, according to federal, state, or local law).

Contact Acts

Sexual acts wherein a person physically touches or connects with another person's body using his or her appendages, other body parts, or physical objects.

Non-contact Acts

Sexual acts that do not involve physical contact such as forcing a victim to view pornographic materials, photographing an elder for sexual gratification, voyeurism and verbal or behavioral sexual harassment.

Voyeurism

Deriving sexual satisfaction by secretly watching others undress or engage in sexual activity. May also involve watching to derive satisfaction from another's distress, discomfort, or anxiety.

Sexual Harassment

Any form of unwanted sexual attention (e.g., sexual advances, suggestions, requests or threats) that is deemed inappropriate, offensive, intimidating or humiliating. Harassment includes contact and non-contact acts as defined above.

Incapacitated Person

An individual who is unable to receive and evaluate information or make or communicate decisions to such an extent that the individual lacks the ability to meet essential requirements for physical health, safety, or self-care, even with appropriate technological assistance.[37] Incapacitation may be isolated in nature involving a single acute experience, intermittent in nature occurring unpredictably or at irregular intervals, or ever-present affecting a person's life on a daily basis. Sources of incapacitation may include but not be limited to illnesses, diseases, or injuries (including those that may become more prevalent or more severe as one ages), mental or physical disability, being asleep or unconscious (e.g., due to the effects of medications), or intoxication (e.g., incapacitation, lack of consciousness, or lack of awareness) through the voluntary or involuntary use of alcohol or drugs.

Competence (mental and legal)

The ability to understand the nature and effect of the act in which an individual is engaged. An individual's status where competence is concerned is jointly influenced by their own characteristics as a decision maker (e.g., intelligence, age, education, health status) as well as the characteristics of the task (e.g., the complexity, familiarity, or clarity of framing) and the setting, circumstances, or context of decision making (e.g., stress or pressure level, relationship dynamics such as the distribution of power among participants in the interaction).

EMOTIONAL / PSYCHOLOGICAL ABUSE

Verbal or nonverbal behavior that results in the infliction of anguish, mental pain, fear, or distress, that is perpetrated by a caregiver or other person who stands in a trust relationship to the elder. Such behaviors may have immediate effects or delayed effects that are short or long-term in nature that may or may not be readily apparent to or acknowledged by the victim. May include any of the following and vary according to cultural norms:

1. Humiliation/Disrespect

– Behaviors intended to be, or clearly perceived to be humiliating, degrading, insulting or devaluing the older person. Examples: verbal insults, insults in public, infantilizing comments, calling the older adult stupid, worthless, foolish, etc.

2. Threats

– Verbal or non-verbal gestures or suggestions of intended physical, sexual, or psychological mistreatment; neglect; abandonment; or financial exploitation with the intent of changing or manipulating the behavior of the older person in response. Communication of plans to take a harmful action against the older adult if he or she will not perform desired activities or behaviors, including, for example, plans to leave and never return, claiming that one will stop provision of care, plans of institutionalization or homelessness; threatening to harm other family members, friends or pets or to damage prized possessions; plans to use force with or without a weapon.

3. Harassment

– Behaviors that are repeated in such a manner as to be intended or perceived as hostile, coercing, or manipulating the elder adult to do or not do something against their will. Examples: repeatedly following, watching, or tracking an older adult and doing so in a manner that lets the person know that this is occurring; repeated unwanted telephone calls, letters, or other communications that are hostile or coercive; showing up uninvited at places frequented by an older adult..

4. Isolation/Coercive Control

– Verbal or physical behaviors resulting in either geographic or interpersonal isolation of the older adult. Examples: silent treatment; restriction of phone or car use; intentional seclusion of older adult from family, friends, or other social outlets; relocation to a remote location; withholding assistive devices like a walker, wheel chair, hearing aide, etc; or locking an older adult in a room. All of these behaviors have the effect of disconnecting the older adult from others. Behaviors can also involve ignoring the elder's attempts and needs to interact.

Sub-definitions:

Fear

An unpleasant often strong emotion caused by anticipation or awareness of danger

Infantilize

The act of treating an adult as if he or she were an infant or young child

NEGLECT

Failure by a caregiver or other person in a trust relationship to protect an elder from harm or the failure to meet needs for essential medical care, nutrition, hydration, hygiene, clothing, basic activities of daily living or shelter, which results in a serious risk of compromised health and/or safety, relative to age, health status, and cultural norms.

Sub-definitions:

Failure to meet needs for:

Essential medical care

Failure to provide for or seek proper medical and/or dental care that affects adversely, or might affect adversely the physical, mental and/or psychological well-being of the older adult.

Nutrition

Failure to provide, assure, or seek adequate food intake, failure to provide or make food choices that promote health/avoid nutritional deficiencies

Hydration

Failure to provide, assure, or seek sufficient fluid intake or adequate water consumption.

Hygiene

Failure to provide or to engage in: regular baths/showers; normal grooming practices such as caring for one's skin, hair, teeth, or nails; proper disposal of urine, feces, and other bodily waste. (Must account for normative standards for hygiene set by specific communities and/or subcultures)

Clothing

Failure to provide or wear adequate or proper clothing suitable for the weather, cleanliness, or custom and culture of the area.

Shelter

Failure to provide or maintain a living environment which is safe; free of overcrowding, unsanitary conditions, and structural hazards; and provides proper protection against the elements. (Must account for normative standards for appropriate shelter set by specific communities and/or subcultures)

FINANCIAL ABUSE / EXPLOITATION

The illegal, unauthorized, or improper use of an older individual's resources by a caregiver or other person in a trusting relationship, for the benefit of someone other than the older individual. This includes, but is not limited to, depriving an older individual of rightful access to, information about, or use of personal benefits, resources, belongings, or assets.

Examples include but are not limited to: Taking money or items from an older adult's home or accounts without proper authority or approval; occupying, selling, or transferring property against an older adult's wishes or best interests; unauthorized credit or debit card use; opening credit accounts in an older adult's name using their good credit or using an elder's personal information to obtain services (telephone, cable, basic utilities etc.), rent, lease, or buy properties(identity theft); cashing checks without permission or authorization; use of insurance information to obtain medical services; creating or changing insurance policies to benefit another; changing wills, trusts, or inheritance arrangements for another's benefit without an older adult's knowledge or permission; forgery; forcing an older adult to sign a document; abusing joint signature authority on a bank account; misappropriation of funds from a pension; getting an older adult to sign a deed, will, contract, or power of attorney through deception, coercion, or undue influence; using a power of attorney, including a durable power of attorney, for purposes beyond those for which it was originally executed; taking advantage of an elder's lack of capacity to initiate financial transactions, instruments, or documents; improperly using the authority provided by a conservatorship (or guardianship), trust, etc.; negligently mishandling assets, including misuse by a fiduciary or caregiver; denying elder persons access to their money or preventing them from controlling their assets; withholding care for financial gain (e.g. preventing funds to be used for needed care by someone who stands to inherit).

Sub-definitions:

Fraud

Deception carried out for the purpose of achieving personal gain while causing injury to another party. An intentional distortion of truth initiated to convince another to part with something of value or to surrender a legal right.

Misappropriation

The intentional, illegal use of the property or funds of another person for one's own use or other unauthorized purpose, particularly by any person with a responsibility to care for and protect another's assets (a fiduciary duty).

Power of Attorney

A written document in which one person (the principal) appoints another person to act as an agent on his or her behalf, thus conferring authority on the agent to perform certain acts or functions on behalf of the principal. The certain acts may include signing papers, checks, title documents, contracts, handling bank accounts and other activities in the name of the person granting the power.

Undue Influence

Use of one's role and power to exploit the trust, dependency, and fear of another. The exploiter's role and power are used in ways that deceive or mislead to gain control over the decision making of the person being exploited.

Conservatorship

A conservatorship is created by the appointment of a conservator, also sometimes called a guardian. A conservator or guardian is a person or entity appointed by a court to manage the property, daily affairs, health, and/or financial affairs of another person (called the conservatee or ward), usually someone who is legally incapacitated.

Trust

An entity created to hold assets for the benefit of certain persons or entities, with a trustee managing the trust (and often holding title on behalf of the trust).

Fiduciary

A person (or a business like a bank or stock brokerage) who has the power and obligation to act for another (often called the beneficiary) under circumstances which require total trust, good faith and honesty.

Fiduciary Duty

A duty to act for someone else's benefit, while subordinating one's personal interests to that of the other person. It is the highest standard of duty implied by law (e.g. trustee, guardian).

OTHER RELATED PHENOMENA

While this document focuses on five types of EA, other related phenomena are defined in the literature and state EA statutes. These include abandonment, abduction, medical abuse, resident-to-resident abuse/aggression, and the broad category of rights violations. Examples of definitions for these phenomena are presented below.

There is a fair degree of agreement in the EA field about what constitutes abandonment. Abandonment is included in this section because opinions diverge sharply on the issue as to whether it is a subtype of neglect or a wholly separate phenomenon. This is also the case for medical abuse; while some argue that it is a subtype of physical abuse, others emphasize its overlap with neglect, and still others assert that it be addressed as a distinct problem. In producing the content for this document, the expert panel embraced the first and second arguments and determined that the behaviors of medical abuse could be captured by the combination of the proposed EA types and definitions. Subsequent editions of this document should evaluate shifts in perspectives about this and other related phenomena and reconsider the classifications assigned here.

In contrast, there is considerably less consensus about either the scope of definitions for the remaining phenomena or their relationship to EA. Abduction is one example where numerous definitions coexist. There is disagreement on whether abduction should include removals that only involve movement of an individual across state lines or refer more broadly to removals crossing local boundaries. There is also disagreement regarding whether definitions for abduction should incorporate or exclude competence requirements. Lastly, some conceptualizations of violations of rights consider abduction to be a specific member of a broader, more amorphous class of infringements.

Our decision to classify self-neglect as a distinct but related construct is consistent with the World Health Organization's typology of violence. This typology differentiates between violence a person inflicts upon himself or herself (Self-directed violence) and violence inflicted by another individual (Interpersonal violence). Self-neglect is considered a form of self-harm or self-abuse that may co-occur alongside or be triggered by elder abuse. Strategies for self-neglect prevention may differ from those for elder abuse due to important differences in associated risk factors and differences in applicable ethical and legal considerations that must be addressed (e.g., rights to self-determination when indicators of self-neglect are observed in a competent elder). Our decision is also consistent with conclusions drawn in other initiatives in the field of EA prevention which argue that self-neglect is an important phenomena, deserves its own research, and should be the central focus of a separate effort to achieve uniformity in its definition, measurement, and documentation (e.g., National Committee for The Prevention of Elder Abuse 2008 Symposium on Self-Neglect).

Finally, the amount of attention given to phenomena such as resident-to-resident aggression has increased tremendously over the last decade. Resident-to-resident aggression is not a form of elder abuse. However, its occurrence produces injuries and wounds identical to those resulting from abuse and may result when institutions fail to take action to prevent or manage aggression or take actions that are not sufficient to assure resident health and safety. Both of these phenomena may produce outcomes as harmful as those of elder abuse. They may also intensify the impacts of abuse if they are experienced concurrently.

Abandonment

The desertion or willful disregard of an older adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.

Abduction

– Removal from the documented state of residence of any older adult who does not have the capacity to consent to such removal and/or preventing such persons from returning to their state of residence. Abduction may also include restraint of any conservatee (ward) without the consent of the conservator (guardian) or the court.

Criminal Record Identity Theft

Occurs when a caregiver or other person in a relationship where there is an expectation of trust gives an elder's name and personal information such as a drivers' license, date of birth, or Social Security number (SSN) to a law enforcement officer during an investigation or upon arrest, or presents to law enforcement a counterfeit license containing another person's data. Involves posing as another person when apprehended for a crime.

Medical Abuse

Conceptual definitions for this term could not be found. Behaviors typically connected to the term include: inappropriate use of restraints; neglect leading to bedsores, unsanitary conditions, malnutrition, insufficient pain management, untreated medical conditions and poor personal hygiene; intentional recommendation or use of unnecessary medical procedures; causing illness in a person for the purpose of receiving attention or resources; forced feeding.

Resident-to-Resident Abuse/Aggression

Negative and aggressive physical, sexual or verbal interactions between residents of a long-term care facility that is unwelcomed by the recipient(s) and that have high potential to cause physical or psychological distress.

Self-Neglect

A nationally accepted, uniform definition of self-neglect has not been developed. Examples of existing definitions include:
– The behavior of an elderly person that threatens his/her own health and safety. This behavior generally manifests itself in an older person as a refusal or failure to provide himself/herself with adequate food, water, clothing, shelter, personal hygiene, and safety precautions. This excludes situations in which a mentally competent older person, who understands the consequences of his/her decisions, makes a conscious and voluntary decision to engage in acts that threaten his/her health or safety as a matter of personal choice. (National Association of Adult Protective Service Administrators and the National Center on Elder Abuse)

– Meeting one or more of the following:
  • Persistent inattention to personal hygiene and/or environment
  • Repeated refusal of some/all indicated services which can reasonably be expected to improve quality of life
  • Self-endangerment through the manifestation of unsafe behaviors(e.g., persistent refusal to care for a wound, creating fire-hazards in the home) (Pavlou & Lachs, 2008)

– Lack of self-care and inattention to personal hygiene, domestic squalor, hoarding, apathy and disinterest for [one's] condition, social withdrawal, and stubborn refusal of help. (Clark et al., 1975)

– The inability of a person to understand the consequences of his or her actions or inaction when the inability leads to or may lead to harm. There are two components to self-neglect:
  • The failure to provide for oneself the basic needs to avoid physical harm or suffering.
  • The inability to understand the consequences of that failure. (Oregon Department of Human Services)

Violation of Rights

The deprivation of any inalienable right, such as personal liberty/freedom of choice, assembly, speech, privacy, confidentiality, religious freedom, the right to vote. In long term care facilities, this term can be very broad, based on applicable state and/or federal regulations, and can include the right to medical services, choice of physician, freedom to refuse psychotropic medications, right to remain in the facility, and freedom from physical restraint or involuntary seclusion.

TERMS ASSOCIATED WITH THE CIRCUMSTANCES AND CONSEQUENCES OF ELDER ABUSE

Incident

A single act or series of acts that are connected to one another and that may persist over a period of minutes, hours, or days. One perpetrator or multiple perpetrators may commit an incident.

Activities of Daily Living (ADLs)

Everyday tasks related to personal care usually performed for oneself in the course of a normal day, including bathing, dressing, grooming, eating, walking, taking medications, eliminating, and other personal care activities.

Instrumental Activities of Daily Living (IADLs)

Activities related to independent living, such as preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone.

Capacity

The ability, as defined by statute, courts, or clinicians, to perform specific tasks

Economic or Financial Dependency / Dependence

The degree to which one person relies on another person for direct or indirect monetary assistance or support to meet basic needs for food, water, shelter, clothing, or health care.

Report/Reported

A formal or official account or statement regarding an alleged incident of Elder Abuse, made to the appropriate authorities and agencies.

Investigation / Investigated

An evaluation of the potential victim after a report has been filed to appropriate authorities. Also more broadly involves collection of information regarding the circumstances of a reported incident. Can be initiated or carried out by numerous agencies including, but not limited to Adult Protective Services, Law Enforcement, or Long Term Care Ombudsmen.

Substantiated/Validated Report

A report that has been investigated and subsequently supported by proof, evidence, or corroborating information.

Disability

A physical or mental impairment that substantially limits one or more major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment (Americans With Disabilities Act Of 1990, As Amended).

Disease

A pathological condition of a body part, an organ, or a system resulting from various causes, such as infection, genetic defect, or environmental stress, and characterized by an identifiable group of signs or symptoms.[38]

RECOMMENDED CORE DATA ELEMENTS FOR ELDER ABUSE SURVEILLANCE

Overview

Introduction

Each section describes the Recommended Core Data elements that can be included in a surveillance system designed to collect information on Elder Abuse. The order in which the data elements are presented is not intended to suggest a hierarchy; users may select data elements that best fit their surveillance needs.

Depending on the applicability of the information, some or all of the following categories of information are listed for each data element:

• **Description or definition** of the data element;

• **Uses/data element type** describes how the data element should be used and whether it can most feasibly be collected by extracting and analyzing Administrative and Clinical Records or carrying out Probability-Based Surveys.

– Administrative and Clinical Records
- Contain data that were originally collected in the course of clinical or programmatic activity for a specific, frequently non-research purpose such as organizational practice documentation, payment acquisition, or client/case management.
- Administrative and/or regulatory requirements and statutes specify definitions for key phenomena and influence the scope and quality of the data collected.
- Accessibility is limited and governed by legal prescriptions and privacy laws
- Include but are not limited to health, social services, legal, and financial records

– Probability-Based Surveys
- Surveys systematically administered to a randomly selected, representative sample of the target population
- Survey data are collected directly from individuals affected by the condition under surveillance
- Typically allow flexibility in the types of data elements that can be captured and the level of detail of information that can be collected

• **Discussion** of relevant conceptual or operational issues;

• **Data type** (and field length) indicates in what format (e.g., text, numeric, date) the data element should be coded including the length of the data field;

• **Allow for multiple responses** indicates when it is appropriate to include all applicable answers or response options;

• **Field values/coding instructions** indicate how to enter data in the field and what each represents;

• **Data standards or guidelines** used to define the data elements and its field values.

Core Data ElementsFor Elder Abuse Surveillance (List)

Identifying Information
Case id
Data source
Date of first agency documentation

Elder Demographics
Name
Social security number
Date of birth
Sex
Sexual orientation
Race
Ethnicity
Marital status
State, county, city, zip code and address of residence
Education
Employment status

Elder Situational Data Elements
Incident id
Place of residence
Primary caregiver relationship
Primary caregiver lives in place of residence

Perpetrator Demographics
Perpetrator id
Name
Social security number
Date of birth
Sex
Race
Ethnicity
Marital status
State, county, city, zip code and address of residence
Education
Employment status
Relationship of the perpetrator to the elder

Perpetrator Situational Data Elements
Types of abuse perpetrated
Home setting of the perpetrator at the time of the incident
Perpetrator has previously abused elder

Data Elements for All Abuse Events
Types of abuse experienced
Approximate date of abuse onset
Date of incident
Location(s) where abuse occurred
Number of incidents of abuse in past 12 months
Number of perpetrators involved in most recent incident
Abuse reported
Abuse substantiated
Case investigated by a regulatory agency
Result of investigation by the regulatory agency

Physical Abuse Data Elements
Type of injury from physical abuse
Weapon type for physical abuse
Medical required and care received as a result of physical abuse
Physical health outcome for elder after physical abuse
Psychosocial outcome for elder after physical abuse

Sexual Abuse Data Elements
Type of injury from sexual abuse
Weapon type for sexual abuse
Activity at time of sexual abuse
Medical care required and received after sexual abuse
Physical health outcome for elder after sexual abuse
Psychosocial outcome for elder after sexual abuse

Psychological/Emotional Abuse Data Elements
Activity at time of psychological/emotional abuse
Medical care required and received after psychological/emotional abuse
Physical health outcome for elder after psychological/emotional abuse
Psychosocial outcome for elder after psychological/emotional abuse

Neglect By Caregivers Data Elements
Medical care received after neglect
Health outcome for elder after neglect

Financial Abuse Data Elements
Other outcome to elder
Duration of financial abuse

Identifying Information For Elder Abuse Surveillance System

Data Elements

Case ID

Description/Definition
A required, unique identification code used by the agency compiling Elder Abuse surveillance data.

Uses/Data Element Type
Ensures that entered or accessed records correspond with the proper elder. It also facilitates data linkage for administrative and research purposes.

Data element type: Core.

Discussion
Case ID may be assigned by the agency compiling Elder Abuse (EA) surveillance data, or it may be an identifier previously assigned by the contributing data source. Case ID can be identical to the identifier created to allow linkage across multiple sources.

Because identification and documentation of EA is not standard across the many sources that collect data on abuse and neglect, data from multiple sources may be needed to better estimate the number of elders who experience abuse. As such, developers of surveillance systems may want to explore the viability of a variety of approaches to Elder Abuse surveillance. One method is to include data from multiple sources (e.g., APS records, police records and emergency room records) when designing surveillance systems. If surveillance system developers choose to use data from multiple sources, a unique identifier should be created for linkage across data sources.

Data Type (and Field Length)
Text (25).

Allow for Multiple Responses
No.

Field Values/Coding Instructions
Enter the actual case identification number.

Data Standards or Guidelines
Health Level 7 (HL7) (1996).

Data Source

Description/Definition
Agency or data source from which Elder Abuse surveillance data is received.

Uses/Data Element Type
Identifies the agency or organization that supplied data for this victim. It will enable linkage of multiple agency contacts for the same victim.

Data element type: Core.

Discussion
No single agency is likely to collect all of the data elements recommended. As a consequence, it is likely that anyone setting up a surveillance system will need to combine data from a number of sources (e.g., health care records and police records) using a relational database. This will identify data elements gathered from each data source used.

Data Type (and Field Length)
Numeric (2).

Allow for Multiple Responses
No.

Field Values/Coding Instructions

Code	Description
01	Emergency department
02	Other hospital department (non-psychiatric)
03	Mental health or psychiatric hospital or department
04	Other non-hospital health care, including mental health
05	Police/Sheriff/Law enforcement
06	Prosecutor/District attorney
07	Probate court investigator
08	Public guardian
09	Legal aid program
10	Other court-related or criminal justice-related agency
11	Shelter for abused elders
12	Domestic violence program
13	Rape crisis center
14	Telephone hotline for victim services, other than those provided by a shelter or rape crisis center
15	Victim-witness assistance programs
16	Other victim service agencies
17	Other social service agencies, other than victim service agencies
18	Coroner or medical examiner
19	Vital statistics office within state health department
20	Adult Protective Services
21	Area Agency on Aging
22	Case management program
23	Senior centers
24	Meal programs
25	Transportation services
26	Assisted living/Board and care facility
27	Home health care agency
28	Nursing home/skilled nursing facility
29	Rest homes
29	Boarding home/group home
30	Foster home

31 Ombudsman Services
32 Other agency or data source
88 Not applicable
99 Unknown

Data Standards or Guidelines
None.

Date of First Agency Documentation

Description/Definition
Date when the agency providing data to the Elder Abuse surveillance system first documented elder victimization for this person.

Uses/Data Element Type
Can be used in conjunction with date of birth to calculate the victim's age at the time of first agency documentation of victimization for this person. It can also be used in conjunction with the date of the most recent abuse episode to determine if agency documentation of any elder victimization preceded agency documentation of most recent violent episode.

Data element type: Core.

Discussion
It is possible that the victim will have contacts with an agency that precede agency recognition or documentation of elder victimization or that precede other disclosure of abuse (e.g., elders often wait to disclose violence to health care practitioners until they trust and feel comfortable with their providers). This data element reflects the date when the victimization was first documented in the records of the agency providing data to the Elder Abuse surveillance system. If documentation of Elder Abuse results from routine screening or other disclosure, there may be no specific violent episode related to the date of documentation. If there has been no agency documentation of elder victimization prior to the most recent violent episode, then this data element will be identical to the date of agency documentation of most recent violent episode.

Data Type (and Field Length)
Date (10).

Allow for Multiple Responses
No.

Field Values/Coding Instructions
MM/DD/YYYY format
9's for any unknown date elements:

06/99/2007for June 2007 with the day unknown
99/99/2007 for 2007 with the month and day unknown
99/99/9999for the year, month and day unknown

Data Standards or Guidelines

None.

Elder Demographics

Data Elements

Discussion

The data elements in this section relate directly to information about the elder. Creators of surveillance systems should be mindful of confidentiality and safety issues as they develop and use their system. No data should be collected or stored that could potentially jeopardize an elder's safety. When developing a surveillance system for Elder Abuse, the issue of confidentiality must be balanced with the need for data linkage across multiple data sets. Data elements containing identifying information may be stripped once data from all records related to the elder have been identified and entered into the surveillance system.

Name

Description/Definition
First, middle, and last name.

Uses/Data Element Type
Allows for linking data on a particular person across records, thus reducing the chance of duplicate records on the same person.

Data element type: Core.

Discussion
The practice of including names in public health surveillance systems is not uncommon. Most surveillance systems for infectious diseases include names, as do some injury surveillance systems. Additionally, inclusion of name(s) in a surveillance system to track events allows for a unique identifier that can facilitate data linkage across sources.

These data are not intended for tracking victims or perpetrators. Protection of individuals' privacy is paramount; to protect privacy and confidentiality, access to this data element should be limited to authorized personnel.

Data Type (and Field Length)

Lastname	Text (20).
Firstname	Text (20).
Middle name	Text (20).

Allow for Multiple Responses
No.

Field Values/Coding Instructions
Record name in three separate data elements corresponding to last, first and middle name or initial.

Data Standards or Guidelines
None.

Social Security Number

Description/Definition
Social security number.

Uses/Data Element Type
Personal identifiers are used to uniquely identify an individual for linking data across data sources, to distinguish between persons with the same name, and for identifying duplicate records. See the Introduction section of this manual for a discussion about handling data elements that can identify individual persons or agencies.

Data element type: Core.

Discussion
If the social security number is blank or unknown in the source document, enter 999999999.

Data Type (and Field Length)
Numeric (9).

Allow for Multiple Responses
No.

Field Values/Coding Instructions
Actual social security number
888888888 Not applicable
999999999 Unknown

Data Standards or Guidelines
None.

Date of Birth

Description/Definition
Date of birth.

Uses/Data Element Type
Can be used to calculate age and to distinguish between persons with the same name.

Data element type: Core.

Discussion
If date of birth is not known, the year can be estimated. The date of birth can be used with date of incident to calculate the age at the time of the current incident.

Data Type (and Field Length)
Date (10).

Allow for Multiple Responses
No.

Field Values/Coding Instructions
MM/DD/YYYY format
9's for any unknown date elements:

06/99/2007for June 2007 with the day unknown
99/99/2007 for 2007 with the month and day unknown
99/99/9999for the year, month and day unknown

Data Standards or Guidelines
None.

Sex

Description/Definition
Sex of person.

Uses/Data Element Type
Standard demographic and identifying information.

Data element type: Core.

Data Type (and Field Length)
Numeric (1).

Allow for Multiple Responses
No.

Field Values/Coding Instructions

Code	Description
1	Male
2	Female
3	Transgender
4	Other
9	Unknown

Data Standards or Guidelines
U.S. Department of Health and Human Services Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status; http://aspe.hhs.gov/datacncl/standards/ACA/4302/index.shtml.

Sexual Orientation

Description/Definition
Sexual orientation of the person as self-reported or described by others.

Uses/Data Element Type
Standard demographic and identifying information.

Data element type: Core.

Data Type (and Field Length)
Numeric (1).

Allow for Multiple Responses
No.

Field Values/Coding Instructions

Code	Description
1	Heterosexual or straight
2	Homosexual, Gay, or lesbian
3	Bisexual
4	Other
9	Unknown

Data Standards or Guidelines
None.

Race

Description/Definition
Race of person.

Uses/Data Element Type
Although the biological significance of race has been questioned, data on race are used in public health surveillance and in epidemiologic, clinical, and health services research.

Data element type: Core.

Discussion
The categories below represent a social-political construct designed for collecting data on the race and ethnicity of broad population groups in the United States. For more than 20 years, the Federal government has promoted the use of a common language to ensure uniformity and comparability of data on race and ethnicity. Development of the data standards stemmed in large measure from new responsibilities to enforce civil rights laws. Data were needed to monitor equal access in housing, education, employment, and other areas for populations that historically had experienced discrimination and differential treatment because of their race or ethnicity. The standards are used not only in the decennial census (which provides data for the "denominator" for many measures), but also in household surveys, on administrative forms (e.g., school registration and mortgage-lending applications), and in medical and other research.

Race is a concept used to differentiate population groups largely by physical characteristics transmitted by descent. This concept lacks clear scientific definition, as racial categories are neither precise nor mutually exclusive. The common use of race in the United States draws upon differences not only in physical attributes, but also in ancestry and geographic origins.

HHS on Oct. 31, 2011, published final standards for data collection on race, ethnicity, sex, primary language and disability status, as required by Section 4302 of the Affordable Care Act. The law requires that data collection standards for these measures be used, to the extent practicable, in all national population health surveys. They will apply to self-reported information only. The law also requires any data standards published by HHS comply with standards created by the Office of Management and Budget (OMB).

Proposed standards were published on June 29, 2011, and public comments were accepted until August 1, 2011. The standards, which were effective upon publication.

Data Type (and Field Length)
Numeric (1).

Allow for Multiple Responses
Yes. If the agency providing the data to the surveillance system uses multiple racial categories, the surveillance system should capture multiple responses.

Field Values/Coding Instructions

Code	Description
1	White
2	Black or African American
3	American Indian or Alaska Native
4	Asian Indian
5	Chinese
6	Filipino
7	Japanese
8	Korean
9	Vietnamese
10	Other Asian
11	Native Hawaiian

12 Guamanian or Chamorro
13 Samoan
14 Other Pacific Islander
15 Other (Specify) _____
99 Unknown—a person's race is unknown

Data Standards or Guidelines

Office of Minority Health. Final data collection standards for race, ethnicity, primary language, sex, and disability status required by section 4302 of the Affordable Care Act. US Dept of Health and Human Services Web site. http: I /minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&1vlid=208. Accessed September 11, 2012.

Ethnicity

Description/Definition
Ethnicity of the person. A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."

Uses/Data Element Type
Data on ethnicity are used in public health surveillance and in epidemiologic, clinical, and health services research.

Data element type: Core.

Discussion
Ethnicity is a concept used to differentiate population groups by shared cultural characteristics or geographic origins. Many cultural attributes contribute to ethnic differentiation (e.g., religion, language, styles of dress, and patterns of social interaction). Ethnic differentiation is fluid, imprecise, and contingent on a sense of group identity that can change over time and that involves subjective and attitudinal influences. Since 1977, the Federal government has sought to standardize data on race and ethnicity among its agencies. HHS on Oct. 31, 2011, published final standards for data collection on race, ethnicity, sex, primary language and disability status, as required by Section 4302 of the Affordable Care Act. The law requires that data collection standards for these measures be used, to the extent practicable, in all national population health surveys. They will apply to self-reported information only. The law also requires any data standards published by HHS comply with standards created by the Office of Management and Budget (OMB).

Proposed standards were published on June 29, 2011, and public comments were accepted until August 1, 2011.

Data Type (and Field Length)
Numeric (1).

Allow for Multiple Responses
No.

Field Values/Coding Instructions

Code	Description
1	Not Hispanic or Latino/a or Spanish origin
2	Yes, Mexican, Mexican American, Chicano/a
3	Yes, Puerto Rican
4	Yes, Cuban
5	Yes, another Hispanic, Latino, or Spanish origin
9	Unknown if elder is of Hispanic or Latino origin

Data Standards or Guidelines
Office of Minority Health. Final data collection standards for race, ethnicity, primary language, sex, and disability status required by section 4302 of the Affordable Care Act. US Dept of Health and Human Services Web site. http: l /minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&1vlid=208. Accessed September 11, 2012

Marital Status

Description/Definition
Person's legal marital status at the time of the incident for which data are being collected.

Uses/Data Element Type
Risk of violence may vary by legal marital status. Marital status may change over the course of a relationship, particularly a violent relationship. For consistency, we recommend recording the person's marital status at the time of the incident for which the data are being collected.

Data element type: Core.

Discussion
Some unmarried partners may be cohabiting. In some states this may qualify as common-law marriage. Classify common-law marriage as married.

Data Type (and Field Length)
Numeric (1).

Allow for Multiple Responses
No.

Field Values/Coding Instructions

Code	Description
1	Married – person currently married. (includes living together and not living together)
2	Separated – person legally separated
3	Divorced – person divorced and not remarried
4	Partnered–no legal relationship but shares housing as intimate partners
5	Single/never married – person who has never been married or whose only marriages have been annulled
6	Widowed – person widowed and not remarried
9	Unknown

Data Standards or Guidelines
CDC HISSB Common Data Elements Implementation Guide available at http://www.cdc.gov/data/index.htm.

State, County, City, Zip Code and Address of Residence

Description/Definition
State, county, city, zip code and street address of residence at the time of the incident for which data are being collected.

Uses/Data Element Type
Allows examination of the correspondence between the location of the elder's residence, location of the perpetrator's residence and the location of the most recent violent episode. The address is also useful to determine the agency responsible for potential public health interventions, to undertake geo-coding, and to calculate population-based injury rates. The address can also be used to gain access to U.S. Census information about the socioeconomic status. Locations may have implications for intervention strategies.

Data element type: Core.

Discussion
To protect privacy and confidentiality, access to this level of detail must be limited to authorized personnel. The need for confidentiality must be taken into account if the full version of this data element is used.

American National Standards Institute codes (ANSI codes) are a standardized set of numeric or alphabetic codes issued by the American National Standards Institute (ANSI) to ensure uniform identification of geographic entities through all federal government agencies. These standards replace the Federal Information Processing Standards (FIPS) codes previously issued by the National Institute of Standards and Technology (NIST).

State codes are provided below. The extensive list of county and city codes makes it imprudent to display them. However, at the ANSI website, county and city codes are available for look up. A printable list of county and city codes with a state is also available. In addition, data collection systems can be enhanced via an ANSI lookup table so that once a state is selected, only counties in that state are listed under a county code drop down variable, and only cities within the selected county are listed in the a city drop down variable.

Data Type (and Field Length)

State	Numeric (2).
County	Numeric (3).
City	Numeric (5).
Zip Code	Numeric (5).
Street Address	Text (50).

Repetition
No.

Field Values/Coding Instructions

Code	Description
State	
01	Alabama
02	Alaska
04	Arizona
05	Arkansas
06	California
08	Colorado
09	Connecticut
10	Delaware
11	District of Columbia
12	Florida
13	Georgia
15	Hawaii

16 Idaho
17 Illinois
18 Indiana
19 Iowa
20 Kansas
21 Kentucky
22 Louisiana
23 Maine
24 Maryland
25 Massachusetts
26 Michigan
27 Minnesota
28 Mississippi
29 Missouri
30 Montana
31 Nebraska
32 Nevada
33 New Hampshire
34 New Jersey
35 New Mexico
36 New York
37 North Carolina
38 North Dakota
39 Ohio
40 Oklahoma
41 Oregon
42 Pennsylvania
43 Puerto Rico
44 Rhode Island
45 South Carolina
46 South Dakota
47 Tennessee
48 Texas
49 Utah
50 Vermont
51 Virginia
53 Washington
54 West Virginia
55 Wisconsin
56 Wyoming
60 American Samoa
64 Federated States of Micronesia
66 Guam
68 Marshall Islands
69 Northern Mariana Islands
70 Palau
74 U.S. Minor Outlying Islands
78 Virgin Islands of the U.S.
88 Outside the United States
99 Unknown

County

See county codes by state at the link below
888 Not applicable
999 Unknown

City
See city codes by state at the link below.
88888 Not applicable
99999 Unknown

Zip Code
Actual zip code
88888 Not applicable
99999 Unknown

Street Address
Actual street address

Data Standards or Guidelines
http://www.census.gov/geo/www/ansi/ansi.html.
Please note that state codes are not chronological in all cases (i.e., 03 and 07 have no states associated with them). This is not an error but reflects actual census codes.

Education

Description/Definition
Highest education level/degree achieved.

Uses/Data Element Type
Education level is an important indicator of socioeconomic status and is used in epidemiologic and other scientific analyses.

Data element type: Core.

Discussion
None.

Data Type (and Field Length)
Numeric (1).

Allow for Multiple Responses
No.

Field Values/Coding Instructions

Code	Description
0	8th grade or less
1	9th to 12th grade; no diploma
2	High school graduate or GED completed
3	Some college credit, but no degree
4	Associate's degree (e.g., AA, AS)
5	Bachelor's degree (e.g., BA, AB, BS)
6	Master's degree (e.g., MA, MS, Mend, Med, MSW, MBA)
7	Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, JD)
8	Not applicable
9	Unknown/not applicable

Data Standards or Guidelines
National Violent Death Reporting System available at
http://www.cdc.gov/ViolencePrevention/NVDRS/index.html.

Employment Status

Description/Definition
Current employment status at the time of the incident.

Uses/Data Element Type
Employment status can alter the relationships between elders and perpetrators. Time out of the place of residence, financial independence, social activity, and self-worth may be related to employment.

Data element type: Core.

Discussion
None.

Data Type (and Field Length)
Numeric (1).

Allow for Multiple Responses
No.

Field Values/Coding Instructions

Code	Description
1	Employed or self-employed full time
2	Employed or self-employed part time
3	Retired and not working by choice
4	Disabled or too ill to work
5	Unemployed and looking for work
6	Other such as homemaker
8	Not applicable
9	Unknown

Data Standards or Guidelines
None.

Elder Situational Data Elements

Data Elements

Incident ID

Description/Definition
Identifier used to identify and distinguish specific incidents that may involve elder abuse.

Uses/Data Element Type
Used together, the Participant ID and the Incident ID uniquely identify each incident in the database. The Participant and Incident ID can be used to link data from different sources and to define different incidents for individuals with multiple records corresponding to discrete abuse incidents.

Data element type: Core.

Discussion
Incident ID may be assigned by the agency compiling Elder Abuse (EA) surveillance data, or it may be an identifier previously assigned by the contributing data source. There are no provisions for missing or unknown information for this data element.

Data Type (and Field Length)
Text (25).

Allow for Multiple Responses
Yes

Field Values/Coding Instructions

Code	Description
Enter the actual incident identification number.	

Data Standards or Guidelines
None.

Place of Residence

Description/Definition
Type of residence or living arrangement in which the elder resides at the time of the incident.

Uses/Data Element Type
Provides information on the context and environment in which the elder lives at the time of the incident. Type of residence is the place where the victim lived the majority of the time when the incident occurred.

Data element type: Core.

Discussion
Examples of use and application guidance: If an elder is injured at their place of residence and dies four months later in a nursing home, answer questions regarding his or her own family residence. If the elder splits time equally between two or more residences, code the residence in which the incident took place.

Data Type (and Field Length)
Numeric (2).

Allow for Multiple Responses
No.

Field Values/Coding Instructions

Code	Description
01	Elder lives alone in a home/apartment
02	Elder lives with family members only in a home/apartment
03	Elder lives with non-family members only in a home/apartment
04	Elder lives with both family and non-family members in a home/apartment
05	Elder lives in an independent living setting for seniors that does not provide long-term care services
06	Elder lives in assisted living, board and care home, or similar long-term care facility other than a nursing home
07	Elder lives in a nursing home
08	Other
88	Not applicable
99	Unknown/not applicable

Data Standards or Guidelines
None.

Primary Caregiver Relationship

Description/Definition
Relationship of the primary caregiver to the elder.

Uses/Data Element Type
Allows for examination of the extent to which risk of Elder Abuse increases by the relationship of the caregiver.

Data element type: Core.

Discussion
To be included in this category, the person must provide at least 50% of the caregiving needs of the elder.

Use the following sentence as a guide for selecting the appropriate description of the relationship: **the caregiver is the _____ of the elder.** For example, when a child is the caregiver of an elder parent, the relationship is "Son or Daughter" not "Parent." ("The caregiver is the child of the elder").

Data Type (and Field Length)
Numeric (2).

Allow for Multiple Responses
No.

Field Values/Coding Instructions

Code	Description
01	Husband (current or ex)
02	Wife (current or ex)
03	Boyfriend (current or ex)
04	Girlfriend (current or ex)
05	Son (biological child)
06	Son (step/foster/adopted child)
07	Son-in-law
08	Daughter (biological child)
09	Daughter (step/foster/adopted child)
10	Daughter-in-law
11	Brother (biological sibling)
12	Brother (step/foster/adopted sibling)
13	Brother-in-law
14	Sister (biological sibling)
15	Sister (step/foster/adopted sibling)
16	Sister-in-law
17	Father (biological parent)
18	Father (step/foster/adopted parent)
19	Father-in-law
20	Mother (biological parent)
21	Mother (step/foster/adopted parent)
22	Mother-in-law
23	Grandson (biological)
24	Grandson (step/foster/adopted)
25	Granddaughter (biological)
26	Granddaughter (step/foster/adopted)
27	Aunt
28	Uncle
29	Cousin (male)
30	Cousin (female)

31 Other in-law (male)
32 Other in-law (female)
33 Other male relative
34 Other female relative
35 Friend/acquaintance (non-relative)
36 In-home full time nurse/attendant (non-relative)
37 For residents of nursing homes or other long-term care facilities, a caregiver working for the facility as an employee, contractor, or volunteer
38 Other non-relative
88 Not applicable
99 Unknown

Data Standards or Guidelines
None.

Primary Caregiver Lives in Place of residence

Description/Definition
Denotes if the caregiver lives in the elder's place of residence, with the residence being the place where the caregiver lives and sleeps most of the time.

Uses/Data Element Type
Allows for examination of the extent to which risk of Elder Abuse increases when the primary caregiver lives with or without the elder.

Data element type: Core.

Discussion
To be included in this category, the person must live at least 50% of the time in the same residence as the elder.

Data Type (and Field Length)
Numeric (1).

Allow for Multiple Responses
No.

Field Values/Coding Instructions

Code	Description
0	No
1	Yes
8	Not applicable
9	Unknown

Data Standards or Guidelines
None.

Disabilities in Major Functional Domains

Description/Definition
These data can be used to assess increased risk of Elder Abuse for elders experiencing disabilities in one or more major functional domains.

Data element type: Core.

Discussion
Disability is a state of decreased functioning associated with disease, disorder, injury, or other health conditions, which in the context of one's environment is experienced as an impairment, activity limitation, or participation restriction. Code if the elder has been formally recognized as having a disability due the presence of a specific form of impairment, activity limitation, or participation restriction and the disability was not a result of the most recent incident of abuse. Formal recognition of disability status is indicated by an elder's possession of official documentation of disability such as medical records; paperwork establishing eligibility to receive disability benefits from the Social Security Administration or State Disability Programs, or verifying military discharge due to disability incurred during service, following the conclusion of a disability determination process; or official rulings classifying an elder as an individual covered by the protections of the American's with Disabilities Act of 1990 (and its subsequent amendments).

Data Type (and Field Length)
Numeric (2).

Allow for Multiple Responses
Yes.

Field Values/Coding Instructions

Code	Description
0	No
1	Yes
8	Not applicable
9	Unknown

Data Standards or Guidelines
None.

Other References:
Leonardi M et al. Measuring Health and Disability in Europe(MHADIE) Consortium. The definition of disability: what is in a name? Lancet, 2006,368:1219-1221. Americans with Disabilities Act of 1990 (ADA) [42 U.S.C. 12101 et seq.] ADA Amendments Act of 2008 (S. 3406), Pub. L. 110-325

Perpetrator Demographics

Data Elements

NOTE: A unique record should be created for each perpetrator. It is recommended that the same demographic data elements collected for the victim be collected for each perpetrator. Two additional data elements, "Perpetrator ID" and "Relationship of the elder to the perpetrator" are described below.

Perpetrator ID

Description/Definition
A required, unique identification code used by the agency compiling Elder Abuse surveillance data. Provides a means of identifying and distinguishing multiple perpetrators involved in a single case.

Uses/Data Element Type
Provides a means of identifying and distinguishing multiple perpetrators involved in a single case. If there is more than one perpetrator, create a separate perpetrator ID for each.

Data element type: Core.

Discussion
Perpetrator ID may be assigned by the agency compiling Elder Abuse (EA) surveillance data, or it may be an identifier previously assigned by the contributing data source. Perpetrator ID can be identical to the identifier created to allow linkage across multiple sources.

Because identification and documentation of EA is not standard across the many sources that collect data on abuse and neglect, data from multiple sources may be needed to better estimate the number of elders who experience abuse. As such, developers of surveillance systems may want to explore the viability of a variety of approaches to Elder Abuse surveillance. One method is to include data from multiple sources (e.g., APS records, police records and emergency room records) when designing surveillance systems. If surveillance system developers choose to use data from multiple sources, a unique identifier should be created for linkage across data sources.

The mechanics of how to set up a database that accommodates data from multiple sources are not discussed in this document. Users should refer to other sources for information on how to set up a database.

Data Type (and Field Length)
Text (25).

Allow for Multiple Responses
No.

Field Values/Coding Instructions
Enter the actual case identification number.

Data Standards or Guidelines
None.

Relationship of the Perpetrator to the Elder

Description/Definition
Describes the perpetrator's relationship to the elder.

Uses/Data Element Type
Data describing the relationship between the elder and the perpetrator are useful for developing and evaluating prevention programs and for characterizing various forms of family and caregiver violence.

Use the following sentence as a guide for selecting the appropriate description of the relationship: the perpetrator is the _____ of the elder. For example, when a child abuses an elder parent, the relationship is "Son" or "Daughter" not "Parent." ("The perpetrator is the child—son or daughter of the elder"). If there is more than one perpetrator, create a separate perpetrator record for each.

Data element type: Core.

Data Type (and Field Length)
Numeric (2).

Discussion
None.

Allow for Multiple Responses
No.

Field Values/Coding Instructions

Code	Description
01	Husband (current or ex)
02	Wife (current or ex)
03	Boyfriend (current or ex)
04	Girlfriend (current or ex)
05	Son (biological child)
06	Son (step/foster/adopted child)
07	Son-in-law
08	Daughter (biological child)
09	Daughter (step/foster/adopted child)
10	Daughter-in-law
11	Brother (biological sibling)
12	Brother (step/foster/adopted sibling)
13	Brother-in-law
14	Sister (biological sibling)
15	Sister (step/foster/adopted sibling)
16	Sister-in-law
17	Father (biological parent)
18	Father (step/foster/adopted parent)
19	Father-in-law
20	Mother (biological parent)
21	Mother (step/foster/adopted parent)
22	Mother-in-law
23	Grandson (biological)
24	Grandson (step/foster/adopted)
25	Granddaughter (biological)
26	Granddaughter (step/foster/adopted)
27	Aunt
28	Uncle

29 Cousin
30 Other in-law
31 Other male relative
32 Other female relative
33 Friend/acquaintance (non-relative)
34 In-home full time nurse/attendant (non-relative)
35 For individuals living in assisted living, a nursing home, or other long-term care facility, an employee, contractor or volunteer of the facility.
36 Other non-relative
88 Not applicable (e.g., retirement village, assisted living, nursing home, etc.)
99 Unknown

Data Standards or Guidelines
None.

Perpetrator Situational Data Elements

Data Elements

Types of Abuse Perpetrated

Description/Definition
Describes the type of abuse perpetrated.

Uses/Data Element Type
Allows determination of the types of abuse perpetrated by each perpetrator.

Data element type: Core.

Discussion
None.

Data Type (and Field Length)
Numeric (1).

Allow for Multiple Responses
Yes.

Field Values/Coding Instructions

Code	Description
1	Physical Abuse
2	Sexual Abuse
3	Emotional / Psychological Abuse
4	Neglect
5	Financial Abuse/Exploitation
8	Not applicable
9	Unknown

Data Standards or Guidelines
None.

Place of Residence of the Perpetrator at Time of the Incident

Description/Definition
Type of residence or living arrangement in which the perpetrator resides at the time of the incident.

Uses/Data Element Type
Provides information on the context and environment in which the perpetrator lives at the time of the incident.

Data element type: Core.

Discussion
Note that the place of residence of the elder asked for the setting in which the elder lived the majority of the time. Place of residence of the perpetrator is not where the person lived the majority of the time but the home setting at the time of the incident. For example, if a perpetrator was living in his or her own apartment but moved in with the elder two weeks prior, the place of residence is the elder's residence.

Data Type (and Field Length)
Numeric (1).

Allow for Multiple Responses
No.

Field Values/Coding Instructions

Code	Description
	Perpetrator did not live with elder
	Perpetrator lived with elder only in perpetrators home
	Perpetrator lived with elder only in elder's home
	Perpetrator lived with elder and other family members in perpetrator's home
	Perpetrator lived with elder and other family members in elder's home
	Perpetrator lived with elder and other family and non-family members
	Other (specify)
	Not applicable
	Unknown

Data Standards or Guidelines
None.

Data Elements For All Abuse Events

Data Elements

Types of Abuse Experienced

Description/Definition
Describes the type of abuse experienced by an older adult.

Uses/Data Element Type
Allows determination of the types of experienced by each older adult.

Data element type: Core.

Discussion
None.

Data Type (and Field Length)
Numeric (1).

Allow for Multiple Responses
Yes.

Field Values/Coding Instructions

Code	Description
1	Physical Abuse
2	Sexual Abuse
3	Emotional / Psychological Abuse
4	Neglect
5	Financial Abuse/Exploitation
8	Not applicable
9	Unknown

Data Standards or Guidelines
None.

Approximate Date of Abuse Onset

Description/Definition
Approximated date when the victim first experienced abuse/when abuse was first perpetrated.

Uses/Data Element Type
Can be used in conjunction with date of birth to calculate the victim's age at the time when abuse began. It can also be used in conjunction with the date of the most recent violent episode to determine time since the beginning of the abuse experience.

Data element type: Core

Discussion
It is possible that the victim will have multiple incidents of victimization reported over time. This data element reflects the date when the victimization actually began and allows for an understanding of the time lag between victimization and reporting or detection. The approximate date of victimization/perpetration onset and the date of reporting may be identical if the experience started and was reported the same day.

Data Type (and Field Length)
Date (10).

Allow for Multiple responses
No.

Field Values/Coding Instructions
MM/DD/YYYY format
9's for any unknown date elements:
06/99/2007for June 2007 with the day unknown
99/99/2007 for 2007 with the month and day unknown
99/99/9999for the year, month and day unknown
88/88/8888 Not applicable

Data Standards or Guidelines
None.

Date of Incident

Description/Definition
Date when the abuse incident being reported actually occurred.

Uses/Data Element Type
Can be used in conjunction with date of birth to calculate the victim's age at the time of the incident. It can also be used in conjunction with the date of the most recent violent episode to determine since the last reported incident.

Data element type: Core

Discussion
It is possible that the victim will have multiple incidents of victimization reported over time. This data element reflects the date when the victimization actually occurred and allows for an understanding of the time lag between victimization and reporting. The date of victimization and the date of reporting may be identical if the event was reported on the same day.

Data Type (and Field Length)
Date (10).

Allow for Multiple responses
No.

Field Values/Coding Instructions
MM/DD/YYYY format
9's for any unknown date elements:
06/99/2007for June 2007 with the day unknown
99/99/2007 for 2007 with the month and day unknown
99/99/9999for the year, month and day unknown
88/88/8888 Not applicable

Data Standards or Guidelines
None.

Location(s) where Abuse Occurred

Description/Definition
Describes the type of locations where the abuse of the elder occurred for the current incident.

Uses/Data Element Type
Data on the type of places where abuse occurred help to describe the injury or illness producing event and are valuable for planning and evaluating prevention programs.

Data element type: Core.

Data Type (and Field Length)
Numeric (2).

Allow for Multiple Responses
Yes.

Field Values/Coding Instructions

Code	Description
01	House, apartment, including driveway, porch, yard
02	Street/road, sidewalk, alley
03	Highway, freeway
04	Motor vehicle (inside a private vehicle)
05	Facility/social service agency vehicle (inside an agency vehicle)
06	Public transportation or station (bus, train, plane, airport, depot, taxi)
07	Bank/credit union
08	Retail/commercial establishment (including parking lot)
09	Office building (lawyer)
10	Social service office (social security, public assistance)
11	Senior center/community center
12	Adult daycare facility
13	Assisted living facility, board and care home, or similar long-term care facility (other than a nursing home)
14	Supervised residential facility (e.g., shelter, halfway house, group home)
15	Outpatient/medical office
16	Hospital
17	Nursing home
18	In-patient Hospice Facility
19	Synagogue, church, temple, mosque or other building used for religious services
20	Jail, prison, detention facility
21	Park, natural or public use area (beaches, forest, river)
22	Hotel/motel
23	Other (specify)
88	Not applicable
99	Unknown/not applicable

Data Standards or Guidelines
National Violent Death Reporting System available at
http://www.cdc.gov/ViolencePrevention/NVDRS/index.html.

Number of Incidents of Abuse In Past 12 Months

Description/Definition
Number of incidents or episodes of abuse that occurred in the 12 months prior to the date of contact with the entity providing data. Allows an estimation of the frequency of elder abuse within the last year by any perpetrator.

Uses/Data Element Type
Allows an estimation of the frequency of abuse within the last year by any perpetrator.

Data element type: Core.

Discussion
Code this data element based on the specific type of abuse that occurred. For example, if an elder was a victim of both physical and sexual abuse, a record should be created for physical abuse and a second record for sexual abuse. The physical abuse record should be coded to reflect the single or series of events for physical abuse only. The second record should reflect the single or series of events for sexual abuse only. Understanding the frequency of each type of abuse in the last 12 months provides a measure of the immediate context for the occurrence of abuse.

Allow for Multiple Responses
No.

Field Values/Coding Instructions

Code	Description
0	0 incidents of abuse
1	1 incident of abuse
2	2-5 incidents of abuse
3	6-10 incidents of abuse
4	More than 10 incidents of abuse
8	Not applicable
9	Unknown

Data Standards or Guidelines
None.

Number of Perpetrators Involved in Most Recent Incident

Description/Definition
The number of perpetrators involved in the most recent incident.

Uses/Data Element Type
Allows examination of differences between incidents involving one perpetrator and incidents involving more than one perpetrator.

Data element type: Core

Discussion
Incidents involving more than one perpetrator may differ in nature from those involving only one perpetrator.

Data Type (and Field Length)
Numeric (2).

Allow for Multiple Responses
No.

Field Values/Coding Instructions

Code	Description
Code actual number	
88	Not applicable
99	Unknown

Data Standards or Guidelines
None.

Abuse Reported

Description/Definition
Describes to whom the current incident of abuse was reported.

Uses/Data Element Type
Captures the agencies to which abuse was reported.

Data element type: Core.

Discussion
Suspected Elder Abuse outcomes may vary based the agency/agencies to which the abuse was reported. This data element allows for analyses of outcomes based on the type of agency/agencies notified of the allegations.

Data Type (and Field Length)
Numeric (2).

Allow for Multiple Responses
Yes.

Field Values/Coding Instructions

Code	Description
01	Emergency department/hospital
02	Physician or health care professional, including mental health, other than those in a hospital (use 01) or long-term care facility (use 08)
03	Police/Sheriff/Law enforcement
04	Prosecutor/District attorney/personal attorney
05	Other court-related or criminal justice-related agency
06	Adult Protective Services
07	Area Agencies on Aging
08	Assisted Living, Board and Care Facility, Nursing home, or other long term care facility staff
09	Long-Term Care Ombudsman
10	Agency that regulates long-term care facilities
11	Landlord, security staff, or other staff related to rental housing (including independent living and retirement villages)
12	Clergy
13	Bank or other financial services official
14	Shelter for abused elders
15	Domestic violence program
16	Rape crisis center
17	Telephone hotline for victim services, other than those provided by a shelter or rape crisis center
18	Victim-Witness Assistance program
19	Other victim service agencies
20	Other social service agencies, other than victim service agencies
21	Other
99	Unknown/not applicable

Data Standards or Guidelines
None.

Abuse Substantiated

Description/Definition
Describes if the investigation finds that abuse actually exists (i.e., the investigation determined the abuse actually occurred or that the alleged perpetrator was shown to have committed the abuse).

Uses/Data Element Type
Captures whether this perpetrator was found by an investigating agency to have committed the alleged abuse.

Data element type: Core.

Discussion
Abuse may be substantiated for one perpetrator but not substantiated for another in the same incident. Capturing the actual result of the case investigation separately by perpetrator can be useful in assessing risk for abuse and informing prevention efforts.

Data Type (and Field Length)
Numeric (1).

Allow for Multiple Responses
No.

Field Values/Coding Instructions

Code	Description
0	Unable to substantiate
1	Substantiated
8	Not applicable
9	Unknown

Data Standards or Guidelines
None.

Physical Abuse Data Elements

Data Elements

Type of Injury from Physical Abuse

Description/Definition
Captures the type of injury the elder experienced as a result of the physical abuse.

Uses/Data Element Type
The type of injury can be utilized to evaluate the severity of the injury and estimate the costs of medical interventions.

Data element type: Core.

Discussion
None.

Data Type (and Field Length)
Numeric (2).

Allow for Multiple Responses
Yes.

Field Values/Coding Instructions

Code	Description
01	Contusion (bruise, scrape)
02	Laceration (cut, slice)
03	Fracture
04	Poisoning
05	Penetrating wound (gunshot, stabbing)
06	Burn
07	Suffocation/strangulation
08	Near drowning
09	Crush injury
10	Electric shock
11	Other (specify)
88	Not applicable
99	Unknown/not applicable

Data Standards or Guidelines
National Violent Death Reporting System available at
http://www.cdc.gov/ViolencePrevention/NVDRS/index.html.

Weapon Type for Physical Abuse

Description/Definition
Describes the weapon used to inflict injury on the elder.

Uses/Data Element Type
These codes help describe the weapon used to inflict injury on the elder. An understanding of weapons used has implications for prevention in terms of access and lethality.

Data element type: Core.

Discussion
None.

Data Type (and Field Length)
Numeric (2).

Allow for Multiple Responses
Yes.

Field Values/Coding Instructions

Code	Description
01	Firearm
02	Sharp instrument
03	Blunt instrument
04	Poisoning
05	Hanging, strangulation, suffocation
06	Personal weapons (e.g., fists, feet)
07	Fall
08	Explosives
09	Drowning
10	Fire or burns
11	Shaking
12	Motor Vehicle (e.g., car, truck, bus, train, etc)
13	Biological weapons
14	Other
88	Not applicable
99	Unknown

Data Standards or Guidelines
National Violent Death Reporting System available at
http://www.cdc.gov/ViolencePrevention/NVDRS/index.html.

Medical Care Required and Received as a Result of Physical Abuse

Description/Definition
Describes the medical care the elder required and received for the most recent occurrence as a result of physical abuse.

Uses/Data Element Type
Allows for estimates of the monetary cost of Elder Abuse and the severity of physical injuries inflicted upon the victim.

Data element type: Core.

Discussion
None.

Data Type (and Field Length)
Numeric (2).

Allow for Multiple Responses
Yes.

Field Values/Coding Instructions

Code	Description
00	No medical care received
01	Medical care received at home (e.g., family, home health nurse, etc)
02	Medical care received in the home of a neighbor or associate
03	Medical care received in a shelter
04	Primary care physician or nurse
05	Specialist care physician
06	Urgent care clinic
07	Emergency department at a hospital
08	Inpatient hospitalization
09	Short term rehabilitation facility
10	Nursing home
11	Mental health professional or facility
12	Other (specify)
88	Not applicable
99	Unknown

Data Standards or Guidelines
None.

Physical Health Outcome for Elder after Physical Abuse

Description/Definition
Describes the health impact of the physical abuse on the elder.

Uses/Data Element Type
The health impact of physical abuse against an elder is significant. Data describing resulting injuries, disabilities, disfigurement and even death are important for understanding the costs of physical abuse to both victims and society.

Data element type: Core.

Discussion
None.

Data Type (and Field Length)
Numeric (1).

Allow for Multiple Responses
Yes.

Field Values/Coding Instructions

Code	Description
1	Wounds / injuries
2	Temporary disability
3	Permanent disability
4	Temporary disfigurement
5	Permanent disfigurement
6	Temporary disease/illness
7	Permanent disease/illness
8	Not applicable
9	Unknown

Data Standards or Guidelines
None.

Psychosocial Outcome for Elder after Physical Abuse

Description/Definition
Describes the psychosocial impact of the abuse on the elder.

Uses/Data Element Type
The psychosocial impacts of elder abuse may be significant. The experience may lead to changes in an elder's living situation due to fear or elevated concerns regarding safety, decreased quality of life, as well as reduced confidence and self-efficacy. Data on such outcomes are essential to establishing the full scope of impacts accompanying elder abuse and may be useful for establishing the need for resources to support prevention and intervention.

Data element type: Core.

Discussion
None.

Data Type (and Field Length)
Numeric (2).

Allow for Multiple Responses
Yes.

Field Values/Coding Instructions

Code	Description
01	Decline in ability to drive/transport oneself
02	Decline in ability to prepare meals/feed oneself
03	Decline in ability to manage finances/pay bills
04	Decline in community interaction/social life
05	Decline in ability to manage healthcare needs/medications
06	Decline in ability to perform housekeeping and/or gardening tasks
07	Decline in sexual activity or interest
08	Increase in need for in home care/assistance (including additional assistance within a long-term care facility)
09	Loss of home/moved to long-term care facility
10	Emotional decline (e.g., depression, loss of confidence or trust, etc.)
11	Other (specify)
88	Not applicable
99	Unknown

Data Standards or Guidelines
None.

Sexual Abuse Data Elements

Data Elements

Type of Injury from Sexual Abuse

Description/Definition
Captures the type of injury the elder experienced as a result of the sexual abuse.

Uses/Data Element Type
The type of injury can be utilized to evaluate the severity of the injury and estimate the costs of medical interventions.

Data element type: Core.

Discussion
None.

Data Type (and Field Length)
Numeric (1).

Allow for Multiple Responses
Yes.

Field Values/Coding Instructions

Code	Description
1	Contusion (bruise, scrape, welt non-genital, oral, or anal)
2	Laceration (cut, slice non-genital, oral, or anal)
3	Dislocations/sprains
4	Fracture
5	Genital inflammation, abrasions, lacerations, tears, or scarring
6	Oral inflammation, abrasions, lacerations, tears, or scarring
7	Anal inflammation, abrasions, lacerations, tears, or scarring
8	Other (specify)
88	Not applicable
99	Unknown

Data Standards or Guidelines
None.

Weapon Type for Sexual Abuse

Description/Definition
Describes the weapon used to inflict sexual injury on the elder.

Uses/Data Element Type
These codes help describe the weapon used to inflict sexual injury on the elder. An understanding of weapons used has implications for prevention and provides insight on the types of weapons used during the perpetration of sexual abuse.

Data element type: Core.

Discussion
None.

Data Type (and Field Length)
Numeric (1).

Allow for Multiple Responses
Yes.

Field Values/Coding Instructions

Code	Description
1	Penis
2	Sharp instrument
3	Blunt instrument (e.g., bottle, broom handle, etc.)
4	Other personal weapons (e.g., fingers, fists, feet)
5	Fire or hot object (e.g., cigarette, scalding liquid, etc.)
6	Other
8	Not applicable
9	Unknown

Data Standards or Guidelines
None.

Activity at Time of Sexual Abuse

Description/Definition
Describes the activity the elder was engaged in at the time of the abuse.

Uses/Data Element Type
These codes help describe the activity the elder was engaged in at the time the sexual abuse occurred. An understanding of activities as risk factors can inform prevention efforts, by allowing the context of the incident to be more thoroughly examined. Activity related information could help ascertain whether aspects such as a lack of sufficient or appropriate monitoring, supervision, or guardianship over a vulnerable or available elder or unique trust relationships providing higher levels of intimate access may have created conditions conducive to the perpetration of sexual abuse, in the presence of potential offenders (i.e., those able, willing, or seeking to perpetrate sexual abuse). Knowing the activities that were occurring at the time of sexual abuse may assist with the creation of strategies to prevent sexual abuse through the reduction of perpetration opportunities and the enhancement of protective relationships, arrangements, and policy structures.

Data element type: Core.

Discussion
None

Data Type (and Field Length)
Numeric (2).

Allow for Multiple Responses
Yes.

Field Values/Coding Instructions

Code	Description
01	Bathing/using the bathroom
02	Resting/sleeping
03	Grooming/dressing
04	Eating/preparing food
05	Being transported in vehicle
06	Socializing with family
07	Socializing with friends
08	Watching television
09	Talking on the telephone
10	Using a computer/other technology for communication
11	Working around their home
12	Working with finances
13	Physician/medical visits
14	Shopping
15	Attending a public event (e.g., play, concert, sporting event)
16	Other (specify)
88	Not applicable
99	Unknown

Data Standards or Guidelines
None.

Medical Care Required and Received after Sexual Abuse
See "Medical Care Received" data element under "Physical Abuse"

Physical Health Outcome for Elder after Sexual Abuse
See "Health Outcome for Elder" data element under "Physical Abuse"

Psychosocial Outcome for Elder after Sexual Abuse
See "Social Outcome for Elder" data element under "Physical Abuse"

Psychological/Emotional Abuse Data Elements

Data Elements

Activity at Time of Psychological/Emotional Abuse

Description/Definition
Describes the activity the elder was engaged in at the time of the abuse.

Uses/Data Element Type
These codes help describe the activity the elder was engaged in at the time the psychological/emotional abuse occurred. An understanding of activities as risk factors can inform prevention efforts, by allowing the context of the incident to be more thoroughly examined. Activity related information could help ascertain whether challenging aspects of activities being undertaken may have created conditions conducive to the perpetration of sexual abuse and the specific venues where psychological abuse was more or less likely to occur. Abuse that occurs in public versus private contexts or in isolation versus in the presence of others may require different strategies for prevention or intervention.

Data element type: Core.

Discussion
None.

Data Type (and Field Length)
Numeric (2).

Allow for Multiple Responses
Yes.

Field Values/Coding Instructions

Code	Description
01	Bathing/using the bathroom
02	Resting/sleeping
03	Grooming/dressing
04	Eating/preparing food
05	Being transported in vehicle
06	Socializing with family
07	Socializing with friends
08	Watching television
09	Talking on the telephone
10	Using a computer/other technology for communication
11	Working around their home
12	Working with finances
13	Physician/medical visits
14	Shopping
15	Attending a public event (e.g., play, concert, sporting event)
16	Other (specify)
99	Unknown/not applicable

Data Standards or Guidelines
None.

Medical Care Required and Received As a Result of Psychological/Emotional Abuse

Description/Definition
Describes the medical care the elder received for the most recent occurrence.

Uses/Data Element Type
Allows for estimates of the monetary cost of Elder Abuse and the severity of psychological/emotional injuries inflicted upon the victim.

Data element type: Core.

Discussion
None.

Data Type (and Field Length)
Numeric (2).

Allow for Multiple Responses
Yes.

Field Values/Coding Instructions

Code	Description
00	No medical care received
01	Medical care received at home (e.g., family, home health nurse, etc.)
02	Primary care physician or nurse
03	Specialist care physician
04	Urgent care clinic
05	Emergency department at a hospital
06	Inpatient hospitalization
07	Short term rehabilitation facility
08	Nursing home
09	Mental health professional or facility
10	Other (specify)
88	Not applicable
99	Unknown

Data Standards or Guidelines
None.

Health Outcome for Elder after Psychological/Emotional Abuse

Description/Definition
Describes the health impact of the psychological/emotional abuse on the elder.

Uses/Data Element Type
The health impact of psychological/emotional abuse against and elder is significant. Data describing resulting injuries and disabilities are important for understanding the costs of psychological/emotional abuse to both victim's and society.

Data element type: Core.

Discussion
None.

Data Type (and Field Length)
Numeric (2).

Allow for Multiple Responses
Yes.

Field Values/Coding Instructions

Code	Description
01	Depression
02	Anxiety
03	Ulcers
04	Other digestive problems (e.g., irritable bowel, heartburn)
05	Chronic pain (e.g., migraines)
06	Hypertension/High blood pressure
07	Heart problems
08	Fatigue/tiredness
09	Sleep disorder
10	Substance abuse problem
11	Other (specify)
88	Not applicable
99	Unknown

Data Standards or Guidelines
None.

Psychosocial Outcome for Elder after Psychological/Emotional Abuse

See "Psychosocial Outcome for Elder" data element under "Physical Abuse"

Health Outcome for Elder after Neglect

See "Health Outcome for Elder" data element under "Physical Abuse"

Neglect Data Elements

Data Elements

Medical Care Received

See "Medical Care Received" data element under "Physical Abuse"

See "Health Outcome for Elder" data element under "Physical Abuse"

See "Psychosocial Outcome for Elder" data element under "Physical Abuse"

Psychosocial Outcome for Elder after Neglect

See "Psychosocial Outcome for Elder" data element under "Physical Abuse"

Financial Abuse Data Elements

Data Elements

Value of Assets Lost

Description/Definition
Describes the value of assets that were taken from the elder when the incident occurred.

Uses/Data Element Type
The value of assets an elder lost can significantly limit their ability to live independently and provide for their own needs.

Data element type: Core.

Discussion
None.

Data Type (and Field Length)
Numeric (2).

Allow for Multiple Responses
No.

Field Values/Coding Instructions

Code	Description
01	Less than $10,000
02	$10,000 - $24,999
03	$25,000 - $49,999
04	$50,000 - $74,999
05	$75,000 - $99,999
06	$100,000 - $124,999
07	$125,000 - $149,999
08	$150,000 - $174,999
09	$175,000 - $199,999
10	$200,000 - $249,999
11	$250,000 or more
88	Not applicable
99	Unknown

Data Standards or Guidelines
None.

Other Outcome to Elder

Description/Definition
Describes how the elder was impacted as a result of the loss of assets.

Uses/Data Element Type
Changes in lifestyle and security of the elder can result in vulnerability for other types of Elder Abuse.

Data element type: Core.

Discussion
None.

Data Type (and Field Length)
Numeric (2).

Allow for Multiple Responses
Yes.

Field Values/Coding Instructions

Code	Description
01	Inability to drive/transport oneself
02	Inability to provide for basic needs (e.g., food, clothing, etc.)
03	Inability to pay bills (e.g., utilities, telephone, etc.)
04	Inability to participate in community interactions
05	Inability to afford healthcare/medications
06	Inability to afford home repairs and meet basic shelter needs
07	Inability to pay for in home care/assistance
08	Inability to pay for stay in long-term care facility
09	Loss of home
10	Loss of emotional security (e.g., fear of the future, loss of stability, etc.)
11	Negative impact on credit rating
12	Resulted in foreclosure of residential mortgage
13	Resulted in loss of lease of residential rental property
14	Resulted in bankruptcy filing
15	Assignment of a public guardian
16	Other (specify)
88	Not applicable
99	Unknown

Data Standards or Guidelines
None.

END NOTES

i The term public health surveillance refers to: the ongoing and systematic collection, analysis, and interpretation of health-related data for use in setting priorities and making other decisions regarding prevention efforts.

ii Several global terms are used by others to label the behaviors and phenomena described in this document. Some examples of other terms include elder abuse, elder neglect, elder mistreatment, elder maltreatment, senior abuse, abuse in later life, abuse of older adults, and inadequate care of the elderly. Early CDC work utilized the term "elder maltreatment." Although "elder maltreatment" is occasionally used in the field, it is used much less than terms such as "elder abuse" or "elder mistreatment." The term elder maltreatment also lacks widespread use or recognition by lay audiences and often requires further clarification to facilitate comprehension. Lastly, the term maltreatment is not embraced by many experts, front line professionals or older survivors because it is perceived as a softer term which minimizes or does not adequately communicate the traumatic events and devastation experienced by many older victims. Accepted alternatives to the term "elder maltreatment" are "elder mistreatment," "elder abuse, neglect, and exploitation," and "elder abuse." While the term "elder mistreatment" is more widely accepted, its use, unfortunately, presents the same problems as the use of the term elder maltreatment. The term "elder abuse, neglect, and exploitation" is closer to the language used by most stakeholders. However, Galbraith (1989) argued that treating neglect, and by extension exploitation, as wholly separate and distinct constructs reinforces the tendency to focus in isolated ways on either a perpetrator's action or inaction. He believed the true concern should be the end results of these behaviors which may be similar or not easily distinguishable in some cases. Moreover, physical abuse, neglect, and exploitation may co-occur or have underlying behavioral or situational drivers that may overlap greatly. Therefore, CDC, in consultation with members of the expert panel, decided to use the term "elder abuse." The term has the broadest public and professional recognition, has the capacity to accommodate the broadest variety of conceptually relevant behavioral categories, and can be appropriately used as an omnibus label for various situations where older adults or elders have been harmed as a result of being handled, treated, or used wrongly or improperly by caregivers or other persons in relationships where there is an expectation of trust.

iii Elder Abuse, as specified in the "Uniform Definitions" and used throughout the "Recommended Core Data Elements," refers to intentional acts or failures to act by a caregiver or another person in a relationship involving an expectation of trust, that causes or creates a serious risk of harm to an older adult.

iv Refers to the act of mapping, matching, or translating definitions or data elements in one data source to definitions or data elements in another data source.

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