Elder Abuse Research and Adult Protective Services

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National Adult Protective Services Association
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The only national organization representing adult protective services and clients; 600+ members from every state; open to anyone with interest in vulnerable adult and elder abuse

Funded by the Administration on Aging to create the first National APS Resource Center

Hosts the only national, annual conference on elder abuse, vulnerable adult abuse and APS – Arizona in 2012!

The national voice of vulnerable adults, advocating for the services they need, and providing professional training and information to APS and related fields
Adult Protective Services

• **Purpose:**
  - To investigate reports of abuse, neglect, self-neglect and exploitation of adults with disabilities age 18+ (42 states at minimum).
  - To intervene to protect the victim to extent possible.

• **Authorization:**
  - APS is the statutorily authorized entity under each state’s laws to receive and investigation reports of elder abuse.
  - APS can differ in terms of definitions, eligibility requirements, age of clients served, and procedures from state to state and even from county to county.
NAPSA-NCPEA Joint Research Committee

- NAPSA and the National Committee for the Prevention of Elder Abuse (NCPEA) created a joint Research Committee with representatives from academia and federal agencies as well as APS and elder abuse experts.
- The Committee has created two documents (www.apsnetwork.org)
- **Guiding principles:**
  - Knowledge is power
  - APS policy and practice must be based on sound data
  - Client needs and safety must always be APS’ top priority
  - Advancing APS’ knowledge and improve client outcomes, APS staff time is needed for research
  - APS records contain a wealth of data (safety and risk factors, initial onset characteristics, reporting patterns, investigation outcomes and protection of rights of vulnerable/elder adults
Committee’s Guiding Principles

• NAPSA and NCPEA encourage members to:
  • Cooperate with research requests to extent possible
  • Initiate research goals and protocols
  • Discuss and use these guidelines

• Researchers should:
  • Maintain confidentiality of all data
  • Abide by all applicable regulations re use of client data
  • Promote candor and reduce concerns about possible negative outcomes of research
  • Ensure that the purpose and use of the data are understood by APS staff
  • Divulge to all staff to whom the outcomes will be shared & how
  • Discuss with all involved how results should be shared with media
Guidelines for Evaluating & Using Research in APS

• Challenges and benefits of applying research to APS
• UCI bruising study example
• Understanding the types of research:
  • Basic (knowledge building for future application)
  • Applied (immediate practical application)
  • Quantitative (numbers) vs. qualitative (stories)
• Questions to ask when looking at published research:
  • Is the study relevant to your work?
  • How long was the program/intervention in operation?
  • Were the study’s limitations discussed?
  • What evidence is there resulting from the practice?
  • Were outcomes defined at the outset & do the results address?
  • Was the sample size sufficient?
Understanding Research

• Were the sample & the outcomes relevant to your population?
• Are the findings generalizable?
• Does the study include implications for future research?
• Was the study published in a peer reviewed journal?

• Glossary of research terms provided

• Challenges:
  • Client confidentiality
  • Lack of staff time/resources
  • No clear benefit to program
  • Risk of negative outcomes

• Positive outcomes:
  • Practice is more solidly based on evidence ➔
    Clients are provided safer and more effective services, and ➔
    APS is more efficient
Research Committee Documents:

www.apsnetwork.org

Thank You!
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