

ELDER ABUSE VICTIMIZATION:

What We Know from Research- and Practice-Based Evidence

September 2020



Photo by BlurryMe/Shutterstock

TABLE OF CONTENTS

Executive Summary	1
Center for Victim Research	2
Definitions and Scope of this Review	3
Prevalence and Detection of Victims	4
Risk and Protective Factors	12
Harms and Consequences	18
Prevention, Intervention and Services	20
Implications for Research, Policy and Practice	34
Glossary of Terms	37
References	38

EXECUTIVE SUMMARY

Elder abuse can be defined as any knowing, intentional, or negligent act that causes harm or serious risk of harm to an older adult (age 60 or older) by a person in a relationship of trust.

Over the past decade, the number of older adults in the U.S. has grown by over a third (34.2% or 13,787,044) (U.S. Census Bureau, 2020). Between 2020 and 2060, the number of

older adults is projected to increase by 69 percent, from 56.0 million to 94.7 million (Mather & Kilduff, 2020).

As the population of older individuals increased, so too have reports of elder abuse, including psychological, physical, sexual and financial abuse and neglect. Current research shows that at least one in ten older adults experienced elder abuse in the past year (Acierno et al., 2010). Yet, much of this abuse failed to reach the attention of social service agencies or authorities, as only a fraction of cases are ever reported.

Elder abuse can result in immediate psychological, physical, and financial harms as well as deleterious effects on quality of life. Despite the damaging consequences of elder abuse, there is little research insight into what works to prevent elder abuse from occurring, or to intervene to mitigate harms and prevent further incidents of abuse.

This report by the Center for Victim Research summarizes existing evidence from research and practice and identifies how the field can grow to improve our nation's response to elder abuse.

Fast Facts

- Each year, approximately one in 10 community-residing older adults are victims of some form of elder abuse in the U.S. Psychological abuse, financial exploitation, and neglect by others are the most commonly reported forms of elder abuse.
- The field needs consistent definitions and valid, reliable measures of elder abuse in order to accurately estimate prevalence.
- Risk factors associated with one or more forms of elder abuse include gender, race, mental and physical health, and marital status.
- Older adults who have cognitive impairments are especially vulnerable to abuse, which means they require extra layers of protection. The field should focus more on cognitive impairment, including further research and developing prevention, intervention, and observation methods designed to protect cognitively impaired older adults.
- Social support has been identified as one of the few well documented elder abuse protective factors. By contrast, socially isolated older adults are more vulnerable to abusive experiences.
- Elder abuse can result in long-term, negative quality-of-life consequences including increased risk of revictimization, extended hospitalization, and institutionalization.
- While there is a need for more research on what works in terms of elder abuse interventions, multidisciplinary teams, victim support groups, and counseling are seen as promising.
- Not all mainstream services are set up to address the unique needs of marginalized groups of older adults. Historically marginalized older adults often have specific needs and face greater barriers to accessing services, due to structural and systemic oppression¹, that require uniquely tailored prevention and intervention efforts.

1 Structural violence refers to economic, political, legal, religious, and cultural social structures that impede individuals access to realizing societal benefits and their own success (Farmer et al., 2006; Galtung 1969).

CENTER FOR VICTIM RESEARCH

Launched in 2016, the Center for Victim Research (CVR) is a resource center funded by the Office for Victims of Crime (OVC) with the vision of routine collaboration between victim service providers and researchers to improve practice through the effective use of research and data. CVR's mission is to serve as a one-stop resource for service providers and researchers to connect and share knowledge to increase: 1) access to victim research and data and 2) the utility of research and data collection to crime victim services nationwide. CVR is a collaborative partnership of researchers and practitioners from three organizations: the Justice Research and Statistics Association, the National Center for Victims of Crime, and the Urban Institute. Researchers from the Urban Institute produce all of CVR's evidence syntheses.

CVR's Evidence Syntheses

The purpose of CVR's syntheses of knowledge is to assess the state of the field in crime victimization and victim response to help researchers, service providers, and policymakers understand and prioritize what the field needs to improve victim services nationwide. To develop its syntheses, CVR staff focus on addressing a core set of questions, as follows:

1. Prevalence and detection of victims—How big is each crime victimization problem and how can we identify all crime victims who need help?
2. Risk and protective factors—What puts people at risk of each crime victimization and what, if anything, can protect against victimization experiences?
3. Harms and consequences—What harms and negative consequences of the crime experience do victims have to navigate?
4. Preventions, interventions, and victim services—How can we help victims recover and mitigate the negative consequences of crime experiences? Are there ways to help individuals become resilient to victimization in the first place?

5. Policy, practice, and research implications—With what we learn through these syntheses about reaching and serving crime survivors, how can victim researchers, policymakers, and service providers move the field forward to improve the response to crime victimization?

CVR developed its evidence synthesis methodology following the Centers for Disease Control and Prevention (CDC) evidence project, which recognizes the importance of integrating knowledge from the best available research with experiential knowledge from practice (referred hereafter as “practice evidence”), along with contextual evidence regarding what we know for each victimization topic. The primary focus of CVR's evidence syntheses has been reviewing materials available in the United States from the year 2000 to present, including journal articles, reports, fact sheets, briefs, and videos found in research databases and on topic-relevant organizations' websites.

Each synthesis summarizes knowledge on the: 1) prevalence and detection of victims, 2) risk and protective factors, 3) harms and consequences, 4) preventions, interventions, and services, and 5) policy, practice, and research implications. More details on the methods CVR followed in building an evidence base for elder abuse and other victimization areas and research products on these victimization topics are provided on CVR's website.

For this synthesis on elder abuse, CVR researchers identified thousands of potential source documents through database searches and websites of leading victimization organizations. Ultimately, over 150 research sources and over 350 practice sources met CVR's inclusion criteria and were reviewed for this synthesis (see References for details).

DEFINITIONS AND SCOPE OF THIS REVIEW

Elder abuse can be defined as any knowing, intentional, or negligent act that causes harm or serious risk of harm to an older adult (age 60 or older²) by a person in a relationship of trust, such as a family member, caregiver, or guardian. This definition aligns with those used by the Office for Victims of Crime (n.d.), the National Center on Elder Abuse (n.d.), the Elder Justice Act (2010), the National Research Council (Bonnie & Wallace, 2003), and the Centers for Disease Control and Prevention (2019). Some researchers and professionals use the term “elder mistreatment” to refer to the same set of behaviors; however, we use the term elder abuse exclusively throughout this review.

Elder abuse encompasses a wide variety of behaviors that can cause harm and victimize older adults, though only some types of elder abuse are crimes (Mallik-Kane & Zweig, 2016). As with other forms of violence (e.g., intimate partner violence), criminal laws vary by state and jurisdiction and impact which forms of elder abuse are defined as criminal (Uekert et al., 2012).

Box 1

COVID-19 and This Review

This review was conducted before COVID-19. As statistics emerge on COVID-19 related deaths, there has been a disproportionate impact on older adults and additional vulnerabilities have developed in long-term care facilities (United Nations, 2020). Older adults have also been experiencing prolonged periods of isolation during this time, placing them at even greater vulnerability to abuse. While this synthesis does not focus on victim services during COVID-19, using technology may be a promising way to reach victims while still honoring social distancing mandates.

Scope of This Review

CVR researchers examined research and practice evidence on elder abuse using the previous definition and included the following types of elder abuse: psychological, physical, sexual, financial exploitation, and neglect or abandonment by others. We did not specifically search for or synthesize evidence that addresses elder self-neglect³ because it is not a harm inflicted on an older adult by someone in a relationship of trust. Further, we did not explicitly review evidence on general frauds or scams targeting older adults, because those activities are covered by CVR's previous synthesis on Identity Theft and Fraud.

TABLE 1: CVR'S DEFINITIONS OF ELDER ABUSE, BY TYPE⁴

Type	Definition
Elder Abuse	Any knowing, intentional, or negligent act that causes harm or serious risk of harm to an older adult (age 60 or older) by a person in a trust relationship, including a family member, caregiver, or guardian. Some literature refers to the same set of behaviors as elder mistreatment.
Physical Abuse	Use of physical force against an older adult that may result in physical harm, including bodily injury, physical pain, or impairment; inappropriate physical restraint of an older adult.
Psychological Abuse	Use of verbal or nonverbal acts against an older adult in a manner that inflicts mental pain and/or distress. The same set of behaviors is sometimes called emotional or verbal abuse (Dong et al., 2013).
Sexual Abuse	Non-consensual sexual contact with an older adult or sexual contact with an older adult incapable of giving consent.
Financial exploitation	The illegal or otherwise inappropriate use of an older adult's funds, property, or assets. Sometimes referred to as material exploitation.
Caregiver Neglect⁵	Failure to fulfill any part of a person's responsibilities to an older adult (e.g., not providing sufficient food or access to medication).
Abandonment	Desertion of an elderly person by an individual who has assumed responsibility for providing their care.

2 The field has not established a universal age cut-off for defining elder abuse victims. Some researchers and practitioners use 60 years, and others use 65 years. We use 60 years to be more inclusive and because most state Adult Protective Services (APS) programs use this cutoff (Mallik-Kane & Zweig, 2016). Further, some state APS programs focus on abuse against vulnerable older adults, defining vulnerability in terms of physical, cognitive, or functional deficits (Mallik-Kane & Zweig, 2016). For this review, we focus on abuse against all older adults regardless of vulnerability status.

3 While we did not specifically look at elder self-neglect, self-neglect is at times a precursor to elder abuse as it increases vulnerability to abuse and is at times a consequence of elder abuse.

4 In constructing our definitions, we drew heavily from NCEA.

5 Throughout this report when referencing neglect, we are referring to caregiver neglect.

PREVALENCE AND DETECTION OF VICTIMS

Key Takeaways

- Each year, approximately one in 10 community-residing older adults are victims of some form of elder abuse in the U.S. This means that over 7 million older Americans experience victimization annually.
- Elder abuse is underreported to authorities. Some studies estimate that as few as 1 in 14 or even 1 in 24 cases are reported to authorities. Reporting may be even more limited for elder neglect given the dependency status of such victims.
- Psychological abuse, financial exploitation, and neglect by others are the most common forms of elder abuse. Physical and sexual abuse are not as frequently detected, but may impose some of the most devastating harms.
- Prevalence information is challenging to gather in nursing homes and long-term care facilities, but insititutionalized residents are among the most vulnerable older adults.
- Elder abuse experiences in any setting are likely to be higher among the most vulnerable populations, particularly older adults with physical and cognitive impairments.⁶
- Although the field is moving toward common definitions and frameworks for estimating elder abuse prevalence, the lack of consistent definitions and measures, currently, is a key challenge to understanding the full scope of the problem.

Prevalence in Community-Dwelling Populations

Most research and practice evidence estimates that, each year, one in 10 community-residing older adults are victims of elder abuse in the U.S. This rate translates to over 7 million⁷ older Americans experiencing victimization annually⁸. This statistic comes from the largest nationally representative study of older adults to date (n=5,777), the National Elder

Over 7 million older Americans experience victimization annually.

Mistreatment Study (NEMS: Acierno et al., 2010). The NEMS interviewed older adults living in households across the U.S. by telephone, asking a series of narrowly defined questions about their experiences of psychological, physical, sexual, and financial abuse, and neglect. In prompting for questions, researchers specifically asked if the abuse was from an entrusted other⁹. According to the NEMS estimates, 11.4% of older adults reported some form of past-year abuse, including psychological (4.6%), physical (0.6%), sexual (0.6%), financial exploitation (5.2%), or potential neglect (5.1%); (Acierno et al., 2010).

Measuring the prevalence of abuse among older Americans via survey efforts proves challenging due to inconsistencies in how researchers and practitioners define elder abuse. Beyond the NEMS study, another large-scale, nationally representative survey effort—the National Social Life Health and Aging Project (NSHAP)—gathered information from community-dwelling older Americans across multiple waves (Laumann et al., 2008). The NSHAP repeatedly assesses three forms of abuse¹⁰: psychological control, financial abuse, and physical violence, but asks broadly about abuse by anyone, not just an entrusted other. According to NSHAP's findings, 23.5% of older adults reported some form of past-year abuse, including psychological (9%), financial (3.5%), and physical (0.2%) abuse (Laumann et al., 2008; Schafer

⁶ Disability is widely documented as a risk factor for elder abuse (for details, see Risk & Protective Factors section); for example, among cases investigated by APS in 2018, over 93 percent of victims had a disability (Aurelien et al., 2019).

⁷ Census ACS data indicates that there were approximately 73,380,000 people age 60 or older in the U.S. in 2019 (US Census, 2020).

⁸ By comparison, globally, the prevalence of elder abuse prevalence is about 15.7 percent (Yon et al., 2017).

⁹ An entrusted other is someone familiar to the older adult and not a stranger.

¹⁰ Mistreatment was measured in the study. Though, for consistency, we are using the term abuse

& Koltai, 2015). Clearly, estimates differ across these national studies; we discuss several explanations for these differences in Box 2.

In state specific studies of non-institutionalized older adults, estimates range from past-year self-reports of 4.6% in the New York Elder Mistreatment Prevalence Study (Burnes et al., 2015) to 12.9% since turning 60 in the South Carolina Elder Mistreatment Study (Amstadter et al., 2011). However, because these estimates focus on community-dwelling older adults, and exclude those living in institutional settings, they are likely to underestimate the problem – and potentially by a substantial margin (Mallik-Kane & Zweig, 2016).

Reports to Adult Protective Services

In addition to survey research, administrative data, such as reports to Adult Protective Services, also shed light on the prevalence of elder abuse. Adult Protective Services (APS) is responsible for investigating and responding to allegations of abuse and neglect against vulnerable adults, especially older adults. Due to numerous barriers to reporting elder abuse (see criminal justice response section below), rates of elder abuse reported to APS or similar adult services agencies are typically lower than elder abuse captured in survey research and thought to account for a small percentage of actual elder abuse cases (Acierno et al., 2010; Dong et al., 2013).

Nationally reported data available from APS are collected through the newly established National Adult Maltreatment Reporting System (NAMRS), which is part of the U.S. Department of Health and Human Services. These data indicate that APS identified 170,362 victims of elder abuse in 2018, via substantiated cases (Aurelien et al., 2019), meaning that APS confirmed the cases as valid instances of abuse after their investigation. However, such estimates are limited by differences in how states define, respond to, and report such cases; and the quality of the investigations (GAO, 2011). In 2000, researchers documented an elder abuse report rate to Adult Protective Services of 0.86%, an investigation rate of 0.59%, and a substantiation rate of 0.27% (i.e., about 2.7 substantiated cases per 1,000 older adults) (Jogerst et al., 2003;

based on 1999-2000 data from 17, 47, and 35 states respectively).

Though report rates to APS are higher than APS investigation and substantiation rates, reports to APS may still undermine the true prevalence of elder abuse. Research shows that reports to APS or social services agencies among community-dwelling populations may be lower than self-reports captured in survey research.¹¹ For example, in the Chicago Health and Aging Project (CHAP) – a population-based study of older adults 65 and older in the Chicago area (n=6,139) – about 2.3% of participants had reported elder abuse to a social services agency

Box 2

Sampling and Measurement Challenges in National Studies

Estimates of elder abuse vary substantially from one study to another. There are several reasons for this variation, including differences in target population age, as well as varying measurement approaches. For example, the National Elder Mistreatment Study (NEMS) and the National Social Life Health and Aging Project (NSHAP) are prominent elder abuse studies that produced very different national prevalence estimates. In terms of sampling approaches, while both studies used nationally representative samples, NEMS surveyed adults age 60 and older (Acierno et al., 2010) while the NSHAP surveyed adults ages 57 to 85 (Laumann et al., 2008).

Additionally, the two studies examined different subtypes of elder abuse and used different measurement approaches. The NEMS measured emotional (psychological), physical, sexual, and financial abuse, as well as neglect by asking a series of questions for each subtype. Additionally, in prompting for the questions, researchers asked specifically if the abuse was committed by an entrusted other (i.e., someone familiar to the older adult and not a stranger). By contrast, in the NSHAP, researchers assessed just three forms of abuse. The questions focused on controlling behaviors, financial exploitation, and physical violence. Further, from the design of the questionnaire, it was unclear if researchers were specifically asking about abuse from an entrusted other. In this regard, Acierno et al. (2010), critiqued NSHAP's definitions of elder abuse and its questions as too broad. Defining elder abuse consistently, and using valid and reliable measurement tools, remain major issues for the field at large.

11 This pattern holds for other forms of interpersonal violence. Survey prevalence rates of intimate partner violence and sexual violence are typically higher than those generated through administrative data from public agencies (such as via police data, data from correctional facility authorities, etc.).

between 1993 and 2010 (Dong, Simon, & Evans, 2012), a rate much lower than self-reported prevalence estimates captured in national and statewide studies (Acierno et al., 2010, Laumann et al., 2008, Burnes et al., 2015). Ultimately, reports to adult social services agencies may also underestimate the true prevalence of elder abuse.

Abuse Detected by Medical and Other Service Professionals

Medical and other professionals – such as physicians, health care professionals, law enforcement, long-term care (LTC) facility staff, nursing home staff, senior services staff, and financial institution representatives – often have frequent contact with older adults and are, therefore, key to detecting and reporting potential abuse (Twomey, Kasunic, & Jones 2013; Liao, 2008; NCEA, n.d.; Office of Financial Protection for Older Americans, 2018; NCEA, 2014). Professionals rely on several detection methods including observations, interviews, medical records, and APS case notes. Together, these sources may provide a full picture on the presence of abuse (NCEA, n.d.; LoFaso & Rosen, 2014). An example of reporting by various professionals occurred in a case file study of 95 women with APS substantiated elder abuse in Virginia. It showed that 45% of cases were reported by a health care provider, 23% by family members, 12% by a social service organization, and 5% were self-reported (Roberto et al., 2004). While limited in scope, this study displays the significant role that practitioners can play in reporting elder abuse.

Importantly, several national studies on elder abuse detected by professionals – during home visits and in emergency room departments – reveal room for improvement in elder abuse detection. In the Medicare Primary and Consumer-Directed Care Demonstration, a



Photo by Rob Marmion/Shutterstock

randomized controlled trial of older adults (n=724) who required assistance with two or more Activities of Daily Living (ADLs)¹² in New York, Ohio, and West Virginia, a team of medical and clinical professionals conducted in-home visits to, among other things, detect elder abuse (Friedman et al., 2015). About 1 in 15 older adults (7.4%) were found to have suffered from at least one type of abuse, including neglect (3.7%) and psychological (2.2%), physical (0.7%), or sexual abuse (0.1%). However, it took an average of approximately 10 in-home visits for medical staff to make this determination (Friedman et al., 2015), signaling that elder abuse detection, even within the home, may not occur until long after abuse has taken place.

Additionally, emergency department medical staff can be important actors in detecting elder abuse. However, some qualitative evidence suggests that their role is currently limited by gaps in training, knowledge about imaging correlates, and in inter-team clinical communication (Lee et al., 2019). Current gaps in knowledge may inform why cases of elder abuse that rise to severity of emergency room visits often go undetected as indicated by national emergency room department data. For example, of 6,723,667 emergency room visits in the 2012 Nationwide Emergency Department Sample, elder abuse was detected in .013% of cases, which revealed that elder abuse diagnoses in these settings grossly underestimate the true prevalence of elder abuse (Evans et al., 2017).

One study showed that 45% of substantiated elder abuse cases were reported by a health care provider, 23% by family members, 12% by a social service organization, and 5% were self-reported.

¹² These are six self-care tasks that include bathing, dressing, toileting, transferring, continence, and feeding from the Katz Index of Independence in Activities of Daily Living or Katz ADL (Katz & Akpom, 1976).

Moreover, some research shows that law enforcement officers also face difficulty in detecting elder abuse. Questionnaire data from 69 Connecticut law enforcement officers found that barriers to effectively detecting elder abuse included a lack of effective screening instruments, lack of training on risk factors, lack of training on warning signs, lack of time to screen, and lack of time to intervene (Kurkurina, 2018). As explained above, detection issues from other practitioners are similar to those experienced by law enforcement.

Ultimately, detecting and assessing elder abuse – whether through survey research or by professionals – is challenging. In this regard, experts agree there are barriers to establishing consistent and accurate prevalence estimates of elder abuse. Specifically, the U.S. Department of Justice conducted a survey of elder justice experts to rank and prioritize the most salient gaps in knowledge on elder abuse. The most commonly selected gap was “definitions and measurement” by both the research and practice expert communities (Stahl, 2015; Yon et al., 2017). It remains clear that development and widespread adoption of valid and reliable tools, as well as training on detection, is a pressing need for the field.

Indicators of Elder Abuse

There are several ways that practitioners may identify instances of elder abuse. For example, changes in behavior can signal abuse in older adults. This section highlights important signs that an older adult may be experiencing elder abuse. These indicators may be used by various groups – medical staff, clinical staff, victim services staff, police, and community members – to alert them of potential abuse.

Physical Abuse

Indicators of physical abuse include bruises in clusters or irregular patterns and in atypical locations; laboratory evidence of medication overdoses or lack of medication administration; and burns (Abramson, n.d.; LoFaso, 2016; Twomey, Kasunic & Jones, 2013; Stiegel, 2014). Older adults who are physically abused may also show changes in behavior (Stiegel, 2014). Behavioral abuse indicators include anger, fear, anxiety, nervousness, depression, withdrawal, avoidance, changes in sleep patterns, changes in the way the older adult shows affection, and psychosomatic complaints (Abramson, n.d.).

Psychological Abuse

Indicators of psychological abuse include changes in behavior, fear, confusion, depression, isolation, withdrawal behavior, non-responsiveness, non-communicative, questioning of oneself, increased substance use, suicidal thoughts and agitation (Stiegel, 2014; NCEA, 2014; NIEJI n.d.).

Sexual Abuse

Indicators of sexual abuse include genital pain or bleeding, unexplained infections or STDs, unexplained changes in mood, and avoidance of people (Stimson, 2012; Kennedy, 2006; Stiegel, 2014; NCEA, 2014; LTCO, 2004; NIEJI, n.d.).

Financial Exploitation

Indicators of financial exploitation include erratic or uncharacteristic banking or spending, missing property, unpaid bills, lack of necessities, frequent transfers between accounts, newly authorized signers, insufficient funds, recent or abrupt changes to legal documents, disparities between lifestyle and assets, missing or redirected mail, and unexplained changes in wills or title documents (United States Senate, 2003; Karp & Beard, 2014; NIEJI, n.d.; NCEA, 2014). Furthermore, older adults who become victims of financial exploitation may be anxious or confused, reluctant to discuss financial matters, and may not remember transactions or financial arrangements (NIEJI, n.d.; Institute for Family Violence Studies, n.d.).

Caregiver Neglect

Indicators of caregiver neglect include pressure sores, multiple full thickness pressure ulcers, poor foot care, malnutrition, dehydration, poor body hygiene, dirty or worn clothing, lack of assistive devices, matted hair, inadequate clothing, unattended or untreated health problems, and unsafe living conditions (Mosqueda & Greenwood, 2010; LoFaso, 2016; NIEJI, n.d.; Stiegel, 2014).

Ultimately indicators of elder abuse are found in behavior changes, physical changes, and – in cases of financial exploitation – unexplained financial circumstances. Individuals who encounter older adults can be alert to these signs of abuse and connect with appropriate victim services or authority agencies. For those in the medical and clinical field, these indicators may call for official elder abuse screening.

Box 3

Screening and Assessment Tools

Overall, the field lacks evidence about elder abuse screening and assessment tools (Dong, 2015). Specifically, over the past few years, the U.S. Preventive Services Task Force found no valid, reliable screening tools in the primary care setting to identify abuse of older or vulnerable adults without recognized signs and symptoms of abuse (Curry et al., 2018). However, new tools are being developed and the evidence base is improving. We listed some tools frequently referenced in the practice and research literature below:

Conflict Tactic Scale (CTS)

Studies commonly used the Conflict Tactics Scale or a modified version of it to screen for elder abuse (Dong, 2015; Pillemer et al., 2016). While it is not specific to elder abuse and does not assess neglect, CTS is among the most adopted instrument in the elder abuse field (Fulmer et al., 2004)

Indicators of Abuse Screen (IOA)

This is 27- item instrument for practitioners to detect abuse in the home (Reis & Nahmiash, 1998). The IOA typically involves a 2-3 hour assessment within the home. Although this approach is thorough, it has been critiqued by scholars as too long for many social services, clinical, and reporting assessment practices (Fulmer et al., 2004).

Elder Abuse Suspicion Index (EASI)

EASI is a 5-item screening tool for patients and 1 -item is for a doctor to assist in determining if an older adult experiences abuse and if the abuse warrants further evaluation (Yaffe et al., 2008).

Brief Abuse Screen for the Elderly (BASE)

The BASE is a 5- item screening measure to determine what kinds of abuse are most prevalent and the level of urgency needed for intervention (Reis & Nahmiash, 1998). Researchers find that BASE may be helpful to clinicians working in busy environments (Fulmer et al., 2004)

Elder Abuse and Neglect Assessment Instrument

This is a 7 domain and 41- item tool to screen for elder abuse in clinical settings (Fulmer, 2003).

For more information on elder abuse screening and assessment tools, visit <https://victimresearch.org/tools-training/screening-assessment/>.

Abuse in Nursing Homes and Long-term Care Facilities

While residents in nursing homes and long-term care (LTC) facilities do not comprise a large percentage of the older adult population in the U.S., due to their heightened vulnerabilities (e.g., disability status), this group warrants special attention from the field. Currently, the knowledge base on prevalence in these settings is thin, as studies that rely on self-reported victimization experiences largely exclude institutionalized older adults. Though limited, available research does suggest that abuse in institutional settings is relatively higher than abuse in community settings (Castle, 2012; Pillemer et al., 2016; Payne & Gainey, 2006; Teaster & Roberto, 2004). Abuse in institutional settings can be divided into two main categories: staff-to-resident and resident-to-resident (Yon et al., 2017).

Regarding staff-to-resident abuse, a recent meta-analysis of international studies indicated that elder abuse perpetrated by staff in institutional settings is very common (Yon et al., 2019). One U.S.-based study surveyed family members of nursing home-residing relatives (n=1,002), about abuse experienced by those relatives; the study found that between 74% to 87% of nursing home residents had experienced abuse and neglect during the past year (Griffore et al., 2019). However, one limitation of this study was that the number of family members surveyed who actually responded to the abuse questions was very low, this figure could underestimate or overestimate the abuse experienced by residents (Griffore et al., 2019). Similarly, a study of 452 adults with elderly relatives living in nursing homes in Michigan found that 24.3% of respondents reported past-year physical abuse of the older person by a nursing home staff person (Schiamberg et al., 2012).

Another study at a nursing home found that among nursing home staff who self-reported perpetration of abuse, 40% of staff reported perpetrating psychological abuse in the past year, and 10% reported perpetrating physical abuse in the past year (Pillemer & Hudson, 1993). Rates of staff-to-resident abuse are typically estimated to be higher than rates of resident-to-resident abuse within nursing homes and LTC facilities; however, since research on resident-to-resident abuse is limited, more studies are needed to determine if such differences are accurate.

Although research on the prevalence of resident-to-resident abuse is limited, research suggests that rates may be substantial. For example, one study found that over 20% of residents experienced resident-to-resident abuse (Lachs et al., 2016). Research on abuse between residents tends to emphasize the circumstances conducive to such experiences. For instance, one study examining violent resident-to-resident abuse in Massachusetts found that victims may unknowingly or unintentionally provoke the violent incident (Shioda-Tagawa et al., 2004). Examples of unintentionally provoking a physical assault include accidentally entering another resident's bedroom or unintentionally eating another resident's food (Shioda-Tagawa et al., 2004). In a qualitative study that reconstructed resident-to-resident abuse using interviews and observations, researchers found five themes in which incidents of resident-to-resident abuse occurs: privacy or personal integrity invasion, roommate challenges, intentional verbal aggression, unprovoked actions, and inappropriate sexual behavior (Pillemer et al., 2012). While the prevalence of abuse by residents is largely understudied, the circumstances that enable abuse may be where practitioners intervene.

Regarding abuse incidents within nursing homes and LTC facilities that are known to facility staff, all such incidents are required to be reported to the proper authorities. Some research suggests that most – but not necessarily all – such cases are reported to state authorities. Jogerst and colleagues (2006) examined staff reports of abuse in 355 Iowa nursing homes and found that 89% were subsequently reported to APS; of these, 29% were later substantiated by APS.

Part of the challenge with primary research in nursing homes and LTC facilities is where scholars derive data. Some scholars may look to surveys or interviews with staff ¾ rather than data collected from older adults themselves (Daly et al., 2011), while other scholars argue that this approach can be problematic given that staff may also abuse residents (Schiamberg et al., 2012). Another challenge present when researching resident-to-resident abuse is both the victim and person who causes harm may experience harm or have a level of cognitive impairment that prevents them from understanding their role in the incident. Future research on elder abuse in nursing homes and LTC facilities should rely on multiple data sources

including observations, staff accounts, residents' accounts, family accounts, and administrative data.

Prevalence of Elder Abuse by Type

Across survey and administrative data sources, the prevalence of elder abuse varies substantially by subtype. In particular, psychological abuse, financial abuse, and neglect are the most common forms of self-reported elder abuse (Acierno et al., 2010; Laumann et al., 2008; Amstadter et al., 2011). Physical abuse and sexual abuse are thought to be less common but may pose some of the most severe harms. The patterns in self-reports are often supported by reports to APS and abuse detected by service professionals.

Physical Abuse Prevalence

Estimates of past year self-reported rates of physical abuse range from 0.2% (NSHAP; Laumann et al., 2008) to 1.6% (NEMS; Acierno et al., 2010). National, state, and community-based research suggests that both self-reported physical abuse and physical abuse cases reported to APS are typically less common than most other forms of elder abuse (Acierno et al., 2010; Laumann et al., 2008; Burnes et al., 2015; Amstadter et al., 2011; Roberto et al., 2004; Jackson & Hafemeister, 2011). However, one study of elder abuse cases reported to APS in Virginia found physical abuse to be the most common form; about 78% elder abuse cases were in regard to physical abuse (Gainey, Payne, & Kropf, 2010).

Elder Abuse and Intimate Partner Violence: Prevalence of Elder Abuse by an Intimate Partner

Intimate partner violence against older adults is an under-recognized issue and requires improved coordination between agencies responding to domestic violence and those responding to elder abuse (Roberto et al., 2013). In about 11% of substantiated APS cases, the person who caused harm was identified as an intimate partner (Teaster et al., 2006). A recent New York City publication revealed that in 2016, 3% of past-year domestic incident reports to the New York Police Department were from adults aged 60 and older and 9% of all intimate partner homicide victims were of adults over the age of 60 (New York City Department for the Aging and the New York City Mayor's Office to Combat Domestic Violence, 2017). Similarly, a study of Black women (n=158) aged 50 and older in a southeastern city revealed 27.8% had high lifetime

exposure to family violence as measured by the Family Violence in Older Women scale (Paranjape et al., 2009).

Psychological Abuse Prevalence

National rates of past-year self-reported psychological abuse¹³ range from 4.6% (NEMS; Acierno et al., 2010) to 9%¹⁴ (NSHAP; Laumann et al., 2008; Schafer & Koltai, 2015). Statewide past-year self-reported rates of psychological abuse range from 1.9% in New York (Burnes et al., 2015) to 5.1% in South Carolina (Amstadter et al., 2011). In the Medicare Primary and Consumer-Directed Care Demonstration, medical professionals detected psychological abuse in 2.2% of older adults (Friedman et al., 2015).

Sexual Abuse Prevalence

A number of national and state-wide studies estimate the annual past-year rate of sexual abuse to be under 1% in community (non-institutionalized) populations (NEMS; Acierno et al., 2010; Amstdter et al., 2011). Using data from the Behavioral Risk Factor Surveillance System – a telephone survey to community-dwelling adults administered by the Center for Disease Control and Prevention – researchers found a 0.9% past-year prevalence of sexual violence against older adults from 18 states (Cannell et al., 2014). One challenge with measuring sexual abuse is many empirical studies that assess prevalence of elder abuse exclude sexual abuse from inquiry (Bows, 2018). While state-level reports to APS suggest that the majority of sexual abuse incidents against older adults occur in institutional settings, such as LTC facilities and nursing homes, older adults in institutional settings are not included in sexual abuse prevalence estimates that are produced through primary data collection with community-dwelling older adults (Teaster & Roberto, 2004).

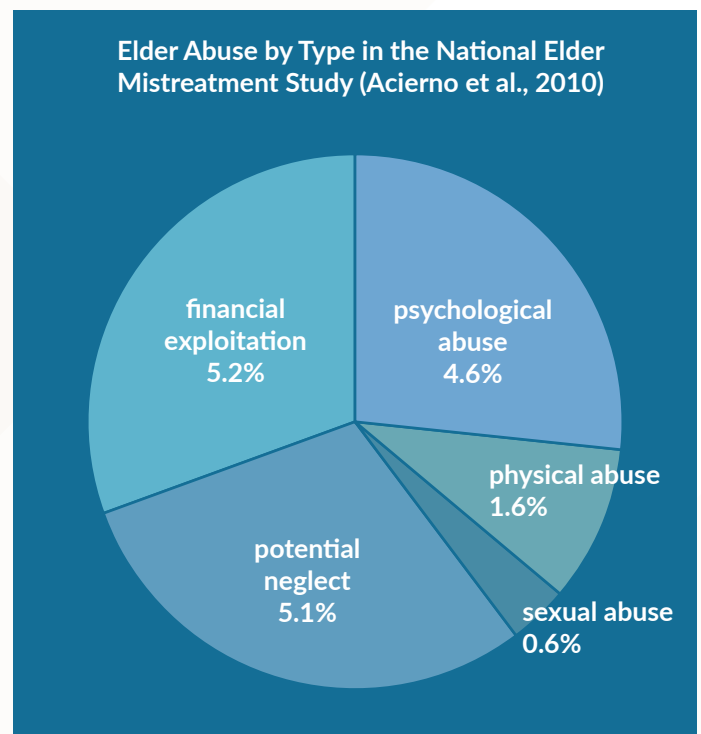
Financial Exploitation Prevalence

In nationally representative studies, between 3.5% (NSHAP; Laumann et al., 2008; Schafer & Koltai, 2015) to 5.2% (NEMS; Acierno et al., 2010) of older adults report being a victim of financial abuse by an entrusted other¹⁵. Notably, financial abuse is typically among the

most commonly reported abuse in state-level samples – including state-level administrative data samples (Burnes et al., 2015; Amstadter et al., 2011; Burnett et al., 2017; Roberto et al., 2004)

Neglect Prevalence

The prevalence of neglect, from state and national studies, ranges from 1.8% (Burnes et al., 2015) to 5.1% (NEMS; Acierno et al., 2010). Relatedly, research that includes reports to APS also demonstrate that neglect is among the most common form of elder abuse (Jackson & Hafemeister, 2011; Roberto et al., 2004; Pavlik et al., 2001). One study examining data between caregivers in the National Study of Caregiving and their older disabled care recipients in the National Health and Aging Trends Study, found that 44.3% of care recipients reported at least one need unmet by their caregiver (Beach & Schulz, 2017). In 1997, there were around 40,000 incidents of abuse reported to Texas APS for individuals over the age 65; of that total, 15% were for neglect by others (Pavlik et al., 2001).



- ¹³ In this synthesis, the term psychological abuse also includes reports on verbal and emotional abuse, which is sometimes measured as mistreatment.
- ¹⁴ In the NSHAP, researchers assess for verbal mistreatment and find that over 57% of the perpetrators of verbal mistreatment were strangers (Waite & Das, 2010).
- ¹⁵ Often older adults are financially exploited by strangers through scams and fraud. Financial exploitation by an entrusted other establishes that the harm was perpetrated by someone known and in a trusted capacity to the older adult.

As demonstrated in this section, one challenge facing the field is that the prevalence of elder abuse varies across self-report estimates, reports to APS, detection by professionals, and within nursing homes and LTC facilities. One additional challenge to the field is identifying and responding to polyvictimization, which includes experiences of multiple forms of victimization or abuse, against older adults (Ramsey-Klawnsnik, 2017). For example, an older adult victim may simultaneously experience physical and psychological abuse or may have experienced abuse in their lifetime and are facing it again later in life, which may lead to different or more severe consequences for the victim.

While there exists great variation in the elder abuse field, it remains clear that 1) many older adults suffer from abuse; 2) practitioners are challenged to detect it, given its numerous forms, varied indicators, and barriers to reporting (discussed later); and, 3) some groups are more likely not to report due to real and perceived consequences. As scholars and practitioners move forward, they are tasked with prevention, remedying the challenges of detection, and creating structures that are conducive to reporting among diverse groups. Before this can happen, the field must acknowledge and respond to individuals most at risk. In the next section, we dive deeper into risks associated with experiencing elder abuse.



Photo By Mostovyi Sergii Igorevich

RISK AND PROTECTIVE FACTORS

Key Takeaways

- Numerous risk factors have been associated with one or more forms of elder abuse, including gender, race, mental and physical health, and marital status, and having a low income, among others.
- Risk factors for elder physical abuse may include being a woman, person of color, between the ages of 60 and 70, divorced or separated, and having poor health or a physical impairment.
- Risk factors for elder psychological abuse may include being a woman, person of color, or LGBTQ; having a cognitive or physical impairment, low income, or low social support; as well as, experiencing a prior traumatic event.
- Risk factors for elder sexual abuse may include suffering from a cognitive impairment; being a woman; living in an institutional setting; having low social support, and poor health.
- Several risk factors are associated with financial exploitation against older adults, being Black, being in poor health, and experiencing a PTE.
- Risks factors for neglect can include being between the ages of 60 and 70, having low-income, having a cognitive impairment, substance use, and being a person of color.
- Social support can be a protective factor against certain types of elder abuse; however, few other protective factors have been documented.

Risks Factors Associated with Elder Abuse

Risk factors associated with one of more forms of elder abuse victimization fall into three main categories: demographic characteristics, such as gender or racial identity; cognitive and physical impediments, such as cognitive impairment or assistance with activities of daily living (ADLs); and social and situational factors, such as relationship status or a small-to-no social network. In this section, we explore risk factors associated with elder abuse overall and risk factors for specific forms of elder abuse.

Gender

Risk of elder abuse varies according to demographic characteristics, such as gender, race/ethnicity, and sexual orientation. Research evidence from a variety of sources – including hospital data, APS data, and community surveys – consistently shows that women are at increased risk of experiencing elder abuse. For example, data from national emergency room visits that resulted in elder abuse diagnoses revealed that older women were disproportionately diagnosed as elder abuse victims in comparison to their male counterparts (Evans et al., 2017). Evidence from administrative data sources – APS in particular – highlights a similar gender disparity. Specifically, in cases of adult abuse reported to Texas APS in 1997 (n=61,380), women had higher reports of abuse across all age categories (Pavlik et al., 2001)¹⁶. Additionally, one study examining characteristics in three groups of older adults in Chicago (community non-victims, community victims, and community victims who specifically received specialized police intervention), found that women made up a higher proportion of victims in each victim group (Amendola et al., 2010).

Regarding specific forms of abuse, administrative data revealed women were more likely than men to experience physical abuse, psychological abuse¹⁷, sexual abuse (Pavlik et al., 2001) and intimate partner violence (New York City Department for the Aging and the New York City Mayor's Office to Combat Domestic Violence, 2017). Data from

¹⁶ Globally, women are more likely to face abuse across all elder abuse subtypes (Sooryanarayana, Choo, & Hairi, 2013).

¹⁷ Measured in this study as emotional abuse.

the NSHAP also show that women are more likely to report psychological abuse (Laumann et al., 2008; Waite & Das., 2010). However, research commonly finds that men are more frequently victims of financial exploitation (Pavlik et al., 2001). However, in cases of financial exploitation, one study that reviewed substantiated elder abuse cases among Black and white men in Illinois between 1989 and 2000 (n=9,811) found that Black men are more likely to be victims (Dimah & Dimah, 2007).

Sexual Orientation

In addition to gender, sexual orientation may predict likelihood of elder abuse victimization. Older adults who are LGBTQ typically report higher incidents of elder abuse, compared to older adults whose sexual orientation or transgender identities are unknown or unreported. In a national convenience sample of 113 LGBTQ older adults, the self-reported prevalence of elder abuse since turning age 60 was 21% (Grossman et al., 2014). This rate was higher than estimates from national and state-level samples that sampled from the general population and did not report on older adults' sexual orientations (Amstadter et al., 2011). Further, in a qualitative study with LGBTQ older adults recruited from senior centers in New York City, researchers reported that older adults felt being older and identifying as LGBTQ increased their risk of abuse (Bloemen et al., 2019). There is insufficient research evidence on the specific types of abuse older LGBTQ adults are most likely to experience, though in Grossman et al. (2014) older adults were most likely to experience psychological harm.

Race and Ethnicity

Several studies show or suggest that older adults of color are at increased risk of abuse (Acierno et al., 2010; Friedman et al., 2011; Amendola, Slipka, Hamilton, & Whitman, 2010; Johannessen & LoGiudice, 2013). Additionally, the NEMS found that older adults of color were at higher risk for neglect, relative to white older adults (Acierno et al., 2010).

Similarly, research suggest that older Latinx populations experience higher estimates of abuse than older adult populations in general. Using APS county-level data from 2,269 U.S. counties, U.S. census demographics, and data from the Substance Abuse and Mental Health Services Administration, researchers found that counties with higher populations of Latinx older adults had higher

elder abuse substantiation rates on average (Jogerst et al., 2012). Although this county-level pattern does not necessarily indicate that Latinx individuals experience higher rates of elder abuse, it suggests that this possibility is worth of further investigation. Further, in a random sample of 198 older Latinx adults in a Los Angeles county, 40% self-reported at least one form of elder abuse and 21% reported more than one form (DeLiema et al., 2012). The most common form of abuse was psychological abuse (DeLiema et al., 2012).

In addition, older Asian Americans also report higher rates of elder abuse in comparison to national self-report estimates across race and ethnicity (Dong, et al., 2014). Depression in older Asian American populations is associated with an increased risk of abuse (Dong et al., 2014).

Furthermore, evidence reveals that older Black adults are at higher risk of elder abuse than the general population of older adults (Dong & Simon, 2014; Amendola et al., 2010). In terms of specific forms of abuse, in one Chicago study, older adult victims of physical abuse were more likely to be Black (Friedman et al., 2011). Though, when compared to Black men, substantiated elder abuse cases in Illinois between 1989 and 2000 (n=9,811) reveal that Caucasian men were significantly more likely to experience physical abuse (Dimah & Dimah, 2007). Regarding family violence, a study of 158 Black women aged 50 and older in a southeastern city revealed that 27.8% had high lifetime exposure to family violence as measured by the Family Violence in Older Women (FVOW) scale (Paranjape et al., 2009).

Several research articles point to Black older adults as being at increased risk for financial exploitation as well. Data from the NSHAP found that odds of reporting financial exploitation was higher for Black older adults (Laumann et al., 2008). This pattern also emerged in a randomly sampled older adult population in Allegheny County, PA (n=903), which showed that the prevalence of financial exploration was significantly higher for Blacks than for non-Blacks since turning age 60 (Beach et al., 2010). Further, when observing the differences between Black men and Caucasian men with substantiated cases of elder abuse in Illinois between 1989 and 200 (n=9,811) researchers found that Black men were significantly more likely to experience financial exploitation (Dimah & Dimah, 2007).

Age

There is mixed evidence on which age groups among older adults are associated with increased risk of elder abuse. While older adults are often defined as people over the age of 60 (Elder Justice Act, 2010), some practice evidence concludes adults over the age of 80 are at greatest risk of elder abuse victimization (MetLife, 2011; Twomey, Kasunic & Jones, 2013). However, other research sources point to older adults between the ages of 60 and 69 as most at risk (Acierno et al., 2010; Burnes et al., 2015).

Regarding specific forms of abuse, older adults ages 60 to 69 (younger old) are more likely to report abuse than those who are 70 or older. In the NEMS, younger older adults (ages 60-69 years) were significantly overrepresented among those reporting physical abuse, psychological abuse, and financial exploitation (Acierno et al., 2010). Similarly, intimate partner violence was more common among older adults ages 60-64 in domestic incidents reports filed to the New York Police Department in 2016 (New York City Department for the Aging and the New York City Mayor's Office to Combat Domestic Violence, 2017). Additionally, younger old adults were more likely to report neglect in the New York Elder Mistreatment Prevalence Study (NYEMPS), n=4,156, (Burnes et al., 2015).

Notably, this pattern may be different for institutionalized older adults. A case-control research study examining nursing home residents who experienced physical assault among controls who did not, found that the median age range for residents who sustained physical injury was 81-83 (Shinoda-Tagawa et al., 2004). These differences in findings point to the need for further research in this area.

Income Level

Household income has also been associated with experiencing elder abuse (Friedman et al., 2015; Burnes et al., 2015). However, the relationship between income and elder abuse varies, depending on the subtype of abuse. For example, in the NYEMPS, older adults living below the poverty line or with low income more frequently reported physical abuse, psychological abuse, and neglect (Burnes et al., 2015). Living in a low-income household was also associated with neglect in the NEMS (Acierno et al., 2010).

However, data from the Health and Retirement Study, which is a longitudinal study that includes a national sample of older adults, show that older adults with a high socioeconomic status are at increased risk of financial exploitation (DeLiema, 2015).

Cognitive Status

Cognitive deficits or impairments – such as Alzheimer's disease, dementia, or declining mental cognition – are often more prevalent among victims of elder abuse (Liao and Mosqueda, 2007; GAO, 2011; National Training Institute, 2015). Research shows that older adults with Alzheimer's Disease or varying levels of dementia are more represented among victims of elder abuse (Johannesen & LoGiudice, 2013; Wiglesworth et al., 2010; Gainey et al., 2010). Additionally, several studies determined associations between definitive cognitive impairment (Friedman et al., 2015), neurological and mental disorders (Friedman et al., 2011) and scores less than 23 on the Mini-Mental State Evaluation¹⁸ with increased risk of elder abuse (Dong & Simon, 2014).

Further, cognitive impairment may be a risk factor for resident-to-resident abuse within nursing homes and LTC facilities (Ferrah et al., 2015; Shinoda-Tagawa et al., 2004). Within nursing homes in Massachusetts, a case-control study examining physical assault among nursing home residents found that cognitive impairment was a risk factor for physical assault and sustaining physical injuries homes (Shinoda-Tagawa et al., 2004). Additionally, though it is unclear if it is a result of cognitive impairment, wandering in the nursing home may be a risk factor for physical assault among residents in nursing homes and



Photo by Diego Cervo/Shutterstock

18 An assessment instrument used to measure cognitive impairment in older adults. Low scores can indicate a level of cognitive impairment (Marshal et al., 1983).

LTC facilities (Ferrah et al., 2015; Shinoda-Tagawa et al., 2004). Moreover, of the different forms of elder abuse, research shows that older adults with dementia are more likely to suffer from psychological abuse (Dong, Chen, & Simon, 2014). Similarly, a study of caregivers and their older adult care recipients revealed that older adults who needed assistance with ADLs and had probable dementia were at increased risk of neglect, as measured by unmet ADLs needs (Beach & Schulz, 2017).

Behavioral Health

In addition to cognitive impairments, older adults with behavioral health concerns, including mental illnesses and substance use disorders, may face increased risk of abuse. Nationally representative and community-based longitudinal research demonstrate that depression is associated with higher likelihood of elder abuse (Schafer & Koltai, 2014; Dong & Simon, 2014). Further, by relying on APS county-level data from 2269 U.S. counties, U.S. census demographics, and data from the Substance Abuse and Mental Health Services Administration (SAMHSA), researchers found that substance use disorders was among several risk factors associated with higher elder abuse substantiation rates (Jogerst et al., 2012). Importantly, more research on this topic is needed, as a recent study of 1,077 cases of elder abuse reported to APS agencies in Illinois found that substance use was not associated with alleged elder abuse victimization, with neglect being an exception (Conrad et al., 2019). Both studies show that substance use is associated with at least one form of elder abuse, neglect, though the more nationally representative study shows that it is associated with multiple forms.

Physical Health

Older adults with physical impairments may face greater risks for victimization (Karp & Beard, 2014; GAO, 2011; United States Senate, 2003; Johannessen & LoGiudice, 2013). Data from Wave 1 of the NSHAP revealed that having a physical disability predicted higher odds of any form of abuse (Schafer & Koltai, 2015). Similarly, in the National Elder Mistreatment Study, poor health was the only indicator predictive of each form of abuse (Acierno et al., 2010). Further, participant data from the Chicago Health and Aging Project show that declines in physical performance, needing assistance with ADLs, and mobility impairment were associated with increased risk of abuse

cases reported to a social services agency (Dong et al., 2012). Moreover, in terms of official reports of abuse, nearly all APS victims have an ambulatory disability (Aurelien et al., 2019).

In regard to specific forms of abuse, research found that older adults with physical limitations are more likely to experience psychological abuse (Laumann et al., 2008). Older adults who require assistance with ADLs were more likely to report financial exploitation and psychological abuse in the NEMS (Acierno et al., 2010) and psychological and physical abuse in the NYSEMPS (Burnes et al., 2015). Moreover, older adults with poor health were more likely to report psychological abuse in the South Carolina Elder Mistreatment Study (Amstadter et al., 2011), neglect in the NYSEMPS (Burnes et al., 2015), and all forms of abuse in the NEMS (Acierno et al., 2010).

Social Factors

Being separated from healthy social support systems may lead to risks of elder abuse. For instance, practice evidence shows that social isolation (MetLife, 2011; Galvan & Shaw, 2018; LoFaso, 2016) and inadequate social support (GAO, 2011; Stiegel, 2014; National Training Institute, 2015) are risks for elder abuse.

Isolation and limited social support are risks also documented in research evidence. Data from the Medicare Primary and Consumer-Directed Care Demonstration revealed that having few close friends and being without an intimate partner was positively associated with elder abuse (Friedman et al., 2015). Moreover, participant data from the Chicago Health and Aging Project found that having less than 2 close acquaintances was associated with elder abuse (Dong & Simon, 2014). Finally, being widowed, separated, or divorced has been associated with abuse in the NYSEMPS (Burnes et al., 2015).

While social isolation and loneliness are both risk factors for elder abuse, being dependent on others and living with other people may also put older adults at risk of abuse (Twomey, Kasunic & Jones, 2013; Liao & Mosqueda, 2007; Mosqueda & Teixeira, 2017; Dong, Simon, & Evans, 2012; Johannessen & LoGiudice, 2013; Stiegel, 2014). For instance, all participants in the Medicare Primary and Consumer-Directed Care Demonstration required assistance from others with at least two ADLs; of the participants enrolled in this study, 7.4% were detected by medical professionals to have experienced

abuse (Friedman et al., 2015). This rate is distinguishably higher than national and community-based elder abuse rates reported and substantiated through adult social service agencies (Jogerst et al., 2003; Dong, Simon, & Evans, 2012). Additionally, one study that examined the characteristics of elder abuse victims in Chicago (n=328) found that mutual dependency was a risk factor for elder abuse victims in comparison to non-victims. They were also more likely to need financial, personal care, and ADL assistance (Amendola et al., 2010).

Regarding specific forms of elder abuse, research also shows that both isolation and dependency may be risk factors. Being divorced or separated has been associated with physical abuse (Burnes et al., 2015; Friedman et al., 2017) and psychological abuse (Burnes et al., 2015). Inadequate social support has been associated with physical abuse (Acierno et al., 2010; Amstadter et al., 2011), psychological abuse (Acierno et al., 2010), sexual abuse (Acierno et al., 2010), and neglect (Acierno et al., 2010). In regard to dependency on others, research finds that depending on others is also associated with specific forms of abuse. For example, among older couples, people who engage in domestic violence often depend on the victim (Brandl, 2000). Additionally, an increasing number of “non-spousal” household members was associated with

financial exploitation against older adults in a statewide New York study (Peterson et al., 2014), indicating that individuals in the household who are not intimate partners may increase risk for this specific form of abuse.

Trauma History

Research evidence shows that experiencing a prior traumatic event (PTE), such as previous interpersonal violence, is associated with elder abuse (Acierno et al., 2010; Cisler et al., 2010). In the NEMS, a PTE was associated with increased likelihood of experiencing psychological abuse and sexual abuse (Acierno et al., 2010).

Risk Factors by Type of Abuse

In the table below, we summarize the previously discussed risk factors by type of abuse based on the research evidence described above, where such information was available. The presence of an “x” indicates that research notes an association between the risk factor and the specified form of elder abuse. Considerable evidence has associated factors with elevated risk of elder abuse overall but has not always explored the relationship by type of abuse. Therefore, the absence of an “x” most likely indicates that research has not explored that specific relationship.

TABLE 1. ELDER ABUSE RISK FACTORS BY TYPE OF ABUSE

Risk Factor		Type of Elder Abuse				
		Physical	Psychological	Sexual	Financial	Neglect
Gender	Female	X	X	X		
	Male				X	
Sexual Orientation	LGBTQ ^a					
Race & Ethnicity	African American		X		X	X
	Latinx					X
Age	Ages 60-69	X	X		X	X
Income Level	Lower income	X	X			X
	Higher income				X	
Cognitive Status	Cognitive impairment	X	X			X
Behavioral Health	Substance use					X
Physical Health	Poor health	X	X	X	X	X
	Physical impairment	X	X		X	
Social Factors	Dependency	X			X	
	Divorced / separated	X	X	X		X
Trauma History	Prior traumatic event		X	X		

Note: X indicates that the research evidence CVR reviewed indicated that item as a risk factor for the specified type of elder abuse. Absence of an X indicates that in the literature CVR reviewed, no such relationship was documented, although it is possible that a relationship does exist but has not yet been well studied.

^a Evidence examined for this report cites this risk factor for elder abuse overall but does not explore relationship by type.

Protective Factors

The primary factor that helps mitigate abuse, as documented in practice and research evidence, is social support – or having trustworthy or reliable friends, relatives, or acquaintances nearby. Having ongoing social connections with others can make an older adult feel cared for and allow others to protect them from and monitor for potential abuse (GAO, 2011).

Social Support and Other Factors

Multiple large-scale research studies document social support as a protective factor. For example, data from the National Social Life Health and Aging Project found that older adults with a dense social network and who identify as Latinx were less likely to report any form of elder abuse (Schafer & Koltai, 2014).¹⁹ Similarly, older adults in the National Elder Mistreatment study with high levels of social support were less likely to report any form of abuse, excluding financial exploitation by family (Acierno et al., 2010).

While social support is a protective factor, dependency on others and cohabitation have been cited as risks factors for elder abuse as well (Twomey, Kasunic & Jones, 2013; Liao & Mosqueda, 2007; Mosqueda & Teixeira, 2017; Dong, Simon, & Evans, 2012; Johannessen & LoGiudice, 2013; Stiegel, 2014). However, a randomly-sampled state-based study in New York (n=4,156), found that older adults with a spouse or partner were less likely to self-report financial exploitation, suggesting that intimate partner support, as opposed to general social support, may be a protective factor specifically against financial exploitation (Peterson et al., 2014). Further research is needed to develop consistent measures that distinguish between social ties that provide healthy social support for older adults, versus social ties that may be harmful and conducive to abuse.

Both research and practice evidence paint a clear picture of risks associated with reporting or experiencing any form of abuse. Most often these risks include belonging to a marginalized group, having a cognitive impairment or physical impairment, having low-income, and experiencing a prior traumatic event. Such risks are also associated with specific forms of elder abuse including, physical, psychological, sexual, financial exploitation, and neglect. Additionally, the role of social support as a protective factor is well documented by scholars and practitioners.



Photo by Diego Cervo/Shutterstock

¹⁹ This study also found that Latinx older adults were less likely to report a form of elder abuse (Schafer & Koltai, 2014); however, this finding contradicts research that shows that Latinx older adults self-report elder abuse at higher rates than older adults who are not disaggregated by race (DeLiema et al., 2012) and research that shows that among reports to APS, substantiation rates were significantly associated with a higher population of Latinx older adults (Jogerst et al., 2012).

HARMS AND CONSEQUENCES

Key Takeaways

- Elder abuse can cause a wide range of serious and harmful consequences for victims, their families, and communities at large—including psychological, physical, financial, and other harms.
- Psychological harms resulting from elder abuse include depression, anxiety, distress, loneliness, and fear of losing independence.
- Physical harms associated with elder abuse include direct injuries on victims such as severe bruising, bone fractures, sexually transmitted diseases, premature death, and morbidity, as well as deleterious impacts on victims' overall health.
- Financial harms caused by elder exploitation can include loss of assets, damaged credit, and loss of financial independence.
- Other, negative quality of life consequences resulting from elder abuse include increased risk of revictimization, fear of retaliation, extended hospitalization, and institutionalization in a residential or nursing facility.

Elder abuse can result in a wide range of serious and harmful consequences for victims, including emotional distress, physical injury, institutionalization, and even death. For this review, we group possible harms and consequences of elder abuse into several overarching categories as follows: psychological, physical, and financial harms to victims and their families, as well as other negative quality of life consequences.

Psychological Consequences

Victims of elder abuse face serious psychological harms given the trauma they may have experienced, such as depression (Karp & Beard, 2014; Michigan Elder Justice Initiative, 2016), PTSD (Acierno et al., 2017), anxiety (HHS Elder Justice Coordinating Council, 2017; Pierce-Weeks, 2013), distress (HHS Elder Justice Coordinating Council, 2017; Pierce-Weeks, 2013; Tyiska, Gaboury & Seymour, 2012), fear of retaliation, and fear of having to lose independence and live in a nursing home (Bloemen et al., 2019). For example, an eight-year follow up study to the

nationally representative National Elder Mistreatment Study revealed older adults who reported elder abuse subsequently experienced more symptoms of depression and PTSD, in comparison to those who did not report elder abuse (Acierno et al., 2017). In addition, evidence from the nationally representative NSHAP show that financial abuse was associated with subsequent loneliness (Wong & Waite, 2017).

Depression, PTSD, and loneliness are only some of the psychological consequences of elder abuse: it can also lead to other mental health challenges. Victims are likely to experience a loss of self-esteem and dignity due to feelings of shame and embarrassment (Tyiska, Gaboury & Seymour, 2012). For instance, in a qualitative study of older women who experienced elder abuse by an intimate partner (i.e., domestic violence), some of the consequences they reported were hopelessness, powerlessness, and self-blame (Beaulaurier et al., 2008; Paranjape et al., 2009). In addition, a recent study found that in comparison to older adults who were not victims of financial exploitation, older adults who suffered from financial exploitation were more likely to experience anxiety and depression, as well as difficulties in decision making (Lichtenberg et al., 2019). Compounded with psychological harms, elder abuse victims often face a number of physical consequences.

Physical Harms

The physical consequences of elder abuse may be short and/or longer term. As an immediate result of physical abuse, for example, an older adult may sustain injuries such as cuts, physical bruising, and broken bones; and may require hospitalization. Additionally, other subtypes of elder abuse carry specific physical risks that may manifest quickly. Specifically, the consequences of sexual abuse can include sexually transmitted diseases (Bulman, 2010; Brown et al., 2004). Further, neglect can lead to pressure sores, poor foot care, malnutrition, dehydration, poor body hygiene, dirty or worn clothing, and low body weight (Mosqueda & Dong, 2011). Other harms, however, including high blood pressure and heart problems, may show up some time after abuse occurred (HHS Elder Justice Coordinating Council, 2017; Pierce-Weeks, 2013).

Over the longer term, the emotional effects of elder abuse – including stress and trauma, along with preexisting health problems – can result in an overall decline in physical health. For example, older adults from the National Elder Mistreatment study who reported physical and psychological abuse also reported poorer health (Acierno et al., 2010). Clinical assessments of elder abuse victims also show more health care problems than other older adults, including increased bone or joint problems, digestive problems, chronic pain, high blood pressure, and heart problems (Dyer et al., 2000). In addition, older adults who are victims of abuse, especially physical abuse, have higher premature mortality rates than do non-victims (Brown et al., 2004; Dong et al., 2009; Li et al., 2019). Overall, research shows that older adults who have been abused have a 300% higher risk of death within a 7-year period, when compared to those who have not been abused (Dong et al., 2009).

Financial Harms

The annual financial loss by victims of elder financial abuse is estimated to be at least \$2.9 billion dollars.

Elder abuse victims of financial exploitation in particular face a number of financial harms, such as damaged credit and loss of personal

funds, property, housing, and other valued assets (Karp & Beard, 2014; Twomey, Kasunic and Jones, 2013). The annual financial loss by victims of elder financial abuse is estimated to be at least \$2.9 billion dollars (MMI, 2009). However, because of underreporting this number is likely much higher. After older victims experience financial harms, they often lack time and/or employment to rebuild assets, which leads to loss of independence and new reliance on others for financial support—making them even more vulnerable to continued abuse (Gray, 2017).

Quality of Life Harms

Negative, quality of life consequences resulting from elder abuse include increased risk of revictimization, extended hospitalization, and institutionalization in a residential or nursing facility. Research shows that older adults who are victims of physical abuse in particular often face an increased likelihood of revictimization (Friedman et al.,



Photo by Mangostar/Shutterstock

2017). Specifically, findings showed that elder abuse victims who were women, widowed, diagnosed with dementia, and returning to the home where the person who caused harm lived or visited were substantially more likely to be revictimized (Friedman et al., 2017). Revictimization is only one of the negative quality of life consequences resulting from elder abuse.

Health issues resulting from elder abuse can also further impact an older adult's quality of life (Lanier, 2013) and lead to an increased number of hospitalizations (LoFaso, 2016; Twomey, Kasunic & Jones, 2013). Practice and research evidence show that elder abuse victims are twice as likely to be hospitalized and four times as likely to go into nursing homes (LoFaso, 2016; Twomey, Kasunic & Jones, 2013). For example, data from the Nationwide Inpatient Sample of the Healthcare Costs and Utilization Project, a study of elder abuse hospitalizations in the U.S., show that elder abuse victims were more likely to be institutionalized, meaning discharged to a nursing home or other care facility, upon release from a hospital, compared to other older adults who were not identified as having experienced elder abuse (Rovi et al., 2009).

Because elder abuse results in a wide range of negative health impacts, including the increased likelihood of injury and chronic health conditions, it can significantly impact health care expenditures. For example, practice evidence demonstrates that on average, elder abuse victims have more chronic diseases and access the health care system at higher rates than other groups due to their victimization (Elder Justice Coordinating Council, 2017).

PREVENTION, INTERVENTION AND SERVICES

Key Takeaways

- Efforts aimed at preventing elder abuse primarily focus on education and training for those who work with older adults and prevention programs that increase awareness among older adults.
- Since social isolation is a key risk factor for elder abuse, advocacy and support services that increase older adults' community engagement can also be helpful forms of abuse prevention.
- Adult Protective Services and criminal justice professionals play a critical role in the response to elder abuse by investigating abuse reports and providing legal solutions where possible.
- Few elder abuse interventions have a high level of evidence for reducing the occurrence or frequency of abuse,²⁰ however, several appear promising. Such promising interventions include multidisciplinary teams, victim support groups, and counseling.²¹
- Among elder abuse victims, historically marginalized groups often have specific needs and face unique barriers, due to historic and structural oppression, that require uniquely tailored services and prevention and intervention efforts.
- All states have mandatory reporting statutes for elder abuse, though these laws vary, and evidence is mixed on their effectiveness.

In general, rigorous evidence on effective approaches toward elder abuse prevention, interventions, and services is both limited and sorely needed. This review discusses promising prevention methods including service provider education and training, raising awareness among older adults and the public, and increasing community engagement and social support. In addition, we review different forms of intervention, including advocacy, criminal and civil justice system responses, social services, and multidisciplinary teams. Lastly, we discuss victim

services, services for vulnerable populations, and key laws and statutes involved with the handling of elder abuse.

Education and Training

Primary forms of elder abuse prevention include prevention education and training for people who work with older adults, and awareness campaigns and programs that educate older adults themselves.

Education for Professionals, Older Adults and Community Members

Prevention education programs cover a wide range of topics such as financial literacy and money management, older adult and LTC facility residents' rights, how to avoid potential abuse, how to recognize key indicators of abuse, and to whom potential abuse can be reported. These educational programs are developed and run by organizations such as state and regional Area Agencies on Aging (AAAs), Councils on Aging, and Long-Term Care Ombudsmen (LTCO).

Though limited, evidence suggests that these elder abuse prevention approaches may improve older adults' abilities to identify abuse, practice healthy coping and safety planning, and improve psychological wellbeing. Specifically, researchers found that among elder abuse victims, psychoeducational support groups and interventions emphasizing safety planning may help victims improve their psychological wellbeing, knowledge and awareness of abuse, and coping and safety planning methods (Acierno et al., 2004; Brownell & Heiser, 2006). These interventions may be helpful in mitigating elder abuse harm and preventing future abuse. Case study reports of money management programs suggest that they are also helpful to older adults as they can reduce vulnerability to financial exploitation, particularly among those who are socially isolated and those with cognitive impairments (Pillemer et al., 2016). Money management programs typically focus on topics such as paying bills, banking, and paying home care personnel.

20 This is well documented in research evidence on elder abuse interventions, including a recent Cochrane review (Baker et al., 2017) and other systematic reviews (Dong, 2015; Fearing et al., 2017; Pillemer et al., 2016; Ploeg et al., 2009; Teresi et al., 2016).

21 Teresi et al., 2016

Additionally, two demonstration programs designed to prevent elder abuse are currently undergoing rigorous evaluation. The Urban Institute is conducting a randomized controlled trial evaluation of a home-visiting, older adult resiliency program called EMPOWER. Researchers are piloting the program with low-income, community-residing adults aged 60 and older in Maricopa County, Arizona (Center for Victim Research, 2019; Department of Justice Elder Justice Initiative, 2016). Additionally, the University of Southern California is evaluating an innovative, medical center-based intervention focused on older adults with dementia and their caretakers (Department of Justice Elder Justice Initiative, 2016; Hou, 2018). The goal of both demonstration efforts is to increase evidence-based prevention methods in the elder abuse field.

Professional Training

Training for the various professions that work with older adults is also seen as a promising elder abuse prevention approach. Groups that typically receive training on identifying and addressing elder abuse include Adult Protective Services (APS), crime victim services staff, health care professionals, court staff, law enforcement, prosecutors, staff at financial institutions, and faith leaders. Both Area Agencies on Aging and the Elder Justice Act (see later description) play a critical role in ensuring these types of agencies receive opportunities to attend or funding to provide training.

Some research evidence suggests that professional training can result in improved detection of elder abuse incidents. Specifically, training for nursing home staff focused on resident-to-resident elder abuse recognition and risk factors, management, and implementation of guidelines may improve the detection and reporting of elder abuse (Teresi et al., 2013). In addition,



Photo by Photographee.eu/Shutterstock

research literature documented that training for health professionals on recognizing and reporting abuse could result in increased awareness, collaboration, and reporting (Alt, Nguyen & Meurer, 2011). Both research and practice evidence demonstrate training practitioners can help to both prevent and detect elder abuse.

Advocacy

Given that social isolation is one of many risk factors for elder abuse, advocacy and supportive services to increase older adults' community engagement may help to prevent abuse.

Long-Term Care Ombudsmen

Under the federal Older Americans Act (described in detail later), every state is required to have an Ombudsman Program that addresses complaints and advocates for improvements in the long-term care system. Long-Term Care Ombudsmen (LTCO) are involved in identifying, investigating, and resolving long term care facility residents' complaints; protecting residents' legal rights, advocating for systemic change, providing information and consultation to residents and their families; and publicizing noteworthy issues to residents (Colello, 2009). The LTCO act as resident advocates in resolving complaints that commonly include violations of residents' rights or dignity, financial exploitation, poor quality of care, any form of abuse or neglect, improper or unsafe discharge of a resident, and inappropriate use of restraints (Allen et al., 2004). One important note is that LTCO are not mandatory reporters and cannot investigate a complaint or refer a complaint to another agency without the residents' permission. Their primary responsibility is to act as an advocate and resolve complaints to a resident's satisfaction.

Faith-based Advocacy

Practice evidence suggests that faith communities can be a helpful support avenue for victims and older adults. Such organizations often have frequent contact with older adults and are viewed as trusted confidantes by community members – which can create a safe space for elder abuse victims (Brandl & Hunter, 2016; Hunter, Katzman & Brandl, 2013). Some qualitative research evidence demonstrates that faith-based programs may improve awareness of abuse and community members' ability to assist victims. For example, in Denver, Colorado,

the Communities Against Senior Exploitation partnership between the District Attorney's Office and faith leaders delivered trainings and seminars to older adults and faith leaders about fraud and found that participants improved perceptions of being well-informed about and prepared to help with elder fraud (Curtis, 2006).



Photo by JP WALLET/Shutterstock

Area Agencies on Aging

State and regional Area Agencies on Aging (AAAs) were created under the 1973 Older Americans Act Comprehensive Services Amendments as a resource for elderly and disabled individuals. Practice evidence shows that AAAs play a number of roles in local communities and can be major actors in supporting older adults and combating elder abuse. AAAs offer a wide array of services such as assessing community needs and developing and funding programs that respond to those needs; educating and providing assistance to consumers about available resources; serving as portals to care, determining eligibility, authorizing or purchasing services and monitoring the appropriateness and cost effectiveness of services; and engaging in public awareness and public education, direct services to victims and survivors, policy and advocacy, and coalition building and research.

Further, AAAs often partner with a number of other entities that serve older adults, including: APS, transportation agencies, Medicaid agencies, advocacy organizations, emergency preparedness agencies, hospitals, mental health organizations, disability service organizations, public housing authorities, faith-based

organizations, and community health care providers. The partnerships and services offered by AAAs can provide assistance that many older adults need throughout the aging process (Area Agencies on Aging: Local Leaders in Aging and Community Living, 2017; Elder Abuse and AAAs Best Practices and More, 2013).

Criminal Justice Response

Law enforcement officers and district attorneys can play a role in the criminal justice response to elder abuse through investigating abuse reports. However, the criminal justice system often faces challenges detecting and comprehensively responding to elder abuse and neglect. Further, research and practice evidence demonstrate that some victims often are reluctant to report to criminal justice system actors or have impaired ability to report for several reasons described below.

Law Enforcement

Law enforcement officers may play a role by connecting victims with services, conducting well-being checks²² on older adults, and investigating abuse reports. Some qualitative research shows that law enforcement officers have been successful in connecting victims to supportive services. In Chicago, for example, elder abuse victims who were visited by officers were more likely to engage in protective behaviors and service-seeking than victims who were not visited by police (Amendola, 2010). In addition, based on some rigorous research evidence, programs that focus on building relationships between law enforcement and victims may decrease risk of elder abuse. For example, an evaluation of a community-based partnership with local law enforcement in California called “Eliciting Change in At-Risk Elders” found that longer-term, relationship-based interventions for older adults who were reluctant to receive services may be effective at reducing abuse (Mariam et al., 2015). The Eliciting Change in At-Risk Elders program followed up on reports of suspected abuse in order to establish a working relationship with the older adult and family members to identify needs and to meet those needs (Mariam et al., 2015). The program led to a decrease in risks regarding economic/housing functioning (including poor money management habits and inadequate

²² A well-being check is conducted when police stop by a person's home to make sure they are okay. Requests for well-being checks are made by friends, family, and neighbors, typically after someone unexpectedly stops answering their phone or getting in touch with others.

housing), and social/community functioning (including lack of access to resources and living with a potentially abusive caregiver), over the course of the intervention, and 75% of participants made progress on their treatment goals (Mariam et al., 2015). By checking in on older adults and connecting them to services, elder abuse victims may be more likely to engage in protective behaviors and have reduced risk for abuse.

Practice evidence also demonstrates that law enforcement officers are important members to have on multidisciplinary elder abuse response teams (described later in this section) because of their presence and connection to community members. In communities where officers are well integrated, they may educate and raise awareness, and promptly respond to abuse. Officers' role in their community also place them in a position to have frequent contact with potential victims. Because of these interactions, it is critical that officers be properly trained to recognize the common signs of abuse.

Overall, law enforcement officers can both help to prevent abuse among vulnerable older adults and help victims get connected to services. However, there are some challenges with the law enforcement response to elder abuse. For example, in a study focused on elder abuse response preparedness, law enforcement officers reported a significant lack of knowledge on elements related to legal reporting requirements, collecting evidence, and obtaining services for elderly victims (Tapp, Payne & Strasser, 2014). In addition, some victims of elder abuse do not prefer criminal justice involvement due to a variety of reasons including their relationship with the person who caused harm and a general fear of law enforcement (Jackson & Hafemeister, 2012). Some Black older adults, in particular, are reluctant to engage with law enforcement and the criminal justice system more broadly due to the cumulative effects of race-based prejudice and racial bias within the system, including mass incarceration (Davis & Block, 2020). Specifically, these biases affect the actions of criminal justice professionals and how they respond to instances of abuse, which can result in negative outcomes for victims including an inability to achieve the healing needed and an over-engagement in the criminal justice system for their family members (Davis & Block, 2020).

Prosecution

District attorneys are responsible for prosecuting elder abuse cases as there are limited measures for accountability in the criminal justice system. Some research evidence suggests there is a low rate of prosecution in APS cases (Ernst et al., 2014). This low rate is partially due to the unique challenges that elder abuse cases pose for prosecutors, such as victim cognitive impairments that may affect their ability to recall events and victims' reluctance to involve the criminal justice system.

Elder abuse cases may be challenging for a number of other reasons, including the fact that many victims often have cognitive impairments that may limit their ability to report; they may require special accommodations in court; prosecutors may not have proper training in elder abuse; it can be difficult to prove improper influence or manipulation in elder abuse, and; there are often uncooperative relatives involved (Jackson, 2010; Ulrey, 2010). In addition, older adults are often reluctant to proceed with cases because they are unsure what will happen during the trial. Many do not want to lose their independence or be placed in a nursing home or LTC facility. Additionally, some do not wish for punitive legal-system outcomes, such as incarceration (Elder Justice Initiative, 2016).

There is some research evidence documenting these challenges to elder abuse prosecution including insufficient evidence and not wanting to involve law enforcement. For example, in a sample of 95 women with elder abuse cases substantiated by APS in Virginia, the two most common reasons noted for not prosecuting cases were that the older women refused to prosecute (25%) and the evidence was insufficient to warrant prosecution (21%; Roberto et al., 2004). In addition, in a different sample of 71 substantiated cases of elder abuse in Virginia, 63% of elders did not want criminal justice involvement (Jackson & Hafemeister, 2013). Victims specifically did not want the person who caused harm incarcerated, and they felt a better outcome could be achieved outside of the criminal justice system.

Barriers to Reporting

Elder abuse is often unreported or underreported (James et al., 2014). Evidence shows that as few as 1 in 14 or 1 in 24 cases may be reported to authorities (NRC, 2003; Lachs et al., 2011). Barriers to self-reporting abuse by older adults can include physical limitations, cognitive limitations such as dementia, health concerns, worries about ageism, victim's fear of institutionalization for themselves or for the person who caused harm, pressure to not report from family or others, dependency on the person who caused harm or not wanting to bring them harm, intimidation, and not understanding it is a crime (Markowitz & Long, 2012; Laatsch & Phipps, 2018). Abuse among historically marginalized groups – such as those who are LGBTQ, immigrant, or persons of color – may particularly go undetected or underreported because members of such groups may be more isolated and may distrust traditional institutions due to historical or current discrimination and structural violence against marginalized groups inherit in such institutions (Litton & Ybanez, 2017; NCEA, 2013; NCEA, 2014; NCEA, 2013; NCEA, 2016).

Furthermore, Native and Indigenous older adults may face unique barriers to reporting (Litton and Ybanez, 2017). Practice evidence shows that there are numerous barriers including fear of retaliation; geographic isolation from police and social services; maintaining confidentiality; lack of specialized elder adult protective services; prior unpleasant experience with U.S. federal government policies; fear of further institutional abuse through contact with government agencies and authorities; shame for the harm they may inflict on their loved ones, and belief that abuse is a result of insufficient prayer or bad medicine and cannot be remedied through services or interventions.

Additionally, LGBTQ elders may experience barriers to reporting (National Resource Center on LGBTQ Aging, n.d.; NCEA, 2013; Thurston, 2015). For example, the person causing harm may threaten to “out” the older adult against their wish; the person who caused harm may cause the victim to feel that authorities will not believe them; the person who caused harm might gain control of finances and/or assets; the victim may fear spending the rest of their life alone; the victim may isolate because of estranged family members; the victim may have a history of self-reliance or fear of authorities and be less likely to reach out for help, or; the victim may fear the personal,



Photo by Merla/Shutterstock

familial, and societal risks in coming out as gay or lesbian. A qualitative study with older LGBTQ adults in New York City revealed that they faced barriers due to “distrust of police and medical providers” (p. 2341), not knowing who to report to, and fear that an abusive family member may force them to leave their home and potentially place them in a nursing home (Bloemen et al., 2019).

Latinx older adults also have different barriers to reporting (NCEA, 2014). Older Latinx victims may not be aware of U.S. reporting procedures and options. They may fear retaliation; fear authorities and law enforcement due to past experiences and immigration status; fear incarceration for the person who caused harm; have a preference to seek resolution on their own; face language barriers; and have cultural emphasis on maintaining the privacy and integrity of the family.

In a similar vein, often times, Asian Pacific Islander elders may emphasize maintaining the family structure over individual concerns, which subsequently leads reluctance to report elder abuse (NCEA, 2013). They too may face language barriers or may rely on themselves to solve problems. Similar to other people of color, there may exist a lack of awareness around or access to reporting structures; unwillingness to negatively affect the person who caused harm; shame, and; expressing emotional vulnerability to outsiders. However, Asian and Pacific Islander older adults may be more inclined to reveal their abuse to healers and medical providers.

Some Black older adults may not report abuse due to distrust in institutions. They may also be reluctant to seek help in the community if they believe that they or their families are at risk of being discriminated against on the basis of race (NCEA, 2016). In addition, recognizing abuse may be particularly painful for Black older adults

Box 4

Structural Racism and the Black Community

Most mainstream research and practice literature, including that examined in this report, fail to highlight the influence of centuries of structural racism²⁴, ageism²⁵, and other forms of marginalization on elder abuse experiences. For example, in terms of highlighting how this impacts Black people, years of racial trauma and oppression experienced by Black older adults makes their experiences with elder abuse and associated services unique (Davis & Block, 2020). Older adults of color, particularly Black older adults, have often lived through traumatic historical periods, such as Jim Crow segregation and other large-scale racist policies and practices. When accounting for lifetime experiences of trauma, such experiences are often excluded, but may factor into the lived realities of older adults and victims. As such, civil and legal system actors and service providers face the laborious challenge of cultivating services and responses that account for these multiple forms of victimization (i.e. structural and interpersonal violence). Some strategies for person-centered approaches to Black older adult elder abuse victims include acknowledging the racist history that shaped their experiences, understanding identity, power, and privilege, reflecting, affirming their experiences, listening to their stories, and unlearning anti-Black racism (Davis & Block, 2020).

24 Learn more about what structural racism is here <https://www.urban.org/features/structural-racism-america>

25 Learn more about ageism here <https://nyceac.org/countering-ageism/>

and lead to denial due to cultural expectations of a strong family unit and respect for the elderly (NCEA, 2016). Particularly for Black Americans, pervasive racism may play a significant role in their involvement with legal-system actors and service providers. Box 4 provides context and approaches to undoing racism in the elder abuse field.

In regard to the criminal justice system response, research and practice evidence demonstrate that law enforcement can connect older adults to services and check in on them to assess well-being. One of the overarching challenges with the criminal justice response is victims' reluctance to report. As demonstrated in this section, there are several reasons why an older adult may not want to report including shame, cognitive impairment, retaliation, and not wanting harsh, or discriminatory legal-system responses. (Elder Justice Initiative, 2016; NCEA, 2014; NCEA, 2016). As the field of elder abuse grapples with how to respond,

there is a need to explore options outside of incarceration and that will not further jeopardize the victim's wellbeing. For instance, responses to elder abuse may look to restoring relationships between the victim and offender.

Civil Justice Response

The civil justice system may also offer remedies in response to elder abuse cases.

Civil Attorneys

Once engaged, civil attorneys often work closely with older adult clients to assist with legal services such as protection orders, wills or living trusts, guardianship matters, and powers of attorney. Practice evidence shows that when working with victims, civil attorneys often provide caring support by allowing clients to make decisions for themselves and by taking the time to explain confidentiality laws, expected case proceedings, and civil options for assistance (NCALL, 2018). This guidance can be helpful for older adults with impairments and those unfamiliar with civil justice processes.

Power of Attorney

For older adults who require a financial power of attorney, protections are needed to ensure the process is fair and not misused. A power of attorney (POA) is a legal document used to plan for possible incapacity and gives someone authority to act for the person who made the document (Stiegel, 2014). If incapacity is expected for an aging adult, planning for this circumstance using a financial POA may avoid the appointment of a guardian or conservator; however, research and practice evidence show that POAs can also be misused, which is a form of financial exploitation.

Power of attorney abuse involves the agent/representative of the document misusing the authority granted to them by the older adult (Stiegel, 2008). Financial POA abuse can include making a decision or taking an action that is not in the principal's – usually the older adults' – best interest. Indicators of possible power of attorney abuse include unusual banking activity, an unkempt older adult or unkempt residence even though care was arranged, the older adult being forced to sell property, and vagueness or evasiveness from the representative about financial arrangements (Women's Institute for a Secure Retirement,

2016). Another indicator is the representative's decisions misaligning with the older adult's best interest.

Potential solutions for preventing power of attorney abuse include having attorneys question their older clients to find out exactly what he, she, or they wishes the representative to do, involving an unbiased third-party to increase the likelihood that a misuse of power will be detected at an early stage, and establishing federal laws that target this abuse to replace the current fragmented system of state laws (Black, 2008). Overall, there is a need for greater oversight of POAs.

Guardianship

Guardianship or conservatorship is a relationship created by state law, in which a court gives one person the duty and power to make financial and/or property decisions for another (Wood, 2006). The appointment of a guardian occurs when a judge makes a determination that an adult lacks the capacity to make a particular type of decision balanced against the risk of harm. Guardianship can protect at-risk older adults; however, it is also a draconian intervention in which one individual is given substantial and often complete authority over the life of a vulnerable adult, which can lead to exploitation (Laatsch & Huelgo, 2018; Wood, 2006). In all 50 states and D.C., probate court has responsibility for guardianship proceedings and oversight, although there is considerable variation among states. Practitioners have noted the need for better tracking of active cases to guard against financial exploitation by a guardian (GAO, 2004). In addition, judges should ensure there are no abusive patterns, or controlling tactics being used, before granting guardianship.

POWER OF ATTORNEY

YOU choose who you want to act on your behalf

GUARDIANSHIP

The COURT chooses who will act on your behalf

Social Services

Adult Protective Services (APS) is the primary social services agency in charge of investigating and responding to allegations of abuse.

Adult Protective Services

APS agencies are mandated in every state and normally exist at the local or county level. Core APS activities include intaking reports of abuse, investigating potential abuse or neglect, assessing needs and risks of older adults' situations, and investigating findings (NAPSA, 2013). The responses to APS' case assessment includes whether the incident(s) of abuse was substantiated, service planning for the older adult, case monitoring, closure, and documentation (NAPSA, 2013). Once APS receives reports of alleged abuse, they investigate by interviewing the subject of the report, collecting information from collateral contacts, speaking with the alleged person who caused harm in some cases; and examining relevant evidence such as medical and bank records.

While APS is in charge of substantiating elder abuse cases, some research evidence revealed variability in how agencies met this obligation. For example, a study focused on APS agencies in 54 counties in California found that the methods caseworkers used to determine conclusive, inconclusive, and unfounded elder abuse cases varied greatly across counties (Mosqueda et al., 2016). Factors that influenced this variation included how individual APS workers interpreted definitions of different types of case outcomes, varying skill and levels of experience among the APS workers, and county agency factors (Mosqueda et al., 2016).

The absence of standardized definitions for abuse and/or vulnerability within the APS network and across states has been noted as a key barrier in research. This challenge led to the creation of the National Voluntary Consensus Guidelines which provided APS programs with recommendations based on available research and evidence-based practices to improve their current practices (Bobitt et al., 2018). These guidelines were distributed to state APS programs in 2016, and a survey of 40 states found that 93% are aware of them and using the guidelines to varying degrees (Bobitt et al., 2018). The ultimate goal of the guidelines is to assist states with developing efficient and effective APS systems.

Another challenge for older adults and their support networks is limited access to APS services. Research evidence suggests that for urban and rural older adults, it may be difficult to access APS services such as elder abuse protective service assessments. Innovative technology, such as video calls, has been tested to alleviate some of these challenges. The Texas Elder Abuse and Mistreatment Institute's Forensic Assessment Center Network used videophone technology to connect APS and its clients to a centralized medical team for virtual in-home assessments; this led to a quadrupling in number of client assessments (Burnett et al., 2018). The use of technology is a promising method for expanding the reach of elder abuse services.²⁶

An additional challenge for APS is the large number of caseloads and limited number of staff. Research shows that large caseloads can be a challenge for APS agencies. This increase in caseloads, along with a lack of resources, creates difficulty in maintain adequate staffing levels and training, which can affect the efficiency and handling of elder abuse cases (GAO, 2011). As noted previously, while APS and/or LTCOs lead investigations into abuse, state and regional Area Agencies on Aging provide social services in response to address victims' needs.

Multidisciplinary Teams and Coordinated Community Responses

Although few interventions have a strong evidence base for reducing elder abuse, multidisciplinary teams and coordinated community responses appear promising.²⁷

Elder Abuse Multidisciplinary Teams

Elder abuse Multidisciplinary teams (MDTs) consist of a group of representatives from three or more disciplines who work collaboratively toward a common purpose (such as elder abuse intervention) and are characterized by shared decision-making, partnership, interdependency, and balanced power (Jackson, 2016). MDTs typically come together to review elder abuse cases, provide resources and advice, offer new perspectives, and engage in cross training and cross referrals. Though, the specific activities each MDT undertakes to address elder abuse may vary. For example, a survey of 508 elder abuse-related professionals across the country revealed that elder abuse



Photo by Monkey Business Images/Shutterstock

MDTs focus most on financial exploitation (90.8% of teams), followed by physical abuse (83.58%) and neglect by other (81.59%) (Galdamez et al., 2018). However, the defining feature of an elder abuse MDT is that it brings professionals from across disciplines and systems into the same room, at the same time, to problem solve together (Breckman, Callahan & Solomon, 2015).

The primary goal of MDTs is collaboration. Practice evidence emphasizes that this collaboration allows for centralized services and improvement in responses. Research evidence also suggests that MDTs can improve responses to elder abuse at the prevention, detection, and investigation stages. Specifically, an evaluation on seven MDTs showed that they play a valuable role in community collaboration, educating the public, preventing and detecting elder abuse, and protecting vulnerable elders (Twomey et al., 2010). MDTs are especially helpful for handling complex elder abuse cases.

MDTs come in a number of different forms including traditional multidisciplinary teams – which focus on complex cases of all types of abuse – or specialized teams – which focus on different types of abuse such as financial abuse specialist teams, elder death review teams, elder abuse forensic centers, and elder abuse coalitions or task forces. Elder fatality review teams focus on cases where there are suspicions that abuse, or neglect contributed to the death. These teams usually consist of forensic experts, the district attorney's office and medical examiners. The goal of this group is to discuss the feasibility of prosecution, improve systems of response, and prevent similar deaths in the future (Stiegel, 2005).

26 While this synthesis does not focus on victim services during COVID-19, using technology may be a promising way to reach victims while still honoring social distancing mandates.

27 One difficulty in establishing a strong evidence base for MDTs in reducing abuse is the wide variation in MDT models.

Forensic centers expand on the basic MDT model by including a geriatrician and a psychologist. Forensic center team members come together in one place on a regular basis to collaboratively work on elder abuse cases. These centers are more action-oriented and each member is expected to contribute to every case. According to rigorous research evidence, forensic centers may increase rates of prosecution and investigation. For example, when compared to usual care APS cases, more cases referred to the Los Angeles County Elder Abuse Forensic Center for financial exploitation were submitted to the district attorney's office for review (Wilber, Navarro & Gassoumis, 2014). A similar study found that when compared to APS usual care, forensic center cases were more likely to be referred to the public guardian for investigation (Gassoumis, Navarro & Wilber, 2015). Though forensic centers may lead to prosecution, it is unclear if prosecution is a successful resolution given that many victims fear its' consequences (i.e., being placed in a nursing home or having the person who caused harm incarcerated) (Elder Justice Initiative, 2016).

Financial abuse specialist teams focus on complex cases of financial exploitation and include representatives from fields such as banking, law, and real estate. The goal of financial abuse specialist teams is to provide suggestions, alternatives, strategies, and options to stop the abuse by drawing from team members' varied backgrounds, experience, strengths, expertise, and professional contacts (Allen, 2000). Although research evidence is limited, few studies found that financial abuse specialist teams may improve coordination and collaboration among organizations and reduce financial abuse. In particular, the Fiduciary Abuse Specialist Team in Los Angeles offers expert consultation and training and significantly enhanced the impact of Los Angeles County's network of public and private sector organizations and individual professionals involved in preventing and addressing elder financial abuse (Aziz, 2000). In addition, interventions by the New York State Office for the Aging financial exploitation MDT led to a reduction and end in the exploitation of assets and having funds spent on appropriate care (Hafford & Nguyen, 2016). Through inter-agency collaboration, financial abuse specialist teams may prevent and reduce financial exploitation among older adults.

Coordinated Community Responses

Other local community coordinated responses may not be as specialized or well-defined as MDTs but may include a wide variety of professionals. Community coordinated responses bring professionals together to improve system response and coordination, but they do not discuss a particular case. Activities among these groups vary and involve training, outreach, identifying problems, improving referral mechanisms, and growing services (Anetzberger et al., 2001).

There is some research evidence that suggests coordinated community response teams can both prevent abuse and increase and improve the detection and investigation of abuse. Specifically, coordinated responses may reduce the risk of abuse. For example, the Jewish Association Serving the Aging (JASA) Legal/Social Work Elder Abuse Prevention Program (LEAP) is a multidisciplinary social work/lawyer intervention model in New York City that was designed to integrate the expertise of both disciplines, assist clients with legal interventions, and provide services such as counseling and case management (Rizzo et al., 2015). An analysis of JASA-LEAP case records found that clients who received these services were more likely to experience a reduction in risk of future abuse (Rizzo et al., 2015). Researchers found a similar multidisciplinary social work/nurse intervention model in Maryland resulted in significantly greater risk reduction when compared to lone social workers (Ernst & Smith, 2012).

Another example of a more recent effort to develop coordinated community responses is the National Collaboratory to Address Elder Mistreatment (The Collaboratory). The Collaboratory formed in 2016 and consists of a group of elder mistreatment experts, innovators, researchers, and clinicians who work together to design and test a comprehensive care model that emergency departments can use to respond to elder mistreatment (Haggerty, Stoeckle & Fulmer, 2020). As a start, The Collaboratory has developed the Elder Mistreatment Screening and Response Tool for emergency departments and a toolkit designed to guide emergency departments in assessing their needs, resources, and community-based partnerships to ultimately develop an effective coordinated response (Haggerty, Bonner & Lang, 2020; Platts-Mills et al., 2020). Coordinated responses and the limited evidence around them indicate the need and support for partnership and collaboration among elder abuse professionals.



Photo by Rawpixel.com/Shutterstock

Victim Services

Services designed to assist with other types of victimization can also support elder abuse victims. Practice evidence indicates that victim service providers can assist elder abuse victims by providing financial assistance, safety planning, and referrals. General victim service programs, domestic violence programs, sexual assault programs, and community-based services all fall under this category (Gregorie, 2012). Crisis intervention, emergency financial assistance, safety planning, social support enhancement, counseling, support groups, economic and legal advocacy, 24-hour help/crisis lines, shelter and transitional housing, and information and referrals are some of the services that traditional victim services provide (Aravanis, 2006; Brandl & Hunter, 2016; Gregorie, 2012; Heath et al., 2005). These services can also assist older adults.

Limited qualitative research shows that support groups can foster feelings of personal growth among victims. During interviews with 16 support groups leaders for older victims of domestic violence, improving self-esteem, increasing abuse awareness, and fostering feelings of personal growth were reported as their most successful outcomes (Wolf, 2001). Rigorous research also shows that mental health programs combined with elder abuse services may improve feelings of self-efficacy. For example, a randomized control trial of a pilot program that integrated mental health treatment into elder abuse services for older women, found that clients in the pilot program experienced a greater decrease in depressive symptoms and reported significantly improved feelings of self-efficacy in problem-solving, compared to victims who received a standard mental health referral (Sirey et al., 2015). Finally, some research shows that shelter programs and helplines may improve elder abuse victims' well-being

and facilitate safe and early intervention (Hill & Brettle, 2006; Pillemer et al., 2016).

Victim service providers can also support individuals with other needs after incidents of abuse such, as navigating the criminal justice system and connecting with them with other adult protective services (Aravanis, 2006; Tyiska et al., 2012). Victim advocates within the justice system can help elder abuse victims by providing information and referrals and helping them obtain support and aid such as victim compensation. Victim service providers are key to supporting elder abuse victims by meeting their needs in a time of crisis. It is important that these professionals utilize victim-defined advocacy, engage in trauma informed responses, listen to victims, and build partnerships with other agencies and professionals so they are able to work collaboratively (Brandl & Hunter, 2016; Tyiska et al., 2012).

Services for Historically Marginalized Populations

Elder abuse services and interventions designed for marginalized groups need to be specific, sensitive, and responsive to the groups' unique needs.

Perception of abuse may differ by different groups' identities. Based on marginalized identities, and how oppressive structures have influenced those identities, older adults' perception of services and experience with them may differ from

those belonging to non-marginalized groups. Individuals who are LGBTQ, people of color, and those with intersecting identities have historically been discriminated against and wrongfully treated in the legal, medical, and social services field (Davis & Block, 2020). Such oppressive practices have modern-day negative implications for marginalized individuals in need of services. Because of historic oppression, elder abuse services and interventions designed for marginalized groups need to be specific, sensitive, and responsive to the groups' unique needs.

LGBTQ

Practice evidence shows that some LGBTQ older adults often face additional and unique forms of elder abuse such as the threat of discrimination and abuse due to their sexual orientation or gender identity admission (NCEA, 2013). This is particularly an issue in institutional and long-term care facilities, where LGBTQ older adults may face prejudice, hostility, and harassment by facility staff. Additional types of abuse that LGBTQ older adults may experience in these settings include denial of personal care services, being involuntarily outed, being prevented from dressing according to their preference, and refused admission into residential care facilities (NCEA, 2013; Cook-Daniels, n.d.). Family abandonment due to an older adults' sexual orientation or gender identity can also be another form of abuse among LGBTQ older adults (Cook-Daniels, n.d.).

Not all traditional services are set up to address the unique needs of LGBTQ older adults. For example, there may be a distrust of law enforcement among LGBTQ older adults, which could prevent the use of criminal justice responses. In addition, some APS and LTCO have little knowledge of transgender older adults and their unique needs. Also, anti-violence programs rarely offer long-term counseling to survivors. Though many LGBTQ older adults live with family, on average, LGBTQ older adults are also more likely to live alone and not have adult children, which puts them at increased risk of being isolated and more likely to depend on non-family support such as guardianships (Thurston, 2015; Lok and Levin, n.d.).

Practice evidence indicates that self-help and peer-based social support are the most common ways LGBTQ older adult survivors receive emotional support (Cook-Daniels, n.d.). Practice evidence also suggests that while LGBTQ older adults have unique needs, some of the same interventions and services used to address and prevent abuse in non-LGBTQ older adults can still help. However, it is important that professionals advertise that they offer a safe space– and actually create a safe space in practice – where older adults can be open (Thurston, 2015). Talking and behaving in manners that encourage older adults to be honest, using gender neutral language, asking older adults what terms and pronouns they use to describe themselves, having non-discrimination pledges or statements affirming commitment to diversity, ensuring confidentiality, training culturally competent staff, and

ensuring materials are LGBTQ friendly are some of the ways to foster a safe space (Cook-Daniels, 2010; National Resource Center on LGBTQ Aging, n.d.; Thurston, 2015). Providers may also find it beneficial to partner with a LGBTQ aging provider or other professionals that specialize in LGBTQ issues (Cook-Daniels, 2010; Thurston, 2015).

Native and Indigenous

Practice evidence indicates that some Native and Indigenous older adults may include spiritual abuse in their definitions of elder abuse (Gray, 2014; Gray, 2017; Litton & Ybanez, 2017). Spiritual abuse interferes with spiritual growth or corrupts another person's value system. Examples of spiritual abuse includes a person causing harm not taking an older to ceremonies and spiritual events, medical staff not allowing families to conduct ceremonies in the hospital as an older adult is dying, and visitors taking ceremonial items from the older adult's home to use or sale (Gray, 2014; Gray, 2017; Litton & Ybanez, 2017). In addition, tribal older adults' definitions of abuse are often more specific to their everyday lives. This abuse may involve actions such as not involving older adults in gatherings, failure to show family love, and the community not listening to older adults' concerns (Jackson, 2005). They may also use words such as disrespect and bothering to describe abuse (Gray, 2014; Gray, 2017; Litton & Ybanez, 2017).

Practice evidence and limited research evidence have found that programs that take a restorative justice approach may be successful in addressing elder abuse in Native and Indigenous communities (Gray, 2017; Jackson, 2005). This approach involves bringing together the community, victim, family, and person who caused harm and treating abuse as a violation of a relationship rather than a crime (Litton & Ybanez, 2017). An example of this would be family restoration programs, which involve meditation and discussions with all parties to identify the family and older adults' needs and develop a plan to address the problems that resulted in the abuse (Gray, 2017; Litton & Ybanez, 2017). For example, the Family Care Conference is an older adult-focused, family-centered, community-based intervention that provides the opportunity for family members to come together to discuss and develop a plan for the well-being of their older adults (Holcup et al., 2007). This intervention was piloted in a northwestern Indigenous community and was

found to assist in bringing focus to families' concerns and aligning their efforts toward positive action (Holkup et al., 2007). While restorative justice is seen as successful in Native and Indigenous communities, it can also be applied across races and ethnicities. Practice evidence also indicates that multidisciplinary elder protection teams, elder councils, and community policing with at-risk older adults are interventions that have been used in Native and Indigenous communities (Gray, 2017; Jackson, 2005).

Latinx

Latinx older adults may be less likely to perceive financial abuse as a form of abuse and may not consider providing adult children or grandchildren with money or other resources to be exploitative due to cultural expectations of support (NCEA, 2014). Other acts some Latinx older adults perceive as abuse include psychological neglect which involves exclusion from activities, refusing to provide emotional needs, and being placed in a nursing home (NCEA, 2014). Latinx older adults often face barriers to services. Language barriers and a lack of cultural competency among service providers often prevent Latinx older adults from seeking services. In addition, because of the cultural emphasis placed on family ties, Latinx older adults may have a preference to receive in-home care and rely on family caregivers rather than long-term care facilities (NCEA, 2014).

Practice evidence has shown some effective interventions for Latinx older adults such as the use of Promotores and cultural education for service providers. Promotores are community-based advocates that act on behalf of an older adult and aim to provide prevention or intervention services and resources (NCEA, 2014). To better understand abuse among Latinx older adults and provide appropriate services, it is important for professionals to learn about the impact of culture and how it influences perceptions of abuse, relationships with the person who caused harm, and perceptions of outside interventions (NCEA, 2014).

Asian and Pacific Islanders

Practice evidence indicates that some Asian Pacific Islander (API) older adults tend to understand elder abuse only within a family relations context which may include actions such as children's lack of care or inappropriate treatment (NCEA, 2013). They may also perceive psychological abuse to be the worst form of abuse, including avoiding and disrespecting the older adult (NCEA, 2013). The term abuse may be unfamiliar to API older adults and they instead may use terms such as suffering or sacrifice (NCEA, 2013).

Some API older adults may be hesitant to utilize traditional elder abuse services and instead turn to family, religious institutions, and the community for support. They may not seek out services from others due to a history of discrimination; however, family respect, family solidarity, and family interdependency can be important sources of support (NCEA, 2013). Religious institutions, community-based organizations and education programs, and partnerships between law enforcement or APS and organizations established in the API community may also be important resources for older API older adults (NCEA, 2013). For example, a qualitative study utilized focus groups to examine U.S. Chinese older adults' views on the perceived effectiveness, challenges, and cultural adaptations of elder abuse interventions in a Chinese community in Chicago (Dong et al., 2013). Older adults perceived social support, empowerment, and community-based interventions as most effective to promote well-being of victims (Dong et al., 2013). In addition, strategies to culturally adapt evidence-based interventions were proposed with respect to nurturing family values, familial integrations, and increased independence (Dong et al., 2013). Practitioners should act in a culturally appropriate and sensitive manner and serve as mediators between parents and children to facilitate communication and problem solving.

Black Americans

Physical aggression including pushing, having any physical contact, and verbal aggression – including verbally berating and swearing – are the most common behaviors that Black older adults perceive as abusive (Tauriac & Scruggs, 2006). Some Black older adults have a strong sense of community which can provide them with the social support and safety needed to cope with the

challenges of aging (NCEA, 2016). Religious communities can also play an important role in addressing and preventing abuse in Black communities (Davis & Block, 2020; NCEA, 2016). Service providers should identify points of entry for service delivery in Black communities, rather than expecting them to reach out to formal institutions such as APS and law enforcement, that they may not trust (NCEA, 2016).

Mandatory Reporting Statutes

Mandatory reporting statutes require certain practitioners to report specific cases of abuse, neglect and/or injuries to law enforcement, to social services, and/or to a regulatory agency. All states have a mandatory reporting statute for elder abuse; however, they vary in several ways including who is required to report, which actions constitute abuse and require reporting, and what exactly must be reported (Jirik & Sanders, 2014; Mandatory Reporting Statutes for Elder Abuse, 2016).

There is a broad range of individuals who are mandated by law to report elder abuse. Physicians, caregivers, health care providers, pharmacists, police officers, administrators of a residential care facility, members of the clergy, social workers, attorneys, accountants, trustees, guardians, people responsible for the care of dependent adult, financial institutions, court-appointed advocates, criminal justice employees, dentists, and psychologists may be possible professions mandated to report abuse (Mandatory Reporting Statutes for Elder Abuse, 2016; Mindlin & Brandl, 2011). While some states have specific guidelines for who is considered a mandatory reporter, others state that all adults are required to report cases of abuse.

There is also variation in which actions constitute abuse and require reporting. In general, mandatory reporters are required to report when they have knowledge of, reasonable cause to suspect, or have observed abuse, neglect, exploitation, isolation; they may also report when they believe a person is at risk or died as a result of these actions (Mandatory Reporting Statutes for Elder Abuse, 2016; Mindlin & Brandl, 2011). Definitions of what constitutes these actions vary by state. In addition, depending on the state, reports should be made to law enforcement, APS, and/or other state and county agencies.

Mandatory Reporting Questions to Ask

- Are you a mandatory reporter?
- Does the action constitute abuse?
- What needs to be reported?

Research and practice evidence show variation in researcher and practitioner perceptions on the effectiveness of mandatory reporting laws (Jirik & Sanders, 2014; Mindlin & Brandl, 2011). On one hand, mandatory reporting may lead to an increase in the number of cases that reach APS and law enforcement. Also, victims may be safer because many older adults may not recognize that they are being victimized, are unaware of services, or may be too ashamed, afraid or physically unable to seek help without outside intervention (Mindlin & Brandl, 2011). On the other hand, there are concerns that mandatory reporting may undermine victim autonomy or lead some victims not to seek help from a victim service provider or other agency because they know a report will be made regardless of their wishes (Mindlin & Brandl, 2011).

Some qualitative research shows that some professionals are often ill-prepared to identify and/or reluctant to report incidents of abuse (DeLiema et al., 2015; Liao et al., 2009; Tapp, Payne & Strasser, 2014). For example, a study that looked at Hospice/Palliative Care (HPC) Professionals' (n=54) likeliness to report elder abuse incidents in comparison to APS workers (n=42) likeliness to accept, found that HPC professionals were significantly less likely to report than APS caseworkers were to accept cases of elder abuse (Liao et al., 2009). Particularly, 63% of HPC workers indicated that they were concerned about the practical consequences of reporting such as legal consequences and employment consequences (Liao et al., 2009). In addition, focus groups conducted with 9 APS workers, 4 geriatric care managers, and 13 hospice staff to examine and compare attitudes and perceptions of professionals responding to elder abuse, found that health care professionals sometimes ignored mandatory reporting requirements and preferred to work directly with patients and families to remedy abuse (DeLiema et al., 2015).

As such, though mandatory reporting requirements exists in each state, it is not guaranteed that practitioners will follow them. Issues with reporting – such as undermining victims' autonomy, going against victims' wishes, or unclear guidance on what to report – may explain why these statutes are difficult to follow consistently.

Key Federal Legislation

Older Americans Act (1965) and its Reauthorizations (2016, 2020)	The Older Americans Act established authority for grants to states for community planning and social services, research and development projects, and personnel training in the field of aging. The Older Americans Reauthorization Act of 2016 included provisions that aim to protect older adults by strengthening the Long-Term Care Ombudsman program and elder abuse screening and prevention efforts (Older Americans Act, ACL; 2016 Older Americans Act (OAA) Reauthorization Act, ACL). In March 2020, the Supporting Older Americans Act of 2020 was signed into law. This law reauthorizes critical Older Americans Act programs through 2024.
Victims of Crime Act (1984)	The Victims of Crime Act of 1984 authorizes the Office for Victims of Crime to provide an annual formula grant from the Crime Victims Fund to each State and eligible territory for the financial support of services to crime victims by eligible crime victim assistance programs. VOCA funds may be used to support victims of elder abuse.
Elder Justice Act (2010)	The Elder Justice Act was the first comprehensive legislation to address the abuse, neglect, and exploitation of older adults at the federal level. The law authorized a variety of programs and initiatives to better coordinate federal responses to elder abuse, promote elder justice research and innovation, support APS systems, and provide additional protections for residents of long-term care facilities. For example, it authorized grants to support training for those that work with older adults and grants to develop forensic centers. It also enhanced data sharing and mandatory reporting (The Elder Justice Act: Addressing Elder Abuse, Neglect, and Exploitation, 2010; Federal laws, NCEA). The Elder Justice Act also aims to provide federal resources to support State and community efforts. This goal is especially important because a review of state elder abuse statutes in the United States and Washington DC during 2011–2012 found challenges in the ability to do national education about elder abuse, prevention, and intervention with states having different definitions of abuse, different mechanisms for investigating and responding to abuse, and different training and reporting expectations (Jirik & Sanders, 2014).
Violence Against Women Reauthorization Act (2013)	The Violence Against Women Reauthorization Act of 2013 enhances supports available to older adults by allocating funding for a number of different areas related to elder abuse such as training programs to assist in prosecution, providing or enhancing services for victims, creating or supporting multidisciplinary collaborative community responses, and conducting cross-training for organizations serving victims of elder abuse (Elder Abuse Provisions Included in Violence Against Women Act, 2013).
Elder Abuse Prevention and Prosecution Act (2017)	The Elder Abuse Prevention and Prosecution Act emphasizes the need for federal agencies to improve coordination and data collection around elder abuse, and to enhance the justice system response to elder abuse. For example, the Department of Justice was directed to enhance the response to elder abuse nationally, including ensuring that each of the 94 U.S. Attorneys' Offices have an elder justice coordinator; providing training opportunities; and offering grants to help local jurisdictions respond to the issue (Congress.gov 2020; GAO 2019).

IMPLICATIONS FOR RESEARCH, POLICY, AND PRACTICE

Overall, evidence indicates that about one in 10 older adults residing in the community self-report some form of elder abuse in the U.S. per year, but due to a number of measurement challenges, this is likely to be an underestimate. At the same time, even fewer cases are reported to authorities. Particular risk factors associated with elder abuse include being a woman, LGBTQ, or person of color, experiencing cognitive deficits or physical impairments, being socially isolated or dependent on another individual, and having a behavioral health needs; while, the primary protective factor against elder abuse is social support or connectedness with others. Suffering from elder abuse can cause a range of negative consequences, from decreased psychological health, to physical health issues and reduced financial well-being. Additionally, elder abuse is associated with increased risk of mortality and institutionalization.

Ultimately, rigorous evidence on what works to prevent and respond to elder abuse is limited, and more research is sorely needed. Given the research and practice evidence highlighted in this review, multidisciplinary teams (MDTs) models are one of the most widely implemented responses, though there is limited evidence that they are effective in reducing elder abuse and more work is needed to understand what works to respond to elder abuse. In order to move the field forward, below are recommendations that can help with understanding and responding to elder abuse.

Implications for Practice, Policy, and Research

Improve national prevalence estimates.

Since there are limited national elder abuse studies, understanding the true prevalence of elder abuse is an area where the field can grow. The National Adult Maltreatment Reporting System (NAMRS), which aims to develop a robust, standardized reporting system by state APS systems, is a major advance in this regard, but is still evolving in terms of making comprehensive and consistent data available (Aurelien et al., 2019; GAO, 2020). Additionally, little is known about the prevalence

of elder abuse among older adults in LTC facilities or nursing homes. Given that some of the most vulnerable older adults reside in these institutions, understanding the prevalence of abuse there can inform appropriate field responses. Moreover, elder abuse detection is noted as a common challenge among practitioners across fields. Improvements in detection methods, including proper training on how to detect abuse, can help produce better estimates of elder abuse.

Create uniform research definitions and valid, reliable measures of elder abuse.

One reason why it is difficult for the field to understand the nature of elder abuse is because researchers rely on different definitions and the field also lacks well-established, validated tools for practitioners to detect elder abuse. Moreover, elder abuse cases present in APS administrative data are limited by differences in how each state defines elder abuse (Jogerst et al., 2003).

There are multiple ways to approach uniform research definitions of elder abuse. First, each state could rely on the definition established by the Elder Justice Act or trusted experts can work to update this definition. Second, researchers and practitioners can work to validate screening and assessment tools that can be used in various settings to detect elder abuse (Fulmer et al., 2003). Finally, when conducting prevalence studies, researchers can use the same validated assessment tools to assess elder abuse in order to promote uniformity in definitions across studies.²⁸

Increase attention to the needs of older adults who are cognitively impaired.

Older adults with cognitive impairments are at great risk for some forms of elder abuse and have limited ability to self-report in national household surveys or to APS. Cognitive impairments make older adults especially vulnerable, which means they require extra layers of protection. Improving elder abuse detection and research methods among cognitively impaired older adults is necessary to capture valid elder abuse prevalence estimates among the entire older adult population.

²⁸ The Conflict Tactic Scale (Strauss et al., 1996) and the Vulnerability to Abuse Screening Scale (Schofield & Mishra, 2003) are among the more popular tools used by elder abuse researchers (Fulmer et al., 2003). For more information on elder abuse screening tools see Schofield (2017).

To address the needs and mitigate abuse among cognitively impaired older adults and cognitive incapacity, experts should focus on research and developing prevention, intervention, and surveillance methods designed to protect cognitively impaired older adults living in both community and institutional settings. Ways to accomplish this task include improving oversight and policies around powers of attorney and guardianship and to analyze more data on abuse.

Improve knowledge on protective factors.

Currently, social support is the primary protective factor against elder abuse. This factor aligns with the findings that loneliness and social isolation are risk factors. However, research also documents how some social supports, such as an increasing number of non-spousal household members, can put older adults at risk of abuse. Researchers and practitioners should work to identify other protective factors that serve as buffers that stand on their own – without relation to risk – AND those that work to reduce risk. Practitioners may learn of additional protective factors through observations and their work. Researchers can continue to study characteristics that are not associated with abuse.

Reduce barriers to reporting by older adults and professionals.

Another reason why the prevalence of elder abuse may be higher than current estimates suggest is due to the many barriers to reporting. Physical limitations, cognitive limitations such as dementia, health concerns, worries about ageism, fear of institutionalization or of the person who caused harm, pressure to not report from family or others, dependency on the person who caused harm, intimidation, not wanting to bring harm to abuser, and not understanding abuse is a crime are some of the reasons why an older adult may not report elder abuse to authorities. To reduce barriers, practitioners and scholars can rely on multiple detection methods – such as in-home observations and better screening and assessment tools; increase education around the options available when an older adult reports; incorporate elder abuse questions in national studies on aging, and; integrate a combination of administrative APS data and self-report data into aging studies (Dong et al., 2013).

Identify and evaluate effective interventions and programs.

Given that social support is the best documented protective factor, in order to mitigate risks, practitioners ought to promote and develop intervention efforts that foster positive social support. To this end, field experts can build and expand partnerships. Professionals working with older adults should continue to work with one another but may also want to consider expanding partnerships to include other people in the community who come in contact with older adults on a regular basis, such as mail carriers. These expanded partnerships could lead to earlier and more comprehensive abuse detection as well as improved responses.

In addition to expanding partnerships, practitioners should partner with researchers to evaluate the strength of current and new interventions. Evaluations of services and programs can improve service provision and help the field at large learn which practices to model. Effective services, backed by evaluations, can prevent or reduce the consequences of elder abuse.

Increase culturally relevant training and resources for diverse racial and ethnic populations.

Research and practice evidence indicate that older adults of color often experience elder abuse at rates higher than their white counterparts. Additionally, these same groups are often reluctant to report given structural violence present within organizations, cultural values, lack of awareness around reporting, and fear of institutionalization – both incarcerating the person who caused harm or placing the victim in a nursing home. Practitioners are consequently tasked with delivering culturally relevant services and resources to older adults of color.

Some ways to achieve culturally relevant training and resources include partnering and learning from organizations that serve large populations of people of color, such as faith-based mosques or churches, barbershops, nail salons, and community centers. In learning from leaders at these organizations, practitioners can better learn from people who frequently interact with older adults of color. After engaging in these various processes, practitioners and researchers should partner to evaluate services informed by conversations with and lessons from community members.

Reimagine Approaches to Understanding and Responding to Elder Abuse

As our nation advances into 2021 and beyond, reimagining the traditional approaches to understanding and responding to elder abuse, as presented in this report, may help overcome many of the obstacles identified previously. Toward this end, we offer three additional implications as concluding considerations:

Acknowledge and address polyvictimization in the lives of older adults.

Older adults may experience polyvictimization, i.e., multiple forms of victimization throughout their lifetime and by multiple people who cause harm. As practitioners and researchers respond to elder abuse, it is imperative that they consider the various forms of victimization that an older adult may have experienced. For instance, older adult women may have experienced domestic violence in their younger years and may experience psychological abuse as an older adult; or, an older adult needing assistance with ADLs may simultaneously experience physical abuse and financial exploitation. Similarly, older adults of color may experience victimization in the form of racial trauma, resulting from years of discriminatory practices, as well as other types of elder abuse. To address the whole person, practitioners and researchers must acknowledge the different forms of abuse occurring in the lives of older adults and respond in ways that alleviate the collective harms culminating from each form.

Foster non-punitive criminal justice system solutions to abuse.

Although some argue for stronger laws to protect older adults, the criminal justice system – in general and specific to elder abuse – may want to consider legal system responses that do not involve incarceration or punitive approaches for the person who causes harm. Some overarching barriers to reporting was fear around what

would happen to the person who cause harm, distrust of institutions, and retaliation by the person who caused harm. In elder abuse, the person who causes harm may depend on the victim or the victim may depend on them (i.e., requiring assistance with ADLs). To remove either party, due to incarceration, may be detrimental to the victim as they may be placed in a facility or the person they depend on or trusts may be incarcerated. To hold the person who caused harm accountable and to restore relationships between them and the victim, the field may want to look to restorative approaches (Sullivan & Tifft, 2001).

Adopt an intersectional lens.

Overall, literature commonly identifies several risk factors for elder abuse: cognitive impairment; marginalized gender, racial, and sexuality identities; physical limitations; low socio-economic status; social isolation; and, dependency. Individuals who are at risk of elder abuse may have multiple identities which make them uniquely vulnerable to elder abuse. For example, being both divorced and cognitively impaired may make an individual more susceptible to abuse than only being divorced. Accordingly, some researchers focus on person-centered in addition to variable-centered approaches to understand abuse (e.g., through use of latent class analysis), and some practitioners emphasize a more comprehensive, “whole person” approach to assessing service needs and responses. Through person-centered and whole person approaches, researchers and practitioners can understand the various characteristics and identities that a person holds rather than one characteristic or one identity. Adopting an intersectional, or whole-person lens, in elder abuse research and practice may inform specific and culturally relevant preventative and intervention services, and/or a more integrated understanding of older adults’ vulnerability to and experiences of elder abuse.

GLOSSARY OF TERMS

Term	Definition	Source
Cognitive Impairment	A decline in cognitive abilities that causes a person to have trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life.	CDC, 2011
Decision making capacity	A person's ability to make decisions. Older adults with cognitive impairments may experience a loss in their ability to make decisions.	Karlawish, 2008
Dementia	The loss of cognitive functioning and behavioral abilities to such an extent that it interferes with a person's daily life and activities.	NIA, 2017
Detection	The process of identifying elder abuse victims.	Rosen et al., 2016
Long-Term Care	Services and supports necessary to meet health or personal care needs over an extended period of time. Most long-term care services assist people with Activities of Daily Living, such as dressing, bathing, and using the bathroom. Long-term care can be provided at home, in the community, or in a facility.	HHS, 2020
Long-Term Care Facility	Licensed facility that provides general nursing care to those who are chronically ill or unable to take care of daily living needs.	HHS, 2020
Screening vs. assessment	A screening is a brief starting point to determine whether someone is eligible and appropriate for various types of victim services, and to identify their most pressing needs. An assessment is a more comprehensive, detailed process aiming to establish an in-depth understanding of clients, their experiences, and their needs for services.	Murray, 2019
Social isolation vs loneliness	Loneliness is the feeling being alone, regardless of the amount of social contact. Social isolation is a lack of social connections.	CDC, 2020

REFERENCES

- Abramson, T. (n.d.). *Recognizing the Behavioral Signs of Elder Abuse*. American Society on Aging. Retrieved from <https://www.asaging.org/blog/recognizing-behavioral-signs-elder-abuse>
- Acierno, R., Rheingold, A. A., Resnick, H. S., & Stark-Riemer, W. (2004). Preliminary evaluation of a video-based intervention for older adult victims of violence. *Journal of Traumatic Stress, 17*(6), 535-541. Retrieved from <http://doi.wiley.com/10.1007/s10960-004-5803-y>
- Acierno, R., Hernandez, M. A., Amstadter, A. B., Resnick, H. S., Steve, K., Muzzy, W., & Kilpatrick, D. G. (2010). Prevalence and Correlates of Emotional, Physical, Sexual, and Financial Abuse and Potential Neglect in the United States: The National Elder Mistreatment Study. *American Journal of Public Health, 100*(2), 292-297. Retrieved from <http://ajph.apahublications.org/doi/10.2105/AJPH.2009.163089>
- Acierno, R., Hernandez-Tejada, M. A., Anetzberger, G. J., Loew, D., & Muzzy, W. (2017). The National Elder Mistreatment Study: An 8-year longitudinal study of outcomes. *Journal of Elder Abuse & Neglect, 29*(4), 254-269. Retrieved from <https://www.tandfonline.com/doi/full/10.1080/08946566.2017.1365031>
- Allen, J. V. (2000). Financial Abuse of Elders and Dependent Adults: The FAST (Financial Abuse Specialist Team), Approach. *Journal of Elder Abuse & Neglect, 12*(2), 85-91. Retrieved from https://doi.org/10.1300/J084v12n02_09
- Allen, P. D., Kellett, K., & Gruman, C. (2004). Elder Abuse in Connecticut's Nursing Homes. *Journal of Elder Abuse & Neglect, 15*(1), 19-42. Retrieved from https://www.tandfonline.com/action/showCitFormats?doi=10.1300%2FJ084v15n01_03
- Allen, S. K. (2014). *Community Policing and Social Services*. National Indigenous Elder Justice Initiative [PowerPoint Slides]. Retrieved from <https://www.nieji.org/pdf/community-policing-and-social-services-presentation-121014.pdf>
- Alt, K. L., Nguyen, A. L., & Meurer, L. N. (2011). The Effectiveness of Educational Programs to Improve Recognition and Reporting of Elder Abuse and Neglect: A Systematic Review of the Literature. *Journal of Elder Abuse & Neglect, 23*(3), 213-233. Retrieved from <http://www.tandfonline.com/doi/abs/10.1080/08946566.2011.584046>
- Amendola, K. L., Slipka, M. G., Hamilton, E. E., & Whitman, J. L. (2010). The Course of Domestic Abuse among Chicago's Elderly: Risk Factors, Protective Behaviors, and Police Intervention (232623). Retrieved from <https://ncvc.dspacedirect.org/handle/20.500.11990/642>
- Amstadter, A. B., Begle, A. M., Cisler, J. M., Hernandez, M. A., Muzzy, W., & Acierno, R. (2010). Prevalence and Correlates of Poor Self-Rated Health in the United States: The National Elder Mistreatment Study. *The American Journal of Geriatric Psychiatry, 18*(7), 615-623. Retrieved from <https://linkinghub.elsevier.com/retrieve/pii/S1064748112600736>
- Anetzberger, G. J. (2001). Elder Abuse Identification and Referral: The Importance of Screening Tools and Referral Protocols. *Journal of Elder Abuse & Neglect, 13*(2), 3-22. Retrieved from https://www.tandfonline.com/doi/abs/10.1300/J084v13n02_02
- Anetzberger, G., & Acierno, R. (2010). *NIJ Audio Transcript: Elder Abuse – How Much Occurs and How Do We Measure It?*. National Institute of Justice. Retrieved from <https://nij.gov/multimedia/pages/audio-nijconf2009-elder-abuse-measuring-transcript.aspx>
- Aravanis, S. (2006). *Domestic Violence in Later Life: A Guide to the Aging Network for Domestic Violence and Victim Service Programs*. National Center on Elder Abuse. Retrieved from <https://ncea.acl.gov/resources/docs/archive/Domestic-Violence-Later-Life-GD-AN-DV-VSP-2006.pdf>
- Aravanis, S. (2006). *Late Life Domestic Violence: What the Aging Network Needs to Know*. National Center on Elder Abuse. Retrieved from <https://ncea.acl.gov/resources/docs/archive/Late-Life-Dom-Violence-Need-to-Know-2006.pdf>
- Aurelien, G., Beatrice, M., Cannizzo, J., Capehart, A., Gassoumis, Z., & Urban, K. (2019). Adult Maltreatment Data Report 2018. Submitted to the Administration for Community Living, U.S. Department of Health and Human Services. Retrieved from <https://acl.gov/sites/default/files/programs/2019-12/2018%20Adult%20Maltreatment%20Report%20-%20Final%20v1.pdf>
- Aziz, S. J. (2000). Los Angeles County Fiduciary Abuse Specialist Team: A Model for Collaboration. *Journal of Elder Abuse & Neglect, 12*(2), 79-83. Retrieved from https://doi.org/10.1300/J084v12n02_08
- Baker, P. R., Francis, D. P., Hairi, N. N. M., Othman, S., & Choo, W. Y. (2017). Interventions for preventing elder abuse: applying findings of a new Cochrane review. *Age and Ageing, 46*(3), 346-348. Retrieved from <https://academic.oup.com/ageing/article/46/3/346/2281665>
- Beach, S. R., Schulz, R., Castle, N. G., & Rosen, J. (2010). Financial Exploitation and Psychological Mistreatment Among Older Adults: Differences Between African Americans and Non-African Americans in a Population-Based Survey. *The Gerontologist, 50*(6), 744-757. Retrieved from <https://academic.oup.com/gerontologist/article-lookup/doi/10.1093/geront/gnq053>
- Beach, S. R., & Schulz, R. (2017). Family Caregiver Factors Associated with Unmet Needs for Care of Older Adults. *Journal of the American Geriatrics Society, 65*(3), 560-566. Retrieved from <http://doi.wiley.com/10.1111/jgs.14547>
- Beaulaurier, R. L., Seff, L. R., & Newman, F. L. (2008). Barriers to Help-Seeking for Older Women Who Experience Intimate Partner Violence: A Descriptive Model. *Journal of Women & Aging, 20*(3-4), 231-248. Retrieved from <http://www.tandfonline.com/doi/abs/10.1080/08952840801984543>

- Bloemen, E. M., Rosen, T., LoFaso, V. M., Lasky, A., Church, S., Hall, P., & Clark, S. (2019). Lesbian, Gay, Bisexual, and Transgender Older Adults' Experiences With Elder Abuse and Neglect. *Journal of the American Geriatrics Society*, 67(11), 2338-2345. Retrieved from <https://onlinelibrary.wiley.com/doi/abs/10.1111/jgs.16101>
- Bolton, K. W., Praetorius, R. T., & Smith-Osborne, A. (2016). Resilience Protective Factors in an Older Adult Population: A Qualitative Interpretive Meta-Synthesis. *Social Work Research*, 40(3), 171-182. Retrieved from <https://academic.oup.com/swr/article-abstract/40/3/171/2223451>
- Bonnie, R. J., & Wallace, R. B. (2003). Elder Mistreatment: Abuse, Neglect, and Exploitation in an Aging America. Washington D.C. National Academies Press. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/22812026/>
- Bows, H. (2018). Sexual Violence Against Older People: A Review of the Empirical Literature. *Trauma, Violence, & Abuse*, 19(5), 567-583. Retrieved from <http://journals.sagepub.com/doi/10.1177/1524838016683455>
- Brandl, B. (2000). *Power and Control: Understanding Domestic Abuse in Later Life*. National Clearinghouse on Abuse in Later Life. Retrieved from <http://www.ncall.us/FileStream.aspx?FileID=57>
- Brandl, B. & Mindlin, J. (2011). *Developing Agency Policy on Mandatory Reporting of Elder Abuse*. Victim Rights Law Center and National Clearinghouse on Abuse in Later Life. Retrieved from <http://www.ncall.us/FileStream.aspx?FileID=54>
- Brandl, B., & Mindlin, J. (2011). *Mandatory Reporting of Elder Abuse: Exploring the Benefits and Harms*. Victim Rights Law Center and National Clearinghouse on Abuse in Later Life. Retrieved from <http://www.ncall.us/FileStream.aspx?FileID=51>
- Brandl, B., & Mindlin, J. (2011). *Tips for Working with Older Victims When You Are Mandated to Report Elder Abuse*. Victim Rights Law Center and National Clearinghouse on Abuse in Later Life. Retrieved from <http://www.ncall.us/FileStream.aspx?FileID=53>
- Brandl, B., & Mindlin, J. (2011). *What Advocates Need to Know About Mandatory Reporting of Elder Abuse*. Victim Rights Law Center and National Clearinghouse on Abuse in Later Life. Retrieved from <http://www.ncall.us/FileStream.aspx?FileID=52>
- Brandl, B., & Hunter, A. M. (2016). *Pursuing Respect and Justice for Faith-Engaged Older Victims of Abuse*. National Clearinghouse on Abuse in Later Life. Retrieved from <http://wcadv.net/Webinars/12-14-16%20NCALL.mp4>
- Breckman, R., Callahan, J., & Solomon, J. (2015). *Elder Abuse Multidisciplinary Teams: Planning for the Future*. New York City Elder Abuse Center. Retrieved from https://nyceac.org/wp-content/uploads/2015/04/Elder_Abuse_MDTs_Planning_for_the_Future_Final.pdf
- Brown, K., Streubert, G., & Burgess, A. W. (2004). Effectively Detect and Manage Elder Abuse. *The Nurse Practitioner*, 29(8), 22-31. Retrieved from https://journals.lww.com/tnpj/Abstract/2004/08000/Effectively_Detect_and_Manage_ELDER_ABUSE.4.aspx
- Bobitt, J., Carter, J., & Kuhne, J. (2018). Advancing National Policy on Elder Abuse. *Public Policy & Aging Report*, 28(3) 85-89. Retrieved from <https://academic.oup.com/ppar/article/28/3/85/5067549>
- Brownell, P., & Heiser, D. (2006). Psycho-Educational Support Groups for Older Women Victims of Family Mistreatment. *Journal of Gerontological Social Work*, 46(3-4), 145-160. Retrieved from https://doi.org/10.1300/J083v46n03_09
- Bulman, P. (2010). *Elder Abuse Emerges from the Shadows of Public Consciousness*. National Institute of Justice. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/229883.pdf>
- Burnes, D., Pillemer, K., Caccamise, P. L., Mason, A., Henderson, C. R., Jr, Berman, J., Cook, A. M., Shukoff, D., Brownell, P., Powell, M., Salamone, A., & Lachs, M. S. (2015). Prevalence of and Risk Factors for Elder Abuse and Neglect in the Community: A Population-Based Study. *Journal of the American Geriatrics Society*, 63(9), 1906-1912. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/26312573/>
- Burnett, J., Dyer, C. B., Clark, L. E., & Halphen, J. M. (2019). A Statewide Elder Mistreatment Virtual Assessment Program: Preliminary Data. *Journal of American Geriatrics Society*, 67, 151-155. Retrieved from <https://onlinelibrary.wiley.com/doi/abs/10.1111/jgs.15565>
- Campbell, A., Calamia, L., & Dauenhauer, J. (2015). *Development, Implementation, and Preliminary Outcomes from a Community-Based Elder Abuse Risk and Evaluation Tool*. National Training Institute. Retrieved from <https://victimsofcrime.org/docs/default-source/Training%20Institute/nti2015/development-implementation-and-preliminary-outcomes-from-a-community-based-elder-abuse-risk-and-evaluation-tool.pdf?sfvrsn=2>
- Cannell, M. B., Manini, T., Spence-Almaguer, E., Maldonado-Molina, M., & Andresen, E. M. (2014). U.S. Population Estimates and Correlates of Sexual Abuse of Community-Dwelling Older Adults. *Journal of Elder Abuse & Neglect*, 26(4), 398-413. Retrieved from <http://www.tandfonline.com/doi/abs/10.1080/08946566.2013.879845>
- Castle N. G. (2012). Resident-to-resident abuse in nursing homes as reported by nurse aides. *Journal of elder abuse & neglect*. 24(4), 340-356. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/23016729/>
- Centers for Disease Control and Prevention. (2019). Elder Abuse: Definitions. Retrieved from <https://www.cdc.gov/violenceprevention/elderabuse/definitions.html>
- Cisler, J. M., Amstadter, A. B., Begle, A. M., Hernandez, M., & Acierno, R. (2010). Elder mistreatment and physical health among older adults: The South Carolina elder mistreatment study. *Journal of Traumatic Stress*, 23(4), 461-467. Retrieved from <http://doi.wiley.com/10.1002/jts.20545>

- Conrad, K. J., Liu, P.-J., & Iris, M. (2019). Examining the Role of Substance Abuse in Elder Mistreatment: Results From Mistreatment Investigations. *Journal of Interpersonal Violence*, 34(2), 366-391. Retrieved from <http://journals.sagepub.com/doi/10.1177/0886260516640782>
- Cook-Daniels, L. (n.d.). *Abuse and Violence Directed at Transgender Elders*. FORGE. Retrieved from <http://forge-forward.org/wp-content/docs/Abuse-and-Violence-Directed-at-Transgender-Elders.pdf>
- Cook-Daniels, L. (2010). *Transgender Elders: What Providers Need to Know--and Don't Need to Know*. FORGE. Retrieved from http://forge-forward.org/wp-content/docs/AARP_trans-elders-providers-need-to-know.pdf
- Colello, K. J. (2009). *Older Americans Act: Long-Term Care Ombudsman Program*. Congressional Research Service. Retrieved from <http://www.nasud.org/sites/nasud/files/hcbs/files/201/10005/aging12.pdf>
- Curry, S. J., Krist, A. H., Owens, D. K., Barry, M. J., Caughey, A. B., Davidson, K. W., & Wong, J. B. (2018). Screening for Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: US Preventive Services Task Force Final Recommendation Statement. *Jama*, 320(16), 1678-1687. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/30357305/>
- Daly, J. M., Merchant, M. L., & Jogerst, G. J. (2011). Elder Abuse Research: A Systematic Review. *Journal of Elder Abuse & Neglect*, 23(4), 348-365. Retrieved from <https://www.tandfonline.com/action/showCitFormats?doi=10.1080%2F08946566.2011.608048>
- Davis, J., Block, K., & Buck, L. (2020). Increasing Access to Healing Services and Just Outcomes for Older African American Crime Survivors [PowerPoint Slides]. Retrieved from <https://reachingvictims.org/wp-content/uploads/2020/07/Increasing-Access-to-Healing-Services-and-Just-Outcomes-for-Older-African-American-Crime-Survivors-August-20-Webinar-3.pdf>
- DeLiema, M., Gassoumis, Z. D., Homeier, D. C., & Wilber, K. H. (2012). Determining Prevalence and Correlates of Elder Abuse Using Promotores: Low-Income Immigrant Latinos Report High Rates of Abuse and Neglect. *Journal of the American Geriatrics Society*, 60(7), 1333-1339. Retrieved from <http://doi.wiley.com/10.1111/j.1532-5415.2012.04025.x>
- DeLiema, M. (2015). Using mixed methods to identify the characteristics of older fraud victims. (Doctoral dissertation). University of Southern California. Retrieved from <https://search.proquest.com/openview/93baaf2a0e66e4c968206ac740c0ca0d/1?pq-origsite=gscholar&cbl=18750&diss=y>
- The Department of Health and Human Services. (2017). *The Department of Health and Human Services Elder Justice Coordinating Council 2014-2016 Report to Congress*. Retrieved from <https://acl.gov/sites/default/files/programs/2017-11/2017%20EJCC%20Report.pdf>
- Dimah, A., & Dimah, K. P. (2007). Older African-American and Caucasian Men: A Comparative Analysis of Elder Mistreatment. *Virginia Social Science Journal*, 42, 49-63. Retrieved from <http://eds.a.ebscohost.com/eds/pdfviewer/pdfviewer?vid=0&sid=5a0e3b9a-eaf8-4224-94d9-b23304516a4a%40sessionmgr4006>
- Dong, X., Simon, M., & Evans, D. (2012). Decline in Physical Function and Risk of Elder Abuse Reported to Social Services in a Community-Dwelling Population of Older Adults. *Journal of the American Geriatrics Society*, 60(10), 1922-1928. Retrieved from <http://doi.wiley.com/10.1111/j.1532-5415.2012.04147.x>
- Dong, X., Chen, R., Chang, E.-S., & Simon, M. (2013). Elder Abuse and Psychological Well-Being: A Systematic Review and Implications for Research and Policy--A Mini Review. *Gerontology*, 59(2), 132-142. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/22922225/>
- Dong, X., Chang, E. S., Wong, E., & Simon, M. (2013). Perceived Effectiveness of Elder Abuse Interventions in Psychological Distress and the Design of Culturally Adapted Interventions: A Qualitative Study in the Chinese Community in Chicago. *Journal of Aging Research*. Retrieved from <https://www.hindawi.com/journals/jar/2013/845425/>
- Dong, X., Chen, R., & Simon, M. (2014). Elder Abuse And Dementia: A Review Of The Research And Health Policy. *Health Affairs*, 33(4). Retrieved from <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2013.1261>
- Dong, X., Chang, E. S., Wong, E., Wong, B., & Simon, M. A. (2014). Association of Depressive Symptomatology and Elder Mistreatment in a U.S. Chinese Population: Findings From a Community-Based Participatory Research Study. *Journal of Aggression, Maltreatment & Trauma*, 23(1), 81-98. Retrieved from <http://www.tandfonline.com/doi/abs/10.1080/10926771.2014.864740>
- Dong, X., & Simon, M. A. (2014). Vulnerability risk index profile for elder abuse in a community-dwelling. *Journal of the American Geriatrics Society*, 62(1), 10-15. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/25180376>
- Dong, X. Q. (2015). Elder Abuse: Systematic Review and Implications for Practice. *Journal of the American Geriatrics Society*, 63(6), 1214-1238. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/26096395/>
- Dyer, C. B., Pavlik, V. N., Murphy, K. P. and Hyman, D. J. (2000). The High Prevalence of Depression and Dementia in Elder Abuse or Neglect. *Journal of the American Geriatrics Society*, 48: 205-208. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/10682951/>
- Elder Justice Initiative. (2016). *Consent and Other Common Defenses*. Retrieved from <https://www.justice.gov/elderjustice/video/consent-and-other-common-defenses>
- Elder Justice Initiative. (2016). *How Prosecutors and Law Enforcement Can Work with Adult Protective Services*. Retrieved from <https://www.justice.gov/elderjustice/video/how-prosecutors-and-law-enforcement-can-work-adult-protective-services>

- Elder Justice Initiative. (2016). *Medical Experts and How to Find Them*. Retrieved from <https://www.justice.gov/elderjustice/video/medical-experts>
- Elder Justice Initiative. (2016). *Understanding and Addressing Victims' Reluctance*. Retrieved from <https://www.justice.gov/elderjustice/video/understanding-and-addressing-victim-s-reluctance>
- Ernst, J. S., & Smith, C. A. (2012). Assessment in Adult Protective Services: Do Multidisciplinary Teams Make a Difference? *Journal of Gerontological Social Work*, 55(1), 21-38. Retrieved from <https://doi.org/10.1080/01634372.2011.626842>
- Ernst, J. S., Ramsey-Klawnsnik, H., Schillerstrom, J. E., Dayton, C., Mixson, P., & Counihan, M. (2014). Informing Evidence-Based Practice: A Review of Research Analyzing Adult Protective Services Data. *Journal of Elder Abuse & Neglect*, 26(5), 458-494. Retrieved from <https://doi.org/10.1080/08946566.2013.832605>
- Evans, C. S., Hunold, K. M., Rosen, T., & Platts-Mills, T. F. (2017). Diagnosis of Elder Abuse in U.S. Emergency Departments. *Journal of the American Geriatrics Society*, 65(1), 91-97. Retrieved from <http://doi.wiley.com/10.1111/jgs.14480>
- Fearing, G., Sheppard, C. L., McDonald, L., Beaulieu, M., & Hitzig, S. L. (2017). A Systematic Review on Community-Based Interventions for Elder Abuse and Neglect. *Journal of Elder Abuse & Neglect*, 29(2-3), 102-133. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/28339321/>
- Ferrah, N., Murphy, B. J., Ibrahim, J. E., Bugeja, L., C., Winbolt, M., LoGiudice, D., Flicker, L., & Ranson, D. L. (2015). Resident-to-resident physical aggression leading to injury in nursing homes: a systematic review. *Age and Ageing*, 44(3), 356-364. Retrieved from <https://academic.oup.com/ageing/article/44/3/356/49794>
- Florida State University School of Social Work Institute for Family Violence Studies. (n.d.). *Competency Based Training Manual for Meals on Wheels Volunteers & Other Elder Staff Services*. Retrieved from <http://trea.usc.edu/resource/competency-based-training-manual-for-meals-on-wheels-volunteers-other-elder-staff-services/>
- Friedman, L. S., Avila, S., Tanouye, K., & Joseph, K. (2011). A Case-Control Study of Severe Physical Abuse of Older Adults. *Journal of the American Geriatrics Society*, 59, 417-422. Retrieved from <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1532-5415.2010.03313.x>
- Friedman, B., Santos, E. J., Liebel, D. V., Russ, A. J., & Conwell, Y. (2015). Longitudinal Prevalence and Correlates of Elder Mistreatment Among Older Adults Receiving Home Visiting Nursing. *Journal of Elder Abuse & Neglect*, 27(1), 34-64. Retrieved from <http://www.tandfonline.com/doi/abs/10.1080/08946566.2014.946193>
- Friedman, L. S., Avila, S., Rizvi, T., Partida, R., & Friedman, D. (2017). Physical Abuse of Elderly Adults: Victim Characteristics and Determinants of Revictimization. *Journal of the American Geriatrics Society*, 65, 1420-1426. Retrieved from <https://onlinelibrary.wiley.com/doi/abs/10.1111/jgs.14794>
- Fulmer, T. (2003). Elder Abuse and Neglect Assessment. *Journal of Gerontological Nursing*, 29(6), 4-5. Retrieved from <https://www.healio.com/nursing/journals/jgn/2003-6-29-6/{96bf0f73-8c14-4808-9c78-942c4e1c7fa8}/elder-abuse-and-neglect-assessment>
- Fulmer, T., Guadagno, L., Dyer, C.B., & Connolly, M.T. (2004). Progress in elder abuse screening and assessment tools. *Journal of the American Geriatrics Society*, 52(2), 300. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/14728644/>
- Gainey, R. R., Payne, B. K., & Kropf, N. (2010). Neighborhood Disadvantage and Refusal of Formal Services Among Cases Reported to Adult Protection Services. *Journal of Evidence-Based Social Work*, 7(4), 348-360. Retrieved from <http://www.tandfonline.com/doi/abs/10.1080/15433710903256906>
- Galdamez, G., Avent, E., Rowan, J., Wilber, K. H., Mosqueda, L., Olsen, B., & Gassoumis, Z. D. (2018). Elder Abuse Multidisciplinary Teams and Networks: Understanding National Intervention Approaches. *Innovation in Aging*, 2(Suppl 1), 763. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6228882/>
- Galvan, S., & Shaw, J. (2018). *Tools for Addressing Elder Financial Exploitation in Rural Areas*. National Center on Law & Elder Rights. Retrieved from <http://trea.usc.edu/resources/>
- Gassoumis, Z. D., Navarro, A. E., & Wilber, K. H. (2015). Protecting victims of elder financial exploitation: the role of an Elder Abuse Forensic Center in referring victims for conservatorship. *Ageing & Mental Health*, 19(9), 790-798. Retrieved from <https://doi.org/10.1080/13607863.2014.962011>
- Government Accountability Office (GAO). (2011). Stronger Federal Leadership Could Enhance National Response to Elder Abuse. *Elder Justice*. Retrieved from <https://www.gao.gov/assets/320/316224.pdf>
- Government Accountability Office (GAO). (2004). *Guardianships: Collaboration needed to protect incapacitated elderly people*. U.S. Government Printing Office, Washington D.C. Retrieved from <https://www.gao.gov/assets/250/243297.pdf>
- Gray, J. (2014). *Disrespect of Our Elders: Preventing Native Elder Abuse*. National Indigenous Elder Justice Initiative. Retrieved from <https://www.nieji.org/assets/1332-5377/disrespect-elders-preventing-native-elder-abuse-121014.pdf>
- Gray, J. (2017). *Disrespect of Our Elders: Elder Abuse in Indian Country*. National Indigenous Elder Justice Initiative. Retrieved from <https://www.nieji.org/assets/313-681/051017-disrespect-of-our-elders.pdf>
- Gregorie, T. (2012). *Victim Services and Elder Abuse Coalitions: Collaborative Partners and Stakeholders for Strategic Planning*. The National Committee for the Prevention of Elder Abuse. Retrieved from <http://academysdsu.adobeconnect.com/p8f42kx6hev/>

- Griffore, R. J., Barboza G., E., Mastin T., Oehmke J., Schiamburg L., B., & Post, L. (2009). Family Members' Reports of Abuse in Michigan Nursing Homes. *Journal of Elder Abuse & Neglect*, 21(2), 105-114. Retrieved from <https://www.tandfonline.com/doi/abs/10.1080/08946560902779910?journalCode=wean20>
- Grossman, A. H., Frank, J. A., Graziano, M. J., Narozniak, D. R., Mendelson, G., El Hassan, D., & Patouhas, E. S. (2014). Domestic Harm and Neglect Among Lesbian, Gay, and Bisexual Older Adults. *Journal of Homosexuality*, 61(12), 1649-1666. Retrieved from <http://www.tandfonline.com/doi/abs/10.1080/00918369.2014.951216>
- Hafford, C., & Nguyen, K. (2016). An evaluation of AOA'S program to prevent elder abuse: Final report. NORC at the University of Chicago. Retrieved from <https://aspe.hhs.gov/system/files/pdf/258906/PreventEA.pdf>
- Haggerty, K. L., Bonner, A., & Lang, D. (2020). Connecting Community-Based Resources and Health Systems to Keep Older Adults Safe. *Generations*, 44(1), 59-66. Retrieved from <https://www.ingentaconnect.com/contentone/asag/gen/2020/00000044/00000001/art00012>
- Haggerty, K. L., Stoeckle, R. J., & Fulmer, T. (2020). A Roadmap Toward Safer, Happier Lives: The National Collaboratory to Address Elder Mistreatment. *Generations*, 44(1), 8-9. Retrieved from <https://www.ingentaconnect.com/contentone/asag/gen/2020/00000044/00000001/art00003>
- Heath, J. M., Kobylarz, F. A., Brown, M., & Castaño, S. (2005). Interventions from Home-Based Geriatric Assessments of Adult Protective Service Clients Suffering Elder Mistreatment. *Journal of the American Geriatrics Society*, 53(9), 1538-1542. Retrieved from <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1532-5415.2005.53469.x>
- Hernandez-Tejada, M. A., Amstadter, A., Muzzy, W., & Acierno, R. (2013). The National Elder Mistreatment Study: Race and Ethnicity Findings. *Journal of Elder Abuse & Neglect*, 25(4), 281-293. Retrieved from <http://www.tandfonline.com/doi/abs/10.1080/08946566.2013.770305>
- Hill, A., & Brettle, A. (2006). Counselling Older People: What Can We Learn from Research Evidence? *Journal of Social Work Practice*, 20(3), 281-297. Retrieved from <https://doi.org/10.1080/02650530600931807>
- Holkup, P. A., Salois, E. M., Tripp-Reimer, T., & Weinert, C. (2007). Drawing on Wisdom From the Past: An Elder Abuse Intervention With Tribal Communities. *The Gerontologist*, 47(2), 248-254. Retrieved from <https://academic.oup.com/gerontologist/article/47/2/248/683699>
- Hou, A. C. (2018). *Southern California Kaiser Permanente Elder and Dependent Adult Abuse Prevention Program*. USC Center on Elder Mistreatment. Retrieved from <https://eldermistreatment.usc.edu/southern-california-kaiser-permanente-elder-and-dependent-adult-abuse-prevention-program/>
- Hunter, A., Katzman, A. M., & Brandle, B. (2018). Partnering to Address Faith and Safety: A Guide for Faith Leaders and Domestic and Sexual Violence Service Providers to Assist Older Victims of Abuse. *Safe Havens Interfaith Partnership Against Domestic Violence and the National Clearinghouse on Abuse in Later Life*. Retrieved from http://www.ncdsv.org/images/SHIPADV-NCALL_Partnering-to-address-faith-and-safety_2013.pdf
- Jackson, S. (2010). *NIJ Audio Transcript: Prosecuting Cases of Elder Abuse*. National Institute of Justice. Retrieved from <https://nij.gov/multimedia/pages/audio-nijconf2010-elder-prosecuting-transcript.aspx>
- Jackson, S. L., & Hafemeister, T. L. (2012). How Do Abused Elderly Persons and Their Adult Protective Services Caseworkers View Law Enforcement Involvement and Criminal Prosecution, and What Impact Do These Views Have on Case Processing?, *Journal of Elder Abuse & Neglect*, 25(3), 254-280. Retrieved from <https://www.tandfonline.com/doi/abs/10.1080/08946566.2012.751843>
- Jackson, Y. (2005). *Elder Abuse in Indian Country*. National Indigenous Elder Justice Initiative. Retrieved from <https://www.nieji.org/assets/1105-4352/elder-abuse-issues-in-indian-country.pdf>
- Jackson, S. L., & Hafemeister, T. L. (2011). Financial Abuse of Elderly People vs. Other Forms of Elder Abuse: Assessing Their Dynamics, Risk Factors, and Society's Response (NCJ Number 233613). Retrieved from <https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=255547>
- Jirik, S., & Sanders, S. (2014). Analysis of Elder Abuse Statutes Across the United States, 2011-2012. *Journal of Gerontological Social Work*, 57(5), 478-497. Retrieved from <https://www.tandfonline.com/doi/abs/10.1080/01634372.2014.884514>
- Jogerst, G. J., Daly, J. M., Brinig, M. F., Dawson, J. D., Schmuck, G. A., & Ingram, J. G. (2003). Domestic Elder Abuse and the Law. *American Journal of Public Health*, 93(12), 2131-2136. Retrieved from <http://ajph.aphapublications.org/doi/10.2105/AJPH.93.12.2131>
- Jogerst, G. J., Daly, J. M., Dawson, J. D., Peek-Asa, C., & Schmuck, G. (2006). Iowa Nursing Home Characteristics Associated With Reported Abuse. *Journal of the American Medical Directors Association*, 7(4), 203-207. Retrieved from <https://www.sciencedirect.com/science/article/abs/pii/S1525861005006791>
- Jogerst, G. J., Daly, J. M., Galloway, L. J., Zheng, S., & Xu, Y. (2012). Substance Abuse Associated with Elder Abuse in the United States. *The American Journal of Drug and Alcohol Abuse*, 38 63-69. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/21797814/>
- Johannesen, M., & LoGiudice, D. (2013). Elder abuse: a systematic review of risk factors in community-dwelling elders. *Age and Ageing*, 42(3), 292-298. Retrieved from <https://academic.oup.com/ageing/article/42/3/292/24179>

- Jones, J., Kasunic, M., & Twomey, M. (2013). *Elder Abuse and AAAs Best Practices and More*. National Association of Area Agencies on Aging. Retrieved from <http://www.viddler.com/v/fdddf444>
- Karp, N., & Beard, A. (2015). *Tips and Tools for Preventing and Responding to Financial Exploitation in Long-Term Care Facilities*. The National Consumer Voice for Quality Long-Term Care. Retrieved from <https://theconsumervoice.org/issues/other-issues-and-resources/financial-exploitation>
- Katz, S., & Akpom, C. A. (1976). 12. Index of ADL. *Medical Care*, 14(5 Suppl), 116 – 118. Retrieved from <https://europepmc.org/article/med/132585>
- Kennedy, S. B. (2006). *Elder Sexual Abuse*. Office of the Inspector General [PowerPoint Slides]. Retrieved from http://theconsumervoice.org/uploads/files/issues/sexual_assault.2.ppt
- Kurkurina, E., Lange, B., Lama, S. D., Burk-Leaver, E., Yaffe, M. J., Monin, J. K., & Humphries, D. (2018). Detection of elder abuse: Exploring the potential use of the Elder Abuse Suspicion Index© by law enforcement in the field. *Journal of elder abuse & neglect*, 30(2), 103–126. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/28956731/>
- Laatsch, A., & Phipps, M. S. (2018). *Protection Orders and Older Victims: A Survivor Centered Approach*. National Center on Protection Orders and Full Faith & Credit and National Clearinghouse on Abuse in Later Life. Retrieved from http://wcadv.net/Webinars/ProtectionOrders-6_28_18%20NCALL_NCPOFFC.mp4
- Lachs, M., & Berman, J. (2011). Under the radar: New York State elder abuse prevalence study. Prepared by Lifespan of Greater Rochester, Inc., Weill Cornell Medical Center of Cornell University, and New York City Department for the Aging. Retrieved from http://s3-us-east-2.amazonaws.com/ncall/wp-content/uploads/2018/12/04145814/Overview_Elder_Abuse.pdf
- Lachs, M. S., Teresi, J. A., Ramirez, M., Van Haitsma, K., Silver, S., Eimicke, J. P., Boratgis, G., Sukha, G., Kong, J., Besas, A. M., Reyes Luna, M., & Pillemer, K. A. (2016). The Prevalence of Resident-to-Resident Elder Mistreatment in Nursing Homes. *Annals of Internal Medicine*. 165(4), 229-236. Retrieved from <https://www.acpjournals.org/doi/abs/10.7326/M15-1209>
- Lanier, K. A. (2013). *Advocacy for Victims of Abuse: How to Engage Law Enforcement and Support Residents*. North Carolina Division of Aging and Adult Services. Retrieved from <http://ltcombudsman.org/uploads/files/issues/KathrynLanierPPT.pdf>
- Laumann, E. O., Leitsch, S., A., & Waite, L., J. (2008). Elder Mistreatment in the United States: Prevalence Estimates From a Nationally Representative Study. *The Journal of Gerontology Series B: Psychological Sciences and Social Sciences*. 63(4), S248-S254. Retrieved from <https://academic.oup.com/psychsocgerontology/article-lookup/doi/10.1093/geronb/63.4.S248>
- Liao, S., & Pham, E. (2009). *Clinician's Role in the Documentation of Elder Mistreatment*. Center of Excellence on Elder Abuse & Neglect. Retrieved from http://www.centeronelderabuse.org/docs/ClinRoleDocumentEM_Liao2009.pdf
- Lee, M., Rosen, T., Murphy, K. & Sagar, P. (2019). A new role for imaging in the diagnosis of physical elder abuse: results of a qualitative study with radiologists and frontline providers. *Journal of Elder Abuse & Neglect*. 31(2), 163-180. Retrieved from <https://www.tandfonline.com/doi/abs/10.1080/08946566.2019.1573160>
- Liao, S., & Mosqueda, L. (2007). *Physical Abuse of the Elderly: The Medical Director's Response*. Center of Excellence on Elder Abuse & Neglect. Retrieved from http://www.centeronelderabuse.org/docs/PhysicalAbuseElderly_MedDir_Liao2007.pdf
- Lichtenberg, P. A., Hall, L., Gross, E., & Campbell, R. (2019). Providing Assistance for Older Adult Financial Exploitation Victims: Implications for Clinical Gerontologists. *Clinical Gerontologist*, 42(4), 435-443. Retrieved from <https://www.tandfonline.com/doi/full/10.1080/07317115.2019.1569190>
- Litton, L. J., & Ybanez, V. (2017). *Reclaiming What is Sacred: Addressing Harm to Indigenous Elders and Developing a Tribal Response to Abuse in Later Life*. National Clearinghouse on Abuse in Later Life. Retrieved from <https://safehousingpartnerships.org/sites/default/files/2017-01/TLS-FINAL.pdf>
- LoFaso, V. (2016). *Health Care Providers' Role in Identifying and Responding to Older Victims of Abuse Webinar*. National Clearinghouse on Abuse in Later Life. Retrieved from <http://wcadv.net/Webinars/12-8-16%20NCALL.mp4>
- LoFaso, V., & Rosen, T. (2014). Medical and Laboratory Indicators of Elder Abuse and Neglect. *Clinics in Geriatric Medicine* (pp. 713 – 728). Philadelphia, Pennsylvania: Elsevier Inc.
- Murphy, D.J., Jr. (2014). Coarctation of the aorta. In D.S. Moodie (Ed.). *Clinical management of congenital heart disease: From infancy to adulthood* (pp. 142-170). Minneapolis, Minnesota: Cardiotext Publishing. Retrieved from <http://www.annalspc.com/article.asp?issn=0974-2069;year=2015;volume=8;issue=1;spage=93;epage=94;aulast=Abhilash>
- Long-Term Care Ombudsman (LTCO). (2004). *Combating Sexual Assault in Nursing Homes* [Pamphlet]. Retrieved from <https://ltcombudsman.org/uploads/files/support/KY-My-Body-My-Rights-Brochure.pdf>
- Mallik-Kane, K., & Zweig, J. M. (2016). *What Is Elder Abuse? A Taxonomy for Collecting Criminal Justice Research and Statistical Data*. Research Report, Urban Institute. Retrieved from <http://www.urban.org/sites/default/files/publication/81531/2000813-What-Is-Elder-Abuse-A-Taxonomy-for-Collecting-Criminal-Justice-Research-and-Statistical-Data.pdf>
- Mariam, L. M., McClure, R., Robinson, J. B., & Yang, J. A. (2015). Eliciting Change in At-Risk Elders (ECARE): Evaluation of an Elder Abuse Intervention Program. *Journal of Elder Abuse & Neglect*, 27(1), 19-33. Retrieved from <https://doi.org/10.1080/08946566.2013.867241>

- Mather, M., & Kilduff, L. (2020). *The U.S. Population is Growing Older, and the Gender Gap in Life Expectancy is Narrowing*. Population Reference Bureau. Retrieved from <https://www.prb.org/the-u-s-population-is-growing-older-and-the-gender-gap-in-life-expectancy-is-narrowing/>
- MetLife, National Committee for the Prevention of Elder Abuse, Virginia Tech. (2009). *A Study on Elder Financial Abuse Prevention*. Retrieved from <https://www.giaging.org/documents/mmi-study-broken-trust-elders-family-finances.pdf>
- MetLife, National Committee for the Prevention of Elder Abuse, Virginia Tech. (2011). *The MetLife Study of Financial Elder Abuse*. Retrieved from <http://ltcombudsman.org/uploads/files/issues/mmi-elder-financial-abuse.pdf>
- Mosqueda, L., Burnight, K., Liao, S., & Kemp, B. (2004). Advancing the Field of Elder Mistreatment: A New Model for Integration of Social and Medical Services. *The Gerontologist*, 44(5), 703-708. Retrieved from <https://academic.oup.com/gerontologist/article/44/5/703/798733>
- Mosqueda, L., & Greenwood, P. (2010). Criminal Elder Neglect: Medical & Legal Issues. Center of Excellence on Elder Abuse and Neglect. Retrieved from http://www.centeronelderabuse.org/docs/Neglectamended_Greenwood_Mosqueda_2010.pdf
- Mosqueda, L., & Dong, X. (2011). Elder Abuse and Self-Neglect: "I Don't Care Anything About Going to the Doctor, to Be Honest...". *Jama*, 306(5), 532-540. Retrieved from https://jamanetwork.com/journals/jama/article-abstract/1104164?casa_token=1MBT7fWbnRAAAAAA:ICyYDFomGfa58_qeWFhNR6nP5Dxh5ZWQzpi21x0WNjSe-LFTw2DNMTu4XrhjiTrRjVRvjBzQvA
- Mosqueda, L., Burnight, K., Girona, M. W., Moore, A. A., Robinson, J., & Olsen, B. (2016). The Abuse Intervention Model: A Pragmatic Approach to Intervention for Elder Mistreatment. *Journal of the American Geriatrics Society*, 64(9), 1879-1883. Retrieved from <https://onlinelibrary.wiley.com/doi/abs/10.1111/jgs.14266>
- Mosqueda, L., & Teixeira, T. S. (2017). *Taking AIM at Elder Mistreatment*. American Society on Aging. Retrieved from <https://www.asaging.org/blog/taking-aim-elder-mistreatment>
- National Academy of Elder Law Attorneys. (2012). *NAELA Provides Insightful Recommendations to the Consumer Financial Protection Bureau on Elder Financial Exploitation*. Retrieved from <https://www.naela.org/iParts/Common/ContentBlock/PostDefault.aspx?iUniformKey=cd65733d-7ec5-4947-85c2-cfce98dd2888&WebsiteKey=ef1bf77-8f85-4dfa-8c27-01f22ae4f5c8>
- National Adult Protective Services Association / Women's Institute for a Secure Retirement. (2016). *Senior Financial Abuse: Power of Attorney Abuse*. Retrieved from <http://www.napsa-now.org/wp-content/uploads/2016/11/senior-scams-power-of-attorney-2016.pdf>
- National Adult Protective Services Association / Women's Institute for a Secure Retirement. (2016). *Senior Financial Abuse: Undue Influence*. Retrieved from <http://www.napsa-now.org/wp-content/uploads/2016/11/senior-scams-undue-influence-2016.pdf>
- National Adult Protective Services Association. (2003). *Formative Evaluation of Adult Protective Services Curricula*. Retrieved from <http://www.napsa-now.org/2012/09/national-aps-training-library-5-formative-evaluation-of-aps-curricula-2003/>
- National Adult Protective Services Association. (2012). *The Philadelphia APS Bank Reporting and Loss Prevention Program*. Retrieved from <http://www.napsa-now.org/wp-content/uploads/2012/06/Phila-Project-Report-FINAL.pdf>
- National Adult Protective Services Association. (2013). *Adult Protective Services Recommended Minimum Program Standards*. Retrieved from <http://www.napsa-now.org/wp-content/uploads/2014/04/Recommended-Program-Standards.pdf>
- National Adult Protective Services Association. (2017). *Discharge Planning: Guidance for Adult Protective Services Programs*. Retrieved from <http://www.napsa-now.org/wp-content/uploads/2017/10/Discharge-Planning-Brochure.pdf>
- National Adult Protective Services Association. (2018). *4th Global Summit 13th Anniversary of World Elder Abuse Awareness Day*. Retrieved from <http://www.napsa-now.org/get-connected/weaad/>
- National Adult Protective Services Association. (n.d.). *Abuse Case Studies*. Retrieved from <http://www.napsa-now.org/about-napsa/success/abuse-case-study/>
- National Adult Protective Services Association. (n.d.). *Facts About Confidentiality*. Retrieved from <http://www.napsa-now.org/get-help/confidentiality-safety/>
- National Adult Protective Services Association. (n.d.). *Financial Exploitation Case Studies*. Retrieved from <http://www.napsa-now.org/about-napsa/success/financial-exploitation-case-study/>
- National Adult Protective Services Association. (n.d.). *Get Help*. Retrieved from <http://www.napsa-now.org/get-help/how-aps-helps/>
- National Adult Protective Services Association. (n.d.). *NAPSA (or APS), Code of Ethics*. Retrieved from <http://www.napsa-now.org/about-napsa/code-of-ethics/>
- National Adult Protective Services Association. (n.d.). *Neglect Case Studies*. Retrieved from <http://www.napsa-now.org/about-napsa/success/neglect-case-study/>
- National Adult Protective Services Association. (n.d.). *What Is Abuse?*. Retrieved from <http://www.napsa-now.org/get-informed/what-is-abuse/>
- National Adult Protective Services Association. (n.d.). *What is Financial Exploitation?*. Retrieved from <http://www.napsa-now.org/get-informed/what-is-financial-exploitation/>

- National Adult Protective Services Association. (n.d.). What Is Neglect?. Retrieved from <http://www.napsa-now.org/get-informed/what-is-neglect/>
- National Adult Protective Services Associations. (2015). *2013 Nationwide Survey of Mandatory Reporting Requirements for Elderly and/or Vulnerable Persons*. Retrieved from <http://www.napsa-now.org/wp-content/uploads/2016/05/Mandatory-Reporting-Chart-Updated-December-2015-FINAL.pdf>
- National Adult Protective Services Resource Center. (2012). *Integrating Information, Training & Access to Services at an ADRC: New Mexico's Experience*. Retrieved from <http://www.napsa-now.org/wp-content/uploads/2012/06/New-Mexico-Integrated-Project-Report-FINAL.pdf>
- National Adult Protective Services Resource Center. (2012). *The APS/AAA Service Coordination Program, Maricopa County, Arizona*. Retrieved from <http://www.napsa-now.org/wp-content/uploads/2012/06/Arizona-APS-AAA-Project-Report-FINAL.pdf>
- National Adult Protective Services Resource Center. (2012). *The Texas APS Statewide Community Engagement Program*. Retrieved from <http://www.napsa-now.org/wp-content/uploads/2012/06/Texas-Community-Boards-Report-rev-06-13.pdf>
- National Association of Adult Protective Services Administrators. (2001). *Elder Abuse Awareness Kit: A Resource for Protecting Older People and People with Disabilities*. Retrieved from <http://www.napsa-now.org/wp-content/uploads/2012/09/speakers.pdf>
- National Association of State Long-Term Care Ombudsman Programs. (2008). *Long-term Care Ombudsman Response to Abuse, Neglect, and Exploitation*. Retrieved from <http://ltombudsman.org/uploads/files/issues/nasop-resource-key-messages-on-ombudsmen-and-abuse-investigations.pdf>
- National Center for Elder Abuse. (2014). *An Introduction to Elder Abuse for Professionals: Abandonment*. Retrieved from https://ncea.acl.gov/resources/docs/Intro_EA-Pro-Abandonment-Slides-2014.pdf
- National Center for Elder Abuse. (2014). *An Introduction to Elder Abuse for Professionals: Elder Abuse*. Retrieved from <https://ncea.acl.gov/resources/docs/Intro-EA-Pro-Neglect-Slides-2014.pdf>
- National Center on Elder Abuse. (2014). *An Introduction to Elder Abuse for Professionals Financial Exploitation*. Retrieved from <https://ncea.acl.gov/resources/docs/Intro-EA-Pro-Financial-Exp-Slides-2014.pdf>
- National Center on Elder Abuse. (2014). *An Introduction to Elder Abuse for Professionals: Physical Abuse*. Retrieved from <https://ncea.acl.gov/resources/docs/Intro-Physical-Abuse-Pro-Slides-2014.pdf>
- National Center on Elder Abuse. (2014). *An Introduction to Elder Abuse for Professionals: Psychological and Emotional Abuse*. Retrieved from <https://ncea.acl.gov/resources/docs/Intro-EA-Pro-Psych-Emotional-Abuse-Slides-2014.pdf>
- National Center on Elder Abuse. (2014). *An Introduction to Elder Abuse Professionals: Sexual Abuse*. Retrieved from <https://ncea.acl.gov/resources/docs/Intro-EA-Pro-Sexual-Abuse-Slides-2014.pdf>
- National Center on Elder Abuse. (2014). *Responses to Elder Abuse: Understanding Services and Systems*. Retrieved from https://ncea.acl.gov/resources/docs/Responding_to_EA-Slides-2014.pdf
- National Center on Elder Abuse. (2014). *Working Together to Address Elder Abuse*. Retrieved from <https://ncea.acl.gov/resources/docs/Working-Together-EA-Slides-2014.pdf>
- National Center on Elder Abuse. (n.d.). *10 Things AAAs can do to Prevent Abuse of Elders and Vulnerable Adults*. Retrieved from <https://ncea.acl.gov/resources/docs/10-things-AAA-Prevent-Abuse.pdf>
- National Center on Elder Abuse. (n.d.). *Adult Protective Services, What You Must Know*. Retrieved from <https://ltombudsman.org/uploads/files/issues/APS-Factsheet-508.pdf>
- National Center on Elder Abuse. (n.d.). Common Scenarios of Elder Abuse. Retrieved from <https://ncea.acl.gov/suspectabuse/gethelp-index.html>
- National Center on Elder Abuse. (n.d.). *Creating Effective Local Elder Abuse Prevention Networks: A Planning Guide*. Retrieved from <http://victimsofcrime.org/docs/Toolkit%20Bulletins/ncea-steps.pdf?sfvrsn=0>
- National Center on Elder Abuse. (n.d.). *Frequently Asked Questions*. Retrieved from <https://ncea.acl.gov/FAQ.aspx>
- National Center on Elder Abuse. (n.d.). *Intervention Partners: Adult Protective Services*. Retrieved from <https://ncea.acl.gov/whatwedo/practice/intervention-APS.html>
- National Center on Elder Abuse. (n.d.). *Intervention Partners: Domestic Violence*. Retrieved from <https://ncea.acl.gov/whatwedo/practice/intervention-domesticviolence.html>
- National Center on Elder Abuse. (n.d.). *Intervention Partners: Fiduciaries*. Retrieved from <https://ncea.acl.gov/whatwedo/practice/intervention-fiduciaries.html>
- National Center on Elder Abuse. (n.d.). *Intervention Partners: Health Care System*. Retrieved from <https://ncea.acl.gov/whatwedo/practice/intervention-healthcare.html>
- National Center on Elder Abuse. (n.d.). *Intervention Partners: Law Enforcement*. Retrieved from <https://ncea.acl.gov/whatwedo/practice/intervention-law.html>
- National Center on Elder Abuse. (n.d.). *Intervention Partners: Long-Term Care Ombudsman*. Retrieved from <https://ncea.acl.gov/whatwedo/practice/intervention-ltc.html>
- National Center on Elder Abuse. (n.d.). *Intervention Partners: Other Social Services*. Retrieved from <https://ncea.acl.gov/whatwedo/practice/intervention-socialservices.html>
- National Center on Elder Abuse. (n.d.). *Multidisciplinary Teams*. Retrieved from <https://ncea.acl.gov/whatwedo/practice/teams-index.html>

- National Center on Elder Abuse. (n.d.). *Protect Yourself from Abuse, Neglect and Exploitation*. Retrieved from <https://ncea.acl.gov/resources/docs/Protect-Yourself-From-Abuse-NE.pdf>
- National Center on Elder Abuse. (n.d.). *Public Policy: Federal Laws*. Retrieved from <https://ncea.acl.gov/whatwedo/policy/federal.html>
- National Clearinghouse on Abuse in Later Life. (2017). *Elder-Informed Victim Services*. Retrieved from <http://www.ncall.us/FileStream.aspx?FileID=147>
- National Clearinghouse on Abuse in Later Life. (2017). *Providing Trauma-Informed Advocacy for Older Survivors*. Retrieved from <http://www.ncall.us/FileStream.aspx?FileID=143>
- National Clearinghouse on Abuse in Later Life. (2017). *Sexual Abuse in Later Life*. Retrieved from <http://www.ncall.us/FileStream.aspx?FileID=129>
- National Clearinghouse on Abuse in Later Life. (2017). *Victim-defined Advocacy*. Retrieved from <http://www.ncall.us/FileStream.aspx?FileID=139>
- National Clearinghouse on Abuse in Later Life and National Center for Victims of Crime. (2016). *Stalking in Later Life*. Retrieved from http://www.wcadv.net/Webinars/1-27-16_SRC_NCALL.m4v
- National Clearinghouse on Abuse in Later Life. (2005). *Abuse in Later Life Power and Control Wheel*. Retrieved from <http://www.ncall.us/FileStream.aspx?FileID=27>
- National Clearinghouse on Abuse in Later Life. (2013). *An Overview of Abuse in Later Life*. Retrieved from <http://www.ncall.us/FileStream.aspx?FileID=29>
- National Clearinghouse on Abuse in Later Life. (2014). *Technology and Abuse in Later Life*. Retrieved from <http://www.ncall.us/FileStream.aspx?FileID=94>
- National Clearinghouse on Abuse in Later Life. (2016). *Pursuing Respect and Justice for Faith-Engaged Older Victims of Abuse*. Retrieved from <http://wcadv.net/Webinars/12-14-16%20NCALL.mp4>
- National Clearinghouse on Abuse in Later Life. (2017). *Abuse in Later Life Education Series for Advocates: Neglect, Self-Neglect, And the Role of APS*. Retrieved from <http://www.ncall.us/FileStream.aspx?FileID=135>
- National Clearinghouse on Abuse in Later Life. (2017). *Abuse in Later Life Education Series for Advocates: Stalking in Later Life*. Retrieved from <http://www.ncall.us/FileStream.aspx?FileID=131>
- National Clearinghouse on Abuse in Later Life. (2017). *Intimate Partner Violence in Later Life*. Retrieved from <http://www.ncall.us/FileStream.aspx?FileID=127>
- National Clearinghouse on Abuse in Later Life. (2017). *Comings and Goings: A Training Activity for Multidisciplinary Audiences on Walking in the Shoes of an Older Victim*. Retrieved from <http://www.ncall.us/FileStream.aspx?FileID=193>
- National Clearinghouse on Abuse in Later Life. (2018). *Module 2: Forming the Relationship with Your Client*. Retrieved from http://wcadv.net/Webinars/Module2_2818_NCALL_ABA.mp4
- National Clearinghouse on Abuse in Later Life. (2018). *Module 3: Client Goal Setting and Non-Litigation Responses*. Retrieved from http://wcadv.net/Webinars/Module3_2-22-18%20NCALL_ABA.mp4
- National Clearinghouse on Abuse in Later Life. (2018). *Module 4: Legal Resolutions and Remedies*. Retrieved from http://wcadv.net/Webinars/Module4_3-8-18_NCALL_ABA.mp4
- National Clearinghouse on Abuse in Later Life. (2018). *Module 5: Bringing the Case-Trial Skills*. Retrieved from http://wcadv.net/Webinars/Module5_3-22-18_NCALL_ABA.mp4
- National Clearinghouse on Abuse in Later Life. (n.d.). *National Definitions of Elder Abuse*. Retrieved from <http://www.ncall.us/FileStream.aspx?FileID=166>
- National Clearinghouse on Elder Abuse. (n.d.). *Unique Issues and Challenges for Older Victims Abused by Children and Grandchildren*. Retrieved from <http://www.ncall.us/ncall-video-library>
- National Clearinghouse on Elder Abuse. (n.d.). *Unique Issues and Challenges for Older Victims Abused by Intimate Partners*. Retrieved from <http://www.ncall.us/ncall-video-library>
- National Council on Aging. (2011). *Strengthening the Voice of Older Adults and the Aging Network: A Vision for the Reauthorized Older Americans Act*. Retrieved from <https://www.ncoa.org/wp-content/uploads/Strengthen-Voice-White-Paper-web.pdf>
- National Indigenous Elder Justice Initiative. (n.d.). *Online Interactive Educational Module: Financial Abuse*. Retrieved from <https://www.nieji.org/training/financial-abuse/>
- National Indigenous Elder Justice Initiative. (n.d.). *Criminal Model Tribal Elder Protection Code*. Retrieved from <https://www.nieji.org/assets/1332-5387/criminal-tribal-elder-protection-code-example.pdf>
- National Indigenous Elder Justice Initiative. (n.d.). *Online Interactive Educational Module: Policy*. Retrieved from <https://www.nieji.org/training/policy/>
- National Indigenous Elder Justice Initiative. (n.d.). *Online Interactive Educational Module: Caregiver*. Retrieved from <https://www.nieji.org/training/caregiving/>
- National Indigenous Elder Justice Initiative. (n.d.). *Online Interactive Educational Module: Elder Abuse*. Retrieved from <https://www.nieji.org/training/elder-abuse/>
- National Indigenous Elder Justice Initiative. (n.d.). *Online Interactive Educational Module: Healthcare*. Retrieved from <https://www.nieji.org/training/healthcare/>
- National Indigenous Elder Justice Initiative. (n.d.). *Online Interactive Educational Module: Social Services*. Retrieved from <https://www.nieji.org/training/social-services/>

- National Research Council. (2003). *Elder Mistreatment: Abuse, Neglect, and Exploitation in an Aging America*. Washington D.C. National Academies Press. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK98802/> doi: 10.17226/10406
- National Research Council. (2003). *Elder Abuse in Residential Long-Term Care Settings: What Is Known and What Information Is Needed?*. Washington D.C. National Academies Press. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK98786/>
- New York City Mayor's Office to Combat Domestic Violence, & New York City Mayor's Office to Combat Domestic Violence and the New York City Department for the, A. (2017). *Intimate Partner Elder Abuse in New York City*. Retrieved from <https://www1.nyc.gov/assets/dfta/downloads/pdf/reports/ElderPartnerAbuse.pdf>
- Office of Financial Protection for Older Americans. (2018). *Report and Recommendations: Fighting Elder Financial Exploitation through Community Networks*. Retrieved from <http://treasury.usc.edu/resource/report-and-recommendations-fighting-elder-financial-exploitation-through-community-networks/>
- Office for Victims of Crime (n.d.). "Elder Abuse/Mistreatment". Retrieved from <https://ovc.ncjrs.gov/topic.aspx?topicid=100> Elder Justice Act (2010). Subtitle H in Title VI of Public Act 111–148 PPACA. Retrieved from https://dev-ncea.acl.gov/NCEA/media/docs/ElderJustice_Act-2010.pdf
- Paranjape, A., Sprauve-Holmes, N. E., Gaughan, J., & Kaslow, N. J. (2009). Lifetime Exposure to Family Violence: Implications for the Health Status of Older African American Women. *Journal of Women's Health*, 18(2), 171-175. Retrieved from <http://www.liebertpub.com/doi/10.1089/jwh.2008.0850>
- Pavlik, V. N., Hyman, D. J., Festa, N. A., & Dyer, C. B. (2001). Quantifying the Problem of Abuse and Neglect in Adults—Analysis of a Statewide Database. *Journal of the American Geriatrics Society*, 49(1), 45-48. Retrieve from <http://doi.wiley.com/10.1046/j.1532-5415.2001.49008.x>
- Payne, B. K., & Gainey, R. R. (2006). The Criminal Justice Response to Elder Abuse in Nursing Homes: A Routine Activities Perspective. *Western Criminology Review*, 7(3), 67-81. Retrieved from <https://www.semanticscholar.org/paper/The-Criminal-Justice-Response-to-Elder-Abuse-in-A-Payne-Gainey/2f4f5619a8d6f90c5d12d0e8d7951b9fd16e4d5b>
- Peterson, J. C., Burnes, D. P. R., Caccamise, P. L., Mason, A., Henderson, C. R., Wells, M. T., & Lachs, M. S. (2014). Financial Exploitation of Older Adults: A Population-Based Prevalence Study. *Journal of General Internal Medicine*, 29(12), 1615-1623. Retrieved from <http://link.springer.com/10.1007/s11606-014-2946-2>
- Pierrce-Weeks, J. (2013). Sexual Violence in Later Life. *National Sexual Violence Resource Center*. Retrieved from https://www.nsvrc.org/sites/default/files/publications_nsvrc_guides_sexual-violence-in-later-life_health-care-providers.pdf
- Pillemer, K., & Hudson, B. (1993). A Model Abuse Prevention Program for Nursing Assistants. *The Gerontologist*, 33(1), 128–132. Retrieved from <https://academic.oup.com/gerontologist/article-abstract/33/1/128/610474>
- Pillemer, K., Chen, E. K., Van Haitsma, K. S., Teresi, J., Ramirez, M., Silver, S., Sukha, G., & Lachs, M. S. (2012). Resident to Resident Aggression in Nursing Homes: Results from a Qualitative Event Reconstruction Study. *The Gerontologist*, 52(1), 24-33. Retrieved from <https://academic.oup.com/gerontologist/article/52/1/24/692593>
- Pillemer, K., Burnes, D., Riffin, C., & Lachs, M. S. (2016). Elder Abuse: Global Situation, Risk Factors, and Prevention Strategies. *The Gerontologist*, 56(Suppl_2), S194-S205. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/26994260/>
- Platts-Mills, T. F., Sivers-Teixeira, T., Encarnacion, A., Tanksley, B., & Olsen, B. (2020). EM-SART: A Scalable Elder Mistreatment Screening and Response Tool for Emergency Departments. *Generations*, 44(1), 51-58. Retrieved from <https://www.ingentaconnect.com/contentone/asag/gen/2020/00000044/00000001/art00011>
- Ploeg, J., Fear, J., Hutchison, B., MacMillan, H., & Bolan, G. (2009). A Systematic Review of Interventions for Elder Abuse. *Journal of Elder Abuse & Neglect*, 21(3), 187-210. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/19827325/>
- Reis, M., & Nahmiash, D. (1998). Validation of the Indicators of Abuse (IOA), Screen. *The Gerontologist*, 38(4), 471-480. Retrieved from <https://academic.oup.com/gerontologist/article/38/4/471/631277>
- Rennison, C., M. (2001). *Intimate Partner Violence and Age of Victim, 1993-99*. Bureau of Justice Statistics Special Report. U.S. Department of Justice. Retrieved from http://policeprostitutionandpolitics.com/pdfs_all/GOVERNMENT%20REPORTS%20US%20Justice%20Dept%20stats%20SEE%20ALSO%20TRAFFICKING%20ALL/Rape%20and%20Sexual%20Abuse%20Adults%20Including%20Rapes%20in%20Prison/intimate%20partner%20violence%20through%201999.pdf
- Rizzo, V. M., Burnes, D., & Chalfy, A. (2015). A Systematic Evaluation of a Multidisciplinary Social Work–Lawyer Elder Mistreatment Intervention Model. *Journal of Elder Abuse & Neglect*, 27(1), 1-18. Retrieved from <https://doi.org/10.1080/08946566.2013.792104>
- Roberto, K. A., Teaster, P. B., & Duke, J. O. (2004). Older Women Who Experience Mistreatment: Circumstances and Outcomes. *Journal of Women & Aging*, 16(1-2), 3-16. Retrieved from http://www.tandfonline.com/doi/abs/10.1300/J074v16n01_02
- Roberto, K. A., McCann, B. R., & Brossoie, N. (2013). Intimate Partner Violence in Late Life: An Analysis of National News Reports. *Journal of Elder Abuse & Neglect*, 24, 2013(3), 230-241. Retrieved from <https://www.tandfonline.com/doi/abs/10.1080/08946566.2012.751825>

- Rosen, T., Holt-Knight, D., & Horan, P. (2018). *Vulnerable Elder Protection Team: A Collaborative Intervention*. New York-Presbyterian / Weill Cornell Medical Center. Retrieved from <http://www.napsa-now.org/wp-content/uploads/2012/06/VEPT-NAPSA-Webinar-Presentation.pdf>
- Rovi, S., Chen, P. H., Vega, M., Johnson, M. S., & Mouton, C. P. (2009). Mapping the elder mistreatment iceberg: U.S. hospitalizations with elder abuse and neglect diagnoses. *Journal of elder abuse & neglect*, 21(4), 346–359. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/20183139/>
- Schafer, M. H., & Koltai, J. (2015). Does Embeddedness Protect? Personal Network Density and Vulnerability to Mistreatment Among Older American Adults. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 70(4), 597–606. Retrieved from <https://academic.oup.com/psychsocgerontology/article-lookup/doi/10.1093/geronb/gbu071>
- Schiemberg, L. B., Oehmke, J., Zhang, Z., Barboza, G. E., Griffore, R. J., Von Heydrich, L., Post, L. A., Weatherill, R. P., & Mastin, T. (2012). Physical Abuse of Older Adults in Nursing Homes: A Random Sample Survey of Adults With an Elderly Family Member in a Nursing Home. *Journal of Elder Abuse & Neglect*, 24(1), 65–83. Retrieved from <https://www.tandfonline.com/doi/abs/10.1080/08946566.2011.608056>
- Schofield, M. J. (2017). Screening for elder abuse: tools and effectiveness. In *Elder abuse* (pp. 161–199). Springer, Cham.
- Schofield, M. J., & Mishra, G. D. (2003) Validity of Self-Reporting Screening Scale for Elder Abuse: Women's Health Australia Study. *The Gerontologist*, 43(1), 110–120. Retrieved from <https://academic.oup.com/gerontologist/article/43/1/110/618829>
- Shinoda-Tagawa, T., Leonard, R., Pontikas, J., McDonough, J. E., Allen, D., & Dreyer, P. I. (2004). Resident-to-Resident Violent Incidents in Nursing Homes. *JAMA*, 291(5), 591–598. Retrieved from <https://jamanetwork.com/journals/jama/article-abstract/198137>
- Sirey, J. A., Mphil, A. H., Chambers, S., Salamone, A., Bruce, M. L., Raue, P. J., & Berman, J. (2015). PROTECT: A Pilot Program to Integrate Mental Health Treatment Into Elder Abuse Services for Older Women. *Journal of Elder Abuse & Neglect*, 27(4–5), 438–453. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6528790/>
- Sooryanarayana, R., Choo, W. Y., & Hairi, N. N. (2013). A review on the prevalence and measurement of elder abuse in the community. *Trauma, Violence, & Abuse*, 14(4), 316–325. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/23878148/>
- Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The Revised Conflict Tactics Scales (CTS2): Development and Preliminary Psychometric Data. *Journal of Family Issues*, 17(3), 283–316. Retrieved from <https://journals.sagepub.com/doi/abs/10.1177/019251396017003001#articleCitationDownloadContainer>
- Stahl, S. M. (2015). *Building Consensus on Research Priorities in Elder Mistreatment*. United States Department of Justice. Retrieved from <https://www.justice.gov/file/852846/download>
- Stetson Law. (2016). *Mandatory Reporting Statutes for Elder Abuse 2016*. Retrieved from <https://www.stetson.edu/law/academics/elder/ecpp/media/Mandatory%20Reporting%20Statutes%20for%20Elder%20Abuse%202016.pdf>
- Stiegel, L. A. (2005). *Elder Abuse Fatality Review Teams: A Replication Manual*. American Bar Association. Retrieved from https://www.americanbar.org/content/dam/aba/administrative/law_aging/fatalitymanual.authcheckdam.pdf
- Stiegel, L. A. (2008). *Durable Power of Attorney Abuse: It's a Crime Too*. American Bar Association. Retrieved from <https://ncea.acl.gov/resources/docs/archive/Durable-PofA-Abuse-FactSheet-Criminal-Justice-Professionals.pdf>
- Stiegel, L. A. (2014). *Legal Issues Related to Elder Abuse: A Pocket Guide for Law Enforcement*. American Bar Association Commission on Law and Aging. Retrieved from <https://www.bja.gov/Publications/ABA-ElderAbuseGuide.pdf>
- Stimson, S. (2012). *Sexual Violence in Later Life*. National Council of Certified Dementia Practitioners. Retrieved from <https://theconsumervoice.org/uploads/files/issues/SexualViolenceinLaterLifeinservice>
- Tapp, S., Payne, B., K., & Strasser, S. (2014). Preparedness to respond to elder abuse: a comparison of law enforcement and adult protective service workers. *Journal of Crime and Justice*, 38(1), 42–57. Retrieved from <https://www.tandfonline.com/doi/abs/10.1080/0735648X.2014.931507>
- Tauriac, J. J., & Scruggs, N. (2006) Elder Abuse Among African Americans. *Educational Gerontology*, 32(1), 37–48. Retrieved from <https://www.tandfonline.com/doi/abs/10.1080/03601270500338625>
- Teaster, P. B., & Roberto, K. A. (2004). Sexual Abuse of Older Adults: APS Cases and Outcomes. *The Gerontologist*, 44(6), 788–796. Retrieved from <https://academic.oup.com/gerontologist/article-lookup/doi/10.1093/geront/44.6.788>
- Teresi, J. A., Ramirez, M., Remler, D., Ellis, J., Boratgis, G., Silver, S., & Dichter, E. (2013). Comparative effectiveness of implementing evidence-based education and best practices in nursing homes: Effects on falls, quality-of-life and societal costs. *International Journal of Nursing Studies*, 50(4), 448–463. Retrieved from <http://www.sciencedirect.com/science/article/pii/S0020748911002677>
- Teresi, J. A., Burnes, D., Skowron, E. A., Dutton, M., Mosqueda, L., Lachs, M. S., & Pillemer, K. (2016). State of the Science on Prevention of Elder Abuse and Lessons Learned From Child Abuse and Domestic Violence Prevention: Toward a Conceptual Framework for Research. *Journal of Elder Abuse & Neglect*, 28(4–5), 263–300. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/27676289/>

- Thurston, C. (2015). *OVC Web Forum Discussion: Elder Abuse in the LGBTQ Community*. Office for Victims of Crime. Retrieved from https://ovc.ncjrs.gov/ovcproviderforum/asp/sub.asp?Topic_ID=226
- Twomey, M. S., Jackson, G., Li, H., Marino, T., Melchior, L. A., Randolph, J. F., & Wyson, J. (2010). The Successes and Challenges of Seven Multidisciplinary Teams. *Journal of Elder Abuse & Neglect*, 22(3-4), 291-305. Retrieved from <https://doi.org/10.1080/08946566.2010.490144>
- Twomey, M., Kasunic, M., & Jones, J. (2013). *Elder Abuse and AAAs Best Practices and More*. National Association of Area Agencies on Aging. Retrieved from <http://www.viddler.com/v/fdddf444>
- Tyiska, C., Gaboury, M., & Seymour, A. (2012). *Elder Abuse. Office for Victims of Crime Training and Technical Assistance Center*. Retrieved from http://www.ncdsv.org/images/OVCTTAC_ElderAbuseResourcePaper_2012.pdf
- Uekert, B. K., Keilitz, S., Saunders, D., Heisler, C., Ulrey, P., & Baldwin, E. B. (2012). *Prosecuting Elder Abuse Cases: Basic Tools and Strategies*. Bureau of Justice Assistance. Retrieved from <https://www.ncjrs.gov/app/publications/abstract.aspx?id=264352>
- Ulrey, P. (2010). *NIJ Audio Transcript: Prosecuting Cases of Elder Abuse*. National Institute of Justice. Retrieved from <https://nij.gov/multimedia/pages/audio-nijconf2010-elder-prosecuting-transcript.aspx>
- United States Senate, Subcommittee on Crime, Corrections and Victims Rights, Committee on the Judiciary. (2003). *Elder Abuse, Neglect, and Exploitation: Are we Doing Enough?*. Retrieved from <https://www.gpo.gov/fdsys/pkg/CHRG-108shrg93251/pdf/CHRG-108shrg93251>
- U.S. Census Bureau. (2020). *65 and Older Population Grows Rapidly as Baby Boomers Age*. United States Census Bureau. Retrieved from <https://www.census.gov/newsroom/press-releases/2020/65-older-population-grows.html>
- Waite, L., & Das, A. (2010). Families, Social Life, and Well-Being at Older Ages. *Demography*, 47(S), S87-S109. Retrieved from <http://link.springer.com/10.1353/dem.2010.0009>
- Wiglesworth, A. (2010). *NIJ Audio Transcript: Forensic Aspects of Elder Abuse*. National Institute of Justice. Retrieved from <https://nij.gov/multimedia/pages/audio-nijconf2010-elder-forensics-transcript.aspx>
- Wiglesworth, A. (2010). *NIJ Audio Transcript: Is It Old Age, Abuse or Homicide? Using Forensic Markers and Technology to Detect Elder Abuse and Neglect*. National Institute of Justice. Retrieved from <https://nij.gov/multimedia/pages/audio-nijconf2009-elder-abuse-forensics-transcript.aspx>
- Wiglesworth, A., Mosqueda, L., Mulnard, R., Liao, S., Gibbs, L., & Fitzgerald, W. (2010). Screening for Abuse and Neglect of People with Dementia. *Journal of the American Geriatrics Society*, 58, 493-500. Retrieved from <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1532-5415.2010.02737.x>
- Wilber, E. H., Navarro, A. E., & Gassoumis, Z. D. (2014). *Evaluating the Elder Abuse Forensic Center Model*. The U.S. Department of Justice. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/246428.pdf>
- Wolf, R. S. (2001). Support Groups for Older Victims of Domestic Violence. *Journal of Women & Aging*, 13(4), 71-83. Retrieved from https://doi.org/10.1300/J074v13n04_06
- Wong, J. S., & Waite, L. J. (2017). Elder mistreatment predicts later physical and psychological health: Results from a national longitudinal study. *Journal of Elder Abuse & Neglect*, 29(1), 15-42. Retrieved from <https://www.tandfonline.com/doi/full/10.1080/08946566.2016.1235521>
- Wood, E. (2006). *State Level Adult Guardianship Data: An Exploratory Survey*. American Bar Association. Retrieved from <https://ncea.acl.gov/resources/docs/archive/State-Level-Guardianship-Data-2006.pdf>
- Yaffe, M. J., Wolfson, C., Lithwick, M., & Weiss, D. (2008). Development and Validation of a Tool to Improve Physician Identification of Elder Abuse: The Elder Abuse Suspicion Index (EASI)©. *Journal of Elder Abuse & Neglect*, 20(3), 276-300. Retrieved from <http://www.tandfonline.com/doi/abs/10.1080/08946560801973168>
- Yahner, J., Hussemann, J., & Lynn, M. (2019). Preventing Elder Abuse through Research-and-Practice Collaboration: The EMPOWER Program Demonstration [PowerPoint Slides]. Retrieved from <https://ncvc.dspacedirect.org/handle/20.500.11990/1343>
- Yon, Y., Mikton, C. R., Gassoumis, Z. D., & Wilber, K. H. (2017). Elder Abuse Prevalence in Community Settings: A Systematic Review and Meta-Analysis. *The Lancet Global Health*, 5(2), e147-e156. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/28104184/>
- Yon, Y., Ramiro-Gonzalez, M., Mikton, C. R., Huber, M., & Sethi, D. (2019). The Prevalence of Elder Abuse in Institutional Settings: A Systematic Review and Meta-Analysis. *European Journal of Public Health*, 29(1), 58-67. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/29878101/>

Find us online at: VictimResearch.org [@VictimResearch](https://twitter.com/VictimResearch) [@CenterVictimResearch](https://facebook.com/CenterVictimResearch)

This document was produced by the Center for Victim Research (CVR) under grant number 2016-XV-GX-K006, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this document are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice. The authors of this document are Urban Institute researchers, **Storm Ervin, MPP**, and **Erica Henderson, MA**; authors made equal contributions. The CVR also acknowledges thoughtful reviews of drafts of this report by subject matter experts, Shelly Jackson, Juanita Davis, and Laura Ivkovich, and Urban Institute researchers, Sara Bastomski, Jennifer Yahner, and Leigh Courtney.