S. HRG. 112–61

JUSTICE FOR ALL: ENDING ELDER ABUSE, NEGLECT, AND FINANCIAL EXPLOITATION

HEARING

BEFORE THE

SPECIAL COMMITTEE ON AGING

UNITED STATES SENATE

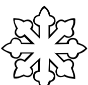
ONE HUNDRED TWELFTH CONGRESS

FIRST SESSION

WASHINGTON, DC

MARCH 2, 2011

Serial No. 112–1



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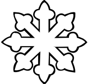

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JUSTICE FOR ALL: ENDING ELDER ABUSE, NEGLECT, AND FINANCIAL EXPLOITATION

WEDNESDAY, MARCH 2, 2011

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, DC.

The Committee met, pursuant to notice, at 2:05 p.m. in Room SD–106, Dirksen Senate Office Building, Hon. Herb Kohl, Chairman of the Committee, presiding.

Present: Senators Kohl [presiding], Wyden, Manchin, Blumenthal, Corker, and Collins.

OPENING STATEMENT OF SENATOR HERB KOHL, CHAIRMAN

The CHAIRMAN. Good afternoon to everybody. We'd like to thank our witnesses, in addition to welcoming everyone attending today's hearing.

It's very easy to lose sight of problems that aren't right in front of us every day. However, today we're going to focus on a problem that doesn't often get the attention it deserves, namely elder abuse. To those victims of abuse, there is no bigger problem in the world. And to the rest of us charged with stopping it, it should be a top priority.

The physical, mental, and the financial abuse of our Nation's seniors is all too common. In 2009 in my State of Wisconsin, over 5,000 cases of suspected abuse, neglect, or financial exploitation were reported. And this was a 9-percent increase over 2008.

These crimes are being committed by people because their victims are often fragile, and their chance of getting caught is slim. We need to find solutions and then take action. To begin, we must ensure that Federal, State, and local agencies work cohesively to combat elder abuse. To do so, I'm asking Congress to enact a series of commonsense legislation.

Today, along with my colleagues, Senators Blumenthal, Casey, Gillibrand, and Nelson, we will be introducing the Elder Abuse Victims Act, with a strong endorsement from the Elder Justice Coalition. The bill will establish a first-ever Office of Elder Justice within the Justice Department that will protect America's seniors by strengthening law enforcement's response to elder abuse.

In addition, I will introduce the End Abuse Later in Life Act. And I'm an original cosponsor of the Senior Financial Empowerment Act. While no legislation can end all exploitation, we must do everything in our power to help those victims that come forward asking for help.

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We'll start today's hearing with a legendary performer and a World War II veteran, Mr. Mickey Rooney, who has come here today to bravely share his personal story of abuse.

We'll then review the findings of a Government Accountability Office report, which shows that our Federal response to elder abuse is lacking.

We'll also hear testimony from the National Adult Protective Services Association and new information about the prevalence of elder abuse in the State of New York.

Finally, our panelist from the Wisconsin Coalition Against Domestic Violence and Lifelong Justice will share their knowledge of abuse in later life and highlight the need for leadership and coordinated response.

It's our hope that today's hearing will inspire others who find themselves in situations where they are being exploited to ask for help. We'll hear from Mr. Rooney. We will hear from more of our experts, but they are only the smallest fraction of the heartbreaking stories too many older Americans are living through at this time.

For those of us on the dais, I know our witnesses will challenge us not to forget this issue when we leave this hearing today, and I hope and pray that we'll meet the challenge.

The Ranking Member on this Committee, Senator Corker.

STATEMENT OF SENATOR BOB CORKER

Senator CORKER. Thank you, Mr. Chairman.

I'm going to be very brief, because I want to hear as much of your testimony, if not all, that you provide, and I have a number of conflicts.

I want to thank you for coming. Because of who you are, there are a lot of people paying attention. I know that we talked, back behind the meeting room, and you talked about your story, and you said, "No, this was a story that many, many seniors around our country are dealing with." I know it's tragic. We thank you so much for being here today.

We have about 63 provisions right now in Federal statute regarding elder abuse. And one of the responsibilities of this committee is to really do the oversight necessary. So, I hope, after your testimony today, we'll have rigorous hearings just on the oversight of what is occurring. But, I thank you very much for being here, for traveling this distance, for lending your outstanding reputation and the love of the American people towards you to this issue.

Thank you very much.

The CHAIRMAN. Thank you, Senator Corker.

Senator Collins.

STATEMENT OF SENATOR SUSAN COLLINS

Senator COLLINS. Thank you, Mr. Chairman.

First let me commend you for calling this hearing to shine a light on this extremely troubling and often hidden issue.

I want to join both you and Senator Corker, in particular, in welcoming Mr. Rooney to our hearing today. Your presence here will help encourage so many others.

While elder abuse is a significant problem in our society, it has received far less attention and study than other forms of domestic violence. According to the most recent National Incidence Study, more than 14 percent of our non-institutionalized older adults have been victims of physical, psychological, or sexual abuse, neglect, or financial exploitation in the past year. Moreover, this is likely just the tip of the iceberg, since most cases are never reported. And, as a consequence, the true dimensions of elder abuse are still not known.

Abused and neglected elderly persons are often among the most isolated victims of family violence. Tragically, they are most often abused by the very people closest to them, their spouses or their children. And the abuse happens in what should be the safety and security of their own homes. Generally, they're in a position of dependency on their abuser, and are either unable or unwilling to report that their loved ones have abused them.

The problem of identifying the victims of family violence in my State is particularly difficult because we Mainers pride ourselves on our self-sufficiency. It's very difficult for seniors in Maine to ask for help. And we also hold our privacy in such high regard that we simply don't like to talk about what goes on behind the closed doors of our homes or in the private lives of our families and our neighbors.

So, Mr. Chairman, I thank you so much for holding this important hearing. Combating elder abuse should be a national priority. It is no longer just a family responsibility.

Thank you.

The CHAIRMAN. Thank you very much, Senator Collins.

Senator COLLINS. Thank you.

The CHAIRMAN. Senator Blumenthal.

STATEMENT OF SENATOR RICHARD BLUMENTHAL

Senator BLUMENTHAL. Thank you, Mr. Chairman. And I want to join my colleagues in thanking you for your leadership and for other Senators who are here today.

And, to Mr. Rooney, I know that inevitably you will somewhat steal the show, but I'm grateful to you for being here, but also for the other witnesses who are here and others who are in the audience who are blowing the whistle on this all too often hidden scourge in our society.

And I know, as someone who served as attorney general for 20 years and fought this problem in homes, in nursing facilities, in assisted living situations, that it is all too often denied and hidden and invisible. And the reason often is the shame and embarrassment that comes with reporting being a victim. To be very blunt, let me tell you something that all of you already know, that it is unreported because people are embarrassed and ashamed. And they should not be, because we are all victims, at some points in our life, of these frauds, abuses, mistreatment, other kinds of crimes. They are crimes. And people should report them.

And we've made great advances, thanks to the leadership of Senator Kohl and others in the Elder Justice Act, the Nursing Home Transparency and Improvement Act, the Patient Safety and Abuse Prevention Act. But, we need to do more. That's why we're here

today. We need to do more, because it is unconscionable and unacceptable and intolerable, in our society, that we permit so many of our senior citizens to be victims of this kind of abuse, which can take many, many forms, but all of them are absolutely unconscionable and intolerable.

And again, my thanks to all of you for being here today and giving us the benefit of your wisdom and insight into this problem.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you very much, Senator Blumenthal.

Senator Manchin.

STATEMENT OF SENATOR JOE MANCHIN, III

Senator MANCHIN. I, too, want to reiterate what all of my colleagues have said. And I appreciate so much the courage that all of you come—and Mr. Rooney, yourself—for coming in and sharing with us, that we can make it a better society for all.

I represent the State of West Virginia. We have the second largest per capita basis, as far as seniors, in the United States, next to Florida. Tremendous.

And I was Governor for a 6-year period. My main concern was—is, How do we allow people to live with the dignity and respect and the pride that each and every person deserves in the confines of their home—own homes, with assistance? So, everything we did was setting a priority about how people could live a quality of life, no matter what our age may be, or our condition.

So, I thank you for this—bring this to light and how we can do. And I look forward to hearing how you believe that we can assist and make it better, I truly do. So, on behalf of a grateful State, let me say thank you for coming.

The CHAIRMAN. Thank you very much, Senator Manchin.

We'll now welcome our first witness, Mickey Rooney, to testify before the Aging Committee.

Mr. Rooney began his acting career when he was less than 2 years old. In the middle of his career he was drafted to serve in World War II, which he did so with pride. He has appeared in over 365 films over the course of his distinguished career. In 1983, he won an Academy Award for lifetime achievement. Mr. Rooney joins us today to share his very personal story of elder abuse.

Thank you for being here, Mr. Rooney. And we'd love to hear from you.

STATEMENT OF MICKEY ROONEY, ACTOR, ENTERTAINMENT LEGEND, ELDER ABUSE VICTIM AND ADVOCATE, LOS ANGELES, CA

Mr. ROONEY. Thank you, Chairman Kohl, Ranking Member Corker, and members of the committee. My name is Mickey Rooney. And I want to thank you for this opportunity to testify today.

We are here today on an issue preventing the abuse, neglect, financial exploitation of seniors. Unfortunately, I'm testifying before the committee today, not just as a concerned citizen, which we all should be, but as a victim of elder abuse, myself. And that's true.

Throughout my life, I've been blessed with love and support of family, friends, and even the people who like my pictures, who are called fans. I have worked almost my entire lifetime in the busi-

ness I love, like you do. I was lucky enough to be in a business I love, to entertain and to please other people. I worked with joy, but I've worked hard and diligently. But, even with success, my monetary thing, called money, was stolen from me—yes, stolen—by someone close. Close. I was unable to avoid becoming a victim of elder abuse.

Elder abuse comes in many, many different forms: physical abuse, emotional abuse, and financial abuse. Financial. Each one of these causes are devastating, ladies and gentlemen, in its own right. Many times, sadly, as with my situation, the elder abuse involves a family member.

When it happens, you feel scared, disappointed—yes, and angry. And you can't believe that it's happening to you. You feel overwhelmed. The strength you need to fight it. Complicated. You're afraid, but you're also thinking about your other family members, about the potential criticism of your family, your friends. People you know, they may not want to accept the dysfunction that you feel and need to share, because one should love their families, as I do. I love my family. And, for other reasons, you might feel hesitant to come forward, you might not be able to make rational decisions, intelligent decisions.

What other people see as generosity, may in reality be the exploitation, manipulation, and, sadly, emotional blackmail of elders and people who are vulnerable. I know it because I, myself, happen to be one. My money was taken, was used, what finances I had. When I asked for information, I was told that I couldn't have any information of my own. "What the hell? What are you talking about?" I was told it was "none of my business", "it's none of my business." And when you're told that, you're left to leave powerless.

You can be in control of your life one minute, ladies and gentlemen, and in the next minute, like that, you have absolutely, believe it or not, no control of your life. Sometimes this happens quickly, but other times it's very, very gradual. You might wonder when all this truly began.

In my case, I was eventually and completely stripped of the ability to make even the most basic decisions—where we go or what do we do—decisions that everyone likes to make. Over the course of time, my daily life became unbearable because all of this seemed to come out of nowhere. At first, it was something small, and I could control it. But, then it became something sinister that was completely out of my control. I felt trapped, scared, used, and frustrated. And, above all, when a man feels helpless, it's terrible. And I was helpless.

For years, I suffered silently. I didn't want to tell anybody. I couldn't muster the courage. And you have to have courage to say—"I need help." And I knew I needed it. Even when I tried to speak up, I was told to, "Shut up and be quiet. You don't know what you're talking about." It seemed that no one—no one wanted to believe me.

But, ladies and gentlemen, I want you to know that I never gave up. I continued to share my story with others. I told them about the abuse my family and I have suffered. I'm now taking steps to right all of the wrongs. I'm now taking steps, ladies and gentlemen

of the Senate, to right all the wrongs that were committed against me.

I'm also thankful to my family, friends, and I like to call them, fans all over the United States and the world, who have expressed their support and caring for me.

Ladies and gentlemen of the committee, I didn't tell you just a part of my story so that you, the Senators and Madam Senators, would feel sorry or feel sympathy for me. I came here for you to think of the literally millions of seniors who are abused.

I am here today because it's so important that I share my story with others, especially those who may be watching at home or driving; suffering, maybe silently, as I was.

To those seniors, and especially elderly veterans, Army, Navy, Marine—you veterans, like myself—I want to tell you this: You're not alone. And you have nothing—nothing, ladies and gentlemen—to be ashamed of. You deserve—yes, you deserve—better. You all have the right to control your own life. Everyone does. You have the right to control your life and be happy. Please, for yourself, end the cycle of abuse and do not allow yourself to be silenced anymore. Tell your story to anyone—someone—and let them know. And, above all—above all—have faith and have hope. Someone will hear you if we all stand strong together. Speak up and say, "I'm being abused. This happened to me." If you speak up, we can take the necessary steps—the altogether two very necessary steps—to end the cycle—to end it—of elderly abuse.

The elder abuse happened to me—that's why I'm here to tell you a little about it—to me, Mickey Rooney. I'm just a man doing a job, like you are. It was my job to entertain; it's your job to end things like this. It's why I'm here. And if it can happen to me, oh, God willing it—and unwilling it—it can happen to anyone. I know who I'm talking about. And I—I'm not speaking just for myself. What I hoped to be and what I was, was taken from me. I'm asking you to stop this cycle of elderly abuse. I mean just stop it. Now. Not tomorrow, not next month, but now. Let's stop—and you all have to vote to get this bill passed—two bills passed, so that it can go to our Congress, and Congress can send it to our President of the United States, Mr. Obama, and end it and say that it's a crime, and we will not allow it in the United States of America.

Thank you. Thank you.

Thank you, Senator Kohl.

[Applause.]

[The prepared statement of Mr. Rooney appears in the Appendix on page 26.]

The CHAIRMAN. Thank you very much, Mr. Rooney, for your outstanding presentation in behalf of a very important issue, the abuse of seniors.

Turn to Mr. Corker for a question or two.

Mr. ROONEY. Yes, Mr. Senator.

The CHAIRMAN. Mr. Corker.

Senator CORKER. Mr. Chairman, I'm going to need to step out; I've had another meeting starting about 3 minutes ago.

But, Mr. Rooney, I don't know of anybody who could be a better spokesman for this issue than you, and I thank you for coming forth. I know we're going to have another panel to talk about some

of the stats and other kinds of issues. So I don't have a question, I just—I thank you for being here today, for the impassioned plea that you've laid out before us, and——

Mr. ROONEY. No, it——

Senator CORKER [continuing]. For having——

Mr. ROONEY [continuing]. Just, Mr.——

Senator CORKER [continuing]. For having the willingness to come do this, to share something that is very personal and, I know to some seniors, very embarrassing to talk about.

Thank you.

Mr. ROONEY. Thank you, Mr. Senator.

My thanks is to you, the United States Senate. And I truly hope they don't read your two bills with their eyes, but with their heart, and pass this bill so that it can go to the Congress of the United States and be signed into a law, by our President, Mr. Obama, that it's a crime.

Thank you for listening. And God bless America.

Senator CORKER. Thank you, sir.

The CHAIRMAN. Any more questions from anybody on the panel?

Mr. ROONEY. Anything you like.

The CHAIRMAN. Any comments?

Go ahead, Mr. Blumenthal.

Senator BLUMENTHAL. Thank you, Mr. Chairman.

I want to join my colleagues in thanking you very sincerely for being here and providing a model of coming forth and courageously articulating your own personal experience.

And maybe you could just give us one or two thoughts about how, for other seniors, they can take steps on their own, through their own initiative, to protect themselves against the kind of abuse that you suffered. I know you—in your case, you said you couldn't have prevented it, but perhaps others can, and maybe you can give us some insights about it.

Mr. ROONEY. Mr. Senator and you ladies of the Senate, you know, I feel for your having asked for me here.

A lawyer, someone who has your personal interest at heart and feels what you've been through. We all know that, whether you're a sports fan or Arnold Palmer, whom I've played with—I went to the University of Southern California for 2 years, trying to learn more, and I had to get back to work—but a lawyer is—basketball players have lawyers, football players, tennis stars, golfers. Why can't the citizens afford a lawyer? And I'll tell you why. Very simply, they haven't any money. I had no money.

And, is it all right for me to mention the company that——

No. Well——

Senator BLUMENTHAL. I think you've been very helpful, and you've given us the benefit of a lot of information, and it's very——

Mr. ROONEY [continuing]. Well, I—how are these elderly citizens going to be able to afford a lawyer? I didn't. I had no money. Mine had been gone. You've got to stop it.

And I thank you all for listening to my—do you have another question for me?

Senator MANCHIN. Mr. Rooney——

Mr. ROONEY. Any question at all.

Senator MANCHIN [continuing]. If I could ask you the question, sir. I don't think there's a person I know in the Senate, or probably in Congress, who doesn't want to help. I wouldn't know of a soul. And I appreciate the Chairman for taking this upon—he has two pieces of legislation.

With that being said, what would be the easiest way—when you detected you were having a problem and you knew that there was someone taking over your life, what would have been the best way for you to have been able to reach out? Are we looking—like a 9–1-1 number? You know, we have different numbers, emergency numbers. How is it best that we're able to help to make sure that someone, when they see their life slipping away, can say, "Listen, hold on. I'm going to call. I need help?"

What do you think—since you've lived through it and you were able to count on your fans and your friends and your family to pull together. Some seniors have nobody, except maybe that one contact. And we've just got to find the right combination to make sure we're able to be effective. So, if—whatever you think.

Mr. ROONEY. May I tell you how fortunate I was?

Senator MANCHIN. Please do.

Mr. ROONEY. You'll hear the story. I won't make it long.

I made about five pictures for the Disney Company, Walt Disney. When I was a child, I met Mr. Disney, who would draw a little mouse, and he said, "I want you to see this." And I said, "Thank you, Mr. Disney." He said—I said, "What do you call him?" He says, "Mortimer Mouse." I said, "He's wonderful." He said, "Thanks, Mickey." Then Mr. Disney said to me, "Mickey. Mickey Mouse. How would you like me to name this mouse after you? I'll call him Mickey Mouse." I said, "Thank you." Well, as years went on, I made five pictures for Disney——

[Pause.]

Senator MANCHIN. We have lawyers telling us what to do, too, so don't——

Mr. ROONEY. No, I was going to say——

[Laughter.]

The Disney legal firm didn't like what was happening. And I was fortunate enough—I was fortunate enough—to get my lawyers, who care.

My stepdaughter—I mean, my daughter-in-law—I've got a lot of stepdaughters—but, my daughter-in-law helped immensely, and my wife's son, Mark.

So, that's the story. Disney afforded me. People are not going to be able to afford these things. Now, how—who can they call? Have you got a number that you could say—or is the government going to—in villages and across our great country, a line where you can call and say, "I'm being abused, and I can't take it no more?" "What was your number?"

Senator MANCHIN. So, you recommend an elder abuse number. An elder abuse number. Basically, a very——

Mr. ROONEY. I certainly do.

Senator MANCHIN. Yeah.

Mr. ROONEY. You bet I do.

Senator MANCHIN. I gotcha.

Mr. ROONEY. How else—and then they should have a team somewhere, that the government will supply to them, for the people, to say, "Don't worry."

Senator MANCHIN. Well, the Chairman's bill does that. I mean, the—he's running on the right track. We just wanted to make sure that we were moving down the way that would be of best help to you.

Mr. ROONEY. Well, I'm sure he feels as I feel. And I'm sure, ladies and gentlemen of the Senate, and Madam Senators—I'm sure that you'll pass this bill. It is so badly needed in our great United States of America.

Thank you for inviting me here.

Senator MANCHIN. Thank you.

The CHAIRMAN. Thank you, Mr. Rooney. You're——

Mr. ROONEY. God bless.

Chairman KOHL [continuing]. You were outstanding today.

Mr. ROONEY. No, I wasn't. I'm——

[Laughter.]

I think it was a bad performance.

The CHAIRMAN. You're the best.

Mr. ROONEY. Thank you.

God bless you all. And God bless our country.

[Applause.]

[Pause.]

The CHAIRMAN. We'll now move on to our second panel.

If you would step, please, to the front.

Our first witness on the second panel will be Kay Brown, a director in the Government Accountability Office's Education Workforce and Income Security Team. Throughout her 25-year career at GAO, Ms. Brown has focused on improving government performance and delivering benefits and services to low income and vulnerable population.

Mr. ROONEY. Here's a man that's done it all.

[Laughter.]

The CHAIRMAN. All right.

And our second witness will be Kathleen Quinn. She is the Executive Director of the National Adult Protective Services Association and advisory board member of the Elder Justice Coalition. Ms. Quinn previously served as a policy advisor to the Illinois Attorney General and as a chief of the Bureau of Elder Rights for the Illinois Department on Aging.

Next, we'll be hearing from Dr. Mark Lachs. He is Director of Geriatrics for the New York Presbyterian Health System, also Co-Chief of the Division of Geriatric Medicine and Gerontology at the Weill Medical College of Cornell University, and a tenured professor of medicine at the college.

Next, we'll be hearing from Bonnie Brandl. She's the director of the National Clearinghouse on Abuse in Later Life, a project of the Wisconsin Coalition Against Domestic Violence. She's facilitated trainings for law enforcement, victims' services providers, and other professionals on elder abuse throughout the United States.

Finally, we'll be hearing from Marie-Therese Connolly. She's the Director of Life Long Justice, a strategic advocacy initiative, with other leaders in the field, to advance elder justice. Ms. Connolly is

also senior scholar at the Woodrow Wilson International Center for Scholars, and a consultant to the U.S. Department of Justice project on elder abuse.

We thank you all for being here.

Ms. Brown, we'll take your testimony.

STATEMENT OF KAY BROWN, DIRECTOR, EDUCATION, WORKFORCE AND INCOME SECURITY, GOVERNMENT ACCOUNTABILITY OFFICE, WASHINGTON, DC

Ms. BROWN. Mr. Chairman and members of the committee, thank you for inviting me here today to talk about our work on elder abuse.

Each day, we hear news reports, similar to what you've just heard from Mr. Rooney, about older adults who are abused, exploited, and denied needed care, often by those they depend on the most. In addition to harming individuals, elder abuse results in added costs to society for increased healthcare, social services, and long-term residential care.

My remarks are taken from a report, requested by Chairman Kohl, that we are releasing today. And I will cover two topics: the challenges faced by State Adult Protective Service programs, which are the programs that receive and respond to allegations of elder abuse at the State level, and the Federal actions taken to help these programs do their jobs.

First, regarding the State programs. They face daunting challenges when responding to elder abuse. In many States, caseloads are growing and cases are becoming more complex, often involving multiple types of abuse. At the same time funding is not keeping pace, which affects both staff levels and training. Access to information on how to resolve elder abuse cases is limited, and not enough is known about what interventions can make a difference. Further, needed collaboration with law enforcement, prosecutors, and financial institutions is uneven. And lastly, Statewide administrative data systems can be outdated or incomplete. These data, for example, could help identify programmatic trends, such as the characteristics of the most vulnerable adults.

Moving on to my second topic, regarding Federal activities. Although States are primarily responsible for protecting their older residents, the Older Americans Act and the Elder Justice Act have both established a Federal role in this area. In our study, we found that Federal activities have provided some assistance to State programs, but have fallen short in several key areas. For example, the Departments of Justice and HHS spent a combined $11.9 million in 2009 for certain projects, such as ones to help States and localities develop multidisciplinary elder abuse teams or to identify barriers related to elder abuse prosecution. However, these activities have been on a small scale and have not helped States address some of their most pressing challenges. For example, they have not helped States address or obtain information and guidance on effective interventions, nor have they resulted in any real progress toward a nationwide Adult Protective Services reporting system.

State program officials and other experts told us that a national data system would help them target their efforts, appropriately allocate funds, and share practices. In our report, released today, we

recommend that HHS take steps to address these needs for information and for a national data system.

Finally, we found a lack of strong leadership. Federal efforts are scattered across multiple offices in Justice and HHS, as you can see from the graphic before you, which we call our "spider graphic" because of the many different directions that the efforts are spreading. Under the Older Americans Act, the primary responsibility for national leadership in the elder justice area rests with HHS's Administration on Aging. But, this agency has yet to assume a leadership role. According to its officials, they are constrained by limited funding.

Lacking leadership, there is no assurance that these Federal efforts are addressing the most critical priorities, are mutually reinforcing, or are making the most efficient and effective use of scarce resources. The Elder Justice Act created vehicles for developing and implementing national priorities through a Federal Elder Justice Coordinating Council and a non-Federal advisory board. However, as yet, neither has been established.

In conclusion, while this Nation's public policies encourage adults to remain in their homes and communities as they age, the system in place to protect them may not be well positioned to meet their needs as the number of older adults grows in the coming years.

This concludes my prepared statement. I'm happy to answer any questions.

[The prepared statement of Ms. Brown appears in the Appendix on page 28.]

[The GAO report titled "Elder Justice: Stronger Federal Leadership Could Enhance National Response to Elder Abuse" appears in the Appendix on page 43.]

The CHAIRMAN. Thank you very much, Ms. Brown.

Now we'll hear from Kathleen Quinn.

STATEMENT OF KATHLEEN QUINN, EXECUTIVE DIRECTOR, NATIONAL ADULT PROTECTIVE SERVICES ASSOCIATION (NAPSA), SPRINGFIELD, IL

Ms. QUINN. Chairman Kohl, Senator Corker, distinguished members of the committee, thank you for convening this first ever congressional hearing addressing Adult Protective Services, or APS.

Senator Kohl, the Nation's APS programs thank you for requesting the GAO report on APS. And thanks, to the GAO, for doing such an outstanding job on the research and the report.

I'm Kathleen Quinn, director of the National Adult Protective Services Association, NAPSA. We're the only national voice for APS programs, staff, and clients. Our mission is to enhance the capacity of APS to effectively protect and serve abuse victims. I bring to this work 30 years experience in the fields of domestic violence, elder abuse, APS, and the long-term-care ombudsman program.

APS is—as has been mentioned, is the formal system in every State for receiving reports of abuse, neglect, and exploitation of older persons, and, in nearly all States, of younger adults with severe disabilities, as well. Just as any response to child abuse begins with the State Child Protective Services systems, the response to elder abuse must start with APS, which is a public safety program. We are, in fact, the 911 number that victims and concerned people

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about them can call. We investigate the allegations of abuse and we provide emergency, protective, and other services to protect and assist the victims.

We know over 95 percent of older persons live in the community, in their own homes, and roughly 90 percent of the abuse perpetrated against them is done by their own family members.

Front-line APS staff, typically the first responders in these abuse cases, face extremely complex situations, often involving life-and-death medical conditions; criminal activities, including violence, drug dealing, and weapons; mental illness; dementia; complex financial frauds; intergenerational family disputes and dysfunctions; legal issues; filth and extreme neglect, often causing years of horrific suffering and undoubtedly killing far more older persons than does physical abuse.

Any criminal activity which occurs, within the family or not, needs to be investigated and vigorously prosecuted. But, I need to establish that APS responds to many, many cases that do not involve criminal conduct. When there is criminal behavior, we call in law enforcement and work closely with them to make sure the abuser is held accountable. But, whether there's criminal behavior or not, APS must make sure the victim is both cared for and protected.

Many extremely complex cases do not involve a clearly culpable offender, but they do have mentally and physically ill, developmentally disabled, and/or demented people struggling to get through each day. APS must deal with the entire situation. If we only considered the elder abuse that does rise to the level of crime, I fear we risk leaving out thousands upon thousands of invisible, forgotten victims whose situations may not—not only involve any crimes, they may not even involve any malice, but who are nonetheless suffering and have significantly jeopardized health and safety.

One group that would be left out are people who self-neglect, those who are unable to provide for their most basic needs and may be a danger to themselves and others. Why should we be concerned about hoarders and others living isolated lives in filth and disease? Besides human compassion, they cost us a lot of money by triggering repeated calls to public health, zoning, fire code, animal control, law enforcement, and APS; and, most importantly, they often require repeated healthcare interventions. APS works with these victims to prevent this cycle of deterioration and expense.

APS—a recent study in Utah found that, of APS substantiated cases involving financial abuse, 9 percent, or almost 1 in 10, of the victims had to turn to Medicaid for healthcare, specifically because they lost their own money to exploitation. Given the extremely high rates of elder abuse, you can just imagine the enormous drain that elder financial abuse causes Medicaid and other public programs.

APS is the only response system we have whose primary function is to respond to vulnerable adult abuse, neglect, and exploitation. We're also the only system serving victims of crime and abuse which relies solely on State funding decisions. As a result, as the GAO has pointed out, we have almost no national infrastructure for APS and we are faced with ever-increasing caseloads and shrinking State budgets. We struggle just to answer the phones

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and provide the most basic service to extremely vulnerable adults. There is not even a single national APS resource center that could help struggling State programs provide cost-effective training, information, practice and data-collection standards, technical assistance, policy development on critical and complex issues, such as interstate compacts, and so on. Such a center, modeled on the literally dozens of such centers in child abuse, domestic violence, and other fields, could, for minimal expense, greatly enhance the capability of APS to provide the most effective and efficient services to abuse victims.

NAPSA's the only national organization working to build capacity in APS, and we would really appreciate some help, so we can provide genuinely needed work, so that we can help APS programs work both effectively and efficiently in protecting our most vulnerable older citizens.

Thank you very much.

[The prepared statement of Ms. Quinn appears in the Appendix on page 107.]

The CHAIRMAN. Thank you very much, Ms. Quinn.

Dr. Lachs.

STATEMENT OF MARK LACHS, MD, MPH, DIRECTOR OF GERIATRICS, NEW YORK PRESBYTERIAN HEALTH SYSTEM, CO-CHIEF, DIVISION OF GERIATRIC MEDICINE AND GERONTOLOGY, WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY, NEW YORK, NY

Dr. LACHS. Senator, I testify before you not only as a primary physician who cares for older people and has seen the ravages of elder abuse firsthand, but also as a scientist who's conducted research in elder abuse, much of it funded by NIH and NIJ, for the last 25 years. In addition to my Cornell and New York Presbyterian Hospital roles, I also run New York City's Elder Abuse Center, which I'll talk about.

The hearing today is timely, not only because of the release of the GAO report, but also because it coincides with the release of a Statewide New York Study that my group at Cornell conducted with the New York City Department for the Aging and Lifespan of Greater Rochester. Funded by the New York State Office of Children and Family Services, it had two simple goals. First, to determine the annual incidence of elder mistreatment in our State, and second, to figure out how much of it we miss.

The study is notable in a couple of respects. The first is that it's enormous. It's the largest of its kind in any single State. We directly interviewed over 3,000 older people to directly ask them about their experiences with mistreatment. And second, over the same period, we went to the many agencies, governmental and NGO, who formally respond to abuse, to see how many people they served. Our goal was to compare the numbers of people who experienced abuse—self-report it, that is—as opposed to those who actually come to light. And missing cases, we are.

Of these 4,000 individuals, about 7.6 percent, 1 in 13, reported some form of mistreatment in the past year. The most common form was financial exploitation, which is why Mr. Rooney's testi-

mony was so compelling, about 1 in 25 older Americans. Next common was physical abuse—2.2 percent, about 1 in 50 Americans.

So, Senators, this is out there. I tell the residents that I train that if you've seen 15 older people today in the clinic, whether you know it or not, you have seen an elder abuse victim.

When we compare the known cases to the undiscovered cases, we found that, for every one we find, we miss about 23 or 24. And, for this reason, we entitled our report, "Under the Radar."

Senators, in the remaining couple of minutes, I'd like to outline two or three recent developments in this field which I think have enormous promise.

The first is the development of multidisciplinary Elder Abuse Centers or teams—in fact, Mr. Rooney, suggested this as an intervention—like those that have been created for child abuse, in which teams of physicians, social workers, attorneys, protective service workers collaboratively work to identify victims of mistreatment and meet their multitude of legal, medical, and other needs. We've created two such teams in New York City, and they grow on a monthly basis. I think this is a national model for assistance to victims, not only because it addresses injuries, but because it averts financial exploitation that ultimately robs people of the nest eggs that they have accumulated over the lifetime, and puts them on programs of public assistance.

We know, from research that we've conducted, for example, that elder mistreatment is an independent risk factor, beyond your diseases, for going to a nursing home. And Medicaid is the major payer for nursing home care. So, in short, elder mistreatment victims, not only suffer, they suffer expensively and they suffer in ways that tax our public welfare systems, our healthcare systems, and our entitlement systems.

And while my remarks today have focused primarily on abuse in the community, we should not forget that residents of nursing homes still remain at risk. And here, too, there will soon be new data. NIH and NIJ and the Department of Health in New York have recently funded innovative studies about a new form of recognized abuse, so-called resident-to-resident mistreatment. So much of the focus has been on staff abuse, we now know of situations in which patients with behavioral problems, mental health problems live together with frail older people. In a number of cases, there have been serious injuries, even deaths, from this. And those numbers will come out shortly.

Everyone here today will tell you that this problem is under-resourced. You'll get no argument from me. But, if I had to make investments in two areas that have the major return on investment, I would suggest it's investment in multidisciplinary teams and centers that combat abuse and, I think, more research into this area that could really avert the financial toll of mistreatment that ultimately we all pay for in the form of premature nursing home placement.

Senators, thank you for requesting the GAO report, letting me speak, and addressing the most hideous form of ageism imaginable.

I'd just like to end by saying that we did not need to be reminded that Mickey Rooney is a national hero, but today we were, once again.

Thank you very much.

[The prepared statement of Dr. Lachs appears in the Appendix on page 119.]

The CHAIRMAN. Thank you, Dr. Lachs.

Now we'll hear from Bonnie Brandl.

STATEMENT OF BONNIE BRANDL, DIRECTOR, NATIONAL CLEARINGHOUSE ON ABUSE IN LATER LIFE (NCALL), A PROJECT OF THE WISCONSIN COALITION AGAINST DOMESTIC VIOLENCE, SUPERIOR, CO

Ms. BRANDL. Chairman Kohl, Senator Corker, distinguished committee members, thank you for the committee's continuing leadership and focus on elder justice.

My name is Bonnie Brandl and I am the director of the National Clearinghouse on Abuse in Later Life, which is a project of the Wisconsin Coalition Against Domestic Violence.

Miss Mary, age 96, lived with her grandson and his wife for 5 years. Let's hear a few moments of her story, in her own words.

[Video presentation.]

Ms. MARY [from video]. Every month when he'd bring me a check, he—He didn't have no money to pay the mortgage, $500-a-month mortgage. And he'd say, "Hey, Granny, have you got any money?" and said, "Well, I'll get the next check and I'll pay you back." I let him have it. I gave him two $500 checks one time. And I said, "Now, Bill, go pay that mortgage." And he said, "Bring it back." Came back drinking. I never did see it. I never have seen any of my money.

[End of video presentation.]

Ms. BRANDL. Ms. Mary never reported the financial exploitation. Then late one night, Ms. Mary called 911. When law enforcement arrived, they found a bloody and battered Ms. Mary, who had been beaten and sexually assaulted for hours by her middle-aged grandson. After raping his grandmother, Ms. Mary's grandson fell asleep in her bed.

Paramedics transported Ms. Mary to the hospital, where she received medical care. Law enforcement arrested her grandson. Adult Protective Services helped place Ms. Mary in a nursing home. Prosecutors prosecuted her grandson, who is currently in prison. Sexual assault advocates provided advocacy and emotional support for Ms. Mary.

Although the harm Ms. Mary experienced was horrific, this case illustrates an ideal collaborative response from health, social services, criminal justice, and advocacy systems.

Unfortunately, in most communities the responses of these systems are imperfect and allow many victims to suffer in silence. Factors contributing to the current inadequate response include insufficient resources, limited or no training on elder abuse, and lack of collaboration among professionals.

Unfortunately, many older adults like Ms. Mary are abused, neglected, or exploited by persons known to them. Offenders include spouses, partners, family members, caregivers, and others in positions of trust. A significant percentage of elder abuse is perpetrated by a spouse or partner.

Years ago, I met a woman attending a support group in Wisconsin who was discussing her upcoming wedding anniversary. She described how she had been married for 60 years and abused throughout that marriage.

As the GAO reports have described the Federal response to elder abuse is woefully inadequate. We must scale up our current responses and leverage existing resources and expertise to develop cost-effective prevention and intervention strategies.

One small Federal program that is making a difference is funded by the Violence Against Women Act. The Abuse in Later Life Program is one of the smallest discretionary programs at the Office on Violence Against Women, with only about $3 million distributed throughout the country each year, yet this is one of the largest Federal initiatives dedicated to elder abuse.

The Office on Violence Against Women's Abuse in Later Life Program has four major components. First, law enforcement, prosecutors, court personnel, and victim service providers receive model training on identifying and responding to elder abuse, neglect, and exploitation. Second, cross training encourages and promotes cost-effective collaboration. Third, coordinated community response teams improve policies and protocols for responding to elder abuse cases. Finally, a fraction of the funding can be utilized for direct victim services.

Each year, only 9 to 11 communities are funded, receiving approximately $400,000 over a 3-year period. The communities represent large urban and small rural communities, tribes, counties, and States.

The Violence Against Women Act, the Older Americans Act, and the Elder Justice Act present opportunities to make a difference in the lives of older victims. Additional resources are needed to create and enhance victim services and to hold offenders accountable.

This year, the Violence Against Women Act is up for reauthorization. I would like to thank Senator Kohl and Representatives Baldwin and Poe for being outspoken champions for the Abuse in Later Life Program.

In conclusion, you are in a unique position to raise awareness and to look for opportunities and additional resources for those who are combating and responding to elder abuse. Older victims, like Ms. Mary, deserve to live their lives with dignity and respect.

Thank you for focusing this hearing on the needs of older victims.

[The prepared statement of Ms. Brandl appears in the Appendix on page 127.]

The CHAIRMAN. Thank you very much, Ms. Brandl.

Now we'll hear from Marie-Therese Connolly.

STATEMENT OF MARIE-THERESE CONNOLLY, DIRECTOR, LIFE LONG JUSTICE (LLJ) (AN INITIATIVE OF APPLESEED), AND SENIOR SCHOLAR, WOODROW WILSON INTERNATIONAL CENTER FOR SCHOLARS, WASHINGTON, DC

Ms. CONNOLLY. Thank you. Chairman Kohl, Senators of the Aging Committee, thank you so much for your leadership on this long invisible but growing problem.

I'm here to testify about how a modest investment in Federal leadership, research, and new programs, and a new office, could have a profound impact on the lives of millions of Americans.

Let me begin with Ruby Wise. Last year, her son, Chris, was charged by Seattle prosecutors with her murder. His crime? Letting her rot to death with huge pressure sores, several bone-deep, while he played Internet poker and lived off her pension. His excuse? He was just respecting her wishes. She didn't want to go to a doctor or a nursing home.

Ruby Wise was imprisoned in her bed by dementia, immobility, and isolation. She cried out for help continuously in the weeks before her death, but neighbors closed their windows and her son put in earplugs to muffle her cries. No one called Adult Protective Services or 911. No one called for help. It's hard to believe that the response would have been the same had the cries come from a child, a younger woman, or even a dog.

What happened to Ruby Wise is not a fluke. Dr. Lachs' study found that only 1 in every 57 cases of elder neglect ever comes to light. Ruby Wise was one of the 56 who did not.

And the phone surveys done by Dr. Lachs and others can't capture the elders at greatest risk: those who live in facilities; those who can't answer or don't have a phone; those who are too scared to speak because an abuser is close by; and those with dementia, like Ruby Wise.

A 2010 University of California, Irvine study found that a staggering 47 percent of people with dementia who live at home—that's almost half—were abused or neglected by caregivers. Translated into human lives, these studies indicate that some 6 million Americans—mothers, fathers, grandparents—are victims of elder abuse every year. And those numbers don't even include people who live in facilities where many of the most vulnerable elders live. Most nursing homes are dangerously understaffed, and countless people, like Ruby Wise, remain in risky, degrading, and even lethal situations to avoid them.

This growing body of data presents a strong moral imperative for immediate attention. There's a strong fiscal imperative, too, because one kind of elder abuse often begets the next, setting off a cascade of untold suffering and expense. Costly acute and long-term care required by elders injured by abuse or neglect depletes Medicare and Medicaid. Dr. Lachs talked about his 2002 study finding that elder abuse victims are four times more likely to end up in nursing homes. And nursing home chains that neglect residents and bill for care they don't provide defraud Medicare and Medicaid. Financial exploitation pushes victims, whose life savings are stolen, to rely on public programs for housing. And abusive guardianships squander court resources.

What's the total cost? It's likely many billions of dollars a year. But, we don't know yet, which is one reason we desperately need more research.

What we know about elder abuse lags some 40 years behind child abuse and 20 years behind domestic violence. We need to know more about why it occurs, what practices and programs are effective in addressing it, and how to detect and prevent it. And yet, the National Institute on Aging, our government's leading

agency for aging research, spends just 1/1,000th of its budget for elder abuse research. And private funders spend even less.

As noted by the GAO and on these charts, the Federal effort on elder justice issues, pursued by a few dedicated officials, mostly juggling multiple responsibilities, is wholly inadequate. The problem deserves and urgently needs increased Federal priority, with resources to match. DOJ and HHS have for years had offices providing sustained leadership on elder abuse and domestic violence issues.

The new Elder Justice Office proposed for DOJ, where I previously headed up the Elder Justice and Nursing Home Initiative, is a high-impact, low-cost measure that would provide coordination and evaluation, sustained attention, assistance for States and jobs, and, together with other agencies, lay a foundation for collection of elder abuse data, like the child abuse field has done for decades.

Elder abuse can arrive unannounced in any family. It's not just an aging issue; it's an issue for all of us who care about the older people in our lives. We've spent countless billions to extend how long we live, but relatively little to assure the safety and well-being in the years that we've gained. Like Chris Wise, the son who ignored his mother's cries, we, as a Nation, have also been wearing earplugs. It's time that we remove them.

Thank you.

[The prepared statement of Ms. Connolly appears in the Appendix on page 147.]

The CHAIRMAN. Thank you very much, Ms. Connolly.

We'll turn now to Senator Blumenthal for some questions.

Senator BLUMENTHAL. Thank you, Mr. Chairman.

And again, I want to thank you for your really tireless and relentless work on this issue and the legislation you've offered, and particularly the work today, on bringing together this remarkable panel.

And thank you, to each of you, for being here, especially to Ms. Brown and Dr. Lachs, for your scientific work that really provides a intellectual and factual framework for the cries that we hear through the voices that have been transmitted through Mr. Rooney and through the many people who are not heard in our society when they're victims of this type of neglect and abuse.

And I might say, Ms. Connolly, that many of the remarks that you made about abuse and neglect of elders can be said about victims of domestic violence, women who are unheard, and even children, who are often victims of abuse and neglect in their own homes, and have to be moved, if they're heard.

But, I want to ask Dr. Lachs a specific question about the educational framework, education of lawyers, doctors, nurses, care providers, public officials. I know that you supervise residencies and training of members of your profession. What can be done to make those professions more sensitive and aware—and I would be interested in the views of others, as well—about the problems that they may encounter but may not recognize?

Dr. LACHS. Well, you know, Senator, when I applied for a medical license in the State of New York, as a family violence expert, a geriatrician, an internist who practices geriatric medicine, I had to pass a—child abuse training, even though I don't take care of

children, other than the sniffles of my own kids, periodically. There's no such requirement for older people. And we're beginning to see models of—like that, for probate judges, continuing legal education. Much of the role of these multidisciplinary centers, in addition to direct service to victims, is, in fact, public education.

Many of the abusive situations we come upon as clinicians are situations in such that the victim and the abuser are so isolated that it's not recognized by the abuser that their behavior is nonnormal.

And isolation plays a major role here, Senator. You know, if a child doesn't come to school, or comes to school with a black eye, there's a modern-day equivalent of a truant officer who makes a phone call. In our society, older people may be retired and their social networks may shrink because of bereavement. And, ultimately, the network comes to only involve these two individuals, the abuser and the victim. And I tell the residents that, for that annual physical, that you may be the only person the victim sees in the course of a year. And that may be true of a whole number of legal and mental health and other providers. So, education is critical. It can be done by centers.

Other members, testifiers, may have comments.

Senator BLUMENTHAL. Well, I think that is a—that's a very helpful observation. And, as you know, in a number of States, there are requirements for certain background checks as part of that certification process. And I wonder if members of the panel could comment on the efficacy of those background checks, or some system of checks, for care providers, people in positions of trust, and people who, similarly, have a responsibility.

Dr. LACHS. I'm happy to say something about it. I mean, I'm a tenured physician at a good medical school. And when I started working in my nursing home, I had to have a criminal background check. I don't know the data on the efficacy; others can probably speak to that. But, I can tell you that I've testified in criminal and civil matters where those were not done, and the results were hideous.

Senator BLUMENTHAL. And I think one of the problems—if I can just interject—is that very often those background checks relate only to the State where that person is working. And so, he or she may have committed a variety of very serious crimes in other States, but the background check may not identify them.

Ms. QUINN. Could I go back to the question about education? Because, in all but three States now, a wide range of professionals are required, mandated by State statute, to report suspected elder abuse to Adult Protective Services—healthcare providers, social services, law enforcement, anybody who would come into contact, in a normal course of business, with older people. But, we haven't had the resources to develop the core trainings that could be sent out across the country so that States could train all those different professionals on what the requirement—just as they do in child abuse—what the requirements are, what the indicators are, where to report, what happens when you report.

Senator BLUMENTHAL. Thank you.

My time has expired. And, unfortunately, like others in the committee, I have another hearing. I very, very much appreciate your help in this critical topic.

Thank you very much.

The CHAIRMAN. Thank you, Senator Blumenthal.

Senator Wyden.

Senator WYDEN. Thank you, Mr. Chairman.

And I don't want to make this a bouquet-tossing contest, but I think your contribution, the legislation, and the fact that you always use this committee as a bully pulpit to layout how important it is that we address these concerns, is a huge public service. I want to thank you.

And I know we're going to really benefit from having Senator Blumenthal on this committee, given his long record on these issues, as well.

And, to the witnesses, a lot of you, I know, have been toiling out at the grassroots level for years and years. And I think that's why I want to ask you the following question.

I was co-director of the Gray Panthers for many years, and ran the Legal Aid Office for the Elderly. And we were working on these issues then. And, sort of over the decades, I think it's clear that we have seen this problem grow, despite the fact that a number of useful bills have passed. I know Senator Kohl's predecessors on this committee have been interested in this. And I think we're going to go forward again with some very constructive suggestions. Clearly, bringing the first responders into this earlier is going to be of enormous benefit. I think trying to beef up prosecutions will be useful.

But, the question I want to ask—and we can just go down the row; I'd be interested in your response—is, What, in your view, needs to be done so that, 10 years from now, we're not having a hearing that essentially revolves around the same issues—that we've seen another growth in the problem, we've seen the scamsters, you know, still at it, and we sort of relitigate the ground that we're dealing with today?

So, why don't we just go right down the row. And I'm particularly interested in some of the ideas you have that don't just go to the question of additional funding. Obviously, we need adequate funding. But, just go down the row and give me your sense—you get to offer the idea that is most likely to make a difference so that, 10 years from now, we can look back and say that, "On our watch, under the leadership of Chairman Kohl, we really got it right and made a big difference."

Start with you, Ms. Connolly. I know you've been at this for years, and we appreciate it.

Ms. CONNOLLY. Thank you, Senator Wyden.

Dr. Lachs, during his testimony, said "research and multidisciplinary teams." And I would echo that and add to that list, also, Federal leadership. This has been an area where a few people have been toiling in the trenches, but there hasn't been much high-level Federal leadership. And the bully pulpit makes a big difference, whether it's in Congress or in the Executive Branch, because where the Administration leads, often the rest of the country follows, and it could make an enormous difference.

And that doesn't necessarily require additional dollars, although also, I think, in a time of budget austerity, which we are in now, really we can't afford not to start doing a better job with elder abuse, because all the indications are that it costs us countless billions of dollars a year. We really need to start looking at that issue better. Start making it all of our issue.

Senator WYDEN. On the research question—then I'll just go right to the row—but since you touched on it, I think it's pretty obvious that financial exploitation can end up having seniors, who previously have been in their home, have been able to be in the community, have ended up in public housing, have needed public assistance. Any sense on two measures: How many seniors have actually been forced into public programs by elder abuse? And second, how much this has cost taxpayers?

Ms. CONNOLLY. We had a little discussion about that earlier. And I don't believe that we have any data on those numbers, Senator.

And that goes back to the research issue, and the dire paucity of research. It's really a huge issue in the field. We don't know what works and we don't know what successful interventions even look like. And that goes for the cost-saving aspect of interventions as well. So, it's really a problem.

And also, given that we have a very tattered safety net, one that's full of holes, and very scattershot systems that are all over the place, we really need to take a good, hard look at, What are the needs of an Adult Protective Services and an ombudsman program and the legal services and other services across the board. How do we work better together, and more efficiently, by having resource centers, as Ms. Quinn testified to, and technical support, to really help everybody do their jobs better and to have all those systems talking to one another?

Those are not incredibly high-cost measures. That's just being smart about how we address this problem. And we haven't really been smart about it, because we've lacked that leadership. And it's extremely different from State to State. You have a different set of laws and a different set of responsibilities across the board. And that's also an impediment to the data collection.

These are issues that are very difficult, but not insurmountable. Our colleagues, for example, in the child abuse and domestic violence field, are way ahead of us, in terms of getting a better handle on how to put together both the safety net and the knowledge to inform our practices.

Senator WYDEN. So, Ms. Connolly comes down on the side of research.

Why don't we just go right down the row. And—10 years from now—you want to make a difference today that'll pay off then.

Ms. BRANDL. The question is a challenging one, given that the population is aging and we live in such a youth-orientated culture. So, how do we sort of change—really address ageism and the youth-orientated culture to put more focus on this issue?

And I'm going to agree with what I think the panelists here have already said. I completely agree with MT, that Federal leadership is huge. What happens here in D.C., what happens in government, this committee hearing, in and of itself, raising awareness is hugely important. And that needs to happen.

I also agree with Mark and what others have said about a multidisciplinary approach, that we really—what we have found, with the Office on Violence Against Women's Abuse in Later Life Program, is it really is law enforcement, prosecutors, court personnel, advocates, the aging system, Adult Protective Services, and others working together. These cases are much too complicated for one system to address the issues on their own. And, frankly, it's more cost effective if we're sharing the load and having a multidisciplinary team come together, figure out smart, innovative ideas to respond to cases and intervene, and begin to think about prevention strategies in the community, as well.

So, I think it's the high Federal level, as well as really reaching folks on the grassroots level to give them more training, more information about what to look for and how they can respond and how to work better together.

Dr. LACHS. Senator, I'm going to come down on the side of centers. And I want to respond to your comment about addressing this in a way that's not purely a resource issue. And I'm going to liken this problem to something that we've seen in Medicare, something I'm also familiar with, as a geriatrician. You know, we've discovered that lots of problems in safety with patients, and readmissions, come from a problem called "care transitions." We found out that the real problem with healthcare, particularly for older people, is when they move from place to place, from physician to physician. That's the reason, we think, that many patients are readmitted unnecessarily.

The more I do this, the more I have come to view elder mistreatment and the interventions we need as a care transition problem, people move from system to system, from housing to law enforcement to any number of venues, and no one has ownership of the entire case or the whole body of information.

The center model, I think, really obviates that and makes someone take ownership in a way that decreases the inefficiencies of having multiple providers and a record that doesn't sit in any one place. I think the center model really offers great hope, not only as a strategy for fighting the indignant situation we find older people in, but also as a way of doing it in a way that may be very cost effective. So, centers. And there'll be some research, obviously.

Senator WYDEN. What you've described is almost the elder abuse equivalent of the medical home.

Dr. LACHS. Very good. That's right.

Senator WYDEN. Wouldn't you say that's almost the analogy?

Dr. LACHS. I think that's right. I think, again—so, over the last 5 or 10 years, we've figured out that, you know, rates of Medicare readmission from hospitals——

Senator WYDEN. Yeah.

Dr. LACHS [continuing]. Are 25 percent, nationally. I sit in these multidisciplinary conferences, that I'm describing to you, that are new, and I see people, sort of—ears perk—that say, "You know, wait a second. I heard about that client when they came through the housing system or the protective service system." And, you know, there certainly shouldn't be duplication of resources. I think we need some uber knowledge of how these individuals are traversing through the system. So, I think that offers great hope.

There are some very important research questions in there. But, that's how I would respond to your question, very specifically.

Senator WYDEN. I'm going to keep Chairman Kohl in charge of the uber knowledge.

[Laughter.]

I'm way over my time for y'all. Your suggestions—you get to make a difference today that pays off 10 years from now.

Ms. QUINN. Well, I will echo what's been said before. Certainly, Federal leadership. I would like to commend Assistant Secretary for Aging, Kathy Greenlee, who has really stepped up the game, in terms of leadership around elder justice, elder abuse issues. We certainly need more research, certainly endorse and—APS leads and is part of many multidisciplinary teams, certainly need more education of the public, of professionals, of responders.

We have to reduce the isolation of older people. That is one of the key—absolute key prevention and intervention responses. And the—my concern about that is that the level of community services is decreasing. And that—putting community—in-home, community-based services, is a major way to reduce isolation: home delivered meals, chore/housekeeping, that kind of thing.

And I have to say, I think we really have to pay attention to the people who are the boots on the ground in the fight against elder abuse, and that is the overwhelmed, totally underfunded, totally without a national infrastructure system of Adult Protective Services. We really need to figure out how to build their capacity, how to get them well trained. If you want to work at Starbucks, you have to go through 40 hours of training before you make your first latte, but we will send an APS person out, in some jurisdictions, because they don't have any money, right out of college and hope they learn on the job. So, this is just not acceptable. They're making life-and-death decisions concerning these really frail and vulnerable people, and they really need some help.

So, thank you.

The CHAIRMAN. That's good.

Ms. BROWN. You know, we asked ourselves the same question when we were doing this work, because, as we looked back in past efforts, we saw many of the same types of recommendations and issues, again and again, that we've heard here today. And these are not new issues. So, we asked ourselves, What is the thing that might make the difference? And I really think I agree, that Federal leadership is a big part of it, both on the congressional side and having commitment and the willingness to be proactive on the administration side, as well.

Senator WYDEN. Mr. Chairman, thank you for the extra time.

The CHAIRMAN. Thank you very much, Senator Wyden.

And we thank this panel very much. You really represent as much expertise as there is in this country on this very important subject. And we appreciate your coming here to Washington to give us the benefit of your knowledge and your experience.

Thank you so much.

[Whereupon, at 3:30 p.m., the hearing was adjourned.]

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APPENDIX

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Testimony of Mickey Rooney
Senate Special Committee on Aging
March 2, 2011

Introduction

Chairman Kohl, Ranking Member Corker and Members of the Committee, my name is Mickey Rooney and I want to thank you for the opportunity to testify today. We are here today on a critical issue – preventing the abuse, neglect and financial exploitation of seniors. Unfortunately, I am testifying before the committee today not just as a concerned citizen but also as a victim of elder abuse myself.

Statement

Throughout my life, I have been blessed with the love and support of family, friends, and fans. I have worked almost my entire lifetime of ninety years to entertain and please other people. I've worked hard and diligently. But even with this success, my money was stolen from me, by someone close. I was unable to avoid becoming a victim of elder abuse.

Elder abuse comes in many different forms – physical abuse, emotional abuse, or financial abuse. Each one is devastating in its own right. Many times, sadly, as with my situation, the elder abuse involves a family member. When that happens, you feel scared, disappointed, angry, and you can't believe this is happening to you. You feel overwhelmed. The strength you need to fight it is complicated. You're afraid, but you're also thinking about your other family members. You're thinking about the potential criticism of your family and friends. They may not want to accept the dysfunction that you need to share. Because you love your family and for other reasons, you might feel hesitant to come forward. You might not be able to make rational decisions. What other people see as generosity may, in reality, be the exploitation, manipulation, and sadly, emotional blackmail of older, more vulnerable members of the American public.

I know because it happened to me. My money was taken and misused. When I asked for information, I was told that I couldn't have any of my own information. I was told it was "for my own good" and that "it was none of my business." I was literally left powerless.

You can be in control of your life one minute and in the next minute, you have absolutely no control. Sometimes this happens quickly, but other times it is very gradual. You wonder when it truly began. In my case, I was eventually and completely stripped of the ability to make even the most basic decisions in my own life.

Over the course of time, my daily life became unbearable. Worse, it seemed to happen out of nowhere. At first, it was something small, something I could control. But then it became something sinister that was completely out of control. I felt trapped, scared, used, and frustrated. But above all, I felt helpless. For years I suffered silently. I couldn't muster the courage to seek the help I knew I needed. Even when I tried to speak up, I was told to be quiet. It seemed like no one believed me.

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But I never gave up. I continued to share my story with others. I told them about the abuse I have suffered. I am now taking steps to right all the wrongs that were committed against me. I am so thankful to my family, friends, and many fans all over the world who have expressed their love and support for me.

Closing

Ladies and Gentleman of the Committee, I didn't tell you my story so you would feel sympathy for me. I came here for you to think of the millions of us seniors. I am here today because it is so important that I share my story with others, especially those who may be watching at home, suffering silently as I was.

To those seniors and especially elderly veterans like myself, I want to tell you this: You are not alone and you have nothing to be ashamed of. You deserve better. You have the right to control your own life, to be happy, and not live in fear. Please, for yourself, end the cycle of abuse, and do not allow yourself to be silenced any longer. Tell your story to anyone who will listen and above all, HAVE HOPE. Someone will hear you. If we all stand strong together and speak up, we can begin to take the necessary steps to end the cycle of elder abuse.

If elder abuse happened to me, Mickey Rooney, it can happen to anyone. Myself, who I am, what I hope to be, and what I was, was taken from me. And I'm asking you to stop this NOW.

THANK YOU.

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United States Government Accountability Office

GAO

Testimony
Before the Special Committee on Aging, U.S. Senate

For Release on Delivery
Expected at 2:00 p.m. EDT/EST
Wednesday, March 2, 2011

ELDER JUSTICE

Stronger Federal Leadership Could Help Improve Response to Elder Abuse

Statement of Kay E. Brown, Director
Education, Workforce, and Income Security

GAO-11-384T

Mr. Chairman and Members of the Committee:

I am pleased to have the opportunity to participate in today's hearing on ending elder abuse, neglect, and exploitation. Each day, news reports cite instances of older adults across the U.S. being abused and denied needed care, often by those they depend on the most. Neglect and abuse often go hand in hand with financial exploitation, which can rob older adults of the life savings and property they count on to support them in old age. In addition to the physical, psychological, and economic harm elder abuse[1] inflicts on older adults, it can impose an economic burden on all Americans, increasing public expenditures on health care and the demand for a range of supportive services. A 2009 study estimated that 14.1 percent of non-institutionalized older adults nationwide had experienced some form of elder abuse in the past year.[2] In all likelihood, this underestimated the full extent of elder abuse, however, because older adults who are highly cognitively impaired may be underrepresented in this study.

States are primarily responsible for protecting older adults from abuse, neglect, and exploitation. In each state, an Adult Protective Services (APS) program aims to identify, investigate, resolve, and prevent such abuse.[3] On the federal level, two statutes establish the government's role and responsibility with regard to elder justice[4] in general—the Older Americans Act of 1965[5] (OAA) and the Elder Justice Act of 2009[6] (EJA). The OAA requires the Administration on Aging (AoA) in the Department of Health and Human Services (HHS) to administer formula grants to state

[1]In this document, we use "elder abuse" to refer to elder abuse, neglect, and exploitation.

[2]Ron Acierno et al, "National Elder Mistreatment Study," a report funded by the National Institute of Justice, U.S. Department of Justice (2009). Although this study reports a combined one-year prevalence figure of 11.4 percent, the estimate we provide also takes into account the prevalence of financial exploitation found by this study.

[3]Most of these programs also respond to alleged abuse of at-risk adults in general, regardless of age.

[4]The Older Americans Act of 1965 defines elder justice as "efforts to prevent, detect, treat, intervene in, and respond to elder abuse, neglect, and exploitation and to protect older individuals with diminished capacity while maximizing their autonomy; and the recognition of the [older] individual's rights, including the right to be free of abuse, neglect, and exploitation." 42 U.S.C. § 3002(17).

[5]Pub. L. No. 89-73, 79 Stat. 218 (codified as amended at 42 U.S.C. §§ 3001-3058ff).

[6]Pub. L. No. 111-148, tit. VI, subtit. H, 124 Stat. 119, 782-804 (2010) (to be codified at 42 U.S.C. §§ 1320b-25, 1395i-3a, and 1397j-1397m-5).

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agencies on aging for elder abuse awareness and prevention activities and lays out AoA's responsibilities to provide leadership, disseminate information, collect data, and support research in the elder justice area.[7] The EJA authorizes funding for state APS programs and calls for federal leadership and coordination in the elder justice area. It also requires HHS, in conjunction with the Department of Justice (Justice), to disseminate best practices, provide technical assistance, collect data, and support research aimed at responding to elder abuse. Justice is also authorized to award grants to provide assistance to victims of abuse in general under the Victims of Crime Act of 1984[8] and of domestic violence under the Violence Against Women Act.[9] These requirements are not specific to older adults, however.

My remarks today are based on our report for this Committee, entitled *Elder Justice: Stronger Federal Leadership Could Enhance National Response to Elder Abuse*,[10] which is being issued today. They will cover (1) challenges state APS programs face in identifying, investigating, and resolving elder abuse cases, and (2) federal funding, activities, and leadership in the elder justice area. Information and findings in our report are based on the results of our 2010 survey of APS programs in all 50 states and the District of Columbia,[11] visits to APS programs in California, Florida, Georgia, Maryland, Texas, and Virginia, and interviews with APS officials in the District of Columbia, Maine, and Pennsylvania. We selected these states to achieve variation in their location, administrative structure, and the size of their older adult population. We also interviewed officials from HHS and Justice, reviewed relevant federal laws and regulations, and analyzed federal budgetary and other documents. Elder abuse experts and representatives from organizations with an interest in elder justice issues provided valuable information for this report.

We conducted our work from November 2009 through February 2011 in accordance with generally accepted government auditing standards. These

[7]42 U.S.C. §§ 3058-3058ff.

[8]42 U.S.C. § 10603(a)(2)(A).

[9]42 U.S.C. § 3796gg(b).

[10]GAO, *Elder Justice: Stronger Federal Leadership Could Enhance National Response to Elder Abuse,* GAO-11-208 (Washington, D.C.: Mar. 2, 2011).

[11]Survey questions and responses are presented in GAO-11-129SP, an electronic supplement to the report.

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standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

In summary, we found that state APS programs are facing considerable challenges in responding to elder abuse. Many state APS programs are facing growing caseloads and increasingly complex cases; dwindling resources; insufficient information on effective practices and interventions; difficulties collecting and maintaining case-level data; and inadequate collaboration with law enforcement authorities, prosecutors, and financial institutions. While there have been a number of federal efforts to help states overcome these challenges, they have fallen short of supporting APS programs in two key areas—access to information on effective practices and interventions, and access to uniform nationwide APS data. In addition, while the OAA calls attention to the importance of federal leadership in the elder justice area, this leadership is lacking.

Nationwide, State APS Programs Face Significant Challenges

Among the challenges facing state APS programs, states reported that their caseloads are growing. A number of APS officials told us that elder abuse reports and investigations have been increasing steadily over the past few years and over half the states reported that the size of their elder abuse caseload posed a very great or great challenge for them. In addition, several APS officials indicated that their cases were becoming more complex, and therefore more difficult to investigate and resolve. Cases more frequently involved multiple types of elder abuse, including financial exploitation; victims with diminished cognition; and/or substance abuse on the part of the victim or perpetrator. Moreover, states reported that funding for APS programs was not keeping pace with increases in the number and complexity of cases. APS program officials told us that, as a result, it was difficult to ensure adequate staffing levels, staff training, and public awareness activities.

APS is primarily the responsibility of the states, and in 19 of the 28 states that could provide this information in our survey, more than half of the APS budget in fiscal year 2009 came from state and local revenues. In five

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states the entire APS budget came from these sources.[12] While no federal funding is currently dedicated exclusively to APS programs, states have pulled from a number of federal sources for funding. Social Services Block Grants (SSBG)[13] and Medicaid funds[14] appear to be the largest sources of federal funding for APS programs. Based on responses to our survey, at least $206.2 million in SSBG funds and $42.3 million in Medicaid funds were allocated to APS programs in fiscal year 2009.[15]

In addition, the limited availability of information on how best to resolve elder abuse cases affects APS programs' ability to respond to these cases. Nearly all states reported that APS programs would benefit from additional guidance specifically tailored to APS needs. Officials from two states told us that without access to information on effective interventions, APS staff must repeatedly struggle to develop their own solutions for resolving complex elder abuse cases. In contrast, state Child Protective Services (CPS) programs have access to several federally-funded resource centers where they can find information on, for example, promising CPS practices and the legal and judicial aspects of the child welfare system.

Some states also have difficulty collecting, maintaining, and reporting their state-wide case-level data, which hampers their ability to track outcomes and assess the effectiveness of services provided. In addition, APS program officials and elder abuse experts told us that APS programs would benefit from a national system for collecting, maintaining, and disseminating uniform APS case-level data. Access to data from such a system would enable APS program officials to better understand

[12]Twenty-two states were unable to provide complete funding information for their APS programs by source in fiscal year 2009. Thus, we were unable to determine the proportion of non-federal versus federal funding for these states.

[13]HHS's Administration for Children and Families distributes SSBG funds by statute to states in proportion to each state's population to provide a wide range of social services best suited to the needs of its residents. 42 U.S.C. §§ 1397-1397f.

[14]Medicaid funds can be used by states for costs such as personal care services and targeted case management. In addition, the Social Security Act authorizes HHS to provide 'Medicaid waivers' to states that apply to allow them to spend federal Medicaid dollars on home- and community-based services not traditionally covered under the Medicaid program. 42 U.S.C. § 1396n(d).

[15]In fiscal year 2009, total SSBG funding to states was $1.7 billion. This amount does not include specific earmarks or supplemental grants, such as for disasters. In fiscal year 2009, total Medicaid funding was $215.6 billion.

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programmatic trends, such as the characteristics of populations in the state that are most vulnerable to abuse and changes in caseload composition. Administrative data can also provide information on the outcomes of interventions, which is an important first step in determining their effectiveness. Currently, it would be difficult to compile such data across states because the types of case-level data APS programs collect, and the reliability of these data, vary by state.

Finally, APS programs sometimes do not receive the support from law enforcement authorities, prosecutors, and financial institutions they need to effectively and efficiently resolve elder abuse cases, according to program officials and experts. Law enforcement authorities are faced with many competing demands on their time, prosecutors may be unwilling or unable to prosecute elder abuse cases, and concerns related to privacy may discourage financial institutions from working with APS on cases of financial exploitation.

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Federal Activities Have Provided Some Support to APS, but Federal Leadership Is Lacking

Federal elder justice activities, such as training, research, and providing guidance,[16] have been scattered across eight agencies in two departments, HHS and Justice. Figure 1 shows the departments and agencies that funded or implemented federal elder justice activities from fiscal year 2005 through fiscal year 2009.

[16]Federal elder justice activities can target elder abuse, as well as health care fraud, consumer fraud, and civil rights violations against older adults. This statement provides information on activities specifically related to elder abuse.

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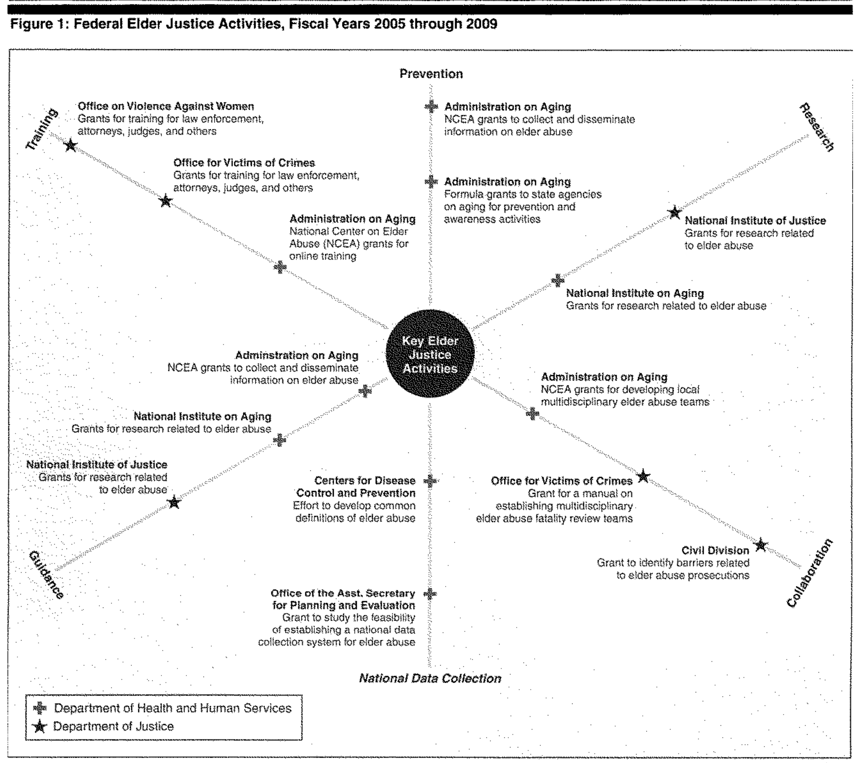
Figure 1: Federal Elder Justice Activities, Fiscal Years 2005 through 2009



Source: GAO analysis of elder justice activities based on interviews with federal officials and related agency documents.

Note: Justice's Bureau of Justice Statistics and National Institute of Justice also issued a grant in 2010 to compare administrative data on elder abuse from a number of sources, including APS.

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Note: Justice's Bureau of Justice Assistance also provided a grant in fiscal year 2010 to develop and disseminate a pocket guide for those working in state and local justice systems on legal issues related to elder abuse. The guide will include topics such as powers of attorney, financial exploitation, legal responsibilities of fiduciaries, capacity issues, informed consent, and undue influence in elder abuse cases. It is expected to be available in August 2011.

Of the federal elder justice activities described above, only the AoA formula grants for prevention and public awareness of elder abuse could be used to fund APS operations from fiscal year 2005 through fiscal year 2009.[17] Other activities may have indirectly supported APS during that time, but did not provide any direct funding for APS operations.[18]

In fiscal year 2009, federal agencies expended a total of $11.9 million on elder justice activities. Figure 2 shows federal sources of funding in 2009 for elder justice activities and the amount from each source.

[17]APS also competed with the broad range of other state programs for SSBG funds received under Title XX of the Social Security Act, but the SSBG is generally not viewed as an elder justice program. The EJA established a separate grant program under Title XX specifically for elder justice activities. 42 U.S.C. § 1397j.

[18]While by all accounts OAA formula grants are the sole source of funds for elder justice activities directly available to APS, we did not perform exhaustive legal research to determine if there are any circumstances under which any other elder justice activities could have resulted in funds going directly to APS in fiscal year 2005 through fiscal year 2009.

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Figure 2: Amount of Federal Funding Expended on Elder Justice Activities in Fiscal Year 2009, by Department and Agency

Source: GAO analysis of federal funding for elder justice activities based on agency documents and interviews with federal officials.

Note: Size of the circles in Figure 2 are proportional to amount of funding by agency in fiscal year 2009. While the Office of the Assistant Secretary for Planning and Evaluation completed elder justice-related work in fiscal year 2009, funding for this work was provided in fiscal year 2006.

[a]Of this amount, $650,000 came from the Civil Division's funding for elder abuse research.

[b]The Civil Division also expended $361,000 in fiscal year 2009 for hiring staff to provide legal and law enforcement support for cases of elder abuse in institutions, although this was outside the scope of our study.

Federal elder justice activities have provided only some support for APS programs to address their challenges. For example, AoA's National Center on Elder Abuse (NCEA) provides access to a substantial amount of information related to elder abuse on its website, but APS program officials in five of the nine states we contacted told us that relatively little of this information is tailored to their needs. Specifically, the NCEA website includes a database of "promising" practices on a very wide range

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of topics. However, AoA officials stated that few of these practices are evidence-based,[19] as they have not been evaluated. Further, most states indicated in our survey that these practices were of no more than moderate use to them. AoA officials also noted that there is a lack of research establishing APS evidence-based practices and interventions.

Although AoA has been required by law since 2006 to develop objectives, priorities, policy, and a long-term plan for collecting and reporting uniform state-level data on elder abuse, to the extent practicable,[20] its efforts to do so have been limited to activities such as supporting a recent Centers for Disease Control and Prevention effort to develop uniform definitions for elder abuse.[21] This effort may help lay the groundwork for a national APS data collection system.[22] In contrast, in the child welfare area, HHS has worked with states to improve and compile state administrative data, and hold annual technical assistance meetings to review data collection, discuss challenges, and produce reports based on case-level child welfare data.[23]

To support collaboration among APS and its partners, such as law enforcement, AoA has funded projects for developing community elder justice coalitions. In addition, training sessions provided by Justice's Office for Victims of Crimes and Office on Violence Against Women have provided opportunities for law enforcement officers, attorneys, judges, medical professionals, and APS staff to build working relationships.

[19]The Centers for Disease Control and Prevention, AoA, and the National Institute of Justice have all emphasized the importance of using the best available evidence to develop a more effective response to elder abuse.

[20]42 U.S.C. § 3011(e)(2)(A)(iii) and (iv).

[21]This study is expected to be released in early 2011.

[22]AoA also provided information to HHS's Office of the Assistant Secretary for Planning and Evaluation for a recently published report on the feasibility of establishing a nationwide system for compiling uniform APS data on elder abuse cases. The report noted several factors to consider when creating such a system and noted ways to strengthen existing APS data systems. Office of the Assistant Secretary for Planning and Evaluation, *Congressional Report on the Feasibility of Establishing a Uniform National Database on Elder Abuse* (Washington, D.C.: March 2010).

[23]HHS developed the National Child Abuse and Neglect Data System to collect such data from state CPS programs. States report data through this system to the federal government, to the extent practicable, in order to receive the Child Abuse Prevention and Treatment Act Basic State Grant, which is available to all states to improve CPS systems.

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Although the OAA calls for federal leadership in the elder justice field,[24] we found that this leadership was lacking. Under the OAA, AoA is the primary federal agency responsible for providing national leadership in the elder justice area, but its efforts to do so have been limited. A senior AoA official noted that AoA has helped facilitate elder justice activities by participating in an informal interagency workgroup that includes agencies within HHS, Justice, and others that shares information on these activities. However, according to AoA officials, this ad hoc group meets infrequently, has no formal structure or charge, and produces no documentation of its meetings.

In addition, no national policy priorities currently exist in this area, and multiple agencies' attempts to establish policy and research priorities over the past decade have produced limited results. Justice's Civil Division recently funded a grant with AoA and the Office of the Assistant Secretary for Planning and Evaluation at HHS to identify and prioritize elder justice policy, practice, and research issues and develop recommendations to the government to address those issues. This effort is expected to be completed by January 2012.

The EJA reaffirmed the importance of federal leadership and provides a vehicle for establishing and implementing national priorities in this area. It mandates the creation of a federal Elder Justice Coordinating Council, to include the Secretary of HHS, the Attorney General, and heads of related federal offices.[25] It also mandates the creation of an Advisory Board on Elder Abuse, Neglect, and Exploitation—made up of 27 members of the general public with elder abuse expertise—to propose national elder justice priorities.[26]

In our report released today, we are making one recommendation that HHS examine the feasibility and cost of providing APS programs access to information on effective practices and interventions and three recommendations to facilitate development of a system for collecting, maintaining, and disseminating nationwide uniform APS case-level data. Specifically, we are recommending that the Secretary of HHS:

[24] 42 U.S.C. § 3011(e)(2)(A)(ii).

[25] § 2021, 124 Stat. 786-87 (to be codified at 42 U.S.C. § 1397k).

[26] § 2022, 124 Stat. 787-89 (to be codified at 42 U.S.C. § 1397k-1).

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- Determine the feasibility and cost of establishing a national resource center for APS-dedicated information that is comprehensive and easily accessible.
- Direct AoA to develop a comprehensive long-term plan for implementing a nationwide data collection system within a reasonable amount of time.
- Convene a group of state representatives, in coordination with the Attorney General, to help determine what APS administrative data on elder abuse cases would be most useful for all states and the federal government to uniformly collect, and how a nationwide data collection system should be designed.
- Conduct a pilot study, in coordination with the Attorney General, to compile, collect, and disseminate APS administrative data.

We provided a draft of our report to HHS and Justice for review and comment. With regard to our recommendations, HHS indicated it will review and explore options for implementing them. Both HHS and Justice provided technical comments that we incorporated into the report, as appropriate.

Mr. Chairman, this concludes my statement. I would be pleased to respond to any questions that you or any other Members of the Committee may have.

GAO Contacts and Acknowledgments

For questions about this statement, please contact Kay E. Brown at (202) 512-7215 or brownke@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this statement. Individuals who made key contributions to this statement include Divya Bali, James Bennett, Sue Bernstein, Clarita Mrena, Nhi Nguyen, Eve Weisberg, and Craig Winslow.

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GAO

Report to the Chairman, Special Committee on Aging, U.S. Senate

March 2011

ELDER JUSTICE

Stronger Federal Leadership Could Enhance National Response to Elder Abuse

On March 21, 2011, this report was revised to correct typographical and formatting errors. In Table 3 on page 17, the number of reports received is now 357,000 and the number of states responding is now 31. On page 18, line 25, the number of states is now 38. In appendix V, a "yes" has been added in the column "Can the older adult qualify based on age alone?" for Oregon. In appendix VI, the entry for Missouri was in error and has been deleted. In appendix VIII, the entry for Tennessee under "Older Americans Act formula grants" and for Wisconsin under "Other nonfederal funds" were in error and have been deleted. The totals for these two columns are now $1,715,912 and $14,041,750, respectively. In appendices V and VIII, shading errors have been corrected. These changes have no effect on the report's findings, conclusions, or recommendations.

GAO-11-208

Highlights

Highlights of GAO-11-208, a report to the Chairman, Senate Special Committee on Aging, U.S. Senate.

Why GAO Did This Study

Each day, news reports cite instances of older adults across the United States being abused, denied needed care, or financially exploited, often by those they depend on. This report contains information on (1) existing estimates of the extent of elder abuse and their quality, (2) factors associated with elder abuse and its impact on victims, (3) characteristics and challenges of state Adult Protective Services (APS) responsible for addressing elder abuse, and (4) federal support and leadership in this area.

To obtain this information, GAO reviewed relevant research; visited six states and surveyed state APS programs; analyzed budgetary and other federal documents; reviewed federal laws and regulations; and interviewed federal officials, researchers, and elder abuse experts.

What GAO Recommends

The Secretary of HHS should determine the feasibility of providing APS-dedicated guidance, and, in coordination with the Attorney General, facilitate the development and implementation of a nationwide APS data system. Also, Congress should consider requiring HHS to conduct a periodic study to estimate elder abuse's extent. HHS indicated that it will review options for implementing GAO's recommendations.

View GAO-11-208 or key components.
For more information, contact Kay E. Brown at (202) 512-7215 or brownke@gao.gov. Survey questions and responses are presented in GAO-11-129SP, an electronic supplement.

March 2011

ELDER JUSTICE

Stronger Federal Leadership Could Enhance National Response to Elder Abuse

What GAO Found

The most recent study of the extent of elder abuse estimated that 14.1 percent of noninstitutionalized older adults had experienced physical, psychological, or sexual abuse; neglect; or financial exploitation in the past year. This study and three other key studies GAO identified likely underestimate the full extent of elder abuse, however. Most did not ask about all types of abuse or include all types of older adults living in the community, such as those with cognitive impairments. In addition, studies in this area cannot be used to track changes in extent over time because they have not measured elder abuse consistently.

Based on existing research, various factors appear to place older adults at greater risk of abuse. Physical and cognitive impairments, mental problems, and low social support among victims have been associated with an increased likelihood of elder abuse. Elder abuse has also been associated with negative effects on victims' health and longevity.

Although state APS programs vary in their organization and eligibility criteria, they face many of the same challenges. According to program officials, elder abuse caseloads are growing nationwide and cases are increasingly complex and difficult to resolve. However, according to GAO's survey, APS program resources are not keeping pace with these changes. As a result, program officials noted that it is difficult to maintain adequate staffing levels and training. In addition, states indicated they have limited access to information on interventions and practices on how to resolve elder abuse cases, and may struggle to respond to abuse cases appropriately. Many APS programs also face challenges in collecting, maintaining, and reporting statewide case-level administrative data, thereby hampering their ability to track outcomes and assess the effectiveness of services provided.

Federal elder justice activities have addressed some APS challenges, but leadership in this area is lacking. Seven agencies within the Departments of Health and Human Services (HHS) and Justice devoted a total of $11.9 million in grants for elder justice activities in fiscal year 2009. These activities have promoted collaboration among APS and its partners, such as law enforcement, but have not offered APS the support it says it needs for resolving elder abuse cases and standardizing the information it reports. Although the Older Americans Act of 1965 has called attention to the importance of federal leadership in the elder justice area, no national policy priorities currently exist. The Administration on Aging in HHS is charged with providing such leadership, but its efforts to do so have been limited. The Elder Justice Act of 2009 authorizes grants to states for their APS programs and provides a vehicle for establishing and implementing national priorities in this area, but does not address national elder abuse incidence studies.

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Abbreviations

AoA	Administration on Aging
APS	Adult Protective Services
CDC	Centers for Disease Control and Prevention
EJA	Elder Justice Act
Justice	Department of Justice
HHS	Department of Health and Human Services
NCEA	National Center on Elder Abuse
OAA	Older Americans Act
SSBG	Social Services Block Grant

View GAO-11-208 key component

Elder Justice: Survey of Adult Protective Services Program Administrators (GAO-11-129SP, March 2011), an E-supplement to GAO-11-208

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United States Government Accountability Office
Washington, DC 20548

March 2, 2011

The Honorable Herb Kohl
Chairman
Special Committee on Aging
United States Senate

Dear Mr. Chairman:

Each day across this country, news stories chronicle the plight of vulnerable older Americans who are denied food and water, left to live under deplorable conditions, or physically and psychologically abused, often by family members or others they trust and depend upon. Neglect and abuse can often go hand in hand with financial exploitation, which can rob older adults of the life savings and property they count on to support them in old age.[1] In addition to the physical, psychological, and economic harm elder abuse inflicts on older adults, it imposes an economic burden on all Americans. Victims of elder abuse and neglect can incur higher health care expenses, further straining already overtaxed Medicare and Medicaid resources and increasing the demand for a range of supportive services, and older adults left without the means to live independently may have to rely on publicly supported long-term care placements. As the American population ages, the extent of abuse will likely grow. According to U.S. Census Bureau data, persons 65 years of age and older, who represented about 13 percent of the population in 2008, will make up nearly 20 percent by 2030.[2]

In the United States, the Adult Protective Services (APS) program in each state is generally responsible for identifying, investigating, resolving, and preventing abuse of older adults.[3] Because APS clients have the right to

[1]A recent study estimates that the illegal or improper use of an older adult's funds, property, or assets may have cost victims at least $2.6 billion in 2008. To obtain this figure, the study reviewed media reports of elder financial exploitation for a 3-month period in 2008, then annualized this number by multiplying by four, and added an estimated amount for media reports that did not include a dollar figure. MetLife Mature Market Institute et al, "Broken Trust: Elders, Family, and Finances: A Study on Elder Financial Abuse Prevention," March 2009.

[2]See app. I.

[3]According to the National Adult Protective Services Association, most state APS programs also provide services to "at-risk adults," or individuals over the age of 18 who meet certain conditions defined in state statutes.

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self-determination, APS caseworkers may encounter individuals who appear to need basic protections such as separation from their alleged abuser, but who refuse offers of assistance and protection.[4] In addition, given state governments' current fiscal crises, there is concern that potential cuts in funding for APS will threaten these programs' ability to effectively respond to the needs of a rapidly growing older adult population and the increased incidence of elder abuse that can come with it. In light of these concerns, and given the role of the federal government under the Older Americans Act of 1965 (OAA)[5] and the Elder Justice Act of 2009 (EJA)[6] to lead national elder justice activities and thereby support efforts to protect older adults from abuse,[7] this report contains information on (1) existing estimates of the extent of elder abuse and their quality; (2) factors associated with elder abuse and its impact on its victims; (3) state APS programs' responsibilities, organization, reporting and eligibility requirements, and challenges; and (4) federal funding, activities, and leadership in this area.

To address the first two objectives, we relied primarily on a literature review of published research on the nature and extent of elder abuse, drawing from various social science research databases and studies cited by elder abuse experts, and assessing the quality of the research identified.[8] To determine the responsibilities, organization, reporting and eligibility requirements, and challenges of state APS programs, we

[4]According to the American Bar Association, in all states, older adults with capacity have the right to refuse APS intervention. State courts generally make determinations regarding an older adult's capacity, generally defined as their mental ability to understand the nature and effect of their acts. State courts can appoint a guardian responsible for the older adult's decision making if he or she is determined to be incapacitated. For recent GAO reports related to guardianship, see GAO, *Guardianships: Cases of Financial Exploitation, Neglect, and Abuse of Seniors*, GAO-10-1046 (Washington, D.C.: Sept. 30, 2010); and *Guardianships: Collaboration Needed to Protect Incapacitated Elderly People*, GAO-04-655 (Washington, D.C.: July 13, 2004).

[5]Pub. L. No. 89-73, 79 Stat. 218 (codified as amended at 42 U.S.C. §§ 3001-3058ff).

[6]Pub. L. No. 111-148, tit. VI, subtit. H, 124 Stat. 119, 782-804 (2010) (to be codified at 42 U.S.C. §§ 1320b-25, 1395i-3a, and 1397j-1397m-5). The EJA became law as part of the Patient Protection and Affordable Care Act on March 23, 2010.

[7]The OAA defines elder justice as "efforts to prevent, detect, treat, intervene in, and respond to elder abuse, neglect, and exploitation and to protect older individuals with diminished capacity while maximizing their autonomy; and the recognition of the [older] individual's rights, including the right to be free of abuse, neglect, and exploitation." 42 U.S.C. § 3002(17).

[8]See app. II for more detailed information on the literature search.

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conducted a survey of APS programs in all 50 states and the District of Columbia. All 50 states responded to the survey, and the District of Columbia did not. Survey questions and responses are presented in GAO-11-129SP, an electronic supplement to this report. We did not independently verify the information pertaining to state laws that was reported by survey respondents.[9] We also conducted in-depth site visits of APS programs in California, Florida, Georgia, Maryland, Texas, and Virginia, and interviewed APS officials in the District of Columbia, Maine, and Pennsylvania. We selected these states to achieve variation in location and administrative structure of APS programs, and in the size of their older adult population. To identify federal funding activities and leadership in this area, we interviewed federal officials from the Departments of Health and Human Services (HHS) and Justice (Justice), analyzed federal budgetary and other documents, and reviewed relevant federal laws and regulations. We focused on federal efforts for fiscal years 2005 through 2009. Interviews with elder abuse researchers, other experts, and representatives from organizations with an interest in elder abuse issues also provided valuable information for this study. This review focused on abuse of older adults living in the community, as opposed to in long-term care facilities or other institutions.

We conducted this performance audit from November 2009 through February 2011 in accordance with generally accepted government auditing standards. These standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

Elder abuse is a complex phenomenon. Table 1 describes the types of elder abuse, according to the National Center on Elder Abuse (NCEA).[10]

[9]See app. II for more detailed information about our survey methodology.

[10]The NCEA is a national resource center dedicated to the prevention of elder abuse. Funded by the Administration on Aging in HHS, it is made up of a consortium of grantees that have been selected since 1985 for periods of 2 to 5 years. Grantees for fiscal years 2007 through 2010 included the National Adult Protective Services Association, the National Committee for the Prevention of Elder Abuse, and the University of Delaware.

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Table 1: Types of Elder Abuse

Type[a]	Description	Examples
Physical abuse	Use of physical force against an older adult that may result in bodily injury, physical pain, or impairment.	Striking with an object, hitting, pushing, shoving, etc.
Sexual abuse	Nonconsensual sexual contact of any kind with an older adult.	Unwanted touching, rape, sodomy, coerced nudity, etc.
Psychological abuse[b]	Infliction of anguish, pain, or distress on an older adult through verbal or nonverbal acts.	Verbal assaults, insults, threats, intimidation, humiliation, and harassment.
Financial exploitation	Illegal or improper use of an older adult's funds, property, or assets.	Cashing an older adult's checks without authorization. Forging an older adult's signature. Misusing or stealing an older adult's money or possessions.
Neglect	Refusal or failure to fulfill any part of a person's obligation or duties to an older adult.	Refusing or failing to provide an older adult with such necessities as food, water, clothing, shelter, personal hygiene, medicine, comfort, personal safety, and other essentials.

Source: National Center on Elder Abuse.

[a]Federal and state law may define these terms differently.

[b]Psychological abuse can also be referred to as verbal or emotional abuse.

The NCEA also includes self-neglect—behaviors of an older adult that threaten his or her safety—as a form of elder abuse. However, there is disagreement as to whether self-neglect should be considered a form of abuse because it does not involve a perpetrator, per se. Almost all APS programs respond to allegations of self-neglect, and this response, which can include court determinations of capacity and designation of a caregiver, can require significant public resources.

More than one type of abuse can occur at the same time. For example, financial exploitation may occur in conjunction with neglect or psychological abuse. In addition, abuse can occur repeatedly over time and can involve a relationship of trust between the victim and the

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perpetrator.[11] Thus, the perpetrator may be a family member, a caregiver, or a guardian appointed by a judge. This relationship between the victim and the perpetrator can make identifying, investigating, and resolving cases of elder abuse a challenging endeavor.

In some states, there are criminal penalties for abusive behavior toward an older adult. In others, "elder abuse," in and of itself, is not considered a crime, and abusive behavior toward an older adult can be prosecuted only if it fits within the definition of another crime such as assault, theft, or fraud. Some of these states provide enhanced penalties for certain crimes if they are committed against older adults.

The responsibility for responding to alleged and resolving substantiated elder abuse rests with each state's APS program, and most of these programs respond to and resolve alleged abuse of at-risk adults, as well. APS programs address elder abuse in community settings in all states and, in some states, also address elder abuse in long-term care facility settings. State survey and certification agencies investigate abuse in nursing facilities which participate in Medicaid and/or Medicare.[12] In many states, licensing agencies investigate abuse in state-licensed long-term care facilities, which typically include nursing homes, assisted-living facilities, and board and care homes. In addition, state Long-Term Care Ombudsman Programs resolve complaints and advocate for residents of nursing homes, assisted-living facilities, and board and care homes related to, but not limited to, abuse situations.[13]

Two federal statutes establish the federal government's role and responsibilities with regard to elder abuse, in general—the OAA[14] and the EJA.[15] The OAA created the Administration on Aging (AoA) within HHS

[11]According to *Elder Mistreatment: Abuse, Neglect, and Exploitation in an Aging America*, by the National Research Council, a relationship of trust is defined as a relationship in which one party is charged with, or has assumed, the responsibility for caring for or protecting the interests of the older person, or when there is an expectation of care or protection.

[12] Under Medicaid/Medicare requirements and most state laws, these agencies are the primary entity to investigate abuse in licensed facility settings, according to HHS.

[13]42 U.S.C. § 3002(35) and 3058g.

[14]Pub. L. 89-73, 79 Stat. 218.

[15]Pub. L. No. 111-148, tit. VI, subtit. H, 124 Stat. 119, 782-804 (2010) (to be codified at 42 U.S.C. §§ 1320b-25, 1395i-3a, and 1397j-1397m-5).

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and requires it to administer formula grants to state agencies on aging for elder abuse awareness and prevention activities.[16] The OAA also requires AoA to develop objectives, priorities, policy, and a long-term plan for

- facilitating the development, implementation, and continuous improvement of a coordinated, multidisciplinary elder justice system in the United States;
- promoting collaborative efforts and diminishing duplicative efforts in the development and carrying out of elder justice programs at the federal, state, and local levels;
- establishing an information clearinghouse to collect, maintain, and disseminate information concerning best practices and resources for training, technical assistance, and other activities to assist states and communities to carry out evidence-based programs to prevent and address elder abuse, neglect, and exploitation;
- working with states, Justice, and other federal agencies to annually collect, maintain, and disseminate data on elder abuse, neglect, and exploitation, to the extent practicable;
- establishing federal guidelines and disseminating best practices for uniform data collection and reporting by states;
- conducting research on elder abuse, neglect, and exploitation; and
- carrying out a study to determine the extent of elder abuse, neglect, and exploitation in all settings.[17]

The EJA contains provisions that apply to APS as well as elder justice, in general. It authorizes funding for

[16]42 U.S.C. § 3011. In general, the OAA requires AoA to administer grant programs to fund state and local initiatives for those 60 years of age and older, including social services such as meals on wheels, legal aid, employment programs, research and community development projects, and training for professionals in the field of aging. AoA funds these activities primarily through grants to each state through its state agency on aging.

[17]42 U.S.C. §§ 3011(e)(2).

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- Annual formula grants specifically to state APS programs under Title XX of the Social Security Act and requires states to report the number of elders served by these grants;[18]
- HHS to
  - annually collect and disseminate data regarding elder abuse, neglect, and exploitation of elders in coordination with Justice;[19]
  - develop and disseminate information on best practices and provide training for carrying out adult protective services;[20]
  - conduct research related to the provision of adult protective services;[21]
  - provide technical assistance to states and others that provide or fund the provision of adult protective services;[22] and
  - establish 10 elder abuse, neglect, and exploitation forensic centers, in consultation with Justice, that would (1) conduct research to describe and disseminate information on forensic markers for elder abuse, neglect, or exploitation, and methodologies for determining when and how health care, emergency, social and protective, and legal service providers should intervene and when these cases should be reported to law enforcement; (2) develop forensic expertise regarding elder abuse, neglect, and exploitation; and (3) use the data these centers make available, in coordination with Justice, to develop the capacity of geriatric health care professionals and law enforcement authorities to collect forensic evidence, including evidence needed to determine if elder abuse, neglect, or exploitation has occurred.[23]

[18] § 2042(a)(2) and (b)(4), 124 Stat. 794-96 (to be codified at 42 USC § 1397-m-1(a)(2) and (b)(4)).

[19] § 2042(a)(1)(B), 124 Stat. 794 (to be codified at 42 U.S.C. § 1397m-1(a)(1)(B)).

[20] § 2042(a)(1)(C), 124 Stat. 794 (to be codified at 42 U.S.C. § 1397m-1(a)(1)(C)).

[21] § 2042(a)(1)(D), 124 Stat. 794 (to be codified at 42 U.S.C. § 1397m-1(a)(1)(D)).

[22] § 2042(a)(1)(E), 124 Stat. 794 (to be codified at 42 U.S.C. § 1397m-1(a)(1)(E)).

[23] § 2031, 124 Stat. 790-91 (to be codified at 42 U.S.C. § 1397*l*).

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- Grants to state and local governments for demonstration projects that test methods and training to detect or prevent elder abuse or financial exploitation;[24]
- An Elder Justice Coordinating Council and an Advisory Board on Elder Abuse, Neglect, and Exploitation to develop priorities for the elder justice field, coordinate federal activities, and provide recommendations to Congress.[25]

Justice is also required to provide assistance to victims of abuse in general under the Victims of Crime Act of 1984[26] and of domestic violence under the Violence Against Women Act.[27] These requirements are not specific to older adults, however.

Existing Research Underestimates, and Cannot Be Used to Track Trends in, the Full Extent of Elder Abuse

In our review of relevant literature, we identified four studies over the past two decades that attempted to provide insight into the extent of elder abuse nationally (see Table 2).[28]

[24] § 2042(c), 124 Stat. 795 (to be codified at 42 U.S.C. 1397m-1(c)).

[25] §§ 2021 and 2022, 124 Stat. 786-89 (to be codified at 42 U.S.C. §§ 1397k and 1397k-1).

[26] 42 U.S.C. § 10603(a)(2)(A).

[27] 42 U.S.C. § 3796gg(b).

[28] A study on the prevalence of elder abuse in the state of New York is currently being conducted by Lifespan of Greater Rochester Inc., Weill Cornell Medical College, the New York City Department for the Aging, and the New York State Office of Children and Family Services, and is expected to be released in early 2011.

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Table 2: Studies of Extent of Elder Abuse

Title/Author	Date	Data collection method	Sampling method	Results	Limitations
"The National Elder Mistreatment Study," by Ron Acierno et al[a]	2009	Phone interviews	Sample of just under 6,000 community-dwelling adults ages 60 and older, identified through national random-digit dialing	An estimated 14.1 percent of adults age 60 and older experienced physical, psychological, or sexual abuse; potential neglect; or financial exploitation in the past year[b]	Did not include self-neglect. Did not include highly cognitively impaired individuals.
"Elder Mistreatment in the United States: Prevalence Estimates from a National Study," by Edward O. Laumann et al.	2008	In-person interviews	Random subsample of 3,005 community-dwelling older adults nationwide ages 57 to 85	An estimated 9 percent of adults ages 57 to 85 experienced verbal abuse, 3.5 percent financial abuse, and 0.2 percent physical abuse over the past year.	Did not include sexual abuse, neglect, or self-neglect. Generally did not include highly cognitively impaired individuals.
"The National Elder Abuse Incidence Study," by the National Center on Elder Abuse et al.	1998	Used 1,100 trained individuals—also called sentinels—from a variety of community agencies having frequent contact with the elderly to gather data on elder abuse	Sample of sentinels from 248 community agencies in 20 counties in 15 states	An estimated 1.25 percent of adults ages 60 and older experienced abuse in 1996.	Because there is no single organization that all older adults come into contact with, the estimate may not include isolated individuals and those who had little contact with community organizations.
"The Prevalence of Elder Abuse: A Random Sample Survey," by Karl Pillemer and David Finkelhor	1988	In-person and phone interviews	Random sample of 2,020 community-dwelling adults ages 65 and older in the Boston metropolitan area	An estimated 3.2 percent of adults ages 65 and older in the Boston metropolitan area experienced physical abuse since age 65 or psychological abuse or neglect in the past year.	Did not include financial exploitation or self-neglect. Used different time frames to measure different types of abuse. Results limited to Boston metropolitan area.

Source: GAO analysis of various studies.

[a]The results of this study were also published in Ron Acierno et al.; "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*, vol. 100, no. 2 (February, 2010).

[b]Although this article reports a combined one-year prevalence figure of 11.4 percent, the estimate we provide also takes into account the prevalence of financial exploitation found by this study.

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These studies have made important contributions to what is known about the extent of elder abuse. For example, elder abuse experts stated that the two most recent studies have helped demonstrate the feasibility of conducting nationwide studies on the extent of elder abuse. However, they do not provide a full estimate of its extent, either because they did not take into account all types of abuse or excluded cognitively impaired older adults from their sample, although these older adults may make up a significant portion of the elder population.[29] Moreover, because the research methods used by these studies varied, elder abuse has not been measured consistently. As a result, these estimates cannot be used to track trends in the extent of elder abuse.

Elder Abuse Is Associated with a Number of Risk Factors and Has a Significant Impact on Its Victims

Elder Abuse Has Been Associated with a Number of Risk Factors

A number of studies have associated physical impairment, mental health problems, cognitive impairment, and inadequate social support with elder abuse. These factors can vary by type of abuse and can occur in combination. In addition, some of these factors may characterize both the victim and the perpetrator.

Physical Impairment

A number of studies of noninstitutionalized older adults suggest that elder abuse is associated with physical impairment, which is not uncommon in this population. Physically impaired older adults may be less able to defend themselves from their abuser. For example, a 1997 study of older adults in Connecticut found that inability to perform activities of daily living, such as bathing or dressing themselves, left them more vulnerable to elder abuse.[30] In addition, a 1988 study of older adults in the Boston

[29]Surveying this group can be challenging because their impairments may limit the accuracy and amount of information they are able to provide.

[30]Mark S. Lachs et al., "Risk Factors for Reported Elder Abuse and Neglect: A Nine-Year Observational Cohort Study," *The Gerontologist*, vol. 37, no. 4 (Health Module, 469) (1997).

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metropolitan area found that respondents in poorer health were more likely to be abused.[31] A 2010 study found that those who reported having difficulty completing at least one instrumental activity of daily living, such as housework or using the phone, were at greater risk of financial exploitation.[32,33] Physically impaired older adults may be at increased risk of abuse because they are more dependent on potential abusers. A 2005 study of caregiver and recipient pairs found that when spouses were the caregivers, they were more likely to display abusive behavior when the recipients had greater need for care.[34]

Mental Health Problems

Elder abuse has also been associated with mental health problems. For example, a study in 2000 found that victims of elder abuse who had been referred to a Houston-area hospital had higher levels of depression than older patients referred for other reasons.[35] A 2010 study of older adults in Pennsylvania found that risk of clinical depression among these adults was a consistent predictor of financial and psychological abuse.[36] This may be because depression may make older adults less likely to ask for help, and therefore more vulnerable to elder abuse. Research has also linked elder abuse to depression among perpetrators. A 2005 study of caregivers of older adults in Florida with Alzheimer's disease associated depression among caregivers with increased risk of psychological abuse of the older adult they were caring for.[37] In addition, another 2010 study found that perpetrators of physical, emotional, and sexual abuse of adults age 60 and

[31]Karl Pillemer and David Finkelhor, "The Prevalence of Elder Abuse: A Random Sample Survey," *The Gerontologist*, vol. 21, no. 1 (1988).

[32]Instrumental activities of daily living are not necessary for fundamental functioning, but let an individual live independently in the community.

[33]Scott Beach et al., "Financial Exploitation and Psychological Mistreatment among Older Adults: Differences Between African Americans and non-African Americans in a Population-Based Survey," *The Gerontologist*, vol. 10, no. 1093 (July 22, 2010).

[34]Scott R. Beach et al, "Risk Factors for Potentially Harmful Informal Caregiver Behavior," *Journal of the American Geriatrics Society*, vol. 53, no. 2 (2005).

[35]Carmel Bitondo Dyer et al., "The High Prevalence of Depression and Dementia in Elder Abuse and Neglect," *Journal of the American Geriatric Society*, vol. 48, pp. 205-208 (2000).

[36]Beach, "Financial Exploitation and Psychological Mistreatment among Older Adults: Differences Between African Americans and non-African Americans in a Population-Based Survey."

[37]Carla VandeWeerd and Gregory Paveza, "Verbal Mistreatment of Older Adults: A Look at Persons with Alzheimer's Disease and their Caregivers in the State of Florida," *Journal of Elder Abuse and Neglect*, vol. 17, no. 4 (2005).

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above were more likely to have mental health problems than the general population.[38] The association between alcohol abuse and abusive behavior is well known. A 2005 study of elder abuse victims in Virginia found that alcohol abuse also was more likely to be found among self-neglecting older adults than among victims of other types of elder abuse.[39] The 2010 study of perpetrators mentioned above also found that perpetrators were more likely to be substance abusers than the general population.[40]

Cognitive Impairment

Cognitively impaired older adults may be most at risk of abuse because they are unable to defend themselves from or even recognize the abuse or neglect. For example, a 2009 study of older adults in the Chicago area found that self-neglect was associated with a poorer ability to remember past events in one's life and to recognize similarities and differences among objects, along with lower levels of overall cognitive function.[41] Similarly, a 1997 study of noninstitutionalized older adults in Connecticut found that as cognitive function declined, the likelihood of abuse increased.[42] Cognitive impairment related to dementia may also make older adults more vulnerable to abuse. For example, the 2000 study of patients at a Houston-area hospital mentioned above found that dementia, as well as depression, was associated with elder abuse.[43] In addition, a 2010 study of self-selected caregiver-care recipient pairs in California found that 61 of the 129 study participants with dementia had been mistreated by their caregivers.[44,45] Dementia may cause increased hostility

[38]Ron Acierno, "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*, vol. 100, no. 2 (2010).

[39]Brian K. Payne and Randy R. Gainey, "Differentiating Self-Neglect as a Type of Elder Mistreatment: How Do These Cases Compare to Traditional Types of Elder Mistreatment?" *Journal of Elder Abuse and Neglect*, vol. 17, no. 1 (2005).

[40]Ron Acierno, "Prevalence and Correlates of Emotional, Physical, Sexual, and Financial Abuse and Potential Neglect in the United States: The National Elder Mistreatment Study."

[41]XinQi Dong et al., "Self-Neglect and Cognitive Function Among Community-Dwelling Older Persons" *International Journal of Geriatric Psychiatry*, vol. 25, no. 8 (2010).

[42]Lachs, "Risk Factors for Reported Elder Abuse and Neglect: A 9-Year Observational Cohort Study."

[43]Dyer, "The High Prevalence of Depression and Dementia in Elder Abuse and Neglect."

[44] Researchers recruited a convenience sample of caregiver-care recipient pairs from patients of University of California Irvine (UCI) physicians, dementia research participants at UCI, caregivers contacting the local Alzheimer's Association chapter, clients attending an adult day care center, and through print media.

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or aggressiveness, which can increase caregiver stress and possibly result in a more aggressive response by caregivers.

Lack of Adequate Social Support

Research suggests that older adults who lack adequate social support—ongoing connections with others that make a person feel cared for, valued, and part of a network—may be at greater risk of abuse. For example, a 2010 study found that low social support among those over 60 years of age was a predictor of most forms of abuse, and that high social support could help prevent abuse.[46] According to one researcher, strong social ties make abuse less likely, in part, because there are more opportunities to defuse tensions between an older adult and a potential perpetrator or to monitor their interaction. For example, according to a 2006 study that compared older adults who had been victims of self-neglect with other older adults, the self-neglecters had less contact with children and siblings, visited less frequently with friends and neighbors, and participated less in religious activities.[47] In addition, a review of 21 studies by the National Center on Elder Abuse in 2005 found that elder abuse perpetrators often also lack social support and are likely to have problems with relationships.[48] A 2009 study also found that in about half of all of the cases in which the perpetrators of elder abuse were known to the victim, victims reported that their abusers were socially isolated.[49]

[45] Aileen Wiglesworth et al., "Screening for Abuse and Neglect of People with Dementia" *Journal of the American Geriatrics Society*, vol. 58, no. 3 (March, 2010).

[46] U.S. Department of Justice, "National Elder Mistreatment Study," Doc. Number 226456, March 2009. Overall results later reported in 2010 by Ron Acierno in, "Prevalence and Correlates of Emotional, Physical, Sexual, and Financial Abuse and Potential Neglect in the United States: The National Elder Mistreatment Study."

[47] Jason Burnett et al., "Social Networks: A Profile of the Elderly Who Self-Neglect," *Journal of Elder Abuse and Neglect*, vol. 18 (2006).

[48] National Center on Elder Abuse, "Domestic Abuse in Later Life: Abusers" (2005).

[49] U.S. Department of Justice, "National Elder Mistreatment Study," Doc. Number 226456, March 2009. Overall results later reported in 2010 by Ron Acierno in, "Prevalence and Correlates of Emotional, Physical, Sexual, and Financial Abuse and Potential Neglect in the United States: The National Elder Mistreatment Study."

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Elder Abuse Has Been Associated with Poorer Health and a Shorter Lifespan

Studies suggest that elder abuse may affect victims' health and longevity. For example, a 2006 study found that older women in the Midwest who were psychologically abused once, repeatedly, or in conjunction with other forms of abuse,[50] also reported higher rates of certain health problems than older women who had not been abused.[51] Two studies have linked elder abuse with a shorter lifespan. A 1998 longitudinal study comparing abused and nonabused community-dwelling older adults in Connecticut found that only 9 percent of those abused at some point between 1982 and 1992 were still alive in 1995,[52] compared to 40 percent of those who had not been investigated for abuse during that same period.[53] In a 2009 study of community-dwelling older adults in Chicago, those who had been reported to social services agencies for abuse faced an increased risk of mortality compared to those who had not been reported for abuse.[54,55]

Nationwide, State APS Programs Face Significant Challenges

APS Programs have Similar Responsibilities, but Reporting Requirements, Organization, and Eligibility Criteria Vary

The primary responsibilities of state APS programs are to receive reports of alleged elder abuse, investigate these allegations, determine whether or not the alleged abuse should be substantiated, and arrange for services to ensure victims' well-being. All APS programs employ a multistep process for addressing elder abuse. Figure 1 presents the typical APS process for addressing alleged elder abuse, but this process can vary somewhat from state to state.

[50]Subjects were asked about any abuse they had experienced since age 55.

[51]Bonnie S. Fisher and Saundra L. Regan, "The Extent and Frequency of Abuse in the Lives of Older Women and Their Relationship with Health Outcomes," *The Gerontologist*, vol. 46, no. 2 (2006).

[52]This percentage does not include individuals identified as self-neglecters.

[53]Mark. S. Lachs et al., "The Mortality of Elder Mistreatment," *Journal of the American Medical Association*, vol. 280, no. 5 (1998).

[54]XinQi Dong et al., "Elder Self-Neglect and Abuse and Mortality Risk in a Community-dwelling Population," *Journal of the American Medical Association;* vol. 302, no. 5 (2009).

[55]This study did not control for perpetrator characteristics.

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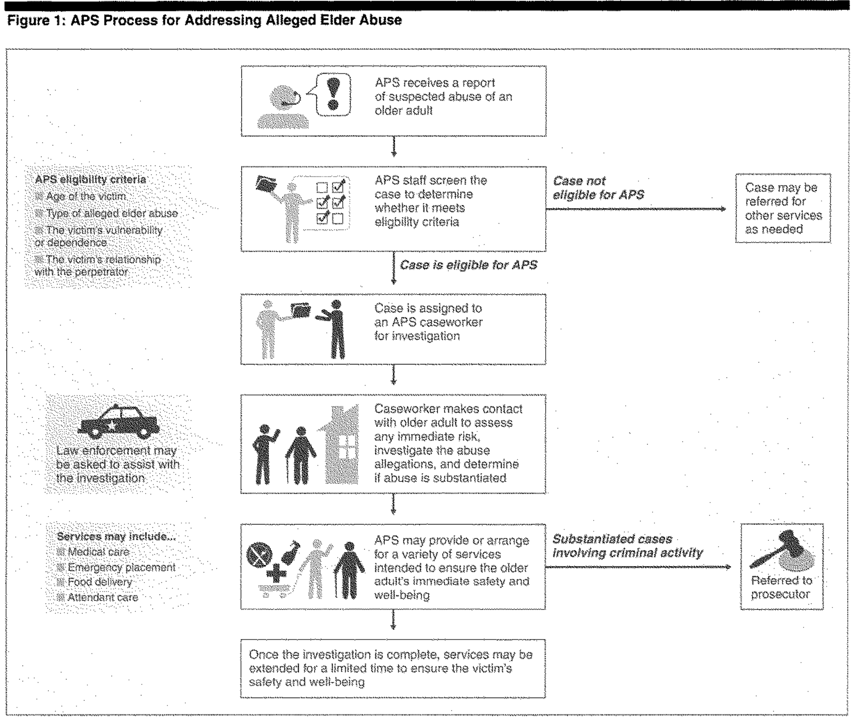
Figure 1: APS Process for Addressing Alleged Elder Abuse



Source: GAO analysis of survey results and interviews from site visits.

Laws concerning who is legally required to report suspected elder abuse incidents to APS differ by state. Our survey results show that 14 states require everyone to report suspected elder abuse, while 32 states require only certain professionals to report it. Four states indicated in the survey

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that they had no mandatory reporting requirements related to elder abuse.[56]

With regard to the organization of APS in each state, our survey results show that APS programs in 32 states were state-administered; that is, the state funded and directly managed the program statewide.[57] APS programs in 16 states were state-supervised. In these states, the state provided funding to counties, other governmental, or nongovernmental entities to manage APS.[58] In states in which APS was state-administered, APS employees were typically employed by the state, while in state-supervised states APS employees generally worked for the counties, other governmental, or nongovernmental entities that provide services. The state agencies that oversee APS programs can also differ. In 22 states, APS programs were part of the state agency on aging, which plans, develops, and coordinates a wide array of home- and community-based services under the OAA. In states where APS was not located within the state agency on aging, APS was most commonly housed within the state department of health and human services.[59]

Eligibility criteria for receiving APS services are determined by state law, and can therefore vary from state to state. States reported that their eligibility criteria can include the

- age of the victim,
- type of alleged elder abuse,
- victim's vulnerability or dependence, and
- victim's relationship with the perpetrator.

[56] App. III provides elder abuse reporting requirements as reported by states.

[57] App. IV provides APS program characteristics by state.

[58] Massachusetts did not provide a response to this question in our survey, and South Carolina reported its APS program was administered in some other way.

[59] According to a national elder abuse organization, at-risk adults over age 18 as well as older adults are served by the same protective services agency in most states, while in at least 6 states older adults are served by a separate agency.

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These criteria, individually or in combination, determined APS program eligibility for older adults. Georgia officials reported, for example, that an individual must be at least 65 years old to qualify for APS. Florida officials, on the other hand, reported that an individual must be at least 60 and unable to care for or protect him- or herself. In addition, the alleged perpetrator must be a caregiver, family member, or household member.[60]

APS Faces Increasing Numbers and Complexity of Cases

While there are no national data on trends in the number of elder abuse cases, APS program officials from six of the nine states we contacted told us that the number of elder abuse reports and investigations in their states have been increasing steadily over the past few years. According to data provided by Virginia and Florida APS, the number of reports received by Virginia APS increased from 13,515 in 2007 to 17,141 in 2010, and reports received by Florida APS increased from 43,451 in 2006 to 51,539 in 2008.[61-62] According to our survey, more than half of the states found that the size of their elder abuse caseloads poses a very great or great challenge for them. Based on estimates from the 33 states that could provide this information in our survey, APS conducted more than 290,000 investigations of elder abuse in state fiscal year 2009 (see table 3).[63-64]

Table 3: APS Estimates of Reports Received, Investigations, and Substantiations in State Fiscal Year 2009

	Number in state fiscal year 2009	Number of states responding
Reports received[a]	357,000	31
Investigations	292,000	33
Substantiations	95,000	27

Source: GAO survey of APS programs.

[a]States provided data on reports received prior to any screening for eligibility.

[60]App. V provides selected APS eligibility criteria in cases of alleged elder abuse by state.

[61]The data from Virginia and Florida include reports of all adult abuse, including older adults.

[62]We did not independently verify the reliability of these data.

[63]The time periods for each fiscal year can vary by state.

[64]App. VI provides more detailed information on APS reports, investigations, and substantiations by state in fiscal year 2009.

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An agency official noted that data on investigations only represent those cases that are reported to APS, and that the actual number of elder abuse incidents in a given area may be far greater. Based on projected population growth among older adults, APS elder abuse investigations in these 33 states may increase 28 percent by 2020 and 50 percent by 2030.[65]

Further, APS officials from five of the nine states we contacted told us their cases are becoming more complex, and therefore more challenging to investigate and resolve. According to APS program officials and subject matter experts, cases more frequently involve several forms of elder abuse, including financial exploitation; multiple perpetrators; intellectual disabilities; diminished cognition; and/or substance abuse on the part of the victim or perpetrator. For example, program officials and subject matter experts noted that older adults are living longer, which increases their likelihood for cognitive and physical deterioration. These factors can make cases more complex and in need of increasingly comprehensive APS interventions. These cases may also require more post-investigative services. In our survey, 22 states noted that providing continuing case management after investigations are complete poses a very great or great challenge for them.

Lack of Financial Resources Impedes APS's Ability to Adequately Respond to Elder Abuse

While the demand for APS services is increasing substantially and cases are becoming more complex, APS program officials from six of the nine states we contacted and several subject matter experts told us that funding for staffing, training, and public awareness is not keeping pace.[66] In the current economic climate, many state programs—including APS—have increasingly limited resources. In our survey, 25 of the 38 states that responded to this question indicated that total APS funding received from all sources has stayed the same or decreased over the past 5 years, and program officials also ranked insufficient funding for program operations as the most significant challenge they face.

[65] APS elder abuse investigation rates were calculated based on the number of elder abuse investigations reported in the survey of APS programs and the 2008 U.S. Census Bureau estimated older adult population (http://www.census.gov/population/www/projections/projectionsagesex.html). The 2008 APS estimated elder investigation rates were applied to U.S. Census Bureau elder population projections for 2020 and 2030, respectively, to obtain increases in elder abuse investigations that are based on population growth (http://www.census.gov/population/www/projections/projectionsagesex.html).

[66] The term "several" refers to three or more program officials and/or subject matter experts.

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APS is primarily the responsibility of the states, and in 19 of the 28 states that could provide this information in our survey, more than half of the APS budget in fiscal year 2009 came from state and local revenues. In five states, the entire APS budget came from state and local revenues.[67] The majority of federal support for APS is available through Social Services Block Grants (SSBG), available under Title XX of the Social Security Act, to support of a range of social services administered by states, including APS.[68] States may choose whether or not to use these funds for APS.

As a result, APS program officials have found it difficult to ensure adequate staffing levels. Program officials in three states we contacted told us they do not have enough funding to hire additional caseworkers to handle increasing caseloads. According to our survey, 33 states indicated there have been freezes on hiring APS caseworkers in the last year, and 25 states said that APS caseworkers had been subject to furloughs.[69] In addition, APS program officials told us that when funding decreases, training for caseworkers is often reduced or eliminated.

Public awareness is important in preventing elder abuse, but program officials told us they do not have sufficient resources to develop and implement public awareness campaigns. Program officials from two of the states we visited and several subject matter experts told us that public awareness efforts can help increase older adults' knowledge of elder abuse and how to report it.

[67]Twenty-two states were unable to provide complete funding information for their APS programs by source in fiscal year 2009. Thus, we were unable to determine the proportion of nonfederal versus federal funding for these states. App. VII provides detailed information on the sources of APS budgets by state in fiscal year 2009.

[68]HHS's Administration for Children and Families distributes SSBG funds by statute to states in proportion to each state's population to provide social services best suited to the needs of its residents. These services may include, but are not limited to, daycare and protective services for children or adults, special services to persons with disabilities, adoption, case management, health-related services, transportation, foster care for children or adults, substance abuse, housing, home-delivered meals, independent/transitional living, employment services, or any other social services found necessary by the state. 42 U.S.C. §§1397-1397f.

[69]Hiring freezes and furloughs are also likely a consequence of the overall economic climate, so may pose a challenge for many programs statewide.

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APS Programs Lack Access to Information on Resolving Elder Abuse Cases

According to several APS program officials and subject matter experts, there is limited information available on how to resolve elder abuse cases. While some sources provide information that several program officials said is useful, one subject matter expert told us it is of limited use because it is not targeted to APS. Officials in two states told us that as a result, they repeatedly struggle to develop their own solutions for resolving complex elder abuse cases.

In our survey, nearly all states indicated that APS programs would benefit from additional information specifically targeted at APS. In addition, several program officials and subject matter experts told us there is a great need for more easily accessible and centrally available information on effective interventions, recommended caseload sizes, financial exploitation, and appropriate outcomes for APS cases.[70]

State Child Protective Services programs have access to several federally funded national resource centers, such as the Child Welfare Information Gateway, the National Resource Center for Child Protective Services, and the National Child Welfare Resource Center on Legal and Judicial Issues.[71] These centers have provided guidance and technical assistance to states on topics ranging from promising practices for Child Protective Services programs to legal and judicial aspects of the child welfare system.[72]

[70]An official from the national APS trade association told us that generally good outcomes for APS cases would ensure that any abuse ceases and that victims' physical and emotional well-being are preserved. However, there is a lack of clarity and agreement in the elder abuse field about what constitutes ideal outcomes for various types of abuse cases.

[71]The Child Abuse Prevention and Treatment Act, originally enacted in 1974, provides funding to state Child Protective Services programs responsible for identifying, investigating, and resolving cases of child abuse, neglect, and exploitation. Pub. L. No. 93-247, 88 Stat. 4 (1974) (codified as amended at 42 U.S.C. §§ 5101-5106i).

[72]In an October 2006 report, we reviewed the extent to which technical assistance provided by HHS national resource centers was helpful to states in implementing their federal child welfare requirements. Nearly all states reported that the federal technical assistance they received to improve their child welfare programs was helpful to some degree, although some resources were given higher ratings than others. GAO, *Child Welfare: Improving Social Service Program, Training, and Technical Assistance Information Would Help Address Long-Standing Service-Level and Workforce Challenges*,GAO-07-75 (Washington, D.C.: Oct. 6, 2006).

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Some APS Programs Lack Adequate Administrative Data Systems

No nationwide APS administrative data system exists, and each state has developed its own. We found that some APS programs face challenges in collecting, maintaining, and reporting statewide case-level administrative data, and data collected by states are not uniform. Program officials and subject matter experts we met with told us these data are critical in order to understand programmatic trends, such as characteristics of the populations in the state that are most vulnerable to abuse and changes in caseload composition. Administrative data can also provide information on the outcomes of certain interventions, which is an important first step in determining how effective they may be. Since states vary in the reliability of their APS administrative data systems as well as in what data they collect, APS program officials and elder abuse experts told us that APS programs would benefit from a national system for collecting and maintaining uniform APS data, as it would allow them to target efforts, appropriately allocate funds, and share practices.

While nearly all states reported in our survey that they use an automated data collection and management system for elder abuse data, the value of these data systems in providing information on APS caseloads varies. For example, 11 survey respondents expressed concern about inaccurate and incomplete entry of APS data in their data collection and management systems. An official from one state told us that high caseloads limit the amount of time caseworkers can spend inputting data, which may adversely affect the accuracy and quality of data that are entered into the system. States also noted that weaknesses in their existing systems hinder their ability to maintain the data they need. For example, officials from Florida told us that APS shares a data system that was specifically developed for Child Protective Services programs and as a result, does not capture all the data elements APS needs.

In addition, the case-level data that APS programs collect vary by state, making it difficult to compile meaningful APS data nationwide. According to a national elder abuse organization, this has impeded the comparison of administrative data across states. Program officials from three of the nine states we contacted said that uniform administrative data across states would be useful, as it would allow them to assess their program performance in relation to other states and consider how to most effectively allocate their own resources.

Lack of Collaboration between APS and its Partners Can Impede Response in Elder Abuse Cases

APS program officials and subject matter experts told us that the involvement of the criminal justice system and other partners in the elder abuse field is not always adequate, which can impede APS programs' ability to effectively and efficiently resolve elder abuse cases. According to a recent study, multidisciplinary collaboration is considered to be a best practice for addressing elder abuse. Subject matter experts noted that because of the complex nature of elder abuse and the responses required to assist victims, a collaborative approach can achieve better outcomes than a single-discipline response.[73] Members of local multidisciplinary elder abuse teams reported that their teams helped them more accurately assess cases of elder abuse, and improved their knowledge about the indicators of abuse.

The criminal justice system and financial institutions, in particular, play an important role in supporting APS programs as they address and resolve elder abuse cases. Law enforcement may be called upon to assist APS investigations, and prosecutors can try these cases in court. However, several program officials in the states we visited told us that the effectiveness of APS coordination with the criminal justice systems varies. According to two officials we spoke with, when faced with competing demands on their time, law enforcement may not be able to support APS investigations to the extent APS believes is necessary, and prosecutors may be unwilling or unable to prosecute elder abuse cases. In our survey, 20 states reported that obtaining assistance from law enforcement in investigating alleged elder abuse cases poses a very great or great challenge for them, and 23 of the 35 states that responded to this question indicated that few, if any, of all substantiated elder abuse cases referred to law enforcement authorities are prosecuted.

In addition, although program officials from three of the six states we visited and several subject matter experts told us that financial institutions can be reluctant to provide APS with support in investigating and resolving elder financial exploitation due to privacy concerns, coordination with such institutions is particularly critical because APS caseworkers often lack the expertise to adequately respond to financial exploitation. In financial exploitation cases, APS caseworkers must work with professionals from other disciplines to collect and verify a variety of

[73]Bonnie Brandl, Carmel Bitondo Dyer, Candace J. Heisler, Joanne Marlatt Otto, Lori A. Stiegel, and Randolph W. Thomas, *Elder Abuse Detection and Intervention: A Collaborative Approach*, 1st ed. (New York, N.Y.: Springer Publishing Company, LLC, 2007).

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documents, including bills, financial statements, and deeds. Texas APS, for example, employs subject matter experts who assist caseworkers with financial exploitation cases. However, APS officials from other states told us they are unable to do so because of resource constraints. According to our survey, only 4 states said that the support available to them from the criminal justice system to identify and investigate suspected financial exploitation of older adults was sufficient to a very great or great extent. Program officials also told us that by the time APS becomes involved in financial exploitation cases, victims' money may already be gone, with little hope of restitution. Thus, success in these cases is commonly measured in terms of preventing additional theft or further exploitation, rather than recovering any money lost.

In response to these coordination challenges, APS program officials and elder abuse experts told us that information related to developing multidisciplinary teams and collaborating with partners would assist APS and its partners in effectively investigating and resolving elder abuse cases.

Federal Elder Justice Activities Have Provided Some Support to APS, but Federal Leadership Is Lacking

Federal Elder Justice Activities Are Scattered across Several Agencies

Between fiscal years 2005 and 2009, four agencies within HHS and four within Justice funded elder justice activities that could help address elder abuse nationwide.[74] Table 4 provides an overview of the types of elder justice activities and federal support devoted to each activity from fiscal year 2005 through 2009.

[74]Federal elder justice activities can target elder abuse, as well as health care fraud, consumer fraud, and civil rights violations against older adults. This report provides information on activities specifically related to elder abuse.

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Table 4: Federal Elder Justice Activities, Fiscal Years 2005–2009

Elder justice activity	Source and nature of federal support	Agency/Department
Develop and deliver training related to elder abuse	**National Center on Elder Abuse (NCEA)** grants to deliver online training on topics ranging from Adult Protective Services (APS) worker safety to financial exploitation.	Administration on Aging (AoA)/Department of Health and Human Services (HHS)
	Enhanced Training and Services to End Violence and Abuse of Women Later in Life Program grants for the development and delivery of training related to detecting and responding to elder abuse for law enforcement, attorneys, judges, APS program staff, medical professionals, and others, such as through the Florida Elder Abuse Training Initiative.	Office on Violence Against Women/Department of Justice (Justice)
	Victims of Crime Act and American Recovery and Reinvestment Act grants for the development and delivery of training related to detecting and responding to elder abuse for law enforcement, attorneys, judges, APS program staff, medical professionals, and others.	Office for Victims of Crimes/Justice
Promote elder abuse prevention and awareness	**Older Americans Act** formula grants to state agencies on aging for prevention and public awareness of elder abuse. State agencies on aging may devote some or all of this funding to APS programs.	AoA/HHS
	NCEA grants for the collection and dissemination of information, research, and other materials on elder abuse, and for developing and disseminating elder abuse awareness materials.	AoA/HHS
Provide information and guidance for APS programs	**NCEA** grants to collect and disseminate information, research, and other materials on elder abuse, such as through online databases, an e-mail listserv, and a monthly newsletter.	AoA/HHS
	National Institute on Aging grants for research related to elder abuse on topics such as assessing and detecting elder abuse.	National Institutes of Health /HHS
	National Institute of Justice grants for research related to elder abuse on topics such as forensic markers of physical abuse.	National Institute of Justice/Justice
Help establish a uniform nationwide APS administrative data system[a]	**Centers for Disease Control and Prevention (CDC)** effort to develop common definitions of elder abuse and determine what data elements a uniform, nationwide elder abuse data system should collect.	CDC/HHS
	Office of the Assistant Secretary for Planning and Evaluation grant to study the feasibility of establishing a uniform national data collection system for elder abuse.	Office of the Assistant Secretary for Planning and Evaluation/HHS
Promote multidisciplinary collaboration in responding to elder abuse[b]	**NCEA** grants for a manual on developing multidisciplinary elder abuse teams, and funds for over 30 such teams in localities across the nation.	AoA/HHS
	Victims of Crime Act grant to develop a manual for establishing multidisciplinary elder abuse fatality review teams.	Office for Victims of Crimes/Justice

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Elder justice activity	Source and nature of federal support	Agency/Department
	Elder Justice Initiative grant to identify barriers related to elder abuse prosecutions.	Civil Division/Justice
Support research related to the incidence and prevalence of elder abuse	**National Institute on Aging** grants for research to develop and test methods for measuring the incidence and prevalence of elder abuse.	National Institutes of Health/HHS
	National Institute of Justice grants for research to develop and test methods for measuring the incidence and prevalence of elder abuse.	National Institute of Justice/Justice

Source: GAO analysis of federal elder justice activities based on interviews with federal officials and related agency documents.

[a]Justice's Bureau of Justice Statistics and National Institute of Justice recently issued a grant to compare administrative data on elder abuse from a number of sources, including APS.

[b]Justice's Bureau of Justice Assistance also provided a grant in fiscal year 2010 to develop and disseminate a pocket guide for those working in state and local justice systems on legal issues related to elder abuse. The guide will include topics such as powers of attorney, financial exploitation, legal responsibilities of fiduciaries, capacity issues, informed consent, and undue influence in elder abuse cases. It is expected to be available in August 2011.

Of the federal elder justice activities described above, only the OAA formula grants for prevention and public awareness of elder abuse could be used to fund APS operations from fiscal year 2005 through fiscal year 2009.[75] Other activities may have indirectly supported APS during that time, but did not provide any direct funding for APS operations.[76]

In fiscal year 2009, programs in seven federal agencies expended a total of $11.9 million on elder justice activities. Figure 2 provides an overview of federal sources of funding and the amounts each expended on these activities that year.

[75]APS also competes with the broad range of other state programs for SSBG funds received under Title XX of the Social Security Act, but SSBG is generally not viewed as an elder justice program.

[76]While by all accounts OAA formula grants are the sole source of funds for elder justice activities directly available to APS, we did not perform exhaustive legal research to determine if there are any circumstances under which any other elder justice activities could ever result in funds going directly to APS.

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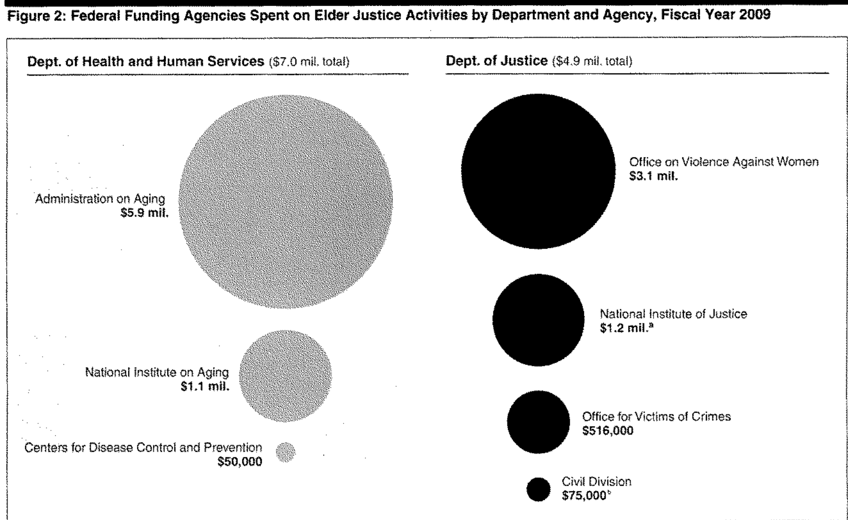
Figure 2: Federal Funding Agencies Spent on Elder Justice Activities by Department and Agency, Fiscal Year 2009



Source: GAO analysis of federal funding for elder justice activities based on agency documents and interviews with federal officials.

[a]Of this amount, $650,000 came from the Civil Division's funding for elder abuse research.

[b]The Civil Division also expended $361,000 in fiscal year 2009 for hiring staff to provide legal and law enforcement support for cases of elder abuse in institutions, although this was outside the scope of our study.

Note: Size of the circles in fig. 2 are proportional to amount of funding by agency in fiscal year 2009. While the Office of the Assistant Secretary for Planning and Evaluation completed elder justice-related work in fiscal year 2009, funding for this work was provided in fiscal year 2006.

About half of the total federal investment in elder justice activities in fiscal year 2009 came from AoA through the OAA. Most AoA elder justice funding ($5 million) was expended on formula grants to all state agencies

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on aging to (1) promote public awareness of how to identify and prevent elder abuse, and (2) coordinate state agency on aging and APS activities.[77]

Federal Activities Have Helped Address Some APS Challenges

State APS programs ranked a lack of financial resources as their greatest challenge in our survey, and no federal funding is currently dedicated exclusively to APS programs. As mentioned above, AoA provides OAA formula grants to state agencies on aging for elder abuse prevention and awareness. While state agencies on aging can allocate these funds to APS programs, AoA does not require state agencies on aging to report how the funds were used. Of the 40 states that could provide this information in our survey, 15 stated that they had received OAA funds to support their APS programs. These states received a total of $1.7 million in OAA funds in fiscal year 2009. The EJA authorized $100 million in formula grants to state APS programs for each of fiscal years 2011 through 2014. However, as of March 2, 2011, no EJA funding had been appropriated.[78]

SSBG funds and Medicaid funds appear to be the largest sources of federal funding for APS programs.[79] Although the federal government does not require states to provide information on the portion of SSBG funds they allocate specifically to APS programs, based on responses to our survey, at least $206.2 million in SSBG funds was allocated to APS programs in fiscal

[77]Each state's grant amount is based on the number of individuals in a state who are 60 or older. 42 U.S.C. § 3024(a)(1).

[78]Legislative authorizations permit funds to be appropriated, up to the amount of the authorization, for the purpose specified in the relevant law. To date, no funds have been appropriated under the EJA, although the President's fiscal year 2012 budget includes $16.5 million for state APS demonstration projects in detecting or preventing elder abuse. Elder justice advocates with whom we spoke considered the new authorizations a significant breakthrough notwithstanding that no funds have as yet been appropriated because it raises the potential for funds under Title XX of the Social Security Act to be made available exclusively for elder justice activities.

[79]Medicaid funds can be used by states for costs such as personal care services and targeted case management. In addition, the Social Security Act authorizes HHS to provide "Medicaid waivers" to states that apply to allow them to spend federal Medicaid dollars on home- and community-based services not traditionally covered under the Medicaid program. 42 U.S.C. § 1396n(d).

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year 2009.[80] The results of our survey also indicated that APS programs received at least $42.3 million in Medicaid funds that year.[81]

APS programs also indicated they lacked access to information on APS interventions and practices, and little is available from the federal government. In fiscal year 2009, AoA provided $811,000 in grants to run the National Center on Elder Abuse (NCEA), the only federally funded resource center dedicated to elder abuse issues. Although the NCEA provides access to a substantial amount of information related to elder abuse on its Web site and runs a well-regarded listserv for sharing information, APS program officials in five of the nine states we contacted told us it provides relatively little information tailored to the needs of APS programs. For example, the NCEA includes a database of "promising" practices on a very wide range of topics on its Web site. However, AoA officials stated that few of these practices are evidence based,[82] as they are primarily practices submitted by states and others that have not been evaluated or based on existing research. Most states indicated in our survey that these practices were of no more than moderate use to them. In general, most states noted that the NCEA's assistance in developing their APS programs was of no more than some use to them.

AoA officials told us the NCEA Web site does not contain key information on interventions and practices that would be useful to APS programs, in part, because there is a lack of research establishing evidence-based practices related to APS. The EJA authorizes funding for elder abuse research that could help develop such practices, and thus enhance such information for state APS programs. More specifically, it authorized $25 million in fiscal year 2011 for HHS to provide grants for state demonstration projects on detecting or preventing elder abuse and $4 million in that year to create multidisciplinary forensic centers that would conduct research and develop forensic expertise on elder abuse, including indicators of elder abuse, methodologies for assessing it, and information on interventions, among other things. It also authorizes $3 million in fiscal

[80]In fiscal year 2009, total SSBG funding to states was $1.7 billion. This amount does not include specific earmarks or supplemental grants, such as for disasters.

[81]In fiscal year 2009, total Medicaid funding was $215.6 billion. See apps. VII and VIII for detailed information on the sources of APS funding by state in fiscal year 2009.

[82]The Centers for Disease Control and Prevention, AoA, and the National Institute of Justice have all emphasized the importance of using the best available evidence to develop a more effective response to elder abuse.

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year 2011 for HHS to develop and disseminate information on best practices and conduct research on APS programs, among other things.

AoA has been required by law since 2006 to develop objectives, priorities, policy, and a long-term plan for establishing federal guidelines for state-level uniform data collection and for working with states and federal agencies to annually collect and disseminate elder abuse data, to the extent practicable.[83] However, it has taken only limited steps to do so. For example, according to AoA officials, AoA has supported a recent Centers for Disease Control and Prevention (CDC) effort to develop uniform definitions for public health surveillance of elder abuse, which may help identify common data elements for APS administrative data collection.[84] AoA officials also told us that AoA supported NCEA studies of APS data in the past, as well as reviewed model definitions of elder abuse. While these actions and others taken by AoA[85] may have helped begin to lay the groundwork for establishing a national APS data collection system, they have not resulted in documented objectives, priorities, policies, or plans for doing so, as called for in the OAA in 2006.

Despite the OAA provisions mentioned above, concerns on the part of AoA about the practicability of collecting such data (as opposed to planning for its collection) seem to be impeding progress in this area. AoA officials we spoke with indicated that it was not currently practicable for their agency to require all APS programs to provide them with administrative data because many of the programs do not receive AoA elder abuse formula grant funding. Only 15 out of 40 state APS programs that were able to provide this information in our survey indicated that they received OAA funding through these AoA grants in fiscal year 2009. In addition, AoA officials expressed concern that the total amount of elder abuse formula grants provided to state agencies on aging may not justify the burden that reporting administrative data places on state APS programs. Moreover, AoA officials

[83] 42 U.S.C. § 3011(e)(2)(A)(iii) and (iv).

[84] The results of this work are expected to be released in spring 2011.

[85] AoA also provided information to HHS's Office of the Assistant Secretary for Planning and Evaluation for its recently published report on the feasibility of establishing a nationwide system for compiling uniform APS data on elder abuse cases. The report provided several aspects to consider when creating such a system and noted ways to strengthen existing APS data systems. Office of the Assistant Secretary for Planning and Evaluation, *Congressional Report on the Feasibility of Establishing a Uniform National Database on Elder Abuse* (Washington, D.C., March 2010).

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noted that it has been difficult to establish a nationwide data collection system because there is no common state-level definition of elder abuse.

The federal government has been involved in improving and compiling state administrative data in similar areas in the past. For example, in the field of child welfare, HHS used a contractor to organize meetings with representatives from each state to reach consensus on what data elements to collect in developing the National Child Abuse and Neglect Data System. This system has been used by states to collect and report child abuse data nationwide.[86] HHS has continued to host annual technical assistance meetings with states to clarify what is being collected, discuss challenges with data collection, and produce a report based on case-level data.

As noted earlier, the EJA authorizes $100 million in grants for APS programs.[87] The EJA requires states that receive a grant to report the number of elder abuse cases served using this funding. No other reporting requirements are specified in the law. In addition, some of the $3 million authorized under the EJA for elder abuse guidance and research could also be used to develop a nationwide APS data collection system.

Federal activities also support a multidisciplinary approach for responding to elder abuse that can help promote collaboration between APS programs and its partners. Since 2007, the NCEA has funded a project for developing community elder justice coalitions and for producing a manual others may use to start such multidisciplinary teams. To date, this project has established 40 such coalitions around the country. The Office for Victims of Crimes also funded the development of a manual for starting multidisciplinary elder abuse fatality review teams that identify the causes of deaths so they can be prevented in the future.[88] In addition, Justice's Office for Victims of Crimes' and Office on Violence Against Women's training on elder abuse has provided opportunities for law enforcement officers, attorneys, judges, medical professionals, and APS workers to build working relationships.

[86]States report these data to the federal government, to the extent practicable, in order to receive the Child Abuse Prevention and Treatment Act Basic State Grant, which is available to all states for improving Child Protective Services systems.

[87]§ 2042(b)(5), 124 Stat. 795 (to be codified at § 1397m-1(b)(5)).

[88]American Bar Association, *Elder Abuse Fatality Review Teams: A Replication Manual* (Washington, D.C., 2005).

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Leadership of Elder Justice Activities across Federal Agencies Is Lacking

Although the OAA has called attention to the importance of federal leadership in the elder justice area,[89] no national policy priorities currently exist. The only federal effort to establish such priorities occurred in 2001, when AoA and the Office for Victims of Crimes sponsored a summit through NCEA grantees to develop a national elder abuse policy agenda.[90] This resulted in several action items that were relevant to the delivery of APS programs, including

- developing and implementing a national elder abuse training curriculum that can be used by a variety of professionals;
- creating a national APS resource center that provides guidance on best practices for APS programs; and
- increasing collaboration between law enforcement, prosecutors, judges, medical professionals, and APS programs when intervening in elder abuse cases.

AoA officials noted that while AoA funded this effort, it has not endorsed these action items as national elder abuse policy priorities. Moreover, our survey and interviews with federal officials and elder abuse experts indicated that a lack of training, information, and multidisciplinary collaboration continue to be challenges for APS programs.

In addition to this summit, the National Institute on Aging and the National Institute of Justice have convened experts and researchers on several occasions over the past decade to propose priorities specifically for elder abuse research (see table 5).

[89] 42 U.S.C. § 3011(e)(2)(A)(ii).

[90] Justice's Civil Division recently funded a grant with AoA and the Office of the Assistant Secretary for Planning and Evaluation at HHS to identify and prioritize elder justice policy, practice, and research issues and develop recommendations to the government to address those issues. This effort is expected to be completed by January 2012.

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Table 5: History of Federal Efforts to Identify Elder Abuse Research Priorities, Fiscal Years 2000–2010

Year	Sponsor(s)	Effort and purpose
2000	National Institute of Justice	Conference to identify priorities for elder abuse research
2003	National Institute on Aging	Expert panels to identify priorities for elder abuse research[a]
2008	National Institute of Justice	Conference to identify priorities for elder abuse research
2010	National Institute on Aging	Conference to identify priorities for elder abuse research

Source: GAO analysis of federal efforts to identify elder abuse research priorities based on interviews with federal officials and related agency documents.

[a]Panels were convened by the National Research Council, which functions under the auspices of the National Academy of Sciences, National Academy of Engineering, and Institute of Medicine, and nonprofit organizations that provide advice on the scientific and technological issues that could affect national policy.

Each of these efforts has established a number of priorities for elder justice researchers in general that have been consistent over time. For example, the National Research Council expert panels resulted in a book published in 2003 with many recommendations.[91] One was to conduct population-based surveys to measure the incidence of elder abuse because the experts indicated that such information is critically needed to develop appropriate and effective policies to address elder abuse. All other conferences to identify priorities for elder abuse research also developed similar recommendations. However, no comprehensive national incidence study has been undertaken to date. In addition, all these efforts resulted in recommendations to place priority on research to establish APS evidence-based practices, but APS programs continue to identify evidence-based practices as a major need.

Under the OAA, AoA is the primary federal agency responsible for providing national leadership in the elder justice area.[92] A senior AoA official told us that, while the agency has met its responsibilities, its

[91]National Research Council of the National Academies, *Elder Mistreatment: Abuse, Neglect and Exploitation in an Aging America*, 2003.

[92]42 U.S.C. § 3011(e)(2)(A)(ii).

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funding levels limit its elder justice activities.[93] The official noted that AoA has established the Technical Assistance and Support Center to help state agencies on aging develop priorities for older adult programs. In addition, AoA has coordinated with other federal agencies to help facilitate elder justice activities by attending meetings hosted by others and participating in an informal interagency workgroup that shares information regarding each agency's elder abuse activities.[94] With regard to OAA's requirement that AoA support a study that estimates the extent of elder abuse, neglect, and exploitation in all settings nationwide, the agency has helped the National Institute on Aging develop initiatives for research that test methods for determining the extent of elder abuse.[95] Although the results of this research, along with CDC's inclusion of elder abuse questions in its survey of intimate partner violence, have helped lay the groundwork for a comprehensive study of the extent of elder abuse nationwide, there are no plans to conduct such a study as of March 2, 2011.[96]

The EJA reaffirmed the importance of federal leadership of elder justice activities and provides a vehicle for establishing and implementing national priorities in this area. The Elder Justice Coordinating Council—consisting of the Secretary of HHS, Attorney General, and heads of related federal offices—is charged with making recommendations to the Secretary of HHS for the coordination of activities between federal agencies.[97] In addition, the Council is to report to Congress on its activities, accomplishments, and challenges as well as make recommendations for legislative or other actions within 2 years of enactment and every 2 years thereafter. The Advisory Board on Elder Abuse, Neglect, and Exploitation—consisting of 27 members from the general public with elder abuse expertise as appointed by the Secretary of HHS—is charged with

[93]The official noted that AoA would have liked to expand its elder justice efforts further, such as in supporting law enforcement at the state and local level, if it did not have such limitations.

[94]According to AoA officials, this is an ad hoc group of federal employees that meets once or twice a year, but has no formal structure or charge. They also noted that because this is an ad hoc group, there is no documentation of the group's meetings.

[95] Such research could help provide a foundation for ongoing surveillance of elder abuse.

[96] National incidence studies have been mandated periodically since 1974 in the field of child welfare to measure the extent of child abuse over time. According to HHS, results of studies published in 1980, 1987, 1996 and 2010 have helped to highlight areas of underreporting and deepen program officials' knowledge of child abuse patterns.

[97]§ 2021, 124 Stat. 786-87 (to be codified at 42 U.S.C. § 1397k).

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proposing priorities for the field of elder justice.[98] The Advisory Board is to report on the status of elder justice activities and provide recommendations for developing the field of elder abuse to the Council and Congress within 18 months of enactment and annually thereafter.

As of March 2, 2011, HHS had solicited nominations for Board members and drafted timelines to convene meetings for both the Council and the Board. However, HHS had not appointed Council members, and no funding had been appropriated for these activities.

Conclusions

Elder abuse physically and emotionally harms older Americans and can deprive them of the unrecoverable financial resources they rely on to help them care for themselves in old age. It can occur in any community and can involve older adults in any socioeconomic, racial, or ethnic group. While current public policies encourage adults to remain in their homes as they age, the system in place to protect them may not be able to meet the needs of the increasing number of older Americans.

State APS programs face daunting challenges in responding to and preventing elder abuse. While a number of federal agencies have made efforts to help states address these challenges, federal elder justice activities have been scattered across agencies and, as a whole, have had a limited impact on the elder justice field—a clear indication that federal leadership in this area has been lacking. In addition, while there are a number of federal activities that focus on elder justice, the amount of federal funding for all activities in this area in fiscal year 2009 was only $11.9 million, little of which appears to have gone directly to APS programs. The EJA provides a vehicle for setting national priorities and establishing a comprehensive, multidisciplinary elder justice system in this country. It also charges HHS to administer grants to state APS programs that could help them overcome the challenges they face.[99] However, funding for activities identified in the EJA had not been appropriated as of March 2, 2011.

While the federal government provides some information on effective interventions and appropriate outcomes in elder abuse cases, states noted that it is not sufficient given the growing demand for APS services and the increasing complexity of APS cases, and more is needed in these areas.

[98] § 2022, 124 Stat. 787-89 (to be codified at 42 U.S.C. § 1397k-1).

[99] § 2042(b), 124 Stat. 794-95 (to be codified at 42 U.S.C. § 1397m-1(b)).

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Without adequate evidence-based information on interventions and practices, these programs may be unable to use the limited resources available to them effectively.

AoA has not fulfilled its requirement under the OAA to develop objectives, priorities, policy, and a long-term plan for establishing federal guidelines for uniform data collection or for working with state and federal entities to annually collect this data. Without these data, states cannot benefit from their collective experience in this area. Moreover, the federal government will not have the information needed to oversee EJA funding dedicated to APS programs or to support research for developing the information needed by APS. While the EJA establishes a mechanism for state APS programs to share data with the federal government by requiring states to report on the number of elder abuse cases served using the EJA grants dedicated to APS programs,[100] it does not require HHS to collect other APS data that may help address the challenges described above, such as types of abuse, types of interventions carried out, and demographic data of victims and perpetrators. In developing a system for collecting, compiling, and disseminating such data, nationwide, federal and state collaboration is crucial—as federal experience in developing national child welfare data systems has shown—and pilot testing would help determine the feasibility and cost of such a system.

It should be recognized that improvements in APS systems and response methods may not substantially increase capacities for detecting and responding to those elder abuse cases that are not reported to APS. Identifying and measuring the extent and characteristics of elder abuse in the population will require other methods, such as elder abuse surveillance. While a number of federal officials and experts have recognized the importance of periodically collecting complete, consistent data on the extent of elder abuse so changes in its extent and form can be tracked over time, this has not been done to date. Although CDC considers elder abuse a growing public health problem, there is no ongoing surveillance of its extent similar to periodic national incidence studies of child abuse and neglect. Without periodically measuring the extent of elder abuse nationwide, it will be difficult to develop an effective national policy for its prevention as required under the OAA.[101] CDC's efforts to create common definitions for elder abuse and to integrate questions on

[100] 2042(b)(4), 124 Stat. 795 (to be codified at 42 U.S.C. § 1397m-1(b)(4)).

[101] 42 U.S.C. § 3011(e)(2).

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elder abuse into one of its existing surveys, as well as past research on elder abuse prevalence, have provided a foundation for ongoing national surveillance of elder abuse. Additional legislation could ensure that such a study is conducted periodically over time.

Recommendations for Executive Action

To help APS programs more effectively and efficiently respond to elder abuse, we recommend that the Secretary of HHS determine the feasibility and cost of establishing a national resource center for APS-dedicated information that is comprehensive and easily accessible.

To facilitate the development of a nationwide APS data collection system, we recommend that the Secretary of HHS direct AoA to develop a comprehensive long-term plan for implementing such a system within a reasonable amount of time.

To ensure federal and state collaboration in planning and implementing such a system, we recommend that the Secretary of HHS, in coordination with the Attorney General, convene a group of state APS representatives to help determine what APS administrative data on elder abuse cases would be most useful for all states and for the federal government to collect; what APS administrative data all states should uniformly collect; and how a system for compiling and disseminating nationwide data should be designed.

To determine the feasibility and cost of collecting uniform, reliable APS administrative data on elder abuse cases from each state, and compiling and disseminating that data nationwide, we recommend that the Secretary of HHS, in coordination with the Attorney General, conduct a pilot study to collect, compile, and disseminate these data.

Matter for Congressional Consideration

The Congress should consider mandating the Secretary of HHS to conduct, in coordination with the Attorney General, a periodic national study of elder abuse's extent to track it over time.

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Agency Comments

We provided a draft of our report to Justice and HHS for review and comment. HHS indicated in its general comments (see appendix IX) that our report accurately depicts elder justice efforts across the country, notes that there are substantial gaps in elder abuse research, and presents useful information on factors that may place older adults at greater risk of abuse. HHS believes, however, that the report does not recognize the importance of understanding the factors associated with carrying out elder abuse (perpetration) because it emphasizes characteristics that may increase victims' risk of being abused. We agree that understanding the factors associated with perpetration of abuse in order to prevent abuse before it begins is vital. We note in the report that some factors, such as mental illness, may characterize perpetrators as well as victims. HHS also described the NCEA's role in preventing elder abuse and the role OAA formula grants play in supporting community-based efforts in this area. It acknowledged AoA's responsibilities under the OAA and noted steps AoA has taken, in collaboration with other agencies in HHS, to lay the foundation for surveillance of elder abuse and collection of APS administrative data, nationwide. HHS noted, however, that it is important to balance the burden compiling APS administrative data would impose on states with its potential benefits. With regard to our recommendations, HHS indicated it will review and explore options for implementing them. Both HHS and Justice provided technical comments that we incorporated into the report, as appropriate.

We are sending copies of this report to HHS and Justice, relevant congressional committees, and other interested parties. We will also make copies available to others upon request. The report is available at no charge on GAO's Web site at http://www.gao.gov.

If you or your staff have any questions about this report, please contact me at (202) 512-7215 or brownke@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. Key contributors to this report are listed in appendix X.

Sincerely yours,

Kay E. Brown

Kay E. Brown
Director, Education, Workforce,
and Income Security Issues

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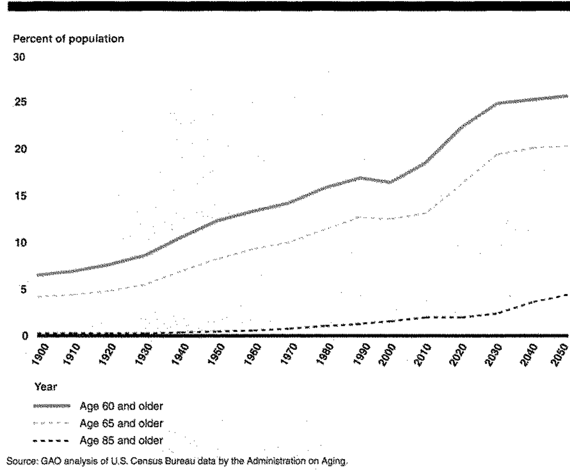
Appendix I: Growth in Percentage of U.S. Elderly Population, 1900-2050



Source: GAO analysis of U.S. Census Bureau data by the Administration on Aging.

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Appendix II: Scope and Methodology

Survey of State APS Programs

To assess the activities and challenges faced by state Adult Protective Services (APS) programs in addressing elder abuse, we designed and administered a Web-based survey of APS programs in the 50 states and the District of Columbia. Generally, the survey asked program officials about

- the administration and organization of APS in their state,
- the population served by APS and the types of abuse that qualify for services,
- coordination between APS and its multidisciplinary partners,
- the APS data collection and management system(s) in their state,
- funding and federal support received for APS in their state, and
- the challenges facing APS and any additional federal supports that are needed.

We also asked program officials to estimate (1) the number of elder and at-risk adult abuse reports received, (2) the number of elder and at-risk adult abuse cases investigated, (3) the number of elder and at-risk adult abuse cases substantiated, and (4) the number of total active cases. Out of the original population of APS programs in the 50 states and the District of Columbia, we received completed questionnaires from the 50 state programs—however, not all respondents provided answers to every question. We did not independently verify the numbers states provided in each case or the information pertaining to state laws that was reported by survey respondents. The survey was administered between June 15, 2010, and August 19, 2010. Several days before the survey period began, we notified recipients that they would be receiving it. We also followed up with nonrespondents several times before the survey period ended.

In developing the questionnaire we took steps to ensure the accuracy and reliability of responses. We pretested it with officials from five state APS programs to ensure that questions were clear, comprehensive, and unbiased, and to minimize the burden the questionnaire placed on respondents.

In addition to the data from the survey provided in this report and its appendices, each survey question along with responses to it is presented in GAO-11-129SP, an electronic supplement to this report.

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Literature Review

To identify research that has estimated the extent of elder abuse and factors associated with it, we searched Ageline, Wilson Social Science Abstracts, Medline, and other databases and asked researchers and subject matter experts in this area. In this way, we selected studies that either had been sponsored by academic institutions or the federal government, or had results that were published in peer-reviewed journals. From this group, we identified more than 50 studies conducted between 1988 and 2010 that either attempted to measure the extent of elder abuse or focused on the factors associated with it. Based on our assessment of the design, measurement strategies, and limitations of the remaining studies, we eliminated those whose methods did not conform to generally accepted social science standards. We identified 4 studies that attempted to examine the extent of elder abuse nationally. Numerous studies informed our discussion of the factors associated with elder abuse, and we refer to 14 of these studies in the text.

These studies are all subject to certain methodological limitations. For example, some studies did not use control groups, while others relied mainly on self-reports of abuse or its impact.

We conducted this performance audit from November 2009 through February 2011 in accordance with generally accepted government auditing standards. These standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

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Appendix III: Mandatory Reporters to APS of Elder Abuse by State

State	Everyone	Physicians	Home health care providers	Mental health service providers	Law enforcement authorities	Financial institutions	No one
Alabama		•	•	•	•		
Alaska		•	•	•	•		
Arizona		•	•	•	•	•	
Arkansas		•	•	•	•	•	
California		•	•	•	•	•	
Colorado							•
Connecticut		•	•	•	•		
Delaware	•						
Florida	•						
Georgia		•	•	•	•	•	
Hawaii		•	•	•	•	•	
Idaho		•	•	•	•		
Illinois		•	•	•	•		
Indiana	•						
Iowa		•	•	•	•		
Kansas		•	•	•	•	•	
Kentucky	•						
Louisiana	•						
Maine		•	•	•	•		
Maryland		•	•	•	•		
Massachusetts		•	•	•	•		
Michigan		•	•	•	•		
Minnesota		•	•	•	•		
Mississippi	•						
Missouri		•	•	•	•	•	
Montana		•	•	•	•		
Nebraska		•	•	•	•		
Nevada		•	•	•	•	•	
New Hampshire	•						
New Jersey		•	•	•	•		
New Mexico	•						
New York							•
North Carolina	•						
North Dakota							•

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State	Everyone	Physicians	Home health care providers	Mental health service providers	Law enforcement authorities	Financial institutions	No one
Ohio		•	•	•	•		
Oklahoma		•	•	•	•	•	
Oregon		•	•	•	•		
Pennsylvania			•				
Rhode Island	•						
South Carolina		•	•	•	•	•	
South Dakota							•
Tennessee	•						
Texas	•						
Utah	•						
Vermont		•	•	•	•		
Virginia		•	•	•	•		
Washington		•	•	•	•		
West Virginia		•	•	•	•		
Wisconsin		•	•	•			
Wyoming	•						

Source: Responses to GAO survey of state APS programs.

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Appendix IV: APS Organizational Structure and Location by State

State	Organizational structure: State administered	State supervised	Location: APS located within the state agency on aging
Alabama		•	
Alaska	•		
Arizona	•		•
Arkansas	•		•
California		•	
Colorado		•	
Connecticut	•		
Delaware	•		•
Florida	•		
Georgia	•		•
Hawaii	•		
Idaho		•	
Illinois	•		•
Indiana	•		•
Iowa	•		
Kansas	•		
Kentucky	•		
Louisiana	•		•
Maine	•		•
Maryland		•	
Massachusetts[a]			•
Michigan		•	
Minnesota		•	
Mississippi	•		•
Missouri	•		•
Montana	•		
Nebraska	•		
Nevada	•		•
New Hampshire	•		
New Jersey		•	•
New Mexico	•		•
New York		•	
North Carolina		•	•
North Dakota	•		•

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	Organizational structure		Location
State	State administered	State supervised	APS located within the state agency on aging
Ohio		•	
Oklahoma	•		
Oregon		•	
Pennsylvania		•	•
Rhode Island	•		•
South Carolina[b]			
South Dakota	•		•
Tennessee	•		
Texas	•		
Utah	•		•
Vermont	•		•
Virginia		•	
Washington	•		
West Virginia	•		
Wisconsin		•	•
Wyoming		•	

Source: Responses to GAO survey of state APS programs.

[a]Massachusetts did not respond to the survey question about organizational structure.

[b]South Carolina indicated that APS is administered in some other way.

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Appendix V: Selected APS Eligibility Criteria in Cases of Alleged Elder Abuse by State

			If no, other selected APS eligibility criteria			
State	Can the older adult qualify based on age alone?	If yes, age at which older adults qualify for APS	Inability to perform activities of daily living[a]	Inability to make responsible decisions for themselves	Dependent on another for their care	In a relationship of trust with the alleged perpetrator (for one or more types of abuse other than self-neglect)
Alabama	No		•	•		
Alaska[b]						
Arizona						
Arkansas	No		•	•	•	
California	Yes	65				•
Colorado						
Connecticut	No					•
Delaware	No		•	•	•	
Florida	No		•	•	•	
Georgia						
Hawaii	No		•	•	•	•
Idaho	No			•		
Illinois	No					•
Indiana	No		•	•	•	
Iowa	No		•	•	•	
Kansas						
Kentucky	No		•			•
Louisiana	Yes	60				
Maine	No			•	•	
Maryland	Yes	55				
Massachusetts	Yes	60				
Michigan						
Minnesota	No					•
Mississippi	No		•	•	•	
Missouri	No					•
Montana	Yes	60				
Nebraska	No		•	•	•	
Nevada						
New Hampshire						
New Jersey	No			•		

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State	Can the older adult qualify based on age alone?	If yes, age at which older adults qualify for APS	If no, other selected APS eligibility criteria: Inability to perform activities of daily living[a]	Inability to make responsible decisions for themselves	Dependent on another for their care	In a relationship of trust with the alleged perpetrator (for one or more types of abuse other than self-neglect)
New Mexico						
New York						
North Carolina	No		•			•
North Dakota[c]						
Ohio	No		•	•	•	•
Oklahoma	No		•		•	•
Oregon	Yes					
Pennsylvania	No			•	•	
Rhode Island	Yes	60				•
South Carolina	No		•	•	•	
South Dakota	Yes	60				
Tennessee	No		•	•	•	
Texas	Yes	65				•
Utah	Yes	65				
Vermont	No		•	•	•	
Virginia	Yes	60				
Washington						
West Virginia	No		•	•	•	•
Wisconsin	Yes	60				•
Wyoming	No		•	•	•	

Source: Responses to GAO survey of state APS programs.

Note: The eligibility criteria listed in the table do not include all used to determine APS program eligibility for older adults. States highlighted in gray had eligibility criteria other than the ones we specified in our survey.

[a]According to the National Cancer Institute, basic activities of daily living include eating, dressing, getting into or out of a bed or chair, taking a bath or shower, and using the toilet. Instrumental activities of daily living are activities related to independent living and include preparing meals, managing money, shopping, doing housework, and using a telephone. The specific definition of activities of daily living may vary by state.

[b]Alaska indicated that older adults can qualify for APS based on age alone, but did not specify an age.

[c]North Dakota did not provide information on APS program eligibility criteria.

Appendix VI: Estimated Elder Abuse Reports to APS, and APS Investigations and Substantiations in State Fiscal Year 2009

State	Reports of alleged elder abuse received	Elder abuse cases investigated	Elder abuse cases substantiated
Alabama			
Alaska			
Arizona			
Arkansas			
California	76,340	58,338	21,300
Colorado	7,434	4,217	
Connecticut	3,800	3,438	446
Delaware			
Florida		29,434	3,905
Georgia	4,215	4,522[a]	1,939
Hawaii	1,189	505	81
Idaho			400
Illinois	10,848	9,562	5,809
Indiana			
Iowa			
Kansas			
Kentucky	12,472	9,872	1,973
Louisiana	3,603	3,414	1,953
Maine	2,613	2,312	1,128
Maryland		4,534	
Massachusetts	15,935	11,823	4,738
Michigan	9,590	6,203	1,934
Minnesota	11,852	2,342	320
Mississippi			
Missouri			
Montana		3,865	1,347
Nebraska			
Nevada		3,669	1,167
New Hampshire			
New Jersey	4,500		
New Mexico	6,100	3,600	1,110
New York	22,894	16,523	
North Carolina	11,951	6,394	2,400
North Dakota		383	
Ohio		16,370	

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State	Reports of alleged elder abuse received	Elder abuse cases investigated	Elder abuse cases substantiated
Oklahoma			
Oregon		3,151	
Pennsylvania	15,000	9,500	2,800
Rhode Island		796	
South Carolina		2,192	1,159
South Dakota		179	116
Tennessee	6,679	6,618	3,516
Texas	45,460	36,710	25,875
Utah	3,025	1,605	142
Vermont			
Virginia	10,781	9,404	5,572
Washington	12,980	11,465	1,157
West Virginia	8,124	4,030	196
Wisconsin	5,715	5,349	2,915
Wyoming			

Source: Responses to GAO survey of state APS programs.

Note: Blanks refer to instances where the state did not or was unable to provide this information for fiscal year 2009.

[a]Georgia APS officials noted that investigations are greater than reports received in fiscal year 2009 because some investigations were carried over from the previous fiscal year.

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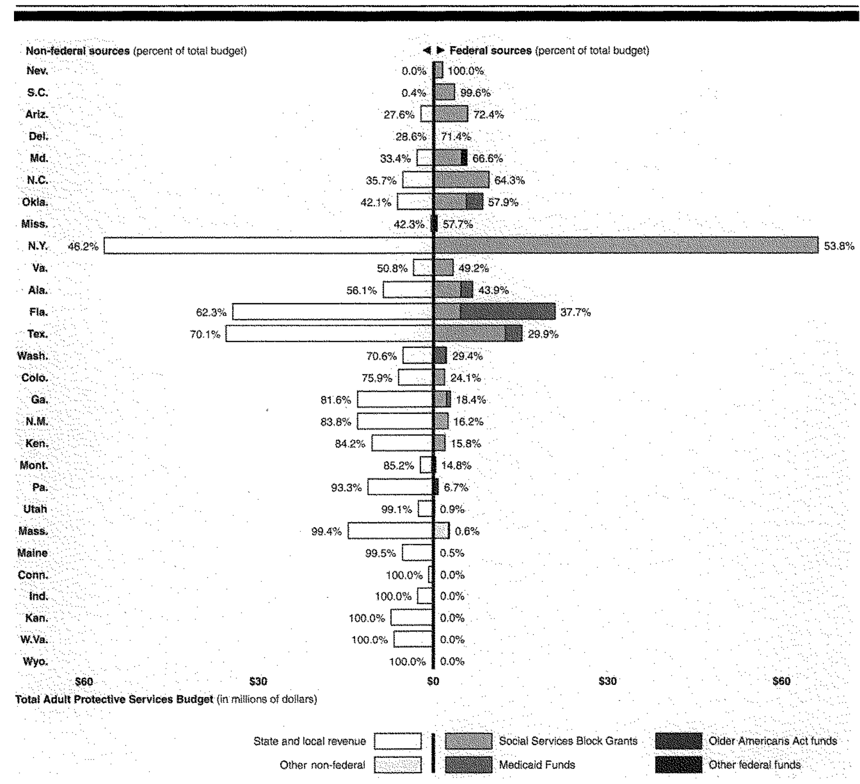
Appendix VII: Sources of Funding for APS Operations in 28 States in State Fiscal Year 2009



Source: GAO analysis based on responses to GAO survey of state APS programs.

Note: Twenty-two states were unable to provide complete funding information for their APS programs by source in fiscal year 2009. We have no information about the amount of their funding relative to the amount for states that did report. Also, some funding sources may be too small to appear in the graphic above.

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Appendix VIII: APS Program Budgets by State in State Fiscal Year 2009

State	Total APS program budget	Source of APS program funds					
		Social Services Block Grants	Medicaid funds	Older Americans Act formula grants	Other federal funds	State and local revenue	Other nonfederal funds
Alabama[a]	$15,278,239	$4,742,087	$1,965,909	$0	$0	$8,570,243	$0
Alaska							
Arizona	8,078,259	5,824,695	0	27,881	0	2,225,683	0
Arkansas			862,842	30,000			
California	127,000,000	61,000,000					10,000,000
Colorado	7,900,000	1,900,000	0	0	0	6,000,000	0
Connecticut	800,000	0	0	0	0	800,000	0
Delaware	35,000	0	0	25,000	0	10,000	0
Florida	55,320,769	4,647,509	16,225,806	0	0	34,447,454	0
Georgia	15,927,320	2,254,539	678,063	0	0	12,994,718	0
Hawaii		0	0	0	0		0
Idaho	1,385,096	0	0	48,697			
Illinois				187,515			
Indiana	2,700,000	0	0	0	0	2,700,000	0
Iowa		0	0	0	0		0
Kansas	7,253,159	0	0	0	0	7,253,159	0
Kentucky	12,497,777	1,978,970	0	0	0	10,518,807	0
Louisiana							
Maine	5,327,800	0	0	25,000	0	5,302,800	0
Maryland[a]	8,574,363	4,762,847	169,869	0	777,809	2,863,838	0
Massachusetts	17,322,983	0	0	109,606	0	14,591,094	2,622,283
Michigan				0			
Minnesota	18,476,171	539,504	14,068,143				926,887
Mississippi	1,047,863	270,000	0	0	334,563	443,300	0
Missouri				0	0		0
Montana	2,632,013	296,816	92,327	0	0	1,926,290	316,580
Nebraska		100,000				140,086	
Nevada[a]	1,508,284	1,470,592	0	37,695	0	0	0
New Hampshire							
New Jersey				155,000			
New Mexico	15,506,700	2,498,600	12,700	0	0	12,995,400	0
New York	122,588,840	66,000,000	0	0	0	56,588,840	0
North Carolina	14,851,478	9,552,356	0	0	0	5,299,122	0

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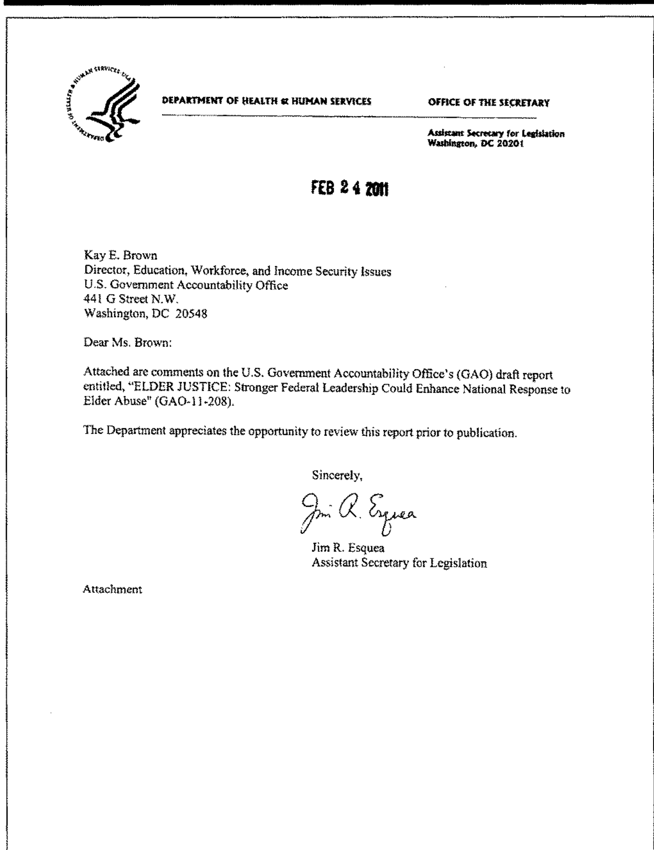
		Source of APS program funds					
State	Total APS program budget	Social Services Block Grants	Medicaid funds	Older Americans Act formula grants	Other federal funds	State and local revenue	Other nonfederal funds
North Dakota		0	0				
Ohio		13,394,830	0				
Oklahoma	14,661,994	5,678,221	2,809,938	0	0	6,173,835	0
Oregon	7,700,000	0	0	0			
Pennsylvania	12,000,000	0	0	800,000	0	11,200,000	0
Rhode Island	940,495			54,080			
South Carolina	3,566,304	3,553,258	0	0	0	13,046	0
South Dakota							
Tennessee							
Texas	50,802,261	12,361,183	2,853,913	0	0	35,587,165	0
Utah	2,800,000	0	0	24,000	0	2,600,000	176,000
Vermont	782,501	0	0				
Virginia[a]	6,797,618	3,345,533	0	0	1,000	3,452,085	0
Washington	7,424,282	0	2,084,000	99,282	0	5,241,000	0
West Virginia	6,723,615	0	0	0	0	6,723,615	0
Wisconsin				92,156			
Wyoming	210,081	0	0	0	0	210,081	0
Number of states responding	35	38	38	40	31	29	34
Total	**$576,421,265**	**$206,171,540**	**$41,823,510**	**$1,715,912**	**$1,113,372**	**$256,871,661**	**$14,041,750**

Source: GAO analysis based on responses to GAO survey of state APS programs.

Note: States highlighted in gray could not provide completed funding information from all sources in fiscal year 2009.

[a]For Alabama, Maryland, Nevada, and Virginia, the difference between the sum of the sources of APS program funds and the total APS program budget is less than $1,000; thus, we considered these states as those that could provide complete funding information in fiscal year 2009.

Appendix IX: Comments from the Department of Health and Human Services



DEPARTMENT OF HEALTH & HUMAN SERVICES

OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

FEB 24 2011

Kay E. Brown
Director, Education, Workforce, and Income Security Issues
U.S. Government Accountability Office
441 G Street N.W.
Washington, DC 20548

Dear Ms. Brown:

Attached are comments on the U.S. Government Accountability Office's (GAO) draft report entitled, "ELDER JUSTICE: Stronger Federal Leadership Could Enhance National Response to Elder Abuse" (GAO-11-208).

The Department appreciates the opportunity to review this report prior to publication.

Sincerely,

Jim R. Esquea
Assistant Secretary for Legislation

Attachment

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GENERAL COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) ON THE U.S. GOVERNMENT ACCOUNTABILITY OFFICE'S (GAO) DRAFT REPORT ENTITLED, "ELDER JUSTICE: STRONGER FEDERAL LEADERSHIP COULD ENHANCE NATIONAL RESPONSE TO ELDER ABUSE" (GAO-11-208)

The Department appreciates the opportunity to review and comment on this draft report.

The report identifies research on the extent and impact of elder abuse, the challenges to preventing and responding to this complex problem, and the current federal leadership, activities, and funding that is dedicated to this issue. At the conclusion of its analysis, GAO makes a series of recommendations that highlight the role that stronger federal leadership could have on improving efforts to prevent and respond to elder abuse, neglect, and exploitation.

The report emphasizes characteristics that may place older adults at risk for victimization—those things that may increase an older adults' risk of being abused or neglected. However, the report does not really address any factors that increase risks for carrying out the act of abuse itself. These actions are labeled perpetration by the Division of Violence Prevention (DVP) of the National Center for Injury Prevention and Control (NCIPC), part of the Centers for Disease Control and Prevention (CDC). The DVP emphasizes the need to pay attention to risk factors for perpetration as a central way of promoting primary prevention. Persons who engage in such abuse are referred to as perpetrators. If one addresses risk factors for being abused or neglected without addressing risk factors for perpetrating abuse or neglect, it is likely the effectiveness of minimization efforts will be limited. Exploring the risk factors for perpetrating abuse or neglect is essential to providing a context for thinking about ways to intervene to stop abuse from beginning, continuing or escalating.

As noted in the report, research on the extent and impact of elder abuse suggests that it is a widespread, complex problem that has been associated with significant negative impacts on the health and well-being of its victims. Despite these findings, there are substantial gaps in the research that have prevented a thorough understanding of, among other things, the incidence, prevalence, risk factors, and health impacts of elder abuse. Without this important information, adult protective services (APS) programs throughout the nation have struggled to implement the most effective interventions possible under increasingly limited resource constraints.

Compounding the problem to establish strong evidence-based interventions is the difficulty of collecting, maintaining, and reporting uniform administrative data on elder abuse. As indicated in the report, APS programs across the nation have varying definitions of elder abuse that lead to the collection of administrative data that is largely incomparable at the national level. This prevents any meaningful tracking of important programmatic trends as well as the development of evidence-based practices that would greatly increase the effectiveness of APS interventions.

Consistent with the report's description, the Administration on Aging (AoA) administers formula-based grants to State Units on Aging (SUAs) for elder abuse awareness and prevention activities and a discretionary grant program for the National Center on Elder Abuse (NCEA), a national resource center dedicated to the prevention of elder abuse. Responsible for a range of activities focused on both the prevention and response to elder abuse, neglect, and exploitation, AoA's formula grant program has empowered community-based efforts including the development of multidisciplinary teams, the development and dissemination of public awareness

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GENERAL COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) ON THE U.S. GOVERNMENT ACCOUNTABILITY OFFICE'S (GAO) DRAFT REPORT ENTITLED, "ELDER JUSTICE: STRONGER FEDERAL LEADERSHIP COULD ENHANCE NATIONAL RESPONSE TO ELDER ABUSE" (GAO-11-208)

materials, and support for state and local APS programs. In support of these efforts and others, the NCEA provides multidisciplinary programmatic guidance, training and technical assistance, and a compendium of research and best practices for elder abuse professionals, researchers, policymakers and the general public.

In addition to these activities, amendments to the OAA in 2006 authorized the Assistant Secretary for Aging (ASA) to designate a person within AoA to have responsibility for elder abuse prevention and services including, as indicated in the report, the development of objectives, priorities, policy, and a long-term plan for: (1) facilitating the development, implementation, and continuous improvement of a coordinated, multidisciplinary elder justice system in the United States; (2) working with states, the Department of Justice, and other agencies to collect, maintain, and disseminate data on elder abuse, neglect, and exploitation, to the extent practicable; and (3) establishing federal guidelines and disseminating best practices for uniform data collection and reporting by states.

In accordance with these requirements, AoA has taken proactive steps to work with federal partners within HHS, including the Assistant Secretary for Planning and Evaluation (ASPE) and the Centers for Disease Control and Prevention (CDC), to explore the feasibility of a national data collection system and to begin developing uniform data elements for public health surveillance on elder abuse. Despite progress on these fronts, AoA recognizes the importance of balancing the need for uniform data and best practices with the burden that reporting requirements would have on APS programs. States have indicated that mandating a data collection system would pose an undue burden on them, given the limited resources made available for elder abuse prevention formula grants (approximately $5 million in FY 2010).

The Department will review GAO's recommendations and explore the options available to implement them.

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Appendix X: GAO Contact and Staff Acknowledgments

GAO Contact

Kay E. Brown, (206) 512-7215, brownke@gao.gov

Staff Acknowledgments

Clarita Mrena (Assistant Director) and Eve Weisberg (Analyst-in-Charge) managed all aspects of this assignment. Divya Bali, Jay Liao, and Nhi Nguyen made significant contributions to this report, in all aspects of the work. Paul Hobart assisted with the site visits. Lorraine Ettaro, Michele Fejfar, Justin Fisher, Cathy Hurley, Sonya Vartivarian, Monique Williams, and Elizabeth Wood provided technical support with research methodology and data analysis. Ramona Burton, Kimberley Granger-Heath, Eileen Larence, Jonathan Meyer, Carol Patey, and Carolyn Yocom provided subject matter expertise. Susan Bernstein and Kathleen Van Gelder provided writing assistance. Ellery Scott provided editorial and production assistance. James Bennett provided graphics assistance. Craig Winslow provided legal counsel.

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Related GAO Products

Guardianships: Cases of Financial Exploitation, Neglect, and Abuse of Seniors. GAO-10-1046. Washington, D.C.: September 30, 2010.

Child Welfare: Improving Social Service Program, Training, and Technical Assistance Information Would Help Address Long-standing Service-Level and Workforce Challenges. GAO-07-75. Washington, D.C.: October 6, 2006.

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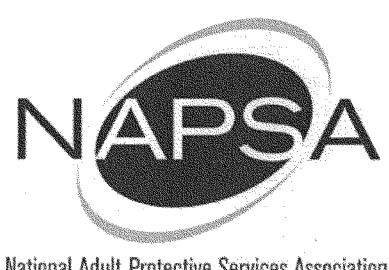

U.S. Senate Special Committee on Aging

Hearing on
Justice for All
Ending Elder Abuse, Neglect and Financial Exploitation

Wednesday, March 2, 2011

Testimony by the
National Adult Protective Services Association (NAPSA)
Prepared by Kathleen M. Quinn, Executive Director

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Testimony of Kathleen M. Quinn
Executive Director, National Adult Protective Services Association (NAPSA)
Senate Special Committee on Aging
March 2, 2011

Introduction

Chairman Kohl, Senator Corker, distinguished members of the Committee, thank you for the opportunity to discuss the GAO's report on Adult Protective Services (APS).

My name is Kathleen Quinn. I am the director of the National Adult Protective Services Association (NAPSA), a nonprofit organization which provides the only national voice for Adult Protective Services programs, professionals and clients. I have 30 years' experience in the family violence field, one decade in domestic violence at the state level in Illinois, and 20 years in elder abuse and adult protective services working for the State of Illinois, where I was the APS Administrator and supervisor of the State Long Term Care Ombudsman. For the past four years I have worked at the national level with NAPSA.

On behalf of NAPSA, we want to thank Senator Kohl for requesting the GAO report on APS and elder abuse data, and to commend the Committee for convening this this hearing on APS and elder abuse. I regret that my close colleague and invited witness Jane Raymond, the APS director in Wisconsin, could not leave that state to be here today.

As you have just heard from Dr. Lachs, abuse, neglect and exploitation of older persons is far more widespread, more costly and more lethal than even those of us long in the field realized. My role today is to talk about the role Adult Protective Services plays in responding to these victims of violence, abuse and greed, and the APS workers who are the "boots on the ground" in the fight against elder abuse.

What is APS?

APS is established by statute in every state to receive reports of abuse, neglect and exploitation of older persons and (in the vast majority of states) of younger persons with disabilities who are unable to protect their own interests. Just as we would never begin any discussion of child abuse without starting with the established state protective systems, we cannot begin to address elder (and younger vulnerable adult) abuse without starting with the established state protective systems, i.e. APS.

APS investigates the allegations, provides emergency protective and other services in order to protect and assist the abuse victims, just as in child protective services (CPS). Unlike child protective services, APS of course deals with adults who have the right to make their own decisions and to refuse unwanted interventions, even those that may be in their own best interests. The most difficult and challenging task an APS professional faces, and it is one faced in the vast majority of cases, is determining, with professional assistance, when a person is not capable of making her own decisions and must have a substitute decision-maker appointed.

In most states APS responds to elder abuse which occurs in the community, rather than in facilities. Since over 95% of persons 60 years and older live in their own homes or apartments, the overwhelming majority of elder abuse occurs in non facility settings.

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Testimony of Kathleen M. Quinn
Executive Director, National Adult Protective Services Association (NAPSA)
Senate Special Committee on Aging
March 2, 2011

Every day, APS professionals face extremely complex situations, often involving life and death medical conditions, criminal activities such as drug dealing, weapons, mental illness, dementia, complex financial frauds, intergenerational family disputes and dysfunctions, legal issues, sexual abuse, filth, violence and neglect. Neglect, which sounds benign, in fact can cause years of horrific suffering and undoubtedly kills far more older persons than does physical abuse.

APS saves the lives, dignity and financial assets of countless vulnerable elders. Yet APS professionals are usually forced to work with inadequate and indeed diminishing resources, receive little recognition, little reinforcement, and vastly inadequate community services. In many cases, they receive little to no training, and significantly, there is no national center to which they can turn for that essential training, technical assistance, recommendations for practice standards, policy development, help with data collection and analysis, information exchange, and the like.

Let me share just one case to illustrate the type of multi-layered cases APS responds to every day.

> *An APS worker responded to a call about an 83 year old woman living in her home under deplorable conditions, bedridden and suffering from dementia. Her 52-year-old son lived with her as her caregiver.*
>
> *The woman appeared to have been neglected for an extended period of time and was confined to her bed, living in her own filth and infested with maggots. Her unemployed son had taken over $50,000 from his mother's bank accounts to buy a car and to gamble at casinos.*
>
> *Also living in the home was a 48 year old severely developmentally disabled daughter, also found living in filth and without adequate nutrition, as well as numerous malnourished dogs.*
>
> *The APS worker took emergency measures to get medical evaluations and treatment for the mother and daughter, found an alternative living situation for the mother, worked with a local disabilities advocacy organization to place and assist the daughter, contacted animal control to take the dogs, had the house cleaned up. APS also referred the case to law enforcement, resulting in the son being arrested and charged with felony counts of criminal neglect and theft.*

Many elder abuse cases involve violent crimes, including domestic violence, sexual violence, criminal neglect, and financial crimes of every description. As we have learned from other forms of family violence, roughly nine in ten cases of elder abuse are perpetrated by the older person's own family members and loved ones.

Any criminal activity, by anyone, needs to be investigated and prosecuted, making sure that law enforcement, APS and others are not conned by the criminal's protestations of innocence and

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love for the victim. In addition, the community must, while holding the criminal abuser accountable, simultaneously make sure the vulnerable victim is cared for and protected.

Not All Elder Abuse Is Criminal, But All Elder Abuse Victimizes

But elder abuse cannot be boiled down to a short list of clearly identified crimes, all of which can have only a single response: the arrest and prosecution of offenders. Elder abuse cases are often extremely complex and "messy." In many cases, there is no clearly culpable offender to be held accountable; there are only mentally and physically ill, developmentally disabled, demented human beings struggling to get through each day. In these cases, APS must focus on the needs and safety of the older person (or younger vulnerable adult with a disability) who requires protection, but in order to assist that person, APS often must also take into account the other family members who may well have been assigned caregiving and bill-paying roles for which they are simply not capable.

We worry that if we label all elder abuse as criminal we will again leave out the thousands upon thousands of victims of emotional abuse, neglect resulting from ignorance and lack of resources, and intergenerational financial dependencies which do not involve any criminal intent or even malice. These situations do not rise to the level of criminal behavior, but nonetheless often significantly jeopardize the health and wellbeing of the older victims.

Self Neglect

One huge category of APS clients we risk leaving out with a narrow criminal definition of elder abuse are adults who self neglect; people who through no fault of their own are unable to provide for their own most basic needs of health and safety. While some may ask why we should be concerned about hoarders and others who live isolated lives in filth and disease, the answer, in addition to basic human compassion, is that they cost society a lot of money. They often trigger repeated calls by public health, zoning and fire code enforcement agencies, law enforcement, animal control, and most importantly, they often require repeated health care interventions. They frequently suffer from chronic, untreated diseases which escalate over time and can result in frequent trips to the ER for expensive, acute care. APS works with these victims to stabilize their situations in order to prevent this cycle of deterioration and costs.

Financial Abuse and Medicaid

A recent study done in Utah found that of the financial abuse cases substantiated by APS, nine percent of the victims had to turn to Medicaid to cover their health care costs specifically because they had lost their own money to exploitation. They also found that financial elder abuse costs the people of Utah $1 million dollars a week. Given what we now know to be the extremely high prevalence of elder abuse across the country, you can extrapolate the enormous drain on Medicaid that elder financial abuse causes. APS, if called in early enough, can stem the loss of assets and work with the victim to prevent further abuse.

APS Is the Primary Response System to Elder Abuse

The APS System is the only response system in place whose primary function is to respond to vulnerable adult abuse, neglect and exploitation. APS is also the *only* system serving victims of crime and abuse which has had to rely solely on state funding decisions. As a result, APS has

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almost no national infrastructure, as noted by the GAO report. Faced with ever increasing caseloads and ever shrinking state budgets, many APS programs are struggling just to answer the phones and to provide the most basic investigation and intervention services to extremely frail and at risk adults. A recent AARP Public Policy Institute-funded survey found, not surprisingly, that reports to APS have increased during the recent recession, while funding for APS services either remained flat or actually decreased in many states in the last two state fiscal years (these findings are in an AARP Fact Sheet released today).

Need for a National Resource Center for Adult Protective Services.

A national APS resource center, staffed by APS experts as well as experts from allied professions, could provide cost- effective training, information exchange, practice standards such as recommended caseload size, investigation methods, and innovative interventions, technical assistance, policy development on critical areas such as interstate compacts (among many others), and national standards on data collection. Such a resource center, modeled on the literally dozens of such centers in other fields, including child abuse, domestic violence, sexual assault, stalking, and the aging network, could greatly enhance the capability of APS across the country to provide the most effective and efficient services to elder abuse victims.

NAPSA

NAPSA is currently a proud partner in the National Center on Elder Abuse, funded by the Administration on Aging, and through the Center provides a comprehensive daily newsfeed which catalogues all the news stories on elder abuse from around the country. I have attached a few recent stories from states represented by members of the Aging Committee to illustrate the range, diversity and seriousness of the elder abuse occurring in every community. Through the Center, NAPSA is also able to provide a national library of training materials on APS and elder abuse, and in addition we provide quarterly training webinars on issues ranging from developing local elder abuse coalitions to personal safety training for APS workers.

Through our own limited resources and small grants, NAPSA convenes the only national, annual conference on elder abuse, abuse of younger vulnerable adults and APS. We also provide quarterly webinars in a "research to practice" series to help our members apply the most up to date research findings to their daily work. We survey APS administrators to collect and make available current information on the state of APS throughout the country. We are currently hoping to implement a series of webinars specifically for APS supervisors, who often receive no training for their unique and difficult positions.

NAPSA has identified twenty-three APS core competencies necessary for an adequately trained APS worker. (Note: We would not dream of sending untrained child protective workers out to protect abused children, but depending on the state and locality, we send minimally trained APS workers sent to intervene in the lives of vulnerable adults.) NAPSA is partnering with the State of California to adapt their training curricula, based on the NAPSA core competencies, on a national level. We are also exploring the possibility of offering university accredited courses to our members at a reduced rate

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Testimony of Kathleen M. Quinn
Executive Director, National Adult Protective Services Association (NAPSA)
Senate Special Committee on Aging
March 2, 2011

NAPSA also partners with other groups such as the Women's Institute for a Secure Retirement, the American Indigenous Aging Association, and CANHR in a new collaboration called CEASE, with the National Committee for the Prevention of Elder Abuse, Appleseed, NCALL, Investor Protection Trust, and others.

But we need to come together to do so much more to support and build the capacity of struggling APS programs throughout the country. In these times of austerity this is a program that we all need to pay attention to, both to save lives and to save money.

NAPSA's mission is to enhance the ability of APS in every community to respond effectively and efficiently to protect the lives, dignity and assets of our grandparents, our aunts and uncles, our parents, and someday, perhaps, even ourselves.

Senators, on behalf of APS workers around the country, we thank you for your vision in asking the GAO to study this issue and for recognizing the central role of APS in responding to the scourge of elder abuse. We look forward to working with you to help all vulnerable adult victims live out their lives in safety and dignity. Thank you.

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State Adult Protective Services (APS) Programs

Connecticut Department of Social Services
Alabama Department of Human Resources
Alaska Division of Senior & Disabilities Services
Arkansas Adult Protective Services
Arizona Department of Economic Security/Adult Protective Services
Colorado Department of Human Services
Delaware Division of Services for Aging & Adults with Physical Disabilities
District of Columbia Department of Human Services
Florida Department of Children & Families
Georgia Department of Human Resources
Guam Department of Public Health and Social Services
Hawaii Department of Human Services
Idaho Commission on Aging
Illinois Department on Aging
Indiana Division of Aging
Iowa Department of Human Services
Kansas Department of Social & Rehabilitation Services
Kentucky Department for Community Based Services
Louisiana Department of Health & Hospitals
Louisiana Governor's Office of Elderly Affairs
Maine DHHS/Office of Elder Services
Maryland Office of Adult Services, Department of Human Resources
Massachusetts Disabled Persons Protection Commission
Massachusetts Executive Office of Elder Affairs
Michigan Department of Human Services
Minnesota Department of Human Services
Mississippi Department of Human Services
Missouri Department of Health & Senior Services
Montana Adult Protective Services
Nebraska Department of Health & Human Services
Nevada Department of Human Resources
New Hampshire Bureau of Elderly & Adult Services
New Jersey Division of Aging and Community Services
New Mexico Department of Aging & Long-Term Services
New York State Office of Children and Family Services
North Carolina DHHS/Division of Aging & Adult Services
North Dakota Department of Human Services
Ohio Department of Jobs & Family Services
Oklahoma Department of Human Services
Oregon Department of Human Services
Oregon Office of Investigations & Training
Pennsylvania Department of Aging
Rhode Island Department of Elderly Affairs
South Carolina Department of Social Services
South Dakota Department of Social Services
Tennessee Department of Human Services
Texas Department of Family and Protective Services
Utah Adult Protective Services
Vermont Division of Licensing & Protection
Virgin Islands Department of Human Services
Virginia Department of Social Services
Washington Department of Social and Health Services
West Virginia Department of Health & Human Services
Wisconsin Bureau of Aging and Disability Resources
Wyoming Department of Family Services

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Selected Elder Abuse News Stories – February, 2011

ALABAMA:
"Daughter Faces Felony Charges" --- A woman was arrested Tuesday for felony abuse and neglect of an elderly person, following the death of her 85-year-old, ... --- Daily Home Online --- February 1, 2011 (ALABAMA) http://is.gd/8U6Nbi

CONNECTICUT
"Deal Reached in Spat over Conn. Widow's Fortune" --- The last will was completed in September 2006, shortly after a doctor diagnosed her with dementia, probate court documents say. Other friends had expressed ... --- Wall Street Journal --- February 1, 2011 (CONNECTICUT) http://is.gd/Ja9lsD

"$1 Million Bond Set for Alleged Scammer" --- Gina L. Miller, of 37 Wells St., E. Hartford, Conn. was bound over to the 13th Circuit Court on two charges of embezzlement of a vulnerable adult $20,000 or more . --- Leelanau Enterprise --- February 19, 2011 (CONNECTICUT) http://is.gd/wBdubl

FLORIDA
"Couple Tried to Scam Kidnapping Ranson from In-laws" --- He told the elderly woman the kidnappers wanted $425 or they would shoot Wendy ... The Novaks are charged with grand theft and exploitation of the elderly. --- NBC Miami --- January 31, 2011 (FLORIDA) http://is.gd/ZTLeZ6

"Judie Rappaport: Dad's Making New Friends; Are They Fairweather, or Just Plain Foul?" --- Lonely seniors are prime targets for financial exploitation via telephone sweepstakes and lottery offers.Con artists know this; they're ... --- TCPalm --- February 11, 2011 (FLORIDA) http://is.gd/bLuDXY

"Pasco Nursing Home Coordinator Accused of Stealing from Patient" --- A nursing home administrator at Sunshine Christian Homes is accused of stealing $1,403 from an 88-year-old patient. Amna G. Ahmovic, 34, of Port.. . --- Tampabay.com --- February 15, 2011 (FLORIDA) http://is.gd/SJUuPm

ILLINOIS
"Wife of Ex-fire Chief, Who Bilked Elderly Woman of $210K, Set to Be Released from Prison Today" --- Will County Circuit Court Judge Robert Livas sentenced the couple to eight years in prison for financial exploitation of an ... --- TribLocal --- February 11, 2011 (ILLINOIS) http://is.gd/Tl8fEJ

"Elderly Man Dies After Alleged Beating by Son, Who is Suspect in Second Attack" --- A 76-year-old Belleville man who allegedly had been punched and kicked by his son last month died Saturday ... --- Belleville News Democrat --- February 14, 2011 (ILLINOIS) http://is.gd/F4OjaO .

"Priest Investigated for Elder Abuse Steps Aside" --- Judge Lynne Kawamoto's order said Krzemien was "the subject of [an] elder abuse investigation due to allegations of financial exploitation. --- Chicago Tribune --- February 13, 2011 (ILLINOIS) http://is.gd/GSpErJ

MAINE

--- February 13, 2011 (ILLINOIS) http://is.gd/GSpErJ "50K Bail for Woman Accused of Trying to Suffocate Elderly Woman" --- Prosecutors say 49-year-old Jodi Lynn Holmes has a history of making threats against the elderly. She was convicted of making bomb threats against three ... --- WABI --- February 9, 2011(MAINE)

NEW YORK

"Bilker of Elderly Cancer Patient Busted in New 'Scam'" --- A con artist on probation for embezzling more than $310,000 from her elderly, cancer-stricken ex-boss has now been charged with bilking four ... --- New York Post --- February 1, 2011 (NEW YORK) http://is.gd/Osk4re

"NY Woman Arrested in Death of 70-Year-old Mother" --- Joy Solomon runs the Center for Elder Abuse and Prevention in Riverdale, a shelter for senior abuse victims. Solomon said if Castracucco was abusing her ... --- CBS New York --- February 10, 2011 (NEW YORK) http://is.gd/gYGiSK

"Son Convicted in Woman's Beating Death in Tonawanda" --- David C. Heck was convicted Friday of fatally bludgeoning his elderly mother on Christmas Eve two years ago. --- Buffalo News --- February 19, 2011 (NEW YORK) http://is.gd/xkwaqt

OREGON

"Oakland Woman Accused of Stealing $70,000 from Senior" --- Kimberly Anne Seekins, 23, is accused of taking money from the alleged victim's bank account and illegally using the older woman's credit cards to make ... --- The Register-Guard --- February 3, 2011 (OREGON) http://is.gd/Obv0YF

SOUTH CAROLINA

"MBPD Searches for Caregiver Wanted for Forgery" --- According to the MBPD, Christine Patricia Coleman, 49, is wanted for exploitation of a vulnerable adult and breach of trust over $10,000. On Dec. ... --- WMBF --- February 7, 2011 (SOUTH CAROLINA) http://is.gd/uddZBK .

"Deputies: Couple Kept Body Hidden for More than a Year" --- Alicia and Steven Kelly have been charged with exploitation of a vulnerable adult, resulting in abuse or neglect, which resulted in death. --- News Channel 7 --- February 7, 2011 (SOUTH CAROLINA) http://is.gd/1blTcZ.

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TENNESSEE
"Fired Kingsport Nursing Home Employee Gets Probation for Stealing Medication" --- A former Kingsport nursing home employee has been granted probation for depriving residents of prescribed pain medication. --- Kingsport Times News --- February 11, 2011 (TENNESSEE) http://is.gd/azt0vl

"Elderly Man Allegedly Abused by Health Care Worker Dies" --- The elderly man who was allegedly abused by a home health care worker has died. Wilkinson was a Korean War veteran, a former prisoner of war, and a former ... --- WTVC --- February 21, 2011 (TENNESSEE) http://is.gd/5ytngn

'Mother, Husband of Minister Removed from Squalor" --- Tennessee Department of Human Services spokesman Vince Troia said both the husband and mother were taken to.--- Knoxville News Sentinel --- February 19, 2011 (TENNESSEE) http://is.gd/7uSXQn

WISCONSIN
"Hearing Ordered in Case of Strangled Dementia Patient" --- A competency hearing was ordered Tuesday for a 59-year-old man accused of strangling an 85-year-old dementia patient at a Milwaukee group home. --- Milwaukee Journal Sentinel --- February 15, 2011 (WISCONSIN) http://is.gd/J69xic

"New Auburn Woman Who Stole Elderly Man's Money Gets Five Years in Prison" --- Dunn County won't tolerate those who steal from the elderly or other vulnerable people. That was the message a Dunn County . --- Leader-Telegram --- February 18, 2011 (WISCONSIN) http://is.gd/01w8fR

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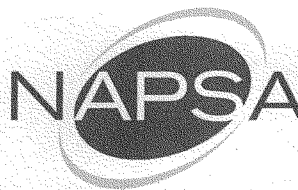

National Adult Protective Services Association

APS Provides Help and Hope to America's Vulnerable Adults

The National Adult Protective Services Association (NAPSA) is the only national organization representing Adult Protective Services (APS) programs and staff as well as APS victims. Founded in 1989, NAPSA has more than 500 members across the country.

NAPSA Mission

The mission of the National Adult Protective Services Association (NAPSA) is to strengthen the capacity of Adult Protective Services (APS), at the national, state, and local levels, to effectively and efficiently recognize, report and respond to the needs of elders and adults with disabilities who are the victims of abuse, neglect, or exploitation, and to prevent such abuse whenever possible.

NAPSA Services and Partnerships

National Legislative Advocacy

NAPSA, a founding member of the Elder Justice Coalition, actively advocated for the passage of the Elder Justice Act and now is working toward securing federal funding for APS. Bill Benson, NAPSA's National Policy Advisor in Washington, D.C., provides direct access to government policy makers regarding legislation and policies. For more information, go to: www.apsnetwork.org/About/policy.htm

Training: Annual APS Conference/ Webcasts/National Training Library

NAPSA holds the only national conference on elder abuse, abuse of adults with disabilities, and APS. Members receive significantly reduced registration fees. NAPSA develops training modules, provides technical assistance on training and manages a national library: www.apsnetwork.org/Resources/training_library.htm

Information and Technical Assistance

APS staff from all over the country provide ongoing information, technical assistance and support for members on a wide variety of subjects, including curriculum development, data management systems, and best casework practices.

Networking

NAPSA members meet APS colleagues from across the country and from within their own regions, and also contribute, through volunteering for committees, to APS work and advocacy at the national level.

Newsletter

Find ***NAPSA NEWS*** at: www.apsnetwork.org/Resources/newsletter.htm

Research

NAPSA's joint Research Committee with the National Committee for Prevention of Elder Abuse (NCPEA) promotes research on APS clients and services. NAPSA has conducted national research activities on APS report data, training activities, services to self-neglecting adults and national data collection. Substantive research webcasts are offered free to members. See: www.apsnetwork.org/Resources/webcasts.htm

Partnership in the National Center on Elder Abuse (NCEA)

NAPSA, one of three funded partners in this national resource center, a project of the U.S. Administration on Aging, is the lead for NCEA training efforts, including a Training Library of APS and elder abuse training materials and quarterly informational webcasts. For more information please see the NCEA website at: www.ncea.aoa.gov

Other Partnerships

NAPSA partners with other organizations such as NCPEA, the University of Delaware Clearinghouse on Abuse and Neglect of the Elderly, UCI Center of Excellence on Elder Abuse & Neglect, the National Center on State Courts, & many others.

Join NAPSA to:

- **Meet and share information with APS colleagues from across the country;**
- **Receive NAPSA benefits including reduced conference fees, free webcasts and the newsletter;**
- **Help promote the lifesaving work of APS!**

APS: Advocating, Protecting and Serving Vulnerable Adults

NAPSA 920 S. Spring St. Ste 1200, Springfield, IL 62704 Phone: 217-523-4431 Fax: 217-522-6650 www.apsnetwork.org

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NAPSA ACCOMPLISHMENTS 2009 – 2010

ADVOCACY

- ELDER JUSTICE ACT PASSED AND ENACTED INTO LAW!
- REQUESTED MAJOR GAO STUDY OF APS ACROSS US
- DEVELOPING ADVOCACY PARTNERSHIPS WITH DISABILITY ADVOCATE GROUPS AND CREATED A NATIONAL RESOLUTION ADDRESSING ABUSE OF ADULTS WITH DISABILITIES OF ALL AGES
- NOMINATED KEY LEADERS FOR NEW NATIONAL ELDER ABUSE ADVISORY BOARD

SERVICES

- COMPREHENSIVE ELDER ABUSE NEWSFEED PROVIDED DAILY TO THE ELDER ABUSE LISTSERV; NEWSFEED ANALYSIS OF 12 MONTHS CONTENT COMPLETED
- MAINTAINED AND EXPANDED NCEA/NAPSA TRAINING LIBRARY TO BE MORE ACCESSIBLE & USER FRIENDLY
- TECHNICAL ASSISTANCE PROVIDED TO HUNDREDS OF PROFESSIONALS AND TO THE GENERAL PUBLIC

Support

- NAPSA IS A PARTNER IN THE AOA NATIONAL CENTER ON ELDER ABUSE (NCEA)
- ADDITIONAL FUNDING FROM:
  - US DEPARTMENT OF JUSTICE
  - ARCHSTONE FOUNDATION
  - RETIREMENT RESEARCH FOUNDATION
  - INDIVIDUAL DONORS
  - CONFERENCE SPONSORS AND EXHIBITORS

ORGANIZATION

- COMMITTEES INCLUDE: •CONFERENCE •RESEARCH •EDUCATION •PUBLIC POLICY • MEMBERSHIP •REGIONS

TRAINING

- THE ANNUAL NAPSA CONFERENCE IS THE ONLY NATIONAL CONFERENCE FOCUSING ON ELDER ABUSE, ABUSE OF YOUNGER ADULTS WITH DISABILITIES AND APS; HELD IN SAN ANTONIO, TEXAS IN 2009 AND SAN DIEGO, CA IN 2010
- COMPLETED AN ONLINE "ELDER ABUSE 101" TRAINING MODULE FOR HEALTH CARE PROVIDERS
- RESEARCH COMMITTEE INITIATED (THROUGH THE NATIONAL COUNCIL ON CRIME & DELINQUENCY) "RESEARCH TO PRACTICE" WEBCASTS FOR NAPSA AND NCPEA MEMBERS ON *PROMOTING MENTAL HEALTH AND PREVENTING SUICIDE AMONG OLDER ADULTS; EXECUTIVE FUNCTION IN SELF-NEGLECTING APS REFERRALS COMPARED WITH ELDER PSYCHIATRIC OUTPATIENTS; ANIMAL HOARDING AND SELF NEGLECT*
- PROVIDED QUARTERLY INFORMATIONAL WEBCASTS FOR NCEA ON *ELDER JUSTICE: COMMUNITY COLLABORATIONS; WORKER SAFETY FOR APS; PERSONAL SAFETY FOR SOCIAL WORKERS; THE BROOKE ASTOR TRIAL: A CASE STUDY IN PROSECUTION OF ELDER FINANCIAL EXPLOITATION; THE ELDER JUSTICE ACT: WHAT IT SAYS, WHAT IT MEANS, & WHEN WILL IT BE IMPLEMENTED?*
- CURRICULUM DEVELOPMENT ACTIVITIES:
  - APS CORE COMPETENCY MODULE 8 *ELDER ABUSE DYNAMICS*, MODULE 17 ON *CAPACITY ASSESSMENT*, & *MODULE 2, VALUES & ETHICS*, COMPLETED
  - PARTNERING WITH CA APS WHICH IS DEVELOPING ALL APS CORE COMPETENCIES THROUGH THE NATIONAL APS TRAINING PARTNERSHIP

PARTNERSHIPS

- ADMINISTRATION ON AGING (AOA)
- DEPARTMENT OF JUSTICE (DOJ)
- CENTERS FOR DISEASE CONTROL & PREVENTION (CDC)
- NATIONAL COMMITTEE FOR PREVENTION OF ELDER ABUSE (NCPEA)
- NATIONAL COUNCIL ON CRIME AND DELINQUENCY (NCCD)
- UNIVERSITY OF DELAWARE (CANE)
- NATIONAL CLEARINGHOUSE ON ABUSE IN LATER LIFE (NCALL)
- NATIONAL APS TRAINING PARTNERSHIP WITH CA APS
- UNIVERSITY OF CALIFORNIA IRVINE'S CENTER OF EXCELLENCE ON ELDER ABUSE AND NEGLECT
- CA DISTRICT ATTORNEYS' ASSOCIATION (CDAA)
- CEASE, THE COALITION TO END ELDER FINANCIAL ABUSE
- WISER, WOMEN'S INSTITUTE FOR A SECURE RETIREMENT
- NCCNHR
- NATIONAL CENTER FOR STATE COURTS (NCSC)
- NORTH AMERICAN SECURITIES ADMINISTRATORS ASSOCIATION (NASAA)
- INVESTOR PROTECTION TRUST (IPT)
- NEW YORK ADULT ABUSE TRAINING INITIATIVE (AATI)

920 S. Spring Street, Suite 1200, Springfield, IL 62704
Phone: 217-523-4431, Fax: 217-522-6650, e-mail: membership@apsnetwork.org

Testimony of Mark Lachs MD MPH
Senate Committee on Aging
March 2, 2011

Senators my name is Dr. Mark Lachs, and I have dedicated my life and my professional career to protecting the health, the rights, and the dignity of Older Americans. I am honored to testify before you today not only as a primary care doctor who cares for older adult adults and has seen the ravages of elder abuse first hand, but also as a physician-scientist who has conducted research in this area for nearly 25 years, much of it funded by the National Institutes of Health. I am Director of Geriatrics for the New York Presbyterian Health Care System and a Professor of Medicine at the Weill Medical College in New York City where I run the geriatric medicine program. I also direct New York City's Multidisciplinary Elder Abuse Center. So thank you for allowing me to speak, and special thanks to Senator Gillibrand who shares not only my passion about eradicating elder abuse, but who also cares deeply about older people in every way.

This hearing is timely, not only from the vantage of the GAO report that is being released today, but also because it coincides with the distribution of a statewide New York study my group at Cornell recently completed in collaboration with the New York City Department for the Aging and an Organization called Lifespan of Greater Rochester. Funded by the New York State Office of Children and Family Services, it had two major goals: First, to determine the annual incidence of elder mistreatment in our state, and second, to determine how much of it we miss. We know that for all cases of family violence – child abuse, intimate partner violence, etc., - we identify, we miss several more. We think that this phenomenon is far worse in the case of elder abuse because many people become socially isolated as they age, and their victimization therefore is more hidden. Shame also probably contributes to under-identification.

The study is notable in a couple of respects. First, it is enormous, the largest of its kind in any single state. We directly interviewed over 4000 older people directly to ask them about their experiences with elder mistreatment, scientifically sampling all parts of our diverse state representatively. Second, over the same time period, we extensively queried the many agencies, governmental and otherwise, who formally respond to elder abuse cases. Our goal was to compare the numbers of people who self-report abuse to the number who actually come to light in these official agencies. In short, we were trying to determine the ratio of known to undiscovered cases.

And missing cases we are. When these 4000 individuals were queried about their personal experiences with elder mistreatment using scientifically validated survey techniques, 7.6% - about 1 in 13 reported experiencing any form of mistreatment in the prior year. The most common form of mistreatment reported was financial exploitation with 4.2% - or 1 in 25 - describing victimization; this was followed next by physical abuse with 2.2% - or just under 1 in 50 - people describing that experience. So this is out there! In fact, I tell the physicians I train that if they've seen 15 or 20 older people in their practices (a fraction of what many physicians see during a busy day), then they have probably met an elder abuse victim, whether they realize it or not.

When we compared these self reported rates to "official" or "documented" cases known to agencies serving older people, we see that this is a tip of the iceberg problem. Based on our research it would appear that for every elder abuse victim that makes it into

an official service or reporting system, another 23 to 24 go undetected. For this reason, we entitled our report "Under the Radar".

Senators, in my remaining minute or so, permit me to outline 2 or 3 recent developments in this field that I think have enormous promise. The first is the development of Multidisciplinary Elder Abuse Centers, akin to those created for child abuse, in which teams of physicians, social workers, justice system, financial and others work collaboratively to efficiently identify victims and meet their multitude of legal, medical, mental health, and other needs. We have created two such team in New York City and it continues to grow on a monthly basis. This is a national model for assistance to victims not only address their abuse and injuries, but to potentially avert financial exploitation that leaves them impoverished and on public assistance without the nest eggs they have accumulated over a lifetime and counted on to support them in later life. We know from research for example, that elder abuse is an independent risk factor for entering a nursing home, and an independent risk factor for death after controlling for chronic medical problems. In short, elder abuse victims not only suffer, they suffer in ways that are incredibly expensive to our systems of public health, welfare, and to our entitlement programs.

And although my remarks today have focused primarily on elder abuse occurring in the community, we should not forget that residents of nursing homes still remain vulnerable, and here too there will soon be new data. One form of nursing home abuse that has been completely unexplored is not abuse by staff, but so called resident-to-resident elder mistreatment, wherein residents with dementia or other mental health problems, many of them younger who should not be harbored in the same nursing homes with frail older residents, have become physically aggressive causing injury and in some cases death. Recently NIH and NIJ funded us to do the first study of this under-recognized problem.

Everyone testifying today will probably tell you that this problem is under resourced, and you'll get no argument from me about we need to do more for victims. But if you asked me to pick the two areas of investment that would likely produce the greatest return both in terms of reducing human suffering and averting the financial toll of mistreatment – which ultimately place people in entitlement programs (e.g., through premature or unnecessary nursing home placement), it would be 1) investment in research, and 2) the creation of multidisciplinary elder abuse teams which comprehensively not only serve victims, but also work to prevent abuse.

Senators thank you for requesting the GAO report, permitting me to speak, and taking a cold, hard look at the most hideous form of age discrimination imaginable.

UNDER THE RADAR:
NEW YORK STATE ELDER ABUSE PREVALENCE STUDY

SELF REPORTED PREVALENCE AND DOCUMENTED CASE STUDIES

EXECUTIVE SUMMARY

The New York State Elder Abuse Prevalence Study is one of the most ambitious and comprehensive studies to quantify the extent of elder abuse in a discrete jurisdiction ever attempted, and certainly the largest in any single American state. With funding from the New York State William B. Hoyt Memorial Children and Family Trust Fund, a program administered under NYS Office of Children and Family Services, three community, governmental, and academic partners (Lifespan of Greater Rochester, The New York City Department for the Aging and the Weill Cornell Medical College) formed a collaborative partnership to conduct the study.

AIMS OF THE STUDY

The study had three central aims achieved through two separate study components:

- To estimate the prevalence and incidence of various forms of elder abuse in a large, representative, statewide sample of older New Yorkers over 60 years of age through direct interviews (hereafter referred to as *the Self-Reported Prevalence Study*)
- To estimate the number of elder abuse cases coming to the attention of all agencies and programs responsible for serving elder abuse victims in New York State in a one-year period (*the Documented Case Study*), and
- To compare rates of elder abuse in the two component studies, permitting a comparison of "known" to "hidden" cases, and thereby determining an estimate of the rate of elder abuse under-reporting in New York State.

METHODOLOGY

At the completion of the study, 4,156 older New Yorkers or their proxies had been interviewed directly and 292 agencies reported on documented cases from all corners of the state. Through the collaborative efforts of the three research partners, the study employed "cutting edge" methodologies to accomplish the goals of the study. These included (1) improvement of existing survey instruments to make them "state of the art" using the combined field knowledge of academics and direct service providers; separate surveys were created for the Self-Reported Prevalence Survey and the Documented Case Study, (2) utilization of the Cornell Research Survey Institute in Ithaca to assemble a representative state sample of older adults and to conduct the interviews by telephone, (3) administration of a survey to all major service systems, agencies and programs in the state that receive reports of elder abuse and provide investigation and intervention to older adult victims.

Methodology - Self-Reported Prevalence Study

In the Self-Reported Prevalence Study, the research team assembled a representative sample of all residents of New York State age 60 and older representing a broad cross section of the older population in the state. The sample was created using a random digit dialing strategy derived from census tracts targeting adults over 60. The study was limited to older adults living in the community, that is, not living in licensed facilities such as nursing homes and adult care facilities. The actual surveys were conducted by telephone by trained interviewers at the Cornell Survey Research Institute. The survey instrument used for this component of the study captured elder mistreatment in four general domains: (1) Neglect by a responsible caregiver (2) Financial Exploitation (3) Emotional Abuse and (4) Physical Elder Abuse (including Sexual Abuse).

Methodology - Documented Case Study

The Documented Case Study contacted programs and agencies responsible for specifically serving victims of elder abuse and older victims of domestic violence in New York State and requested that they complete a survey about cases served in calendar year 2008. The survey included questions on elder abuse cases that mirrored the questions used for the statewide Self-Reported Prevalence Study. Programs surveyed included Adult Protective Services, law enforcement, area agencies on aging, domestic violence programs, elder abuse programs, programs funded by the Office of Victim Services (previously known as the Crime Victims Board), elder abuse coalitions, and District Attorney (DA) offices. While the amount of data supplied varied by county and organization, at least some data was collected for each of the 62 counties in New York State.

MAJOR FINDINGS

- **The study found that 76 out of every 1,000 older New Yorkers are victims of elder abuse in a one year period.**
- **Applying the incidence rate estimated by the study to the general population of older New Yorkers, an estimated 260,000 older adults in the state had been victims of at least one form of elder abuse in the past year.**
- **The findings of the study also point to a dramatic gap between the rate of elder abuse events reported by older New Yorkers and the number of cases referred to and served in the formal elder abuse service system.**
- **Overall the study found an elder abuse incidence rate in New York State that was nearly 24 times greater than the number of cases referred to social service, law enforcement or legal authorities who have the capacity as well as the responsibility to assist older adult victims.**
- **Psychological abuse was the most common form of mistreatment reported by agencies providing data on elder abuse victims in the Documented Case Study. This finding stands in contrast to the results of the Self-Reported Study in which financial exploitation was the most prevalent form of mistreatment reported by respondents as having taken place in the year preceding the survey.**

Caution must be exercised in interpreting the large gap between prevalence reported directly by older adults and the number of cases served. The adequacy of some documentation systems to provide elder abuse case data may have played a role in the results. The inability of some service systems and individual programs to report on their involvement in elder abuse cases may have affected the final tally of documented cases. As a

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result, an undetermined number of cases may not be accounted for from agencies and programs that could not access some data about elder abuse victims served. However, the study received comprehensive data from the largest programs serving elder abuse victims: Adult Protective Services, law enforcement and community-based elder abuse programs.

Table 1

Rates of Elder Abuse in New York State:
Comparison of Self-Reported Prevalence and Documented Case Data

	Documented Rate per 1,000	Self-reported Rate per 1,000	Ratio of Self-Reported to Documented
New York State - All forms of abuse	3.24	76.0	23.5
Financial	.96	42.1	43.9
Physical and Sexual	1.13*	22.4*	19.8
Neglect	.32	18.3	57.2
Emotional	1.37	16.4	12.0

*The Documented Case rate includes physical abuse cases only. Physical and sexual abuse data were combined in the Self-Reported Study. The sexual abuse rate for the Documented Case Study was 0.03 per 1,000.

It should be noted that the sum of the rates exceeds the total rates in both the Documented Case and Self-Reported Studies because some victims experienced more than one type of abuse.

SELF-REPORTED PREVALENCE STUDY

Major findings of the Self-Reported Study include:

- **A total one-year incidence rate of 76 per 1,000 older residents** of New York State for any form of elder abuse was found.
- The cumulative prevalence of any form of **non-financial elder mistreatment was 46.2 per thousand subjects studied** in the year preceding the survey.
- The highest rate of mistreatment occurred for **major financial exploitation** (theft of money or property, using items without permission, impersonation to get access, forcing or misleading to get items such as money, bank cards, accounts, power of attorney) with **a rate of 41 per 1,000 surveyed.** This rate reflects respondent reports of financial abuse that occured in the year preceding the survey. (The rate for moderate financial exploitation, i.e. discontinuing contributions to household finances in spite of agreement to do so, constituted another 1 per 1,000 surveyed.)
- The study also found that **141 out of 1,000 older New Yorkers have experienced an elder abuse event since turning age 60.**

DOCUMENTED CASE STUDY

Major findings of the Documented Case Study include:

- Adjusting for possible duplication of victims served by more than one program, the study determined that in a one-year period **11,432 victims were served throughout New York State, yielding a rate of 3.24 elder abuse victims served per 1,000 older adults.**
- Rates of documented elder abuse varied by region. The highest rate was in New York City (3.79 reported cases per 1,000 older adult residents) compared to the region with the lowest rate of documented cases, Central New York /Southern Tier (2.30 cases per 1,000).
- Variability in data collection across service systems contributed to the large gap uncovered between the number of cases reported through the Documented Case Study and the prevalence rates found in the Self-Reported Study. The extent to which the gap can be attributed to data collection issues among service systems has not been established.
- While there was little difference among urban, suburban and rural counties in types of abuse reported in the Documented Case Survey (for all regions, emotional abuse is the most common abuse category reported), urban areas tend to have higher documented case rates than rural counties.

Table 2

Victim Demographic Information
Comparison of Documented Case Data and Self Reported Data

Information about victims	Documented Case Study Percent of Victims	Self-Reported Study Percent of Victims
Age groups		
60-64	17.0	20.3
65-74	41.9	38.0
75-84	28.1	29.1
85+	13.0	12.7
(Missing)	14.9	0.0
Gender		
Male	32.8	35.8
Female	67.2	64.2
(Missing)	13.8	0.0
Race/Ethnicity		
African American	27.9	26.3
Asian/Pacific Islander	3.0	1.6
Caucasian	69.3	65.5
Hispanic/Latino	16.4	7.6
Native American/Aleut Eskimo	0.8	1.9
Race, other	10.5	2.9
(Missing)	50.8	1.9

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Under Race/Ethnicity, it should be noted that in the Documented Case Study, some agencies permitted elder abuse victims to declare more than one ethnic category; as a result the sum of percentages exceeds 100. In the Self-Reported Study column, respondents who self identified as Hispanic/Latino in addition to another category are reported in a separate statistic (7.6%). As a result, the sum of all categories again exceeds 100 percent.

Note that in Table 2, "Missing" in the Documented Case Study column indicates the percentage of cases in which responding organizations were unable to supply the data requested. In the Self-Reported Study column, "Missing" indicates the percentage of telephone survey respondents who declined to supply the requested information.

The comparison of demographic data in Table 2 reveals similar trends in both the Self-Reported and Documented Case data except in the area of Race/Ethnicity. The percentage of Hispanic/Latino and Asian/Pacific Islander victims served by Documented Case Study respondent organizations was approximately twice the percentage of Self-Reported Study respondents who self-identified as Hispanic/Latino or Asian/Pacific Islander. On the other hand, Native Americans/Aleut Eskimos were represented in the Documented Case findings at less than half the rate they were found in the Self-Reported Study. It should also be noted, however, that responding organizations in the Documented Case Study were as a whole unable to provide racial/ethnic data in half of the cases.

CONCLUSIONS

While the Prevalence Study did not attempt to analyze the reasons for the disparity in self-reported versus documented elder abuse, some possible explanations can be offered. Considerable variability in documentation systems may play a role in the results. The Documented Case Study found a great deal of variability in the way service systems and individual organizations collect data in elder abuse cases. Some service systems and some regions may lack the resources to integrate elder abuse elements in data collection systems or may simply not have an adequate elder abuse focus in their data collection. Population density, the visibility of older adults in the community and, conversely, social isolation in rural areas may contribute to differences in referral rate trends based on geography. Greater awareness by individuals, both lay and professional, who have contact with older adults and might observe the signs and symptoms of elder abuse, may also explain higher referral rates in some areas.

The New York State Elder Abuse Prevalence Study uncovered a large number of older adults for whom elder abuse is a reality but who remain "under the radar" of the community response system set up to assist them.

The findings of the New York State Elder Abuse Prevalence Study suggest that attention should be paid to the following issues in elder abuse services:

- Consistency and adequacy in the collection of data regarding elder abuse cases across service systems. Sound and complete data sets regarding elder abuse cases are essential for case planning and program planning, reliable program evaluation and resource allocation.

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- Emphasis on cross-system collaboration to ensure that limited resources are used wisely to identify and serve elder abuse victims.
- Greater focus on prevention and intervention in those forms of elder abuse reported by elders to be most prevalent, in particular, financial exploitation.
- Promotion of public and professional awareness through education campaigns and training concerning the signs of elder abuse and the resources available to assist older adults who are being mistreated by trusted individuals.

IMPLICATIONS FOR FOLLOW UP AND FURTHER STUDY

For the first time, a scientifically rigorous estimate of the prevalence of elder abuse in New York State has been established. The study also provides an estimate of the number of cases that receive intervention in a one-year period throughout the state. The study raises many questions about differences in rates of abuse in various regions, about referral rates by region and about how elder abuse data is recorded. Further exploration of these issues in future research studies is warranted.

The findings also serve as a platform for more informed decision making about policy, use of limited resources and models of service provision for the thousands of older New Yorkers whose safety, quality of life and dignity are compromised each year by elder mistreatment.

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Testimony of

Bonnie Brandl

Director, National Clearinghouse on Abuse in Late Life
A project of the Wisconsin Coalition Against Domestic Violence

Before the

Senate Special Committee on Aging

Hearing on

Justice for All: Ending Elder Abuse, Neglect and Financial Exploitation

March 2, 2011

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Chairman Kohl, Senator Corker, distinguished Committee members: Thank you for inviting me to testify today to address the GAO report on Adult Protective Services and the growing needs of older victims of elder abuse, neglect and financial exploitation. Thank you also for the Committee's continuing leadership and focus on issues of elder justice.

My name is Bonnie Brandl. I am the Director of the National Clearinghouse on Abuse in Later Life (NCALL), a project of the Wisconsin Coalition Against Domestic Violence. I have worked with older victims of abuse, neglect and financial exploitation for more than 20 years. NCALL's mission is to eliminate abuse in later life. Through advocacy and education, NCALL strives to challenge and change the beliefs, policies, practices, and systems that allow abuse to occur and continue. NCALL also aims to improve victim safety by increasing the quality and availability of victim services and support.

I. Miss Mary

The poster portrays a picture of Miss Mary. As Miss Mary describes in this short video segment, she was 96 years old and living with her grandson and his wife in a trailer in Florida. During the five years she was living with them, they increasingly expected her to take care of the cooking and the cleaning. They also began to financially exploit her by taking the money she was trying to set aside to pay for her funeral expenses.

One night Miss Mary called 911 saying that she was hurt and that she needed two or three law enforcement officers to come to the house. When law enforcement arrived, they found a bloody and battered Miss Mary, who had been beaten and sexually assaulted by her grandson for hours. After raping his grandmother, Miss Mary's grandson fell asleep in her bed.

Paramedics transported Miss Mary to the hospital where she received health care. Law enforcement thoroughly investigated the case and arrested her grandson. Adult Protective Services helped Miss Mary find a nursing home to live in after she left the hospital. Prosecutors prosecuted her grandson, who is currently in prison. Sexual assault advocates provided emotional support for Miss Mary during the trial and throughout the rest of her life.

II. Elder Abuse, Neglect and Financial Exploitation – The Need for a Collaborative Response

Although the harm Miss Mary experienced was horrific, this case example illustrates the ideal collaborative response from the health, social service, criminal justice, and advocacy systems which were involved. Unfortunately, not every victim experiences a similar response. In many communities across the United States, the responses of these systems are imperfect and allow many victims to suffer in silence. Factors contributing to this inadequate response include insufficient resources, training, and information geared towards older adults who are victims of abuse, neglect and exploitation.

Elder abuse is a growing epidemic. By conservative estimates, at least 2 million cases are reported each year. We know that many victims do not report for a variety of reasons, including fear, concern for the perpetrator, a lack of power, social isolation, ageism, cultural issues and financial barriers.

Miss Mary's case also illustrates what we know to be true in cases of elder abuse: Many older adults are physically, sexually or emotionally abused, neglected or exploited by persons known to them. Perpetrators include spouses, partners, family members, caregivers and others in positions of trust. Offenders are all ages and from all backgrounds.

A significant percentage of elder abuse is intimate partner violence, or violence by a spouse or partner, that may have been occurring for years. One older victim said, "I just learned to work around it. What else could I do? I loved him, for the most part, and divorce was too scandalous to consider. I was a good wife." I once met with a woman in a support group for older abused women in Wisconsin who was discussing her upcoming wedding anniversary. She described how she had been married and abused for 60 years. Some older adults may be in a new relationship and being harmed. In other cases, the abuse starts later in life and may be the result of a medical condition with an outcome that includes aggressive behavior. Victims often say "I always thought it would get better."

Older victims are from various racial, ethnic, religious and economic backgrounds. Victims are male and female. Some victims are healthy and active individuals; others have significant health concerns, loss of cognitive

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abilities, physical disabilities or otherwise lack capacity to make decisions in their lives.

In the cases we are aware of, when there is one form of abuse, other forms of abuse often co-occur. The abuse, neglect and financial exploitation of older adults occurs in private in their own homes, in public, and in regulated residential health care settings. The harm experienced by older victims contributes to increased health issues and premature death. Due to age-related physiological changes, older victims of sexual assault tend to sustain more serious physical and psychosocial injuries during an assault than younger victims.

Older victims of abuse often face unique obstacles. They may fear losing their independence or being placed in a nursing home by the perpetrator or others. Older victims may risk losing access to resources or end up living in poverty if they leave an abuser. Many older victims live independently and are active in the community but may be unaware of existing services. Some older victims may experience poorer mental and physical health conditions, physical disabilities or cognitive limitations that may contribute to their isolation, dependence on others, or otherwise impact the information about and availability of options, resources and services available to them. One victim stated, "I thought I was the only one living like this." Like many younger victims of abuse, older victims may also be afraid to reach out for help because of fear of retaliation by the offender. One older victim explained, "I tried not to think of it (the abuse). He told me he was just keepin' me in line, that I'd best not get uppity about it."

The varied relationships between offenders and victims, locations where abuse occurs, forms of harm, and other factors contributing to abuse makes elder abuse cases more complex in nature than domestic violence against younger victims. Each case may call for a different strategy, response or intervention, presenting challenges to agencies and organizations working with victims of elder abuse.

III. The Office on Violence Against Women Abuse in Later Life Program

As the GAO report describes, the federal response to elder abuse is woefully inadequate. As the population ages, local professionals on the frontlines are struggling to meet the growing demand for intervention and victim services.

To prevent further harm to this unique and growing population, we should be scaling up current responses and leveraging existing resources and expertise to develop cost-effective prevention strategies.

One small federal program that is making a difference is funded by the Violence Against Women Act. The Abuse in Later Life program is the smallest discretionary program at the Office on Violence Against Women, with only about $3 million dollars being distributed throughout the country. Yet, this is one of the largest federal initiatives dedicated to elder abuse education, intervention and prevention strategies.

The Office on Violence Against Women's Abuse in Later Life program requires a multidisciplinary response to abuse and has four major components. First, law enforcement officers, prosecutors, court personnel and victim services providers receive training on identifying and responding to elder abuse, neglect and exploitation. Second, cross-training encourages and promotes cost-effective collaboration. Third, grantees create coordinated community response teams that examine and improve policies and protocols for responding to elder abuse cases to enhance victim safety and hold offenders accountable. Finally, a fraction of the funding can be utilized for direct victim services.

The Abuse in Later Life program is a highly competitive grant program. Each year only 9 – 11 communities are funded, each receiving approximately $400,000 over a three year period. Since 2006, 41 grant programs and 8 continuation grants have been administered by the Abuse in Later Life program. Please direct your attention to the map which shows where current and recent grantee communities are located. The grantees represent large urban communities, small rural communities, tribes, counties, states and collaboration among agencies within a community.

Reports from current grantees indicate that the program has contributed to significant improvements in communication among agencies responding to elder abuse cases, improved arrest and prosecution rates, and an increase in referrals and services available to older victims. Examples include the following:

- From Colorado (2008): APS was contacted by [an officer from Code Enforcement] to help respond with an at-risk adult who lived with his father. The officer was at the home because of unsafe conditions and a critical problem with the furnace. The father,

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who appeared intoxicated, was attempting to leave the scene in his car with his son. APS responded and upon arrival met law enforcement officers who were present and trying to sort out the situation. One officer met APS end of the driveway to provide information about the situation. He said he was excited to meet [the APS worker] and to "see the system work." He explained that he and the other responding officer had recently attended the elder abuse training for law enforcement. He stated that he felt like he knew what to do and who to call and was appreciative of my quick response. He also stated that he keeps a Yellow Book [our local senior resource guide] in his car and has been utilizing it frequently. He felt empowered to help himself before calling APS. Through teamwork, they were able to resolve the situation, including finding appropriate shelter, services and support for the father and son in a swift and timely manner. The APS worker concluded in her report, "Because of the cooperation with the officers …, I was able to do my job successfully and effectively. It was one of the highlights in my three years with Adult Protective Services."

- From Michigan (2008): Two judges attended judicial training and, upon their return, they expressed interest in creating new protocols for their courts to better accommodate older witnesses and victims.
- From Colorado (2008): Officers no longer look at an incident purely from a 'is there a crime and is there someone I can arrest.' standpoint. They think about connecting victims with community partners and they have a better understanding of the resources
- From Colorado (2010): Our DA's office has prosecuted 26% more cases when victims 65 and older in 2009 than they did in 2008.
- From Kentucky (2009): Police departments are encouraging their officers to look for possible signs of abuse and exploitation in routine calls. Recently two cases in one department were opened that would have been overlooked had it not been for the trainings.
- From Kentucky (2009): There have been two high profile cases of abuse and financial exploitation in our area. In both of these cases the exploitation resulted in the death of the victims, one of natural causes and the other as a result of abuse. The prosecutors attended the 2008 Prosecutors Training and have indicated that the training was very helpful in preparing the above cases.

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- From Wyoming (2009): Trained professionals now have a "go to" person in each agency (for cases of elder abuse, neglect and financial exploitation).
- From Florida (2009): Following training, 72% more referrals (to APS) from law enforcement than in prior year.
- From Minnesota (2009): St. Paul City Attorney's office has designated two attorneys to focus on elder abuse cases; Ramsey County Attorney has established an Elder Abuse Unit after two of their staff attended the Prosecutor's Training.
- From Michigan (2010): "We are seeing concrete results from this project and we have had our first successful wraparound holistic response because of the trainings that the stakeholders have attended. Last month, an elderly man was beaten by a young waitress and her boyfriend and coerced into signing [his] home over to this couple. The local prosecutor called me, and with the client's permission, we have gotten him supportive services and in home help, I am litigating a quiet title action to undo the deed, and the Prosecutor has charged the couple under Michigan's vulnerable adult law – the first such action our county has ever taken! None of which would have happened before we began the project!"

These examples illustrate the significant impact the Abuse in Later Life program – with its emphasis on education, training, multi-disciplinary collaboration and victim services – has had on communities across the country since 2006.

IV. Legislative Initiatives

Legislation such as the Violence Against Women Act, Older American's Act, and Elder Justice Act present opportunities to make a difference in the lives of older victims. Despite these initiatives and efforts, the GAO report describes how far we have to go.

Additional resources are needed to create and enhance victim services and to hold offenders accountable. Collaborative efforts must include participation by domestic violence and sexual assault programs, adult protective services, health care providers, the aging network, the justice system, the faith community and others.

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This year the Violence Against Women Act is up for reauthorization. I would like to thank Senator Kohl and Representatives Baldwin and Poe for being outspoken champions for the Abuse in Later Life program and I look forward to their continued support as the process moves forward.

Conclusion

As members of the Senate Special Committee on Aging, you are in a unique position to raise awareness about elder abuse, neglect and financial exploitation and look for opportunities for additional resources for those who are combating and responding to elder abuse. I encourage all members of Congress to support legislative responses that empower older Americans, protect individuals across their lifespan, and ensure that all older victims have access to emergency services and resources in an environment in which they feel safe.

Older victims like Miss Mary deserve to live their lives with dignity and respect. Thank you for focusing this hearing on the needs of older victims.

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Elder Abuse in Wisconsin

Prepared by the National Clearinghouse for Abuse in Later Life (NCALL), 2010

The following data was obtained from the 2009 Annual Elder Abuse and Neglect Report published by the Wisconsin Department of Health Services, Bureau of Aging and Disability Resources, August 2010. The full report is available at: http://www.dhs.wisconsin.gov/publications/P0/p00124_2009.pdf.

- Numbers: In 2009, **5,316 cases** of suspected abuse, neglect, or financial exploitation involving older adults were reported. This represents an **increase of 8.5%** over the reports received in 2008.
  - **One in 14** incidents reported involved a **life-threatening** (371) or **fatal** situation (28).
  - The increased number of reports signals improved communication about elder abuse between law enforcement, health care professionals, and social service agencies.

- Types of Abuse Reported: Of the reports received:
  - 49.4% involved self-neglect,
  - 18.4% involved financial exploitation,
  - 11.6% involved neglect by others,
  - 7.3% involved emotional abuse,
  - 5.9% involved physical abuse,
  - 0.6% involved sexual abuse,
  - 0.4% involved unreasonable confinement/restraint, and
  - 6.4% involved other (information only or other).

- Where the Abuse Occurred: **90.6%** of the reports involved incidents that occurred in the elder **victim's home**: In 85.8% of the incidents, the individual resided in the community and in 14.2% of the incidents, the individual resided in a regulated, long-term care residential setting (nursing home, assisted living, etc.) or other settings.

- The Elder Victim's Age: The ages of the elder victims of the reported incidents were as follows:
  - 22% were ages 60-69,
  - 30% were ages 70-79,
  - 37% were ages 80-89, and
  - 11% were 90 and older.

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- **The Elder Victim's Gender:** 60.2% of the victims were Female; 39.8% were Male.

- **The Elder Victim's Race:** 78.3% of the reported incidents involved white victims; 7.2 involved people of color. (In 14.5% of the reported cases, the victim's race was unknown or not reported.)

- **The Elder Victim's Capacity:** **54.5%** of the victims were their **own decision-maker**; 32.6% had substitute decision-makers. Of those, 23.9% of the abusers were the activated POA-Health Care or POA-Finances for the elder victim and 6.4% were the guardian of the person or the estate, the temporary guardian or the representative payee.

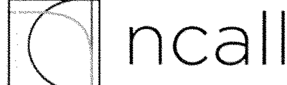
- **The Profile of the Abuser:** The majority of the abusers were between the ages of 45 and 79 years of age (49.5%). In cases where the abuser's gender was identified: 47.9% were Male and 48.8% were Female. 50.5% of the abusers lived with the elder victim; in 95.2% of the incidents, only 1 abuser was identified for each victim. The relationship of the abuser to the victim was as follows:
  - 40.6% were the victim's adult children,
  - 14.2% were the victim's spouse,
  - 13.4% were another of the victim's relative, including grandchildren,
  - 11.5% were the victim's friend or neighbor,
  - 3.8% were a service provider, and
  - 16.4% were unknown or other than listed above.

Resources for Elder Abuse Victims

- **Shelters:** As of 2008, 4 shelters existed for elder victims of abuse in the following locations: The District of Columbia, New Jersey, New York and Tennessee.
- **Support Groups:** As of 2008, there were 29 support groups tailored to older women victims. Of those, one-third (10) were in Wisconsin. The remaining groups were in 12 states around the country.

In Their Own Words

- "I thought I was the only one living like this."
- "I was isolated before. Now I have true friends."
- "When I hear the stories, I think we were all married to the same man."
- "I always thought it would get better."
- "I tried not to think of it (the abuse). He told me he was just keepin' me in line, that I'd best not get uppity about it."
- "I just learned to work around it. What else could I do? I loved him, for the most part, and divorce was too scandalous to consider. I was a good wife."



Abuse in Later Life—Advocacy Across the Lifespan

Prepared by the National Clearinghouse for Abuse in Later Life (NCALL), 2010

The Case of Verbalee T.: Between 1999 and 2006, Verbalee T.[1] was repeatedly verbally, sexually, and physically abused by her husband in Wisconsin. Despite interventions and actions throughout that time by the county's Adult Protective Services System, the civil and criminal justice systems, her children, her medical care providers (physicians, emergency rooms, and hospitals), intermittent long term care services, home health services and others, Verbalee did not receive the protection from her husband that she desired or deserved. Many systems intervened, but let her down – in large part because each system had some, but not all, of the information available. The local domestic abuse program was never contacted to work with Verbalee. Decisions that were intended to aid her ended up leading to her further harm. If there had been a coordinated effort in the community's response to the abuse, perhaps the end of Verbalee's life would have been more peaceful.

- **The Aging of America**
  - The number of persons **over 65** in the United States will approximately **double** in the next two decades. Persons age 65 and older will represent roughly **one in five** Americans; compared with one in eight today. Currently, **25% of adult women are age 60 or older**. Persons **85 and older are the fastest growing population** group in the United States. The life expectancy of individuals is growing; it is likely that the average lifespan of our children will be 100. (U.S. DHHS, Area on Aging, 2009.)

- **Abuse in Later Life--Prevalence**
  - 11% **of individuals 60 and older reported experiencing abuse within the last year.** (Acierno, 2009, p. 13.)
  - Elder abuse victims are at **more than twice the risk to die prematurely** than older adults who are not victims of abuse. (Dong, et.al., 2009.)
  - Although each year the number of reported incidents of abuse in later life grows, approximately **84% of elder abuse incidents are not reported**. (NCEA, 2004.)
  - Forms of abuse include: **physical, psychological, emotional, sexual, neglect, and financial exploitation.** (NCEA, 2004.)
  - Family members were the alleged abusers in over 76% of the incidents reported to researchers. (Acierno, 2009. p. 8) 57% of reported physical abuse was **perpetrated**

[1] The name and other identifying information have been changed to protect the victim's privacy.

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by a partner/spouse; 19% by **adult children, grandchildren, or other family members**. (Acierno, 2009, p. 44.)
- As compared with younger victims of domestic abuse, victims of abuse in later life may be **less likely to report** abuse due to factors such as fear of retaliation; fear and shame; reluctance to implicate member of family; power differential between older victim and partner, child, family member, caregiver – who are or are perceived to be more powerful; cultural issues; isolation; loss of social network; language barriers; financial barriers, concerns about being removed from their own home (to a nursing home) and ageism. (Brandl, et. al, 2007, pp 52-58.)
- Victims of one form of elder abuse (e.g., financial exploitation) are at highest risk for **other, co-occurring forms of abuse** (e.g., neglect, physical abuse, psychological abuse). (Bonnie & Wallace, 2003; Lachs, et al, JAMA, 1998; Quinn and Tomita, 1997.)
- As compared with younger victims, older victims have **less information about services and resources and less access to them**. (Wilke and Vinton, Affilia, 2005.)
- 85% of older adults who experience sexual abuse **did not report to police or other authorities**. (Aceirno, 2009. p. 10)

- Resources
  - **Support Groups**: As of 2008, there were 29 support groups tailored to older women victims in the United States.
  - **Specialized Services:** As of 2008, 56 direct service programs has created specialized services for older victims of abuse including crisis intervention, legal and systems advocacy, counseling, emergency shelter and transitional housing.
  - **Assisted Living and Long Term Care Options:** Some abuse in later programs have working agreements with assisted living facilities to provide temporary, emergency shelter for older victims needing assistance or care, illustrating the importance of collaboration among those who care for and provide services to older victims.
  - **Abuse in Later Life Interdisciplinary Teams**: The purpose of an Interdisciplinary Team (I-Team) is to work collaboratively within and across a community or county to assure safety and coordinated services for victims of abuse in later life. The strength of each I-Team depends on the range of professionals involved with the I-Team. Professionals from law enforcement, clergy, APS, health care, disability and aging systems and domestic abuse and sexual assault programs are involved with their I-Team to provide better services and safety for victims of abuse in later life.
  - **Coordinated Community Response Teams**: Local Coordinated Community Response (CCR) Teams include a variety of professionals working to improve a community's systems' responses to end violence and improve safety. Professionals from law enforcement, faith communities, APS, health care, domestic abuse and sexual assault advocacy programs, civil and criminal justice systems, and the aging and disability systems participate as members of a CCR.

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What is Abuse in Later Life?

AGE: The victim is 60 years or older. This is the approximate age when women begin to be noticeably under-represented in domestic abuse service data.

FORMS OF ABUSE: The types of abuse may include: physical, sexual, and emotional abuse; financial exploitation; neglect; stalking; and dating violence. Domestic and sexual abuse in later life are a subset of elder abuse.

GENDER: Victims are usually women, but can be older men.

RELATIONSHIP: Many victims have ongoing, trusting relationships with abusers, such as spouse/life partner, adult children, other family members, caregivers, and fiduciaries.

LOCATION: The abuse occurs in the person's home (a private dwelling in the community or an institution, such as a nursing home).

DYNAMICS: Often abuse is a pattern of coercive tactics to gain and maintain power and control in the relationship.

How to Reach Us:

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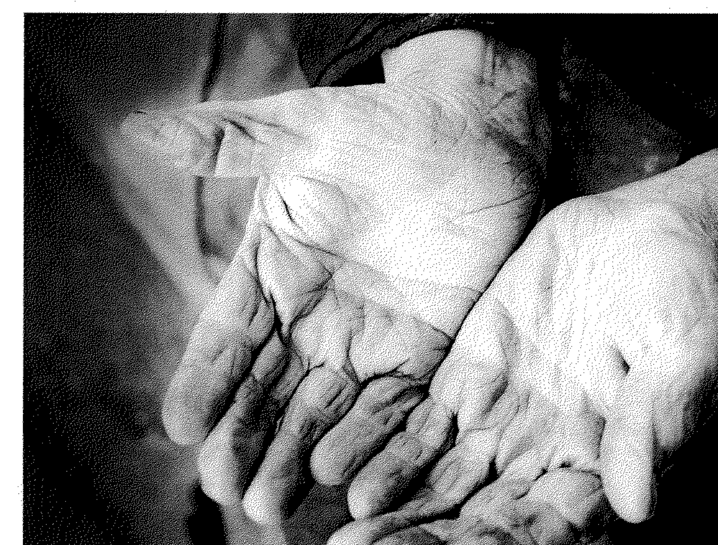

National Clearinghouse on Abuse in Later Life

Tactics Used by Abusive Family Members

- Threatens to leave, divorce, commit suicide, or institutionalize the victim
- Slaps, hits, punches, burns, chokes, and throws things
- Is rough with intimate body parts during caregiving
- Takes walker, wheelchair, glasses, and/or dentures
- Ignores or ridicules religious and/or cultural traditions
- Humiliates, demeans, and/or ridicules
- Misleads other family members about the extent and nature of illnesses and/or conditions
- Controls what you do, who you see, and where you go
- Steals money, titles, or possessions

These are just some of the abusive behaviors victims might suffer. Often, abusers will use combinations of various behaviors.

What You Can Expect From NCALL

Technical Assistance/ Consultation

The National Clearinghouse on Abuse in Later Life (NCALL) provides technical assistance on abuse in later life. Staff respond to questions by phone, email, or in person and are also available to review materials and participate on state and national advisory committees. NCALL provides information on programming, outreach, collaboration, and policy development.

Training

NCALL trainers provide training to many audiences, including domestic violence and sexual assault programs, aging bureaus, adult protective services, criminal and civil justice system agencies and representatives, health care providers, and other legal personnel. For more information about speaker availability and speakers' fees, contact NCALL staff.

The History of NCALL

In 1999, Wisconsin Coalition Against Domestic Violence created the National Clearinghouse on Abuse in Later Life (NCALL) with funding from the Department of Justice's Office on Violence Against Women. Today, NCALL is a nationally-recognized leader on program development, policy and technical assistance, and training that addresses the nexus between domestic violence, sexual assault, and elder abuse and neglect.

The Mission and Goals of NCALL

NCALL's mission is to eliminate abuse in later life. Through advocacy and education, NCALL strives to challenge and change the beliefs, policies, practices, and systems that allow abuse to occur and continue. NCALL also aims to improve victim safety by increasing the quality and availability of victim services and support.

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SEXUAL VIOLENCE IN LATER LIFE

Fact Sheet

Sexual violence can affect individuals across the lifespan, including people in later life. Many older victims have survived multiple victimizations over the course of their lives. Recognition of sexual violence against people in later life is hindered by misconceptions that older adults are not sexual beings or sexually desirable and that rape is a crime of passion.

A high percentage of victims experience significant health problems and disabilities that increase vulnerability and reduce help seeking (Eckert & Sugar, 2008; Teaster & Roberto, 2004). Advanced age does not protect one from sexual assault, but rather increases risk in many ways.

The National Center on Elder Abuse (2007) defines sexual abuse as "non-consenting sexual contact of any kind" including unwanted touching; sexual assault or battery, such as rape, sodomy, and coerced nudity; sexually explicit photographing; and sexual contact with any person incapable of giving consent. Jurisdictions and agencies define "elder" differently but typically as commencing at age 60 or 65.[1]

Injuries

Due to age-related physiological changes, older victims tend to sustain more serious physical and psychosocial injuries during an assault than younger victims. Some of the signs and symptoms of sexual violence against people in later life include:

- Genital injuries, human bite marks, imprint injuries, and bruising on thighs, buttocks, breasts, face, neck, and other areas
- Fear, anxiety, mistrust, and dramatic changes in victims' behavior
- Eyewitness reports and disclosures by victims
- Observed suspicious behavior of perpetrators by others

Barriers to response and prevention

It is likely that sexual violence against people in later life is highly underreported. Many barriers impede the effective response and prevention of sexual abuse against older victims including:

- Social stigma and barriers preventing individuals from discussing sexual activities or sexual violence openly
- Disabling conditions that interfere with making reports
- Victim's fear of further harm
- Victim's reluctance to report, especially if perpetrator is a family member
- Misinterpretation of disclosure as part of dementia and of physical evidence as "normal" markings on an older body (Burgess & Clements, 2006)
- Delayed medical and police assistance and contamination of physical evidence

[1] Various jurisdictions and agencies define the "elder" portion of life differently, but typically as commencing at age 60 or 65. In contrast, the National Clearinghouse on Abuse in Later Life (NCALL) considers older victims to be those over age 50.

Victims

- Most identified older victims are female; however male victims have been reported in almost every study (Burgess, Ramsey-Klawsnik, & Gregorian, 2008; Ramsey-Klawsnik, Teaster, Mendiondo, Marcum, & Abner, 2008).
- In addition, genital injuries occur with more frequency and severity in post-menopausal women than younger rape victims (Poulos & Sheridan, 2008).
- Older victims are also more likely to be admitted to a hospital following assault (Eckert & Sugar, 2008).
- Victims, ranging from age 60 to 100, experienced psychosocial trauma whether or not they could discuss the sexual assault. There was no significant difference between those with and without dementia in post-abuse distress symptoms (Burgess et al., 2008).

Perpetrators

- Perpetrators of sexual violence against people in later life span a wide range in age and can be juveniles as well as other older adults (Burgess et al., 2008).
- Most perpetrators of sexual abuse against people in later life have special access to victims as family members, intimate partners, fellow residents, or care providers.
- Most identified offenders are male, however, female offenders have also been identified (Burgess et al., 2008; Ramsey-Klawsnik et al., 2008).
- Persons who sexually offend older adults within their families exhibit characteristics of mental illness, substance abuse, domineering or sadistic personalities, sexual deviancy, and sexist views of wives as property (Ramsey-Klawsnik, 2003).
- Sexual offenders who are older adults are typically not held accountable. National Institute for Justice Research demonstrated that the older a victim, the less likely the offender was found guilty. (Schofield, 2006).

For more information on how you can work to address and prevent sexual violence against people in later life, please contact your state, territory, or tribal coalition against sexual assault and/or the National Sexual Violence Resource Center (resources@nsvrc.org, 877-739-3895, http://www.nsvrc.org).

This fact sheet was developed by Holly Ramsey-Klawsnik, Ph.D., and is part of a Sexual Violence in Later Life Information Packet.

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Teaster, P.B., & Roberto, K.A. (2004). The sexual abuse of older adults: APS cases and outcomes. *The Gerontologist*, 44, 788-796. doi:10.1093/geront/44.6.788

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U.S. Department of Justice Office on Violence Against Women
Enhanced Training and Services to End Violence Against and Abuse of Women in Later Life

Overview of the OVW Abuse in Later Life Program: Since 2006, the Office *on* Violence Against Women (OVW) has administered 29 grant programs and seven continuation grant programs authorized by the Violence Against Women Act of 1994 and subsequent legislation. The discretionary grant program is designed to provide funds for local communities to develop services for older victims, create or enhance a coordinated community response and organize training for professionals on elder abuse, neglect and financial exploitation, including domestic violence, dating violence, sexual assault, or stalking against victims who are 50 years of age or older. The National Clearinghouse on Abuse in Later Life (NCALL), a project of the Wisconsin Coalition Against Domestic Violence, has provided technical assistance and training to OVW Abuse in Later Life grantees since 2006.

Eligible applicants are states, units of local government, Indian tribal governments or tribal organizations; and non-profit, non-governmental victim services organizations with demonstrated experience in assisting elderly women or demonstrated experience in addressing domestic violence, sexual assault, dating violence and stalking, including faith- and community-based organizations.

Program requirements include the following elements: (1) Establishing collaborative relationships among law enforcement, prosecutors, non-profit, non-governmental domestic violence victim services programs or sexual assault victim services programs and a non-profit program that serves elder victims; (2) Providing training to criminal justice professionals, governmental agencies and victim assistants to enhance their ability to address elder abuse, neglect and financial exploitation in their communities; (3) Providing cross training to professionals working with older victims; (4) Developing or enhancing a coordinated community response to abuse in later life; and (5) Providing enhanced services for victims who are 50 years of age or older.

Overview of Grant Recipients: The attached map shows the location of the grant recipients since 2006. The recipients represent a cross-section of communities, from large, urban communities, e.g. Seattle and Denver, to small, rural areas, e.g. East Prairie, Missouri. They *include two tribes and* represent the four corners of the United States.

Outcomes: Below find feedback from grant recipients for the years 2006 through 2008 on the outcomes of the grant programs:

National Clearinghouse on Abuse in Later Life (NCALL)
A Project of Wisconsin Coalition Against Domestic Violence
307 S. Paterson St., Suite 1, Madison, Wisconsin 53703-3517
Phone: 608-255-0539 • Fax/TTY: 608-255-3560 • www.ncall.us • www.wcadv.org

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2006:

- *Improved cooperation and communication* among law enforcement, prosecutors and Adult Protective Services (APS). Specified persons within each agency have been identified as resources for elder abuse.
- *Improved thoroughness of investigations* by law enforcement of incidents of abuse, neglect and financial exploitation of older victims.
- *Heightened awareness* of elder abuse among law enforcement officers who are encouraging others to look for signs of elder abuse, neglect and exploitation in routine calls.
- *Expanded coordinated community responses* to include other stakeholders who had not previously been involved within communities and across counties within a state.
- *Increased convictions* in elder abuse cases following training for prosecutors and law enforcement officers;

2007:

- *Increased specialized training* of others, including judges, law enforcement, prosecutors, APS, others leading to increased awareness of elder abuse, neglect and financial exploitation.
- *Policies and procedures* revised to reflect improved multi-disciplinary responses to elder abuse, neglect and exploitation cases
- *Increased communication and collaboration* between law enforcement and APS. Increased number of calls for assistance from law enforcement to APS regarding cases of elder abuse, neglect and financial exploitation.
- *Improved awareness and responsiveness by Judges* overseeing cases of actual or potential elder abuse, neglect and financial exploitation in civil or criminal matters following Judges' training.

2008 to Present:

- *Creation of multi-disciplinary elder abuse coordinated community response and protection teams* to focus on systems responses to elder abuse, neglect and financial exploitation.
- *Increased arrests and convictions* for financial exploitation of elder victims.
- *Increased communication and collaboration* between law enforcement and APS. Increased number of calls for assistance from law enforcement to APS regarding cases of elder abuse, neglect and financial exploitation.
- *Increased requests for additional training* by law enforcement, prosecutors, APS, and others working collaboratively on elder abuse cases.
- *Established specialized elder abuse units* in the prosecutor's offices, including assigning a special investigator to the prosecutor's office to assist with the investigation and prosecution of elder abuse cases.
- *Review and revise state laws* to enhance the protection and services provided to vulnerable, older adults.

For more information, contact:
National Clearinghouse on Abuse in Later Life (NCALL)
307 S. Paterson St., Suite 1, Madison, WI 53703
Bonnie Brandl, Director: bonnieb@wcadv.org
Linda Dawson, Elder Justice Coordinator: ldawson@wcadv.org
(608) 255-0539 • www.ncall.us

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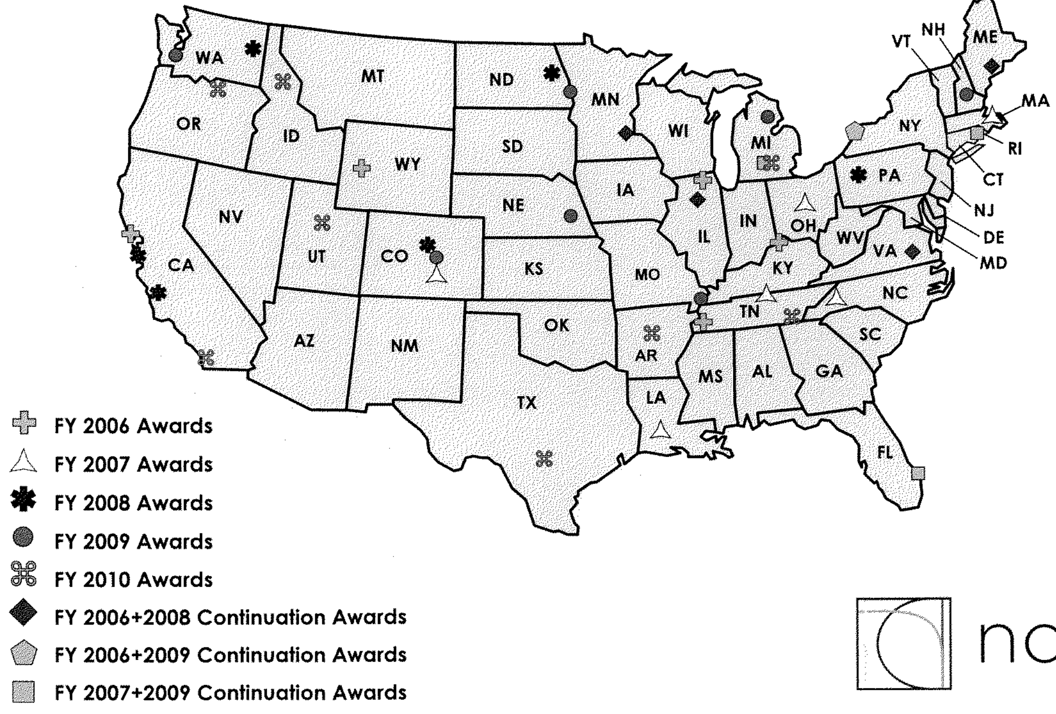
Office on Violence Against Women
Abuse in Later Life Projects



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Testimony of

Marie-Therese Connolly

Senior Scholar, Woodrow Wilson International Center for Scholars
Director, Life Long Justice (an elder justice initiative of Appleseed)

Before the:

Senate Special Committee on Aging

hearing on

Justice for All: Ending Elder Abuse, Neglect and Financial Exploitation

March 2, 2011

Chairman Kohl, Senator Corker, distinguished Committee members, thank you for inviting me to address the growing problem of elder abuse, neglect, and exploitation and for the Committee's long-standing bipartisan approach to and leadership on elder justice issues.

My name is Marie-Therese Connolly. I am a Senior Scholar at the Woodrow Wilson International Center for Scholars, and the Director of Life Long Justice, whose mission is to advance justice for older people by leveraging evidence, experience, expertise and evaluation. Life Long Justice is an initiative of and housed at the national headquarters of Appleseed, a nationwide network of justice centers that take a systemic approach to justice issues.

I. THE PROBLEM

Last year, prosecutors in Seattle[1] charged Christopher Wise with the murder of his mother, Ruby. His crime? Letting her rot to death with eight huge pressure sores, several to the bone, while he played Internet poker and lived off her pension. His excuse? She didn't want to go to a nursing home or a doctor; he was just respecting her wishes.

Ruby Wise was imprisoned in her bed by immobility, dementia, and isolation. She moaned and cried out for help continuously in the weeks before her death. Neighbors closed their windows and her son put in earplugs to muffle her cries. No one called Adult Protective Services or 911. It's hard to believe the response would have been the same had the cries come from a child, a younger woman, or a dog.

The New York State prevalence data discussed by Dr. Lachs found that only one in 57 cases of

[1] The King County Prosecutor's office in Seattle, Washington is a national leader in the prosecution of elder abuse, having created one of the first elder abuse units in the country. That Elder Abuse Unit is headed by Senior Prosecuting Attorney Page Ulrey, who also was the lead prosecutor on the Wise case.

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elder neglect[2] ever comes to light. Ruby Wise's was one of the 56 that did not. Those 56 also will include people we love. We just may not know who yet.

A. How Extensive is Elder Abuse?

We'd like to think that what happened to Ruby Wise was a fluke. But it's not. A cluster of recent studies is beginning to give us a better handle on the prevalence of the problem among some parts of the older population. The New York State Elder Abuse Prevalence phone survey estimates that 7.6% of people over 60 have experienced elder abuse, neglect or financial exploitation in the past year.[3] A nationwide study using a similar random digit dialing methodology found a one year prevalence rate of about 10 percent for abuse and neglect.[4] The human toll these numbers represent is vast: 3.35 to 4.41 million of phone-answering, community dwelling Americans who passed a basic capacity screen have experienced some form of abuse, neglect or exploitation in the last year.

These recent prevalence studies allow us to isolate rates of financial exploitation. In the New York prevalence study, 41 per thousand surveyed self reported major financial exploitation (theft of money or property, using items without permission, impersonation to gain access, forcing or misleading to get items such as money, bank cards, accounts, power of attorney).[5] Of those cases, only one in every 44 came to light.[6]

But these phone surveys do not capture several populations at greatest risk: people who have dementia, live in facilities, can't answer or don't have a phone[7], or those who are too scared to answer honestly or at all because an abuser is close by. People like Ruby Wise. In addition, such surveys do not reach the approximately 4.3 percent of people 55 and older who do not have either a land line or cell phone; or the uncalculated number who are not home or do not answer for other reasons.

People with dementia suffer staggering rates of mistreatment. A 2010 study by University of

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[2] The New York State Elder Abuse Prevalence study also found that only one in 44 cases of elder financial exploitation, one in 20 cases of physical and sexual abuse, and one in 12 cases of emotional abuse came to light. Overall, only one in every 23 cases of elder abuse, neglect or exploitation came to the attention of a responsible entity.

[3] The New York State Elder Abuse Prevalence Study was conducted by a team of researchers from Weill Cornell Medical College, the New York City Department for the Aging, and Lifespan of Greater Rochester. The study targeted New Yorkers age 60+who were able to participate in a phone survey and pass a basic dementia screen.

[4] Acierno, R., Hernandez-Tejada, M., Muzzy, W. & Steve, K. (2009) *Final Report: National Elder Mistreatment Study* (National Institute on Justice).

[5] The New York State Elder Abuse Prevalence Study; Executive Summary, p. 3; this number is similar to the 5% one year prevalance rates found by Acierno et al. (witness' personal communication with researcher); see also Acierno, R, Hernandez, A, et al *Prevalence and Correlates of Emotional, Physical, Sexual and Financial Abue and Potential Neglect in the Unites States*: The National Elder Mistreatment Study, American Jounral of Public Health (Feb. 2010): 292-7; see also

[6] The New York State Elder Abuse Prevalence Study; Executive Summary, p. 3; significant underreporting also MetLife Mature Market Institute, *Broken Trust: Elders, Family, and Finances*, 25 (March 2009) available at www.metlife.com/.../mmi-study-**broken-trust**-elders-family-finances.pdf.

[7] *Household Telephone & Usage Patterns* (2004) (4.3% of adults 55 and older have no land line or cell phone).

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California, Irvine researchers found that 47%[8] of people with dementia who were cared for at home by family members were mistreated. These findings are echoed in several other studies.[9] Many of these studies find high rates of verbal, psychological or emotional abuse. Although physical abuse would seem to be more detrimental than verbal abuse, a 2010 Howard University study found that verbal abuse took an even worse toll on the mental health of women age 50 – 79 than physical abuse, indicating that we should take it just as seriously as other types of mistreatment.[10]

The phone surveys also do not include the approximately 2.5 million people[11] who live in facilities, and the prevalence of abuse, neglect, and exploitation in these settings is especially difficult to ascertain. But what we do know suggests cause for grave concern. In one study, nursing home staff interviewed about abuse reported that in the past year, 36% had seen at least one instance of physical abuse, 81% had seen at least one instance of psychological abuse, ten percent acknowledged they themselves had committed one or more physically abusive acts, and 40% reported committing one or more acts of psychological abuse.[12] Other studies involving interviews with nursing home staff revealed similar findings[13] and residents also report high

[8] The breakdown among types of elder abuse is as follows: 10% by physical abuse, 14% by neglect, and 47% by psychological abuse. The numbers do not add up to 47% because some people suffered more than one type of mistreatment. In addition, the study did not include financial exploitation which likely would have driven the prevalence numbers even higher. Aileen Wiglesworth, Laura Mosqueda, Ruth Mulnard, Solomon Liao, Lisa Gibbs, William Fitzgerald, *Screening for Abuse and Neglect of People with Dementia*; Journal of the American Geriatrics Society, Vol. 58 Issue 3, March 11, 2010; http://www.centeronelderabuse.org/files/mp3/caregiving_interview.mp3 (podcast discussing study).

[9] Several international studies and one Florida study that similarly have found high prevalence rates (34 – 62%) of abuse among people with dementia living in home and community settings, *See* Cooney, C., Howard, R., & Lawlor, B. (2006). *Abuse of vulnerable people with dementia by their carers: Can we identify those most at risk?* International Journal of Geriatric Psychiatry, 21(6), 564-571. (52% overall, Physical abuse - 20%; Psychological abuse 42.5%; Neglect 4% -- N 82); Cooper, C., Selwood, A., Blanchard, M., Walker, Z., Blizard, R., & Livingston, G. (2009). *Abuse of people with dementia by family caregivers: Representative cross sectional survey*. British Medical Journal, 338(04/13), b155-7. (34% overall; Physical abuse - 4%; Psychological abuse 33%; N=220); VandeWeerd, C., & Paveza, G. J. (2005). *Verbal Mistreatment in Older Adults: A Look at Persons with Alzheimer's Disease and Their Caregivers in the State of Florida. Journal of Elder Abuse & Neglect,* 17(4), 11-30; (Psychological abuse only - 60.1% N=254); Yan, E., & Kwok, T. (2010), *Abuse of older Chinese with dementia by family caregivers: An inquiry into the role of caregiver burden.* International Journal of Geriatric Psychiatry, doi:10.1002/gps.2561; Overall – 62% (Physical abuse =18%; Psychological abuse=62%) N=122).

[10] Mounton, C., *Psychosocial Effects of Physical and Verbal Abuse in Postmenopausal Women.* Annals of Family Medicine (2010); 8:206 – 213, *at* www.annfammed.org/cgi/reprint/8/3/206.

[11] US Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, Office of Disability, Aging, and Long-Term Care Policy, (2006), *The Size and Characteristics of the Residential Care Population: Evidence from Three National Surveys.*

[12] Pillemer, K. & Moore, David (1989). *Abuse of Patients in Nursing Homes: Findings from a Survey of Staff,* The Gerontologist 29 (3):314-320.

[13] *See, e.g.*, MacDonald, P. (2000). *Make a Difference: Abuse/neglect Pilot Project.* Danvers, MA: North Shore Elder Services. Project report to the National Citizens' Coalition for Nursing Home Reform, Washington, DC. In this study of 77 certified nursing assistants from 31 facilities, 58 percent of the CNAs said they had seen a staff member yell at a resident in anger; 36 percent had seen staff insult or swear at a resident; 11 percent had witnessed staff threatening to hit or throw something at a resident. These CNAs also reported that they had witnessed incidents of rough treatment and physical abuse of residents by other staff. Twenty-five percent of the CNAs witnessed staff isolating a resident beyond what was needed to manage his/her behavior; 21 percent witnessed restraint of a resident beyond what was needed; 11 percent saw a resident being denied food as punishment. In

levels of abuse and neglect.[14]

National databases also provide evidence of significant abuse and neglect in nursing facilities, despite the $144 billion in state and federal funding free-standing facilities received in 2009.[15] In 2009, the On-line Survey, Certification and Reporting System (OSCAR) database[16] revealed that 16.78% of facilities were cited for abuse, improper use of chemical and physical restraints, and staff treatment of residents[17] and almost a quarter of facilities received a citation for actual harm or placing residents in immediate jeopardy.[18] However, studies by the Government Accountability Office (GAO) suggest that states consistently *understate* serious deficiencies.[19]

It is also well documented that most nursing homes are understaffed at levels that cause harm to residents.[20] In 2009, a database of complaints received by Long-Term Care Ombudsmen revealed that "failure to respond to requests for assistance" was the most common complaint ombudsman staff received.[21]

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addition, the staff reported witnessing more explicit instances of abuse. Twenty-one percent saw a resident pushed, grabbed, shoved, or pinched in anger; 12 percent witnessed staff slapping a resident; 7 percent saw a resident being kicked or hit with a fist; 3 percent saw staff throw something at a resident; and 1 percent saw a resident being hit with an object.

[14] In one study, 44% of residents interviewed by the Atlanta Long Term Care Ombudsman program reported that they had been abused and 38 percent of the residents reported that they had seen other residents being abused. Moreover, a striking 95% of residents interviewed in that study asserted that they had either been neglected themselves or witnessed other residents being neglected. One of the 80 residents who participated in the study reported: "I saw a nurse hit and yell at the lady across the hall because the nurse told the lady she didn't have all day to wait on her. The lady made some remark. The nurse hit the lady and said, 'Shut up.'"
The study also found that 48% of residents reported they had been treated roughly while 44% stated they had seen other residents being treated roughly. A resident reported: "My roommate—they throw him in the bed. They handle him any kind of way. He can't take up for himself." *The Silenced Voice Speaks Out: A Study of Abuse and Neglect of Nursing Home Residents*. Atlanta, GA: Atlanta Legal Aid Society and Washington, DC: National Citizens Coalition for Nursing Home Reform. (2000).

[15] Harrington, C, Carillo, H, Blank, B.W., & Obrien, T, (2010), *Nursing Facilities, Staffing, Residents, and Facility Deficiencies, 2004-2009*, Dept. of Social and Behav'l Sciences, UCSF, available at: http://www.pascenter.org/documents/OSCAR_complete_2010.pdf

[16] The OSCAR system compiles information from state surveys of all 16,500 certified facilities in the United States in a uniform, computerized database.

[17] Harrington, et al. (2010).

[18] Harrington, et al. (2010).

[19] *See*, GAO, *Nursing Homes: Federal Monitoring Surveys Demonstrate Continued Understatement of Serious Care Problems and CMS Oversight Weaknesses, GAO-08-517* (Washington, D.C.: May 9, 2008) and GAO, *Nursing Homes: Some Improvement Seen in Understatement of Serious Deficiencies, but Implications for the Longer-Term Trend Are Unclear, GAO-10-434R* (Washington, D.C.: April 28, 2010).

[20] Federal studies have demonstrated a direct relationship between low nursing home staffing levels and poor quality of care. *See, e.g.,* US Centers for Medicare and Medicaid Services, Prepared by Abt Associates Inc. *Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes. Report to Congress: Phase II Final. Volumes I-III*. Baltimore, MD: CMS, 2001 at 6- 8.

[21] In 2009, of 119 categories of nursing home complaints about which ombudsman collect data, "failure to respond to requests for assistance" was the single most frequent complaint and Ombudsman staff received 11,577 complaints of that nature. National Ombudsman Reporting System (2009), available at http://www.aoa.gov/aoaroot/AoA_Programs/Elder_Rights/Ombudsman/National_State_Data/2008/Index.aspx.

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Much less is known about non-nursing home residential care facilities (RCFs) that go by numerous names, including assisted living, board and care, congregate care, memory centers, or independent living facilities that also offer a la carte services. However, there is significant reason to be concerned about mistreatment.. Not only do we have substantial anecdotal evidence, but such facilities are increasingly catering to very fragile and vulnerable residents. Yet these facilities frequently lack the staff required to meet residents' needs, and, unlike nursing homes, are subject to uneven standards and vastly varied degrees of oversight. Since not all of these facilities are licensed in every state, some are not subject to any regulation at all and state authorities might not even be aware of their existence or the number of vulnerable elders who reside in them. A 2009 study found widespread breakdown in quality oversight systems governing such facilities and significant concerns about abuse and neglect.[22]

In hindsight, it's hard to know whether to believe Chris Wise's claim that his mother wanted to avoid going to a nursing home at all costs.[23] We know that abuse, neglect, and exploitation happen in every setting, from homes to nursing homes. Thus it is critical not only to establish a better understanding of prevalence rates in all settings, but also the relationship of prevalence in one setting to another. Developing a better understanding of the nature of this critical issue will help us to more effectively prevent and respond to it.

B. Elder Abuse is on the Rise and We're Ill-Equipped to Address It

As 77 million baby boomers head inexorably toward old age, two populations at high risk for elder abuse also are among the fastest growing: people with dementia (already 5.3 million strong) and people 85+(the fastest growing segment of the population, about half of whom have some degree of cognitive impairment[24]). The number of people who need long-term care is on a steady incline too.

But we have not figured out who will provide care for all who need it as the population ages. In addition to the approximately 2.5 million people who receive long term care in facilities, another 10 million receive it at home.[25] According to the Family Caregiver Association, 34 million

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[22] Hawes, C & Kimball, A.M. (2009). *Detecting, Addressing, and Preventing Elder Abuse in Residential Care Facilities: Report to the National Institute of Justice.*

[23] Countless people do stay in risky, degrading and sometimes lethal situations just to stay out of a nursing home. In one New York study, 30% of seriously ill people said they'd rather die than go to a nursing home. Mattimore, T.J., et al., (1997), *Surrogate and Physician Understanding of Patients' Preferences for Living Permanently in a Nursing Home, J. Am. Geriatr. Soc., Jul; 45(7), 818-24.*

[24] Agarwal, S. et al, *What is the Age of Reason?,* Center for Retirement Research at Boston College, July 2010, Number 10-12, citing lassman et al. (2007); Plassman et al. (2008);

[25] Of those 10 million, about 800,000 depend exclusively on "formal caregivers" – paid or volunteer help associated with the health care or social service system. Family Caregiver Alliance, *Selected Long-Term Care Statistics, at* http://www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=440.
1.4 million people receive a combination of formal and informal care at home; and 7.8 million (78%) of the 10 million people receiving care at home depend exclusively on "informal caregivers" (also referred to as and usually in fact "family caregivers") – unpaid family, friends, neighbors and other community members who help out on a part or full time basis. The cumulative estimated economic value of informal care giving is $257 billion a year.

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people provide informal care for an adult age 50 or older,[26] and more will be called for service as the population ages. In addition, a generation of people with developmental disabilities, mental illness and substance abuse issues[27] who have relied on older relatives for care and support are, with the physical and cognitive decline of their older caregivers, being thrust into caregiving roles themselves, often beyond their capacity to deliver.

We have a long way to go to grapple with appropriate ways to prevent and identify elder abuse, especially that which occurs behind millions of closed doors. But if we're serious about wanting to "age in place," with dignity, decent care, self-determination, and without abuse or unnecessary suffering, we need to start devoting more brain-share to how to do so.

Not only are caregiver shortages growing, so are shortages of physicians and other medical professionals trained to navigate the vicissitudes of aging. Geriatricians don't do as many high priced and well-reimbursed procedures as other specialists, but their work has been shown[28] to decrease the need for home health care, enhance physical health and independence, and significantly reduce depression and disability. In other words, it reduces older people's risk factors for elder abuse. There's good anecdotal evidence to support the proposition that good geriatric care[29] reduces elder abuse.[30] That's significant given how little we know and do about prevention. Yet we have fewer than half the number of geriatricians we need to promote the kind of well-being we want in old age, and their numbers are going in the wrong direction – decreasing as our need sharply rises.

We have few programs in place to reach the Chris Wises of the world and prevent his mother's terrible suffering. But it's possible that had Ruby Wise been followed by one of the cutting edge geriatricians with a house call practice, that things may have turned out quite differently. Yet we lack research to demonstrate the link between house calls and prevention too. As elder abuse continues to rise, the paucity of prevention efforts will take an increasing toll, making it too a critical area for federal attention and leadership.

C. The High Cost of Elder Abuse

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[26] Of the 34 million informal caregivers, 8.9 million care for someone with dementia. Family Caregiver Alliance, *Selected Long-Term Care Statistics*, *available at*http://www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=440.

[27] Substance abuse and mental illness among adult children caregivers appears to increase rates of elder abuse; *See* Schaimberg, Lawrence B. & Gans, Daphna (1999) *An Ecological Framework for Contextual Risk Factors in Elder Abuse by Adult Children,* Journal of Elder Abuse and Neglect, 11 (1), 79-103.

[28] Atul Gawande, *The Way We Age Now*, The New Yorker (April 30, 2007), *available at* http://www.newyorker.com/reporting/2007/04/30/070430fa_fact_gawande. Boult C, Leff B, Boyd C, Wolff J, Wegener S, Semanick L, Frey K, Rand-Giovannetti E. *A Cluster Randomized Controlled Trial of Guided Care: Baseline Data and Initial Experiences*. *J Am Geriatr Soc.* 2007;55(4):S207. See also [28] *See e.g.* Mary Naylor, **TITLE?**, *Journal of American Geriatrics Society*, May 2004, **page numbers?** . This NIH study concluded that specialized nursing care for elderly heart patients results in better quality of life and fewer hospital readmissions. Instead of costing more money for specialized care, the care resulted in a nearly 38% savings in Medicare costs.

[29] The argument here is for geriatric care delivered not only by physicians or geriatricians, but also by other health professionals, which also underscores the need for more and better geriatric training for all health professionals.

[30] Statements to the witness by geriatricians who are the leading national and international experts on elder abuse. Additional information available from the witness.

Victims of even mild elder abuse neglect or financial exploitation are at 300% increased risk of dying, compared to their non-abused contemporaries, in the three years after the mistreatment.[31] And the suffering elder abuse wreaks is not limited to the victims. It also exacts a terrible price from the people who love them, tearing apart families, squandering life savings, and undermining health, mental health, financial security and wellbeing in its wake, regardless of age.

Elder abuse often "tips over" the lives of its older victims, sending them cascading into a vortex of illness, suffering and expense borne by themselves, their families, and taxpayers.

People injured by physical abuse[32] often need expensive acute and long-term care, frequently financed by Medicare and Medicaid. Financial exploitation pushes victims who lose life savings to rely on public programs for housing and health care. Abusive guardianships squander court and administrative resources. And nursing home chains that neglect residents and bill for care they didn't provide defraud Medicare and Medicaid.

Child abuse is estimated to cost more than $100 *billion* a year.[33] But we have not yet begun to assess the high cost of elder abuse,[34] even though we know that its price tag likely is many billions a year as well, given data relating to slices of the issue, including the following: that elder abuse leads to a four-fold increase in nursing home placement,[35] that understaffing in nursing homes leads to a 22% increase in avoidable hospitalizations,[36] that it leads to billions in

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[31] *See* Lachs *et al.*, *The Mortality of Elder Mistreatment*, 280 JAMA 428, 428-32 (1999) (finding that victims even of mild abuse, neglect and exploitation were at 300% increased risk of death in the three years after the mistreatment compared to other elders, even adjusting for chronic illness and other factors.)

[32] Bonnie Brandl, in her testimony before the Committee, refers to the plight of Miss Mary, a 96 year old Florida woman who was financially exploited and subsequently raped and physically assaulted by her drunk grandson with whom she lived. Although she lived independently before the attack, thereafter she was initially in a hospital followed by a nursing home, where she died a few years later. She never again lived independently. Miss Mary is an example of someone whose life was "tipped over," by abuse and the resulting care she needed was paid for by public programs.

[33] Foster, Michael and Holden, Wayne, *Benefit-cost analysis in the evaluation of child welfare programs*, Focus, Vol. 23, No. 1, Winter 2004; Wang, Ching-Tung, Holton, John, Total *Estimated Cost of Child Abuse and Neglect in the United States,* Economic Impact Study (September 2007), Prevent Child Abuse America; Prevent Child Abuse America, *Total Estimated Cost of Child Abuse in the United States* (2007) *at* http://member.preventchildabuse.org/site/PageServer?pagename=research_child_abuse.

[34] See Charmaine Spencer, *Exploring the Social and Economic Costs of Abuse in Later Life*, Gerontology Research Centre, Simon Fraser University, Vancouver, B.C., Canada. Prepared for Health Canada, Family Violence Prevention Unit, Ottawa, Ontario, Canada (1999) *at* http://129.3.20.41/eps/le/papers/0004/0004006.pdf. This was the only publication located discussing overall costs of elder abuse, neglect, and exploitation. The researcher is Canadian, much of the discussion applies to the United States.

[35] Lachs, M, et al., *Adult Protective Service Use and Nursing Home Placement*, The Gerontologist (2002) 42 (6): 734-739 (finding that elder abuse almost quadruples nursing home placement).

[36] Understaffing in nursing homes leads to a 22% increase in avoidable hospitalizations. *Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes*, Report to Congress prepared for the Centers for Medicare and Medicaid Services (CMS) by Abt Associates Inc., Andrew Kramer, University of Colorado Health Center on Aging and Division of Geriatric Medicine; et al. (Phase I report issued Summer 2000; Phase II, Final Report issued December 2001). These findings were consistent with those of a panel of the Institute of Medicine, National Research Council.

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reported financial losses[37]; that it is less expensive to prevent (with specialized care) than to treat conditions associated with neglect and abuse,[38] such as injuries from falls,[39] dehydration,[40] and improper restraints;[41] and that it takes a reported

The many dimensions of the high cost of elder abuse thus present compelling moral, demographic, *and* fiscal imperatives to improve our response to this growing problem.

II. CHALLENGES IN ADDRESSING ELDER ABUSE

A. Scant Research or Knowledge

What we know about elder abuse lags some 40 years behind child abuse and 20 years behind domestic violence. We don't know why it occurs, how often it occurs among several populations, how much it costs, what practices and programs are most effective in addressing it, what the relationships are among its various forms, or how to detect and prevent it. We don't even know how to define what a successful intervention looks like.[42] Which is why we desperately need more research. And yet, according to the just released Government Accountability Office (GAO) report, in 2009, the National Institute on Aging (NIA), "leading the federal effort on aging research"[43] spent just $959,000, 1/1000 of its annual budget on elder abuse research; the Centers for Disease Control and Prevention (CDC) spent even less, ($50,000); and the National Institute of Justice (NIJ) spent $1.2 million;[44] for a grand total of $2.2 million in federal dollars going to elder abuse research, a tiny fraction of what is spent on

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[37] MetLife Mature Market Institute, *Broken Trust: Elders, Family, and Finances*, 8 (March 2009) available at www.metlife.com/.../mmi-study-**broken-trust**-elders-family-finances.pdf. ($2.6 estimated losses due to financial exploitation as reported in media).

[38] *See e.g.* Mary Naylor, *Journal of American Geriatrics Society*, May 2004, This NIH study concluded that specialized nursing care for elderly heart patients results in better quality of life and fewer hospital readmissions. Instead of costing more money for specialized care, the care resulted in a nearly 38% savings in Medicare costs.

[39] National Center for Injury Prevention and Control, CDC, *The cost of fall injuries among older adults*, DATE? Online ref?. "The total cost of all fall injuries for people age 65 or older in 1994 was $27.3 billion (Englander 1996). By 2020, the cost of fall injuries is expected to reach $43.8 billion (in current dollars) (Englander 1996)." "A recent study of people aged 72 and older found that the average health care cost of a fall injury was $19,440 (including hospital, nursing home, emergency room, and home health care, but not physician services) (Rizzo 1998)."

[40] Preventing dehydration saves health care costs and improves quality of life. *See, e.g.*, http://mqa.dhs.state.tx.us/QMWeb/Dehydration.htm;

[41] Phillips CD, Hawes C, Fries BE. *Reducing the use of physical restraints in nursing homes: will it increase the costs?* American Journal of Public Health. 1993; 83(3):342-48. Dunbar JM, Neufeld RR, Libow LS, Cohen CD, Foley WI. *Taking charge: The role of nursing administrators in removing restraints.* Journal of Nursing Administration. 1997; 27(3):42-48. Schnelle JF, Newman DR, White M, Volner TR, Burnett J, Cronqvist A, Ory M. *Reducing and managing restraints in long term care facilities.* Journal of the American Geriatrics Society. 1992; 40(4):381-85. *Reducing the use of restraints in Texas Nursing Homes*, Texas Department of Human Services in cooperation with the Texas Medical Directors Association and the Texas Medical Foundation.

[42] We do have ideas and experiential knowledge regarding what we believe are successful interventions, but they are not yet evidence-based. Experiential knowledge has value but it would be hugely beneficial to conduct research on existing interventions and to develop innovative new interventions.

[43] http://www.nia.nih.gov/

[44] $650,000 of the $1.2 million came from DOJ's Elder Justice and Nursing Home Initiative housed in the Department's Civil Division. The EJI also funded other elder justice related activities in 2009 that did not appear in the GAO report because they related to facility issues beyond the purview of the GAO report.

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comparable issues.

One of the greatest research gaps in the field is that we know so little about the interventions we employ. APS plays a central role in elder abuse intervention. But we have not studied its efficacy. This would be no simple task due to the variance from state-to- state, region-to-region and law-to-law, not to mention diverse, and in some programs rudimentary, record keeping practices. But even beginning to study a few practices could provide critical information. This is not an insurmountable problem. But it is not one we have addressed with any real resources or methodological rigor.

Another issue regarding which there's a dearth of research is financial exploitation. Little is known (except anecdotally) about its nexus to other forms of elder abuse and neglect. There are a virtually limitless number of portals into the problem, ranging from legitimate entities and individual transactions that are misused to illicit ones that are in their nature designed to prey on older people. The decline in cognitive functioning that begins often in one's 50s, undermining capacity to make effective financial decisions also raises a plethora of policy dilemma raising to prevention that would benefit from elucidation. But often the complexity of the underlying financial transactions or rules require a degree of financial sophistication and training that most responders lack. And raising the question of how best to help people prepare for financial vulnerability and prevent becoming victims. Two recent surveys[45] identify the reported rise in financial exploitation as a significant and growing concern for APS as well as other entities, and APS has cited it as a high priority issue on which it wants and would benefit from additional data.[46]

The same dearth of efficacy data exists regarding the efforts of virtually all types of interveners including the Ombudsman, aging network entities, guardians, health care, legal and justice system personnel. Is there a difference in rates of elder abuse among patients cared for by geriatricians versus by physicians with less expertise in aging? (For example, poly-pharmacy or improperly diagnosed reversible delirium might lead elders to be at greater risk for abuse and neglect than they would have been with proper care.) Is there a difference in jurisdictions that have robust multidisciplinary teams? Are there better conditions in facilities that have a strong ombudsman programs or family councils? We also know little about whether and if so which interventions by police or prosecutors make elders safer. The domestic violence field has relied heavily on justice system interventions, including mandatory arrest, separating victims and perpetrators, and prosecution. It is unclear, however, to what extent those models make sense for the elder justice field.

Forensic research is another critical area. The jurors in the Ruby Wise case wanted to know how

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[45] *Adult Protective Services: Increased Demand and Decreased Funds*; AARP Public Policy Institue (2011) (Calls to APS, often atrtributed to rising financial exploitaiton, have incrased during the recession even as funding for the programs has remained the same or decreased.)

[46] Strengthening Adult Protective Services (APS) and Informing Implementation of the Elder Justice Act: Nationwide Survey of APS Programs; Survey available at: www.appleseednetwork.org/LinkClick.aspx?fileticket=euvxlBcxzwQ%3D&tabid=157 (reporting that financial exploitation was the top subject on which APS administrators would like to see a demonstration project.)

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long her pressure sores had been there, whether they had occurred spontaneously or whether they had been caused by her son's neglect. Other than on the subject of bruising, we have little definitive forensic markers research to inform the answer to answer such questions.[47]

Section 2023 of the Elder Justice Act (EJA) requires the Department of Health and Human Services (HHS) to promulgate guidelines to the field regarding the navigation of human subject protection issue as they arise in elder abuse research. HHS guidance could make a significant difference as many Institutional Review Boards (IRBs) struggle to address such issues (often delaying research with time consuming analysis) because such research involves not one but two difficult issues – abuse and diminished capacity.

In addition, the EJA requires validated evaluation of the effectiveness of the activities funded under the Act. Particularly given the dearth of intervention research and the need to assure that scarce resources are used most effectively, the field would benefit from HHS guidance regarding how to structure such evaluations.

B. Complexity

Elder abuse is comprised of a constellation of distinct but related phenomena that implicate health, social service, legal, financial and other systems. The issues raised in this hearing illustrate the problem's breadth – financial exploitation, withholding of critical necessities, neglect, and physical and sexual assault. Elder abuse emerges in all kinds of settings and involves an unwieldy panoply of players and systems. As such, it also requires a multi-faceted response from the federal government and otherwise.

One of the most fundamental complexities in the field is finding the right balance in our response to elder abuse between self-determination on the one hand, and safety on the other. The autonomy-safety conundrum plays out in the individual, programmatic, systems, medical, legal, and policy realms. Striking the right balance is a constant challenge for responders, family members, government officials, researchers and policy makers in addressing decisions about living at home alone, refusing needed care, spending/squandering money, engaging in physical intimacy, staying with an abuser or neglecter, hoarding, living in squalor, and more. Responders are whipsawed by vague or conflicting demands of family members, professional rules, philosophy, a haphazard system of laws, ethical guidelines, and their own consciences.

Elder abuse consists of numerous different types of abuse. It could be a confused older man at the bank being targeted for financial exploitation. It could be a demented nursing home resident neglected and unfed. It could be someone cognitively and physically able, victimized by

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[47] *See e.g.,* Laura Mosqueda, Kerry Burnight, & Solomon Liao, *The Lifecycle of Bruises in Older Adults,* 53 J. AM. GERIATRICS SOC'Y 1339 (2005); Wiglesworth A, Austin R, Corona M, Schneider D, Liao S, Gibbs L, Mosqueda L. Bruising as a marker of physical elder abuse. *Journal of American Geriatrics Society, 2009 Jul;57(7):1191-6,* at http://www.centeronelderabuse.org/research.asp. See also, "*A Multi-Site Study to Characterize Pressure Ulcers in Long-Term Care Under Best Practices: Final Technical Report for the U.S. Justice Department,*" Liao S, Baker M, Lowe J, Austin ?R, Whitney JD, Wiglesworth A, Zimmerman D, Zoromski P, Mosqueda L

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domestic violence in later life. These different phenomena represent just a small fraction of the many faces of elder abuse. Victim populations too span a broad range (e.g. people with cognitive impairment and those who are cognitively intact) requiring different services and intervention responses. And perpetrators can be power hungry and bullying, incompetent and well-meaning, or take the inanimate form of a financial institution or a care facility. In other words, elder abuse is a phenomenally heterogeneous problem where one size never fits all.

In addition, we know little about the causes of elder abuse. We lack validated theoretical models to explain why elder abuse occurs and to inform our responses in individual cases and at a policy level. For example, applying a "power and control" model used in the domestic violence field leads to different types of interventions and policies than a "caregiver stress" model, with potential implications for victim safety and well being. A "caregiver stress" model suggests the perpetrator needs assistance. Under a "power and control" model, however, the perpetrator more likely would be separated from the victim – two very different responses. Thus, it is vital that we advance our understanding of why elder abuse occurs to get a better handle on what interventions are most likely to work. Given the complex constellation of phenomena that make up the problem, it is likely that several theoretical models and frameworks will apply, depending, for example, on whether the victim and/or the perpetrator have capacity or money is a motivating factor.

There is little research or training for those on the front lines, such as Adult Protective Services (APS), law enforcement and EMS, about how to ascertain "consent" with persons who have somewhat diminished capacity. When should they adhere to the older person's preferences and when should they consider potentially conflicting opinions of another family member; and how to determine what is truly in their client/beneficiary/patient/victim/resident/subject/mom's "best interest." We don't even know how to define a "successful" outcome. Had APS been called, and Ruby Wise moved from her home into a nursing home, would that have been a successful outcome? Perhaps if her suffering had been reduced?

Yet another related complexity that deserves be systematically analyzed and addressed at the national level is the paucity of "good options." First responders such as APS, medical personnel, EMS, law enforcement, and others, often do not have available to them remedies that that victims (or individuals at risk) want or would accept. This scenario arises, for example, with aging parents who for decades have cared for mentally ill or developmentally disabled now-adult-children. As their physical and cognitive capacity declines, they grow increasingly dependent on the offspring. The parents may be adamant that they understand the risk but do not want to be separated from their children who lack the capacity to provide the care they need – which can be a recipe for disaster. Most communities and responders lack access to placement options where both parent and child can go together and have their divergent needs met, or source of funds to allow them to procure in-home care.

We need more data about what remedies older victims and people at risk need and want most, whether it is possible to make those options available within the structure of existing laws and programs, or whether something new is required. In addition, responders often need more information about the range of services available to elder abuse victims and those intervening on their behalf, including in response to financial exploitation.

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We thus need an analysis about what services *should* be minimally available in all localities; what services *are* currently available in different localities; what information about those services is available to victims, those at risk, and those intervening on their behalf; and what ethical guidelines are available to families and responders to guide them in navigating these often complex and murky waters.

C. Fragmented Systems and Service Shortages

The response to elder abuse (when cases come to light, which most do not[48]) is hampered not only by too few resources, but also by a fragmented patchwork of systems, programs, laws, philosophies, practices, and jury-rigged responses. The safety net, to the extent it exists, is full of holes and looks different in every jurisdiction. The Elder Abuse Victims Act study of laws and creation of and support for multidisciplinary task forces would begin to address this issue.

APS, which exists in every state as a protective services entity, is charged with responding to and investigating allegations of elder abuse.[49] On the local level, APS cases require medical, legal, and financial expertise that is often not available to APS staff and services that APS clients frequently cannot access. Some APS programs have developed partnerships and are part of multi-disciplinary teams but other programs are able to offer only limited assistance to victims even once they suspect or substantiate abuse, neglect, or exploitation. The GAO report and the testimony of Kathleen Quinn, Executive Director of the National Adult Protective Services Association, have illustrated that the dramatic shortfall in resources at the state level is exacerbated by the lack of federal standards, training, technical support, data collection, oversight or infrastructure, such as an office or resource center. This high level national support is of the type that the federal government already provides for many other systems and could be provided for APS with relatively modest resources.[50]

In a few jurisdictions, law enforcement or prosecutors prefer to conduct the initial investigation into an alleged elder abuse case before APS. In other jurisdictions, where the justice system is less engaged, APS may try to develop a more thorough investigation to build a case that law enforcement might pursue. APS has authority to go into long term care facilities in about half of the states but the lines between APS's role in those states and the role of the state licensing

[48] See discussion above about the New York State Prevalence study's findings regarding the vast majority of cases not coming to light.

[49] In some states, such as New York, the aging network pursues cases that fall outside of APS' eligibility criteria.

[50] Life Long Justice conducted a survey of APS programs with the assistance of volunteers and the pro bono assistance of Edgeworth Economics. The survey revealed a consistent refrain of the dire need for funding and more staff. In addition, the three top subjects on which APS programs would like to see a demonstration project funded, are financial exploitation, collaboration with law enforcement and others, and measuring effectiveness of their interventions. Survey participants identified their top two legal or policy challenges as being guardianship and the need to standardize, update, and consolidate laws and policies. In addition, the APS administrators had many pressing requests for support from a national resource center or similar support vehicle including developing best practices, increasing public awareness, providing input regarding APS into law reform and policy development, coordinating initiatives with critical partners and compiling APS data, disseminating research findings and developing national training. (Survey available at: www.appleseednetwork.org/LinkClick.aspx?fileticket=cuvxlBcxzwQ%3D&tabid=157.)

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agency and the long term care ombudsman program are sometimes blurry. For example, in at least two states, alleged wrongdoing by a staff member or another resident of a residential care facility is under the purview of the agency that licenses facilities, whereas the same conduct perpetrated by someone coming in from the outside would go to APS.[51]

Like APS, most victim assistance, services or advocacy programs on the front line responding to allegations of elder abuse report difficulty in finding appropriate (or any) victim services for elder abuse victims (who often have complex medical, mental health, legal, financial, and/or housing needs). While a few programs focused on elder abuse victims offer space in domestic violence shelters, transitional housing, or emergency nursing home placement, and some prosecutors and law enforcement offices have elder victim assistance personnel, little is known about how best to meet the housing and other needs of older victims. The proposed Elder Abuse Victims Act would bring much-needed attention to address this victim assistance gap.

In addition, many if not most elder abuse cases involve a mental health issue relating to the victim, the perpetrator, or both. Mental health systems are not well meshed with the elder abuse network, such as it is, and there is less awareness than there needs to be about the mental health issues of older adults and the nexus between mental health issues and elder abuse.

Similarly, financial issues and systems are increasingly implicated in elder abuse cases, thus requiring those in the elder justice field to develop new familiarity with that system and requiring of various representatives of financial institutions a crash course in elder abuse. In addition, financial institutions and experts have become more common participants in multidisciplinary teams and taskforces.

Research exists indicating that identifying perpetrator[52] characteristics and typologies[53] is more important to preventing elder abuse than identifying victim characteristics.[54] But we have few services to address those troubling characteristics. We need much more wide-ranging studies so that we know who abuses, who neglects, who exploits and what interventions prevent or stop such mistreatment.

Some programs that provide direct services to victims, such as APS, ombudsman programs, and legal services, are housed in and/or funded by State Units on Aging and Area Agencies on Aging. Advocates working in those programs may sometimes feel conflicts between the systemic advocacy they believe is necessary to address the unmet needs of elder abuse victims and pressure from their funders to stifle any criticism of local or state agencies and programs. These conflicts can be yet another barrier for individuals who are most familiar with the needs of

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[51] Both Washington and Michigan divide responsibilities in this way.

[52] A "perpetrator" might include a range of individuals and/or entities whose actions or omissions may result in abuse, neglect or exploitation of elders. We lack data about *all* types of potential perpetrators: (a) individuals, (b) groups (families or informal groups, such as Roma-Gypsies who prey on older people), or (c) corporate entities (a nursing home chain where profits trump care needs, or boiler room operations dialing for dollars).

[53] Holly Ramsey-Klawsnick, *Elder-Abuse Offenders: A Typology* 24 GENERATIONS (2000).

[54] GEORGIA ANETZBERGER, THE ETIOLOGY OF ELDER ABUSE BY ADULT OFFSPRING (1987).

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victims and the shortcomings of the system to raise and address those issues in meaningful and effective ways.

These many fragmented systems would benefit from systemic evaluation and identification of workable models and practices. Multidisciplinary taskforces[55] addressing elder abuse, including those envisioned in the Elder Abuse Victims Act, could assist in addressing the problem of fragmented systems and assure that the lessons they have learned are made available for other jurisdictions and entities facing the same challenges.

D. The Urgent Need for Elder Justice Appropriations

Congress has yet to appropriate a single cent to implement the Elder Justice Act enacted in 2010 or the 2006 elder justice amendments to the Older Americans Act. And it has appropriated only modest funds ($5.9 million) to implement the remaining OAA provisions that would address elder abuse (and has left several provisions unfunded for decades). Fully funding the modest amounts authorized in those federal elder justice laws is among the most significant needs in the field. The oral testimony from the witnesses, as well as the written testimony from myriad entities and individuals submitted into the record, illustrate countless manifestations of the dire need for funding. The GAO's report (and the pie charts attached as Exhibit A) illustrating the GAO's findings regarding federal expenditures illustrate just how meager the federal resources are compared to the great and growing need.

E. Elder Justice is Not a Federal Priority – Yet

The Department of Justice (DOJ) and the Department of Health and Human Services (HHS) have for years had offices that have provided sustained leadership, attention and activity relating to child abuse and domestic violence issues. No similar office exists to address elder abuse. The result of this lack of sustained leadership, infrastructure and resources that such an office would bring are evident in the GAO report of March 2, 2011, *Stronger Federal Leadership could Enhance National Response to Elder Abuse,* and in the charts illustrating the GAO findings (Exhibit A).

The federal effort on elder justice is minimal – according to GAO it was $11.7 million in 2009 – and a fraction of that devoted to address child abuse and domestic violence. The irony of this deficit is starkest at the two federal entities whose missions explicitly relate to aging: As noted above in the research section, the National Institute on Aging spent just $959,000 (0.1%) of its budget on elder abuse research (in both 2008 and 2009). According to the GAO, the Administration on Aging spent about $5.9 million (0.4% of its 2009 budget) on elder abuse research.[56]

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[55] One model for such task forces to examine are the coordinated community response (CCR) teams currently funded under the elder abuse program in the Vioence Agaisnt Women Act.

[56] AoA also spent $16 million on the Long Term Care Ombudsman. GAO did not measure the federal effort or amounts expended on abuse and neglect in facilities and thus did not analyze amounts spent by the Centers for Medicare and Medicaid Services (CMS) on efforts to address elder abuse.

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In addition, the Centers for Disease Control and Prevention spent just *$50,000* (0.0008%) of its budget on elder abuse issues ($5,000 less than in the previous year) whereas it has for decades spent millions and provided real leadership on issues relating to child abuse and domestic violence.[57] Moreover, Adult Protective Services, a critical front line responder to elder abuse, does not have a federal office, resource center, standards, oversight, training, data collection or reliable funding.

The scenario is similar at DOJ: Although the aging population is disproportionately female, people who have dementia are disproportionately women, elder abuse victims are disproportionately women, recent research indicates that among phone survey respondents who have capacity, much of the elder abuse is domestic violence,[58] and despite the rapidly aging population, the Office on Violence Against Women (OVW) spent only 0.5% of[59] its funds on elder abuse. APS programs and others working on the front lines of elder abuse and some researchers report that few domestic violence or sexual assault programs[60] serve older victims on the basis of age, disability or both. Either category is suspect, particularly for a recipient of federal funds.

Similarly, the GAO reports that the Office of Justice Programs (OJP), DOJ's grant-making arm, in FY 2009 spent just over $1 million of its own budget to address elder abuse.[61] Two OJP bureaus that have been involved in elder justice projects are not shown by the GAO's analysis as having been so in 2009.[62]

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[57] The CDC has initiated an effort to identify definitions of elder abuse for purposes of surveillance. It is critical that such an effort be coordinated with other federal entities and the definitions used by leading programs and practitioners in the field. There has been recent movement in the field about new ways to conceptualize the problem and questions about whether relationships with "an expectation of trust" should be a threshold requirement for any case of elder abuse (which would leave out certain types of abuse targeting an older person based on age, but leave in abuse that occurs regardless of age.). *See* for example the definitions used by the New York City Elder Abuse Center and the University of California, Irvine Center of Excellence and the Orange County Elder Abuse Forensic Center and the Canadian work regarding elder abuse definitions.

[58] Ron Acierno, Melba Hernandez-Tejada, Wendy Muzzy, & Kenneth Steve, *National Elder Mistreatment Study*, (March 2009).

[59] The funds expended under VAWA annually to addres elder abue primarily go to elder abuse coordinated community response teams now in existence in many jurisdictions, which have been successful in bringing many new systems and individuals into the elder jsutice field.

[60] Vinton, Linda. (1998) A Nationwide Survey of DV Shelters' Programming for Older Women. Violence Against Women, 4(5) 559-571; and cf, *Meeting Survivors' Needs: A Multi-State Study of DV Shelter; Experiences* Eleanor Lyon, Shannon Lane, Anne Menard (2008) DOJ award; 2007-IJ-CX-K022. Doc #: 226045.; Marta Lundy and Susan Grossman "*Elder Abuse: Spouse/Intimate Partner Abuse and Family Violence Among Elders;* JEAN 16(1) 2004. 85 – 102; Vinton, Linda. (1998) A Nationwide Survey of DV Shelters' Programming for Older Women. Violence Against Women, 4(5) 559-571. Statements by APS program administrators and others to the witness

[61] The GAO report notes that $650,000 of the $1.2 million expended by NIJ on elder abuse was contributed by the Elder Justice and Nursing Home Initiative. In addition to the NIJ research grant program (the first and still only sustained federal elder justice research grant program), the GAO reports that the Office for Victims of Crime expended $516,000 on elder abuse projects in 2009.

[62] The GAO report showed no funds being spent on elder abuse by the Office of Justice Program's (OJP's) bureaus that address elder abuse data and justice program, both of which are much needed and have much to contribute:.

- Bureau of Justice Statistics (BJS) that supports law enforcement, courts, corrections, treatment, victim services, technology, and prevention to strengthen the criminal justice system, and

DOJ's Office for Victims of Crime (OVC) primarily distributes fund to the states through formula grants for direct victim assistance (such as rape crisis centers, domestic violence shelters, and victim advocates in prosecutors' offices) and victim compensation programs (to reimburse victims for their mental health, health care, and burial service expenses). This accounts for the lion's share of OVC funds. It appears that a total of 127,426 victims of elder abuse were served in FY2007 and 2008 by Victim of Crime Act (VOCA) Assistance Programs or 2% of all victims served by these programs.[63] Of OVC's 2009 discretionary funds, only $516,000 were expended on elder abuse efforts.

If you fund them, they will come. When promising young researchers make decisions about their fields of work, one factor they must consider is the availability of funding. A small number of researchers have obtained funding for elder abuse research. But in general, the eye of the needle is very small, and elder abuse research is not now considered to be a promising field given the dearth of funds that flow to it. Thus, those putative promising young researchers likely will preemptively pursue other areas of practice where they are more likely to be able to do the work they aspire to. And thus, the cycle perpetuates itself.

Overall, federal elder justice efforts are pursued by a few dedicated officials, who usually juggle elder justice efforts with multiple other duties. Although the issue has been referred to by HHS Assistant Secretary for Aging Kathy Greenlee as "the growing crisis of elder abuse,[64] and she has designated it as one of her highest priorities, AoA has received no funds (either appropriated by Congress or discretionary sums allocated by the Administration) with which to implement the Elder Justice Act (2010) or the 2006 elder justice provisions of the Older Americans Act. And the modest $5.9 million Congress appropriated for AoA to implement the pre-2006 elder abuse-related provisions of the OAA, is not enough to have any significant impact given the vastness and complexity of the problem and the fragmented state of the response.

The same scenario is replicated at the Department of Justice where elder justice efforts enjoy support at high levels of the Office of Justice Programs and the Civil Division, but receive just a tiny fraction of the funding that goes to comparable issues. Nor has elder justice ever managed to draw an influential champion in the White House to assure attention and funding.

In sum, elder justice has never been assigned true priority on the national agenda with resources to match. And the fall out from this deficit are evident everywhere.

III. THE ROAD FORWARD

A. Infrastructure and Sustained Attention

- Bureau of Justice Statistics (BJS) the mission of which is to collect, analyze, publish, and disseminate information on crime, criminal offenders, victims of crime, and the operation of justice systems.

[63] http://www.ovc.gov/welcovc/reporttonation2009/ReporttoNation09full.pdf)

[64] Testimony of Kathy Greenlee, Assistant Secretary for Aging, U.S. Department of Health and Human Services, before the Senate Special Committee on Aging; Field Hearing on Reauthorization of the Older Americans Act; September 7, 2010; Milwaukee, Wisconsin, p. 4.

Federal leadership and infrastructure can have a tremendous impact on how a country addresses a problem, on whether it gets the attention it needs and deserves. Such leadership begins with the bully pulpit to make public the priority and thereby validate it and raise awareness about its existence and importance.

The new office proposed for DOJ is a low-cost, potentially high-impact measure that could concentrate and focus the federal effort, provide sustained policy and program development, and be the focal point to assist, coordinate and support the work done by the state multidisciplinary taskforces (also envisioned in the bill). The lessons learned by those task forces would not remain the sole province of that task force or locale, but could instead be analyzed and disseminated nationally for the benefit of other states and taskforces across the country.

In addition, the office could, in coordination with other federal offices and agencies, assure methodologically appropriate evaluation of efforts undertaken under its auspices, to begin addressing the deficit of knowledge about which efforts best advance the wellbeing of the population we seek to serve. Such ongoing emphasis on evaluation could make a significant contribution to the field.

The Elder Abuse Victims Act also calls for the DOJ Office of Elder Justice to conduct a review of state laws used in elder abuse cases and of practices relating to the enforcement of those laws. Given the patchwork of different types of laws used in civil, criminal and injunctive elder abuse cases, such a review is much needed.

In the death of his mother, Chris Wise was acquitted of both murder in the second degree and acquitted of manslaughter in the first degree. He was convicted of manslaughter in the second degree, which does not require a showing of recklessness. Had he been charged with knowingly and recklessly causing egregious suffering (instead of causing death), the jury likely would have convicted. But, as one juror pointed out, the law did not fit the crime very well. This is not an infrequent issue in elder abuse cases –laws often do not fit the wrongs they're being used to redress. For one state to have ready access to the text and experience of others will be of significant benefit to the field.

The review of state laws also should include an analytic component, a review of how those laws have been enforced and the state's experience with it. Such an analysis will be particularly helpful to states trying to determine what kinds of laws and enforcement practices make the most sense. In addition, two recent compendia of federal laws relating to elder justice will fill out the federal aspects of the legal landscape, the Congressional Research Service's *Compendium of Statutory Authorities the Address Prevention, Detection or Treatment of Elder Abuse*,[65] and Life Long Justice's *Elder Justice Legislative Map*[66].

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[65] This compendium was done for the Senate Special Committee on Aging and covers numerous federal laws.

[66] The legislative map is a working resource document that currently includes the Elder Justice Act, the elder justice provisions of the Older Americans Act, and the elder abuse provisions of the Violence Against Women Act. It allows users to use hyperlinks to examine related documents and to sort the laws' sections by categories such as research, services, training, appropriations, and more. The EJ Legislative Map was prepared by a team of *pro bono*

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B. Data Collection

Elder Abuse Data Collection

The child abuse field has for decades collected extensive data relating to child abuse. The elder abuse field has not begun to do so. This despite the fact that such data collection has been identified as an urgent priority for years and despite the fact that it was mandated by the 2006 amendments to the Older Americans Act. The GAO notes that AoA has not fulfilled the OAA's requirement to develop objectives and priorities for the long term planning to collect uniform national data about elder abuse,[67] and recommends that HHS together with DOJ, state representatives, and relevant experts work together on this issue.

We have sufficient preliminary information today to begin laying the foundation for collecting uniform national data regarding elder abuse. The March 2010 *Congressional Report on the Feasibility of Establishing a Uniform National Database on Elder Abuse* provides a significant preliminary analysis to assist and inform such a process. The next step is for HHS and DOJ to convene a working group of experts on data, elder abuse, state data collection systems, child abuse and domestic violence data collection, and others necessary and helpful to the process, to begin developing a plan.

The child abuse field pursued a two-year design phase, held two large regional meetings which most states attended, scoped the system and got agreement about the big issues. People involved in the process report that the states too were also eager also to have better data to more effectively address the issue.

A key ingredient? A consistent champion inside the federal government. Such a program must have continuing support and focus. In this case we need champions inside both DOJ and HHS who can and will work together and with an assembled team.

APS Data Collection

In addition to collecting field-wide data, GAO also recommends collection of APS-related data as required by the Elder Justice Act. It will be critical that these two data collection processes (field wide and APS only) coordinate and are linked so that they complement as opposed to undermine one another.

Appleseed's Life Long Justice initiative recently conducted a state-by-state survey of APS programs to collect data relevant to and to inform the early stages of collecting APS data. The findings of that survey have laid some initial groundwork.[68] Notably, categories about which

---

attorneys at Hogan Lovells for and in consultation with Appleseed's Life Long Justice program, and will be available on the Life Long Justice website, www.appleseednetwork.org/bOurProjectsb/LifeLongJustice/tabid/594/Default.aspx#legislation.

[67] Following up on the discussion above in I(A) regarding prevalence, it is critical in this effort to assure that elder abuse in all settings and among all populations is considered in determining what data to collect.

[68] See survey at online at www.appleseednetwork.org/LinkClick.aspx?fileticket=cuvxlBcxzwQ%3D&tabid=157);

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APS programs collected the least data – client's and perpetrators'[69] capacity – may be among the data points with the greatest potential correlation to risk for elder abuse. In addition few programs collect information about the reasons *why* reports were not substantiated, which may be among the more useful types of information in identifying challenges.

Perhaps the most significant survey finding came in response to a question relating to how APS programs measure program effectiveness.[70] There was no consistent or meaningful definition of "success." And although just under half of the programs collect data about "client outcomes," it is not clear how "outcome" is defined, whose outcome it is, and whether the clients would rate those "outcomes" the same as APS. It is notable that, as noted above in note 43, among the top three choices of topics to pursue in a demonstration project was "measuring effectiveness and outcomes..."

C. Implementation of Existing Laws

While the failure of Congress to appropriate funds to implement the federal law relating to elder justice, is an enormous barrier to progress in this field, not all aspects of implementation must rise and fall with appropriations.[71] First, the administration can make choices regarding where and how to spend its discretionary dollars and would make a statement about the importance of addressing elder abuse by using some available sums to address the most pressing needs of the field. Second, part of demonstrating visible leadership on elder justice issues, and conveying that they have some priority, includes using the bully pulpit and taking visible steps to plan for implementation, similar to what has occurred relating to other laws.

One possibility would be for the federal agencies to convene or seek the input of multidisciplinary groups of experts regarding recommendations for the most effective implementation of those elder justice-related laws.

More than 90% of programs collect information about the client's gender and age; more than 80% about setting and where the abuse occurred. But just over 50% collect information about client's functional capacity (such as ADLs) and cognitive capacity. As discussed above, there are persuasive data that individuals with dementia are at much higher risk for elder abuse; and there is research underway indicating that individuals with diminished functional capacity also are at greater risk. Thus, currently, just over half of programs collect the client information most closely correlated with likelihood of abuse.

The same is true for perpetrator data. Whereas 89% of programs collect information about perpetrator relationship to client, 69% collect data about perpetrator gender, and 45% collect data about perpetrator age, only 21% collect information about perpetrators' cognitive capacity. And yet some studies indicate a correlation between substance abuse, mental illness and increased rates of perpetrating elder abuse, making cognitive capacity a compelling factor to pursue, in addition to substance abuse and mental illness.

APS programs also indicated what factors would make it more feasible for them to collect or retrieve data, which will be relevant data as decisions are made regarding where to put funds.

[69] Schaimberg, Lawrence B & Gans, Daphna (1999); *An Ecological Framework for Contextual Risk Factors in Elder Abuse by Adult Children*; Journal of Elder Abuse and Neglect, 11 (1), 79 – 103.

[70] 60% of programs collected information about repeat referral rates or recidivism; 48% "client outcomes," 35% collect "risk reduction" data, and 14% collect information about arrest and prosecution data.

[71] For example, the Section 1150B's require reporting of crimes that occur in federally funded long term facilities to nursing homes is already in force and the field could use guidance regarding its implementation. In addition, it would seem that at least some aspects of implementing the Coordinating Council (Section 2021), Research Protections (Section 2023), provisions could proceed absent appropriations.

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D. A Strategic Elder Justice Plan

The dearth of funding notwithstanding, there is commitment to basic principle of elder justice among a handful of dedicated career and political appointees in the executive branch. These federal employees could do much to advance the field by developing a collaborative, public-private, federal-state-local strategic plan for establishing a lasting place for elder justice issues, and setting some reachable priorities could do much to advance the field.

There are several potential vehicles for the development of such a plan. The Coordinating Council could take a visible leadership role, involve others in this effort, and create a timeline that will assure sustained attention to this issue. The Elder Justice Roadmap Project,[72] co-funded by DOJ and HHS, could be a vehicle to contribute substantive input from the field to inform such a strategic plan. Once elder justice is seen as a prominent concern on the federal agenda, new voices will begin to speak to and about the issue, including other potential funders who have had little involvement in elder justice issues (but who watch attentively to issues of concern to the administration; where the federal government leads, funders often follow, to issues perceived to have priority and traction).

CONCLUSION

With 77 million baby boomers aging, dementia on the rise, and caregiver shortages looming, experts agree that "the growing crisis of elder abuse" has significant implications for the health, well-being and economic security of millions of Americans.

Elder abuse is not just an aging issue. It's a baby boomer issue too, for the millions of people struggling to promote the safety and well being of both their parents and their children. By not meaningfully acknowledging, let alone addressing elder abuse, we are sending an insidious message that suffering in old age is somehow less worthy of our best effort.

The looming implications of elder abuse should be part of our national conversations about health care, justice, economic reform, protecting Medicare and Medicaid from waste, fraud and abuse, government efficiency, and the nexus between responder and caregiver shortages and creating new jobs.

Mickey Rooney has vividly illustrated that elder abuse can arrive unannounced and unbidden at anyone's door – his, our grandparents,' our parents,' or our own. Awareness is the first step toward prevention. We thus owe him a great debt of gratitude for having come forward to

[72] The recently launched Elder Justice Roadmap Project, funded by DOJ's Elder Justice Initiative in collaboration with AoA and the Assistant Secretary for Planning and Evaluation, (ASPE), involves soliciting views from hundreds of stakeholders to identify and distill priorities for research, policy and practice as they relates to elder abuse, neglect and exploitation. The ensuing roadmap with its priorities could provide much needed strategic direction and informed priorities for the field.

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discuss his personal experience.

We've spent countless billions to extend how *long* we live, but relatively little to assure dignity and well-being in the years we've gained. Like Chris Wise, we as a nation also have been wearing earplugs. It is time that we remove them.

Elder justice is a justice issue for our age.

Thank you.

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Testimony of Doris S. Ball
Director, Adult Protective Services
Alabama Department of Human Resources
United States Senate Special Committee on Aging
March 16, 2011

Thank you for this opportunity to submit written testimony to the Senate Special Committee on Aging. As Adult Protective Services, hereinafter referred to as APS, Director in Alabama, I can attest to the needs of the APS program to enable protection of elderly and disabled adults.

Everyday APS staff receive reports, investigate, and arrange services for elderly and disabled adults who cannot protect themselves and who have no one else who can or will protect them. APS staff must be available to go into homes when needed, including after business hours and on week-ends. Law enforcement and emergency medical staff depend on APS to respond and arrange protection in emergency situations called to their attention. APS staff are an integral part of the first responder team.

APS staff is also called upon by home health, Medicaid Waiver case managers, physicians, attorneys, clergy, many other helping professions and everyday citizens to investigate and remedy abuse, neglect, and/or exploitation, hereinafter referred to as A/N/E, they suspect in the community. APS responds with little funding and few resources, but a strong sense of what needs to happen to keep elderly and disabled adults safe.

In 1994, Alabama had approximately 165 APS case workers and received approximately 9,000 reports of A/N/E of elderly and disabled citizens. In FY 2010, Alabama had 94 APS case workers and received approximately 5,000 reports of A/N/E. Budget restrictions have impacted our ability to serve and protect the elderly and disabled adults.

In FY 2010, Alabama's APS program budget was $14 million and was funded as follows: Social Service Block Grant money - $5 million; Medicaid reimbursement for targeted case management - $1 million; and State Funds - $9 million. There is no Federal funding specifically for APS. The APS budget was spent as follows: $7 million for salaries and fringe benefits; $3 million for grants and benefits which include adult day care, foster care, mental health services, and emergency shelter and other emergency needs; and $4 million for administrative costs, including legal fees for protective placement orders and appointment of guardians and conservators in APS cases.

With current funding, APS is unable to provide direct services to prevent or remedy A/N/E except on a very minimal emergency basis. Services are arranged through

existing community agencies and such arrangement requires considerable time and networking skills to coordinate many different programs and advocate for services where none exist. Additional staff is needed.

While financial resources are a great need, there are other serious APS needs. Collaboration and coordination at the Federal level would greatly enhance the provision of APS through policy coordination, technical assistance and training. Such collaboration would facilitate inter-disciplinary coordination at the Federal level. While Alabama has made great strides in inter-agency coordination related to APS at the state and local levels, support is needed from Federal partners

Federal leadership is needed related to training. Currently, training of APS staff and APS partners in Alabama is minimal. New hires in APS receive only one week of basic training. Seasoned staff receive training from other disciplines by invitation and occasional APS updates. There is no organized training for APS partners on recognizing and reporting A/N/E.

When Alabama's APS statute was enacted in 1976, the most frequently reported maltreatment of elderly and disabled adults was self-neglect. While that is still true, the reports of neglect by others and financial exploitation has increased tremendously. Elderly and disabled adults with financial resources are especially vulnerable and easily preyed upon by family and others who are having financial problems themselves. The financial exploitation cases coming to APS's attention are increasingly complex, requiring advanced investigative skills, considerable time and, unfortunately, extensive legal assistance to try to set aside transactions and preserve remaining assets. These are not easy tasks for APS and much help is needed.

I urge you to provide funding for the APS programs in states, require coordination at the Federal level, and develop resource centers to assist states in achieving evidenced based best practices, uniform data collection, training, and inter-disciplinary coordination. Thank you for this opportunity to submit this testimony on behalf of the elderly and disabled adults of Alabama who are at risk of abuse, neglect, and/or exploitation.

Respectfully submitted,

Doris S. Ball

Doris S. Ball, Director
Adult Protective Services

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ABA Defending Liberty Pursuing Justice

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March 1, 2011

The Honorable Herb Kohl	The Honorable Bob Corker
Chair	Ranking Member
Senate Special Committee on Aging	Senate Special Committee on Aging
United States Senate	United States Senate
Washington, DC 20510	Washington, DC 20510

Re: March 2, 2011 Hearing on Elder Abuse

Dear Chairman Kohl and Ranking Member Corker:

On behalf of the American Bar Association, with nearly 400,000 members nationwide, I commend the Special Committee on Aging for scheduling a hearing tomorrow on the nationwide problem of elder abuse. We look forward during the hearing to the unveiling of the U.S. Government Accountability Office report on adult protective services and elder abuse data. We hope that this report will assist the committee in its efforts to foster a strong, bipartisan federal response to the growing national problem of elder abuse – a domestic and institutional tragedy that causes serious physical, psychological, and financial harm to millions of individuals each year, with untold costs to victims, their families, and society.

Despite the enactment of the Elder Justice Act last year, no current federal law adequately and comprehensively addresses the justice system's response to elder abuse. There are very limited resources available to those who provide civil legal services or victim services to elder abuse victims or for the investigation and prosecution of perpetrators. As elder justice is central to any viable notion of the rule of law and social justice, the ABA adopted policy in 2002 that "supports efforts to improve the response of the federal, state, territorial and local governments and of the criminal and civil justice systems to elder abuse, neglect and exploitation." The ABA urges implementation through the following actions:

(1) Creating a nationwide structure for raising public awareness; supporting research, training and technical assistance; funding critical services; and coordinating local, territorial, state, and national resources; Developing and implementing specialized training about elder abuse for all components of the justice system;

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(2) Developing and implementing specialized training about elder abuse for all components of the justice system;

(3) Establishing federal leadership to ensure that adult protective services and legal and other services are of sufficient quality to protect and serve victims of elder abuse;

(4) Creating broad-based, multidisciplinary task forces or coalitions in each state to examine and develop systemic approaches to elder abuse interventions;

(5) Developing, funding, and implementing a multidisciplinary research agenda to sustain, advance, and assess professional training and practice on elder abuse;

(6) Maximizing and expanding resources for preventing and responding to elder abuse;

(7) Developing adequate tools and services to enable capacity assessments and surrogate decision-making for victims of elder abuse;

(8) Ensuring that legal and other services are available to meet the immediate and crisis needs of victims.

Over the last seventeen years, since the ABA began working on the issue of elder abuse pursuant to numerous federal and other grants, we have heard and read the stories of hundreds, if not thousands, of victims and caring family members. Too many of those people were either angry and frustrated at their inability to get help from adult protective services or law enforcement agencies, prosecutors, civil lawyers, the courts, and other local and state government agencies, or they felt that the "help" they received was counter-productive. Their stories demonstrate that a coordinated and comprehensive response is critically needed to improve the quality of justice for elder abuse victims. Federal legislation and funding is needed.

Thank you again for convening this hearing. The ABA looks forward to working with you on this issue.

Sincerely,

Thomas M. Susman
Director

Community Services Department
Sundquist Building • 3482 N. Broadway • Boulder, Colorado 80304 • Tel: 303.441.3560 • Fax: 303.441.4550
Mailing Address: P.O. Box 471 • Boulder, Colorado 80306 • www.bouldercountycommunityservices.org

March 16, 2011

Senate Special Committee on Aging
Chairman Herb Kohl
Ranking Member Bob Corker

Dear Committee Members:

We are writing to provide you with additional information about the Office on Violence Against Women's Abuse in Later Life Grant Program (which is funded through the Violence Against Women Act), and share some of the benefits our community has experienced because of our participation in this grant program. Boulder County, Colorado received an Abuse in Later Life Program Grant in 2008. The Aging Services Division (which is also an Area Agency on Aging) within the Boulder County Department of Community Services is the main grant holder. Its grant partners are: Safe Shelter of St. Vrain Valley; Safehouse Progressive Alliance for Nonviolence (SPAN); Moving to End Sexual Assault (MESA); the Boulder County District Attorney's Office; the Boulder County Sheriff's Office; the City of Longmont Police Department and Senior Services Division; and Adult Protective Services (APS), Boulder County Housing and Human Services. Grant-related efforts have also received support from many other entities, particularly the 20th Judicial District, and the Coroner's Office.

Testimony at the March 2, 2011 hearing emphasized how collaboration between the criminal justice system, advocates, aging network professionals, and other service providers is essential to effectively address abuse in later life cases. The panelists also highlighted the immense need for public education about recognizing and responding to abuse in later life. These two important areas are precisely and effectively targeted by the Abuse in Later Life Grant Program.

Increasing Collaboration

Grantees are required to establish a Coordinated Community Response (CCR), which typically takes the form of a council or team that meets regularly to identify systemic gaps and measures to address them. The grantee and each partner must also complete a policy and procedure review to identify strategies for improving their internal and collective response to elder abuse. These measures have resulted in many changes in our community.

Generally, regular meetings with representatives from key organizations have enhanced relationships so we are more apt to reach out to one another for guidance, and have increased information sharing with an eye towards using our collective knowledge to develop best practices to better serve victims. We have also improved our understanding of each other's missions, services, and confidentiality requirements so that we can work together more effectively.

Cindy Domenico *County Commissioner*   Ben Pearlman *County Commissioner*   Will Toor *County Commissioner*

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More particularly:

- The Sheriff's Office took the lead in drafting interagency investigation guidelines for cases of suspected elder or at-risk adult abuse, neglect, or exploitation. The guidelines are designed to effectuate cross-agency communication and collaboration, and the drafting committee – which drew heavily upon information in the grant-related elder abuse training for law enforcement curriculum – included representatives from each of the County's police departments. The DA's Office, APS, and the Coroner's Office also contributed. The guidelines are currently being finalized, and each participating agency is committed to signing and implementing them.
- Participation in the CCR and other grant-related activities prompted MESA to take simple, cost-effective steps to be more elder-inclusive. It now provides information about sexual assault in later life during outreach events and on its website, and conducts internal trainings for its hotline volunteers on the sexual assault of elders.
- SPAN and Safe Shelter have likewise taken steps to make their programs more elder-inclusive, such as creating rooms specially designed for seniors and persons with disabilities in their shelters. In addition, they are collaborating to create a program that will allow home health aides trained in abuse in later life to provide services to older shelter residents who need them. Further, SPAN has made older domestic violence victims a target group for one of its transitional housing programs.

These are just a few examples of progress in Boulder County stemming from the Abuse in Later Life Grant Program.

Education
The grant provides funds for prosecutors and judges to receive elder abuse training at the national level. Grantees and their partners are also required to create interdisciplinary teams that are trained to provide local workshops on elder abuse to law enforcement and victim advocates.

- In Boulder County, we trained a multitude of police officers and detectives from multiple jurisdictions, and investigators from police departments, the DA's Office, and the Coroner's Office. The grant Project Coordinator has also received calls from police officers requesting information on referring seniors to community services.
- Collaboration between the DA's Office and law enforcement on cases of suspected abuse in later life has substantially increased, and the DA's Office prosecuted 26% more cases involving victims over age 60 in 2009 than it did in 2008.
- Elder abuse and its many forms are part of the public education speeches and seminars offered by the D.A.'s office throughout our community now.

As the statistics presented at the March 2 hearing make clear, abuse in later life is disconcertingly prevalent. Yet many victim advocates think that elder abuse is not a problem in their community because they do not see a lot of older victims in their programs. The grant-mandated elder abuse training for victim advocates is a necessary eye-opener: abuse *is*

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happening, but for many reasons elders are not seeking help, and providers are not recognizing when help is needed. The training brings together advocates from different disciplines, and involves group exercises designed to spark the collaborative response that is necessary to change this unfortunate reality.

The grant has also spurred changes at the 20th Judicial District:

- After attending the national elder abuse training for judges, the Chief Judge – who currently presides over the probate court - provided elder abuse training for all judicial officers.
- She also provided elder abuse training to probate court personnel who conduct investigations related to guardianship applications, and encouraged them to report suspected abuse to APS.
- The probate court is paying closer attention to cases involving elders; this, in conjunction with a heightened awareness of the signs of abuse and exploitation, has led to three indictments by the DA's Office stemming from probate cases.
- The Chief Judge also had an effective meeting with APS regarding enhancing communication, and she will collaborate with the CCR to provide elder abuse training to probation officers.

Other education efforts have flowed from grant-related activities, like the collaboration between the CCR and Adult Protection Review Team to create and deliver abuse in later life trainings to audiences not targeted by the Abuse in Later Life Grant Program. Furthermore, the Longmont Senior Center is helping get the word out by including information in its newsletters about the signs of abuse, and where to seek help.

M.T. Connelly testified at the hearing that awareness of abuse in later life is behind domestic violence and child abuse awareness by as much as 10 years. Thanks to the educational component of the grant, that is no longer the case in Boulder County.

And it should not be the case anywhere in the United States. As the testimony at the March 2 hearing made clear, the social, financial, and moral costs of allowing abuse in later life to remain hidden are far too great. We are grateful for the opportunity to participate in the Abuse in Later Life Grant Program, and look forward to even greater change in Boulder County as we finish our grant cycle, and plan for the future.

Sincerely,

_______________________________ March 16, 2011

Roxanne Bailin, Chief Judge
20th Judicial District

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Robin Bohannan, Director
Boulder County Community Services Department

Date 3/15/11

Janet Ibanez, Elder Rights Coordinator
Boulder County Aging Services Division

Date 3-16-11

Jennifer Fabish, Elder Justice Project Coordinator
Boulder County Aging Services Division

Date 3/15/11

Stanley Garnett, District Attorney
Boulder County District Attorney's Office

Date 3/14/11

Joe Pelle, Sheriff
Boulder County Sheriff's Office

Date 03/15/11

Frank L. Alexander, Director
Boulder County Department of Housing & Human Services

Date 3.15.2011

H. Michael Butler, Chief of Police
City of Longmont Police Department

Date 3-16-11

Emma Hall, Coroner
Boulder County Coroner's Office

Date 3/14/11

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Michele Waite, Director
City of Longmont Senior Services

3.14-11
Date

Jackie List, Executive Director
Safe Shelter of St. Vrain Valley

3.14.2011
Date

Anne Tapp, Executive Director
Safehouse Progressive Alliance for Nonviolence (SPAN)

15 March 2011
Date

Martha D. Hopper, Ph.D.
Moving to End Sexual Assault (MESA)

3/16/2011
Date

Cc: Senator Mark Udall (CO)
Senator Michael Bennet (CO)

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BROOKDALE CENTER
for Healthy Aging & Longevity
Hunter College / The City University of New York

The Value of Daily Money Management:
An Analysis of Outcomes and Costs

Debra Sacks, LPN, JD
Dhiman Das, PhD
Raquel Romanick, JD
Matt Caron, MS
Carmen Morano, PhD, MSW
Marianne C. Fahs, PhD, MPH

June 2009

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"Brookdale Center for Healthy Aging and Longevity of Hunter College is a multidisciplinary center of excellence dedicated to the advancement of successful aging and longevity through research, education, advocacy, and evaluation of evidence-based models of practice and policy."

****

We gratefully acknowledge the generous support of The Isaac H. Tuttle Fund, The Altman Foundation, The Jarvie Commonweal Fund, and The Jacob Reingold Endowment for the Prevention of Elder Abuse.

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Executive Summary

Serious concerns have surfaced in the past decade over the financial exploitation of frail and vulnerable older Americans. Most recently, the Brooke Astor case brought the issue to the forefront of public attention. Adults aged 85 years and over, the group at highest risk for physical and cognitive health decline, constitute the fastest growing population group in the U.S. For vulnerable older adults, management of daily financial obligations can become an overwhelming burden, quickly spiraling into adverse behaviors and at-risk situations such as unpaid bills, un-deposited checks, and the terrifying consequences of cut-off utilities, bank foreclosures, evictions, and financial exploitation.

To prevent the devastating consequences associated with the loss of financial independence and stability, social service agencies have developed community-based Daily Money Management (DMM) Programs to assist vulnerable and frail older adults in protecting their financial security and serve as a deterrent to potential elder abuse. To date however, there is a dearth of information concerning these programs, their value, outcomes, and costs, which limits public support, utilization, and dissemination.

In this study, we present the first economic estimates of the value and costs of DMM programs. The results are striking. This research, a first of its kind, uses standard microeconomic costing techniques to estimate the costs of DMM programs, compared to current alternatives such as nursing home placement or publicly supported Protective Services for Adults (PSA) programs. We find DMM programs to be significantly cost saving, DMM/case management programs save $60,000 per individual, compared with nursing home placement. Moreover, the incremental costs of DMM are less than $250 per month per individual, making them highly cost effective. Most importantly for quality of life, individuals are able to remain in their homes and their communities.

This study is part of a larger effort to address the current gap between cost-effective community-based practice and public policy support. The Brookdale Center for Healthy Aging and Longevity is partnering with AARP Foundation and social service agency partners in a collaborative approach to create an evidence-based bridge to help connect programmatic value with public support. The process began in January 2007 when the AARP Foundation launched a three-year pilot project in New York City in collaboration with the Council of Senior Centers and Services. Also, in February 2007, a state-wide needs assessment of DMM programs, services and needs was launched by the AARP's Knowledge Management unit. Finally, in 2009, a conference is planned to disseminate the results to policy makers and program leaders across the state. It is hoped that the findings of this research and evaluation project will contribute in helping inform public policy makers seeking to support and improve healthy aging in our communities.

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About The Jacob Reingold Institute at Brookdale Center for Healthy Aging & Longevity of Hunter College The City University of New York

The Brookdale Center for Healthy Aging & Longevity is a multidisciplinary center of excellence dedicated to the advancement of successful aging and longevity through research, education, and evaluation of evidence-based models of practice and policy. It has been a leader in exploring and developing solutions related to financial exploitation, mismanagement, and abuse of the elderly through its Jacob Reingold Institute, established in 1993 by an anonymous donor.

The Institute's first initiative, the Elderly Financial Management Project (EFM Project), surveyed NYC agencies to collect information on financial elder abuse in the NY metropolitan area--the first survey of its kind. Based on this survey, AARP conducted a nationwide survey that described the practices of 360 programs, concurring with the EFM survey conclusion that DMM would not only help vulnerable older adults stay in the community and out of costly long-term care settings, but also could help prevent or stop financial abuse of older adults. To promote DMM as a service option for clients of care management agencies, the Institute continues in its leadership role on issues related to elder abuse, conducting research, convening conferences, developing educational curricula, leading trainings, and providing technical assistance throughout New York State. Its user guide for care management agencies shows the way to develop comprehensive DMM programs.

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Introduction

The population of older adults facing unstable and insecure financial futures is increasing dramatically. While national and local data are not yet available, the current recession is certain to have devastating effects among large numbers of older adults. Given the expected 117% increase in the population of persons aged 65 years and older by 2030[1], policy makers face enormous challenges. Without policy initiatives and programs to prevent economic and health distress, vulnerable populations of low-income older adults are likely to increase substantially with distressing consequences for themselves, their families, and their communities.

One of the most frightening scenarios for an older person is the possibility of financial ruin.[2] In the absence of effective preventive measures, older populations will face alarming increases in the likelihood of financial ruin and risk of poverty. Currently federal poverty formulas estimate 18.1% of elderly are living below the poverty line in New York City. Yet this estimate is highly conservative, using poverty formulas based on spending patterns from the 1960s. In July 2008, Mayor Bloomberg adopted an updated alternative estimate, developed by the Center for Economic Opportunity (CEO).[3] The CEO measure more accurately reflects real poverty in New York City and other urban communities, taking into account contemporary spending patterns for food and other items, such as housing and transportation.

The result is striking, almost one-third (32%) of adults aged 65 years and over were living in poverty in New York City in 2005. Furthermore, income for most older adults remains fixed, or worse, declines (Schulz, 2001). Living on a limited or fixed income causes many older adults increasing difficulty as health care and other expenses increase and they try to manage their already strained budget (Ropers, 1991). The 2008-2009 recession and financial collapse will cause increased hardship for many retirees, whose health benefits already are being cut by many employers who face rising health care costs and decreased profits.[4] For adults aged 85 years and over, the risk of financial distress is compounded by the increasing risk of financial mismanagement associated with cognitive decline. According to the National Institutes of Aging, over 25% of the population aged 85 and over face the debilitating condition of dementia.[5]

Daily money management (DMM) community-based programs can help prevent the devastating consequences of financial mismanagement and poverty. Developed by AARP and others over twenty years ago, DMM programs are designed to identify sources of financial distress among vulnerable older adults, reduce financial exploitation, address risk behaviors such as unpaid bills and un-deposited checks, and prevent adverse financial outcomes such as cut-off utilities, bank foreclosures, evictions. Several models currently exist to meet this need including:

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[1] US Bureau of the Census. 1996. Population Projections of the United States by Age, Sex, Race, and Hispanic Origin: 1995 to 2050. US Department of Commerce.
[2] Dessin CL. 2000. Financial Abuse of the Elderly. *Ida Law Rev.*36:203-226.
[3] New York City Center for Economic Opportunity. 2008. The CEO Poverty Measure. A Working Paper. NY, NY..
[4] Walsh MW. 2006. Paying Health Care from Pensions Proves Costly. *New York Times*. NY, NY.
[5] Plassman BL, Langa KM, Fisher GG, Heeringa SG, Weir d DR, Ofstedal MB, Burke JR, Hurd MD, Potter GG, Rodgers WL, Steffens DC, Willis RJ, Wallace RB. 2007. Prevalence of Dementia in the United States: The Aging, Demographics, and Memory Study. *Neuroepidemiology*. 29:125–132.

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- Service Model – DMM is a service within the agency case management function;
- AARP Model – This "stand alone" model uses volunteers to perform bill paying services;
- Collaborative Model - Case managers would refer clients to stand alone DMM programs such as the AARP Money Management Program;
- Informal DMM Model – Family or friends assist with bill paying;
- Private Pay Model – Persons needing assistance hire a professional to provide DMM services. There are a growing number of these services being offered by professionals.

Experience to date, documented by descriptive surveys of programs and clients and case reports, suggests that daily money management programs are a cost effective approach to financial risk reduction among vulnerable seniors, possibly even preventing or delaying the need for institutionalization. However, there is a paucity of scientific evidence supporting this conclusion. To address this information gap, the Brookdale Center for Healthy Aging and Longevity developed an evidence-based assessment of the value of daily money management (DMM) by conducting an evaluation of the costs and outcomes of program interventions for clients living in the community, which were managed by agency staff and volunteers.

Background – What is Daily Money Management?

Many older and vulnerable persons need help with their finances to live safely in the community, a need that becomes more common with increasing age. Prior estimates revealed that 5-10% of the community-based elderly population would benefit from some form of money management assistance.[6] Community-based agencies that provide care management services to elderly clients often see a long-term client physically decline over time, losing the mental and physical dexterity or mobility or both to deal with complicated bill paying, insurance claims, and banking. Others endure memory loss and exhibit periods of confusion and disorientation, leading to financial self-neglect and often the possibility of eviction. As these problems increase, so too does the risk of financial abuse and exploitation. The common thread in these situations is the need for assistance with finances. Whether it is to keep a client at home, to prevent a crisis such as eviction or to stop or prevent financial abuse, money management becomes an essential needed service.

New York is fortunate to have agencies both in NYC and upstate that provide Daily Money Management (DMM) to their clients as part of their broader care management service package. Most of these agencies have "backed into" assisting their clients with money management as their clients have aged or declined. Often agencies cautiously initiate informal money management services as part of a broader care management function, using whatever resources they have

[6] Wilber KH, Buturain L. 1992. Daily Money Management: An Emerging Service in Long Term Care. In Larue G, Bayly R (Eds.). *Long-Term Care in an Aging Society: Choices and Challenges for the '90s*. pp. 93-117. Prometheus Books Inc. NY, NY.

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available. Money management programs have emerged in this ad hoc manner all across the country and have been the subject of national discussion (Wilber and Buturain 1992).

The term "Daily Money Management" has evolved to encompass the full range of money management services that may be offered. Daily Money Management may consist of supportive assistance or surrogate decision-making. Supportive decision-making services are tasks such as information/education, public benefits advocacy, budgeting, bill paying, banking assistance, credit management and medical insurance billing. These services support clients in their decisions when the client is presumed to have capacity and thus is able to act as the "decision maker". The agency, as money manager, becomes the "decision implementer" since the client has the ability to consent to services and to direct or oversee the tasks performed by the provider. Surrogate decision-making services, on the other hand, occur when an agency is authorized to make decisions on behalf of a client who no longer has the capacity to do so. Surrogate decision-making authority may have been given to the agency by the client prior to the client's incapacity, as when a client signs a power of attorney or voluntarily requests or agrees to the appointment of a representative payee or a guardian,. It may also be given after a client becomes incapacitated by the appointment of a representative payee by the Social Security Administration or of a guardian by a court. The money manager in these situations becomes the "decision maker", acting according to the previously expressed wishes of the client or, if the client's preferences are unknown, in the best interests of the client.

Prior Studies

The Brookdale Center for Healthy Aging and Longevity received an endowment in 1993 to establish the Jacob Reingold Institute for the Prevention of Elder Abuse (the Reingold Institute) to address problems of abuse of the elderly. The first initiative of the new institute was the Elderly Financial Management Project (EFM Project), which addressed problems of financial abuse and neglect of elderly people. The project conducted a survey of NYC agencies in 1994 to gather information on financial elder abuse in the metropolitan region. This was the first survey of its kind with results uncovering valuable information about the existence of and need for daily money management services in NYC, along with revealing financial abuse of the elderly to be a significant problem.[7] In 1995 the AARP national office in Washington, DC conducted a national survey on Daily Money Management, based upon the 1994 Reingold survey. The AARP Survey described the practices of 360 programs nationwide, including nonprofit organizations (59%), for-profits (19%) and government agencies (15%)[8]. Both surveys reported the need for DMM to keep vulnerable individuals in the community and out of expensive long-term care settings and the potential for DMM to prevent or stop financial elder abuse. Seventy-four percent of the respondents to the AARP survey (1996) included financial abuse or exploitation among the primary reasons clients need money management and 55% cited self-neglect.

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[7]Sacks D, Arnason S, 1994. "Elderly Financial Management Project – Year One Report 1994", Reingold Institute, Brookdale Center on Aging of Hunter College, City University of New York.
[8]AARP. 1996. Report - National Survey of Daily Money Management Programs. Wash D.C.

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The 1994 Reingold survey revealed that 83.9% of care management agencies had encountered cases of financial abuse by others and self-neglect. Unfortunately, the survey found that only one-third of the NYC agency respondents were offering Daily Money Management as a service option for clients. The primary reasons given for this reluctance to become involved with client money management were: 1) the liability risks were too high; 2) agencies didn't have the knowledge to set up and run such programs; and 3) they were not funded to provide these services. Consistent with these findings, a major goal of the Reingold Institute has been to provide assistance in DMM to care management agencies to enable them to initiate DMM services more comfortably. Over the past 12 years, numerous conferences, training seminars and ongoing technical assistance have been offered throughout NYS by the Reingold Institute to achieve this end.

The need for and benefit of daily money management programs are well known by those who work with the elderly. Social workers and case workers often find themselves having to assist older adults with their finances when it becomes clear that they are having difficulty with money management, but otherwise desire and are able to remain in the community. Often these professionals find themselves in the uncomfortable position of taking on these financial matters and do so quietly, without access to uniform protocols or oversight while trying to protect their clients and their clients' desire to remain at home.

Given the recognized need for such programs, it is surprising that such a limited amount of research has been done. Much of the literature that does exist focuses primarily on Daily Money Management as a potential alternative to guardianship (also known as conservatorship). One prior study revealed that 5% - 10% of older people living in the community need assistance with money management[9]. Focusing specifically on those 85 years and older, another study revealed that 24% require assistance.[10] Yet these estimates date back over a decade; as more adults are living longer with chronic illnesses, the current percentage of older adults living in the community needing assistance may be significantly greater.

There are many reasons why an individual might require assistance with DMM. Individuals turn to DMM due to lack of knowledge or practice with money management; physical or mental illness or frailty; problems with memory; very low income or large debt; or victim or potential victim of financial abuse or exploitation.[11] Other studies, including a 1995 AARP Report on National Survey of Daily Money Management Programs, found that three-quarters of DMM programs reported that DMM services were required by clients because of mental impairment, physical disability or frailty, or financial abuse or exploitation.

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[9] Amerman E, Schneider, B. 1995. Clinical Protocols For Problems with Money Management (Clinical Protocol Series for Care Managers in Community Based Long-Term Care). Philadelphia Corporation for Aging, Phil.Pa.
[10] Wilber KH, Buturain LM. 1993. Developing a Daily Money Management Service Model: Navigating the Uncharted Waters of Liability and Viability. *Gerontologist* 33:5;687-691.
[11] Amerman E, Schneider B. 1995, op.cit.

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Early research also focused on whether DMM may prevent older people from needing court-appointed guardians.[12] Obtaining a court-appointed guardian is an expensive, time-consuming process. This initial research stemmed from the fact that guardianships, also known as conservatorship, focus on the protection of older adults, often sacrificing their rights to freedom and self determination.[13] The hypothesis was that DMM could prevent the need for such restrictive legal intervention. While there are differences in the missions and legal authority between guardianships and DMM,[14] the findings show that supportive interventions such as DMM may delay the need for the appointment of a guardian.[15]

Moreover, studies to date have found that DMM has "the important outcome of securing benefits and services, stabilizing finances and reducing financial exploitation. While these aspects don't affect conservatorship, they do affect quality of life."[16] Thus, DMM should be an important component of case management. Yet there are many barriers that programs face in setting up a DMM program. Many potential DMM providers are deterred because of the perception of ambiguity in the field and the lack of consistent, uniform practice standards.[17]

The current research is the first to attempt to determine the impact of DMM on quality of life issues – increased financial security, the ability to remain at home – and to correlate improved quality of life for those adults receiving DMM services with quantitative estimates of economic costs and benefits.

In addition to the research reported in this document, Brookdale has created a DMM User Guide, complete with program guidelines, tips and standardized sample forms. The purpose of the manual is to provide uniform program guidelines and eliminate or reduce the fear of setting up adequate accounting systems and appropriate client relationships. Finally, a short brochure has been developed for widespread dissemination to increase understanding of the issues among program managers and policy makers. Taken together, it is our hope that these efforts will help contribute to further development of comprehensive DMM programs.

Research Methodology

Sample Population

The study methodology is interdisciplinary, drawing from gerontology, nursing, social work, and economics. Detailed primary data were collected from eight NYC agencies providing DMM services along with full case management. In-depth retrospective case record reviews were conducted for 114 community-based clients referred for DMM services during the study period 2001-2006.

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[12] Wilber KH. 1995. The Search for Effective Alternatives to Conservatorship: Lessons from a Daily Money Management Diversion Study. *J Aging Soc Policy*7:1;39-56.
[13] Ibid.
[14] Ibid.
[15] Wilber KH, Reynolds SL 1995. Rethinking Alternatives to Guardianship. *Gerontologist* 35;248-257.
[16] Wilber KH, Buturain LM. 1993, op.cit.
[17] Ibid.

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Client Data

Comprehensive information on client characteristics, services, and outcomes was obtained using standardized data abstraction forms. This data was supplemented by discussions with program leaders, expert review and consensus. The data collection instrument was developed building on the surveys conducted in1994 by the Reingold Institute and the 1995 AARP national DMM Survey. The data categories included: general demographics, entitlements, legal directives, housing, Activities of Daily Living and Independent Activities of Daily Living, mobility, home care, social function, health, income/resources, expenses, reason for DMM referral, DMM services received, and outcomes, including institutional placement or death at home. The instrument also included open-ended memo fields for several of the categories to allow the investigators to include additional data or explanations of individual circumstances. The added variables included: eviction proceeding, isolation, receipt of 24-hour home care, receipt of grants/stipends, appointment of representative payee, delinquent bills, debt management receipt, advance directives, legal referrals, mental health referrals, family takeover of financial management, undiagnosed mental health issues, placement in a nursing home, and death at home. Summary variables, constructed for the study, are defined below:

- Housing Crisis: Letter of intent issued, rent/mortgage in arrears, hoarding problem
- Benefits Crisis: Failure to obtain public benefits
- Financial Crisis: Self-neglect, self-endangering behavior, financial exploitation by others, delinquent bills
- Health Crisis: Health status rated fair or poor
- Mental Health Crisis: Diagnosed mental illness or diminished mental capacity/dementia; undiagnosed mental illness (identified by social worker)
- Social Isolation: No visitors or does not leave home for social purposes.

Data were extracted from three different times periods in the case trajectory: 1) when the case was opened; 2) when the financial problem developed; and 3) during the ensuing outcomes phase. Figure 1 below describes the sample progression by phase. The data abstraction process was done in collaboration with the DMM agency director or social worker who was given a comprehensive, in-depth client case review protocol to use in preparing each case for the interview sessions. Interviews of agency representatives were conducted in-person (a small number were interviewed via the phone) with the research investigator visiting each agency. To maintain total client anonymity the agency representative read the information out of each file while the interviewer recorded it on the data collection instrument. The total population of eligible clients was selected in each agency. A total of 114 cases were reviewed.

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Economic Cost Data
Economic costs of DMM services were estimated using standard economic methods of resource valuation for all services received by each individual client over the trajectory of his or her care. All services provided per client were identified during the client chart review. Hours per service were based on estimates provided us through a standardized protocol reviewed by our DMM Advisory Panel. Final estimates of hours used per specific DMM service are based on our constructed weighted averages of estimates provided to us by four service providers who responded to our costing protocol. Total costs are estimated as a product of average hours(/days) and average hourly(/daily) rates.

We use the DMM survey data to estimate average hours of home care use and National Nursing Home Survey[18] to estimate average length of stay (in days) in nursing homes. Cost estimates for hourly rates of home care providers are obtained from the Occupational Employment Statistics (May 2007)[19] and nursing home costs are estimated from per-diem charges for individuals with both general health crisis and physical health crisis, from the NNHS (2004) survey. All costs are adjusted to 2007 prices, using the Producer Price Index[20].

Results

Sample Characteristics
Of 114 referrals, 93 clients accepted DMM services. Sixty-three clients received DMM services until institutionalization or death; 30 clients left the program and were lost to follow-up. The main reasons for leaving the program were: moved out of state, family took over of finances, guardian appointment, or client refusal. Table 1 on the next page presents the demographic characteristics of the full sample.

[18]National Nursing Home Survey, 2004 National Center for Health Statistics. Centers for Disease Control and Prevention. U.S. Department of Health and Human Services. http://www.cdc.gov/nchs/nnhs.htm
[19] U.S. Bureau of Labor Statistics http://www.bls.gov/oes/current/oes311011.htm
[20] U.S. Bureau of Labor Statistics http://www.bls.gov/pPI/

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Table 1: Distribution of Individuals using DMM Services by Demographic and Socioeconomic Status

	Female		Male		Total	
	N	%*	N	%*	N	%*
Age Group						
Below 70	6	6.7%	3	3.3%	9	10.0%
70 - 80	14	15.6%	8	8.9%	22	24.4%
80 - 90	31	34.4%	10	11.1%	41	45.6%
above 90	12	13.3%	6	6.7%	18	20.0%
Total (Missing 3)	***63***	***70.0%***	***27***	***30.0%***	***90***	***100.0%***
Marital Status						
Married	0	0.0%	1	1.1%	1	1.1%
Divorced	13	14.3%	4	4.4%	17	18.7%
Widowed	31	34.1%	11	12.1%	42	46.2%
Single	19	20.9%	12	13.2%	31	34.1%
Total (Missing 2)	***63***	***69.2%***	***28***	***30.8%***	***91***	***100.0%***
Education						
High School or less	39	52.0%	17	22.7%	56	74.7%
Some College/Trade School	4	5.3%	1	1.3%	5	6.7%
Bachelor	5	6.7%	5	6.7%	10	13.3%
Masters	3	4.0%	0	0.0%	3	4.0%
Doctorate	0	0.0%	1	1.3%	1	1.3%
Total (Missing 18)	***51***	68.0%	***24***	32.0%	***75***	100.0%
Income (Annual in $)						
Less than 10,000	29	31.9%	15	16.5%	44	48.4%
10,000 - 20,000	29	31.9%	9	9.9%	38	41.8%
20,000 and above	5	5.5%	4	4.4%	9	9.9%
Total (Missing 2)	***63***	69.2%	***28***	30.8%	***91***	100.0%

* Percent of non-missing cases

Overall, women comprised 70% of the sample and two-thirds of clients were 80 years of age and over. Most clients (75%) had a high school education or less. Ninety percent of clients had annual incomes of less than $20,000. Most DMM referrals were for clients living alone (single, widowed or divorced).

We compared the demographic characteristics of sample clients with those who left the program and were lost to follow-up. Age and gender distributions do not differ significantly. However,

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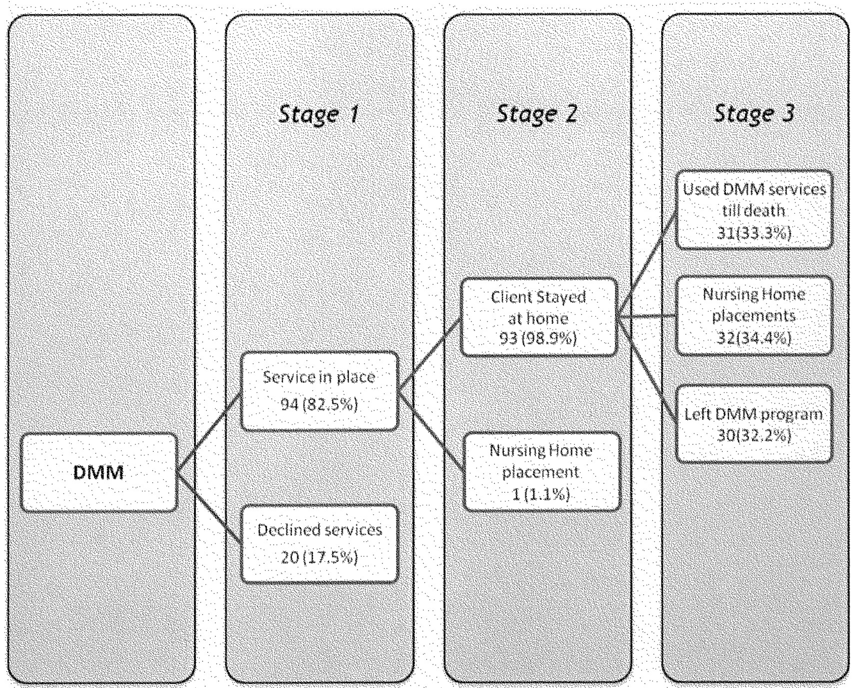
marital status does differ somewhat between the two groups, with single or widowed clients more likely to remain in the program, compared to married or divorced clients.

The final study results reported below are based on the complete sample of 63 clients who remained with the DMM program from initiation through either death or nursing home placement. Figure 1 describes the stage progression of individuals in the sample.

Figure 1: Progression of Individuals Referred to DMM Services



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Crisis Intervention
As shown in Figure 2 and Table 2 below, 99% of DMM users endured a financial crisis, 85% were in poor health, and 29% were socially isolated. Most individuals faced multiple difficult crises. The largest proportion (88%) faced at least two of the following three crises at the same time: 1) financial; 2) health (physical or mental); and 3) isolation. Disturbingly, *26% of individuals were facing all three of these crises simultaneously (financial, health and social isolation).*

Among those in financial crisis, 5% also had a housing crisis, 22% also had a benefits crisis, and 25% had at least two financial crises at once. Among those with health crises, 72% had a general health crisis, 81% had a mental health crisis, and over one-half (53%) had both mental and physical health crises.

Figure 2: Distribution of Financial, Health and Social Isolation Crises among DMM Program Participants

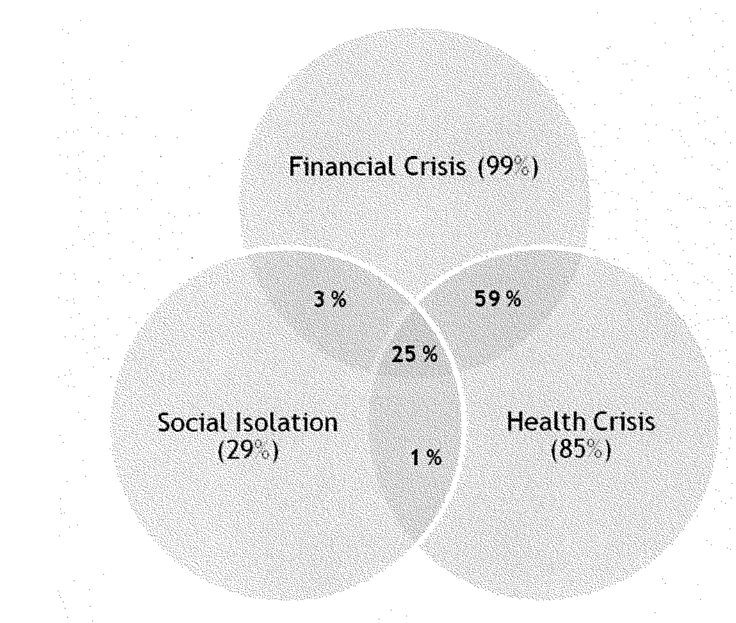

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Table 2: Distribution of Crises, by Gender and Age Among DMM Program Participants

Crisis	% Among Male	% Among Female	% Among those below 70	% Among those between 70 & 80	% Among those between 80 & 90	% Among those above 90
Housing Crisis	**0.0**	**7.9**	**10.0**	**4.6**	**7.3**	**0.0**
Benefits Crisis	**14.3**	**25.4**	**10.0**	**27.3**	**17.1**	**33.3**
Financial Crisis	**96.4**	**100.0**	**90.0**	**100.0**	**100.0**	**100.0**
Self-neglect	17.9	20.6	22.7	12.2	12.2	16.7
Self-endangerment	3.6	6.4	20.0	0.0	4.9	5.6
Financial Exploitation	10.7	14.3	10.0	9.1	19.5	5.6
Delinquent Bills	21.4	12.7	10.0	22.7	17.1	5.6
Need Assistance	55.6	63.5	11.1	63.6	63.4	77.8
General Health Crisis	**57.1**	**65.1**	**70.0**	**50.0**	**58.5**	**83.3**
Mental Health Crisis	**71.4**	**69.8**	**60.0**	**72.7**	**73.2**	**66.7**
Dementia	42.9	44.4	0.0	31.8	58.5	50.0
Diagnosed Mental Illness	14.3	14.3	30.0	27.3	4.9	11.1
Undiagnosed Mental Illness	25.0	27.0	30.0	40.9	19.5	22.2
Social Isolation	**21.4**	**30.2**	**40.0**	**27.3**	**19.5**	**38.9**
Do not have visitors	57.1	63.5	40.0	63.6	68.3	55.6
Do not leave home for social visits	42.9	30.2	30.0	36.4	39.0	22.2

* Non-missing cases only

DMM Services

Among individuals with financial crisis, the most common DMM services were bill paying followed by budgeting and checkbook balancing. In addition to the standard DMM program protocol (organizing, budgeting and bill paying), agencies also managed debt, assisted with banking, balanced checkbooks, applied for grants and stipends, increased home care, applied for entitlements (benefits), made referrals to mental health, legal and protective services, and facilitated nursing home placements when appropriate. Thus DMM was fully integrated with case management services for individuals in our sample. Table 3 presents a summary of services received by individuals in response to economic, social, and health crises.

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Table 3: Distribution of Services Delivered to DMM Program Participants, by Crisis

Crisis	Number of individuals	% of total cases*
Basic DMM Services		
Organize Finances	48	51.6
Budgeting	58	62.4
Bill Paying	86	92.5
Additional Crisis-Specific Services		
For Individuals with Housing Crisis (Total 5)		
Referred to PSA	2	40.0
Debt Management	5	100.0
Referred for Legal Help	5	100.0
For Individuals with Benefits Crisis (Total 20)		
Apply for Entitlements	20	100.0
Benefit Improvement	14	70.0
For Individuals with Financial Crisis (Total 92)		
Balancing Checkbook	51	54.4
Assist with Banking	27	29.4
File Income Tax	1	1.1
Safeguard Valuables	1	1.1
Enable home health aide (HHA) to access money	31	33.7
Referral to district attorney (DA)	1	1.1
Debt Management	14	15.2
Grant Stipend Received	28	30.4
Agency applied to become Rep. Payee	12	13.0
Family Took Over Care	10	10.9
For Individuals with General Health Crisis (Total 57)		
Enable HHA to access money	25	43.9
Apply for Entitlements	16	28.1
Nursing Home Placements	21	36.8
Home care Increased to 24/7	5	8.8
For Individuals with Mental Health Crisis (Total 64)		
Enable HHA to access money	21	32.8
Referred to PSA	5	7.8
Referred to Mental Health Service	3	4.7
For Individuals in Social Isolation (Total 27)		
Referred to Mental Health Service	3	11.1

* Total cases with a particular crisis, non-missing cases only

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Client Outcomes

Among individuals with benefits crises, 70% had benefit improvement. These circumstances were associated with a higher probability of dying at home. A high percentage of those who died at home (51%) had grants or stipends to supplement their income. Compared with those who died at home, those who were placed in nursing homes had a higher rate of social isolation. Overall, however the number of crises was similar among both groups, i.e. persons who died at home and those who were placed in nursing homes.

Individuals who died at home used DMM services on average for 30 months, while those who had nursing home placements used DMM services for 24 months. If the individual had received a grant or stipend through the DMM program, those who died at home used DMM for 42 months while individuals who had nursing home placements received DMM services for 36 months.

Economic Costs

Data availability restricted the study design from including a control group. Thus, our economic analysis compares our two groups of individuals, those who were able to die at home and those who were eventually placed in a nursing home, to a hypothetical group placed immediately in a nursing home, following the manifestation of crises detailed above. The detailed steps taken in developing the estimates are presented in Appendix B, Tables 1-4.

The results confirm the cost-effectiveness of DMM programs, as shown below:

Case I – *Died at Home*	*Average Cost per Individual*	*Average Cost Per Month*
Total home-care cost	$108,810	$3,023
Total DMM cost	$8,656	$240
Total cost	**$117,466**	**$3,263**

Case II – *Nursing Home placement without Postponement*	*Average Cost per Individual*	*Average Cost Per Month*
Total nursing home care cost	**$178,444**	**$4,957**

Average monthly costs of providing DMM services within the context of Case Management are $240 per individual, a low marginal cost. The total cost of services, including home care and all DMM/Case Management services, is *substantially* lower in both Cases I than in Case II. On average, individuals who initiated DMM services and then were able to die at home with full DMM/Case Management services in place, had substantially lower lifetime costs compared with similar hypothetical individuals placed immediately in a nursing home ($117, 466 vs. $178,444).

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Discussion

These findings are important and challenge current health economic paradigms where nursing home placement is thought to be more cost effective than community-based care, because of economies of scale. Thus, despite the increased homecare necessary for DMM clients to stay in their homes as opposed to nursing home placement, it is much more cost-effective to support individuals who need DMM services in their homes, rather than refer these frail individuals to a nursing home. These are conservative estimates, as DMM/Case Management services also may have averted emergency room use or reduced acute hospitalization stays or both, outcomes not accounted for in this study.

Addressing Study Limitations: PSA Comparison Group

Because the study design could not include a control group, we sought to compare the costs of our study DMM clients with individuals receiving care through the publicly funded Protective Services for Adults (PSA) Program.

New York State law mandates that Protective Services be provided for individuals without regard to income who, because of mental or physical impairments, are unable to manage their own resources; carry out the activities of daily living; or protect themselves from physical, sexual, or emotional abuse; active, passive or self-neglect; financial exploitation or other hazardous situations without assistance from others and have no one available who is willing and able to assist them responsibly.[21]

The NYS Protective Services for Adults[22] (PSA) caseload comprises a diverse population, including the frail elderly and adults with mental illness, drug or alcohol addictions, developmental disabilities, traumatic brain injury or physical disabilities. Over 60% of this population comprises of frail, elderly people living in social isolation and persons suffering from elder abuse and financial exploitation. Specific challenges within this group include frail elderly couples with complex health and mental health needs trying to care for each other and elderly individuals with dementia.[23]
With 53% of the DMM clients in this study having both a general and mental health crisis and 26% living in social isolation, these individuals closely reflect the characteristics of the PSA client.

Contextually, to make this comparison, it is important to note that DMM services were provided by agencies that also provided full case management. Thus in addition to money management services (organizing, budgeting, bill paying, balancing checkbook, assist with banking, file income tax) the agency also provided services such as:

- Enabling the home health aide to access money for household purchases
- Applying for entitlements
- Making referrals to PSA

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[21] NYS Social Services Law § 473; 18 NYCRR Part 457 (c)
[22] In New York City, the PSA program is referred to as Adult Protective Services (APS).
[23] Harrigan S,. 2007. Building a Shared Commitment to Protect and Support Vulnerable Adults. New York Public Welfare Association. Albany, New York.

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- Making referrals to the DA
- Managing debt
- Making referrals to legal help
- Applying for grants/stipends
- Acting as representative payee
- Overseeing home-care provision up to and including 24 hours, 7 days per week
- Making referrals to mental health services

The PSA program must provide a full complement of services to its clients, including:

- arranging for social, medical and psychiatric services
- arranging for commitment, guardianship or other protective placement
- providing advocacy and assistance in arranging for legal services
- providing relocation services
- working with the courts on behalf of individuals with serious mental impairments
- providing counseling.[24]

It is clear the services provided by the PSA program are analogous to those available through the DMM programs studied.

In comparing DMM agency costs[25] with PSA[26] costs, we took into account start-up costs during the first year and separated those from continuing costs in following years. Due to high start up costs ($731), only minimal savings of $595 accrue for DMM performed by agencies in the first year of service ($3373 vs. $3968 = $595). However, in subsequent years, the annual cost saving is much more pronounced at approximately $1327 per client ($3,968 - $2644 = $1327).

Thus, we find substantial savings per client with DMM/case management services in place, compared with individuals referred to PSA. A savings of one-third the full annual PSA cost is significant for both state and local governments. We conclude that client diversion from state-funded PSA programs to full-service case management agencies could yield considerable savings over time.

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[24]NYS SSL. op.cit. (d)
[25]Average DMM agency costs were calculated using study data as follows:
Year one = $731 (one time start up cost) + $2641 = $3373
Subsequent annual costs are $220 per month x 12 = $ 2641.44
[26]According to Lynn Saberski, Director of PSA for NYC Human Resources Administration, the annual cost per PSA case in NYC in 2008 was $ 3,968. The Financial Management Unit (FMU) cost extraction is $744 per case per year. However the FMU unit only provides representative payee services. Any other financial issues or problems a client has such as debt, loss of public benefits or eviction are handled by a caseworker. Thus to get a true picture of the cost to PSA of dealing with all financial and case management issues we use the total cost amount of $3,968 per client.

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Currently, there is augmented demand for PSA services because of increasing numbers of frail elderly, and policies encouraging deinstitutionalization for persons with disabilities.[27] New York City is experiencing increasingly high caseloads (as high as 81 cases per case worker) leaving little time to care for each of their clients.[28] If individuals at risk of becoming PSA clients could be referred instead to local DMM case management agencies, a full cadre of needed services could be provided with the benefit of reducing the PSA caseload. Our findings confirm the cost effectiveness of private-sector DMM programs as an alternative to public sector PSA programs.

Additional Benefits: DMM as Possible Deterrent for Elder Financial Abuse

Losing assets accumulated over a lifetime, often through hard work and deprivation, can be devastating, with significant practical and psychological consequences[29] Financial abuse can have as significant an impact for an elder person as a violent crime[30] or physical abuse.[31] The National Center for Elder Abuse found that financial abuse accounted nationally for about 12 % of all substantiated elder abuse reports in 1993 and 1994[32]. A subsequent more comprehensive study conducted by the same entity found that 18.6 % of the 115,110 substantiated elder abuse reports submitted to Protective Services for Adults programs nationwide in 1996—which included reports of self-neglect—were reports of financial or material exploitation.[33] Excluding reports of self-neglect, this exploitation appeared in 30.2 % of the substantiated reports. This represented the third largest category of reports, less than neglect (48.7 %) and emotional or psychological abuse (35.41 %), but more than physical abuse (25.6%). New York State is one of a minority of states that does not require mandatory reporting of elder abuse of any kind. However, a study of PSA reports conducted in upstate New York between 1992 and 1997 led to state intervention, after finding financial exploitation was present in 38.4 % of the cases[34]

The most common characteristics associated with being a victim of financial abuse are white, female, and over the age of 80.[35] This is a population very similar to the study population. Many of the cohort of women over the age of 80 have little experience in managing finances, and to

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[27]Harrigan S. 2007, op.cit.

[28]Gotbaum B. 2006. A Report by Public Advocate : Unprotected –Adult Protective Services Struggles to Serve Vulnerable Clients. p. 13. NY, NY.

[29]Dessin, C.L. 2000 Financial Abuse of the Elderly. *Ida Law Rev.* 36:203–226; Nerenberg, L. 1999 Culturally Specific Outreach in Elder Abuse. In *Understanding Elder Abuse in Minority Populations*, T. Tatara, ed. Phil. Pa.;Brunner M, Smith, RS. 1999 Fraud and Financial Abuse of Older Persons. No. 132 Australian Institute of Criminology. Canberra, Australia.

[30]Deem DL 2000 Notes from the Field: Observations in Working with the Forgotten Victims of Personal Financial Crimes. *J Elder Abuse Negl.* 12(2):33–48

[31]Dessin, 2000, op cit.

[32]Tatara T, Blumerman LM. 1996. Summaries of the Statistical Data on Elder Abuse in Domestic Settings: An Exploratory Study of State Statistics for FY93 and FY94. National Center on Elder Abuse. http://www.ncjrs.gov/App/Publications/abstract.aspx?ID=178597

[33] National Center on Elder Abuse [NCEA] 1998. The National Elder Abuse Incidence Study: Final Report. National Aging Information Center. Washington, DC:.

[34] Choi NG, Mayer J. 2000. Elder Abuse, Neglect, and Exploitation: Risk Factors and Prevention Strategies. *J Gerontol Soc Work* 33(2):5–25.

[35] The National Center on Elder Abuse. 2000. op cit.

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many perpetrators, women are perceived as weak or vulnerable.[36] Not having managed one's finances and a lack of familiarity with financial matters also increase the risk of being victimized.[37] Elders residing alone, specifically in their own home, are also more likely to be victimized.[38] Other research has found that poor health status, the loss of a life partner, and social isolation are characteristics shared by many victims[39]. Having family members who are unemployed or who have substance abuse problems have also been identified as placing an older person at greater risk of financial abuse[40]. Among general health impairments, vision and hearing loss, as well as cognitive impairment are additional characteristics associated with being a victim of financial abuse.

In this DMM study, 12 individuals were identified as victims of financial exploitation among the total sample 93 individuals who were referred for and received DMM services. Of these, nine individuals (75%) were female. Most of the exploited individuals (66.7%) were in their 80s. Also a high proportion of the victims (66.7%) had high school or less education A majority (83%) of the victims had incomes below $20,000.

Family members were the abusers in six of the 12 cases. Home health aides, legal guardians, new or long-time friends, neighbors, or dog walkers exploited the others. In five out of the 12 cases, the exploiter was a substance abuser. In six out of the 12 cases, there was misappropriation of cash. In seven out of the 12 cases, someone was living off the elder's income, while in two cases, the exploiter used the victim for illegal financial transactions. One out of 12 cases reported either fraudulent use of a credit card, illegal conveyance of property. or theft by a home-care worker.

It should be noted that the intervention of the DMM provider agency either stopped or lessened the impact of the abuse in many cases. For example, in two of the family abuse cases, the children of the elderly victims wiped out their parents' checking accounts and ran up thousands of dollars in credit card debt. The victims were left with no money to pay bills, including rent. The DMM agency was able to successfully negotiate with the landlords and housing court regarding back rent due and applied for grants to pay these costs, thus avoiding eviction. Referrals to legal services were also made to negotiate the credit card debt which, in some cases, was eventually written off.

The home health aide abusers were making long-distance calls, resulting in hundreds of dollars in phone bills. One aide stole a patient's ring. In half of these cases, the victims/patients were familiar with and close to the caregiver/abuser and had little or no family. The agencies worked

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[36] Dessin CL. 2000, op cit.
[37] Choi NG, Mayer J. 2000, op cit.
[38] Bernatz SI, Aziz SJ, Mosqueda L. 2001 Financial Abuse. In *The Encyclopedia of Elder Care.* Mezey MD (Ed.). Springer Publishing Co. NY, NY.
[39] Quinn, M.J. 2000 Undoing Undue Influence. *J Elder Abuse Negectl.* 12(2):9–16.; Tueth, M.J. 2000 Exposing Financial Exploitation of Impaired Elderly Persons. *Am J Geriatric Psychiatry* 8(2):104–111.
[40] National Committee for the Prevention of Elder Abuse (NCPEA) 2001 Elder Abuse: Financial Abuse. Available: http://www.preventelderabuse.org/elderabuse/fin_abuse.html

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with the aides regarding repayment of phone bills and return of the ring. The aides signed an agreement to not use the client's phone in the future. Thus the abuse was rectified without disruption of the established patient-caregiver relationship.

Making DMM services widely available in communities may have a preventive effect on the occurrence of financial abuse among the frail elderly living in those communities. For example, it is likely that the initiation of DMM services among individuals in our sample prevented new or additional financial abuse from occurring. The effect of DMM programs on the prevention of financial abuse should be the subject of further study.

DMM and Quality of Life

In this study, we do not attempt to quantify the value of DMM services on quality of life. Yet it is clear from the literature cited in the preceding section, quality of life is increased with the prevention or amelioration of financial abuse. Thus, DMM services contribute to improved quality of life through the treatment of financial abuse.

Providing DMM services to frail older adults not only keeps them safer in the community, but also helps to postpone and possibly prevent placement in nursing homes, thereby enhancing the quality of life in the client's later years. Keeping people out of institutions is in the spirit of compliance with the provisions of the 1999 Olmstead decision of the Supreme Court. It mandates that states provide more community support services to empower the elderly and persons with disabilities to live more independently and to access services in the most integrated setting appropriate for their overall needs.[41] Thus communities need to further develop existing DMM program models while integrating them in to the long term care plan for persons at home.

Banks as an Integral Part of the DMM Process

Providers considering or already engaged in DMM services need to reach out to the local banking community and develop a professional relationship. In the 1994 Reingold survey of DMM agencies in New York City, only 17% of respondents stated having a link to community banks.[42] The neighborhood banking institutions are integral to the functioning of the agency DMM service programs. However, the banks are generally not familiar with case management agencies. It would be beneficial for agencies to set up meetings with branch managers to introduce the agency and its function. This relationship can act as a preventive and protective device for DMM clients. Following notice to the bank of the agency's fiduciary capacity, bank employees are more able to spot instances of financial abuse by third parties and know whom to contact once abuse is suspected. Developing a system of communication and mutual support will also enable timely bill payment, thus preventing loan defaults and foreclosures. This obviously benefits the agency and the client, but the bank also profits since all institutions, with the exception of small banks, are required to engage in some community development activity. The definition of "community development" includes "activities that prevent defaults and/or foreclosures in loans".[43] Agencies

[41] OLMSTEAD V. L. C., 527 U.S. 581. 1999. 138 F.3d 893.

[42] Sacks D, Aronson S, 1994. op.cit.

[43] Part 76 of the General Regulations of the NYS Banking Board.

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should work with the bank's Community Affairs Unit which has primary responsibility for outreach in connection with the Community Reinvestment Act, Fair Lending and other consumer-related concerns. This unit conducts and participates in meetings, seminars and conferences designed to share useful information and resources with banks, community organizations and consumers. [44]

Policy Options

Historically New York has been moving incrementally toward preventing premature institutionalization and enabling individuals to return to the community. To adequately address the need for long term care services the 1970s and 1980s saw the creation of the Long Term Home Health Care (LTHHCP) and Expanded In-Home Services for the Elderly (EISEP) programs. [45] In addition to keeping persons at home these programs work to reduce expenses associated with unnecessary utilization of costly health services. The LTHHC programs are required to provide a broad range of services including medical and non-medical "waivered services" while the EISEP program provides limited amounts of personal care and non-medical services to persons over sixty who are not eligible for Medicaid. [46] Recognizing the importance of case management as a monitoring and safety tool for the functionally impaired elderly, New York incorporated this service into both the EISEP and LTHHC programs.

More recently New York State has taken definitive steps to further transition the state health-care system in the direction of community-based services. These steps not only comply with the Olmstead mandate, but also affect quality of life. The Nursing Facility Transition and Diversion Law, passed in 2004, authorized the New York State Health Commissioner to apply for a nursing facility transition and diversion Medicaid waiver to test the feasibility of providing home- and community-based services to individuals who otherwise would be cared for in a nursing facility. Additionally, the law provided for reimbursement of several home and community-based services not previously included in the medical assistance program.[47]

[44] NYS Banking Law, Article 2, Section 28B http://www.banking.state.ny.us/crmu.htm

[45] Social Services Law section 367-c authorizes LTHHCP services to be provided when the total monthly Medicaid expenditures for health and medical services for an individual do not exceed 75% of the cost of care in either a skilled nursing facility or a health related facility located within the local district. N.Y. Exec. Law section 541(2)(e)-(h) implemented the Expanded In-home Services to the Elderly Program.

[46] New York has a 1915 (c) waiver from the federal government that enables the state to provide participants with a number of services that are not available under the state plan for Medicaid services. 42 U.S.C. section 1396 n(d); 42 C.F.R. sections 440.181, 441.300 et seq.

[47] NYS Social Services Law Section 366, subdivision 6a. Enacting statute, Chapters 615 and 627, Laws of 2004

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Services that have been approved by the NYS Department of Health to be provided under this program include:

- Service Coordination
- Community Integration Counseling
- Community Transitional Services
- Environmental Modification Services
- Home and Community Support Services
- Home Visits by Medical Personnel
- Independent Living Skills Training
- Moving Assistance
- Structured Day Program Services [48]

Both Independent Living Skills Training and Structured Day Program Services include training in money management. However, for people who cannot be taught to safely manage their money, there is no alternative service offered. Including DMM in the list of services available would fill this need. To achieve this objective, the Social Services Law Section 366, subsection 6a should be amended to add DMM to the list of home- and community-based services that are reimbursable under the Medicaid waiver program.

The NYS legislature created the Commission on Health Care Facilities in the 21st Century (the Berger Commission) with a mandate to study and make recommendations to reform and reconfigure the NYS health-care system. The commission issued their Report in 2006 with a target reduction of approximately 3,000 nursing home beds.[49]

The Governor approved the recommendations and they became binding as a matter of law. The Berger Commission recommendations are currently being implemented. Eight nursing homes closed in 2008 with a loss of 2,300 beds. Another 500 beds will be eliminated by 2011. These beds will be replaced with approximately 1,000 non-institutional slots such as adult-day health care and assisted-living residences.[50] The specific steps New York has taken thus far are commendable in the advancement of community-based services. Adding DMM to the mix of services available will increases the length and stability of staying in the community.

[48] http://www.health.state.ny.us/facilities/long_term_care/waiver/nhtd_manual/index.htm
[49] NYS Dept. of Health. 2006. Final Report of the Commission on Health Care Facilities in the 21st Century. A Plan to Stabilize and Strengthen New York's Health Care System. Albany, NY. pp 10-11
[50] NYS Dept. of Health. 2008. Report on Implementation of the Report of the Commission on Health Care Facilities in the Twenty First Century. Albany, NY. http://www.health.state.ny.us/press/releases/2008/2008-07-02_berger_commission_measures_implemented.htm

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The Study concluded by convening a meeting of experts, the DMM Public Policy Advisory Board, to discuss the research findings. The board issued the following recommendations:

Recommendations

1. **Community based agencies should include DMM as part of their case management service package.**
   Providing DMM assistance to clients is not only a means of preventing financial abuse but also of keeping clients in their homes for a longer period of time. Community-based agencies serving older adults should offer a full range of supportive and surrogate money management services.

2. **Agency expansion into DMM services requires specialized training in financial and risk management.**
   To enable agency expansions to take place, providers need to acquire the "know how" to provide efficient and effective money management services and address liability concerns. Providers will need training on how to set up DMM programs and implement safe practice standards. For agencies offering DMM services who do not have the resources to hire financial specialists, it is essential to offer in-house training for staff on financial and risk management procedures.

3. **DMM should be included as a core component of case management service programs funded by the state and federal government such as the Medicaid waivered services under the Lombardi Program (42 CFR 440.181, 441.300) and the Expanded In-Home Services for the Elderly Program (EISEP) (NYS Executive Law section 541 (2) (e)-(h)).** Case management is a service that involves coordination, delivery and monitoring of all services needed to support the individual in the community. Adding daily money management to the enumerated reimbursable services under these programs would mean a substantive improvement in meeting the distinct needs of the elderly in their homes.

4. **Incentives for DMM providers and community banking institutions to collaborate to support DMM services should be implemented.**

5. **Community based agencies should be funded to provide DMM services through the "line item" budget process.**

   - With more community based agencies providing DMM the number of PSA referrals for this service will decrease
   - This service can be provided at less cost by the community based agency than the PSA program
   - The cost of DMM services can be funded yearly through the state or county operating budgets as a line item

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6. **Quality of life enhancement can be achieved by amending Social Services Law Section 366, subsection 6a (chapter 615) to add DMM to the list of home and community based services that are reimbursable under the Medicaid waiver program for nursing facility transition and diversion.**

   - Services that have been approved by the NYS Department of Health to be provided under this program include Independent Living Skills and Structured Day Programs.
   - Both of these services include training in money management for the person.
   - No provision has been made for persons who cannot be taught to manage their money and pay bills in the community

   DMM assistance by community based agencies, funded by the Medicaid waiver program, will meet this necessity.

7. **Other state DMM program models should be explored for their source of funding and populations served.**

8. **Promote the use of multiple funding sources for DMM services such as:**

   - Medicaid funding for case management (which would include DMM) should be extended beyond the current Long Term Home Health Care Program (LTHHCP). Likewise, DMM should be added to the list of services that are reimbursable under the Medicaid waiver program for the Nursing Facility Transition and Diversion Program;
   - Federal stimulus money for financial literacy;
   - Community Reinvestment Act (CRA) funds from local banking institutions;
   - Administration on Aging funding; and
   - NYS Office for the Aging funding for a demonstration project.

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Appendix A

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Appendix A

DMM Public Policy Advisory Board

Name	Title	Organization
Marianne C. Fahs	Rose Dobrof Co-Director & Research Director	Brookdale Center / Hunter College
Debra Sacks	Senior Staff Attorney, Sadin Institute on Law	Brookdale Center / Hunter College
Raquel Romanick	Attorney, Sadin Institute on Law	Brookdale Center / Hunter College
Beth Finkel	Manager State Programs and Services	AARP
Igal Jellinek	Executive Director	CSCS
Gillian Francis	Director, Information Systems Program Officer, Grants to Organizations	Isaac Tuttle Fund
Stephanie Ranieri	Executive Director	Isaac Tuttle Fund
Sally Renfro	Deputy Commissioner	DFTA
John Wren	Deputy Assistant Secretary for Policy and Management	AoA
Greg Olsen	Deputy Director	SOFA
Sandra Brown	Deputy Director of Client Services, APS Unit	HRA
Oscar S. Strauss, III, Esq.	Director – Elderly Project	Volunteers of Legal Services
Penny Schwartz	Director Resource, Entitlement & Advocacy Program Department of Social Work Services	The Mount Sinai Medical Center
Sen. Reuben Diaz Marcos Crespo, Chief of Staff	Chair, Senate Committee on Aging	NYS Senate
Jeffrey Dinowitz Kasey Wehrum, Policy Director	Chair, Assembly Committee on Aging	NYS Assembly
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Karen Rosa	Vice President & Executive Director	Altman Foundation
Alissa Yarkony	Program Officer	Altman Foundation
Ruth Finkelstein	Vice President for Health Policiy	New York Academy of Medicine
Fredda Vladek	Director, Aging in Place Initiative	United Hospital Fund
Marcus Harazin	Assistant Director, Division of Local Program Operations	NYSOFA
Gary Malys	Assistant Director, Division of Community Services	NYSOFA

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Appendix B

Table 1: Average Service Costs per Client and per Month

Case I: Died at Home	Per Service Cost Estimate	**Mean**	**Median**
Home-Care Costs			
Hourly cost (BLS)	$10.12		
Average home-care hours (DMM)		11,967	10,752
Total Home-Care Cost		$121,104	$108,810
DMM Costs			
Months under DMM (Average)		32	36
One-time costs (Average)	$731.19		
Recurring costs (Average)	$220.12		
Total DMM Cost		$7,775	$8,655
Total Cost for Died at Home		***$128,879***	***$117,466***
MONTHLY DMM Cost		***$243***	***$240***
Case II: Nursing-Home Placement without Postponement			
Nursing-Home Care			
Per-diem charges (NNHS)	$194.38		
Average LOS (NNHS)		918	
Total nursing-home care cost		$178,444	
Total Cost for Nursing-Home Placement		***$178,443.87***	

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Steps in calculation of cost of providing DMM services

<u>Step I:</u> Identify amount of each DMM service consumed by an average client.

Table 2: DMM Use Profile

	Average Use of DMM services
Basic DMM Services	
Organize Finances	0.52
Budgeting	0.66
Bill Paying	0.90
Additional Crisis Specific Services	
Balance Checkbook	0.45
Assist with Banking	0.34
File Income Tax	0.03
Enable HHA to access money	0.41
Apply for Entitlements	0.31
Referral to PSA	0.14
Referral to DA	0.03
Debt Management	0.28
Referred to Legal Help	0.21
Grant Stipend Received	0.38
Agency applied for Rep. Payee	0.14
Homecare Increased to 24/7	0.14
Referred to Mental Health Svc.	0.07

Notes: For example, 90% of the individuals in our sample use bill-paying services. This would imply on an average each individual use 0.9 unit of bill-paying services.

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***Step II:* Identify average (among all DMM service providers) hourly cost per month per client for each of the service identified.**

This is done based on information from the four service providers who responded to our survey (Appendix B, Table 3 through 5). The tables also show the average (minimum, maximum and average) cost per month per client using information on hourly wage rate for DMM service providers (Averaged over Burden ($27.95/hr), Self Help ($24/hr) and Lenox Hill ($25/hr) = $25.65).

Hours used for a specific DMM service may vary due to the practices (/protocol) of the individual DMM agency or the specific condition of the client they are serving or both. An average of the time required to provide a service by each agency may be skewed by a few extreme cases in a particular agency. To avoid that problem, we weight the information on (average, minimum and maximum) hours by the proportion of clients served by the service provider to obtain a weighted average of hours used.

Lastly, **Table 4** presents the final weighted average costs of services per client per month.

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Appendix B

Table 3: Hours per Month per Client

	Burden (Total 22)				Caring Community (Total 4)				Lenox Hill (Total 10)				Self Help (Total 20)			
	Clients (i)	Min (ia)	Max (ib)	*Avg* (ic)	Clients (ii)	Min (iia)	Max (iib)	*Avg* (iic)	Clients (iii)	Min (iiia)	Max (iiib)	*Avg* (iiic)	Clients (iv)	Min (iva)	Max (ivb)	Avg (ivc)
Basic DMM Services																
Organize Finances	19	10	60	*35.0*	3	8	8	*8.0*	9	2	7	*4.5*	1	4	6	*5.0*
Budgeting	19	3	13	*8.0*	3	8	8	*8.0*	8	2.5	6	*4.3*	2	2	3	*2.5*
Bill Paying	21	8	8	*8.0*	4	8	12	*10.0*	8	0.33	0.75	*0.5*	19	0.75	1.5	*1.1*
Additional Crisis-Specific Services																
Balance Checkbook	12	0.5	1	*0.8*	2	2	2	*2.0*	7	0.33	0.66	*0.5*	14	0.25	0.5	*0.4*
Assist with Banking	11	3	5	*4.0*	1	12	12	*12.0*	4	1	2	*1.5*	0	0.08	0.25	*0.2*
File Income Tax	0			*0.0*	1	4	4	*4.0*	0	1	2	*1.5*	0	1	3	*2.0*
Enable HHA to access money	7	1	2	*1.5*	0			*0.0*	6	1	2	*1.5*	0			*0.0*
Apply for Entitlements	3	5	40	*22.5*	1	1	4	*2.5*	4	5	13	*9.0*	1	13	57	*35.0*
Referral to PSA	4	15	24	*19.5*	0			*0.0*	0	2	6	*4.0*	0	10	25	*17.5*
Referral to DA	0	5	5	*5.0*	0			*0.0*	0	1	3	*2.0*	0			*0.0*
Nursing Home Placements	9	10	10	*10.0*	1			*0.0*	4	2	5	*3.5*	4	3	10	*6.5*
Debt Management	1	15	35	*25.0*	0	1	8	*4.5*	3			*0.0*	3	1	8	*4.5*
Referred to Legal Help	5	2	3	*2.5*	0			*0.0*	1			*0.0*	0	2	15	*8.5*
Grant Stipend Application	10	10	15	*12.5*	0			*0.0*	4	2	5	*3.5*	1	1	15	*8.0*
Agency applied for Rep. Payee	1	10	10	*10.0*	0	5	5	*5.0*	4	1	3	*2.0*	1			*0.0*
Home Care Increased to 24/7	7				0			*0.0*	0	1	5	*3.0*	0	2	8	*5.0*
Referred to Mental Health Services	0	20	20	*20.0*	1			*0.0*	4	1	3	*2.0*	0	2	10	*6.0*

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Appendix B

Table 4: Hours Required and Cost of Providing DMM Services per Month per Client

	Min. hours per month per client	Max. hours per month per client	Average hours per month per client	Min. hourly cost per month per client	Max. hourly cost per month per client	Average hourly cost per month per client
	i	ii	iii	i x $25.65	ii x $25.65	iii x $25.65
Basic DMM Services						
Organize Finances	7.4	38.5	23.0	$189	$988	$589
Budgeting	3.3	10.2	6.7	$84	$261	$172
Bill Paying	4.2	4.8	4.5	$107	$124	$115
Additional Crisis Specific Services						
Balance Checkbook	0.5	0.8	0.6	$12	$20	$16
Assist with Banking	3.1	4.7	3.9	$79	$120	$99
File Income Tax	4.0	4.0	4.0	$103	$103	$103
Enable HHA to access money	1.0	2.0	1.5	$26	$51	$38
Apply for Entitlements	5.4	25.9	15.7	$140	$664	$402
Referral to PSA	15.0	24.0	19.5	$385	$616	$500
Referral to DA	3.0	4.0	3.5	$77	$103	$90
Nursing Home Placements	6.1	8.3	7.2	$157	$214	$185
Debt Management	2.6	8.4	5.5	$66	$216	$141
Referred to Legal Help	1.7	2.5	2.1	$43	$64	$53
Grant Stipend Application	7.3	12.3	9.8	$186	$316	$251
Agency applied for Rep. Payee	2.3	3.7	3.0	$60	$94	$77
Home Care Increased to 24/7	1.5	6.5	4.0	$38	$167	$103
Referred to Mental Health Svc.	0.8	2.4	1.6	$21	$62	$41

Note: Column i through iii in Appendix B Table 3 are obtained by weighted average of minimum hours reported by different agencies with the number of client visiting each agency as weights.

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Appendix B

Table 5: Hours Required and Weighted Average Costs of Providing DMM services per Month per Client

	Average Use of DMM services i	Min hourly cost per month per client ii	Max hourly cost per month per client iii	Average hourly cost per month per client iv	Min hourly cost for an average client v = i x ii	Max hourly cost for an average client v = i x iii	Avg hourly cost for an average client v = i x iv
Basic DMM Services							
One Time							
Organize Finances	0.52	$189	$988	$589	98	511	305
Budgeting	0.66	$84	$261	$172	55	171	113
Recurring							
Bill Paying	0.90	$107	$124	$115	96	111	103
Additional Crisis Specific Services							
One Time							
Apply for Entitlements	0.31	$140	$664	$402	43	206	125
Referral to PSA	0.14	$385	$616	$500	53	85	69
Referral to DA	0.03	$77	$103	$90	3	4	3
Referred to Legal Help	0.21	$43	$64	$53	9	13	11
Grant Stipend Application	0.38	$186	$316	$251	71	120	95
Agency applied for Rep. Payee	0.14	$60	$94	$77	8	13	11
Recurring							
Balance Checkbook	0.45	$12	$20	$16	5	9	7
Assist with Banking	0.34	$79	$120	$99	27	41	34
File Income Tax	0.03	$103	$103	$103	4	4	4
Enable HHA to access money	0.41	$26	$51	$38	11	21	16
Debt Management	0.28	$66	$216	$141	18	60	39
Homecare Increased to 24/7	0.14	$38	$167	$103	5	23	14
Referred to Mental Health Svc.	0.07	$21	$62	$41	1	4	3
Total One Time Cost					**339.82**	**1122.56**	**731.19**
Total Recurring Cost					**167.28**	**272.97**	**220.12**

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To: Senate Special Committee on Aging
March 16, 2011

The California Elder Justice Workgroup welcomes the opportunity to provide feedback on the challenges facing the nation in responding to elder and vulnerable adult abuse and neglect. The California Elder Justice Workgroup (CEJW), which was launched in 2009, is a coalition of service providers from various disciplines involved in the identification, response, and treatment of elder and vulnerable adult abuse and neglect. Our goal was to identify the gaps, problems, and needs of California's response to this abuse and to map out a comprehensive plan of action to improve the state's ability to safeguard its vulnerable residents. The result of our work was "Improving California's Response to Abuse, Neglect, and Exploitation: A Blueprint," portions of which are attached. While California was the focus of our work, California is a microcosm of the issues facing the nation in addressing elder and vulnerable adult abuse and the major problems, challenges, and needs in California are the same as those every state is wrestling with. The following are some of the most pressing issues that require federal involvement to resolve.

Lack of Consistency
Widespread variations exist in how agencies charged to respond to abuse reports interpret their responsibility, carry out investigations, and define eligibility for protective services. Consequently, where one resides is the determining factor in the assistance an abuse victim will receive. Without a federally established baseline for the protections to be afforded these victims with national guides and standards, they can have no expectation of assistance or protection. Moreover, without federal requirements, states are free to completely eliminate protective services for abused elders and adults with disabilities. California, for example, is considering the elimination of Adult Protective Services because of the state's difficult financial straits, and if the program survives it will be relegated to the counties to implement as they see fit.

Lack of Coordination
It is widely accepted that successful intervention in elder and adults with disabilities abuse requires an array of disciplines and services, and these providers are more effective when they cooperate with each other and coordinate their activities. While agencies are free to share information if they have clients' consent, many clients are unwilling or unable to give consent; often, their ability to give consent is unclear. Certain professional groups operate under particularly stringent federal confidentiality restrictions, such as personnel from mental health programs, Veterans Administration programs, Ombudsmen, attorneys, and banks , which makes collaboration challenging. Improved communication and coordination among these entities is essential to achieve a more seamless and holistic response and the states are looking for federal leadership to coordinate the activities of the multiple agencies involved in abuse prevention, set priorities, provide guidance in interpreting or implementing federal mandates, and respond to the need for new federal policy, research, training, and technical assistance.

Lack of Data and Awareness
Despite the rapidly growing rate of abuse of elders and adults with disabilities, it remains a largely invisible problem. This is due in part to the lack of data about its prevalence and incidence. Even though every state has an APS program which gathers data about the clients served, the lack of consistency in definitions, responses, and findings makes compiling reporting and response data virtually impossible. This complicates our ability to document the extent of the problem. A national plan for elder abuse prevention is needed to elevate elder abuse to national prominence. This would include standardizing definitions; gathering data; strengthening protections; and providing leadership and guidance to state and local programs.

Lack of Training

All professionals, paraprofessional, volunteers, caregivers, and others who have contact with elders need training to help them recognize and report abuse. This training needs to reflect specific job settings, the types of abuse that trainees are likely to observe, their roles, and their levels of education and experience. In addition, APS needs standardized "core" training which would include the basic skills needed to investigate, evaluate, and treat elder and vulnerable adult abuse and neglect.

Lack of Research
Elder abuse research is desperately needed. Program developers need information on effective, cost-efficient services to guide them. Forums are needed to promote exchange among researchers, practitioners, and program developers that could generate new practice focused research. Policy makers, program developers, service providers, and advocates need credible information to guide policy and practice and justify requests for resources. Support for and coordination of this research needs to happen at the federal level.

Lack of Adequate Funding
These are extraordinarly difficult financial times. The national, state, and local governments are all struggling with deficits and not having enough funds to cover current expenses. So we are mindful that this is not a good time to be seeking additional funds, however, elder and vulnerable abuse intervention, prevention, and treatment services are in crisis. Every day victims are being left in unsafe, risky situations because the programs mandated to protect them are being reduced or eliminated. APS are experts in stretching a dollar since all they have ever known was inadequate funding, but a dollar can only be stretched so far. APS is experiencing dramatic increases in the numbers of seniors and vulnerable adults needing help, the baby boomer tsunami is on the horizon, the inadequate initial funding can't meet the need, and now funding has been reduced. This is creating a perfect storm. The victims cannot wait, the states are tapped out; federal funding must be found.

In summary, with the passage of the Elder Justice Act we have finally recognized elder and vulnerable adult abuse as the national problem that it is. With that recognition comes the responsibility for federal leadership, guidance, and direction. Carpe diem, or as Mickey Rooney said to Senator Kohl and the Senate Special Committee on Aging members, "You need to stop elder abuse. Stop it now!"

Thank you for the opportunity to submit testimony for the record.

California Elder Justice Workgroup
Lisa Nerenberg, Chairperson, CEJW Steering Committee
Krista Brown, CEJW Communications Coordinator, APS Training Project, Bay Area Academy
Mary Counihan, CEJW Community Liaison and consultant
Molly Davies, WISE Healthy Aging Long Term Care Ombudsman Program
Lori Delagrammatikas, Project MASTER, San Diego State University
Heidi Li, Asian Pacific Islander Legal Outreach
Betty Malks, Protecting Our Elders
Adria Navarro, Davis School of Gerontology, University of Southern California
Shawna Reeves, Elder Abuse in Home Lending Protection Project, Council on Aging Silicon Valley
Terri Restelli-Deits, Area Agency on Aging for Napa & Solano Counties, Solano Financial Abuse Specialist Team
Mary Twomey, University of California Irvine Center of Excellence

"Improving California's Response to Abuse, Neglect, and Exploitation: A Blueprint," Chapter 11, National Needs

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11. National Needs

Many of the challenges and needs identified by advocates in California call for action at the national level. This section explains these needs and proposes a role for the federal government in coordinating services, enhancing protections, providing guidance to state and local programs, heightening understanding about the problem and solutions, and ensuring a more comprehensive, coordinated, and uniform response nationally. It further calls for the development of a national plan for abuse prevention. The historic passage of the Elder Justice Act may provide opportunities to implement the plan.

Challenges and Needs

Participants in the Blueprint development process identified the following challenges and needs that require federal action:

Ensure coordination among federal agencies.

Myriad federal programs play a role in elder abuse prevention. Some provide direct services to victims and their families, some offer guidance and resources to professionals, some enforce laws and regulations, and others support research. They include the Social Security Administration, Administration on Aging, Office for Victims of Crime, National Institutes of Aging and Justice, Office of Violence Against Women, Office for Victims of Crimes, Centers for Medicare & Medicaid Services, Federal Bureau of Investigation, Federal Trade Commission, United States Attorneys, Postal Service, Immigration and Customs Enforcement, consumer protection agencies, Veterans Administration, Bureau of Indian Affairs, Indian Health Service, Centers for Disease Control and Prevention, and many others. No federal entity coordinates the abuse prevention activities of these agencies.

Coordination among federal agencies involved in abuse prevention is needed to:

- Ensure that federal programs are comprehensive and coordinated, and that they reflect current knowledge of abuse and national priorities;
- Promote consistency across the country in how abuse is responded to;
- Support research and demonstration projects;
- Provide model state laws and policies;
- Enhance coordination at the state and local levels by providing guidance and leadership;

Ensure protection against abuse

Federal laws, regulation, and oversight are needed to provide adequate protection to abused and vulnerable seniors. Participants in the Blueprint development process identified multiple areas of need for new federal laws or stricter enforcement of existing laws. Examples include:

- Regulate residential care facilities. Whereas the federal government regulates skilled nursing facilities, oversight of residential care facilities is left to states. This has resulted in inconsistencies and variations in quality of care. Federal law is needed to ensure that residents everywhere receive adequate care and have recourse when standards are not met
- Mandate federal employees to report abuse. Many federal employees are likely to encounter elder abuse. These include federal regulatory and law enforcement officials and victim advocates, postal

workers, Social Security employees, employees of federally funded housing, and employees of Veterans Administration Programs. Federal law is needed to require federal employees to report;

- Direct federal agencies to develop policies, priorities, regulations, and procedures that enhance protections; and
- Explore and respond to the need for policy reform or enhancements in the following areas:
  - Consumer protection;
  - Victim rights;
  - Anti-discrimination laws;
  - Workers' rights; and
  - Criminal background checks for workers.

Provide guidance, training and technical assistance to local, state, and tribal programs

Multiple federal programs provide training and technical assistance in abuse prevention or related areas. Past programs have focused on multidisciplinary team development, coalition building, improving the criminal justice system's respond to abuse, testing methods for conducting background checks, public awareness campaigns, and specialized training for various groups of professionals.

As the field evolves new areas of need have arisen. These include:

- Guidance and assistance to states to help them respond to new opportunities and challenges presented by the passage of the Elder Justice Act, such as developing state level elder justice programs; and
- Guidance to state and local service providers to help them fulfill federal mandates and balance federal and state responsibilities.

Support and coordinate research

Addressing the critical practice-focused research needs described in Section 9 is beyond the capacity of state and local programs. Federal agencies that have played a leading role in research on elder abuse include the Administration on Aging; Department of Justice; Center for Disease Control and Prevention; the Centers for Medicare & Medicaid Services; the Office for Victims of Crime, the Office of Violence Against Women, the and the National Institutes of Aging, Health, and Justice. Federal leadership is needed to

promote coordination and collaboration among these groups, set priorities, identify and respond to new research needs, and address barriers.

Support services and practice

Federal agencies and can policy makers can play an important role in ensuring that victims, families, and abusers have services to prevent abuse, treat or mitigate its effects, and rehabilitate offenders through the following:

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- Assess existing APS, Ombudsman, legal assistance, victim assistance, mental health, and other services;
- Identify gaps;
- Establish goals and benchmarks; and recommends strategies; and
- Provide support for key services;
- Support the development of promising services; and
- Increase access to federally funded services by abused elders;

Recommendation 11: Develop a national plan for elder abuse prevention

- Develop a national plan for elder abuse prevention to elevate elder abuse to national prominence, establish priorities for multiple federal programs; strengthen protections; promote consistency and coordination nationwide; provide for the coordination of research, technical assistance, and training across departments; and provide leadership and guidance to state and local programs. Specifically, it should:
  - Establish mechanisms to promote coordination at the national level, including interdepartmental panels, workforces, or advisory groups;
  - Promote coordination at the state level through the following:
    - Federal program officials can urge the state and local programs they administer to collaborate and coordinate activities;
    - Require states to develop elder justice oversight advisory groups;
    - Require state and local program developers to consult with elder justice oversight advisory groups in developing proposals for elder justice and abuse prevention projects; and
    - Provide model memoranda of understanding and protocols.
  - Strengthen federal protections for vulnerable elders. Examples include:
    - Regulate residential care facilities;
    - Require federal employees, including federal regulatory and law enforcement officials, victim advocates, postal workers, Social Security employees, employees of federally funded housing, and employees of Veterans Administration Programs, to report elder abuse;
    - Strengthen protections against fraudulent and predatory lending practices and provide safe alternatives. Examples include:
      - Restrict tax preparers from selling annuities and mortgages;
      - Ensure that reasonably priced and fairly structured reverse mortgages and loans are available;
      - Hold financial institutions accountable for complying with anti-discrimination consumer laws including the Community Reinvestment Act, the Fair Housing Act, and the Equal Credit Opportunity Act.
    - Encourage the Department of Housing and Urban Development to:
      - Develop policy to ensure that elder abuse victims are not evicted and lose Section 8 vouchers as a result of abuse;
      - Encourage or require HUD-subsidized programs to prioritize seniors who need housing as a result of abuse; and
      - Create more stringent standards for training to seniors in reverse mortgages.
    - Direct the Federal Communications Commission to take steps to stop cross-border fraud such as authorizing phone and Internet carriers to block calls from international area code areas to vulnerable people at their request;
  - Strengthen and safeguard the community-based long-term care network, including policies to:

- Ensure a living wage to direct care workers, protect workers' rights, and offer opportunities for job advancement (e.g., the Direct Care Workforce Empowerment Act); and
- Ensure that as the Affordable Care Act is implemented, it contains safeguards such as screening and monitoring health care workers.

- Ensure that elder abuse victims' rights are enforced and their needs are addressed. Policy is needed to:
  - Increase funds for victim assistance and compensation programs through strict enforcement of fines and penalties for federal crimes;
  - Ensure parity for elder abuse victims, including victims of financial crimes;
  - Extend victims' rights, benefits, and services to elder abuse victims who report crimes to police or APS (as opposed to only providing them to victims whose cases are successfully prosecuted); and
  - Provide US Attorney's Offices, federal courts, and probation and investigative agencies with the resources and authority they need to enforce restitution orders both during the pre-sentencing period and at offenders' release from prison (federal restitution orders are enforceable for 20 years following incarceration), and explore the potential role of the IRS in restitution recover.
- Clarify federal policy and address conflicts. Examples include:
  - Multidisciplinary teams and others need guidance in interpreting Health Insurance Portability and Accountability Act (HIPAA) provisions as they pertain to information sharing;
  - Ombudsmen need guidance in the following areas:
    - The role of Ombudsmen vis-à-vis local, state, and federal law enforcement and regulatory entities in responding to abuse in long-term care facilities to ensure that crimes against residents are reported and investigated regardless of whether victims are able or willing to give consent;
    - Organizational conflicts of interest. Many state Ombudsman Programs are located in agencies that have responsibility for regulating facilities and/or providing adult protective services, raising potential conflicts of interest. These conflicts need to be resolved and communication channels clearly defined; and
    - How to advocate on behalf of "unbefriended" or "unrepresented" residents (see Section 5).
- Expand the role of federally-funded programs in preventing abuse prevention through such means as:
  - Directing Older American Act, mental health and substance abuse, Medicaid waiver, domestic violence, and victim assistance, and other federal programs to adopt measure to prevent abuse. They can, for example:
    - Incorporate "red flags" into existing assessment tools and operations manuals to identify clients at risk. "Universal screening" (all clients are screened) is recommended to avoid stigmatizing clients or reflecting biases;
    - Include abuse, neglect, or imminent risk among their criteria for eligibility; remove restrictions that prevent abused and vulnerable elders from accessing services, and prioritize those in greatest (e.g., include abuse, neglect, or self-neglect to eligibility criteria for Medicaid waiver programs and encourage state Victim of Crime Act programs to serve older adult victims of financial and other crimes;
    - Develop mechanisms (e.g., memoranda of understanding) for coordinating services and sharing information; and

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- Provide information on abuse to clients, including alerts about scams.
  - Provide direction to programs in how to block perpetrators' access to their clients by adequately screening employees, volunteers, and speakers.
- Fill critical service gaps through the following actions:
  - Provide support for new and expanded services. Priority should be placed on restoring funding to effective programs that have been downsized or retrenched as a result of the recession, and on services to prevent abuse as well as those that treat its effects;
  - Fully implement and strengthen abuse prevention provisions and programs authorized by the Older Americans Act and restore funds to programs that have sustained damaging cuts. Critical areas of need include:
    - Legal assistance, legal developer, and state legal senior hotline programs;
    - Title VII, Subtitle B, which provides for programming for Native Americans; and
    - Ensure that adequate legal counsel is provided for ombudsman programs; and
    - Convene forums to set priorities and develop strategies for meeting service needs.
- Provide guidance, training and technical assistance. The federal government can:
  - Sponsor demonstration projects to explore promising approaches to training, policy, and program development;
  - Showcase promising practices in training, interventions, and programs;
  - Disseminate information on new research findings, federal policy, and other developments and their implications for service development and training;
  - Provide and coordinate training and technical assistance, including replication manuals, model policies, and sample training curricula. Specific areas of need include:
    - Model state elder abuse reporting laws, policies, regulations, and programs;
    - Models for administering and/or coordinating services;
    - Assistance in establishing state-level elder justice programs;
    - Best practice standards for conducting investigations and substantiating abuse;
    - Risk assessment tools;
    - Assistance and best practice models for data collection and analysis;
    - Protocols for interagency responses, including interstate compacts to address abuse across state lines; and
    - Information systems;
    - Training needs for specific groups are described in Section 8.
    - Technical assistance needs for APS, justice system professionals, and employees in long term care facilities are described (respectively) in Sections 1,2, and 5.
- Develop a national research agenda that responds to national needs for information. Critical areas of need include evidence-based practice models. Research needs are described in greater detail in Section 9.

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Please accept this email as my written testimony for tomorrow's hearing.

We are located in Southeast PA in a mostly rural county. I joined the agency in 2005; since that time I have seen an increase in our reports of abuse and neglect in older adults. What I find most remarkable is total annual reports of financial exploitation has doubled from 2005 to 2011. These investigations are very time intensive and truly need a forensic accountant to sort though financial records in order to establish grounds for prosecution and hopefully recovery of at least a portion of the money. Unfortunately we do not have a forensic accountant on staff and neither does our County Prosecutor's office. My fiscal officer has been able to be of limited assistance to my investigators in sorting financial records but clearly does not have the forensic experience.

The other remarkable phenomena is older adults with non diagnosed mental health issues neglecting themselves. We cannot mandate anyone to participate in mental health treatment, they seldom are nursing facility clinical eligible, often do not meet the court requirements to have a guardian appointed and even if they do, that is hardly an answer. Their neighbors think they are at risk, local law enforcement think they are at risk and sometimes even the courts think they are at risk. Many of these do not immediately meet the definition of OAPS, but eventually they do if there is no action we can take.

Most recently we had an 87 year old female with a fixed delusional disorder. She was stalking a married man in the belief that he was her lover and his wife was his housekeeper and keeping the man from our consumer. She became such a nuisance the local police filed charges in the District Justice Court. She disregarded everything the judge told her and her case was forwarded to Mental Health Court. If she would abide by the treatment team's recommendation the charges would be dropped. She refused to cooperate with the court's orders but did stop stalking the gentleman. Her behavior became more and more aberrant, seemingly putting herself at risk and my department filed a petition for emergency guardianship. The court granted the petition and appointed the consumer's cousins, who do not live close. That was 3 weeks ago and today I learned she is resuming some of her old behaviors and has added additional delusions. This woman is a remarkable problem solver, she is able to provide her own care and is not nursing facility clinical eligible. She is consuming a tremendous amount of staff time as well as other community resources, in an effort to keep her safe. She is not dangerous to herself or others. She may have beginning dementia.

This is just one of multiple examples of the issues we face in keeping seniors safe and in their homes and communities if that is what they wish. Additional financial resources would allow my staff to provide preventive services in an effort to keep these cases from meeting the OAPS definition, or, if they do, keeping seniors safe in their home.

Thank you for this opportunity.

Wanda Stonebraker, M.S.
Director
Chester County Department of Aging Services
Ph: 610-344-6202

"Your treasure house is within; it contains all you'll ever need." Hui-Hai

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CSCS
COUNCIL OF SENIOR CENTERS AND SERVICES OF NEW YORK CITY, INC.

BRIDGING SERVICES FOR SENIORS

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March 16, 2011

Senator Herb Kohl
United States Senator for Wisconsin
Chairman of the Special Committee on Aging
330 Hart Senate Office Building
Washington, DC 20510

Dear Senator Kohl,

First and foremost, on behalf of the Council of Senior Centers and Services (CSCS), we'd like to thank you for holding the Special Committee on Aging Elder Abuse Hearing on March 2, 2011 in which you invited experts and professionals from New York to testify. We'd also like to thank you for reintroducing the "Elder Abuse Victims Act" and initiating additional legislation the "End Abuse in Later Life Act." This legislation will play an important role in the prevention and provision of services for elder abuse victims across the nation. Not only have you been a leading advocate in the fight against elder abuse, but you have also been a staunch supporter of the Elder Justice Coalition which has provided funding for programs fighting to end the psychological, emotional, physical, and financial exploitations of millions of elderly Americans. We recognize your conviction and attention to this matter and ask for your continued support by focusing on the language within your legislation that would fund community-based services which are vital for seniors to age in their communities safely and with dignity.

With the population of people 65 and older continuing to rise, there will be an increasingly compelling need for community-based social services. Every year, an estimated five million older Americans are physically abused, ignored or financially exploited, causing illness, suffering and premature death. Yet, elder abuse is not perceived as a national tragedy and collectively there is much silence around the issue. Older adults who experience mistreatment have a 300% higher risk of death, elder financial abuse alone costs older Americans $2.6 billion a year.

With the cuts imposed on New York from the city and state as well as the lack of federal dollars, we are facing daunting challenges in assisting elder abuse victims. The $800,000 city funding through New York City's Department for the Aging (DFTA) for FY2012 could be totally eliminated which would be a devastating blow to our system as we know it. These programs are already undergoing an erosion of infrastructure impacting their service provision. These services

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have been helping thousands of vulnerable New York City residents and their families since 2002 with social service supports, counseling, legal representation and other types of assistance in which trained, experienced professionals assist elder abuse victims in turning their lives around.

Using funding from a program under the NYS Office of Children and Family Services, Lifespan of Rochester, NY (an organization providing direct services through central New York State and organizer of the New York State Coalition on Elder Abuse), DFTA (the leading Area Agency on Aging in the country on elder abuse), and the Weill Cornell Medical College collaborated to produce "Under the Radar: New York State Elder Abuse Prevalence Study," which documented over 250,000 New Yorker elder abuse victims whose abuse goes unreported. CSCS works closely with these organizations in its advocacy and public policy efforts to gain additional funding for elder abuse and raise awareness by decision makers regarding the growth of elder abuse. We are also concerned about state level risk of $495,000 which could be cut from Lifespan. This is their full state funding for elder abuse Services.

Dr. Mark Lachs, Director, of Geriatrics, New York Presbyterian Health System, Co-Chief, Division of Geriatric Medicine and Gerontology, Weill Medical College of Cornell University, New York, NY who testified at the Special Committee on Aging Elder Abuse Hearing on March 2, 2011 mentioned the results of this study in his testimony: 76 out of every 1,000 older New Yorkers are victims of elder abuse in a one year period and an estimated 260,000 older adults in New York State (NYS) have been victims of a form of elder abuse in the past year. The study revealed that 1 in 13 reported any form of mistreatment the prior year, 1 in 25 described being financially victimized, and 1 in 50 who were physically abused. Findings also included an elder abuse incidence rate in NYS that was nearly 24 times greater than the number of cases referred to social service, law enforcement or legal authorities. These agents have the capability and responsibility to aid these victims. There is also a drastic gap in the number of cases that go unreported; for every one adult victim that is reported to the system, another 23 to 24 go undetected.

Our mission at the Council of Senior Centers and Services of New York City, Inc. is to promote the quality of life, independent living, productivity, and dignity of mature and older adults and their families principally in New York City. For 30 years, CSCS has been recognized as the leading professional organization for New York City's senior service providers and seniors. Founded in 1979, CSCS currently serves more than 300,000 older New Yorkers through a network of 265 senior centers, meals-on-wheels, case management, homecare, housing, adult day service programs, services for the homebound, mental health services and other programs that constitute the membership of CSCS. CSCS' members and its work range from individual community-based centers to large multi-service, citywide organizations serving seniors from every community district and from virtually every socioeconomic background that comprise the population of New York City.

The CSCS Bill Payer Program is a free service that enables low-income seniors to remain in the community independently and prevents financial abuse. Compassionate, trained volunteers meet one-on-one with seniors in their own homes to help with the tasks of monthly bill-paying. The older adult makes all financial decisions and signs all checks, but the volunteers help in organizing paperwork, creating a monthly budget, balancing the checkbook and writing checks for the client's signature.

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Currently CSCS is working on a Campaign to Save Elder Abuse Funding in which we are collecting anecdotes from our member organizations to show the real impact of these services, how they have saved lives and prevented abuse from continuing. Please see attached anecdotes:

CSCS also is a member of the New York City Elder Abuse Network (NYCEAN) and works closely with the New York City Elder Abuse Center (NYCEAC). Bobbie Sackman, Director of Public Policy at CSCS sits on the Steering Committee of NYCEAC and is also on the Executive Committee of NYCEAN. NYCEAC was launched to respond to cases through coordinated collaboration and multidisciplinary teams. Risa Breckman, Deputy Director of NYCEAC and associate of Dr. Mark Lachs at Weill Cornell Medical College has stated, "In order to effectively respond to cases of community-based elder abuse, services need to be available. Without access to a wide range of services - counseling, public safety, protective services, case management, legal, senior centers, health care, mental health care, etc. - there can be no effective response to this problem.

CSCS would like to propose several recommendations to address the lack of funding for elder abuse:

1. Substantially increasing funding for elder abuse under the Violence Against Women Act (VAWA) during upcoming reauthorization this year.
2. Including language in your proposed legislation that allows for funding community-based social services for elder abuse victims
3. Include language that funds bill payer programs such as the CSCS model.

For further information, please contact Bobbie Sackman, by phone at 212.389.6565 ext. 226.

This will lead to progressive action to find solutions and change the city, state and federal response to elder abuse. CSCS appreciates your full attention and deliberation in this matter. We hope to work with you to constitute the prevention of elder abuse as a priority and take accurate measures to keep it from continuing in this country. You have our staunch support and gratitude.

Sincerely,

Igal Jellinek
Executive Director

Bobbie Sackman
Director of Public Policy

CC: Senator Charles Schumer
Senator Kirsten E. Gillibrand

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Anecdote 1

Ann D, is a 68-year-old African American woman who sought Elder Abuse (EA) staff assistance because she was being emotionally and financially abused by her 23 year-old grandson, Robert D. Ann had raised her grandson - his mother was a chronic drug abuser and did not provide consistent parental care. As Robert entered his late adolescent years, he pulled away from his grandmother and began using drugs and alcohol. They had many arguments and Robert began to threaten his grandmother physically. He and his friends also stole money from her. Ann reported she was 'desperate' by the time she reached the agency. The EA social worker assisted Ann in obtaining an order of protection removing her grandson from her home. Ann needed additional assistance from an attorney to assist her in obtaining a permanent order of protection. The attorney stepped in at this point. On the day that Ann had to return to court both the EA social worker and attorney were with her in the courtroom. EA staff were successful in helping Ann obtain a permanent order of protection that barred her grandson from returning to her home for a total of five (5) years. The program also helped with the installation of window bars - in the past some of her grandson's friends had reached into the back window to open her door and gain entrance to her home. Ann reported that she felt that for the first time in several years she had her life back. She could now address her own care; she suffers from kidney disease and must have dialysis treatment. Ms. D. continues to receive services from a social worker relating to entitlements and benefits.

Anecdote 2

Mr. B, an 80 year-old man has been friends with a 46-year-old woman for three years. She told him her landlord was harassing her and she needed money to fight an eviction, so he lent her $38K. She still lost her apartment so Mr. B let her move in with him even though he knew her apartment was in shambles due to hoarding. Soon his apartment was cluttered with debris and vermin-infested. His landlord wanted him evicted. When Mr. B asked her to leave, she threatened to kill him. She is verbally abusive, bullies him for money, pays no rent, and never paid him back the first loan. Mr. B both feared and felt sorry for his roommate. With individual counseling and a peer support group for elder abuse survivors, Mr. B gathered the strength to reclaim his apartment. Elder Abuse (EA) staff found him a housing attorney and will testify on his behalf in housing court. EA also referred Mr. B to Adult Protective Services, to seek guardianship if efforts to evict the abuser fail. While his court case is pending, Mr.B continues to get counseling so he can withstand the daily emotional abuse of his roommate.

March 15, 2011

To: **The Senate Special Committee on Aging**

From: **Dallas Adult Protective Services Community Board**

Subject: **Testimony to Support The Scaling Up Federal Efforts to Respond to Elder Abuse, Neglect and Financial Exploitation**

Many elderly and persons with disabilities have been victims of abuse, isolation, neglect or exploitation because they live alone or are dependent on others for their care. Some have their money or property stolen by a predator, usually someone they know. The mission of Texas Adult Protective Services (APS) is to protect the elderly and adults with disabilities from abuse, neglect, and exploitation by investigating and providing or arranging for services necessary to alleviate or prevent further maltreatment.

APS serves persons who are reported to be abused, neglected, or exploited and age 65 or older or age 18-64 with a disabling condition. The Dallas Adult Protective Services Community Board (a 501 © (3) organization) strives to support the caseworkers of the Dallas Region, where completed investigations rose 56% (from 9,208 to 14,398) in six years (2004—2010). The great number of aging Baby Boomers ensure that this steep incline will continue. In 2010 the 23-county regionhad 580,564 adults 65 and older and 489,000 disabled adults (ages 18 – 64 years).

Adult Protective Services alleviates a societal problem that is as compelling and as heinous as child abuse. There is no federal funding designated for Adult Protective Services. It is time for the federal government to recognize and fund it accordingly.

John Dornheim
President

Attachment: Dallas APS Community Board Roster

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THE ELDER JUSTICE COALITION
A NATIONAL ADVOCACY VOICE FOR ELDER JUSTICE IN AMERICA
JOHN B. BREAUX, HONORARY CHAIR • ROBERT B. BLANCATO, NATIONAL COORDINATOR

Hearing-Senate Special Committee on Aging-"Justice for All: Ending Abuse, Neglect and Financial Exploitation"
Elder Justice Coalition Testimony
Submitted by Bob Blancato, National Coordinator
March 2, 2011

Mr. Chairman and members of the Committee:

The non-partisan 704 member Elder Justice Coalition is pleased to present this testimony in conjunction with the hearing entitled "Justice for All: Ending Elder Abuse, Neglect and Financial Exploitation." We begin by commending Chairman Kohl for his consistent leadership on behalf of elder justice issues and most especially adult protective services. As America's population ages, each day, elder abuse, neglect and exploitation becomes a more serious issue in this country.

We are pleased that the Committee chose to convene this hearing to coincide with the release of the GAO report on the state of adult protective services in our nation. Our Coalition was involved with your staff and the GAO from the very outset of this report and were pleased to have a number of our member organizations as well as our National Coordinator be interviewed on several occasions by the GAO for this study.

This report confirms if not reinforces our contention that at a time when the need for their services is increasing, adult protective services find themselves in a most perilous condition due to cutbacks in federal and especially state funding. They are the frayed front line in our nation's long overdue commitment to combating the evils of elder abuse, neglect and exploitation.

We see this GAO report as an important advocacy tool in our continued work to secure funding for the Elder Justice Act which became law last year. More than 70 percent of the funds authorized in this Act will go to adult protective services. We were heartened to see President Obama's request for initial funding for the Elder Justice Act in his FY 2012 budget with the bulk of the funds directed to demonstration grants to enhance the quality of APS services. We are hopeful that the GAO report will make true the statement that data drives dollars. This report provides the data on the need for this support. Let us hope that Congress in a bi-partisan way can respond. Another report, recently released by AARP and NASUAD, the National Association of States United for Aging and Disabilities, and Health Management Associates Weathering the Storm: The Impact of the Great Recession on Long-Term Services and Supports found that there was a significant and disturbing trend in the increase in calls requesting adult protective services. The report states that, "Twenty-five states reported that financial exploitation was the number one cause of such calls. An additional 20 states reported that neglect was a factor in the calls." Many of the calls indicated that self neglect was a major issue among the elderly living in the home and these types of cases are best addressed first by APS.

We are pleased to also use this testimony as an opportunity to formally endorse your bill the Elder Abuse Victims Act of 2011. We appreciate your renewed commitment to getting this critically important piece of elder justice legislation passed. As you know, language closely resembling your EAVA was in the original Elder Justice Act and a similar bill to yours has passed the House on two previous occasions. We believe the improvements you have made to this bill make it a better piece of legislation. Your linkage of elder justice and job creation makes the legislation especially relevant in these difficult economic times Furthermore the fact that these jobs would be created with the

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THE ELDER JUSTICE COALITION
A NATIONAL ADVOCACY VOICE FOR ELDER JUSTICE IN AMERICA
JOHN B. BREAUX, HONORARY CHAIR • ROBERT B. BLANCATO, NATIONAL COORDINATOR

intention of improving capacity to prosecute elder abuse cases is especially laudable and urgently needed. We also see the value of creating a new Office of Elder Justice within the Department of Justice. There is a critical need to coordinate the entire existing federal infrastructure that currently deals with elder justice but perhaps nowhere as critical as DOJ with its responsibility over both VAWA and the Victims of Crime Act.

We also commend the hearing's focus on the new study done in New York State on the prevalence of elder abuse. This is an important new study because it sheds new light and provides updated data on an area that this Committee in the past has focused on; the high percentage of elder abuse cases that go unreported. This study indicates the problem could be far worse than we know if only 1 out of 23.5 cases of elder abuse are reported.

The Elder Justice Coalition has long contended that you cannot stop what you don't report. However, unless adult protective services are adequately funded there is no one central place in each state where cases can be reported. As of today, elder abuse continues to be the only form of family violence for which the federal government has provided extremely limited resources.

We also support the Committee's focus on the important issue of the impact of domestic violence in later life. It is especially relevant to look at this issue in anticipation of the reauthorization of the Violence Against Women Act later this year.

This hearing will serve to heighten the national call to action to end elder abuse, neglect and exploitation. It will help raise awareness about the issue, and will direct advocates to work on important solutions such as the EAVA, a reauthorized VAWA and the Senior Financial Empowerment Act.

The Elder Justice Coalition was established as an outgrowth of the pioneering work done by this Committee close to 10 years ago on the then new topic of elder justice. In that ten year period, we have seen a dramatic growth in the number of older Americans. The population is aging right before our eyes. We know the numbers today, 34 million persons over 65 and this year the first wave of boomers will turn 65 and by the time they all do we will have a doubling of our elderly population. We have also seen a sustained economic downturn which has led to an increase in the number of cases of elder financial abuse. Financial abuse for the past several years has been one of the fastest rising forms of elder abuse and the MetLife Mature Market Institute, the Center for Gerontology at Virginia Tech and the National Committee for the Prevention of Elder Abuse 2009 report was a real eye opener for all of us involved in the elder abuse field. Its main finding is that the annual financial loss by victims of senior financial abuse is a very conservative estimate of $2.6 billion lost per year.

In this the 50th anniversary year of the Special Committee on Aging, we are grateful that you chose elder justice as your first hearing topic. We pledge our continued willingness to work with you throughout this Congress to advance elder justice.

Thank you for providing us the opportunity to present this testimony. *Please direct any questions to Robert Blancato or Shannon Donahue at elderjustice@verizon.net.*

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Justice for All: Ending Elder Abuse, Neglect and Financial Exploitation
Hearing of the Senate Special Committee on Aging
March 2, 2011

Statement of Esta Soler, President and Founder,
Family Violence Prevention Fund

Thank you for the opportunity to submit this statement for the record about the pervasive and very serious problem of elder abuse. I want to begin by thanking Senators Herb Kohl (D-WI) and Bob Corker (R-TN) for convening an important and much-needed hearing, which helped shine a spotlight on a problem that too often goes unaddressed.

I am Esta Soler, president and founder of the Family Violence Prevention Fund. For more than 30 years, we have worked to end violence in the United States and around the world, promoting programs, policies and public education that promotes prevention and helps victims.

In that time, we have seen significant progress. Domestic, dating and sexual violence have come out of the shadows. We've improved the law enforcement, judicial and health care responses, provided services to countless survivors, educated millions of people, and begun to change social norms. That hard work has resulted in significant declines in the incidence of these crimes. We have a great deal of work still to do, but we have proven that progress is possible. Now we need to build on it.

One of the areas we need to focus on going forward is elder abuse. The progress we've made in other areas is not as evident here. Domestic violence is a problem across the lifespan and, as a nation, we have not paid enough attention to the oldest victims. They suffer physical, sexual, psychological and financial abuse, incest, and other forms of violence at a time when disability, dementia and other factors may make it difficult or impossible for them to protect themselves.

We need to pay attention. I commend the witnesses who shared powerful personal stories, and compelling data, at this hearing. You helped bring attention to the scourge of elder abuse.

We believe that part of the solution lies in training judges and law enforcement personnel to better recognize and respond to elder abuse. They are in a unique position to help. The Family Violence Prevention Fund (FVPF) has been training judges and prosecutors to recognize and understand the dynamics behind domestic and sexual violence for more than a decade. In

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recent years, with the senior population growing so rapidly, we have turned our attention to training judges and others to recognize and respond better to elder abuse as well.

That work is part of the National Judicial Institute on Domestic Violence, a partnership of the U.S. Department of Justice, Office on Violence Against Women, National Council of Juvenile and Family Court Judges and the Family Violence Prevention Fund. We offer a well-tested, highly interactive workshop that helps both new and experienced state court judges and judicial officers improve their skills and ability to respond to cases involving violence against the elderly.

The results are truly promising. After participating in our program, judges are better able to define elder abuse and identify common abuse tactics, excuses and myths related to perpetrators' abuse of elders. They can discuss the range of barriers that older people might encounter in court and enhance physical, legal, and attitudinal accessibility for older adult victims.

Judges who have been trained in this way are better prepared to rule on evidentiary and legal challenges that perpetuate discrimination against, or jeopardize the safety of, aging adults who are experiencing abuse. They are better able to craft orders that preserve the dignity of elders and enhance their safety, and hold perpetrators accountable. In short, they are better able to stop elder abuse and protect victims.

More information on the program is available at http://www.endabuse.org/section/programs/judicial/_ejselder.

As we continue to offer these workshops, word of mouth helps build interest and we are seeing more and more judges and law enforcement officers take an interest in elder abuse. This is a good sign that this community recognizes the magnitude of the problem and is ready to address it. Judges are leaders who can mobilize others in their communities to enhance justice and safety for older victims.

As I noted, the Family Violence Prevention Fund has more than 30 years of experience working to stop domestic violence, sexual assault and stalking. We want to use that expertise to help stop elder abuse. A coordinated community response can make an enormous difference, and judges are well-positioned to catalyze that kind of coordinated response.

I urge the Committee, and the full Congress, to continue focusing on this issue and to make stopping elder abuse – and violence and abuse of all kinds – a higher priority. You can do that by supporting the Elder Abuse Program in the *Violence Against Women Act,* so that seniors will be able to rely on a court system that is staffed by judges and judicial officers who can more effectively identify indicators of elder abuse and issue rulings and orders that will preserve and promote safety, justice and dignity for all its victims.

Thank you.

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STATEMENT FOR THE RECORD

THE FINANCIAL SERVICES ROUNDTABLE

on

JUSTICE FOR ALL: ENDING ELDER ABUSE, NEGLECT AND FINANCIAL EXPLOITATION

before the

U.S. Senate Special Committee on Aging

March 2, 2011

The Financial Services Roundtable ("Roundtable") respectfully offers this statement for the record.

The Roundtable represents 100 of the largest integrated financial services companies providing banking, insurance, and investment products and services to the American consumer.

The Roundtable is committed to elder abuse prevention through the support of elder-friendly business models as well as on-going financial education efforts. Protecting consumers is paramount to the financial services industry, and financial education is a crucial part of that effort. All too often, senior citizens fall victim to fraudulent schemes that deplete their life savings.

The Financial Services Roundtable hosted a symposium last October, which focused on the financial education efforts to protect seniors from financial exploitation through financial education. Leaders from the public and private sectors discussed current and ongoing efforts to increase financial literacy among senior citizens. The Roundtable compiled and released a resource packet with financial education curriculums for seniors from Roundtable member companies as well as links to more information, which is available on www.financialcommunityservice.org. The symposium helped bring awareness of all the cumulative efforts to protect senior citizens.

Waiting to educate consumers when they reach retirement age can sometimes be too late to prevent financial exploitation. The Roundtable wants consumers to know their rights and have a way to protect themselves from financial abuse in advance. At the Roundtable, we are deeply committed to financial education efforts to make this happen.

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Financial education is one key component to preventing the financial exploitation of the elderly but partnerships with community based organizations, law enforcement and government agencies are essential to making it happen.

The Roundtable and member companies are pleased to provided background, on-going efforts as well as resources on the financial services industry's efforts to prevent elder abuse.

AEGON USA, Inc.

We are realizing that the financial decisions are just one of the many retirement decisions faced by baby boomers. Many people nearing traditional retirement age do not know what they want their life to be like in retirement. Many companies are responding to the increasing awareness that given longer life spans, many people will live 30 years into retirement. They may not want to just read the paper and play golf, but do not know how to create a retirement path right for them. Obviously these decisions will also impact the amount of income these people will need in retirement.

For example, SecurePath™ by Transamerica helps pre-retirees with their transition into retirement by providing resources, education and strategies designed to focus on all aspects of retirement, not just the financial equation. Transamerica provides tools that help consumers envision their retirement in a way that helps them map out a plan for the next stage of their lives, and also provides financial advisory services to help provide them a lifetime paycheck in line with their new lifestyle. See www.securepathbytransamerica.com, for articles, videos and tools provided by Transamerica that help educate and entertain on many topics related to what's facing the Baby Boomer generation as they enter retirement.

The Global Coalition on Aging is also reinforcing the need to look at aging in a new way. From the Coalition website, www.globalcoalitiononaging.com: The Global Coalition on Aging is committed to a vision where innovative market solutions enabled by progressive public policy create a framework for healthy and active aging. The vision is imbued with a sense of optimism about population aging, driven by pragmatic ideas, programs and business solutions that will keep people healthier longer, provide ongoing education and learning throughout the lengthening life course, and extend productive work years to increase individual financial security. We will shape the public discussion on how policymakers, businesses and society at large can comprehensively address these new demographic realities and apply innovative solutions that recognize the opportunity of global aging.

The Coalition, which was established earlier this year, is increasing awareness on the need for governments to address the global aging phenomenon from all aspects: political, cultural and fiscal. Reforms need to be made in public benefits (pension, health and other) to support an aging society. These reforms should also encourage innovation in

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products, workplace policies and healthcare to address the increased longevity. Aging is on a continuum, starting at birth.

Bank of the West

Bank of the West trains their staff to identify elder financial abuse. In 2007 Bank of the West partnered with Elder Financial Protection Network (EFPN) by creating and launching the community awareness program, "Be Aware, Protect Your Assets." Bank of the West piloted this program in Northern and Central California, and based on the success and demand for this type of service, created a Be Aware seminar tool kit. Branch managers host "Be Aware, Protect Your Assets" seminars in their communities in which they invite senior citizens, their family members and caregivers to listen to presentations from trusted community partners and local law enforcement on how to protect against identity theft, check scams and other forms of financial fraud.

Since the inception of this program and the creation of the tool kit, Bank of the West has hosted Be Aware Seminars in California, Arizona, Iowa, Utah, New Mexico and Oklahoma.

In 2009, Bank of the West sponsored the production a documentary on the subject of elder financial abuse with EFPN that reached 177,000 households in Northern California (aired in 2010). This documentary has been incorporated in Bank of the West's elder financial abuse program.

In 2010, Bank of the West was recognized and awarded the "Visionary Leadership Award" in honor of our overall contributions to the prevention of elder financial abuse. EVP Maria Lazzarini accepted the award on behalf of Bank of the West.

In 2011 Bank of the West plans to continue its long partnership with EFPN by supporting its Call to Action events in San Francisco and L.A.

Comerica Incorporated

Comerica Bank has been tracking cases of elder financial exploitation since 2004. Their efforts include the following outreach programs.

Bank staff:

- Have an investigative response line in the Fraud Services department that handle all calls nationally from bank staff that suspect possible elder abuse. This staff is trained to access these situations and take any actions to protect the customer and the bank. Actions may include protecting the customer's funds, seeking internal

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legal guidance, initiate a referral to APS or in some cases call law enforcement for intervention if the elder's safety is believed to be in harm.
- There is an annual elder financial exploitation web course that all employees are required to take that will make them aware of the red flags of exploitation and instruct them to call Fraud Services immediately.
- Focus raising awareness on the high risk areas of the bank who would most likely become aware of possible cases.

Community and Customer Awareness:

- Provide continuous publications on how to be aware of the signs of abuse and how the bank can help.
- In-person seminars are conducted for community service groups and senior centers. (Rotary, Kiwanis, Senior assistance centers. etc.)
- Partner with law enforcement to conduct community seminars open to all regarding various fraud topics including financial and other abuse.
- Hold seminars for local hospital Geriatrics students and staff to raise awareness.
- Also present to local APS staff and other businesses such as CPA firms and Trust Administers Conferences.
- Created county taskforces to address the issues of elder abuse so we can provide a coordinated response plan to assist the elder in any type of abuse as well as develop a network of contacts in the members organizations. These taskforce members are Judges, Prosecutors, attorneys, APS, law enforcement, social service agencies, coroner's office, health care providers, senior care agencies, ombudsman office and financial institutions.

ING

The following are several bullet points concerning the extra steps ING takes whenever it receives an application for life insurance or an annuity from a customer 65 or older. Unlike banks that deal with their customers directly, ING tends to deal with their customers (and least during the purchase process) through ING's agents so their due diligence focuses on the customer and the agent who brings them the application. If the Committee has questions, ING would be happy to discuss them; contact Sean Cassidy, Vice President, Federal Government Affairs, ING, sean.cassidy@us.ing.com, 202-879-8116.

Product Structure for annuities:
- Surrender charge period is shorter on all annuity products (typically 3 to 7 years);
- Exemptions to surrender charges exist for certain "life events" (ex. disability, retirement)
- Agent compensation is lower for older customers

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Suitability Process for annuities:

- All sales transactions require a suitability analysis as required under the NAIC Model Regulation and additional due diligence above industry standards for senior sales. The suitability analysis is enhanced for customers 65 and older (although such customers can elect to opt out);
- ING rejects +/- 2% of applications as unsuitable;
- Annuity customers generally receive post purchase surveys that include compliance related questions; in some cases surveys are only sent out to customers of agents on heightened supervision.

Depending on the product type we look for many different types of "red flags":

- Surrender charges from incumbent carrier;
- Existing rate v. new rate during exchanges;
- Patterns involving agents who sell disproportionately to older customers (may be valid reasons based on product, geography, etc.)
- Replacement product activity (i.e. churning);
- High opt out % for suitability analysis;
- High rate of "free look, not taken" (meaning they did not get what they thought they were getting);
- Complaints against agent filed with company;
- Complaints against agent filed with state;
- Complaints against agents filed with FINRA

Financial Services Industry Efforts

BITS, a division of the Roundtable, published a report on instituting a prevention program in a financial institution. The report, "BITS Fraud Protection Guide: Protecting the Elderly and Vulnerable from Financial Fraud and Exploitation" is available at: http://www.bitsinfo.org/downloads/Publications%20Page/bitselderly.pdf, was created to bring greater awareness to elder financial fraud, which the financial services industry is often the first to detect. By recognizing changes in the patterns of customers with whom institutions have regular contact, this puts institutions in a unique position to assist in protecting customers and upholding the inherent trust relationship with clients. The "BITS Fraud Prevention Toolkit: Protecting the Elderly and Vulnerable from Financial Fraud and Exploitation." is designed to address a special need for which financial institutions are uniquely suited to assist. It provides information to support the implementation or improvement of a financial institution internal prevention program for education and awareness about abuse against the elderly and (vulnerable adults).

To protect assets and reduce fraud against vulnerable customers and to generate goodwill within communities, financial institutions should institute a prevention program to raise awareness and educate staff to identify, prevent, and report suspected cases of financial exploitation. Roles of various departments include:

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- Branch Office
  - Identify the situation – Recognize warning signs through changes in the customer's activity or behavior.
  - Avoid confrontation – Try to separate the client from the suspect.
  - Determine consumer intent – Use probing questions but let the customer tell you in his or her own words without prompting.
  - Delay the suspicious transaction, if possible.
  - Contact loss management/fraud department.
  - Be aware of recent or new scams and fraud schemes.
- Loss Management/Fraud Department
  - Document the situation.
  - Take immediate proactive action on accounts through normal prevention and recovery steps.
  - Send telephone report to Adult Protective Services.
  - Provide necessary research and investigative assistance to APS, as needed.
  - Monitor account during legal proceedings.
  - Advise financial center branch office of final outcome.

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Adult Protective Services (APS) can be, and often is, the difference between life and death across America everyday - in every state and community. Front-line APS workers are the warriors in this battle. APS workers immediately respond to reports of abuse, neglect, financial exploitation and dangerous self neglect of America's seniors and disabled adults. **Their work is as important to vulnerable adults as Child Protective Services is to children in this country**. *APS workers carry a heavy load - they are charged with entering the homes, lives, family relationships, business affairs, medical and mental health conditions - all in an effort to determine the facts, take actions to stop the maltreatment, and help the victim be safe. At the same time they bring empathy, compassion and strong efforts to ensure the vulnerable adult's rights. APS workers' jobs can be dangerous, emotionally draining, horrible conditions, stressful and rewarding. APS workers are as much a part of the safety net for vulnerable Americans as EMTs, Law Enforcement and Fire Fighters.*

States implemented APS legislation in the early 1980s and have been doing APS work for nearly 30 years with no dedicated federal funding - that is zero federal funds to support their important work. ***Millions have been going to Homeland Security; none going to Adult Protective Services.*** *The "problem" of adult abuse and prevalence is growing and the situations are more complex. Senior and disabled Americans are being beaten, isolated, threatened, verbally tortured, forced to lay in urine soaked beds for days, and have food and medicine withheld. Their money (usually Social Security or small pensions), life savings and valuables are being taken and used for another's gain. These Americans (our parents, family friends, relatives and neighbors) are being terrorized. Adult Protective Services is the only entity charged to investigate and provide interventions to these situations.*

APS workers across this country are out there every day knocking on doors and interviewing victims, relatives, perpetrators, doctors, neighbors and care providers. They struggle to bring positive change to the victim by advocacy with community resources, government entities and other informal resources. They look into the eyes of the victims and talk with them about their fears, anger, hurt and uncertainty about the future. They try to bring change for people with physical and mental impairments; as well as those with dementia. APS workers need national support to do their work and try to keep up with the expanding American population needing APS.

APS does good work, necessary work, and hard work. Thirty years is far too long for them to wait to get any federal funds support. Now is time to do it; now is the time for you to ensure it is done. ***Just as FEMA responds to disasters*** **- APS responds to disasters in the lives of vulnerable Americans - one client as a time. APS work makes the difference between continued suffering /financial ruin and an elderly or disabled American being safe and cared-for daily. These Americans need for you to help APS.**

Thank you for the opportunity to submit testimony for the record

Tonya Gardner, Portsmouth, VA

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STATEMENT BY

DANIEL REINGOLD, M.S.W., J.D.

PRESIDENT & CEO

THE HEBREW HOME FOR THE AGED AT RIVERDALE

JOY SOLOMON, ESQ.

DIRECTOR & MANAGING ATTORNEY

THE HARRY & JEANETTE WEINBERG CENTER

FOR ELDER ABUSE PREVENTION

AT THE HEBREW HOME AT RIVERDALE

5901 PALISADE AVENUE

RIVERDALE, NEW YORK

IN RESPONSE TO

U. S. SENATE SPECIAL COMMITTEE ON AGING

HEARING

JUSTICE FOR ALL:
ENDING ELDER ABUSE, NEGLECT AND FINANCIAL EXPLOITATION

HELD ON MARCH 2, 2011

Statement by Daniel Reingold, M.S.W., J. D.
President & CEO
The Hebrew Home for the Aged at Riverdale
Joy Solomon, Esq.
Director & Managing Attorney
The Harry & Jeanette Weinberg Center for Elder Abuse Prevention at the Hebrew Home at Riverdale
March 15, 2011

Chairman Kohl and members of the Committee, I am pleased to have the opportunity to submit this statement on behalf of The Hebrew Home for the Aged at Riverdale (Hebrew Home) and The Harry & Jeanette Weinberg Center for Elder Abuse Prevention at The Hebrew Home at Riverdale (Weinberg Center) in response to the GAO Report to the Chairman, Special Committee on Aging, U. S. Senate and associated hearings held on March 2, 2011.

THE HEBREW HOME AND THE WEINBERG CENTER
The Hebrew Home, founded in 1917 as a shelter for the homeless elderly in Harlem, is a not-for-profit, non sectarian, 501(c) 3 organization governed by an elected and voluntary Board of Directors. Relocated to Riverdale in 1951, the Hebrew Home has consistently maintained its commitment to community service and has continually renewed and expanded its mission to provide the best possible care and quality of life for older people. The Hebrew Home has created pioneering services and facilities for the elderly to live with dignity and confidence in supportive environments of their choice that have been widely replicated. Today, the Hebrew Home provides care for over 3,000 older people annually throughout the greater New York area in its residential healthcare, rehabilitation and palliative care facilities, senior housing complexes, the ElderServe Community Services Division, the Greenberg Starr Center for Memory Support, and the Weinberg Elder Abuse Center.

The Harry & Jeanette Weinberg Center for Elder Abuse Prevention, the first comprehensive regional elder abuse shelter in the nation, was launched by The Hebrew Home at Riverdale in 2005 to fill the critical gap in direct services available for victims of elder abuse as well as to heighten community awareness and identify, address and study this growing epidemic. By building upon the infrastructure of the Hebrew Home's long term care facility, its full spectrum of existing programs, staff expertise and community network affiliations, the Weinberg Center has created a coordinated system of crisis intervention, residential and community based services, training, community awareness and replication programs as well as a research component. The Weinberg Center's emergency residential elder abuse shelter provides a safe harbor, emotional support, psychological counseling, healthcare, legal advocacy and representation for victims of elder abuse. Admission to the shelter is available 24/7, 365 days a year and is offered regardless of ability to pay. Clients are placed throughout the residential units on the Hebrew Home's campus that are best suited to meet their medical and other needs. Clients are fully integrated and encouraged to make full use of the Hebrew Home's programs and to enjoy the facilities as a sanctuary from their previous environments, where they were likely to have felt physically or mentally at-risk, isolated and dependent. Social workers and nurses, who are trained to meet the complex needs and provide the substantial emotional support and psychological

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counseling required by victims of elder abuse, are assigned to each client. The Weinberg Center's legal staff provides legal advocacy and representation for matters such as obtaining guardianships, orders of protection, divorce, banking and housing issues to assist victims in achieving the civil legal redress they need to be empowered to return to the community and live as safely and independently as possible.

The Weinberg Center has provided 4260 days of emergency shelter service for 18 victims in 2010 for a total of 18,300 shelter care days for 67 victims since start up in 2005. The Weinberg Center's outreach teams have reached over 20,000 healthcare personnel, legal, law enforcement, homecare workers, and other community groups and individuals who have frequent contact with the elderly throughout New York State, the United States and Europe.

The Hebrew Home and the Weinberg Center applaud the Senate Special Committee on Aging's ongoing commitment to find solutions and take action to work together cohesively to combat elder abuse and to do everything possible to help those victims who come forward asking for help. We have read with great interest the GAO Report to the Committee and the testimony presented at the hearing on March 2, 2011. We appreciate this opportunity to bring to your attention the experience of The Weinberg Center, which substantiates both the GAO findings and the testimony given and highlights the pioneering accomplishments of the Center to address the scourge of elder abuse in our communities.

The combination of an unsettled economy, cuts in government funding for health care and social services, and the related impact upon community agencies providing services for the aged, has dealt a harsh blow to the growing number of individuals and organizations committed to serving victims of elder abuse and the elderly at risk for abuse in the greater New York area. Budgets for outreach programs and staff to help identify victims of abuse and resources to refer them to have been drastically cut, or in many cases, virtually eliminated. When government steps back, it is the responsibility of all organizations to step in to help populations in need. And, to the extent possible, the Weinberg Center has done just this. The Center has continued to provide direct care services, advocacy, community awareness, training and replication programs, modifying and fine tuning these programs and introducing new ones to build upon the knowledge and experience gained and the changing circumstances in the community.

DIRECT SERVICES AND INTERVENTION

As elder abuse continues to take root in the societal consciousness, the Weinberg Center's growth has been informed by the fundamental need for direct services. Types of abuse, as reported by shelter victims in the past year, were: 51% financial exploitation or misappropriation; 58% physical abuse and mistreatment; 58.7% psychological/emotional abuse. 81% of the victims reported being subject to more than one type of abuse: 32% reported being subject to two different types of abuse, and 16% reported being subject to three different types of abuse. The data indicated an increase in reporting financial exploitation or misappropriation as well as more than one type of abuse from the previous year. The critical difference in the provision of emergency shelter services over the past year has been the increased level and scope of social work and legal advocacy required for many victims prior to admission and during their stay. An increasingly complex, time-intensive, multi-agency, multidisciplinary approach requiring working with police departments, district attorneys' offices, referring agencies, and other community resources prior to admission, during the client stay at

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the shelter and upon discharge is usually necessary. Absent viable professional resources to work with in the community, the social worker, consulting psychiatric staff, and legal counsel, are required to do more sophisticated admission assessments to validate the specific circumstances of referrals to the Weinberg Center and services needed.

There simultaneously has been a growing increase in the number of requests from hospitals for admission of a new cohort of older patients with psychological or mental disorders and behaviors that is not consistent with the elder abuse victim profile. Mental health in an older person is complicated to diagnose, especially if never addressed in earlier years. It has historically gone untreated, considered a normal process of aging and is difficult to treat. Victims may present with issues of capacity, cognitive impairment or mental illness, which complicates and will effect determination of whether there was abuse involved, what abuse has occurred, and who the abuser is, a finding requisite to developing the appropriate care plan, legal course of action and remedies to seek on behalf of the victim. The intake procedure is increasingly complicated and lengthy because of the need to verify information, obtain psychiatric reports, verify medications, and interview numerous community members who know the victim to validate information, and find out if there is a criminal case and determine the status of the proceedings. In some cases, mental illness of the abuser further complicates the abuse and its effects on the victim. It presents security issues at the Center and makes it more difficult to deal with the family. The possible overlay of financial abuse can be yet more difficult to identify because of the need to establish intent, obtain records, verify assets, accounts, policy restrictions, reluctance of financial managers to participate, client cognitive impairment and the need for assessment of capacity.

COMMUNITY OUTREACH, TRAINING, PROFESSIONAL AND LEGAL EDUCATION

Highlights of outreach programs presented during the past year include: an elder abuse training series for 500 domestic violence officers city-wide made, possible through a unique partnership with the New York City Police Department; trainings provided to Westchester County fire departments; Local Union 32BJ (superintendents, doormen, porters); Columbia Presbyterian Hospital; Montefiore Hospital; Bronx Family Justice Center; NYAHSA Annual Conference for Housing Professionals; Nassau County Bar Association; National Alliance to End Domestic Violence / Jewish Women International Webinar; Bronx VA Hospital; Pace University School of Law; Westchester County Medical Center; White Plains Hospital; Dutchess County Elder Abuse Coalition; Community Council, Yonkers, N.Y.

The Weinberg Center team participated in the following professional meetings throughout the past program year: the NYS Bar Annual Meeting; January, 2010; conducted multiple continuing legal education (CLE) seminars for Elder Law attorneys who practice in New York State on issues of capacity, power of attorney and guardianships throughout the year; presented *"Elder Abuse: A Global Model for Local Intervention,"* at the International Association of Homes and Services for the Aging, Conference, London, England, July,2009.; presented the Weinberg Center model at professional meetings in Dublin, Ireland and Jerusalem, Israel; presented *"Elder Abuse: Practical Intervention and Prevention Skills via Improvisational Theater "*and *"Elder Abuse What Are You Doing in Your Community?* at the Jewish Women International Annual Conference on Domestic Abuse, Washington D.C., April, 2010;

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presented an educational seminar "*Why Elder Abuse Eludes Health Care Providers* to The Consortium of New York Geriatric Education Centers, (CNYGEC) April 2009; participated in a multidisciplinary symposium *"The Crosswalk from Domestic Violence to Elder Abuse"* at The National Summit on Interpersonal Violence and Abuse Across the Lifespan Conference, Dallas, Texas, February, 2010; created a training protocol for the Westchester Family Justice Center;" presented *Elder Abuse: A Multi-Disciplinary Approach to Prevention and Intervention."* at The Center for Longevity in New York City, May 2010; The Weinberg Center co-sponsored the Fourth Annual multidisciplinary conference "*Safety in a Storm: Identification and Prevention of Elder Abuse*, New York City, June 2009.

ELDER ABUSE SCREENS

ABUSE, an easy to use, 5 question screening tool to detect elder abuse and risk for abuse, was developed by the Weinberg Center and successfully piloted during the admission process to the Hebrew Home's short-term rehabilitation facility. Several persons at risk for abuse were identified in this population, which is a new and younger population than has previously been cared for in the Hebrew Home system. The screen is being introduced system wide at all points of entry to the Home's continuum of care. The use of the tool and findings are being documented to establish a baseline for possible patterns of circumstances where the elderly might be abused or at risk for abuse.

The Elder Abuse Screen designed by the Weinberg Center for attorneys to use with clients and families in their practices was introduced to over 500 members of the New York State Bar Association at their annual meeting in January 2010. Participants came away with a heightened awareness and ability to identify the signs, symptoms, and causes of elder abuse and the types of legal expertise and advocacy needed to assist victims who they see within their practices to obtain the legal remedies critical to their successful transition from victimization to self empowerment. The screen is gaining widespread exposure and acceptance for use by attorneys.

THE DAVID BERG CENTER ON LAW AND AGING

The David Berg Center on Law and Aging of the Hebrew Home launched a Legal Internship Program at the Weinberg Center with the goal of attracting and educating law students in the practice of elder law, aging and elder abuse. Working with the Weinberg Center's counsel, students do substantive research and writing on legal and policy issues impacting the older adult population and victims of elder abuse and are exposed to legal practice throughout New York City and Westchester County. The David Berg Internship Program has hosted four interns to date.

REPLICATION

Weinberg Center leadership continued to provide on-site replication training including return visits for strategic planning, community building, development of policies and procedures and start-up planning for facilities interested in opening Elder Abuse Centers. To date, fourteen organizations have received training and materials, and four facilities have successfully adapted the Weinberg Center model for their community to date. We are currently working with the States of Maine and Delaware.

MULTIDISCIPLINARY INITIATIVES

Elder abuse is a problem that requires a multidisciplinary approach. Central to the accomplishments of the Weinberg Center is its participation and leadership in the

principal multidisciplinary partnerships of organizations and individuals working together to collaboratively provide diagnoses, assessments and treatment for victims of elder abuse within their scope of practice. Joy Solomon, Esq., co-founder, Director and Managing Attorney of the Weinberg Center and its team are actively involved in New York City's Multidisciplinary Elder Abuse Center (NYCEAC) directed and referred to by Dr. Marc Lachs in his testimony, as well as the New York City Elder Abuse Network (NYCEAN), the Westchester County Elder Abuse Coalition and the Bronx Elder Abuse Task Force.

RESIDENT TO RESIDENT ABUSE

The Weinberg Center, in collaboration with the Hebrew Home's Research Division and the Greenberg-Starr Memory Disorder Center, is conduction a pioneering study of "R-REM, Resident to Resident Elder Mistreatment", an under-recognized occurrence in residential healthcare settings. At issue is the need to define and distinguish between sexual intimacy or sexual assault, particularly in cases of older adults with memory disorders, a growing cohort of applicants to the Weinberg shelter, and the need for information to ensure older adults' rights to sexual expression and their rights to be safeguarded from sexual abuse.

IMPACT, ACCOMPLISHMENTS AND THINGS LEARNED

The Weinberg Center has been successful in operating an emergency residential shelter and providing services for victims of elder abuse and empowering them to return safely to their own homes, alternate housing or residential healthcare. We have demonstrated the cost and service effectiveness, practicability and client satisfaction of utilizing a long term care facility as a site for providing elder abuse services. We urge all non profit long term care facilities to take responsibility to expand their services to meet the needs of this underserved population by replicating or adapting the Weinberg model for their community.

The Center has developed and presented a wide range of outreach, informational educational and replication programs and brought the realities of elder abuse to community, professional and regulatory audiences nationwide and abroad. In doing so, the Center has established myriad partnerships and collaborative relationships which have exponentially strengthened its reach and impact in the community to benefit victims and persons at risk for elder abuse. The importance of strong interdisciplinary collaboration to minimize fragmentation of systems and services and maximize positive change is persuasive.

Elder abuse remains largely a hidden phenomenon. We urge that high priority be given to bringing elder abuse out of the shadows and finding ways and means to identify and care for this population and prevent further abuse within the constraints of the prevailing economic realities.

We thank the Committee for its vision and commitment to bringing attention and positive action to diminish the growing epidemic of elder abuse and for allowing the Hebrew Home and the Weinberg Center the opportunity to present our experience to elucidate the impact that can be made by one facility's pioneering initiative to address the horrific consequence of elder abuse.

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WRITTEN TESTIMONY OF

Don M. Blandin
President and CEO
Investor Protection Trust
Washington, DC

Robert E. Roush, EdD, MPH, Director
Texas Consortium Geriatrics Education Center
and Principal Investigator, EIFFE Grant
Huffington Center on Aging,
Baylor College of Medicine, Houston, Texas

On behalf of the Investor Protection Trust and the Investor Protection Institute

To the

SPECIAL COMMITTEE ON AGING
U.S. Senate

"Justice for All: Ending Elder Abuse, Neglect and Financial Exploitation"

March 16, 2011

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Chairman Kohl and Members of the Special Committee, Subcommittee, this written testimony is being submitted by Don M. Blandin, president and CEO, Investor Protection Trust and the Investor Protection Institute,[1] and Robert E. Roush, EdD, MPH, director of the Texas Consortium Geriatrics Education Center and principal investigator, EIFFE Grant, for the Huffington Center on Aging, Baylor College of Medicine, Houston, Texas.

Our testimony focuses on the national **Elder Investment Fraud and Financial Exploitation (EIFFE) Prevention Program**, a unique collaboration between the Baylor College of Medicine and the Investor Protection Institute to help train doctors to screen for older patients deemed vulnerable to elder investment fraud and financial exploitation. We are currently working in 23 states and the District of Columbia and Puerto Rico,[2] via a coalition of state investor educators formed by the Investor Protection Trust, which funded both a Texas pilot project and the new national program.

SCOPE OF THE PROBLEM

As is outlined below, new medical research showing that more than a third of Americans over the age of 71 having mild cognitive impairment (MCI) or Alzheimer's disease that make them particularly susceptible to investment swindles and other financial abuse.

How big is the resulting financial abuse problem?

A March 2009 study, "Broken Trust: Elders, Family and Finances," funded by the MetLife Mature Market Institute showed that financial losses by exploited seniors could be as high as $2.6 billion a year.[3] Survey results released on June 15, 2010 (World Elder Abuse Awareness Day) by the nonprofit Investor Protection Trust and Investor Protection Institute found that as many as one in five older Americans say they have experienced financial exploitation or been targeted by persons attempting to defraud them of their hard-earned savings.[4]

Key findings of the IPT survey of 2,022 American adults – including 706 adult children with at least one parent aged 65 or older and 590 adults who are aged 65 or older and have children – include the following:

- Half of older Americans exhibit one or more of the warning signs of current financial victimization. For example, more than one out three seniors (37 percent) are currently being pitched by "people (who) are calling me or mailing me asking for money, lotteries, and other schemes," while a much lower 19 percent of adult children believe that their parents are being pressured in such a fashion.

- Almost half of those aged 65 or over (44 percent) got at least two out of four questions wrong about basic investment knowledge.

[1] The Investor Protection Trust (http://www.investorprotection.org) is a nonprofit organization devoted to investor education. The primary mission of IPT is to provide independent, objective information needed by consumers to make informed investment decisions. Founded in 1993 as part of a multi-state settlement to resolve charges of misconduct, IPT serves as an independent source of unbiased and non-commercial investor education materials. IPT operates programs under its own auspices and uses grants to underwrite important investor education and protection initiatives carried out by other organizations. The IPT provides investor education at both the state and national levels. The Investor Protection Institute (http://www.protectinvestors.org) is a nonprofit organization that promotes investor protection by conducting and supporting research and education programs.

[2] Participating states and other jurisdictions are: Alabama; California; Colorado; Connecticut; Delaware; District of Columbia; Georgia; Idaho; Illinois; Indiana; Iowa; Kentucky; Michigan; Nebraska; North Carolina; New Jersey; New Mexico; Oklahoma; Oregon; Pennsylvania; Puerto Rico; Tennessee; Utah; Vermont; and Washington.

[3] See http://www.metlife.com/assets/cao/mmi/publications/studies/mmi-study-broken-trust-elders-family-finances.pdf.

[4] See http://www.investorprotection.org/learn/research/?fa=eiffeSurvey.

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- About one out of three older Americans (31 percent) says they are vulnerable in one or more ways to potential financial victimization.

- Only 5 percent of adult children in touch with their parents' doctors report "the healthcare providers ever mention[ing] any concerns about your parents handling of money or relayed any concern from your parent about handling money." However, of that same group, nearly one in five (19 percent) report the health care provider has mentioned concerns about "your parents' mental comprehension." Only 2 percent of Americans aged 65 or older say that their healthcare provider has ever asked about "how you are handling money issues or problems."

- Four out of 10 children of parents 65 or older are "very" or "somewhat" worried that their parents "have already become or will become less able to handle their personal finances over time." Among those over the age of 65, more than a third (36 percent) are "very" or "somewhat" worried about being less able to handle money issues over time.

THE MEDICAL DIMENSIONS OF THE PROBLEM

There is a neurobiological basis for seniors' increased vulnerability to investment fraud and financial exploitation: changes in the Orbitofrontal Cortex (OFC) of the brain where executive functioning capacity is located. Persons with marked changes in the OFC are far less risk averse than age-matched persons without any change. Neuropsychologist Natalie Denburg's Iowa Gambling Task[5] demonstrated this point, as did Daniel Marson's groundbreaking Financial Capacity Instrument,[6] the only instrument of its sort actually validated on persons with dementia.

There also is growing concern over the role that Type 2 diabetes plays in affecting the course of one developing MCI and the progression to dementia of the Alzheimer's type.[7] Even other neurodegenerative diseases, such as Parkinson's disease (PD), can result in a form of MCI called Parkinson-Lewy Body MCI (PLB-MCI), which raises the question of the possible need to screen for vulnerability to financial fraud among those with diabetes and PD.[8]

Then there is the astounding epidemiological basis, too: research by Brenda Plassman, et al. revealed that approximately 35 percent of the 25 million people in the U.S. age 71 and over have some form of cognitive impairment – 22 percent with CIND (cognitive impairment with no dementia), and 13 percent with dementia.[9]

Another source of compelling research is that of David Laibson of Harvard. A behavioral economist, Laibson's data show age-related decrements in making sound financial decisions and argues that as retirees leave their employers' 401(k) plans, they may find themselves alone in managing their money. According to a July 2010 AARP study, three out of five older Americans fear running out of money before they die more than death itself.[10] With longevity risk being the new "buzz word," this fact and that of the other researchers' findings argue strongly for a better understanding of this issue among the older population and those who care for them; younger persons and those nearing retirement also need to know about this issue.

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[5] See http://discovery.medicine.uiowa.edu/neuroscience/investigators/Denburg.Natalie/index.htm.
[6] See http://medicine.uab.edu/neurology/faculty/Marson.
[7] JA Luchsinger, *Arch Neurol.* 2007;64(4):570-575.
[8] JS Meyer, *J Neurol Sci.* 2007; 257(1-2):97-104).
[9] See http://www.annals.org/content/148/6/427.abstract.
[10] See http://www.aarp.org/work/retirement-planning/info-06-2010/running_out_of_money_worse_than_death.html.

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As the aging population nearly doubles in another 20 years, so will those afflicted with this risk factor. What is problematic about MCI, particularly the nonamnestic subtype, is that individuals can go about living their lives much like they were before: engaged socially, enjoying family, friends, and leisure pursuits. The one area those with MCI, regardless of subtype, have more problems with than those without the condition is in managing their financial affairs. Often times the affected person doesn't know it, the spouse and others close to the individual don't know it for awhile; and generally, health care providers don't delve into this highly personal area of a patient's life.

ABOUT THE EIFFE PREVENTION PROGRAM

Some unscrupulous financial advisors know how much more risk a person with MCI is likely to take; sadly, so do equally unscrupulous family members. If the amount lost to fraud is significant, seniors simply don't have the time to make it back. This has health consequences when victims have to choose between out-of-pocket health services and food and shelter. To combat this serious and growing problem, clinicians at Baylor College of Medicine's Huffington Center on Aging and Texas Consortium Geriatric Education Center developed an easy-to-use set of "red flag" questions that busy primary care physicians and their office staff could use with their older patients.

Funded by a grant from the IPT and supported by the Texas State Securities Board, the Baylor geriatrics faculty in the Huffington Center on Aging, employed 1) external validity approaches using outside experts in decision-making capacity, neurology, psychiatry, and ethics that led to 2) use of the Nominal Group Technique with four focus groups of six clinicians each who had large numbers of older people in their practices. Following a cluster analysis of modal responses, the result was the Clinician's Pocket Guide, which also gives referral routes if there is a positive screen.

The Clinician's Pocket Guide along with a patient education brochure formed the basis of a pilot test of 10 continuing medical education programs in Texas during 2009. Of the 200 who took the courses, 130 completed evaluations and gave contact information. Later, 67 physicians gave the research team permission to contact them at six months. The results were a utilization rate of 55 percent who found patients deemed highly vulnerable to what the team has called "EIFFE," or elder investment fraud and financial exploitation.

The results of the EIFFE pilot project were presented at the November 2009 annual meeting of the Gerontological Society of America and at the June 2010 annual meeting of the National Area Health Education Center Organization. The resulting pocket guide can also be downloaded on the website of the American Academy of Family Physicians,[11] which has a cooperative agreement with the IPT to use the materials produced by the Baylor project in their annual geriatrics course.

What began in Texas with a grant from the IPT has become a national program, the "Elder Investment Fraud and Financial Exploitation Prevention Program."[12] Each of the 25 participating states and jurisdictions has an agency or department whose function is to regulate stock brokers and financial advisors making sure they don't sell an unsuitable financial product to anyone of any age. These state oversight agencies also play another important role: i.e., their investor educators conduct programs for seniors to increase their investment literacy and how to avoid scams. The professional organization of these regulatory and financial professionals is the North American Securities Administrators Association (NASAA), which supports a variety of senior outreach activities.

The EIFFE Prevention Program materials, the Clinician's Pocket Guide and Patient Brochure, have been redesigned and customized for distribution in each of the participating states and jurisdictions as well as national distribution. The Clinician's Pocket Guide is a reference card for physicians working with elderly patients. It lists common red flags, provides information on how to ask about a patient's financial

[11] See http://www.aafp.org/online/en/home/publications/news/news-now/news-in-brief/20100714wklynwsbrfs.html.
[12] See http://www.investorprotection.org/downloads/pdf/learn/press/EIFFE-PP_Press_Release_11-17-10.pdf.

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capacity and outlines types of referrals. The Patient Brochure provides information on how to protect against elder financial fraud and where to go for help. A video entitled "Elder Investment Fraud: A National Epidemic"[13] has also been developed as part of the EIFFE Prevention Program. The short video addresses and explains the widespread problem of elder investment fraud and financial exploitation and explores some of the possible solutions.

The Investor Protection Trust, the Investor Protection Institute, NASAA and the National Adult Protective Services Association (NAPSA) have teamed to work with such national health-related organizations as the American Academy of Family Physicians, American College of Physicians, the American Geriatrics Society, the National Association of Geriatric Education Centers, the National Area Health Education Center Organization and others.

The goal of this new alignment of organizations is to offer continuing education for health professionals to increase their clinical awareness of the issue and to provide them with a proven screening tool and with effective referral routes. The nation's Geriatrics Education Centers and Area Health Education Centers are perfectly situated to work with the investor educators in their states to coordinate this much needed professional development program that has the potential to save many elders from losing their wherewithal to have a good old age.

Here is an outline (at this time) of the four phases of the program:

- **Phase 1 (Months 1-3)** — beginning in January 2011
  - convene Panel of Advisors
  - identify specific investor educators and health professionals in each state
  - hold conference calls with state representatives to ascertain their needs
  - complete the revised IPI/IPT "How to Guide"
- **Phase 2 (Months 4-6)**
  - finalize the CME course materials for medical professionals
  - work with the designated CME offerors to accredit CME courses
  - schedule first wave of CME programs to begin in spring 2011
  - work with the Web design to create an accredited, online CME education program
- **Phase 3 (Months 7-12)**
  - schedule and conduct CME programs
  - revise evaluation protocols to gather data on course takers at six-month follow-up time periods
  - finalize and launch the Web-based CME distance learning program.
- **Phase 4 (Months 13-24)**
  - continue conducting CME programs
  - promote the availability of the online course via use of all available resources of program partners such as the AAFP, NAPSA, NAGEC, NAO, and other professional organizations
  - continue evaluating program participants
  - disseminate program outcomes as widely as possible

In conclusion, Mr. Chairman, a February 16, 2011 article published in the *Journal of the American Medical Association* by Eric Widera et al., calls for clinicians to be aware of the issue of how financial exploitation of their older patients adversely affects their health and the quality of their lives. We concur and believe that public and private initiatives like the one we describe are needed to help prevent our elders from losing their hard-earned money. This is a societal issue that will only worsen with the burgeoning older population unless active measures are taken. Thank you for the opportunity to add to the body of work on this issue.

[13] See http://www.investorprotection.org/learn/?fa=eiffeVideo.

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Justice for All: Ending Elder Abuse, Neglect and Financial Exploitation
Hearing of the Senate Special Committee on Aging
March 2, 2011

Statement of Jewish Women International

Thank you for the opportunity to submit this statement for the record about the pervasive problem of elder abuse. On behalf of Jewish Women International (JWI), I would like to thank Chairman Kohl and Ranking Member Bob Corker for their commitment to ending abuses against older Americans and for the leadership they have shown by hosting the Senate Special Committee on Aging hearing to address elder abuse, neglect, and financial exploitation. The hearing helped bear witness to the largely under-recognized and unspoken crimes against older Americans across the United States.

JWI is the leading Jewish organization empowering women and girls by providing training, education, technical assistance, and resources to diverse and typically underserved communities and programs in interfaith and secular communities and engages in outreach, public awareness, and advocacy. In partnership with the most influential faith and secular organizations and individuals working in anti-violence initiatives, JWI is committed to combating violence against women across the lifespan. Our most vulnerable populations- youth and older Americans-are also the most under-resourced and lack adequate research on effective prevention and early intervention strategies.

Elder abuse is a growing epidemic. With 77 million baby boomers aging, dementia on the rise, and caregiver shortages looming, the growing crisis of elder abuse has significant implications for the health, well-being and economic security of millions of Americans. It can occur in any community and can involve older adults in any socioeconomic, racial, or ethnic group.

Older victims, the majority of which are women, are less likely to report abuse; a 2009 study found that 85% of older adults who experience sexual abuse did not report to police or other authorities. Victims do not report for a variety of reasons, including fear,

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concern for the perpetrator, a lack of power, social isolation, ageism, cultural issues and financial barriers. In his testimony, Mark Lachs mentioned the recently released statewide New York Study, which based on their research found that for every elder abuse victim who makes it into an official service or reporting system, another 23 go undetected. It is clear that on all fronts from public awareness to judicial training and age appropriate victims services, we need to be expending more energy.

Elder abuse is a complex problem. We know that the vulnerability of older Americans is enhanced by abuse and can create a domino effect in which one set of abusive behaviors begets additional abuse. Responding to a single case can require the support of several intersecting systems- health, social service, legal, and financial. As such, coherent communication and multi-faceted responses are required from federal and local governments. If we are committed to aging in place, with dignity, and self-determination we need to dedicate more professional time, brain power and resources to this issue.

One underutilized and often unengaged resource in the national dialogue on elder abuse is the faith community. The faith community is a vast and diverse pool of men, women, and children from all walks of life, all religions, races and ethnicities, who look to their spiritual leaders for guidance, and often regard their churches, mosques and synagogues as safe spaces. Clergy members in places of worship, chaplaincies and community organizations, interface with older Americans on a regular basis and can be a source of help for victims of elder abuse. Often, for older congregants the activities organized by the faith community are their only consistent social outlet. The same is true for faith-based nursing homes and assisted living communities, where clergy can be a victim's only contact outside their abusive environment.

JWI has learned over the years, and this has been confirmed by our own research and in other studies, that clergy are an access point for victims - and victims are more likely to seek the aid of clergy than of any other professional. (2009 Georgia Domestic Violence Fatality Review Annual Report; 2004 JWI Needs Assessment). As the spiritual leaders of the faith community, clergy are privy to a family's celebrations and hard times, aware of a family's dynamics, entrusted with secrets, and turned to for counseling, guidance, support and spiritual healing. They work closely with lay leaders, educators and volunteers to ensure the well-being of their congregants at all stages of life. Without appropriate training, clergy may overlook unhealthy behaviors or signs of isolation and thus overlook opportunities to intervene, but with training they can be powerful partners in addressing elder abuse. Multidisciplinary prevention and intervention strategies on elder abuse that fail to include the faith community in creating solutions are wasting an enormous opportunity.

Recognizing that the collective experiences of religious leaders would enhance the national dialogue about federal domestic violence policy, in 2007 JWI convened the Interfaith Domestic

Violence Coalition – adding our voice and our support to the incredible work that has been done in the advocacy community for more than thirty years. The Coalition is the first of its kind, comprised of nearly 30 member organizations that represent millions of congregants spanning the Jewish, Muslim, Baha'i, United Methodist, Catholic, Evangelical, Presbyterian, United Church of Christ, Mennonite, Seventh-Day Adventist and Unitarian Universalist communities. This is a disparate group – but we all share the same core values, and concern for the safety and well-being of women and girls.

As you know, our current response to elder abuse relies on a fragmented patchwork of systems, programs, laws, philosophies, and practices. The GAO report and the hearing witnesses identified major gaps in our current response. In this economic climate, the dedicated frontline professionals are struggling to provide more services with less resources and disparate government support.

To prevent further harm to this unique and growing population, we support increased federal leadership to scale up current responses and to develop cost-effective multidisciplinary strategies that balance victim safety and self-determination.

One legislative avenue is the Violence Against Women Act (VAWA), up for reauthorization this year. We commend Senator Kohl for introducing the End Abuse in Later Life Act of 2011, S. 464, reauthorizing a critical federal grant program in VAWA, which supports a multidisciplinary response to elder abuse. The legislation improves the provisions in the existing law by enhancing direct services for older victims and increasing the eligible partners who can participate in the multidisciplinary training programs.

The Violence Against Women Act Abuse in Later Life Program is the smallest VAWA discretionary grant program with only about $3 million dollars being distributed throughout the country. Yet, it is one of the largest federal initiatives dedicated to elder abuse education, intervention and prevention strategies.

The VAWA program supports a comprehensive, community-driven, approach to elder abuse. The program requires a multidisciplinary partnership between law enforcement officers, prosecutors, court personnel and victim services providers and has four components. First, grantees receive training in recognizing, addressing, investigating, and prosecuting instances of elder abuse. Second, cross-training encourages and promotes cost-effective collaboration with community stakeholders. Third, grantees create coordinated community response teams that examine and improve policies and protocols for responding to elder abuse cases that both enhance victim safety and hold offenders accountable. Finally, a fraction of the funding can be utilized for direct victim services.

The program has been administered in 26 communities. In funded communities, improved collaboration has increased victim safety and offender accountability.

As members of the Senate Special Committee on Aging, you can utilize the bully pulpit to call for greater efficacy- to make programs more efficient, resources cost-effective and to elevate the quality of public dialogue. Only with enhanced federal leadership both in the Administration and in Congress can we make combating elder abuse, neglect and exploitation a national priority.

We strongly encourage all members of Congress to support legislative remedies like S. 464 that empower older Americans, protect individuals across their lifespan, and ensure that all older victims have access to information and lifesaving services in an environment in which they feel safe.

The hearing was a critical introductory step, and we applaud Chairman Kohl and Ranking Member Corker for their commitment. Thank you for focusing this hearing on the needs of older victims.

Sincerely,

Loribeth Weinstein
Executive Director
www.jwi.org

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Justice for All: Ending Elder Abuse, Neglect and
Financial Exploitation
Senate Special Committee on Aging
Statement for the Record
March 2, 2011

LeadingAge appreciates this opportunity to submit a statement for the record of the hearing on what can and must be done to end abuse of our nation's elders. We commend the Senate Special Committee on Aging and its members for their continuing leadership on this vital issue.

LeadingAge is an association of 5,500 not-for-profit organizations dedicated to expanding the world of possibilities for aging. We advance policies, promote practices and conduct research that supports, enables and empowers people to live fully as they age.

Recognizing the importance of protecting vulnerable elders against abuse, we strongly supported the Elder Justice Act from the time of its original introduction in 2002. We worked with other stakeholders in the Elder Justice Coalition for passage of the legislation, and we were pleased that it finally was enacted last year as part of the Affordable Care Act. Several members of this committee, including especially Senators Orrin Hatch, Herb Kohl and Susan Collins, sponsored this legislation and worked tirelessly for its passage. We congratulate you for your success.

The Elder Justice Act will be an empty promise, however, unless it is funded and effectively implemented. The law authorized $777 million over four years to improve adult protective services and establish other programs to halt abuse of elders. Provisions of the law we think are especially important would help to train both nursing home workers and state surveyors on preventing abuse. We urge Congress to appropriate sufficient funds for fiscal 2012 so that implementation of the new law can move forward.

One provision on which regulatory guidance is badly needed is the mandate for individual nursing home employees to report any reasonable suspicion that a crime has been committed against a nursing home resident. The timeframe for reporting is strict and the penalties for failure to report are severe.

LeadingAge member nursing homes understandably are anxious to comply and to educate their employees on their responsibilities and the specific steps they must take if they become aware of a possible crime. However, despite the fact that this provision of the Elder Justice Act went into effect upon enactment almost a year ago, no regulations have been issued to spell out how nursing homes and their employees are to comply with this requirement.

In fact, no agency within the Department of Health and Human Services has yet been designated to enforce this reporting requirement or to issue regulations. Over the past year, nursing homes that have tried to report problems as specified in the law have been met with puzzlement by the

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agencies to which they have attempted to make reports, as no enforcement authority or responsibility has been assigned.

Several issues remain to be spelled out, including the coordination between this mandate and the reporting requirements that already exist under the Omnibus Budget Reconciliation Act of 1987. We urge this committee to work with the Department of Health and Human Services to have decisions made on enforcement of the reporting mandate so that our members will have the information they desperately need to ensure full compliance.

From the time the Elder Justice Act was introduced, this committee and its members recognized that abuse of elders in their homes and communities was even more widespread than in institutional settings. When the legislation was reported by the Senate Finance Committee in 2008, the report noted that:

> There are between 500,000 and five million older individuals who are abused in this country every year. Despite the dearth of data to quantify precisely the number of seniors subjected to abuse, experts agree that we have only seen the tip of the iceberg. In fact, according to the National Incidence Study by the National Center on Elder Abuse, 84 percent of all cases of elder abuse are never reported. (Senate Report 110-470, p. 1)

Unfortunately, much of the abuse suffered by vulnerable elders comes at the hands of those closest to them, their family members and caregivers. Among reported cases of elder abuse, an estimated 90% of abusers were family members. Two-thirds of the abusers were adult children or spouses.

Elders who experience abuse in their homes have no safe place to escape physical violence, emotional cruelty or financial exploitation. Existing shelters for victims of domestic violence frequently are not well suited to meet the needs of frail elders.

To fill this gap in services for elders who have been abused, the Hebrew Home for the Aged at Riverdale, New York, a LeadingAge member, established the Harry and Jeanette Weinberg Center for Elder Abuse Prevention. At a 2007 hearing before this committee, *Abuse of Our Elders: How Can We Stop It?*, the Hebrew Home's chief executive officer, Daniel Reingold, described the center's program to assist elderly victims of domestic violence. The Center works to prevent abuse of elders in the community, intervenes to protect abused elders, and conducts research to identify the prevalence and incidence of elder abuse.

The Weinberg Center is the nation's first comprehensive regional elder abuse shelter, serving eligible seniors who are 60-years and older. A unique model based within an existing long-term care facility, the Weinberg Center offers victims a full range of healthcare and supportive services including an emergency residential shelter and a coordinated system of care that provides a safe harbor, emotional support, psychological counseling, healthcare, legal advocacy and representation for victims of elder abuse.

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Essential services the Weinberg Center provides to elder victims of abuse include:

- Admission to the shelter 24/7, 365 days a year, offered regardless of ability to pay;
- An attorney on staff to provide legal advocacy and representation for matters such as obtaining guardianships, orders of protection, divorce, banking and housing issues;
- Designated social workers and nurses trained to meet the complex needs and provide the substantial emotional support and psychological counseling required by victims of elder abuse;
- Interdisciplinary plans of care developed for each client including a discharge plan to the client's home, if safe; otherwise to alternate housing or a residential healthcare facility, as may be indicated;
- Education and training programs to heighten community awareness about elder abuse, identify at-risk older adults and disseminate information about available services and how to access them. The Center's outreach team provides these services to both traditional practitioners and community members such as doormen, superintendents, bank tellers, TV and telephone repairmen and others who have frequent contact with elders and who may not otherwise have even been aware of the phenomenon of elder abuse;
- Training and continuing education for attorneys provided by the Center's legal team.

The Center's replication program provides training and materials for organizations, nationally and internationally, which are interested in adapting the Weinberg Center model. The Weinberg Center leadership is called upon to serve as nationally recognized spokespersons and resources on elder abuse. LeadingAge has been proud to partner with the Weinberg Center in reaching out to other communities to counter and ultimately prevent abuse of elders.

We and our members look forward to continued work with this committee to bring about the day when no elder will have to live in fear, neglect or exploitation.

March 16, 2011

Senator Herb Kohl, Chairman
Senate Special Committee on Aging
G-31 Dirksen Senate Office Building
Washington, D.C. 20510

RE: March 2, 2011 Elder Abuse Hearing:

Dear Senator Kohl:

Lifespan of Greater Rochester would like to commend you and the Special Committee on Aging for holding a hearing specifically dedicated to the topic of elder abuse in the United States. Elder abuse is a tragic social problem that afflicts a significant number of older adults in the nation each year. As Mr. Rooney and others who testified at the hearing clearly stated, elder abuse takes a multiplicity of forms and can have devastating effects on the physical health, mental health, financial security and quality of life of older adults.

New York State has just concluded a groundbreaking study of the prevalence of elder abuse in the state. Dr. Mark Lachs made reference to the findings of the study in his testimony to the committee. The study is the first in the nation to use sound research methods to quantify the extent of elder abuse in a single American state. The study confirmed what we suspected. Elder abuse affects a large number of older residents each year; in the case of New York, the study findings suggest that 260,000 older New Yorkers experience elder mistreatment in a one-year period but only a fraction of that number receive assistance from agencies and programs charged with the responsibility to investigate and intervene in elder abuse cases.

I am enclosing a copy of the executive summary of the results of the study which was funded by NYS Children and Family Trust Fund, a program of the NYS Office of Children and Family Services. The study was conducted jointly by Lifespan of Greater Rochester (the lead agency), Weill Cornell Medical College and New York City Department for the Aging.

We would be happy to answer any questions you and the committee members have about the New York State study or other issues related to our experience as an elder abuse service provider.

Sincerely,

Paul L. Caccamise

Paul L. Caccamise, LMSW, ACSW
Vice President for Program

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NEW YORK STATE ELDER ABUSE PREVALENCE STUDY

Executive Summary

The New York State Elder Abuse Prevalence Study is one of the most ambitious and comprehensive studies to quantify the extent of elder abuse in a discrete jurisdiction ever attempted, and certainly the largest in any single American state. With funding from the William B. Hoyt Memorial New York State Children and Family Trust Fund, a program administered under NYS Office of Children and Family Services, three community, governmental, and academic partners (Lifespan of Greater Rochester, The New York City Department for the Aging and the Weill Cornell Medical College) formed a collaborative partnership to conduct the study.

AIMS OF THE STUDY

The study had three central aims achieved through two separate study components:

- To estimate the prevalence and incidence of various forms of elder abuse in a large, representative, statewide sample of older New Yorkers over 60 years of age through direct interviews (hereafter referred to as *the Self-Reported Prevalence Study*)
- To estimate the number of elder abuse cases coming to the attention of all agencies and programs responsible for serving elder abuse victims in New York State in a one-year period (*the Documented Case Study*), and
- To compare rates of elder abuse in the two component studies, permitting a comparison of "known" to "hidden" cases, and thereby determining an estimate of the rate of elder abuse underreporting in New York State.

Prevalence refers to the number of older adults who have ever experienced elder mistreatment since turning 60. **Incidence** refers to the number of new cases of elder abuse in the year prior to the survey interview.

METHODOLOGY

At the completion of the study, 4,156 older New Yorkers or their proxies had been interviewed directly and 292 agencies reported on documented cases from all corners of the state. Through the collaborative efforts of the three research partners, the study employed "cutting edge" methodologies to accomplish the goals of the study. These included (1) improvement of existing survey instruments to make them "state of the art" using the combined field knowledge of academics and direct service providers; separate surveys were created for the Self-Reported Prevalence Study and the Documented Case Study, (2) utilization of the Cornell Research Survey Institute in Ithaca to assemble a representative state sample of older adults and to conduct the interviews by telephone, (3) administration of a survey to all major service systems, agencies and programs in the

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state that receive reports of elder abuse and provide investigation and intervention to older adult victims.

Methodology - Self-Reported Prevalence Study

In the Self-Reported Prevalence Study, the research team assembled a representative sample of all residents of New York State age 60 and older representing a broad cross section of the older population in the state. The sample was created using a random digit dialing strategy derived from census tracts targeting adults over 60. The study was limited to older adults living in the community, that is, not living in licensed facilities such as nursing homes and adult care facilities. The actual surveys were conducted by telephone by trained interviewers at the Cornell Survey Research Institute. The survey instrument used for this component of the study captured elder mistreatment in four general domains: (1) Neglect by a responsible caregiver (2) Financial Exploitation (3) Verbal/Psychological Abuse and (4) Physical Elder Abuse (including Sexual Abuse).

Methodology - Documented Case Study

The Documented Case Study contacted programs and agencies responsible for specifically serving victims of elder abuse and older victims of domestic violence in New York State and requested that they complete a survey about cases served in calendar year 2008. The survey included questions on elder abuse cases that mirrored the questions used for the statewide Self-Reported Prevalence Study. Programs surveyed included Adult Protective Services, law enforcement, area agencies on aging, domestic violence programs, elder abuse programs, programs funded by the Office of Victim Services (previously known as the Office of Crime Victim Services), elder abuse coalitions, and District Attorneys' (DA) offices. While the amount of data supplied varied by county and organization, at least some data was collected for each of the 62 counties in New York State.

MAJOR FINDINGS

- **The findings of the study point to a dramatic gap between the rate of elder abuse events reported by older New Yorkers and the number of cases referred to and served in the formal elder abuse service system.**

- **Overall the study found an elder abuse incidence rate in New York State that was nearly 24 times greater than the number of cases referred to social service, law enforcement or legal authorities who have the capacity as well as the responsibility to assist older adult victims.**

- **Psychological abuse was the most common form of mistreatment reported by agencies providing data on elder abuse victims in the Documented Case Study. This finding stands in contrast to the results of the Self-Reported**

Study in which financial exploitation was the most prevalent form of mistreatment reported by respondents as having taken place in the year preceding the survey.

- **Applying the incidence rate estimated by the study to the general population of older New Yorkers, an estimated 260,000 older adults in the state had been victims of at least one form of elder abuse in the preceding year (a twelve-month span between 2008-2009).**

Caution must be exercised in interpreting the large gap between rate reported directly by older adults and the number of cases served. The adequacy of some documentation systems to provide elder abuse case data may have played a role in the results. The inability of some service systems and individual programs to report on their involvement in elder abuse cases may have affected the final tally of documented cases. As a result, an undetermined number of cases may not be accounted for from agencies and programs that could not access some data about elder abuse victims served. However, the study received comprehensive data from the largest programs serving elder abuse victims: Adult Protective Services, law enforcement and community-based elder abuse programs.

Table 1
Rates of Elder Abuse in New York State:
Comparison of Self-Reported One-Year Incidence and Documented Case Data

	Documented Rate per 1,000	Self-reported Rate per 1,000	Ratio of Self-Reported to Documented
New York State - All forms of abuse	**3.24**	**76.0**	**23.5**
Financial	**.96**	**42.1**	**43.9**
Physical and Sexual	**1.13***	**22.4***	**19.8**
Neglect	**.32**	**18.3**	**57.2**
Emotional	**1.37**	**16.4**	**12.0**

*The Documented Case rate includes physical abuse cases only. Physical and sexual abuse data were combined in the Self-Reported Study. The sexual abuse rate for the Documented Case Study was 0.03 per 1,000.

It should be noted that the sum of the rates exceeds the total rates in both the Documented Case and Self-Reported Studies because some victims experienced more than one type of abuse.

Self-Reported Prevalence Study

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Major findings of the Self-Reported Study include:

- **A total one-year incidence rate of 76 per 1,000 older residents** of New York State for any form of elder abuse was found.

- The cumulative rate for any form of **non-financial elder mistreatment was 46.2 per thousand subjects studied** in the year preceding the survey.

- The highest rate of mistreatment occurred for **major financial exploitation** (theft of money or property, using items without permission, impersonation to get access, forcing or misleading to get items such as money, bank cards, accounts, power of attorney) with **a rate of 41 per 1,000 surveyed**. This rate reflects respondent reports of financial abuse that occurred in the year preceding the survey. (The rate for moderate financial exploitation, i.e., discontinuing contributions to household finances in spite of agreement to do so, constituted another 1 per 1,000 surveyed.)

- The study also found that **141 out of 1,000 older New Yorkers have experienced an elder abuse event since turning age 60.**

Documented Case Study

Major findings of the Documented Case Study include:

- Adjusting for possible duplication of victims served by more than one program, the study determined that in a one-year period **11,432 victims were served throughout New York State, yielding a rate of 3.24 elder abuse victims served per 1,000 older adults.**

- Rates of documented elder abuse varied by region. The highest rate was in New York City (3.79 reported cases per 1,000 older adult residents) compared to the region with the lowest rate of documented cases, Central New York /Southern Tier (2.30 cases per 1,000).

- Variability in data collection across service systems contributed to the large gap uncovered between the number of cases reported through the Documented Case Study and the mistreatment rates found in the Self-Reported Study. The extent to which the gap can be attributed to data collection issues among service systems has not been established.

- While there was little difference among urban, suburban and rural counties in types of abuse reported in the Documented Case Survey (for all regions, psychological abuse is the most common abuse category reported), urban areas tend to have higher documented case rates than rural counties.

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Table 2
Victim Demographic Information
Comparison of Documented Case Data and Self-Reported Data

	Documented Case Study	**Self-Reported Study**
Information about victims	**Percent of victims for which data is available**	**Percent of Victims**
Age groups		
60-64	17.0	20.3
65-74	41.9	38.0
75-84	28.1	29.1
85+	13.0	12.7
(Missing)	14.9	0.0
Gender		
Male	32.8	35.8
Female	67.2	64.2
(Missing)	13.8	0.0
Race/Ethnicity		
African American	27.9	26.3
Asian/Pacific Islander	3.0	1.6
Caucasian	69.3	65.5
Hispanic/Latino	16.4	7.6
Native American/Aleut Eskimo	0.8	1.9
Race, other	10.5	2.9
(Missing)	50.8	1.9

Under Race/Ethnicity, it should be noted that in the Documented Case Study, some agencies permitted elder abuse victims to declare more than one ethnic category; as a result the sum of percentages exceeds 100. In the Self-Reported Study column, respondents who self identified as Hispanic/Latino in addition to another category are reported in a separate statistic (7.6%). As a result, the sum of all categories again exceeds 100 percent.

Note that in Table 2, "Missing" in the Documented Case Study column indicates the percentage of cases in which responding organizations were unable to supply the data requested. In the Self-Reported Study column, "Missing" indicates the percentage of

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telephone survey respondents who declined to supply the requested information. "Missing" data is not included in the total sums for each demographic category.

The comparison of demographic data in Table 2 reveals similar trends in both the Self-Reported and Documented Case data except in the area of Race/Ethnicity. The percentage of Hispanic/Latino and Asian/Pacific Islander victims served by Documented Case Study respondent organizations was approximately twice the percentage of Self-Reported Study respondents who self-identified as Hispanic/Latino or Asian/Pacific Islander. On the other hand, Native Americans/Aleut Eskimos were represented in the Documented Case findings at less than half the rate they were found in the Self-Reported Study. It should also be noted, however, that responding organizations in the Documented Case Study were as a whole unable to provide racial/ethnic data in half of the cases.

CONCLUSIONS

While the Prevalence Study did not attempt to analyze the reasons for the disparity in self-reported versus documented elder abuse, some possible explanations can be offered. Considerable variability in documentation systems may play a role in the results. The Documented Case Study found a great deal of variability in the way service systems and individual organizations collect data in elder abuse cases. Some service systems and some regions may lack the resources to integrate elder abuse elements in data collection systems or may simply not have an adequate elder abuse focus in their data collection. Population density, the visibility of older adults in the community and, conversely, social isolation in rural areas may contribute to differences in referral rate trends based on geography. Greater awareness by individuals, both lay and professional, who have contact with older adults and might observe the signs and symptoms of elder abuse, may also explain higher referral rates in some areas.

The New York State Elder Abuse Prevalence Study uncovered a large number of older adults for whom elder abuse is a reality but who remain "under the radar" of the community response system set up to assist them.

The findings of the New York State Elder Abuse Prevalence Study suggest that attention should be paid to the following issues in elder abuse services:

- Consistency and adequacy in the collection of data regarding elder abuse cases across service systems. Sound and complete data sets regarding elder abuse cases are essential for case planning and program planning, reliable program evaluation and resource allocation

- Emphasis on cross-system collaboration to ensure that limited resources are used wisely to identify and serve elder abuse victims.

- Greater focus on prevention and intervention in those forms of elder abuse reported by elders to be most prevalent, in particular, financial exploitation.

- Promotion of public and professional awareness through education campaigns and training concerning the signs of elder abuse and about resources available to assist older adults who are being mistreated by trusted individuals.

IMPLICATIONS FOR FURTHER WORK

For the first time, a scientifically rigorous estimate of the prevalence of elder abuse in New York State has been established. The study also provides an estimate of the number of cases that received intervention in a one-year period throughout the state. The study raises many questions about differences in rates of abuse in various regions, about referral rates by region and about how elder abuse data is recorded. Further exploration of these issues in future research studies is warranted.

The findings also serve as a platform to make more informed decisions about policy, the use of limited resources and models of service provision for the thousands of older New Yorkers whose safety, quality of life and dignity are compromised each year by elder mistreatment.

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PHILIP C MARSHALL
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March 16, 2011

Senator Herb Kohl, Chairman
Special Committee on Aging
U.S. Senate
G31 Dirksen Senate Office Building
Washington, DC 20510

Re: Written testimony for the record, Justice for All: Ending Elder Abuse, Neglect and Financial Exploitation Special Committee on Aging hearing (March 2, 2011)

Mr. Chairman and Members of the Committee:

In my professional life I am a professor of historic preservation at Roger Williams University in Bristol, Rhode Island.

In my personal life I am a grandson of the late Brooke Astor, a victim of elder abuse by her son (my father) and a lawyer—both now convicted criminals.

My grandmother would certainly not want to be known as one of America's most famous cases of elder abuse.

Nor did she, while in the throes of dementia, choose to be victimized; to be deprived, manipulated, and robbed—all as part of a calculated 'scheme to defraud', to seal and control tens of millions of dollars she had bequeathed to charity.

Yet, the sad circumstances surrounding my grandmother have informed a timely, and timeless, cause that may be her greatest, most lasting legacy.

At 104, she unknowingly entered her 'encore career' as an advocate for elder Americans, including octogenarians a generation younger.

Just as her timing was so critical with her intentional, quality-of-life philanthropy as president of the Vincent Astor Foundation so, in her advanced age, she unintentionally advanced the cause of 'quality at the end of life'.

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Senator Herb Kohl, Chairman
Special Committee on Aging, U.S. Senate
March 16, 2011
page 2 of 3

In 2006 I filed a guardianship petition (supported by affidavits) that, coupled with amassing evidence, resulted in a court decision allowing us to rescue my grandmother and to help her to end her days with the care, comfort and dignity she deserved.

While my grandmother rests in peace, I cannot.

My grandmother was abused and isolated. But her case is far from isolated. There are millions of victims in America, today, suffering similar injury.

I now recognize that to be complacent about elder justice is to be complicit in elder abuse.

I am not a professional in the field of elder justice. But, through my hard-learned experience, informed by victims of elder abuse and advocates of elder justice, and to help you advance your efforts I provide the following actionable recommendations.

Assume stronger federal leadership.

Promote greater public and professional awareness of the prevalence of elder abuse and provide resources to advance elder justice.

Fund, coordinate and disseminate research, case-level data, incidence studies, intervention techniques and outcomes, resources (federal, state, local; nonprofit), best practices and collaborative efforts.

Compile and disseminate information employing a central, federal database (working with states) to advance and coordinate training and guidance for professionals.

Employ research findings to structure a robust Web-based interface providing information to guide Americans (in addition to professionals) on issues and resources available to protect and help elders.

Provide much more funding for the Elder Justice Act. The present resources are inadequate and constitute an all-but-unfunded mandate.

Dedicate federal funding to Adult Protective Services programs for training and intervention (while augmenting monies to block grants and other funds).

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Provide training for lawyers on how to recognize and prevent elder abuse. Support *pro bono* efforts by lawyers to help elder-abuse victims.

Recognize and support the vital role of district attorney offices and the need to include an elder-abuse unit in every office.

Develop collaborative and coordinated efforts between medical, social service, mental health and legal professions; law enforcement authorities; financial institutions; our justice system; and federal, state and community initiatives.

I commend and support your tireless, critical work for elder justice. Thank you for your time and consideration.

Sincerely,

Philip C Marshall

Philip C Marshall

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Honorable Senator Kohl

Honorable Senator Ron Wyden and other

Distinguished Members of the Special Committee on Aging

March 15, 2011

Dear Senator's Kohl and Wyden

It was with great pride I watched the testimony given to your esteemed committee members on March 2, 2011 regarding the GAO Report on Adult Protective Services and Elder Abuse.

I am the Community Adult Protective Services (APS) Program Manager for the State of Oklahoma. I am proud to say Oklahoma passed its first Elder Abuse statute in 1977. The initial passage targeted persons 70 years of age and older and served notice of legislative intent to protect elders. This statute has changed many times over the last 30 plus years and has eliminated the word elderly from its title and mission. Oklahoma has recognized age alone is not a determining factor to abuse. The more accurate identifier is vulnerability; as it is vulnerability which creates situations of isolation and dependency which creates situations where self neglect and caretaker abuse, neglect and exploitation develop.

I have been involved with the APS program at the local and state level since 1979. In that time, I have seen the program grow to a robust and recognized valuable service to vulnerable adults without which many would die prematurely of maltreatment. This was accomplished through a commitment from the state to assure safety of vulnerable citizens both young and old. Oklahoma has cradle to grave protection for citizens of the state that cannot protect themselves from maltreatment from the hands of their caregivers.

Senator Wyden asked the panel who testified during the March 3 hearing to look 10 years into the future to envision where the state of elder abuse would be as a result of this committees' work. Ten years is both a long and a short amount of time. Short in the scheme of government and bureaucratic changes; however long in the terms of human life spans and suffering which may be endured due to lack of federal leadership in the field.

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Each state has its own definition of maltreatment, own set of criteria for people they serve, own set of funding streams, and no inter state agreements for persons who cross borders states line to escape accountability. There are no interstate recognitions of guardianships. People with estates in multiple states are targets for persons seeking to exploit them. There are no designated entities from state to state to assure maltreated elders are taken care of when moved to another state under the care of relatives or others.

While states endeavor to meet the grass root needs, the safety net they provide has begun to grow wider and more frayed. States need the federal mandate and money to continue to have Adult Protective Services. States need strong federal leadership to identify and unify the field to improve services and service delivery. I envision in 10 years having the infrastructure in place at the federal level to begin working on interstate issues, and deliver meaningful practices to the states by stabilizing state programs with an even playing field acknowledging protection of all vulnerable citizens regardless of age is in the best interest of the country. A country who ignores the needs of its weakest members cannot call itself a nation who values and demands humanitarian treatment for other countries.

This committee can be the catalyst for this vision to become reality. Without your commitment, this committee's work will be similar to the ones in the 50's on the same subject. It is poor commentary on the subject of elder abuse to acknowledge federal level hearings have been held for 60 years and very little accomplished as a result! You Senators can make the difference now, but challenging your cohorts to rise to the challenge and make this a priority now before the nations assets are in the hands of people who will not invest in the future, but only themselves through greed, avarice and squandering of the nations wealth.

Sincerely

Rebekah McGowan

829 W Benedict

Shawnee Oklahoma 74801

Becky.McGowan1951@sbcglobal.net

405-273 1795

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

MAURA D. CORRIGAN
DIRECTOR

March 1, 2011

Senate Committee on Aging
Senator Herb Kohl, Chairman
106 Dirksen Senate Office Building
Constitution Avenue and 1st Street, NE
Washington, DC 20002

Dear Chairman Kohl:

Attached is testimony Michigan would like to have entered into the record related to the March 2, 2011 hearing on "Justice for All: Ending Elder Abuse, Neglect and Financial Exploitation". Thank you for the opportunity to contribute to this vital discussion.

Sincerely,

Karyn Ferrick
Director of Legislative Services

235 SOUTH GRAND AVENUE • P.O. BOX 30037 • LANSING, MICHIGAN 48909
www.michigan.gov • (517) 373-2035

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March 2, 2011
2:00 pm, Dirksen 106

To: Senate Committee on Aging
Senator Herb Kohl, Chairman

From: Michigan Department of Human Services
Maura D. Corrigan, Director

Re: "Justice for All: Ending Elder Abuse, Neglect and Financial Exploitation"

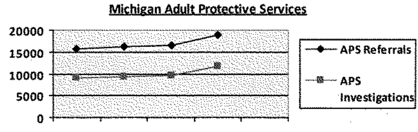
Chairman Kohl and esteemed members of the committee,

We want to thank you for the committee's long-standing history of promoting elder justice and for the opportunity to provide written testimony on the rising problem of elder abuse.

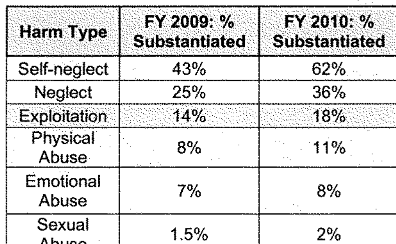
The Michigan Department of Human Services (DHS) is dedicated to the protection of its elderly and vulnerable adults. Since 1982, MI has provided 24 hour protective services intervention to vulnerable persons aged 18 and older who are at risk of harm from abuse, neglect and exploitation.

Michigan APS has seen a 17.7% increase in referrals from FY 2007 to FY 2010 and an increase of 24% in the number of referrals investigated for possible abuse, neglect or exploitation during that same time frame.

These significant increases occurred during the time frame that the baby boomers began turning 60 years old. As our population continues to age, we anticipate APS referrals to rise in response.



NOTE: ***In FY 2010, individuals aged 60 and over accounted for 60% of Michigan's APS referrals and 64% of all referrals assigned for investigation.***



Harm Type	FY 2009: % Substantiated	FY 2010: % Substantiated
Self-neglect	43%	62%
Neglect	25%	36%
Exploitation	14%	18%
Physical Abuse	8%	11%
Emotional Abuse	7%	8%
Sexual Abuse	1.5%	2%

MI has seen considerable increases in the substantiation rates for most harm types.

NOTE: ***Victims often suffer more than one harm type and may also be the victim of multiple perpetrators.***

All forms of abuse cause trauma and have long-lasting, negative repercussions on their victims. Across the nation, state APS programs are seeing an increase in financial exploitation. These victims often see drastic declines in their standards of living and ability to afford basic, daily needs-often resulting in the reliance on public assistance.

We commend the committee for the work you are doing regarding the alarming problem of elder and vulnerable adult abuse and hope you continue to support these most important efforts.

The Michigan Department of Human Services will also continue our commitment to protecting vulnerable, adult victims of abuse, neglect and exploitation.

March 14, 2011

Re: US Senate Special Committee on Aging, March 2, 2001 Hearing: "Justice For All: Ending Abuse, Neglect, and Financial Exploitation".

In holding the March 2, 2011 hearing on Elder Abuse, which included the release of the GAO Report on Adult Protective Services (APS) and Elder Abuse, Chairman Kohl and the other Special Committee on Aging members have provided an invaluable service to the victims of abuse, the state programs and staff who strive to protect them, and to the general public, who know too little about this dark and often secret problem.

By listening to the victims with belief and respect, by recognizing the necessity for and importance of the work done by APS staff on their behalf, and by applying the spotlight on this grave and increasing problem, the Committee has given credence to the problem that some call an "epidemic," and the GAO report has given recommendations as to how to help address it.

As a social worker in the field in the early 1970's, and as the previous Adult Protective Services Administrator in New Hampshire for over 30 years, I saw the tragedy that the victims of adult and elder abuse suffered from physical, emotional and, yes, even sexual abuse; neglect, and financial exploitation.

Before her death, I saw through the deteriorating skin to the bones of an 90-year-old woman with 4th stage decubiti ulcers, a result of her caretaker-daughter leaving her in her own waste for days on end; I saw the torn skin on the wrists of a 79-year-old man who was tied to a chair with duct tape every night, while his son was out drinking, using his father's pension check; I saw the living quarters of a 58-year-old woman with an intellectual disability who was locked in a basement room with little food and water and only a pail for a toilet, whose sister emotionally abused her daily by threatening to return her to the institution she had been released from eight years earlier; and I talked with an 80-year-old physically disabled man who faced going into a nursing home against his wishes, because his guardian-brother had stolen his sizeable assets, leaving his brother unable to pay for the services that allowed him to stay at home.

Unfortunately, the above situations are not rare, and across the country more reports like these are called into APS programs every day for investigation and resolution. The APS system and its victims need the support from us all, particularly now, when states' and national resources are dwindling. To be safe, to live free from abuse, neglect and financial exploitation should be a given to all of our citizens, especially those vulnerable adults and elders who are unable to protect themselves. I thank Chairman Kohl and the Committee members for what they have done to work towards this goal, and look forward to their continued interest.

B. Lynn Koontz, President
National Adult Protective Services Association (NAPSA)

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National Adult Protective Services Training Partnership

Every day Adult Protective Services (APS) workers make critical assessments and decisions in complex situations, decisions that can have life and death consequences for vulnerable elders and dependent adults. To help these hard working social workers do this work effectively and efficiently, we d recommend that Congress make elder abuse a national priority and take the following actions:

1) Provide federal funding to APS programs to increase staffing by funding provisions for APS found in the Elder Justice Act. As indicated in the GAO report, very little federal funding goes to elder abuse. Additional funding is needed to meet the increasing demands of a growing elder population, to address the increasing complexity of the cases that come to the attention of APS and to allow APS workers the time needed to provide long term fixes to abuse situations instead of short-term interventions or "Band-Aids". Caseloads are growing as state budgets are shrinking and the federal government has an important role to play in creating support on par with child protective domestic violence services.

2) Support research that identifies feasible, evidence-based interventions that can be applied in the "real world" situations faced by APS workers and elder abuse victims in the community. Currently, APS workers base their interventions on best practices they have learned from experience in the field and limited training. Workers require research-informed methods for remedying abuse which address the issues that APS workers find most difficult (i.e. what are effective interventions for hoarders, what interventions are most effective when a family member is neglecting an elder, what is the best way to assess an elder's capacity to refuse services)..

3) Sponsor a National APS Resource Center. The work of APS agencies is incredibly complex involving social, psychological, legal, ethical, criminal and financial elements as well as a laundry list of abuse types and an even longer list of potential partner agencies. APS programs need a source of comprehensive and easily accessible information and technical assistance in order to increase their organizational capacity to respond to this labyrinth of issues, problems and partners. The National Adult Protective Services Association (NAPSA) would be the obvious choice to spearhead such a center.

4) Provide standardized, competency based training to all APS workers so that their decisions and interventions are based on best practices and proven methods. As Kathleen Quinn pointed out so stirringly in her testimony, "Starbucks provides more training to new employees than some APS organizations are able to deliver at this point in time." The federal government, through the Office on Victims Crimes (OVC), has funded the development of 9 training modules for APS workers and their multidisciplinary partners but there is currently no on-going funding to deliver that training. We must invest in workforce development in order to ensure a well-trained workforce and effective and efficient outcomes in elder abuse cases.

Thank you for taking the time to review our testimony. We have faith in your commitment to help victims of abuse neglect and exploitation.

Yours truly,

Lori Delagrammatikas for the National APS Training Partnership

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National Association to

Guardian Abuse

March 14, 2011

Senate Special Committee on Aging

Dirksen Senate Office Bldg. G31
RE: Public Comments, March 2, 2011 Senate Hearing-
"Justice for All: Ending Elder Abuse, Neglect and Financial Exploitation"

There couldn't have been a better speaker chosen to forever put a face and a heart on the crime of elder abuse than Mickey Rooney.

"You can be in control of your life one minute, ladies and gentlemen, and in the next minute - like that - you have absolutely - believe or not - no control of your life..."

Mr. Rooney so eloquently and so passionately described his abusers isolating him from his family and friends; totally taking away all his decision-making capability, financially exploiting and emotionally blackmailing him - leaving him overwhelmed, scared, disappointed, angry, devastated, powerless and vulnerable – and making his daily life almost unbearable.

Every word Mr. Rooney spoke also accurately described what victims and their families suffer when trapped in unlawful and abusive guardianships and conservatorships all across the country.

Mr. Rooney also brought out the fact that he was lucky in that he was able to acquire an attorney because of his Disney connections; and he worried that most victims have no funds and thus no opportunity to hire a lawyer. And again, he nailed one of the most troubling problems of abusive guardianships – the immediate seizing of assets which prevents the AIP (alleged incompetent person) access to his/her funds for the purpose of hiring a lawyer to defend against or represent the AIP in the court proceedings.

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402 Walker St., Loogootee, IN 47553 or PO Box 886, Mt. Prospect, IL 60056
www.STOPGuardianAbuse.org;
www.AnOpenLetterToCongress.info; www.AnOpenLetterToCongress-2.info;
http://NASGA-StopGuardianAbuse.blogspot.com

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Public Comments 3/2/11 SSCA Hearing | Page Two | March 14, 2011

NASGA has previously outlined these problems and more, as well as suggestions and solutions, in our first white paper, "An Open Letter to Congress and the White House,"[1] which was mailed to over 200 members of the House, Senate and White House in 2009.

Recently, we released our second white paper, "An Open Letter to Congress and the White House–2."[2]

We continue to reiterate the need for Federal intervention to protect citizens from unlawful and abusive state guardianship proceedings – a growing concern - and return them to their original protective purpose:

- GUARD the protected person from harming him/herself or anyone else;
- CONSERVE the person's assets (with prudent investments); and
- PROTECT the taxpayers from the ward becoming a public charge.

We thank the Senate Committee on Aging for the 3/2/11 hearing and especially for including Mr. Rooney's testimony.

Respectfully,

s/s Elaine Renoire
ELAINE RENOIRE, President

s/s Lori Duboys
LORI DUBOYS, Vice President

s/s Sylvia Rudek
SYLVIA RUDEK, Secretary/Treasurer

[1] Available online at www.AnOpenLetterToCongress.info
[2] Available online at www.AnOpenLetterToCongress-2.info

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NATIONAL COMMITTEE FOR
THE PREVENTION OF ELDER ABUSE

1612 K Street NW, Suite 400
Washington, DC 20006
202 682-4140
www.preventelderabuse.org

U.S. Senate Special Committee on Aging

Testimony Submitted for the Record of the Hearing

Justice for All:
Ending Elder Abuse, Neglect and Financial Exploitation

Wednesday, March 2, 2011

Prepared by Paula Mixson, LMSW-AP, Clerk

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Chairman Kohl, Senator Corker, distinguished Committee members:

Thank you for the opportunity to submit written testimony for the record of the hearing on March 2, 2011. The National Committee for the Prevention of Elder Abuse (NCPEA) was founded in 1988 by Dr. Rosalie Wolf as the first national multi-disciplinary organization for research, advocacy, and education around abuse of elderly persons and vulnerable adults. In 1998, NCPEA became a partner in the National Center of Elder Abuse, and has played a central role in the Center since then. Perhaps because of NCPEA's visibility, individuals who don't know where else to go for help when they are grappling with elder abuse frequently contact us. Unfortunately, the same issues keep coming up, and we believe that they reveal systemic problems that urgently justify federal intervention and support.

For example, recent contacts from the public indicate that:

- People still don't know where to call for help -- published numbers, e.g., numbers found on the Internet for local APS offices, may not be current.
- Not all states have centralized mechanisms for accepting reports and/or for accepting them after hours and on weekends.
- APS programs in some jurisdictions are unable to act upon reports due to budget cuts.
- Independent review of protective actions (by APS, attorneys, judges, etc.) is rarely available.
- Seniors living in unlicensed/unregulated retirement centers have virtually no protections when managers are abusive.
- Local law enforcement is not responsive to elder abuse in many cases, especially when families are in dispute over the elder's assets.
- Resources with which to intervene in undue influence are significantly lacking.

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- Affordable legal services are not available.
- Law and regulations are inconsistent – what is elder abuse in one state is not elder abuse in another.
- Mechanisms for handling investigations across state lines are desperately needed.

Following is a sampling of the stories that led us to make the above conclusions:

A man in Colorado calls NCPEA, because his brother in Missouri will not distribute the proceeds of the parent's trust (established in Indiana) after their death. The caller is over age 60, retired on a fixed and insufficient income, cannot afford legal representation, and doesn't qualify for APS in Colorado because he is not permanently disabled and can manage his own affairs. His brother has a history of threatening behavior with APS involvement in Missouri. The sibling has moved proceeds of the trust from Indiana to Missouri, and the bank there will not release to the caller any information about the status of the account. The attorney in Indiana who was the mother's guardian for 2 yrs before her death never filed and closed the trust there. Now a new filing in Indiana is needed to do that, and the caller can't afford the $5000 retainer for an attorney. Meanwhile, the brother in Missouri is unemployed, evidences erratic behavior, and has no visible means of support, so is likely to be living off the trust, which was not that large to start with. If the caller lived in Missouri, he would qualify for APS, which might be able to freeze the account before the money is gone.

***

An 83-year old widow in Ft. Worth with a history of success in business, substantial assets, and her affairs in order so that a guardianship should not become necessary if she becomes incapacitated, is being subjected to a temporary guardianship sought by nieces and nephews who will inherit the estate when she dies. She has statements from two MDs that she has capacity, but a third MD found impairments based on cursory testing that he did not perform himself. The temporary guardianship of her estate has frozen her assets and made her unable to conduct her affairs. Contesting the guardianship has cost her $60,000 in legal fees already, and will cost much more in the long run. In the meantime, the stress of the court action is affecting her health and putting her at greater risk than she was before.

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The italics in the following passages indicate that these are the texts of emails sent to NCPEA. They all were sent in the last four months.

I am a man of 67 years of age. I met an unemployed young woman in the library who said she was divorced with two young children and who had many financial and emotional problems. I felt SO sorry for her. I felt her pain because she was trying her best to find employment with my assistance. I loaned her money for rent, groceries, repairs, utility bills, etc. as I became more emotionally involved with her and her children. She promised to pay me back when she received money from her family (who she said had money many times), tax refund, and accumulated unemployment benefits. She never paid back the $2500 I loaned her. I have canceled checks and credit card receipts. I have medical expenses for depression, stress and insomnia because of this problem. I am a low income senior on $863/month Social Security. What legal recourse do I have? What elder victim laws have been violated? Who do I call...for low-income legal help?

***

I met a lady in June of 2010, after meeting her there was a clear issue that the nurse had taken control of the woman's complete life. The nurse moved the lady from Arizona to Hawaii. When the lady's daughter found out it was to late. The nurse brainwashed the lady to believe that her daughter wanted her dead. The nurse has taken thousands of dollars from the lady. The nurse is starving the lady, taking all her money putting it into trust funds. The nurse has shut off complete visitation from the lady's only child, reports had been made yet nothing has been done to stop this nurse from stealing from this elderly woman. What can be done?

***

I need help. My 96-year-old mom recently married an 83 yr old man. He is very controlling and does all he can to keep any of her 5 children from talking to her/ seeing her. She has memory issues, so even if she is upset one day about his keeping her from talking to her children - the next day she says everything is OK. He is bipolar - his own family has nothing to do with him. His family has told us he molested both his own daughter and step- daughter. Please help me know what to do.

***

I would like to know how to get the money back that _____ "borrowed" from me when she was employed as manager of _____ ? The amount is a total now of $18,000 and growing as I said "loan" I

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think I am also entitled to interest? She took all my money that I received from the ____ for a settlement. I am on disability and have little to spare but now I have nothing. I mean even my furniture is gone. My car, hell, even my spoons are gone. Thank you for any interest in me.

***

I have an elderly family member that is being taken advantage of by some "New friends". The friends started by mowing the lawn and taking her to the grocery. Now they are the executors of her will and are now getting her home and property in the will. I am certain they have brainwashed a 94-year-old woman. What actions can my family take?

***

I know a person who is very ill. She is 59 years old. Cannot leave her house because she is on oxygen, and so weak she can only make it to the bathroom and lives in her bed. She has three dogs that shit and pee in the house. No one is cleaning. The house smells so bad it brings tears to your eyes. She tells me that a nurse comes in weekly to give her medicine and a person delivers oxygen to her house. The home is going to be going through a foreclosure. The owner of the house has tried to get the lady to move out to a nursing home. She won't go. She wants to live in this mess with her dogs....

***

Is there some one I can call to report this self-abuse to?
I know you probably aren't the right person for this, but I am desperate to find help for my Mom. Please help, my 73 year-old Mom has dementia and is being conned out of her life savings. This is serious and I have all documents to prove it! Three weeks ago we found squatters in her home, all her belongings gone and the home was trashed. Law enforcement won't help, and picketing the police department hasn't helped, either! The couple conning her had her sign a financial Power of Attorney, which is VOID due to the dementia, and have taken her from Florida to New York, but NO ONE CARES!!! PLEASE, PLEASE, HELP!!

***

As you know from testimony you have already received, each of these stories represents scores of additional victims who have not reached out for help. Tragically, in all too many cases, help is not there. We deeply appreciate that the Special Committee on Aging has taken a stand against abuse of elders and vulnerable adults and wholeheartedly support the recommendations of the GAO report. We

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sincerely hope that your actions and the report will move the United States of America toward, for example:

- Establishing a federal head to the APS octopus, as with the creation of an national resource center dedicated to increasing the capacity of APS programs around the country,
- Funding implementation of the Elder Justice Act (P.L. 111-148) to support a comprehensive federal system for intervention around elder abuse and neglect, including grants to enable APS to better help victims,
- Standardizing eligibility criteria among the states,
- Enabling date collection and reporting,
- Facilitating interstate collaboration,
- Ensuring methods of appeal and redress when guardianships are used to deplete and effectively seize elder's assets, and
- Hiring/electing prosecutors who will investigate elder abuse, particularly financial abuse, instead of considering it a civil matter of families fighting over money.

Thirty years ago, law enforcement wouldn't prosecute financial abuse perpetrated through powers of attorney; they would tell APS that powers of attorney were a "license to steal." Similarly now, attitudes need to change about financial exploitation implemented through wills and property transfers as a result of undue influence and/or lack of capacity.

The solutions to the myriad facets of elder abuse must cross many systems: Social Security, law enforcement, the judiciary, medicine, law, finance, education, human services, to name a few. Because this can happen only with federal involvement and oversight, your committee's leadership on this issue is critical. NCPEA also applauds Chairman Kohl for the introduction of *S.462, the Elder Abuse Victims Act* and looks forward to working with him on it. Thank you for taking this very important step.

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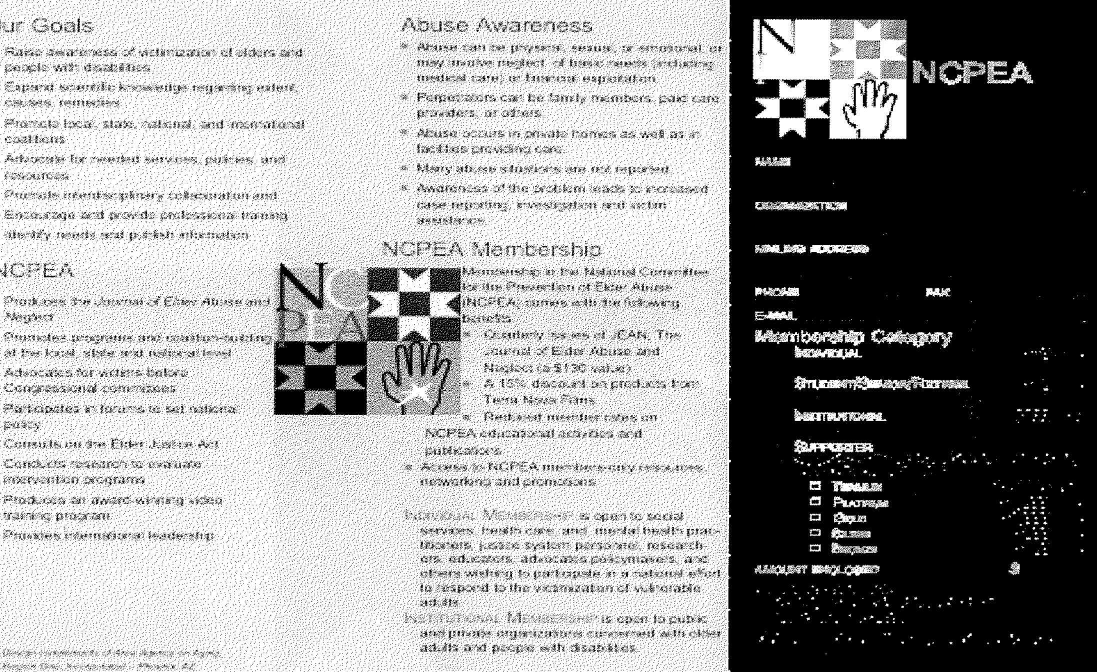
NCPEA Testimony for Senate Special Committee on Aging Hearing, March 2, 2011 9
National Committee for the Prevention of Elder Abuse
1612 K Street NW, Suite 400 Washington, DC 20006 (212) 682-4140 www.preventelderabuse.org



Our Goals

- Raise awareness of victimization of elders and people with disabilities
- Expand scientific knowledge regarding extent, causes, remedies
- Promote local, state, national, and international coalitions
- Advocate for needed services, policies, and resources
- Promote interdisciplinary collaboration and
- Encourage and provide professional training
- Identify needs and publish information

NCPEA

- Produces the Journal of Elder Abuse and Neglect
- Promotes programs and coalition-building at the local, state and national level
- Advocates for victims before Congressional committees
- Participates in forums to set national policy
- Consults on the Elder Justice Act
- Conducts research to evaluate intervention programs
- Produces an award-winning video training program
- Provides international leadership

Abuse Awareness

- Abuse can be physical, sexual, or emotional, or may involve neglect of basic needs (including medical care) or financial exploitation
- Perpetrators can be family members, paid care providers, or others
- Abuse occurs in private homes as well as in facilities providing care
- Many abuse situations are not reported
- Awareness of the problem leads to increased case reporting, investigation and victim assistance

NCPEA Membership

Membership in the National Committee for the Prevention of Elder Abuse (NCPEA) comes with the following benefits

- Quarterly issues of JEAN, The Journal of Elder Abuse and Neglect (a $130 value)
- A 15% discount on products from Terra Nova Films
- Reduced member rates on NCPEA educational activities and publications
- Access to NCPEA members-only resources, networking and promotions

Individual Membership is open to social services, health care, and mental health practitioners, justice system personnel, researchers, educators, advocates, policymakers, and others wishing to participate in a national effort to respond to the victimization of vulnerable adults.

Institutional Membership is open to public and private organizations concerned with older adults and people with disabilities.

NCPEA

NAME

ORGANIZATION

MAILING ADDRESS

PHONE FAX

E-MAIL

Membership Category

INDIVIDUAL

STUDENT/SENIOR/RETIRED

INSTITUTIONAL

SUPPORTER

- ☐ Titanium
- ☐ Platinum
- ☐ Gold
- ☐ Silver
- ☐ Bronze

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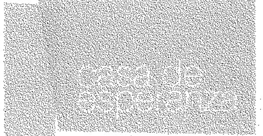

U.S. Senate Special Committee on Aging

Hearing on

Justice for All: Ending Elder Abuse, Neglect and Financial Exploitation

March 2, 2011

Written Testimony Submitted by:

Casa de Esperanza: National Latin@ Network for Healthy Families and Communities, Patti Tototzintle, CEO

National Hispanic Council on Aging (NHCOA), Dr. Yanira Cruz, President and CEO

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Chairman Kohl, Senator Corker, and distinguished members of the Special Committee on Aging, we would like to thank you for your commitment and leadership in holding a hearing to address the critical need to end elder abuse, neglect and financial exploitation, and for providing us the opportunity to submit written testimony.

Casa de Esperanza and the National Hispanic Council on Aging would like to jointly address how elder abuse impacts Latino[1] communities and the importance of addressing these complex issues in a comprehensive way in order to reduce barriers and build upon community strengths.

Casa de Esperanza, founded in 1982, is a national Latina organization whose mission is "to mobilize Latinas and Latino communities to end domestic violence." We work at national and local levels to influence social change. Our national work in public policy, research and training is fueled by our local work grounded in the realities of Latinas. In Minnesota, we provide shelter and advocacy to Latinas living in the community, offer support through our 24/7 bilingual crisis line, train Latina women and teens to offer workshops to their peers, and provide access to resources and information through community resource centers. Nationally, we advocate for public policy that is responsive to the realities of Latinos/Latinas, conduct culturally relevant research to inform the development of new strategies, and offer training and support to Latino domestic violence organizations and mainstream agencies that work with Latinas and their families throughout the United States and Puerto Rico. Casa de Esperanza also coordinates the National Latin@ Network for Healthy Families and Communities, a network of individuals and organizations interested in ending domestic violence and promoting the health and well-being of Latino/Latina communities.

The National Hispanic Council on Aging (NHCOA) is the premier national organization dedicated exclusively to improving the lives of Hispanic older adults, their families, and caregivers. Hispanic older adults are the fastest growing segment of the U.S.'s rapidly aging population. However, they also suffer from a higher burden of chronic disease and are more likely to live in poverty and substandard housing than the larger U.S. population. For over 30 years, NHCOA has been a strong voice dedicated to securing happy and healthy golden years for the nation's Hispanic seniors. NHCOA serves Hispanic older adults at the local level through its Hispanic Aging Network, comprised of 39 community-based organizations across the country. NHCOA cooperates with these community-based organizations to develop effective and culturally sensitive

[1] The terms "Latino/Latina" and "Hispanic" are used interchangeably throughout this document. Casa de Esperanza has chosen to use the term "Latin@" in many publications, using "@" in place of the masculine "o" when referring to people or things that are either gender neutral or both masculine and feminine in make-up. This decision reflects our commitment to gender inclusion and recognizes the important contributions that both men and women make to our communities. However, since "Latin@" is not commonly recognized, for maintaining clarity in this document, we will use the terms Hispanic or Latino/Latina when referring to both males and females.

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practices to effect positive change at the community level. NHCOA also conducts research at the community level to craft even more effective practices and public policy initiatives. NHCOA then uses its knowledge of best practices and its strong research background to advocate for public policy at the national level. These three aspects of NHCOA's work, practice, research, and policy, all reinforce one another and create positive change in the lives of Hispanic older adults. The work of NHCOA and its affiliates reaches 10 million Hispanics each year. Additionally, NHCOA is widely recognized for its ability to reach and serve the largely isolated and hard-to-reach Hispanic older adult community. On the national level, NHCOA engages in national advocacy initiatives to ensure that lawmakers have all older Americans in mind, including all ethnically diverse communities.

As stated in the GAO Report on elder abuse, elder abuse can occur in any community and can involve older adults in any socioeconomic, racial, or ethnic group. Many older adults experience physical, sexual, emotional or financial abuse, as well as neglect or exploitation. Though elder abuse is prevalent, a recent study estimated that only one in twenty-four cases are ever reported.[2] Perpetrators most often include spouses, partners, family members, caregivers and others in positions of trust. While elder abuse exists in all communities, it is important to recognize that, in order to develop effective prevention and intervention initiatives, we cannot take a "one-size fits all" approach.

The Latino population aged 65 and older is 2.7 million people according to the 2010 Census, comprising approximately 7% of the older population.[3] As noted on the website of the Administration on Aging, by 2050, the percentage of the older population that is Hispanic is projected to increase to 19.8%. Additionally, by 2019, the Hispanic population aged 65 and over is projected to become the largest racial/ethnic minority in this age group.[4]

Despite these demographic changes, research on elder abuse in the Hispanic community is scarce. While it is important to acknowledge that the Hispanic population is a heterogeneous group, it is nonetheless important to recognize and proactively address a number of additional barriers that many older Latinos/Latinas encounter.

Elder abuse victims from Latino communities often face intersecting issues that compound the problem, such as economic barriers, language access and acculturation issues, isolation, challenges dealing with the criminal justice

[2] Testimony of Dr. Mark Lachs to Senate Special Committee on Aging March 2, 2011, available at http://aging.senate.gov/events/hr230ml.pdf
[3] U.S. Census; Social and Economic Characteristics of the Hispanic Population: 2009, available at: http://www.census.gov/compendia/statab/2011/tables/11s0037.pdf, retrieved March 12, 2011.
[4] Administration on Aging website; Population Projections and Characteristics of Older Hispanic Americans 65+, available at: http://www.aoa.gov/AoAroot/Press_Room/Social_Media/Widget/Statistical_Profile/2010/9.aspx, retrieved March 12, 2011.

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system, ageism, racism, and anti-immigrant sentiment, among others. These issues have a disproportionate impact on marginalized communities and result in additional layers of complexity to reach and provide assistance to these victims. Additionally, views on the role of family may sometimes make it difficult for Hispanic older adults to recognize abuse or to report abuse to someone who can help them. Too often, historically marginalized ethnically diverse communities have also lacked adequate access to effective services and systems. Thus, we must take a culturally sensitive approach to solving the problem of elder abuse in the Hispanic community.

It is equally important to acknowledge the many cultural and community strengths that can serve as protective factors and help advance efforts to end elder abuse. A diversity of approaches that fully engage Latino communities to maximize cultural and community strengths is required to end elder abuse in the Hispanic community. Providing individual assistance also requires presenting options and supporting survivors who are capable of making such decisions to help them determine the solutions that work best for them as experts in their own lives.

In "Elder Abuse and Neglect in Latino Families: An Ecological and Culturally Relevant Theoretical Framework for Clinical Practice", Dr. Jose Ruben Parra-Cardona and his colleagues identify both individual and systemic risk factors for the incidence of elder abuse. Individual factors include gender, marital status, mental health, and dependency. He also cites broader, systemic risk factors such as linguistic barriers, limited access to resources, and difficulties in accessing health care.[5]

Intimate partner violence is a significant form of elder abuse. In particular, married elder Latinas are at higher risk for being victims of abuse or neglect compared with Latina elders who are not in marital relationships.[6] Linguistic and cultural barriers often make it more difficult for survivors to seek help, as well as shame of reporting the abuse and fear of social isolation. Research shows cultural factors may compel female, Hispanic elder abuse victims to feel reluctant to report abuse or separate from their abuser, though more research is needed in this area.[7]

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[5] Parra-Cardona, J., Meyer, E., Schiamberg,, L., Post, L.. (2007). Elder abuse and neglect in Latino families: An ecological and culturally relevant theoretical framework for clinical practice. *Family Process*, 4, 451-470.

[6] Parra-Cardona, et. al. (2007), citing Grossman, S.F., & Lundy, M.(2003). Use of domestic violence services across race and ethnicity by women aged 55 and older: the Illinois experience. *Violence Against Women*, 9, 1442-1452.

[7] Parra-Cardona, et. al. (2007), citing Vazquez, C.I., & Rosa, D. (1999). An understanding of abuse in the Hispanic older person: Assessment, treatment, and prevention. *Journal of Social Distress and the Homeless*, 8, 193-206.

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Risk for Latino elder abuse is generally associated with higher levels of physical, economic and emotional dependence. [8] Data from the U.S. Census Bureau reveal a much higher level of dependency among Hispanic older adults. For example, the percentage of Hispanic older adults living with other relatives is about twice that of the total older population. [9] In particular, foreign-born Latino/Latina elders can be highly dependent on relatives because of economic and cultural factors, including lack of access to social security or other pensions, as well as language barriers and limited knowledge of U.S. laws and systems. [10] Caregiver stress can also contribute to elder abuse when caregivers find themselves overextended trying to generate sufficient financial resources for their immediate families while also attempting to care for their aging relatives. [11]

Limited English proficiency is a significant risk factor for elder abuse since this leads to more social isolation and dependence, limits the type of social support networks these individuals are able to establish, and significantly reduces access to services and systems intended to assist older adults.

Additionally, having limited economic resources increases economic dependence, which is a risk factor for elder abuse. [12] Hispanic older adults face greater economic challenges than many other groups, thus increasing their vulnerability. Households containing families headed by Hispanic persons aged 65 and over reported a median income in 2008 of $33,418 (as compared to $46,720 for non-Hispanic Whites). Among such Hispanic households, 19% had an income of less than $15,000 (compared to 5% for non-Hispanic White family households) and 48% had incomes of $35,000 or more (compared to 65% for non-Hispanic Whites). [13] The poverty rate in 2008 for Hispanic older persons (65 and older) was 19.3 percent. This was more than twice the percent for non-Hispanic Whites (7.6 percent).

Barriers to accessing adequate health care also negatively impact the physical and mental health of older adults and increase the risk for elder abuse among

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[8] Parra-Cardona, et. al. (2007), citing Montoya, V. (1997). Understanding and combating elder abuse in Hispanic communities. *Journal of Elder Abuse and Neglect*, 9, 5-17.
[9] Administration on Aging website; Population Projections and Characteristics of Older Hispanic Americans 65+, available at: http://www.aoa.gov/AoAroot/Press_Room/Social_Media/Widget/Statistical_Profile/2010/9.aspx, retrieved March 12, 2011.
[10] Parra-Cardona, et. al. (2007), citing Angle, R.J., & Angel, J.L. (1996). The extent of private and public health insurance coverage among adult Hispanics. *The Gerentologist*, 36, 332-340.
[11] Parra-Cardona, et. al. (2007), citing Angel J.L., Angel, R.J., Aranda, M.P., & Miles, T.P. (2004). Can the family still cope? Social support and health as determinants of nursing home use in the older Mexican-origin population. *Journal of Aging and Health*, 16, 338-354.
[12] Parra-Cardona, et. al. (2007), citing Montoya (1997).
[13] AoA website

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Latinos/Latinas.[14] In 2008, only 36% of Hispanic persons aged 65 and over had received pneumococcal vaccination as compared to 64% of non-Hispanic Whites and 43.4% of non-Hispanic Blacks (2008 National Health Interview Survey). The National Health Interview Survey in 2008 also revealed that 9.2% of Hispanic persons aged 65 and over needed help from other persons for personal care as compared to 5.7% for non-Hispanic Whites and 10.3% of non-Hispanic Blacks.

Furthermore, Latinos/Latinas who live in states with marked anti-immigration legislation are less likely to seek and obtain medical care than those who live in states without such legislation.[15] In general, anti-immigrant sentiment has a negative impact since elders who experience medical needs or want to report abuse or neglect may choose to remain silent to avoid exposure to legal or immigration systems.[16] This is true even for those with legal immigration status since elders wanting to reach out for help may not do so if there is a possibility that any family member or relative may experience punitive immigration or legal consequences as a result of their immigration status. [17] For example, they may fear that a relative with Legal Permanent Residency (LPR) status could be deported if convicted of a crime. Additionally, regardless of their immigration status they may fear discrimination and secondary victimization if they get involved with the legal system.

Information gathered from community-based organizations shows the prevalence of elder abuse among Hispanic older adults. For example, the director of NHCOA network member, Senior Community Outreach Services, in Rio Grande, Texas reported that Hispanics in their program are especially reluctant to report abuse. She indicated that Hispanic older adults are often "scared to death" of reporting an abuser in the family for fear of what the abuser might do, for fear that the rest of the family will not believe them, and for fear of being cast out of the family. Additionally, older Latinos/Latinas who may have challenges communicating in English often find that the Adult Protective Service workers talk directly to the caregivers to try to find out what the situation is and thus leave the older victim in a much more vulnerable situation. Additionally, she reported that older Hispanics are often intimidated by the police. This is particularly true for those who may have experienced abusive law enforcement and legal systems in their countries of origin.

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[14] Parra-Cardona, et. al. (2007), citing Unutzer, J. & Bruce, M.L.(2002). The elderly. *Mental Health Services Research*, 4, 245-247.

[15] Parra-Cardona, et. al. (2007), citing Berk, M.L., & Schur, C.L. (2001). The effect of fear on access to care among undocumented Latino immigrants. *Journal of Immigrant Health*, 2, 155-156.

[16] Parra-Cardona, et. al. (2007), citing Crist, J.D. (2002). Mexican American elders' use of skilled home care nursing services. *Public Health Nursing*, 19, 366-376.

[17] Parra-Cardona, et. al. (2007), citing Young Women's Christian Association. (2006). *Violence and its impact on women's lives*. Retrieved July 29, 2006, from http://www.ywca.org

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Additionally, the NHCOA network member noted that many Hispanic older adults do not even perceive their treatment as abuse. For example, when a family member steals Social Security checks, it is perceived by the Hispanic older adult as helping the family, rather than theft. A member of NHCOA's network in Washington, D.C. also noted that many people outside the Hispanic community are rude and sometimes reluctant to speak with older Hispanic adults with limited English ability. These experiences demonstrate that cultural sensitivity training for those in the community with the ability to identify and reduce elder abuse, such as police, adult protective services workers, and doctors, is absolutely essential.

Specific cultural values are often associated with Latino/Latina cultures, such as *familismo*, which emphasizes the importance of family life and strong family cohesion, and *colectivismo*, which places great value on community interdependence and the broader web of extended family and friends more than on individualism. While these characteristics may be perceived as a risk factor in some instances, making it less likely that an older Latino/Latina would want to report abuse or financial exploitation, they can also be used in culturally-specific community awareness and prevention initiatives as protective factors to heighten protection of older adults. Additionally, because of the place elders hold in family and history, respect for elders is a key cultural value.[18] These cultural strengths, *familismo, colectivismo,* and respect for elders must be harnessed as protective factors in prevention and intervention programs aimed at eliminating elder abuse in Latino communities.

To end elder abuse, a diversity of approaches that fully engage Latino communities and strengthen the capacity of community-based organizations is required. Enhancing individual assistance to Latino/Latina victims of elder abuse requires presenting options that are culturally and linguistically sensitive, that eliminate barriers to accessing assistance, and that support survivors in determining solutions that work best for them. In order to advance those efforts we make the following policy recommendations:

- Ensure that all organizations that receive federal funding (including federal, state, local and non-profit organizations) provide "meaningful access" to individuals with Limited English Proficiency (LEP), pursuant to Title VI of the Civil Rights Act of 1964 banning national origin discrimination and Executive Order 13166.

- Recruit and train qualified bilingual and bicultural Adult Protective System and law enforcement staff to provide needed services[19]

[18] *Latino Families and Domestic Violence: A Guide for Systems and Organizations Committed to Serving Latino Communities*, by Casa de Esperanza (2003).
[19] The National Center on Elder Abuse (NCEA), *Promising Practices Issue Brief: Respecting Diversity* (2007). The NCEA through its partner, the National Committee for the Prevention

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- Support culturally and linguistically specific community outreach efforts to help reach those older Latinos/Latinas who face social and linguistic isolation and to raise community awareness of the problems of elder abuse as well as the services and protections available.

- Encourage the development of coordinated community responses at the local level that include the voices and participation of ethnically diverse communities and other underserved populations.

- Engage all community stakeholders, including faith-based organizations and culturally and linguistically specific community based organizations, since Latino/Latina elder victims of abuse are more likely to trust and seek help from these institutions first and find them more accessible. Offer training and technical assistance to assist these diverse stakeholder groups.

- Ensure that federal financial resources intended to support community outreach and prevention initiatives, as well as services and training are also targeted to reach ethnically diverse communities and the community-based or culturally and linguistically specific organizations experienced in effectively working with these populations.

- Ensure that programs such as Adult Protective Services, Meals on Wheels, domestic violence shelters and transitional housing programs, and other such federally-funded programs that have been deemed critical for life or safety, continue to be accessible to all in need of such services regardless of immigration status, as set forth in the Attorney General Order (citation) and that recipients of such funds are in compliance.

- Support the reauthorization of the Violence Against Women Act (VAWA) and the Abuse in Later Life program as well as the Older Americans Act.

- The National Institutes of Health's National Institute on Aging should research elder abuse in the Hispanic community in order to gain a better understanding of the prevalence, impact, and best practices regarding elder abuse.

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of Elder Abuse (NCPEA), organized a National Teleconference on "Reaching Special Populations though Local Elder Abuse Prevention Networks" in September 2004. The report is available at:
www.ncea.aoa.gov/ncearoot/main_site/pdf/PromisingPracticesRespectingDiversity.pdf

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- Ensure that culturally and linguistically competent research and outreach efforts are also undertaken and focused on the Latino/Latina population and other racial and ethnically diverse communities.

- Raise awareness of elder abuse in the Hispanic community in order to bring to light its prevalence and offer solutions.

Conclusion:

We greatly appreciate the commitment of the Senate Special Committee on Aging to strengthen efforts to end elder abuse and to raise greater public awareness of these issues. While victims of elder abuse are found in all sectors of society, efforts to end elder abuse must support a diversity of approaches, research and policies aimed at reaching vulnerable older Latinas/Latinos and other underserved populations, reducing barriers to accessing assistance, and building upon cultural and community strengths. Only in this manner can we work together to create an environment where all people can age with dignity, safety and justice.

For additional information or questions regarding this testimony you may contact Casa de Esperanza at 651-646-5553 or the National Hispanic Council on Aging at 202-347-9733

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Written Testimony of

Latifa S. Ring

National Organization to End Guardianship Abuse (NOTEGA)

To the:

Senate Special Committee on Aging

for the hearing on

Justice for All: Ending Elder Abuse, Neglect and Financial Exploitation

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March 15, 2011

Senate Special Committee on Aging
G31 Dirksen Senate Office Building
Washington, DC 20510
Attn: Senator Herb Kohl

Dear Chairman Kohl, Senator Corker and distinguished Committee members:

Thank you for holding the recent hearing "Justice for All: Ending Elder Abuse, Neglect and Financial Exploitation" to address the crisis of elder abuse and financial exploitation of America's elderly citizens and thank you for allowing Mickey Rooney to share his cry for an end to elder abuse with the committee and with the American Public.

Financial Exploitation and Abuse of the Elderly has become the crime of the 21st Century and has truly placed a black mark on our nation. Hubert Humphrey once said

> *"the moral test of a government is how that government treats those who are in the dawn of their life, the children, those who are in the twilight of their lives, the elderly and those who are in the shadows of life, the disabled the weak and the vulnerable. "*

How will we be judged as a nation and as a government if we do not take the steps necessary to end this crime against America's most vulnerable citizens?

Elder abuse and financial exploitation of the elderly in our communities and when done by private citizens is being called a crime, yet quietly all across this nation elderly and disabled citizens are being abused and financially exploited under Adult Guardianships under the guise of protection and the color of law. In the courtrooms of our States, abuse and exploitation of vulnerable citizens is treated as if it is perfectly legal. Judges routinely rubber stamp exorbitant fees for services that do not benefit the wards resulting in financial exploitation of their estates. Family members and friends all over this country are crying out about the abuse and neglect of their loved

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ones in guardianship that they are powerless to protect yet it appears there is no one listening because there is a guardian and the court appointed them.

Under guardianships a person can lose all of their civil rights and their right to ask for protection under the law. Lives and assets can essentially be stolen. The perpetrators of financial exploitation and abuse in guardianships are getting bolder and often times elderly citizens with assets are targeted and adjudicated as incapacitated and placed under a guardianship or conservatorship just to give someone else control over an estate which they can then loot. Other times elderly citizens who are alleged to be incapacitated are placed into guardianships when they have family and friends who are willing and able to help them or when they only have a minor ailment; again only to give the perpetrators access to the estate. Many family members are tricked into believing that seeking guardianship will help to protect a loved one only to find themselves on the end of a never-ending onslaught of unproven allegations of wrong-doing deliberately launched to malign the family member and prevent them from being appointed as guardian. This tactic clears the list of available guardians and makes room for the perpetrators intent on looting the estate. When greed is the motivating factor in guardianships, the welfare of the ward takes a back seat and abuse of the wards is allowed by the guardians and other professionals more intent only on lining their pockets than caring for the vulnerable person. It seems that the "name of the game" in guardianships is to bill for as many services as possible as fast as possible knowing that the judge will routinely rubberstamp the fee applications. This routine approval occurs either because the judges are busy trying to clear an overloaded docket, they do not have time or resources to review the fee applications, they know the American Taxpayers will take care of the ward with Medicaid dollars or they want to make sure the guardians and attorneys (some of whom may have owe political favors to) get paid. It is just easier that way. Family members who complain may find themselves losing the right to visit their own loved ones or being told by the Court that they have no standing to speak on behalf of the ward that now has a guardian.

As I stated in my testimony to the House Judiciary Subcommittee on Crime Terrorism and Homeland Security, it is almost as if guardianships can be used as a form of identity theft. The guardian can execute any and all documents on behalf of the ward. This powerful position gives them unfettered access to the ward's life and property. In the wrong hands this power can be and is enormously abused and can even be lethal to the vulnerable person. Without proper controls lives can be are being stolen.

When will our National Leaders finally address the Elder Abuse and Financial Exploitation of the Elderly that is occurring in Guardianships?

We have been calling for National Reforms to address Elder Abuse and Financial Exploitation in guardianships since 2008 when our group the "National Elder Abuse and Guardianship Victims Taskforce for Change" submitted a platform proposal to End Elder Abuse and Guardianship Abuse for the senior's plank of the DNC platform. Many other groups and citizens have also been calling for reform and since 2008 and we have continued our call for National reforms with online petitions and letters to our State and National leaders.

I could fill reams of papers with examples of abuse and exploitation in guardianships but will limit this to the summaries I have attached to this testimony as appendix (A) and the comments made as part of the petition attached as appendix (B). I simply ask the following questions:

- Why is it legal to abuse and rob the elderly in guardianships?
- Why is it legal to force an "alleged" incapacitated person into guardianship with an emergency or some other hearing without due process of the law where the ward is not present and/or not represented by counsel? Why are our constitutional due process rights under the 14th amendment not protected in guardianships?
- Why is it legal to isolate a ward, to over medicate, to chemically restrain, to sterilize and even authorize an early death through hospice in guardianships?
- Why do the advance directives of these dear elderly citizens appear to mean nothing? The designation of a pre-need guardian, a power of attorney or health care surrogate are routine ignored in the incapacity process.

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- Why is it legal for one person (a judge) to give one human being to another private citizen ("the guardian"), then walk away, and let that person have their way with the incapacitated person and their estate?
- Why are there no jury trials?
- Why are these wards of the State in guardianships not being protected by the State... are they not wards of the State?
- Why is it that when someone allegedly steals from an elderly or vulnerable person that the alleged victim can be sent into a guardianship instead of the crime being investigated by the criminal justice system and adult protective services? The victim is forced to pay for the crime in a probate court instead of it being handled by the criminal justice system where the victim doesn't have to foot the bill to get justice? Furthermore, rarely are the allegations of wrong doing that create the need for guardianship ever proven in these guardianship cases. Instead, they are being used as an excuse to take over the life of the person and their property. Why do the American Rules of Civil Discovery not apply to Guardianship Proceeding?
- Why do we need to have emergency hearings for guardianships when adult protective services should be able to do their job and protect the vulnerable alleged incapacitated person until they can be afforded due process?
- Why is it legal to bill tens and hundreds of thousands of dollars to a ward for services that do not benefit them in breach of any fiduciary duty and yet it is not called a crime, it is called protection of the ward ?
- Why is it legal for a guardian to deny visitation to a ward, to allow them to be isolated from their community and their loved ones ?

All over this country, people are outraged by what they are seeing done to their loved ones in guardianships. Many families are torn apart and many are secondary victims who suffer from the horrific abuse of not being able to visit their loved ones, not being able to protect them and sometimes not even being notified of a loved one's death so they can attend their funeral.

There is nothing new about guardianship abuse to report. It is the same broken system with the same crimes that have gone on for over 30 years since the Claude Pepper days when the late Congressman submitted the "1989 Guardianship Rights Act" that clearly stated that the 14th amendment rights of the elderly in guardianship were being violated. Three GAO reports have been issued since 2004 that all spell out the problems in guardianships. Numerous Media outlets have reported horrifying cases of abuse and exploitation. Agencies have reported the problem. This committee has held

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several hearing including one in 2006 and the record reflects the enormous problem our seniors are facing. In May 2010, I testified before the House Judiciary Subcommittee on Crime Terrorism and Homeland Security about this problem. I stand by my stated belief that without real and meaningful reforms, guardianships can and will continue to be used to steal lives and assets under what I can only equate to a legalized form of identity theft. Attached to this written testimony is a petition signed by close to 1200 people calling for National Reforms to End Elder Abuse and Guardianship Abuse. This petition can also be viewed online at www.endguardianshipabuse.org . I respectfully request that this petition be put on the record with this written testimony.

Members of the committee, it is time for action on guardianship abuse and it is time to recognize that elder abuse and financial exploitation in and under a guardianship or conservatorship is no less a crime that it is when the perpetrator is a family member or nursing home in the community. In fact, elder abuse and exploitation of the incapacitated person is the worst form of abuse as it is perpetrated against the most vulnerable of our society, the victims who have had their voice stripped of them and who are powerless to report the crime.

The federal government and your Senate Special Committee on Aging should take an interest in ending the abuse and exploitation in guardianship. They should take an interest because of the cost to the taxpayers in State Medicaid and matching federal Medicaid dollars, because of the 14th amendment rights that are violated in guardianships and because elder abuse and financial exploitation is a crime even if done under the guise of protection and under the color of law.

I close by echoing the request made by Mickey Rooney that you PLEASE STOP ELDER ABUSE and STOP IT NOW ... not only in the communities, not only in a private homes, not only in our nursing homes but also when it is perpetrated under guardianships and conservatorships through our courts.

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Thank you for allowing me the opportunity to submit this testimony and I hope the committee will consider having a separate hearing on the problems with guardianships and respectfully request we be permitted to have a member of our organization testify and provide more additional information on this problem. I also ask that the committee please take a serious look at the problems raised in the GAO report issued in 2010 and invite victims and family members to come to Washington and share their stories so the committee can understand what is really happening on the ground. They can bring the perspective of the victims have been stripped of their voice to speak, they are the constituents of the members of this committee and they are the eyewitnesses to this terrible silent crime of elder abuse and exploitation that is being perpetrated under the guise of protection.

Respectfully submitted,

Latifa S. Ring

President

The National Organization to End Guardianship Abuse

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Appendix (A)

Examples of Abuse and Financial Exploitation of Elderly and Disabled Citizens under Guardianships

The following are just a handful of the guardianship cases that we have reviewed. There are thousands more. (Additional information on these cases and more are available upon request)

• In **Florida**, a 56 year old multimillionaire is seized and put under guardianship while his estate is looted of millions of dollars. Supposedly, he had a drug or alcohol problem and needed rehab but there was no reason to strip him of all his civil rights and put him into guardianships. The perpetrators in this case recruited a family member to put him into guardianship. Today after several years in captivity, he is a free man thanks to the efforts or two doctors who reported to the court that there was nothing wrong with him except for what the court had done to him. Today he lives in fear and shock traumatized beyond belief by the administration of chemical restraints and other abuses while he was in captivity under the guardianship system.

• In **Illinois**, an elderly man in his 70's was taken by the police, handcuffed and put into the back of a police car and taken straight to a locked Alzheimer's ward where he remained for two years until finally a judge granted him his freedom. Today he is in hiding, terrified and traumatized with lifelong damage that he will never ever recover from. Hundreds of thousands of dollars of his lifelong earnings and savings are gone. This story was published in the Columbus Dispatch and resulted in the Judge Eric Brown putting out a call for public input on guideline for attorney guardians.

• In **Texas,** a woman struggled for years for the freedom of her dependant adult son who was the victim of an accident and recipient of a large settlement and placed into guardianship. She watched helplessly over the years as her son was abused, raped, contracted HIV and suffered grave abuses in a facility powerless to speak on his behalf or protect him because he had a guardian. Several months ago she received a call that her son had died and was being buried in one hour. She was in another State and was unable to get there in time when a judge refused to issue a stay to stop the funeral. She never got to even say goodbye to her own son.

• In another prominent **Texas** and New Jersey case, an elderly woman (Lillian Glaser) with a $25,000,000.00 (Million) dollar estate was shuffled between the two States and finally a **New Jersey** Guardianship was awarded. In this case between $7 Million and $10 Million was spent on attorneys and guardians. It took a 34 day hearing to resolve the guardianship matter and over 25 lawyers were involved and/or paid from her estate. In this case, according to her son, Goldman Sachs had an involvement. One of the fee applications approved $189,000 for one of the attorneys and $215,000 for the guardian's attorney for services provided during a 9 month period of time. That amounts to a cost to the estate of about $50,000 per month. This is unspeakable and something is very wrong when a system intended to protect and preserve assets can be used to exploit the estate. Regardless of the family conflict or disagreements it should never take a 34 day trial and scores of attorneys to handle a guardianship matter. It seems that the cost of a guardianship case is directly proportional to the value of the estate of the vulnerable person it is intended to protect.

• In **New Jersey** a man, a Veteran with three purple hearts, is in a New Jersey guardianship while his children in Georgia are pleading with the courts to let him come and live with them where they can care for him. He has no family in New Jersey and has three children and 15 grandchildren in Georgia. Over $700,000.00 has been spent and this is a veteran with veteran benefits. His property is being sold to the lowest bidder and his children and ultimate heirs were given a 10 day notice of the sale and to come up with the money or see the property sold. In this case it is the office of the Public Guardian that is involved. One of the sons is at wits end as there seems to be no way to get his father back from what he believes is no less than kidnapping by the State. This son was not notified that his

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father was being put into guardianship and the excuse given was that the father (who was found to be incompetent due to Alzheimer's) forgot to list this man and one of his sons.

In **Pennsylvania** there is a man who is under the worse assault by two guardianships; one over his mother and one over his sister. He was the designated pre-need guardian, the trustee. The multimillion dollar trust has been broken, the attorneys are having a field day, and the guardians are making a killing and a temporary trustee that seized the gold bullion and assets. Everyone is getting paid. Without any final accounting and an absolute refusal by the guardians to even sit down and review the accounting to allow the trustees to answer any questions that may be made, an all out lawsuit has been launched against the trustee without any stated cause other the allegation of wrong doing. The daughter who was living in her own apartment is now locked in a psychiatric ward and the mother who has dementia is unaware of the harm being done to her. The family members and friend are destroyed and denied access or visitation with the wards. *Update: The mother passed away and the son was not notified for days. Finally the son was literally told to bury his mother in an unpaid for plot at a location chosen by the niece or he could bury her in a county plot despite the fact that there is still a couple million left in the estate and the son is the heir to the estate.*

• In **New York** a business woman involved in a lawsuit finally fired her lawyer because she did not believe he was properly representing her. The lawyer went to the judge and petitioned that a guardian be appointed to represent this woman's interest in the lawsuit. The judge ordered the woman to undergo a psychiatric evaluation to see if she is competent. The woman did not and an ad Litem was appointed who has assured the woman she is only incompetent in the court room. She was still appealing the last I heard.

• In **Massachusetts** an elderly woman is confined to her home under the care of guardian appointed caregivers. The guardian and attorney are one and the same. While the guardian is systematically looting the estate though outrageous fees and traveling to another state to seize her assets, the roof at the woman's home is leaking and the wall paper is peeling off the walls. The mildew is affecting the woman's health and she is being denied proper medical care. Recently the guardian informed the daughters that there is no money for food so they are buying food and taking it to the home. Where is the justice in this and where are the protections to prevent elder abuse? *Update: The mother passed away and the guardian would not release the funds to cover her burial costs.*

• In **California**, an elderly couple has watched their dependant adult daughter suffer the worse form of abuses and medical neglect for the past eight to ten years. As she has aged they have aged and as she has suffered they have suffered. Today they are still fighting for justice for their daughter and for her rights. In another case and dependent adult child was taken from his parents for no real apparent reason. Forced into guardianship and into a group home where he is forced to go to a place to work while the facility gets paid with his money. They do not even get holidays off. What kind of systems puts these dependent adults into forced servitude where someone else gets their earnings? In another case in California a man married to his wife for 60 years does not know where she is while their estate is looted. He himself has become a victim of abuse from a broken system.

• In **Colorado** a woman was taken from her home by force with armed officers and the guardian. She was placed in a facility where she is being giving dangerous drugs. She is not or was not incompetent and was told so before she was taken. Her son who lived with her and cared for her was forced out of the home and the home was put on the market. The son who is traumatized by the whole ordeal has been denied any access to the courts or his mother.

• In **Indiana** a man does not know where his parents are. An injunction was placed against the entire family including the four year old grandson of his parents. They were forced into guardianship. The last time I spoke to this man he explained how one day he got a call from his parents neighbors in Florida telling him that there was a huge dumpster outside of his parents home and they had taken all of the contents out of the home and dumped them into a dumpster. Locks were put on the home and it was put up for sale. The son was a broken man from watching the abuse of his parents and the looting of their estate. How would you feel if one day someone could take your parents and lock them away somewhere and you were not allowed even know where they were of if they were alive or dead?

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• In **Delaware** a woman laid suffering from a broken hip. She suffered in that home for ten days after Adult Protective Services was called and all they could do was tell the family member who reported the abuse to file for guardianship. Finally out of desperation and duty, Latifa Ring, the oldest of 75 orphans this woman raised in her 60 years as an overseas missionary flew from Texas to file for guardianship along with the woman's nephew. They were not granted guardianship until a year had passed although during that time the woman had surgery and the foster daughter arranged for her care when she was finally removed from the abusive home. During that year the former power of attorney took half her money and the rest went to lawyers and guardians who did not protect the estate and to an Alzheimer's facility that she did not need to live in as family offered to care for her at home. The case ended with a guilty plea to financial exploitation four years later. The foster daughter who care for the woman throughout this ordeal and managed to get her moved to Texas where she lives today thanks to the taxpayers, was assaulted by the legal system for her altruistic efforts as a Good Samaritan. When the money was gone, despite the existence of a guilty plea, a restitution order, a judgment for recovery of the stolen assets and a court order for the attorney to be paid from the recovered assets, the attorney launched a personal lawsuit against the foster daughter who was the legal guardian for the guardianship legal fees. When it was clear that was no justice forthcoming in three Delaware Courts, exhausted and overwhelmed with the stress of litigation and care giving and financially broken she took out a home equity loan and paid the extortionate lawsuit for her foster mother and ward's debt. The cost of rendering aid to a victim of elder abuse in this matter cost the little missionary lady her entire $200,000.00 estate and cost her foster daughter over $75,000.00. A few months later the foster daughter lost her job. She cannot afford a lawyer but continues to care for her foster mother. What will happen next remains an unknown. What happened in this case is not a solution to elder abuse and constitutes pure abuse of the guardianship system. This is my story and why I am fighting so this will never happen to your children or mine when we are old and need a little help and they step in to help us. I will never recover from the immense damage that was done to me but I will try to change the world for others. *Update: Mary Mellinger passed away on January 19, 2011 penniless and deeply in debt. I watch her suffer the additional ravages of elder abuse by nursing homes over the last nine months of her life when she was dehydrated and the staff at two separate homes refused to feed her. Finally I witnessed even more abuse before she died by a hospice company and a nursing home. Mary died of sepsis but I was never told this was her diagnosis until after she passed away. It is not safe to grow old in America. I will fight to help others for as long as I can.*

(more cases are available at numerous online sites including www.stopelderabuse.net)

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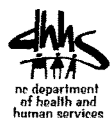

Issue Brief

Impact of the Economic Crisis on Adult Protective Services

In September 2009, the Division of Aging and Adult Services (DAAS) asked all county Departments of Social Services (DSSs) to participate in an online survey about Adult Protective Services (APS). DAAS is concerned about the impact of increased APS reports received and evaluated over the past three years—as evident in the chart below. While the effect of the current economic crisis cannot be determined with certainty, the comments of responding county DSSs—shared throughout this report—suggest wide-ranging implications. Other factors clearly include changes to the mental health system, the growing numbers of seniors, and the stresses on family caregivers and community services. The high level of concern among county DSSs is clear from their comments as well as the impressive response rate—77 of the 100 county DSSs participated.

	State Fiscal Year		
APS Statistics	**2007**	**2008**	**2009**
Reports Received	14,177	15,337	17,073
Reports Evaluated	6,786	8,117	9,252

"From a system perspective, it feels like there is little attention, financial support or education concerning the needs of older and disabled adults; including the resources needed for APS, so real outcomes can be achieved." —County DSS

Increased Service Needs and Weakened Service System Leading to APS Reports

- Two-thirds (67%) of county DSSs are seeing an increase in first-time APS reports, and another 21% expect this within the next 6 months. Nearly two-thirds of the DSSs are either seeing increased repeat reports now (51%) or expect to (12%).
- Within the DSSs themselves, nearly half (49%) report increased APS referrals from their Adult Medicaid and Special Assistance areas, and more than a third from their Energy Assistance Program (34%) and even their units serving Children and Families (38%).
- Two-thirds of DSSs are either experiencing reduced funding for their own essential services for APS cases (51%) or expect a reduction within the next 6 months (15%).
- As it affects their ability to provide APS, almost two-thirds of DSSs are either finding fewer Home and Community Care Block Grant (HCCBG) services available (44%) or expect this (18%). More than 8 in 10 either report fewer other (non-HCCBG) community services, public or private now (67%) or expect this (15%).

"A number of recent cases have been family members neglecting and financially exploiting a disabled adult due to their own lack of income; directly caused from our county's higher unemployment rate (13.5%). [Also] disabled and elderly persons are making choices not to take medication or go to the doctor due to increase in fees and services, utilities, rent, etc. which results in less income overall. And we continue to receive increased call volume with persons who have mental health disorders who are self-neglecting and at-risk. And now, we are at risk of losing our homeless housing program, which will increase our call volume more as we begin going into the fall / winter seasons."

"APS cases are more complex, with many more persons having complex medical and mental health needs. These cases take longer to find resources to assist in stabilizing the situation." —County DSS

ADULT PROTECTIVE SERVICES (APS) IN NC

Article 6, Chapter 108A of the NC General Statutes requires that county departments of social services (DSSs) perform certain activities for adults with disabilities who are alleged to be abused, neglected, or exploited and in need of protective services. The statute authorizes county DSSs to provide adult protective services (APS), which includes the evaluation of reports that adults with disabilities are in need of protective services and mobilization of essential services on their behalf.

APS is administered by the NC Division of Aging and Adult Services, under rules established by the Social Services Commission.

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"Intensity of case management has increased due to lack of community resources. Clients are waiting longer to access services and this is escalating simple problems into APS cases."

"Just over the past few months, we have received more calls from disabled adults and aging adults requesting assistance from Adult Services. Some [met] the requirements and an APS evaluation was completed. Others met the service requirements for At-Risk Case Management or Individual and Family Adjustment services; however, we have recently started a waiting list for these services because staff are maxed in their caseloads. We are receiving a significant increase in Representative Payee requests due to exploitative situations which were determined by the Social Security Administration; we are the ONLY agency in the county that does Representative Payee services because [other] providers are refusing. We spend more time doing protective orders, and then later, guardianship hearings."

"[We] have had a great deal of discussion about the need for resources to provide immediate or emergency services to APS clients. Up to this point, we have had to primarily use local funds, which are very scarce, to meet essential needs for some people. Some providers have helped us by delaying billing or waiting extended periods for reimbursement while we evaluate and mobilize all available resources for these individuals."

Who Is Making Referrals to APS?

- Medical and mental health providers
- Home care and community service agencies
- Housing projects
- Homeless and domestic violence shelters
- Emergency assistance and crisis intervention workers
- Law enforcement and emergency medical services
- Long-term care providers
- Neighbors and friends

Many others . . .

Budget and Staffing Shortages and Stresses Increase Dire APS Situation

"We have requested additional staff in Adult Services for the past three years without success. All of our social workers must carry ongoing caseloads, including our main Social Worker for APS. We have ceased accepting new representative payee cases due to the lack of social work time available to allocate to this need."

"We would like to ask for a new position, but our local government officials will not approve any new positions."

"With limited budget funding, we are unable to increase staff in APS, which is greatly needed."

"APS workers feel very disheartened when there are financial and programmatic resources for Child Protective Services (CPS), but nothing for the care of older and disabled adults except the continued standard program resources."

"We are just trying to hold on and be as creative as possible with the existing staff due to the poor outlook for any additional help."

DSS Response to APS Affecting Other Areas

- To meet the challenges of providing APS, over 20% of DSSs have increased intake resources to manage a higher volume of calls, reassigned staff from other areas to handle evaluations, and utilized supervisors to carry a caseload and/or cover intake. Another 29% anticipate reassigning staff from other areas to handle APS evaluations in the next 6 months.

"We have our Adult Homes Specialist staff doing APS facility reports (not facilities assigned to them). [We] have done some workflow redesign to shift work off APS unit such as placement and rearranged combination caseloads that a back-up APS worker had so he can focus entirely on APS. This has created hardships on the other workers and is thus only a temporary fix."

"All Adult Services staff are on APS back-up, rotating APS calls that Service Intake workers cannot manage."

"We have cross-trained our CAP/DA unit to take APS intake calls. The Adult Services supervisor also is taking APS calls. We may have to cut back on other non-mandated services like wellness checks that help prevent APS calls if we continue to have a growth in APS reports."

"Insufficient staff has always been a problem for APS, especially as cases have become more complicated and too often lead to guardianship where we are very short handed."
—County DSS

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What Else Are County DSSs Saying and Doing about APS?

"The general attitude of the public is that if they observe what they perceive as an APS situation, the only cure is placement. And since many of the facilities are facing a census crisis they are accepting inappropriate residents. This is giving rise to APS cases in facilities. On the other hand, families are considering removing appropriate residents from assisted living facilities/nursing homes to bring the extra income back into the home without realizing the impact of the burden of care they are taking on. Once the APS is accepted, evaluated and substantiated—there are few resources to address the problems. This is especially true in rural areas. Exploitation is also increasing and that is the hardest of all to case manage when you have a parent who will give their grocery money to an adult child so the child's family will not suffer. The reduction in the Medicaid rate for reimbursement of residential care and the break-down in the mental health system have added an extra burden to case management to substantiated APS cases."

"Our agency only has 2 social workers who provide all of adult services (APS, Guardianship, Adult Homes Specialist (8 facilities), certify and monitor 2 adult day care centers, [manage] the State Adult Day Care Fund, Special In-Home Program, and everything else. It is difficult to spend the time that needs to be spent with each client and in each area. Our county has one of the largest populations (percentage-wise) if not the largest of people who are [age] 65+ in North Carolina. Our caseloads have increased in the past 2 months in APS reports. The economy makes elderly more vulnerable when relatives, caregivers, etc. want money, medicine, or just plain steal from them. We have seen more exploitation cases recently. We expect the number of neglect, self-neglect, and abuse cases to go up as well."

"Over the last six years (since 2003), APS in our county has almost tripled; both reports received and those accepted for evaluation. While this is not entirely due to [the] economic climate, our inability to be able to secure additional staff due to limited county resources has hindered us and we're almost at a breaking point with regard to staffing resources. In the 07/08 [fiscal year] we had 100% turnover in APS staff (all 3 staff left) and we feel the high caseloads and reconfigured workloads greatly contributed."

Abuse, Neglect, and Exploitation on the Rise

- "[There is] greater intensity/demand on APS intake."
- "Mainly we have seen an increase in a certain type of mistreatment and that is exploitation of assets."
- "We are getting a few more calls from siblings who are bickering over the handling of their parents' money."
- "[We are seeing] less help available within families."
- "We have a 14% unemployment rate in [the] county. We are receiving more reports on intergenerational households."
- "[We are seeing] increased mental health referrals [and] reduced funding for assistance with winter utility bills."
- "We are receiving more exploitation and neglect cases as a result of the economy due to caretakers taking client's money or [being] unable to afford services. Personal Care, CAP, and other services to help our APS population stay at home have been cut and we are seeing the negative effects because of this."
- "Reduction in mental health services now, and the impact of community support going away, are beginning to directly [impact] our services, particularly increased calls for needed services, which come through APS."
- "More adult children are removing frail parents from facilities and attempting to care for them at home which increases the income of the family. However proper care is almost impossible without adequate services in the home. More adult children are moving their parents into their homes from other states. They are very surprised to find adequate services are not available. More adult children have lost jobs and are no longer able to assist parents. More churches are finding it impossible to provide for elderly or disabled members. Churches have fewer funds to assist their members. We never have sufficient funds to meet all demands for in-home aide services. The community is always hoping for an increase in funding in this area. We are

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responding to the best of our ability to each situation. We offer guidance and supports as possible and make as many referrals as possible. Our community has never had sufficient services or supports, and we have never had sufficient staff to meet the demand for APS."

Additional Perspectives on Budget and Staffing Shortage and Stresses

- "We are trying to use [Medicaid] At Risk more to bring in more funds but the clients do not always qualify. Social Services Block Grant (SSBG) is our main resource for APS and with the cuts in it, it is going to be a problem. The county is just going to have to support us more."
- "It had been recommended to eliminate an APS position due to this being paid for with county funds. However, we were able to avoid this scenario for the time being. [We] are concerned that if future economic conditions worsen and revenues continue to be low or decrease, this could be an area where this may be re-introduced as a budget reduction item."
- "We will continue to provide APS to the best of our abilities. We are mandated. It may mean more county money to support APS worker salary and more comp[ensation] time provided to the 2 workers."
- "Overall caseload size has increased with no additional funding to hire more direct service staff."

Other Comments about APS and Needed Services and Supports

- "Transportation continues to plague this county, and low-income clients who do not qualify for Medicaid are left out. The Rural Operating Assistance Program (ROAP) and similar grants are questionable, and many of our disabled and aging clients have relied on those grants to go to work, school and other non-Medicaid activities."
- "Resources available to our clients have been drastically reduced to the point that some services are no longer accessible in this remote area (e.g., mental health).
- "With CAP-DA and CAP MR/DD slots being frozen, we are going to have to do more placements to Skilled Nursing Facilities due to the lack of available supports in the community. Furthermore, we are seeing a SIGNIFICANT increase in persons with moderate to advanced dementia, who need supportive care or a memory care unit, yet these units stay full and it is difficult to get the level of care for these persons in their own community. . . . Additionally, our guardianship caseload has increased because many of these persons either have no family or family lives out of state and there is no one to oversee their care or make decisions."
- Services through the Mental Health, CAP/DD and DA as well as personal care services through our Personal Care providers have decreased. The decrease in these programs has had a huge impact on the services many of our APS clients need to maintain in their community. As these services continue to decrease, this will continue to add to the repeat [APS] reports as well as an increase for placement. Many of these placements will be inappropriate due to the client's mental needs. The full effect of the economic decline will not be known until much later as these clients will decline over a period of time. DSS will not be able to meet the demand of services these clients need. This does not reflect DSS lack of capabilities but services beyond our area of expertise."
- "Our agency is taking it one [APS] evaluation at a time to stay afloat. My biggest concern is training needs for APS. APS training really needs to be mandatory. The intake worker should be required to take at least Module 1 because a good report is key to screening. Currently the supervisor trains the intake worker who is mainly intake for Children Services. I am concerned about the unavailability of training for APS. It really needs to be at least twice a year to give new staff an opportunity to attend. I am of course sensitive to the fact that there isn't funding for it and that the Division of Aging and Adult Services is sold on the necessity of training."

Searching for Solutions

- "[We are] working to develop community partnerships to develop more community awareness of APS issues."
- "[We] are planning to apply for [the] county's Maintenance of Effort funds for Mental Health Services to cover the cost of a Mental Health person on staff to assist with case services and recommendations for service."
- "[We] will utilize student interns to assist in other areas so some of our other social workers can assist with APS."
- "At this point the only thing that may need to happen is that our child care or work first worker may need to start and/or complete an APS evaluation."

Testimony Submitted in Support of the
Senate Special Committee on Aging Hearing
Justice for All: Ending Elder Abuse, Neglect, and Financial Exploitation
March 2, 2011

Submitted by: Rev. Dr. Anne Marie Hunter, Director
Safe Havens Interfaith Partnership Against Domestic Violence
101 Arch Street, 11th Floor, Boston, MA 02110
617-654-1821, amhunter@interfaithpartners.org, www.interfaithpartners.org

Dear Mr. Kohl and Mr. Corker:

Thank you for your March 2, 2011 hearing on Elder Abuse, Neglect, and Exploitation, and for the opportunity to submit this testimony to you. You have done the nation a favor by raising the profile of the critical but often ignored crime of elder abuse. I am writing as a faith leader (I am a United Methodist pastor) and as director of Safe Havens Interfaith Partnership Against Domestic Violence to encourage you to include the voices of diverse faith communities in the many courageous voices that you have already heard.

From 1991 - 1997, I served as pastor of a small, vibrant, and welcoming congregation in Massachusetts. While I was there, a fragile, 82-year-old parishioner was shoved roughly to the floor by her adult grandson. He had broken into her apartment to demand drug money. Her wrist and two ribs were broken. I learned later that this was not the first time he had intimidated and assaulted her to get money.

Another 70-year-old parishioner disclosed 50 years of physical, verbal, and sexual abuse to me, but only after her husband had died. While he was alive, she was too afraid to speak out. Her disclosure split her family, some of whom refused to believe that their beloved father could have been abusive. The subsequent friction in her family compounded the trauma that this victim had already endured.

Another congregant was cared for in his home by his adult son. The home was dirty, with piles of recycling in the kitchen and layers of dust on every surface. The congregant, who was confined to a hospital bed in a dark, airless dining room, was unkempt and haggard.

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These are just a few of the situations that I encountered in my parish. I was ill equipped to respond. I knew nothing about elder abuse. I was seeing it, but I couldn't name it. I didn't know how to respond, or who to call for help.

Only later did I learn that my congregation was not unique. Tragically, 11% of older Americans experienced emotional, physical, or sexual abuse and/or neglect in the past year.[i]

Many victims of elder abuse turn to their faith communities for help. This may mean talking to a member of the choir, mentioning the abuse to a long-term friend during a women's group, men's group, or scripture study, or asking a faith leader for help. Victims of elder abuse need and want the support of their faith communities and faith leaders. For many older adults, faith is a valuable resource, an important aspect of identity and community, and an essential element in decision making and healing.

Faith community leaders and members are uniquely placed to help. We know older adults and families well, visit in nursing homes, hospitals, long-term care facilities, and homes, and know when an older adult is unexpectedly absent or when her or his behavior suddenly changes. Unfortunately, many faith community members and leaders have not received the training and resources they need to respond effectively and safely.

I am writing today to lift up the need for elder abuse training, resources, education, and empowerment for faith communities and faith leaders. A 2003 study states: "Faith communities can play a critical role in the prevention of elder abuse and neglect by fostering heightened public awareness of elder mistreatment, as well as providing services to abused elders in the community."[ii] The words of one of the elder abuse survivors that Safe Havens has interviewed sum it up beautifully: "Wherever clergy are trained, abuse should be at the top of the list."

Safe Havens has already been involved in helping faith communities take on their critical role in responding to elder abuse. In 2008, Safe Havens received a grant from the Office on Violence Against Women (OVW) of the U.S. Department of Justice to develop an Elder Abuse and Faith Toolkit, which is currently being distributed nationally. The Toolkit contains resources that encourage service providers and faith communities to collaborate to provide support to older Americans who are experiencing abuse. This is just one example of the groundbreaking work that is funded by OVW and the Department of Justice.

As a trusted refuge, a source of information, a catalyst for community awareness and change, and a bridge to community resources, faith community members and leaders are a critical component of the community-based safety net that older Americans need when they are seeking safety from abuse, exploitation, and neglect.

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I hope that you will include faith-based leaders in your thinking about next steps as our nation addresses the critical issue of elder abuse. And I pray that the federal government's commitment to this issue will grow more robust as America ages and the need becomes increasingly acute. The March 2 hearing is a strong beginning, and I thank you for your foresight and leadership.

Sincerely yours,

Rev. Dr. Anne Marie Hunter
Director, Safe Havens Interfaith Partnership Against Domestic Violence
www.interfaithpartners.org

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[i] Acierno, Ron, Melba Hernandez-Tejada, Wendy Muazzy, and Kenneth Steve, "national Elder Mistreatment Study," U.S. Department of Justice, 2009, pp. 4 ff.
[ii] Elizabeth Podnieks, EdD, RN and Sue Wilson, PhD, "Elder Abuse Awareness in Faith Communities: Findings from a Canadian Pilot Study," Journal of Elder Abuse and Neglect, Vol. 15, No. ¾, 2003, p. 121.

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Testimony
by
Norman Shaifer
Before:
Senate Judiciary Committee's
Senate Special Committee on Aging
Senator Herb Kohl, Chairman
Hearing Entitled:
"Justice for All: Ending Elder Abuse, Neglect and Financial Exploitation"
On
March 2, 2011

My name is Norman Shaifer. I am 80 years old and a veteran who served during the Korean War.

For most of my adult life I have been a publisher and photographer journalist with an office in Tappan, New York.

I have had a publishing firm that has published over 1000 social histories of organizations and outstanding individuals. I was also a media consultant for a number of nonprofit groups.

At age 72, I agreed to assist a neighbor who was dying of cancer who gave me his power of attorney, during his final months, requesting me to become the executor of his estate and his publishing manager.

My neighbor was a distinguished clinical psychologist who had written several important books, one of which had been translated into fourteen languages. He had worked on his last book for over 10 years and had asked me to see that it was published after he died.

While I know a lot about publishing, I have not been knowledgeable about estate law. Accordingly, I hired lawyers whose advice I depended upon and whose advice I followed, many of whom, appeared to be more interested in their fees that they would receive rather than advising me appropriately on how to properly administer the estate.

In administering my friend's estate, I have gone above and beyond my duties as his executor and publishing manager. I succeeded in publishing his last book notwithstanding having to deal with a sociopathic part time editor who claimed, immediately after my friend's death, that he was co-author of the book and who is still stalking me with emails that rant and curse. (A board certified psychiatrist determined his sociopathic condition upon reading his emails.) This editor claimed to have access to unlimited funds with which to pursue me legally. Fortunately, I had the support of other beneficiaries in dealing with that editor.

I have worked with three major universities who wanted my friend's personal research papers. In the remaining estate funds, I was also able to earn $660,000 in stock trading for this estate.

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Regrettably, I had to resign as executor due to my deteriorating health caused by hydrocephalus which went undiagnosed for 7 years. After I resigned, I was required to appear in Court to explain what I did as the Executor. I tried to explain to the Court about how my age and disability affected me. Because of the personal nature of this information, I asked all the attorneys involved in the case for permission to speak with the Judge alone and on the record that would be "sealed". I spoke to the Judge advising about my age and disability. This same Judge subsequently said at four different times that the record of what I revealed about my age and disability was sealed, but now this same Judge and Court claim there is no record of my testimony about my age and disability. I was then forced to make my health issues public. I don't think this would have happened if I were a younger person with no disabilities. This Court and others involved with the Court took advantage of me because of my age and disability.

I have had a brain implant for the last 4 years. My condition has caused a permanent disability. Because neither the Court nor others involved in this Court process recognized the impact that age and a disability has on a litigant, I was considered in default by this Judge and a substantial monetary judgment was lodged against me.

My long-time Rockland County home is now in the process of being taken over by the Probate Court. I am concerned about whether my problems and burdens of the incredible elder abuse in the probate case are any different from the abuse and dire circumstances recounted by Mickey Rooney in having his funds taken from him by unscrupulous people he had trusted. This should be a warning to all potential executors.

Senator Kohl, I have taken this time to testify before your Special Committee on Aging in order to support your special legislation in ending elder abuse and financial exploitation by warning senior citizens who may be called upon to serve as potential estate executors of my victimized and exploited experiences as an estate executor, trying to be of help to my neighbor, all of which emphasized the need for protective senior legislation.

Therefore, I believe that my experience as a victimized and exploited senior citizen illustrates the necessity for effective laws to protect seniors and for the enforcement of those laws.

Respectfully submitted,

Norman Shaifer

Thank you for the opportunity to provide testimony on our experiences with elder abuse. We are a small Wisconsin county with a fairly large population of persons age 60 and over. What we have found over the years is that while the reported cases have not gone up significantly, the cases are more complex and requires more case management to resolve. Social Worker time is limited so that inhibits our ability to do the best job possible. We have had cases where we know the abuse is happening but we are unable to prevent it since the person's mental status is in a gray area, not totally incompetent, yet confused. Our frustration is that local physicians are very hesitant to declare someone incompetent yet we are unable to force a person to have a more thorough evaluation unless it is an emergency situation. We also have a lack of specialist in the area that are able to provide these evaluations. We are careful to allow the person the right to self-determination. It many times is a fine line. These are the cases that require more intervention by our Social Work staff yet their time is already stretched.

In regards to guardianships we are finding that it is more difficult to get volunteer guardians to handle some cases due to the complexity of the case and the ongoing involvement required. We have used Corporate Guardians for our most difficult cases but they are more costly and our agency does not have funds to reimburse them.

When working with persons who self-neglect and/or hoard my workers would like more information on interventions used with hoarders. These types of cases are especially trying since many times the person is very competent and able to live the way they want as long as no health codes are violated.

As far a financial exploitation I would say this is the second largest abuse that is reported. We are still having some difficulty in working with financial institutions even though the State abuse statutes have given us more access to financial records. There is also an accepted attitude that family have the right to their relatives assets. Some take that money without their relatives knowledge. When they are made aware most do not want to do anything about it for fear of getting the person in trouble. It is an attitude of entitlement which needs to change. It would be helpful if the State would coordinate an awareness campaign to educate the public.

Lastly specialized training in APS and Elder Abuse is needed to effectively work with the elder population. We have to recognize that elders have the right to self determination but also understand that they have to right to be free of neglect and abuse. We have seen so many different levels of confusion among our elderly population that it is not always black and white whether a person is able

to make their own decisions. Given the current state of our economy I can see that there will be an increase in financial exploitation. Seniors are the ones with the steady income and may have some assets or a home so relatives will be looking to them for assistance. Education and Awareness of these issues are important. Also given county budgets there is less money to fund social work positions for APS/Elder Abuse workers. Once Family care comes to our county we will only have $32,000 a year to fund two very needed social worker positions.

Bonnie Weyers, APS supervisor
Shawano County

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Testimony on Elder Abuse

Beverly Sorensen

Guidance and direction are essential qualities for implementing a worthwhile plan. I believe this begins at a leadership (federal) level. As a country we have learned a lot from the 9/11 terrorist attacks and Katrina's devastation about organizing, responsibility, involvement and facilitating these actions. Let's use these techniques tospread the word about the serious issue of elder abuse.

It has been said it takes a village to raise a child, and we are learning it takes a community to save our elders. On a large scale the public has learned about the red flags of terrorism. Homeland Security does its role, but it wouldn't be as effective if it wasn't for alert citizens. In another immense venue the community needs to be saturated with the red flags of elder abuse. Television ads and various modern technologies, if used thoughtfully and often will assist in this endeavor.

I recently heard a story about a lady who worked at Domino's pizza. She had an older female customer who always ordered a personal size pizza everyday for lunch. This employee was off of work for a few days. When she came back and heard the woman hadn't ordered her pizza in three days, the concerned employee went to the women's home. The lady fell in her home three days ago and the employee found her. Employee education of routines, isolation, knowledge about myths, red flags, the types of abuse, and how it's perpetrated are important tools to inform the public. The emphasis should be that we are all bound together by our humanity.

Sent: March 15, 2011

From: **Carmel Bitondo. Dyer, MD**
Professor and Executive Vice-Chairman of Internal Medicine
Director, Division of Geriatric and Palliative Medicine
Roy M. and Phyllis Gough Huffington Chair in Gerontology
The University of Texas Health Science Center at Houston
Co-director of the Texas Elder Mistreatment Institute
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The University of Texas Health Science Center at Houston
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Lyn Emerich, MS PT
Administrator Director, Consortium on Aging
The University of Texas Health Science Center at Houston
Texas Elder Mistreatment Institute
Jason Burnett, DrPH(c)
Research Associate
The University of Texas Health Science Center at Houston
Texas Elder Mistreatment Institute

Subject: Written Response
United States Senate Special Committee on Aging Hearing-
Justice for All: Ending Elder Abuse, Neglect and Financial Exploitation

In response to the United States Senate Special Committee on Aging hearing (Justice for All: Ending Elder Abuse, Neglect and Financial Exploitation), please accept the following written testimony outlining the broad work being conducted by the Texas Elder Mistreatment Institute or TEAM, the first state agency and medical school alliance to address the burgeoning public health tragedy of elder mistreatment. The TEAM Institute is comprised of five arms: Clinical Care, Education, Fatality Review Team, Financial Abuse Specialist Team, and Research. In the Houston - Harris County Region of our state, we receive over 1200 cases of elder mistreatment each month. The TEAM Institute is one example of what can be accomplished when members of communities like Houston and Harris County work together to help its vulnerable citizens.

In 1997, Carmel Dyer, MD, a geriatrician, along with Adult Protective Services (APS) and HCHD staff, founded TEAM. Initially at Baylor College of Medicine where Dr. Dyer began her career in geriatrics, TEAM was the first state adult protective services-medical school collaboration in the country. This unique collaboration has now expanded to include The University of Texas Health Science Center at Houston.

Clinical Care: TEAM has the largest direct care experience with mistreated elders in the US and has intervened in over 1000 cases in the last five years. Interdisciplinary members of TEAM include geriatricians, gerontological nurse practitioners, social workers and APS caseworkers. The TEAM approach, which has evolved over the years, based on research and identified clinical needs, involves a comprehensive geriatric assessment (CGA) augmented by an

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additional battery of tests. After the CGA is complete, an interdisciplinary team meeting is conducted to collectively develop a treatment plan using the least restrictive alternative and keeping in mind the autonomy and dignity of older adults.

Educational Outreach: As part of its outreach and teaching role over the years, TEAM has educated professionals from all walks of life including social work and medical students, community agencies, legal/judicial entities, universities, medical schools, home health agencies, hospice agencies, civic clubs, law enforcement and state and federal governmental agencies about the reality of elder abuse. The TEAM Institute has received multiple education grants to teach health professionals that include elder mistreatment education including a HRSA geriatric education center (2007- current) and a Reynolds Foundation Award (2009-current).

The Harris County Elder Abuse and Fatality Review Team (EFFORT): In 2003, TEAM Institute members established EFFORT. Disciplines represented by the members include police officers, attorneys from the district attorney and attorney general offices, Texas Adult Protective Services, victim advocacy workers, social workers, geriatric medicine practitioners, medical examiners, and health educators. EFFORT meets monthly to perform a system-wide detailed review of selected unexpected elder death cases and identifies areas of systemic improvement in terms of interagency cooperation, communication or changes in policy.

Harris County Financial Abuse Specialist Team (H-FAST): H-FAST is a collaboration of medical and legal professionals who convene to discuss detection, intervention and prevention of financial and material exploitation of older adults. H-FAST is managed by the Better Business Bureau and meets monthly to discuss cases and new developments.

The Consortium for Research in Elder Self-neglect of Texas (CREST): CREST was established through the NIH Roadmap Initiative to advance the body of knowledge on self-neglect, which is the most commonly reported form of elder mistreatment. Since then we have been funded for three more federal and foundation studies. Members have published over 65 papers, abstracts, chapters and a book. Some of our work includes: the development of an elder self-neglect model, determination that cognitive impairment is a risk factor for elder mistreatment, the development of a self-neglect severity scale, forensic markers for mistreatment in death cases and studies about the use of other tools to assist clinicians and front-line workers to assess vulnerable elders.

The TEAM Institute in 2011 includes *nearly 100 interdisciplinary members* from The UT Health Science Center, Region VI Adult Protective Services, The Harris County Hospital District, the Harris County DA's Office and Sheriff's Office, The Houston Police Department, Baylor College of Medicine, The Harris County Hospital District and Memorial Hermann Hospital Forensic Nurse Programs, the Better Business Bureau, The Harris County Forensic Center, Harris County Attorney's office and many others.

The ongoing work of the TEAM Institute would not be possible without the strong collaborations with the Houston and Harris County community. We recommend that more jurisdictions develop similar teams to address the needs of their most vulnerable elders. We encourage the federal government to support the necessary steps to address the abuse, neglect and financial exploitation of older adults. Members of the TEAM Institute are grateful for the opportunity to provide written testimony. We commend the Senate Special Committee on Aging for holding the recent riveting and informative hearing and we appreciate the compelling comments of Mr. Rooney and the expert panel.

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Aging Abuse

What if your mother were beaten or deprived of food? It would make you very angry, I am sure. So tell me why you think it is alright to ignore the epidemic of elder abuse in this country? The aging population, the people who help to make this country a nation of freedom, are being ignored, abused and pushed aside.

As a nurse who worked twenty-five years in the field of geriatrics, I am well aware of the devastating abuse of the geriatric community. As you know, there are many types of elder abuse. It happens in private homes, nursing homes, adult day care programs and other places.

Many home care givers are exhausted and frustrated by the lack of support our insurance companies and government provide for caring for aging parents and loved ones, especially at home. So much money is wasted by our government on selfish spending and ridiculous projects. We are spending billions on people who are not even citizens of this country. The concern of our government seems to be focused on helping other countries and looking like the "super power". What about the people who are citizens of this country and have worked and paid thinking the government would be there for them when they could no longer care for themselves?

A nation who allows the elderly to be abused and not have a punishment that makes a statement to our society that abuse is totally unacceptable is not a responsible country.

In nursing homes across the country, the geriatric population who can no longer care for themselves are being abused and neglected. They sit in wheelchairs all day ignored for the most part. They are often in pain and can only express it through yelling. I have seen situations where there are numerous patients to be fed and not enough staff to do the job, so some go hungry. Many are incontinent and sitting or lying in their own body waste for hours until bottoms are excoriated and breaking down with sores. I witnessed and reported an incident where a woman had been left sitting on a bedpan in a wheelchair all day. Some patients who had bruises on their bodies, supposedly had fallen, were in fact roughed up by the aides caring for them and flung into bed at 7 p.m. after being up all day.

As you can see, there are numerous ways our geriatric population is being abuse. Hopefully, our government will begin to support programs to educate and support those caring for the elderly. Insurance companies could help by making it easier to take care of a parent at home so caretakers are not overwhelmed and resort to abuse. A more watchful eye on our nursing homes and day care centers could eliminate some abuse.

If our government closes their eyes to this issue, then they are a part of the abuse. Think about how each one of you would like to be treated in your last years of life. It will be here before you know it.

Thelma Tone, nurse

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March 11, 2011

UJA-Federation of New York

Testimony Submitted to the Senate Special Committee on Aging Hearing - "Justice for All: Ending Abuse, Neglect and Financial Exploitation" March 2, 2011.

Submitted by: Anita Altman, Deputy Managing Director, Government Relations, & Founder of the UJA-Federation Task Force on Family Violence

I am writing on behalf of UJA-Federation, a network of 100 social service and health care organizations that serve more 1.5 million New Yorkers each year. For almost two decades our agency system has been deeply involved in issues of family violence, focusing on education and prevention, as well as providing an array of services to its victims. Through our agency system, we have participated in the development of a continuum of family violence services, always struggling to build partnerships between public funds and private philanthropy to establish and sustain these programs. Over this period we have seen the growth of child and partner abuse services, never sufficient to meet the need, but nonetheless significantly greater and more sophisticated than when we began our work.

Unfortunately, the same cannot be said of elder abuse. We must remedy this long-invisible but widespread public health and justice system problem. Millions of seniors have been harmed and impoverished by elder abuse in the United States. Abuse can take many forms – it includes physical, sexual and psychological abuse, financial exploitation, and neglect by caregivers. Elder abuse is a problem that is often masked (a National Elder Abuse Incidence Study conducted in 1998 found that only 16 percent of abusive situations are referred for help - 84 percent remain hidden). In elder abuse situations, unlike that of child abuse or domestic violence, the abuser specifically exploits the individual because of vulnerabilities that accompany the aging process, including physical frailty, social isolation, caregiver dependency, and cognitive losses.

The plight of these victims has not been a priority on either the national or New York agendas. The federal response to elder victims has been minimal, lagging some 40 years behind child abuse and 20 years behind domestic violence. Similar to child abuse, which is estimated to cost our society some $100 billion per year, elder abuse is also estimated to have an annual price tag in the tens of

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billions of dollars, often unnecessarily borne by Medicare and Medicaid due to preventable injury and illness, and by families due to their elders' financial exploitation.

We believe that this year's reauthorization of the Violence Against Women Act presents us with a special opportunity to review and enhance our resources to fight against this scourge in our society. Grant programs funded by VAWA currently authorize only $4 million each year for elder justice - we urge our members of Congress to work towards strengthening this funding stream to reflect the severity of the issue.

National experts have identified three priorities to guide a federal response, which we would urge you to consider and embrace:

- **Improve research, evaluation and data collection** so we better understand the nature and dimensions of the problem, how to prevent it, and what responses work;
- **Enhance interventions and responses**, especially victim services and multidisciplinary efforts. Responders are chronically under-funded, under-trained, poorly coordinated, and too often must act without the benefit of evidence-based guidance on what works; and
- **Increase public awareness**, helping the public to recognize the problem, respond when it occurs, and prevent it when possible - and activating a meaningful discussion of the issue.

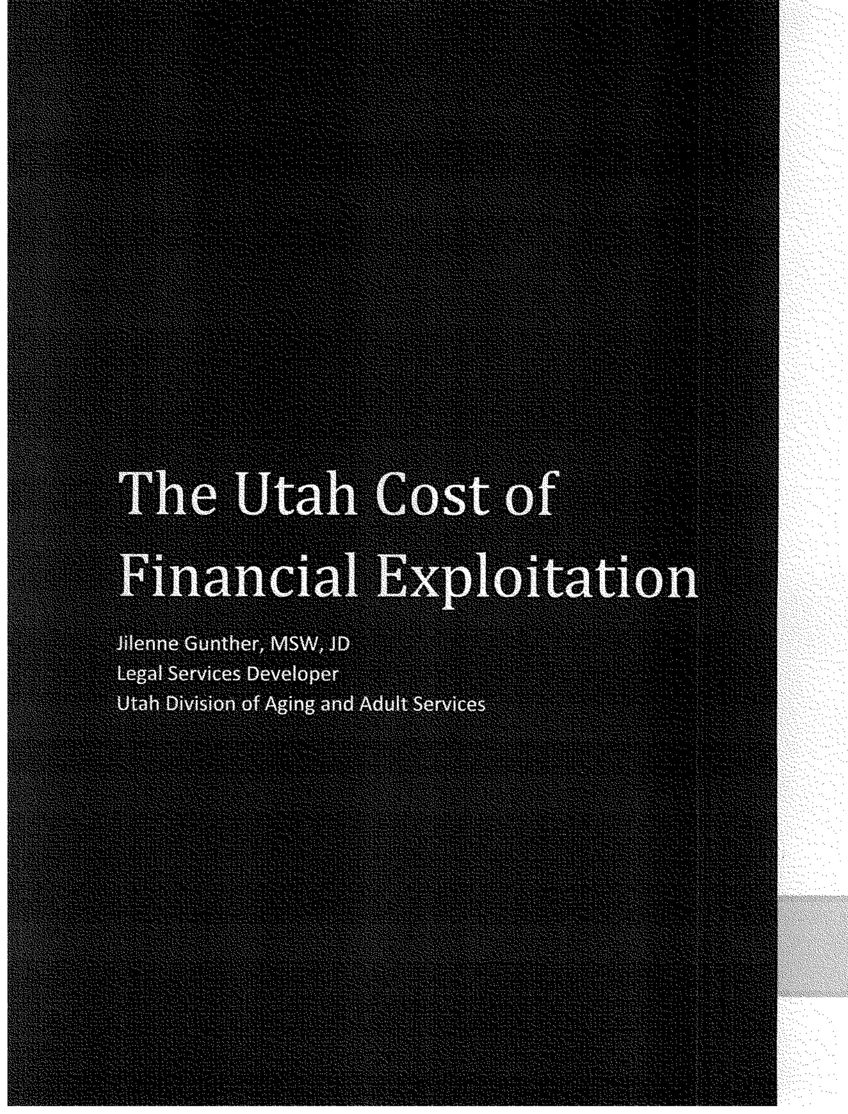
We in New York are fortunate to have the leadership of Dr. Mark Lachs, who I know testified before you at your March 2nd hearing. He has helped to organize a model Multi-disciplinary Elder Abuse Center in Brooklyn, working with a team of physicians, members of the criminal justice system, financial experts and social workers from JASA, a UJA-Federation member agency. They are working collaboratively to identify victims, and then effectively and efficiently meet their legal, medical, mental health and other needs. We believe that this should be a national model, one worthy of replication across the country.

We are well aware that the Congress is under tremendous pressure to cut programs, and shrink government funding, but we believe that an investment in elder abuse services and research will make a significant impact on our public health, welfare and entitlement programs. The reality is that elder abuse is costly, costly to the seniors suffering the abuse and sustaining the injuries and financial exploitation. That exploitation too frequently leaves them impoverished and in need of public assistance, having lost the savings that was to sustain them in their lifetime. We know too that elder abuse is an independent risk factor for entering a nursing home. Elder abuse is already costly to our public welfare, Medicaid and Medicare programs. We believe that we have an opportunity now, with more significant federal funding to address this terrible problem that has for far too long been overlooked and ignored.

Respectfully Submitted,

Anita Altman

Deputy Managing Director, Government Relations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Legal Services Developer
Utah Division of Aging and Adult Services

The Utah Cost of Financial Exploitation

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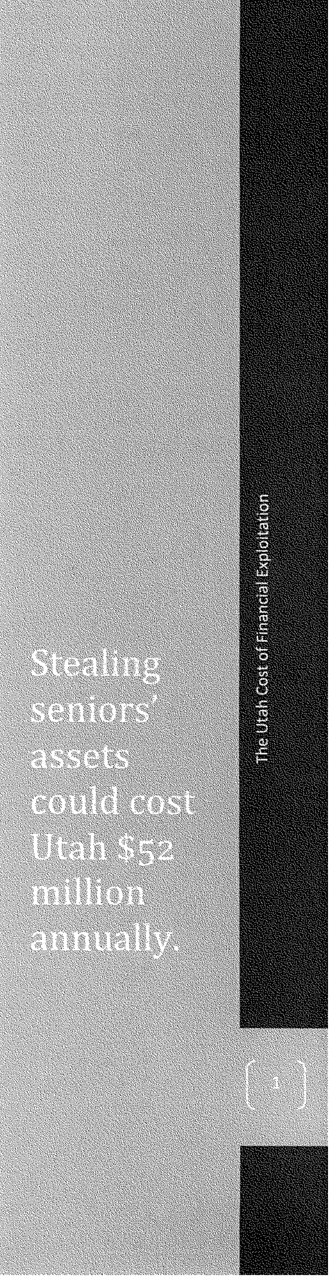
Utah Division of Aging and Adult Services

1.0 Introduction

"On my desk sits a photo of my grandfather standing next to Margaret Thatcher. It reminds me of the good works my grandfather did within Utah and throughout the world helping others. Despite the great world collections my grandfather acquired from his charity works and from living abroad, the photo is one of the few items I have to remember him. My grandfather was financially exploited within his own home by someone who was a close friend, almost like family, and whom he was trying to help. She stole cash from his wallet and carried item by item many, but not all of his treasures he and my grandmother had collected throughout their lives out of their house."[1] She is not alone. Every day in this nation seniors are exploited. These seniors who are heralded as our greatest generation are now under attack across our nation in one of the grimmest battles – the fight against financial exploitation. But unlike other battles they've faced, the enemies are often those closest to them, and ones



[1] The identity of author and victim of financial exploitation withheld to protect privacy.

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they least expect – family members and close friends. The crime goes silent as many seniors who are financially exploited, like the gentleman in the story above, its too painful to report, it is embarrassing to admit, and often goes unidentified and thus unreported.[2] Exploitation is not prejudice of race, social position, or financial status. Yet, while this crime is silent, it does not go unnoticed. The effects of financial exploitation are recognized by all of us – families, businesses, taxpayers, government programs such as Medicaid, and seniors. Yet there is little national data on financial exploitation; the exact costs of financial exploitation are largely unknown.[3]

And Adult Protective Services (APS) workers, the frontline fighting this battle, have taken and continue to take significant deep budgets cuts to their programs around the nation while still maintaining the requirements to address elder abuse under the Older Americans Act. Compounding this issue is that little research has been done to show the extent of financial exploitation and exactly how exploiters are accessing these funds. Thus, workers are left to advocate for seniors using stories with little supporting data. While the costs of domestic violence have been calculated for decades, a cost analysis of financial exploitation using Adult Protective Services records has never been undertaken.

Seeing this issue, as a full-time Legal Services Developer charged with coordinating the legal service delivery system that includes Adult Protective Services, I began to examine the costs of financial exploitation, the methods exploiters are using to access seniors' assets, and many other variables using data from Adult Protective Services cases. This exploratory research attempts to paint a picture for policy makers of the importance of financial exploitation, the potential costs of exploitation, as well as to help understand how financial exploitation is occurring in order to better target prevention efforts. The exploratory research estimates that Utah seniors, businesses, and the government could have lost $51,506,100 in 2009 due to financial exploitation.

[2] See Gunther, J & Van Langeveld, A (2011, in press). Utah Legal Needs Study. Utah Division of Aging and Adult Services: Funded by the Administration on Aging Model Approaches Grant.
[3] MetLife Mature Market Institute et. al. (2009). Broken Trust: Elders, Family, and Finances. A Study on Elder Financial Abuse Prevention.

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2.0 Study Design

This exploratory study from the Utah Division of Aging and Adult Services' Legal Services Developer provides an introductory examination of the cost of financial exploitation to Utah seniors. The purpose was to attempt to calculate the financial loss to Utah seniors, financial institutions, and government entities; and to also determine the variables and methods perpetrators employ to exploit. This report serves as a tool to help our local Adult Protective Services program to have more effective and targeted prevention.

The Utah Cost of Financial Exploitation Study was conducted by examining all the substantiated financial exploitation cases of Utah Adult Protective Services. Fifty-seven cases were reviewed in-depth to determine financial loss. Cases were reviewed for documentation regarding dollar amount taken and property stolen. In cases involving property we gathered as much information as provided in the case notes to determine the value of that lost property. In fewer than 10% of the cases, we did not have all the facts to make an exact valuation. In these circumstances we always aired on the fiscally conservative side as well as used the average cost of a like property. For example, if a 2003 Ford Taurus was listed as stolen with no additional details describing the vehicle, we estimated the value using the average value of a 2003 Ford Taurus listed in the Kelly Blue Book, assumed it was in fair condition, and estimated the number of miles on it by the average amount of miles a person drives in a given year. Cases that did not have enough evidence to be substantiated were not examined; other agencies more so than Adult Protective Services receive reports regarding scam artists, insurance fraud, telemarketing fraud and other like fraud; thus, it could be possible that the costs of financial exploitation to Utah seniors are higher than reflected in this study.

To conduct valuations we used the Kelly Blue Book and Utah sold real estate numbers, and consulted with local pharmacists, insurance life expectancy tables, and other valuation tools. We looked for as much information as possible to make these valuations including where the real property was located and the average price of homes selling in the area over the last six months; model, make, usage and condition of the car; and average out-of-pocket prices for medications. We also used the average yearly Utah Medicaid cost for a Utah senior in conjunction with consulting the life expectancy table to determine how many years the senior might be on Medicaid.

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Examining financial exploitation without attempting to account for unreported cases would not be telling the entire story. It would be comparable to trying to calculate the number of drivers that speed by only examining the number of drivers who receive tickets without taking into account those that receive warnings and those who speed and do not get caught. It is well established that there are a substantial amount of unreported financial exploitation cases.[4] Studies differ on the number of cases unreported. In a recent study by Cornell University, the researchers calculate that for every one reported financial exploitation case, 44 go unreported.[5] Another study stated that only 1 in 25 are reported.[6] In estimating a range for the dollar amount lost, we used the above figures but made our conservative hypothesis of how many cases go unreported based on statistics from government officials and reports[7] which state that only 1 out of every 10 seniors report abuse. This exploratory study is only just that it explores the potential costs of financial exploitation, variables involved in exploitation, relationships to victims, and provides dollar amounts based on estimations, statistics and hypotheses. It is an exploratory study to highlight the importance of examining the costs of financial exploitation and need for further research in this area. It is the first step of many needed to capture the true cost of financial exploitation to our society. This study did not assess financial losses associated with physical, sexual, or emotional abuse.

2.1 Variables Examined

All 57 substantiated Adult Protective Services financial exploitation cases were included in the study. There were two phases to this study. The first was a valuation of financial loss. The second was a more in-depth examination on several variables including –

- Who made the referral
- The perpetrators' relationship to the victim
- Type of financial exploitation
- Method used by the perpetrator

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[4] Humphrey, T. (2003). Nichols Seeks Stiffer Laws Against Elder Abuse; Knox Attorney General Says State Needs to Get Tough on Scam Artists, KNOXVILLE NEWS-SENTINEL; Camron, V. Abuse of Elders Goes Unreported, Committee Says; Group's Goal Is Prevention, CHI. TRIB., Mar. 24, 2004, Morrison, J. Fraud and the Elderly, MONT. LAW., Mar. 2003,
[5] (2011). New York State Elder Abuse Prevalence Study. Preliminary report. Cornell University.
[6] Wasik, J.F. (2000). The fleecing of America's elderly. Consumer's Digest, March/April.
[7] Id.

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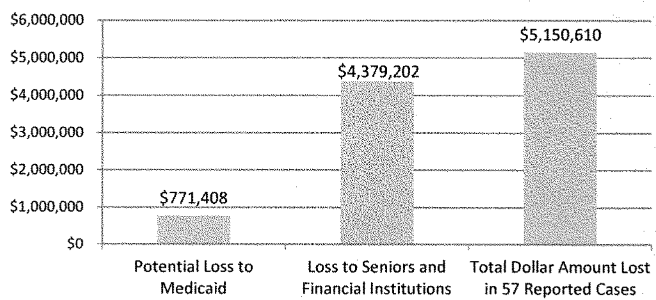
- Non-monetary deprivation
- Subsequent Medicaid eligibility
- Police and prosecution involvement

3.0 Findings

3.1 Overall Financial Loss Due to Financial Exploitation

Out of the 57 cases reviewed $5,150,610 was lost due to stealing seniors' assets. The loss to Medicaid could potentially be $771,408. The range stolen was from $35 to $745,640. The average loss is $90,362 per senior.

Chart A - Dollar Amount Lost (Substantiated Cases)



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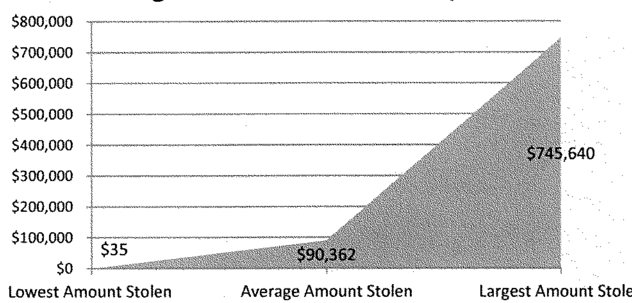


It is well established that there are a substantial amount of unreported financial exploitation cases.[8] To accurately estimate the costs of financial exploitation, unreported cases must also be evaluated. (Estimating costs only for reported cases and ignoring unreported cases would be comparable to estimating the number of drivers that speed by only looking at those who receive speeding tickets.) Studies estimate that for every one financial exploitation case reported anywhere from 10 to 25 to 44 go unreported (see page 3).[9] Considering these estimates the cost of stealing seniors' assets could range anywhere from $52 million to $227 million of losses a year. The study errs on the most conservative range and estimates that Utah seniors, businesses and the government lost up to $52 million in 2009 due to financial exploitation; thus, exploitation from seniors costs Utah up to $ 1 million dollars per week.

[8] Humphrey, T. (2003). Nichols Seeks Stiffer Laws Against Elder Abuse; Knox Attorney General Says State Needs to Get Tough on Scam Artists, KNOXVILLE NEWS-SENTINEL; Camron, V. Abuse of Elders Goes Unreported, Committee Says; Group's Goal Is Prevention, CHI. TRIB., Mar. 24, 2004, Morrison, J. Fraud and the Elderly, MONT. LAW., Mar. 2003,
[9] (2011). New York State Elder Abuse Prevalence Study. Preliminary report. Cornell University.

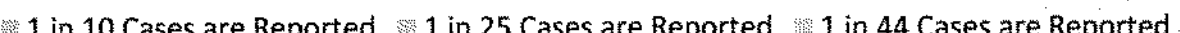
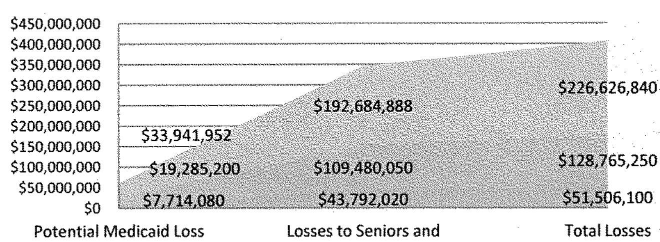


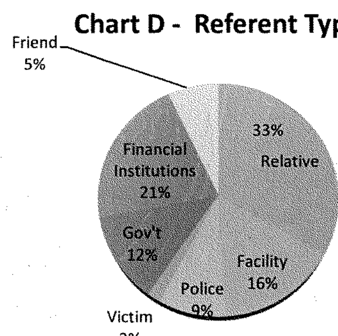
Chart C - Projected Losses of Reported and Unreported Cases



3.2 Referrals made to Adult Protective Services

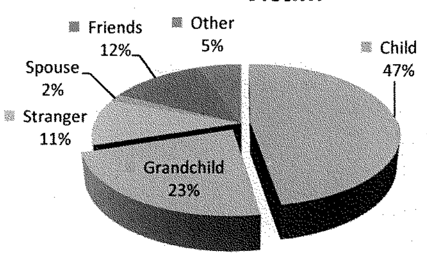
Thirty-three percent of the case referrals come from relatives of the victim and 21% from financial institution employees. Only 2% of referrals were from the victim themselves. This perhaps indicates that victims are often embarrassed about reporting financial exploitation or are unaware of the expl oitation that is occurring.

Chart D - Referent Type



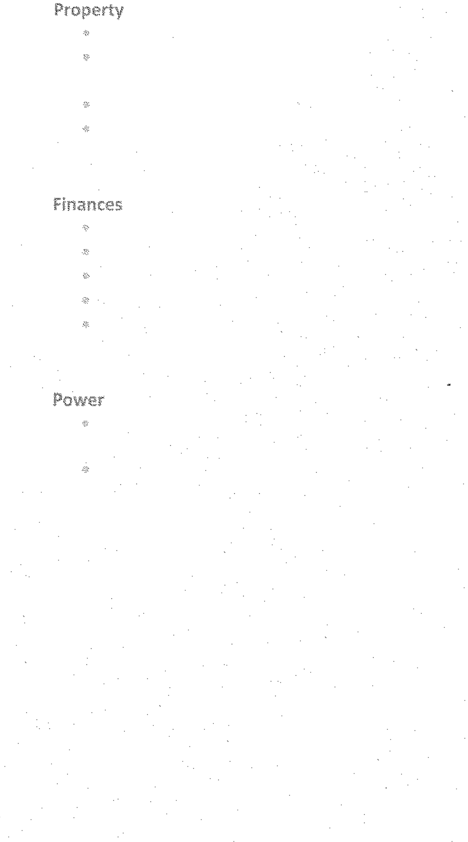
3.3 Perpetrators Relationship to the Victim

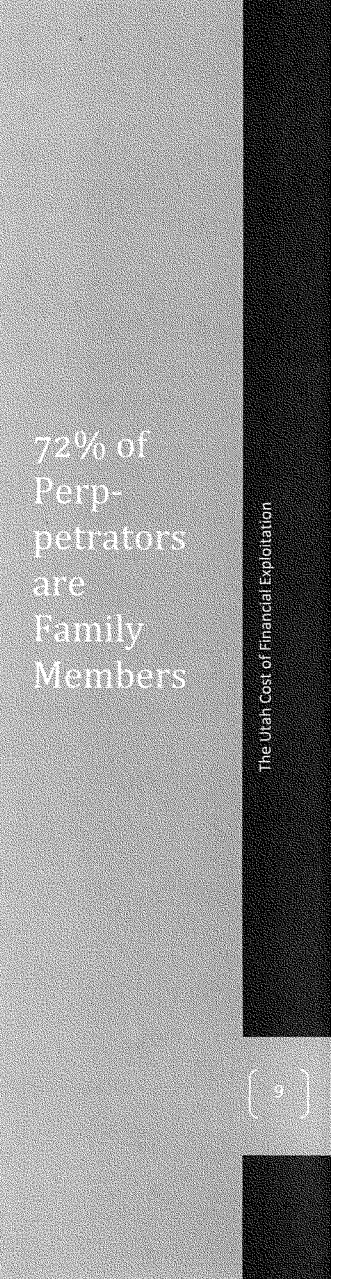
The majority of perpetrators (72%) were family members. Only a few (11%) were strangers. This reflects national data and also indicates that those who perpetrate are taking advantage of their close relationship with seniors.



3.4 Methods Used to Exploit

To learn more about prevention, we examined the methods perpetrators were using to exploit seniors. We found they were doing so in the following ways:





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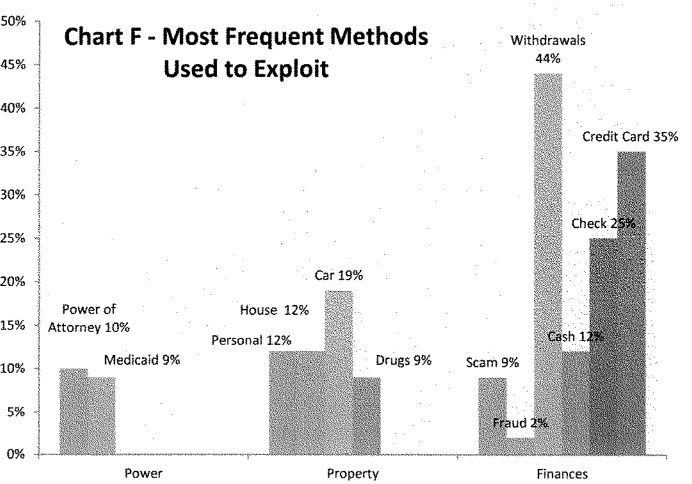
We found that the top methods used to exploit seniors were bank withdrawals (44%), credit cards (either misuse or identity theft) (35%), stealing and forging checks (25%), and car theft (19%). We also found that many perpetrators were using more than one method to exploit; thus increasing the frequency of the categories of methods used.



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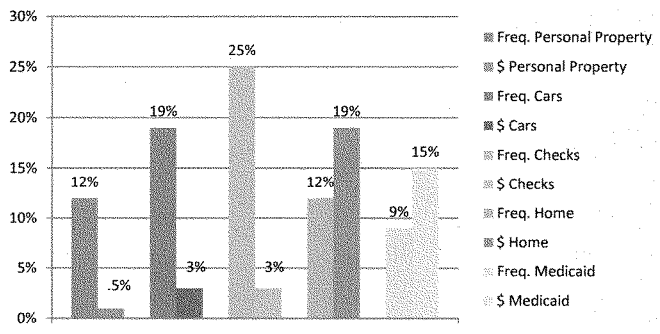
3.5 Comparing Frequency of Methods Used & Percentage of Total Dollar Amount Stolen

We also compared frequency of the method used and the percentage of the total amount stolen for that same category. This illuminated where seniors are taking the biggest monetary hit. While 12% of cases involved stealing personal property, that category only represents 0.5% of the total amount of money exploited. In 19% of the cases seniors are exploited for their cars, yet the cash amount only represents 3% of the total dollar amount. Stealing or forging checks occurred in 25% of the cases, yet that method only represents 3% of the total amount stolen. Only 12% of the cases involved stealing a home, yet this category represented 19% of the total amount stolen. This comparison, illustrated in Chart G, demonstrates that the methods involving Medicaid, stealing a home, and bank withdrawals are big ticket items.



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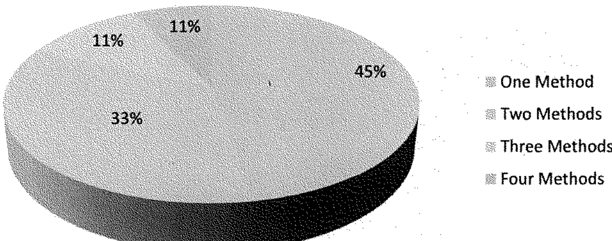
3.6 Number of Methods Used per Case

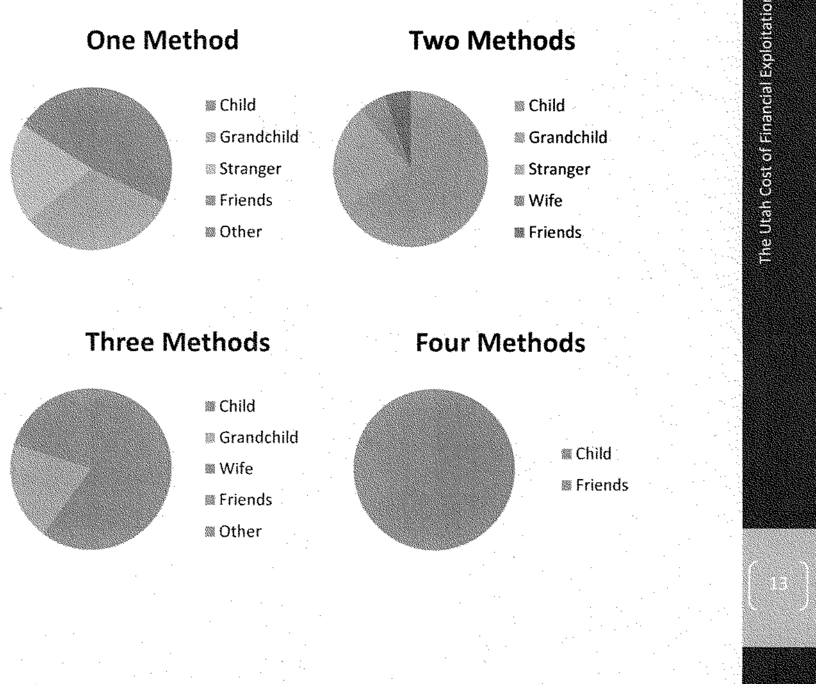
In most cases, perpetrators used multiple methods to exploit (55%). Forty-five percent used one method to exploit.

Chart H - Number of Methods Used



3.7 Comparing Frequency of Methods Used & Relationship with Perpetrator-Victim

Analysis of the perpetrators' relationship with the victim and the number of methods used by the perpetrator showed a definitive trend. Strangers and grandchildren were more likely to use one method to exploit. Those closer to victims–children and friends–were more likely to employ two, three, and four types of exploitation methods.



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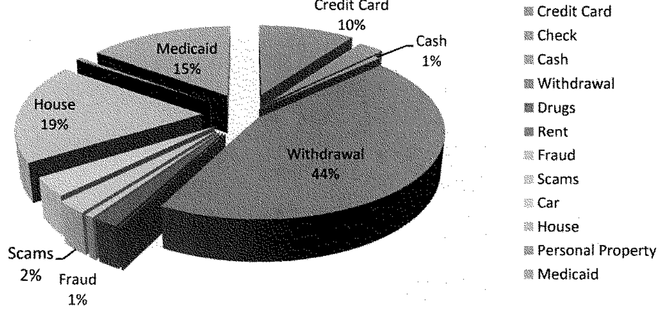
3.8 Financial Institution Related Transactions and Withdrawals

Examination of the data indicated that 57% of the total amount stolen involved financial institution related transactions including withdrawals, credit cards, and checks. Yet only 21% of Adult Protective Services referrals (from the 57 substantiated cases examined) came from financial institutions. This discrepancy demonstrates that Adult Protective Services needs to work more closely with financial institutions in identifying and reporting suspected financial exploitation.

Bank withdrawals represent 44% of the total amount lost. Half of the cases involving bank withdrawals specified how the money was withdrawn. Out of those specified cases many had several types of withdrawals, a third of the cases either involved a withdrawal within the financial institution, a joint bank account; or a transfer online. Half of the specified bank withdrawal cases involved a debit card affiliated with the bank account. This illustrates the need for seniors to be educated on the dangers of joint accounts and lending out credit cards as well as the concept of online banking and debit cards.

Chart J - Percentage of Total Dollar Amount Lost Per Method



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3.9 Potential Utah Medicaid Cost

We found that some of these cases involved a senior being exploited to such an extent that the senior was either now on Medicaid or was in the application process.[10] All of the seniors in this situation had a significant amount of their life savings stolen. Attempting to estimate a loss to Medicaid is challenging and assumes that the significant amounts stolen propelled the seniors to qualify for Medicaid, but for the exploitation would not have occurred, and that the senior would not gain assets and thus would be on Medicaid for the duration of their life. Using the senior's current age and national life expectancy demographic tables, we estimated the number of years a senior would be on Medicaid. These costs based on the above assumptions are estimated to amount to $771,408 for reported substantiated cases. Considering that only one in ten cases are ever reported, this cost could potentially reach $7.8 million dollars. Again calculating these costs are challenging and forced us to rely partially on assumptions and thus act only as potential costs that need to be further examined. These estimations however paint a picture of the potential Medicaid costs and demonstrate the need for further specific research beyond this exploratory study.

4.0 Non-Monetary Losses

We also made note of losses that we could not put a value on. Examples included eviction from public housing, drug users or dealers in the home, changes to a will or to a deed, threat of loss of home, credit damage, loss of power when senior had an oxygen tank, financial institution defrauded by an exploiter using an invalid power of attorney, loss of trust with family, embarrassment and anxiety.

5.0 Police and Prosecution Involvement

Not including cases referred to law enforcement following substantiation, 11 cases specifically mentioned the police. One police agency turned down the case stating it was a civil matter. Another case was rejected because it was "too big." One case was turned down due to a lack of victim cooperation and another because it

[10] It is not uncommon for an exploited senior to have difficulty qualifying for Medicaid because the exploitation is often considered a transfer under the Medicaid rules.

But unlike other battles they've faced, the enemies are often those closest to them, and ones they least expect – family members.

involved a power of attorney. One case did involve an arrest. In six cases Adult Protective Services and the police worked together to investigate the case further.

6.0 Conclusion

Stealing senior's assets are estimated to cost Utah up to $52 million dollars in 2009. This amount, any amount is too much. Everyone in Utah is losing – seniors, government, banking institutions, and taxpayers. Perpetrators are those that are closest to seniors – relatives and friends. The majority of perpetrators are using bank related transactions to steal from seniors. Those with the closest relationships with seniors – children – are using multiple ways to access and exploit seniors. The estimations in this study paint a picture of the potential costs of exploitation and demonstrate the need for further specific research beyond this exploratory study. This exploratory study demonstrates that multidisciplinary collaborations among Adult Protective Services, banks, and law enforcement agencies could help prevent financial exploitation of seniors and thus be highly cost-effective. Specific recommendations include:

6.1 Bank Training

Adult Protective Services should train and work more closely with banks to enhance the identification and referral of suspected financial exploitation cases to Adult Protective Services. Training should include how seniors are being exploited as shown in this study; thus financial institutions can help prevent exploitation before it occurs. The state should encourage banks to develop seminars for their customers on how to prevent financial exploitation, alternatives to joint accounts, debit cards, online banking, and other banking basics.

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6.2 Encourage Police and Prosecutor Involvement

Adult Protective Services should train and work more closely with law enforcement agencies so police can better understand the criminal nature and importance of investigating abuse of seniors. Adult Protective Services should become knowledgeable on what law enforcement and attorneys need for a successful prosecution.

6.4 Create an Interdisciplinary Legal and Banking Team

The Legal Services Developer should create a team with Adult Protective Services and the Banking Industry to determine how to tighten up Power of Attorney laws, and help develop ideas for banking products that will give seniors more control over their accounts.

6.5 Create Guardian Bank Account

Perpetrators under the guise of assisting a senior with their finances allows the perpetrator unnecessary access that results in exploitation. The elder abuse field in conjunction to the banking industry needs to develop a special guardian account that allows for more control, greater security options, and monitoring by a third party.

6.6 Develop Training to Target Prevention

APS should use these finding to help target prevention. Training to seniors should focus on the methods perpetrators are using to exploit, the dangers of deeding over property and co-signing loans, how to legally evict unwanted "guests," how to appropriately handle finances when one is unable to, the basics of banking in the twenty-first century, and limiting others access to their finances.

7.0 Acknowledgments

The researcher wishes to thank the seniors of Utah who have had the courage to report their exploitation, Adult Protective Services workers – our first responders who tirelessly work to help prevent and stop exploitation – without their grisham reports this project would not have been possible; Lori Stiegal, Angela Linford, Paul

Gunther, Kathryn Draper, Rick Warne, and Sharon Bertelsen for editing this report on short notice. Thanks also to Nan Mendenhall, Utah Director of Adult Protective Services and Diane Stewart, former Utah Director of Adult Protective Services, for their cooperation, support and seeing the potential for the role that Legal Services Developers should have within the elder rights field. For additional information please contact Jilenne Gunther, jgunther@utah.gov.

March 15, 2011

Dear Senator Kohl, Chairman of the Aging Committee and Members of the Senate Aging Committee:

We would like to submit the following testimony as we have 30 years of experience as social workers and clinical social workers working in Adult Protective Services in Wisconsin. While we could write many pages of ideas, concerns and needs that would benefit the clients we serve we would like to focus on the following issues; lack of training for APS workers, and financial abuse of adults at risk and elder adults at risk.

As you know Adult Protective Service social workers work with the most vulnerable, disenfranchised, and complicated cases in the community. Wisconsin state law casts a large net defining adults at risk. These adults are often individuals who are isolated from their families, lack sufficient resources, are behaviorally challenging and struggle with living independently in the community. Many of these adults are dually diagnosed with Dementia, Medical issues, MH issues and some with AODA issues. As adult protective service workers, we have the responsibility of assessing individuals at risk and balancing their right to self-determination with their need for protective services and/or placement to ensure their safety and quality of life.

Given the diversity of cases referred for APS intervention and the magnitude of the court related implications for guardianship and protective services and/or placement, one would assume that APS workers would be mandated to attend training to ensure that they are properly trained to assume these responsibilities. However, there is no mandate for training APS workers in Wisconsin. All APS staff have attended some training on Alzheimer's and other pertinent trainings none were mandated. The best training has been through just walking into a situation, our gut reaction/common sense and consultation from more experienced APS staff.

An example of one case experienced in the first months of employment as an APS worker in our county was an elderly couple who resided on a small hobby farm. The husband was medically fragile and was cared for by his wife who was paranoid and resistive toward interventions. The home was hoarded with the couple's lifetime belongings and animals. Feces were present all over the home. The eyes of our APS worker burnt from the stench of ammonia from cat urine. There was no running water as there had been flooding and the pipers were not working in the home. The husband was willing to accept services but the wife was not. We worked with various community entities such as animal welfare and the local building inspector for assistance with the home. We made a few collateral calls to providers and met face to face with both the husband and wife to determine if they were competent and if services could be of assistance. We closed the case due to the couple's insistence that they did not need services. We closed this case concerned for both their safety but did not feel we had enough evidence to detain them or to file for guardianship and protective placement. We continued to receive community concerns on this case, and had to explain our limitations for intervention over and over to the various referral sources.

Another case assigned early on in our APS workers career was that of a forty-seven year old woman with Huntington's Disease, who had been left by her husband in a rooming house and this rooming house was also well known for housing sex offenders. The landlord was about to evict her because her husband had not paid the rent in one month. This woman had been living in a small room with no access to a bathroom her floor was soaked with urine. She was extremely disheveled. She wore a purple top hat as her hair was so matted from not being washed for years. Her skin on her face and body was molting. She had no money and no access to a phone. She was dependent on her husband to bring her food and other belongings. When he came to visit, he brought their children to visit with her in this room. She had cognitive impairment affecting her short- term memory but was conversational with others. She was aware of her Huntington's Disease and had manifestation of muscular rigidity and

chorea that had begun to effect her ability to walk and care for herself. She refused our services but she could not plan for how to address her basic needs. As a result, we detained her and protectively placed her so that we could file for guardianship and protective placement. Because of her severe physical and medical neglect, she spent some time in the hospital stabilizing until she could be placed in a nursing home. The police involved did not feel that there was enough compelling evidence to proceed with criminal charges for the husband.

We illustrate these cases to highlight the diversity and complexity of the situations APS workers are called on to assess at any time. It would be unacceptable to send a police officer, firefighter, paramedic, child protective service worker, or any other direct service provider into a home to assess and respond to a crisis without some mandated minimal level of training standard. Comparatively, for the child welfare field, the federal government and the state of Wisconsin have strict mandates for the education and training of child protective service workers. Specifically, DCF 43 is the administrative rule on the child protective services caseworker training which directs new child protective services caseworker to complete pre-service training (40 hours of best practice for child welfare) prior to being entered in the statewide automated child welfare information system as a primary caseworker. Until a caseworker has completed pre-service training the caseworker may only provide child protective services when accompanied by a CPS supervisor who has completed pre-service training. Currently in our county approximately 15% of the population is age 65 or older. By 2025 18-21% of our population will be age 65 or older. The numbers of persons diagnosed with Chronic mental health or other chronic medical and cognitive issues will increase and therefore more referrals and cases will be opened up in our APS unit. Mandated minimal training standards should be implemented as this would help to ensure that workers are implementing best practice strategies to difficult cases and that only the most serious cases, where there are no less restrictive form of intervention, are protectively placed. The government should work to ensure the safety of vulnerable adults, just as it has worked to improve the lives of children in the welfare system. The mandated minimal training standards that we recommend would help new workers understand how to assess competence; how to assess for safety; the long-term care landscape and in-home interventions; provide an overview of the laws that oversee our practice; introduce the criteria for filing legal petitions; and discuss how to provide testimony in protective service proceedings. These are fundamental aspects of providing quality services to the public to ensure that vulnerable persons retain their rights and are served in the least restrictive environment.

A second issue of concern is financial abuse of elder adults at risk and adults at risk in our county. We watched the moving testimony that your first witness Mr. Rooney presented to the committee. This type of abuse is greatly under reported. The victims are often dependent on their abuser(s) for the very basic s of life, shelter, food and care and are reluctant out of fear, embarrassment or lack of capacity to self-report to people who would be able to help them. Our greatest frustration when conducting a financial abuse investigation is gathering the facts. First, determine if abuse is occurring, the extent of the abuse, who is involved and how to adequately protect the vulnerable adult.

Our APS worker's frustration occurs when making contact with the financial institutions that the vulnerable adult does their banking or other financial business with. First we identify who we are, provide our professional credentials and even come prepared with copies of the WI law that entitles us to the financial records we need to verify the financial abuse. We rarely get the cooperation that we need. The financial institution demands that we get written permission from the client who is often cognitively impaired or so frightened of the abuser they do not want to sign an authorization. Often the abuser is also the vulnerable adult's Agent under a Durable Power of Attorney. If the alleged abuser becomes aware of the investigation, they can destroy evidence or further harm the client financially or strong-arm them into stopping the investigation.

If customer authorization is not possible, the bank often asks that the worker get court ordered subpoenas and this is time consuming and difficult to obtain when the initial report is not based in fact

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but well founded suspicion. In financial abuse investigations, time is critical. The lack of cooperation from Banks occurs on a consistent basis.

We recently had a case investigation where allegations of financial abuse were made against a daughter whose mother was in a local nursing home. The daughter had stopped making payments to the nursing home and the mother was being evicted. The APS worker contacted the bank and requested information both in person and in writing but were denied this needed information. The bank demanded written permission from the mother who was suffering from advanced Dementia or the daughter who was the alleged perpetrator. The client was receiving Social Security and a Pension. Without this information, the daughter was able to continue to spend the mother's assets on herself. If the worker can obtain the needed financial records, the worker can than use the tools that the law provides the worker to stop the abuse and protect the client. In this case, the worker was not granted access to the records unitl the APS worker filed a restraining order against the bank with the assistance of our Corporation Council. We could repeat this scenario with all of our financial abuse cases because we never receive cooperation. When talking to our peers throughout the state they too express the same experiences of obstructionism when dealing with financial institutions.

We would recommend that a Federal standard or law be in a Bill that requires cooperation with mandated investigators and that these institutions be required to train and inform the branches and employees of these institutions about the law.

Financial abuse investigations can be extremely complicated and time consuming. Unfortunately, our training in these types of cases comes from just doing the investigations. Again proper training in the field of financial abuse is vital. If a person is able to reach out for help but the person that is assigned to help them is not properly and adequately trained an unfavorable outcome may be likely to occur. We would also like to see District Attorneys on the local, State and Federal levels be given the tools they need to make these cases a priority. We are mandated to investigate and protect the most vulnerable adults in our community and these victims deserve to have someone who has the tools and knowledge to do the job they are being asked to do.

We would like to thank all of the committee member for your time and attention to an issue that is extremely important and an issue that will become more prevalent as our population ages.

Thank you for your consideration.

Laurie Kohler

Marie Anderson

Jeffrey E Stuberg

Pat Mireles

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Testimony

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To: Senate Special Committee On Aging

From: Patti Seger, Executive Director, Wisconsin Coalition Against Domestic Violence

Date: March 2, 2011

Re: Justice for All: Ending Elder Abuse, Neglect and Financial Exploitation

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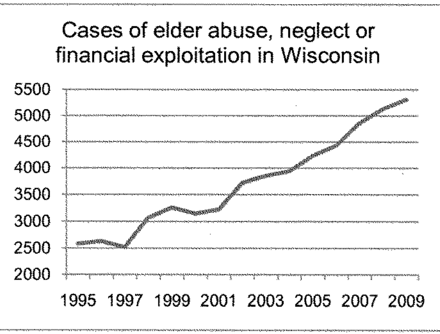
Chairman Kohl, Senator Corker, distinguished Committee members, thank you for the opportunity to provide written testimony on ending elder abuse, neglect and financial exploitation. This hearing is indicative of this Committee's resolve to provide older Americans with safety, protection and justice. Thank you for your important leadership.

My name is Patti Seger, and I am the executive director of the Wisconsin Coalition Against Domestic Violence (WCADV). WCADV is the statewide organization that supports and represents over 70 domestic violence victim programs across Wisconsin. As executive director of WCADV, I also serve as the executive director of the National Clearinghouse on Abuse in Later Life (NCALL), which is a project of WCADV. NCALL's focus is national; the agency provides training and technical assistance on elder abuse to many audiences, including domestic violence and sexual assault programs, aging bureaus, adult protective services, criminal justice entities, health care providers and legal personnel throughout the U.S. The Committee has received testimony from NCALL's director, Bonnie Brandl. Therefore, I will focus my comments on elder abuse in Wisconsin and the connection between elder abuse and the work of domestic violence victim service providers.

Elder abuse in Wisconsin is a significant and growing problem.

In 2009, there were 5,316 reports of suspected elder abuse, neglect, or financial exploitation in Wisconsin. Over the last fifteen years, the number of reported cases has more than doubled (see chart). The increase is most likely attributable to the aging population and the fact that elder abuse is often hidden from public view. A recent study found that 85% of older adults who experience sexual abuse do not report to police or other authorities. This means that, as we devote more resources and training to confront crimes against older adults, we uncover a greater percentage of



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the actual problem and provide protection to more elders whose suffering would otherwise go unknown.

The covert and concealed nature of elder abuse necessitates devoting specialized resources to address barriers to reporting. Over 90% of elder abuse cases in Wisconsin occur in the victim's home. If victims and their close family members are not informed and empowered to report suspected abuse, neglect or financial exploitation, these cases will most likely never come to light. Victims tend not report for a variety of often interrelated reasons: concern for the family member or caretaker who perpetrates the abuse, power imbalances that create a sense of hopelessness, cultural barriers, financial insecurity, social isolation and ageism. Given these obstacles to intervention, effective community response must involve a coordinated and collaborative approach. Law enforcement, adult protective services workers, victim advocates, health care professionals must draw upon each other's respective competencies to offer victims with a network of support.

Older Americans are victims of domestic violence, and we need to respond to their unique needs.

About two-thirds of all elder abuse also meets the definition of domestic violence; that is the abuse is committed by either a child or the spouse of the victim. With the aging of the baby boomers, domestic violence among older adults will likely increase. From 2000 to 2009, there have been 374 domestic violence homicides in Wisconsin. Seventeen-percent of the victims were age 50 or older, and 2009 (the most recent year for which data are available) constituted one of the highest totals of later life domestic violence homicides on record.

Domestic violence victim programs and advocates have a responsibility to serve the unique needs of older victims and play an important role in confronting and preventing elder abuse. As I mentioned, cultural, social and other factors present distinct challenges for older victims dealing with domestic violence. Although much work remains to be done, I am proud of the progress we have made in Wisconsin to serve victims of elder abuse. Wisconsin is home to approximately one-third of support groups in the country that are specifically geared for older victims of abuse. Most of these support groups are housed at WCADV's member domestic violence victim service programs. But still, the resources available in Wisconsin, or any other state, are not adequate.

The ability of domestic violence programs to maintain and expand these critical services to older adults depends on stable funding, which is increasingly in jeopardy during this time of financial difficulty. For example, last year, the domestic abuse shelter in Eau Claire, Wisconsin was forced to discontinue its support group for elder victims and cut the staff time of its elder abuse specialist. Unfortunately, many programs have had to make difficult choices about what services to retain as their budgets shrink, and services that are designed for specific age or ethnic groups tend to be the first to be cut.

Legislative action is critical to preserve and expand our response to elder abuse.

This hearing and further legislative action is an important part of the effort to maintain and further develop our nation's response to elder abuse. I urge members of the Committee to fully support the Violence Against Women Act, Family Violence Prevention and Services Act, Older American's Act and Elder Justice Act. These pieces of legislation provide much needed resources, training and funding. I would particularly like to thank Senator Kohl and Representatives Baldwin and Poe for leading the effort to reauthorize the Abuse in Later Life Program in the Violence Against Women Act. This discretionary grant program fosters the interdisciplinary collaboration between social services, law enforcement agencies and victim advocates that is needed to successfully empower victims to end abuse and achieve safety.

Thank you again for the opportunity to provide testimony. This Committee serves a vital role in drawing our nation's attention to unseen crimes against older Americans. With your continued leadership, we can make significant headway to ensuring that Americans age with dignity, free from abuse, neglect and exploitation. Thank you.

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