

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.

**G A O**

Accountability * Integrity * Reliability

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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G A O

Accountability * Integrity * Reliability

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

¹A 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.

²See app. I.

³According 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.

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

⁴According 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).

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

⁶Pub. 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.

⁷The 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).

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

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

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

¹⁰The 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.

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.

^aFederal and state law may define these terms differently.

^bPsychological 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

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 OAA¹⁴ and the EJA.¹⁵ The OAA created the Administration on Aging (AoA) within HHS

¹¹According 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.

¹³42 U.S.C. § 3002(35) and 3058g.

¹⁴Pub. L. 89-73, 79 Stat. 218.

¹⁵Pub. 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).

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

¹⁶42 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.

¹⁷42 U.S.C. §§ 3011(e)(2).

-
- 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 § 1397m-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. § 1397l).

-
- 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 1984²⁶ 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.

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.

^aThe 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).

^bAlthough 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.

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

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

³⁰Mark 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).

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

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

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

³³Scott 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).

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

³⁵Carmel 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).

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

³⁷Carla 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).

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

³⁸Ron 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).

³⁹Brian 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).

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

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

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

⁴³Dyer, "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.

Lack of Adequate Social Support

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

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 Wigglesworth 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 Acerno 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 Acerno in, “Prevalence and Correlates of Emotional, Physical, Sexual, and Financial Abuse and Potential Neglect in the United States: The National Elder Mistreatment Study.”

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.

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

⁵¹Bonnie 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).

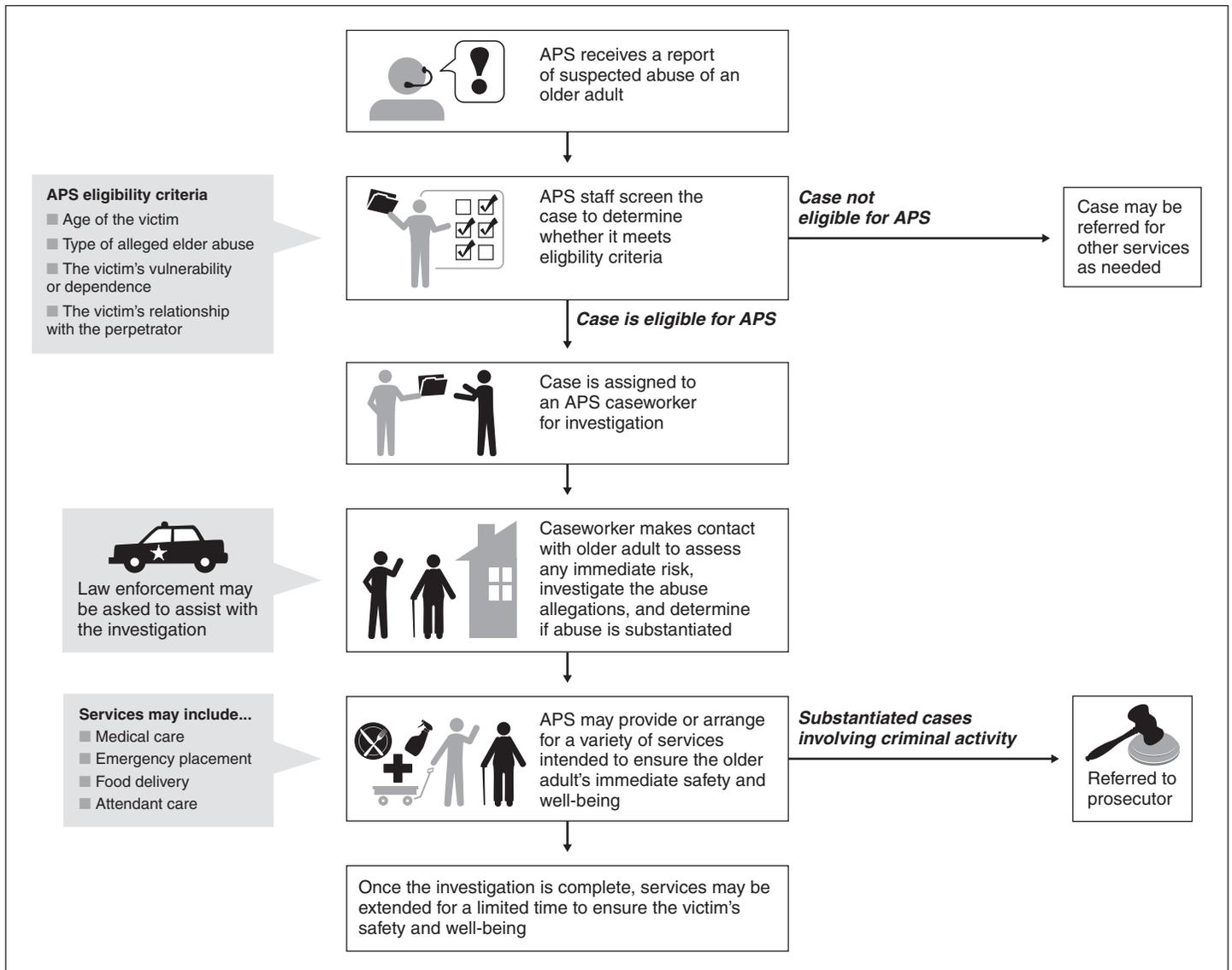
⁵²This percentage does not include individuals identified as self-neglecters.

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

⁵⁴XinQi 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).

⁵⁵This study did not control for perpetrator characteristics.

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

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.

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.

^aStates 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.

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.

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.

⁶⁷Twenty-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.

⁶⁸HHS'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.

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

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

⁷⁰An 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.

⁷¹The 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).

⁷²In 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).

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

⁷³Bonnie 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).

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.

⁷⁴Federal 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.

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

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.

^aJustice’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.

^bJustice’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.

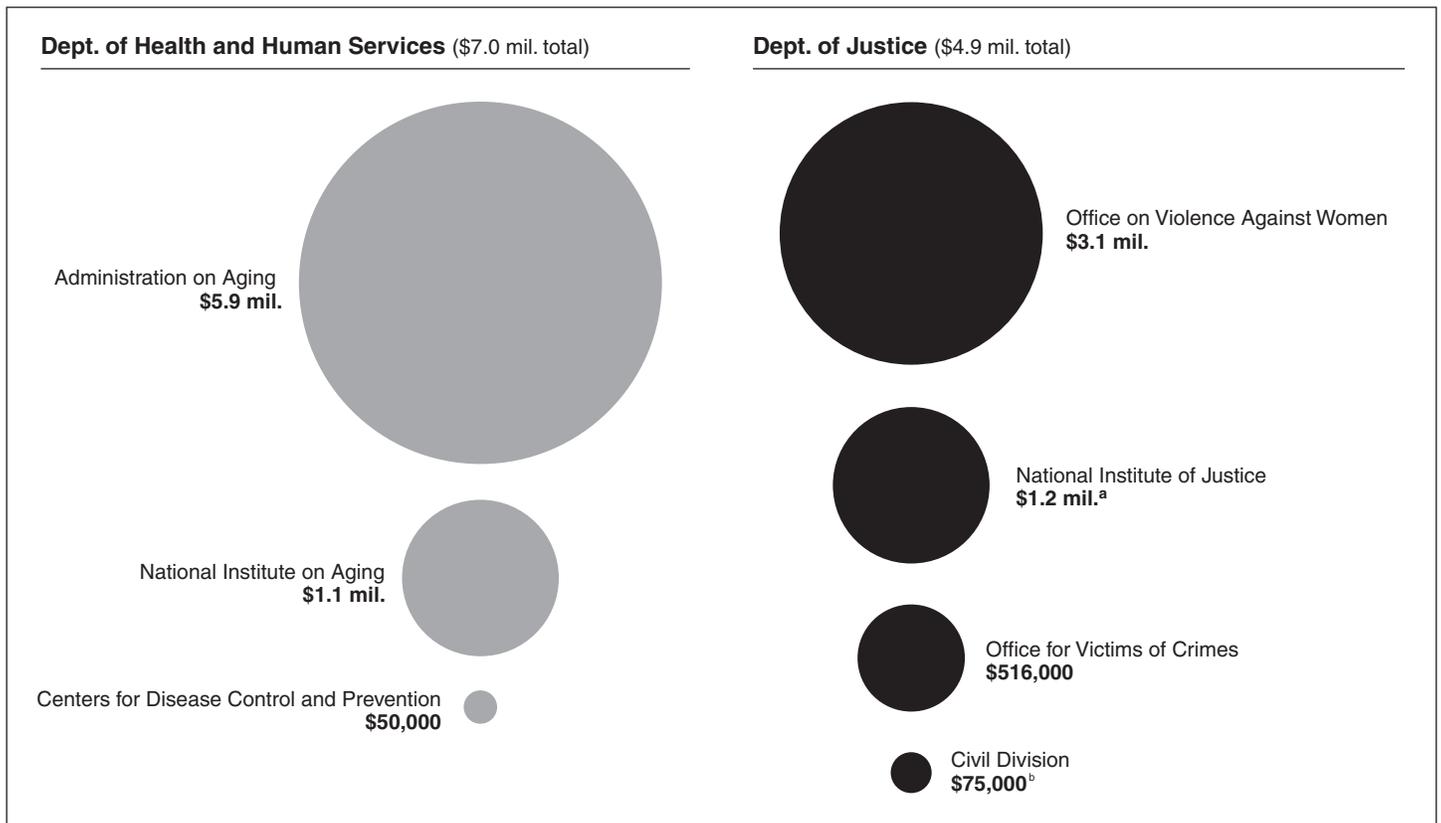
Of the federal elder justice activities described above, only the OAA formula grants for prevention and public awareness of elder abuse could be used to fund APS operations from fiscal year 2005 through fiscal year 2009.⁷⁵ Other activities may have indirectly supported APS during that time, but did not 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.

⁷⁵APS 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.

⁷⁶While 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.

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.

^aOf this amount, \$650,000 came from the Civil Division's funding for elder abuse research.

^bThe 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

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

⁷⁷Each 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).

⁷⁸Legislative 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.

⁷⁹Medicaid 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).

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

⁸⁰In 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.

⁸¹In 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.

⁸²The 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.

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 AoA⁸⁵ 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).

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.

⁸⁶States 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)).

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

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.

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.

^aPanels 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

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

⁹²42 U.S.C. § 3011(e)(2)(A)(ii).

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

⁹³The 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.

⁹⁴According 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.

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

⁹⁶National 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).

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)).

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

¹⁰⁰2042(b)(4), 124 Stat. 795 (to be codified at 42 U.S.C. § 1397m-1(b)(4)).

¹⁰¹42 U.S.C. § 3011(e)(2).

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.

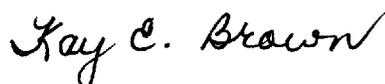
Agency Comments

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>.

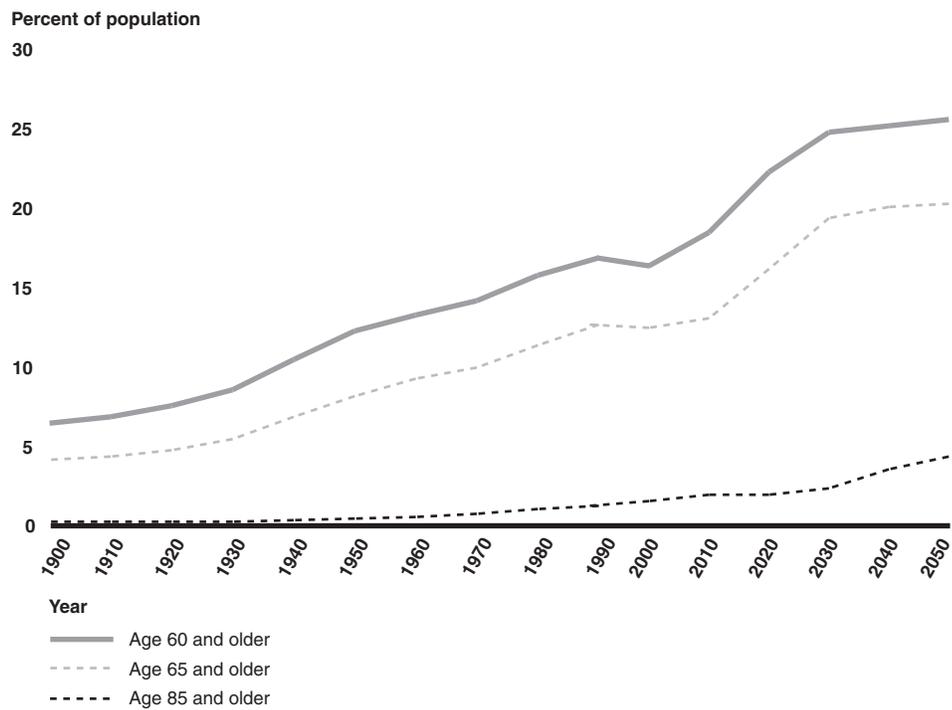
If you or your staff have any questions about this report, please contact me at (202) 512-7215 or brownke@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. Key contributors to this report are listed in appendix X.

Sincerely yours,



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

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.

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.

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.

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							•

**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
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.

Appendix IV: APS Organizational Structure and Location by State

State	Organizational structure		Location
	State administered	State supervised	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	•		•

**Appendix IV: APS Organizational Structure
and Location by State**

State	Organizational structure		Location
	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.

^aMassachusetts did not respond to the survey question about organizational structure.

^bSouth Carolina indicated that APS is administered in some other way.

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

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)
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			•		

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

State	If no, other selected APS eligibility criteria					
	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)
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.

^aAccording 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.

^bAlaska indicated that older adults can qualify for APS based on age alone, but did not specify an age.

^cNorth 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	

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

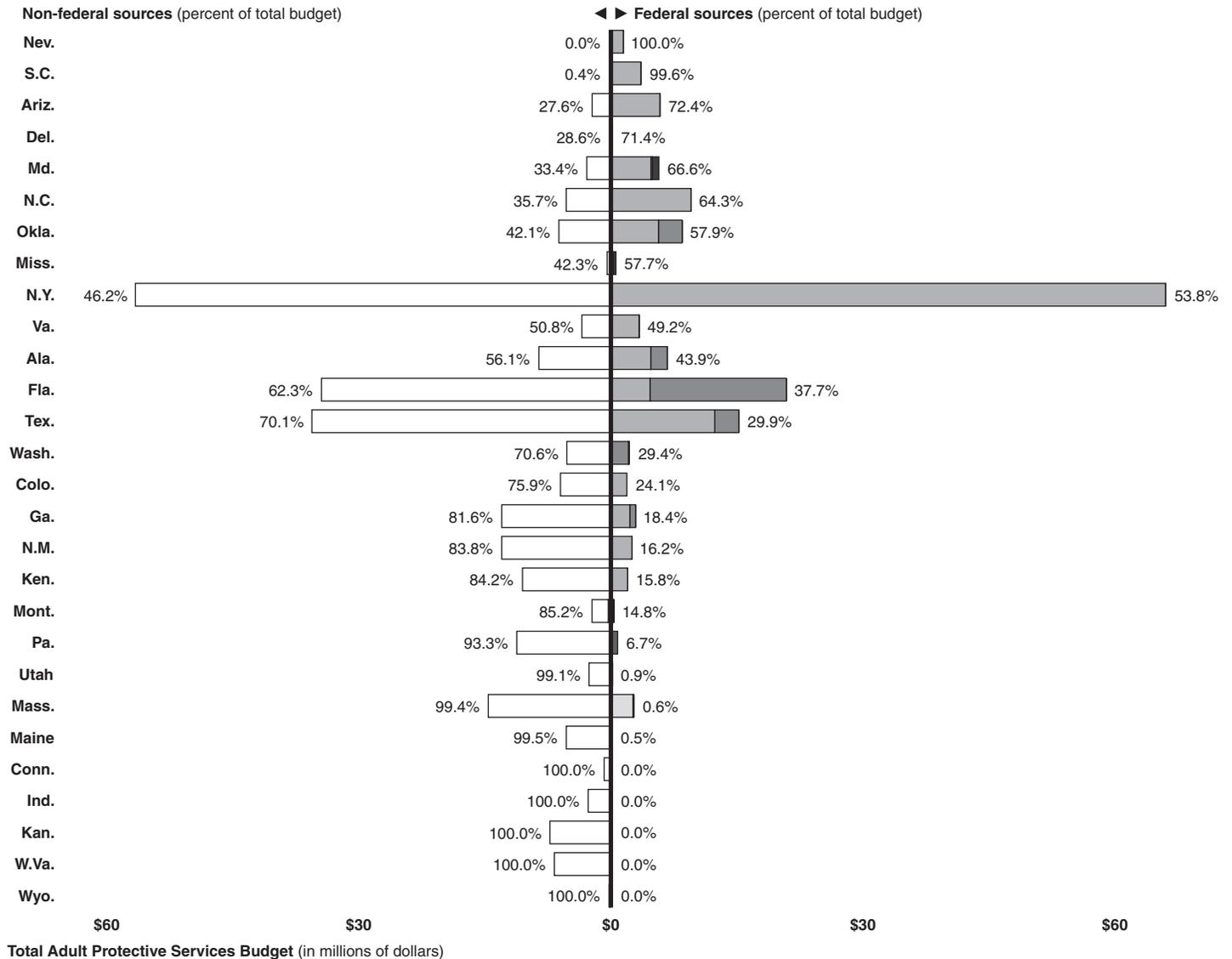
State	Reports of alleged elder abuse received	Elder abuse cases investigated	Elder abuse cases substantiated
Oklahoma			
Oregon		3,151	
Pennsylvania	15,000	9,500	2,800
Rhode Island		796	
South Carolina		2,192	1,159
South Dakota		179	116
Tennessee	6,679	6,618	3,516
Texas	45,460	36,710	25,875
Utah	3,025	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.

^aGeorgia 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.

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



State and local revenue | Social Services Block Grants | Older Americans Act funds
 Other non-federal | Medicaid Funds | Other federal funds

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.

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

State	Source of APS program funds						
	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
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 ^b	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

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

State	Source of APS program funds						
	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.

^aFor 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,

A handwritten signature in cursive script that reads "Jim R. Esquea".

Jim R. Esquea
Assistant Secretary for Legislation

Attachment

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

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.

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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