

**Testimony Provided By  
The National Center on Elder Abuse  
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The National Center on Elder Abuse is pleased to have this opportunity to testify on the troubling issue of elder abuse and we congratulate Senator Breaux, Senator Craig and the Senate Special Committee on Aging for leadership in bringing this issue to the public's attention. Indeed, this hearing is a welcomed event for those of us hoping for Congressional leadership on elder abuse. Many years ago, Claude Pepper was the acknowledged national spokesperson for this national tragedy; and the field has sorely missed the consistent and tenacious attention that he provided. We hope that you, Mr. Chairman, and the Committee will help our nation address what some have called the "dark side" of aging in our country.

I am here on behalf of the National Center on Elder Abuse. We provide research, training and technical assistance to state aging networks, the state adult protective and elder abuse programs and to other programs such as the long term care ombudsman and legal assistance providers. Law enforcement, medical professionals and others are also assisted by the Center. We educate the public on the fact that this problem exists wherever older persons live: in individual family homes, apartments, group or assisted living and board and care facilities as well as in nursing homes. We aggressively link with governmental agencies such as law enforcement and justice to promote training, coordination and collaboration in service delivery. We assist in and promote the education of other professionals such as physicians, nurses, emergency medical and others. We reach out to the private non-profit sector to mobilize community action on behalf of abused elders; and we promote research to improve our knowledge of and response to elder abuse.

In my testimony today I will provide an overview of the Center and what we have accomplished; provide brief highlights of historical developments that set a context for current initiatives; share summary data that has been collected on reports and abuse complaints; identify the most pressing problems facing the field; and suggest ways in which the Committee might continue to assist state and local entities in preventing and responding to the problem of elder abuse.

The National Center on Elder Abuse is funded by the Administration on Aging and administered by the National Association of State Units on Aging. Partner organizations who comprise the Center include the American Bar Association's Commission on the Legal Problems of the Elderly (ABA); the National Committee for the Prevention of Elder Abuse (Committee), the National Association of Adult Protective Service Administrators (NAAPSA), the Goldman Institute on Aging, and the University of Delaware's Clearinghouse on Abuse and Neglect of the Elderly (CANE). Each of the partners brings a special strength and an important constituency to the work of the Center. In particular, NAAPSA provides an essential link to the on-line staff who are dealing with the results of elder abuse, every day; ABA brings an extensive knowledge of the legal justice and law enforcement community in addition to its skill in legislative analysis and development; The Committee under the leadership of Rosalie Wolf, one of the nation's leading elder abuse researchers, brings her personal reputation with the research community and linkage with many state and local voluntary groups; CANE brings a history and a repository of written knowledge on elder abuse; GIOA through its Elder Abuse Prevention Coalition of groups from the San Francisco area offers a practice laboratory and special technical assistance skill.

NASUA as the lead agency in the Elder Abuse Center partnership provides an essential connection to the state units on aging (SUAs) and the range of services provided through the Older Americans Act and the network of area agencies on aging. About half of the SUAs administer adult protective services and all SUAs administer the Title VII Elder Abuse Prevention activities. Their legal services, ombudsman, and case management programs are also important in the context of elder abuse prevention. From this vantage point, NASUA assists SUAs to incorporate appropriate elder abuse prevention education,

service delivery, quality assurance procedures and other safeguards into the design of emerging community based care systems and in implementing the new Family Caregiver Support program.

As I begin, I want acknowledge the Administration on Aging and all that they have done on this issue over the years. Beginning in the 1970's when the first demonstration grants were awarded to identify and provide services to abused elders, AoA has utilized its scarce resources to assist states and local agencies. The in-home and supportive service they provide to millions of vulnerable seniors and their caregivers help to reduce the risk factors that lead to elder abuse. They also provide critical funding for local and statewide elder abuse coalitions and public awareness campaigns.

AoA's most recent accomplishment, the National Elder Abuse Incidence Study, which has been instrumental in helping to focus attention on the hidden nature of the problem--- those four out of five victims who are not identified and thus are not connected to the helpers who can assist in stopping the abuse. We also commend AoA for its efforts to work across the federal government -- involving the National Institute on Aging, the Justice Department, the Centers for Disease Control and Prevention, and other agencies in on-going dialogue and collaboration on elder abuse. This initiative facilitates our efforts to open doors: to talk and work effectively with the many federal organizations which have a role to play in research and service delivery. The staff at the Administration on Aging have been extremely supportive to the work of the National Center on Elder abuse.

#### **A. Highlights of Accomplishments: National Center on Elder Abuse**

The following are a few highlights of the Center's accomplishments over the past two and one half years due in large measure to the "watchwords" of our partnership-- coordination which requires a recognition of the multi-disciplinary nature of elder abuse interventions; and, dissemination which necessitates the use of many channels of communication and information sharing:

**Website.** Last year the NCEA obtained its own domain name and the website was moved to [www.elderabusecenter.org](http://www.elderabusecenter.org). The NCEA website has become a crucial dissemination tool of the Center, and a recognized source of quality information about elder abuse. The site has been chosen as a featured, recommended website by MEDLINEplus, and StudyWeb. In the past year and a half it has averaged approximately 2,700 visitors a month.

**Newsletter.** The Center has now distributed 22 editions of its simply-designed but news-packed monthly newsletter. More than 150 articles have been published covering new resources, federal and state elder abuse developments, conferences, and much more. Five hundred and fifty copies are mailed each month to state elder abuse and elder rights contacts, including approximately 100 to selected national professional organizations. Electronic versions of the newsletter are disseminated to the elder abuse listserve and archived on the website.

**Articles for professional organizations' newsletters.** In order to broaden the audience of professionals who know about and may be able to assist in elder abuse cases, NCEA seeks opportunities to publish or assist in the preparation of articles in other professionals' publications. In the past year such articles were published in *Soroptimist International*; *Patient Care Magazine*; the newsletter of the National Association of Orthopedic Nurses; and the *Information and Referral Reporter*

**Clearinghouse on Abuse and Neglect of the Elderly (CANE).** During this NCEA's tenure, CANE has completely restructured its holdings by revising its keyword list, culling its outdated materials, and recoding older materials. In the past year, CANE added 239 documents to its holdings. CANE has also developed three new databases designed to make it easier to find specific types of materials -- one

containing descriptions/reviews of audiovisual material; one that concentrates solely upon training materials and manuals; and a third for state reports --- and has begun producing annotated bibliographies that are available on the NCEA website.

**Elder abuse listserve.** The elder abuse listserve is one of the Center's most visible successes. At the end of April 2001, listserve membership stood at 747 subscribers. In the past year the number of monthly postings fluctuated between 35 and 89, with the average number around 54.

**Technical assistance requests.** In the past two and a half years NCEA has filled more than 5,250 individual requests for technical assistance. During Year 03, for instance, NCEA staff has given major assistance to the American College of Gynecologists' initiative to raise awareness of domestic violence against elder women, the Department of Justice nursing home project, the the DOJ/Health and Human Services Departments' symposium on elder victimization, the Health Care Financing Administration's elder abuse prevention project, the National Academy of Science's elder abuse study, and the Delaware Attorney General's Task Force on Senior Victims. The Center also produced a Best Practices in Ethics document for APS agencies and workers.

**Technical assistance manuals.** This year the Center issued an Elder Abuse Awareness Kit (aimed at speakers and trainers) that provides public education materials that are easily adaptable to a wide variety of venues and audiences. Three technical assistance manuals are in the final stages of production: one on linkages between mental health services and APS, one on APS itself, and one for elder caregivers on how to prevent elder abuse.

**Workshops.** Since its inception, the NCEA partners have presented at least 137 workshops, lectures, or presentations at 102 separate local, state, national and international conferences related to elder abuse and/or domestic violence. NCEA has helped support three national NAAPSA conferences and numerous regional ones. NCEA staff have also helped ensure there was substantial elder abuse content in the 2000 Law and Aging Conference, the 1999 Next Millennium Conference: Ending Domestic Violence, and many others.

**Leadership Institute.** This past year NCEA presented 58 NCEA Leadership Certificates to elder abuse professionals who had successfully completed training and follow-up projects concerning conflict resolution and leadership development. A total of 80 people participated in parts of the course.

**Research agenda.** NCEA completed a Research Agenda developed from the needs of front line staff and has begun publishing semiannual "research reviews" in the NCEA Newsletter

**Short-term research projects.** NCEA is in the process of finishing two short-term research projects. One is a survey and needs assessment of community elder abuse coalitions, and the other highlights exemplary collaborations between APS and mental health agencies. In addition, All 50 states provided comprehensive APS caseload data for 1999. A full report will be issued by the end of Year 03 and NCEA is currently developing a Baseline Survey of APS which will provide an up-to-date picture of the structure and functions of the programs in each state.

**Law Analysis.** NCEA staff compiled a list of every state's law citations related to adult protective services, institutional abuse, and long-term care ombudsman programs and posted it on the website. In addition, an explanation of how to research these laws in libraries and on the Internet was developed, and links to four online legal databases were added.

**Training for In-home Providers** After holding focus groups with in-home workers and their

supervisors, NCEA is developing guidance to agencies in how to best train their workers in elder abuse prevention and intervention, and in how to protect themselves. Elder Abuse "Developing Training Programs for In-Home Helpers: Elder Abuse Prevention, Issues and Guidelines" will be completed, soon.

**Bank reporting.** NCEA will complete a policy paper to guide policymakers who are trying to balance state and federal roles and privacy and elder abuse reporting needs with regard to bankers and their role in spotting financial exploitation. The paper will be completed in this summer.

**Community sentinels.** The NCEA project to promote the development and utilization of community "sentinels" through partnerships with state and local elder abuse coalitions and selected national organizations has been very successful. Six sentinel project demonstration sites are nearing the end of their year-long projects. Best practices have been identified in outreach through meals on wheels providers, RSVP volunteers, nursing students, food banks, assisted living staff, court employees, and health plan staff. Their successful coordination strategies will be documented for use by others.

**National Directory of State, Regional and Local Elder Abuse Coalitions.** NCEA identified and published information on more than 150 coalitions - including their goals and objectives, functions and services, activities and accomplishments, training, funding sources, and products and materials.

**Risk profile tool.** A revised draft of "Risk Prevention Profile and Checklist: A Collaborative Approach for Preventing Nursing Home Abuse" is now being tested by the demonstration state, Minnesota.

**Emergency Medical Services (EMS) personnel training.** Building from a successful workshop and collaboration with a Paramedic Consultant, NCEA will develop a continuing education training module for pre-hospital providers on elder abuse -- how to recognize the signs and where to report concerns.

## **B. Historical Benchmarks in Elder Abuse**

Moving to the second area of the Committee's interest, the history of elder abuse is not long but it is complicated. One needs to understand the factors which influenced the amendments to the Social Security Act-- particularly Title XX (currently, the Social Service Block Grant), and the Older Americans Act in the 1960's; the public welfare roles and authorities of state and local governments and how the response to older persons in need has evolved from "poor houses" to protective services; federal and state cost sharing agreements for providing services to eligible populations; the influence of other program models such as child abuse, domestic violence; the parallel development of legal concepts such as self-determination, competency and capacity, and struggles around individual choice when countered with concerns about safety and security.

Rosalie Wolf, NCEA in a recent speech to the National Academy of Science outlined a historical sequence which encapsulates much of the complexity. Briefly, her outline includes the following "eras" and actions which set a context to inform the Committee about the roots of this issue:

### **Pre-1960's**

Social and legal services provided for older persons through states, counties and voluntary sector with guardianship a predominate response;

### **1960's**

Medicare, Medicaid and TXX Services amendments to the Social Security Act; the Older Americans Act passed: state offices on aging develop as focal point for all senior issues;

## **1970's**

Title XX of the Social Security Act provides federal matching funds for services to eligible populations-  
- states assisted to provide adult protective services to adults in danger of being abused or neglected.

Area agencies on aging established.

Congressional Committees begin investigations of abuse in nursing homes and domestic settings; AoA funds elder abuse demonstration grants; long term care ombudsman program emerges at state and local levels;

## **1980's**

States initiate/amend adult protective service legislation: defining abuse, neglect, exploitation, vulnerable populations, role of adult protective service. Beginning to list those who must report suspicion of abuse (similar to child abuse model).

Older Americans Act (OAA) provides federal definition of abuse, neglect, exploitation and self neglect; AoA funds an Elder Abuse Center; OAA Title VII provides funds to states and area agencies for elder abuse prevention activities.

Surgeon General Report on Family Violence includes elder abuse. This influences adult protective/elder abuse linkages with law enforcement and medical communities.

## **1990's**

State laws continue to identify "mandated reporters", collaboration with domestic violence providers begins, law enforcement education and training expands. Financial exploitation emerges as growing issue.

State adult protective/elder abuse report data collection begins, reports produced.

National Elder Abuse Incidence Study completed. Estimates that only one in five victims is helped.

President's Nursing Home Abuse initiative begun.

## **2000**

Administration on Aging and Department of Justice collaborate on major good practices dissemination conference "Our Aging Population: Promoting Empowerment, Preventing Victimization, and Implementing Coordinated Interventions".

## **2001**

National Academy of Science panel begins examination of Risk and Prevalence of Elder Abuse and Neglect

## National Action Agenda on Elder Abuse (to be developed, December, 2001)

The above listed items do not constitute a comprehensive inventory of all seminal events related to elder abuse. But rather, as the Committee requested, this historical sketch provides a context within which to consider the issues. These facts are of particular importance: elder abuse is not a new problem -- it did not just emerge in the last decade. Second, states, through adult protective services, shoulder the heaviest burden for responding to the needs of abused or potentially abused elders. Older Americans Act programs such as long term care ombudsman are likewise essential. And third, the federal governmental plays an essential role in the matching funds that it provides through the Social Services Block Grant, and through the demonstration and training grants awarded to states and localities by a number of federal agencies. Many of these grant programs have a great potential to foster good practice development and replication at the state and local levels.

### **C. Research: State Reporting Data**

Although complicated, the history is much easier to enumerate than the third issue that the Committee asked us to discuss: What do we know about the scope of the problem, incidence, prevalence, risk factors, proven interventions? Our perspective is that elder abuse is woefully deficient in the type of research needed to answer the basic questions and provide evidence based information on interventions that work. For this reason, we are looking forward to outcome of the National Academy of Sciences study and their prioritized research agenda. It is our hope that the Department of Health and Human Services, particularly the National Institutes of Health, the Center for Disease Control, the Health Care Financing Administration, the Administration on Aging and others, along with the Departments of Justice, Housing, Commerce and others will actively pursue this agenda and fund the studies that we expect it will recommend. Some of them might be expensive (such as a national prevalence study and a more comprehensive incidence study); however, establishing more conclusive data on the extent of the problem is necessary in order to chart further action

The National Center on Elder Abuse has collected data from states on reports of domestic elder/adult abuse since 1986. This has not been an easy task because of variations in: definitions of elder abuse, age groups covered by adult protective legislation, venues covered (Example: some APS programs receive reports of abuse in nursing homes and institutional settings, others do not), fiscal years for which data is collected. Yet, in spite of this hardship, the Center has published data which indicates that states received 117,000 reports of domestic abuse in 1986; the number grew to 293,000 in 1996; and our latest preliminary data for 1999/2000 indicates that states received 470,709 reports of elder/adult abuse, a 62% increase from 1996.

Trying to enumerate the elder abuse reports and complaints for older persons living in nursing homes and other facilities is even more challenging. The Fiscal Year 1999 Long Term Care Ombudsman Report summarizes the following data for ombudsman complaints received for nursing facilities: 14,861 complaints of abuse, gross neglect, exploitation. These include sub categories such as physical abuse, complaints of verbal/emotional abuse, and gross neglect. For residents of board and care facilities, the 1999 data indicate that 3,406 complaints of abuse, gross neglect and exploitation were received by ombudsman programs, nationwide. However, it is important to note that the ombudsman data presents only part of the picture. Reports submitted to State Medicare Fraud Agencies, state licensure and survey agencies, and to law enforcement when combined with ombudsman information would provide the most comprehensive picture. Unfortunately, there is no vehicle to collect and analyze the information across agencies and funding streams.

### **D. Problems Facing the Field**

The most serious problems facing those who are concerned about elder abuse include: adequate funding for adult protective services including resources sufficient to assist programs to develop and meet quality standards; public recognition that abuse occurs and that there are services to help; the difficulty of establishing cross agency and multi-disciplinary interventions; knowing about and being able to implement validated prevention activities; assuring that serious cases are prosecuted and that judges, prosecutors, attorneys, law enforcement and victim advocates are effectively trained to work in collaboration with adult protective services; providing training for all components of the health care system so that abuse is recognized and those professionals are involved in interventions; filling the research gap; accessing experts who can assist in investigating and remedying complex cases involving financial abuse; and finally, identifying and responding to the gaps in services i.e., those interventions that are needed but yet not available to elder abuse victims.

NCEA in collaboration with the Administration on Aging and the Department of Justice will convene a National Elder Abuse Policy Summit in Washington D.C. in December, 2001. The invitational working session will address many of the above listed issues. It will result in a prioritized Action Agenda which will serve as a road map for making change and thus addressing these problems. The following are among the topics currently under consideration for the Summit. These were developed from input provided through a major survey of experts in the field:

1. **Public Awareness** - How should federal, state, and local public and nonprofit agencies and resources be tapped to allow for better public education and awareness?
2. **Federal Funding** -- In what ways can we improve federal funding for APS, elder abuse prevention efforts, services, perpetrator and caregiver interventions/supports, etc?
3. **Federal Policy Barriers** -- Which existing federal laws/programs that could serving elder abuse victims/caregivers aren't because of legal, policy, or standard practice barriers? How can these barriers be changed? What new federal legislation might be needed?
4. **Increase Prosecution** - Given the Department of Justice work as a baseline, what else could be done to increase prosecution of elder abuse perpetrators?
5. **Promote Collaboration** - What else can be done on a national level to promote cross-disciplinary collaboration? How can/should existing confidentiality laws/policies be changed to improve our ability to identify EA victims, provide coordinated services to them, and prosecute perpetrators?
6. **Health Care Professionals Training** - What can be done on a national basis to improve the EA knowledge of health care providers?
7. **APS Enhancement** - What can be done to improve and ensure quality standards guide APS practice across the states?
8. **Filling Service Gaps** - What services are needed and not available? Specifically, what can be done on the federal, state, and local level to create more and/or improve elders' access to existing emerging/transitional shelters/housing, mental health interventions, and in-home services?
9. **Research on Intervention/Prevention Strategy Effectiveness** -- What else can be done to promote/fund such research?.

**How the Committee Could Support and Enhance Services for Elder Abuse Victims:**

There are several concrete actions the Committee could initiate now that would significantly bolster the elder abuse field: First, in preparation for Older Americans Month next year, the Committee could begin the development of a joint resolution which would establish a national elder abuse prevention week. Past experience indicates that such declarations encourage governors to follow suit and spear-head many state and local public education and collaborative activities. Second, the Committee could offer its support to the efforts currently underway to restore funding for the Social Services Block Grant. At least 31 states depend on SSBG to fund their adult protective program and services for elder abuse victims. SSBG is the largest source of federal funding for adult protective services. Third, additional funding for the Older Americans Act, Title VII Elder Abuse Prevention Activities could be used to develop more collaborative interventions at the state and local levels. Likewise, enhancements to the Long Term Care Ombudsman and legal services components of Title VII would further strengthen the elder abuse safety net formed by these programs.

Finally, the as noted above, the National Elder Abuse Summit's Action Agenda will be published later this year. We hope you will designate members and/or staff to participate in the Summit's deliberations. And as we proceed to implementation of the recommendations, it is clear that Congressional leadership will be required to move on key aspects of the policy agenda. We would hope to return here in the first part of the new year, discuss the Action Agenda with you and further clarify exactly how the National Center on Elder Abuse will continue to advocate for the needed actions and collaborate with the Committee on priority issues.

On behalf of the partner organizations comprising the National Center on Elder Abuse, we look forward to working with you in meeting the challenges of elder abuse.