

Office for Victims of Crime
Training and Technical Assistance Center

Elder Abuse

1 in a series of 8 resource papers:

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Elder Abuse*

With the aging of the United States population, there are more older adults living now than at any other time. With the aging of the “Baby Boomers,” this trend will continue for at least the next two decades. Aging may be accompanied by changes in physical and mental health and functioning, which can make older adults particularly vulnerable to crime, abuse, and neglect. Isolation, memory loss, and diminished cognitive ability make it easier to defraud or coerce them. Some may never have handled financial matters, and the death of a spouse or partner may require them to manage complex financial transactions for the first time, making them more vulnerable to fraud and identity theft. Physical frailty reduces their ability to resist force and magnifies the impact of violence. Whether older adults live at home or in institutional settings, if they require assistance they will be brought into intimate contact with caregivers, making them more vulnerable to abuse and undue influence and potentially exposing them to untrustworthy people. They may be unable to protect themselves or recognize they have been victimized and may be unwilling or unable to report the abuse or seek assistance. Even when older adults are in good health, they may be targets for abuse because of their perceived frailty.

Older adults are victims of the same crimes as other age groups. In addition, they are subject to abuses that directly relate to their advanced age or perceived frailty that may accompany advanced age. The abuse may happen where they live, including private homes, residential care facilities, foster care homes, and nursing facilities, and where they receive assistance such as medical care. Depending on the setting, type of abuse, and local law, an elderly victim of crime or abuse may find that a confusing array of agencies accept reports and conduct investigations: adult protective services, law enforcement agencies, long-term care ombudsmen, and regulatory agencies.

Experienced victim service providers understand that older adults who are crime victims will fall along a continuum of abilities from highly active, capable, and independent to severely incapacitated and dependent. Age is not equated with incapacity or resilience. Older victims may be in their 60s or well over 100 years of age. Experience has taught that older victims who are treated with dignity and respect cope more effectively with the pain of and recovery from their victimization, will be more willing to report abuse in the future, and will understand they are not alone and what was done to them is not acceptable behavior. Older adults can be resilient and able to make changes in their lives. The victim service professional can play a critical role in supporting the recovery and life changes an older adult may need to make after their victimization.

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Statistics

Many of the following statistics come from “Crime Victimization in the United States: Statistical Overviews,” which the Office for Victims of Crime prepared for National Crime Victims’ Rights Week, 2012.

- During 2010, 92,865 persons over the age of 65 were victims of violent crime.¹
- In 2010, 585 persons age 65 or older were murdered, or 4.5 percent of all murder victims.²
- Of those 585 homicide victims age 65 or older, 46.3 percent were female compared to 22.5 percent of homicide victims of all ages.³
- A study of elder abuse cases from the national incident-based reporting system (NIBRS) for the years 2000 to 2005 found 87,422 incidents involving a single victim and a single perpetrator. Most involved white victims age 60 to 69. Most perpetrators were male (72%) and were acquaintances (36%), children (24%), spouses (20%), and other family members (12%). Strangers accounted for 8 percent of perpetrators. Males were most often victimized by an acquaintance or a stranger, whereas females were more often abused by a child, spouse, or other family member. The most common forms of victimization were simple assault (53%), intimidation (33%), and aggravated assault (14%).⁴
- Of those who reported crimes to the Federal Trade Commission in 2010, 14 percent of fraud complaints and 13 percent of identity theft complaints were made by people age 60 and older.⁵
- Another 2010 study about Federal Trade Commission complaints discovered an historic trend shifting toward those individuals in the 50 to 59 and 60 and older categories. They accounted for the most dramatic rise in complaints over a 10-year period.⁶
- About five percent of adults 60 years of age and older (about 1 in 20) reported emotional mistreatment in the past year. Of these, only eight percent reported to law enforcement.⁷
- In adults age 60 and older, 1.6 percent reported that they had experienced physical mistreatment in the past year, 5.1 percent had experienced neglect, and 5.2 percent were financially exploited by family members.⁸
- A study of 1,795 elderly residents of Chicago at least 60 years of age for whom crime victimization data were available found prevalence rates for physical abuse of 0.5%; financial abuse of 2.2 percent; emotional abuse of 4.51 percent; and neglect of 1.33 percent.⁹

- A study of more than 4,100 New York older adults and organizations that served older adults found a 1-year incidence rate of 7.6 percent per thousand older residents for any form of elder abuse as well as a significant gap (24 times greater) between the rate of elder abuse reported by older persons and the number of cases referred to agencies assisting older abuse victims. A total of 141 per 1,000 New York older adults experienced elder abuse since turning age 60.¹⁰
- In adults age 60 and older, less than one percent (0.6 percent) reported sexual mistreatment in the past year. Of those who were sexually abused, 15.5 percent reported to police and 52.5 percent said they were sexually mistreated by a family member.¹¹
- In a study of elder abuse and mortality, those who reported elder abuse had a mortality rate 2.3 times higher than those who did not report abuse.¹²
- In 2010, persons ages 50–64 experienced 10.9 violent victimizations per 1,000 persons, while those age 65 and older experienced 2.4 violent victimizations per 1,000 persons.¹³
- Older adults with cognitive impairment are abused at higher rates than older adults without such disabilities. A study of 129 persons with dementia and their caregivers found elder mistreatment in 47.3 percent of cases; 88.5 percent of victims experienced psychological abuse, 19.7 percent experienced physical abuse, and 29.5 percent experienced neglect. All care recipients who were physically abused were also psychologically abused, neglected, or both. Almost a third (31%) of mistreated elders experienced multiple types of elder mistreatment.¹⁴
- Seventy-two percent of older adults who had been abused 30 days prior to examination had bruises, and, of these, 89.6 percent knew the cause of their bruises. In the same study, 56 percent of the abused older adults had at least one bruise of five centimeters or larger compared to only 7 percent of subjects who were not abused. Bruises were located on the face, lateral aspect of the right arm and posterior torso, including back, chest, lumbar, and gluteal regions.¹⁵
- Two studies of the costs of financial abuse, one conducted in 2008 and one in 2010, estimated annual losses at \$2.6 billion and \$2.9 billion, respectively.¹⁶
- A Utah study concluded that financial abuse of its older residents costs Utah up to \$1 million each week.¹⁷

What Is Elder Abuse?

There is no standardized definition of elder abuse. As a result, studies, including those described above, provide inconsistent findings. Jurisdictions may have enacted laws that define terms, though these may not be consistent across criminal, civil, probate, and elder abuse reporting laws. The situation is similar at the federal level. In 2003, national experts surveyed the field and began to develop a framework for understanding elder abuse. The definition that emerged focuses on the unique relationship and dynamic between persons who are vulnerable and in an ongoing relationship in which there is an expectation of trust.¹⁸ This definition excludes matters that may come to the attention of victim advocates and other service providers, including crimes against elders committed by strangers, scams, crimes against older persons who are not “vulnerable,” and self-neglect. The New York City Elder Abuse Center and the ongoing Federal Concept Mapping Roadmap Project have expanded that framework and define elder abuse as “a single or repeated act, or lack of appropriate actions, which causes harm, risk of harm, or distress to an individual 60 years or older and occurs a) within any relationship where there is an expectation of trust; or b) when the targeted act is directed towards an elder person by virtue of age or disabilities.”¹⁹

There is no single age used to define an older adult. The Older Americans Act uses the age of 60; some tribal communities use age 55. Some states, such as California, define an older adult as a person who is age 65 or older. Similarly, states apply different criteria to determine when an older victim is eligible for protective services or receives special protections under criminal statutes. In most states statutes require both a specific age and vulnerability or impairment because of a physical or mental (cognitive) disability. Victim service professionals will need to review their statutes to see how older adults are defined under criminal and protective services laws.

However older adults may be defined, elder abuse generally consists of various forms including physical abuse, sexual abuse, emotional or psychological abuse, neglect, and financial exploitation. Other forms, such as confinement, abandonment, and abduction, may be additional categories or may be included in a state’s definition of another form such as physical abuse, neglect, or emotional/psychological abuse.

Definitions

Abuse in later life: Abuse, neglect, and/or financial exploitation against an older person that occurs in the context of an ongoing relationship in which there is an expectation of trust. It is a subset of elder abuse and often involves tactics of power and control.

Ageing Services Network: Community-based services and programs, which permit qualified adults to live safely and independently in their own homes and in the community. Programs are operated by 629 Area Agencies on Aging, 243 Title VI Native

American Programs, and 56 State Units on Aging.²⁰ Creation and funding is from the Older Americans Act and administered by the U.S. Administration on Aging.²¹

Caregiver: A person who bears or has assumed responsibility for providing care or living assistance to an adult who needs care or assistance.²² The duty of care or assistance may exist because of a relationship such as spouses or a contract, or in some cases, is assumed. In some jurisdictions a caregiver also includes a fiduciary (i.e., a person who stands in a position of trust and may manage financial matters for the adult requiring care or assistance). Examples include a guardian or conservator, attorney in fact or agent under a power of attorney, or trustee.

Confinement: Restraining or isolating an older person, other than for medical or other legally permissible reasons.

Domestic elder abuse: Abuse that occurs in an older person's home and in other locations where the elderly person may visit. It is "domestic" regardless of location if a family member causes it.²³

Domestic violence: Violence by an intimate partner to exercise power and control. Some older women have been in abusive relationships for years, while others enter into abusive partnerships at later stages of their lives. The elderly victim may not know that the person she or he is entering into a relationship with is abusive. Domestic violence can occur against both men and women.

Elder abuse: Umbrella term that includes the physical, sexual, financial, or emotional/psychological abuse of an elderly person, often one who is frail or has a disability. In most jurisdictions health care professionals, social service providers, and law enforcement are mandated to report elder abuse to the proper authorities.²⁴

Financial abuse: Includes theft and the illegal or improper use of an adult's funds, property, or resources. Older adults with diminished mental capacity or other disabilities (e.g., blind) may unwittingly sign deeds, wills, contracts, or powers of attorney, or may become targets of telemarketing scams and identity theft. An abuser may take and use the victim's cash, credit cards, or checks without permission.

Harm: Injuries or unmet basic needs attributable to acts or omissions of others.²⁵

Healthcare fraud: Occurs when an older person is billed for health care services that were not provided or overcharged for services that were provided. It also can occur when health care providers violate any legal requirements of the federal Medicaid program.²⁶

Institutional elder abuse: Abuse that occurs in an institutional setting (e.g., a nursing home or hospital).²⁷ The offender may be another resident, a visitor, an intruder, or a staff member. Institutional abuse is *systemic* when it is caused by fraud, insufficient resources for patient care, poor staff training and supervision, poor management, or intentional negligence.

Neglect: Occurs when an older person fails to receive the “necessities of life, such as food, water, shelter, clothing, health care, medicine, comfort, and safety” from a caregiver or when the older person is abandoned by a caregiver.²⁸ Neglect is the failure of family members and other caregivers with a legal duty to provide care to fulfill their responsibilities. It may be unintentional (as when caregivers are unable, for a variety of reasons, to provide adequate care) or intentional (as when the neglect is motivated by the caregiver’s malice or indifference).

Psychological abuse: Mental or emotional anguish caused by threat or humiliation. Psychological abuse can be verbal or nonverbal, and can include actions such as ignoring, isolating, blaming, harassing, cursing, insulting, ridiculing, depriving, confining, or yelling at an older person.²⁹ It may also result from stalking, harassment, and actual or threatened harm to pets.

Physical abuse: May cause injury, pain, or impairment, or may cause an existing physical condition to worsen. It also may include *inappropriately* restraining an older person (including chemical restraint in which medications are used in order to keep an older person confined). Physical abuse may include assault, beating, whipping, hitting, paddling, slapping, punching, pushing, shoving, shaking, choking, throwing, kicking, pinching, biting, scratching, spitting, force-feeding, hair-pulling, burning, or rough handling during caregiving.³⁰ It may also include acts of strangulation or suffocation.

Self-neglect: Occurs when a person fails to provide for his or her own needs. It often is associated with a physical or mental impairment or condition and may be the outcome of a prior crime victimization.

Sexual abuse: Any type of nonconsensual sexual contact with an older person, including vaginal, anal, oral, or digital penetration. Some older people may not have the mental capacity to consent to sexual activity. Sexually abusive behaviors may include forced nudity, fondling, touching, kissing, forcing the older person to watch sexual acts, taking sexually explicit photos of an older person, forcing them to view pornographic material, watching an older person in the bathroom or bedroom, or telling them sexually explicit stories.³¹ A leading researcher has described forms as “hands on, hands off, and harmful genital practices.”³²

Trust relationship: A caregiving relationship or other familial, social, or professional relationship in which a person bears or has assumed responsibility for protecting the interests of the older person or in which expectations of care or protection arise by law or social convention.³³

Undue influence: A process by which a person convinces a person who is weaker to do something they would not have otherwise done. Various techniques or manipulations are used to gain power and compliance, including isolating the weaker person, promoting dependency, or inducing fear and distrust of others. Undue influence, while not usually a crime, is the method to commit a crime, usually financial exploitation.³⁴

Violation of rights: Occurs when basic human rights such as privacy, autonomy, and the right to exercise (or deny) consent are denied.

Vulnerability: Financial, physical, or emotional dependence on others or impaired capacity for self-care or self-protection.³⁵

Unique Impact/Effects on Victims

Victim service providers face special challenges when working with older victims of crime and abuse. Some challenges arise from the complexities of the criminal justice system, and others occur because much of the crime against and neglect of elderly people occurs out of public view and is seldom reported. Further, criminal justice statutes may describe and categorize crimes against the elderly differently from one jurisdiction to another, and navigating the criminal justice system is difficult for those who are unfamiliar with the system. It is important that victim service providers familiarize themselves with the laws in their community that define criminal abuse of the elderly. Working with older victims can be enormously rewarding for victim service providers. Recognizing that older victims have lived rich and interesting lives, have survived major wars and the Depression, and may have built their communities presents many opportunities to build rapport and trust. At the same time, the effects of normal aging often mean the older adult may not hear as well as younger persons, may have less energy, and will process information more slowly (but not less accurately). The service professional may need to speak more slowly, wait for answers more patiently, and build in more frequent breaks.

Older victims often experience substantial stress during and after victimization. They may feel embarrassed or ashamed, blame themselves, become depressed, and suffer loss of self-esteem. They may become hopeless and despairing. Victims of elder abuse suffer increased levels of psychological distress, including post-traumatic stress disorder.³⁶ Signs of psychological stress include disturbed eating and sleeping, noncompliance with medical treatment, declining functional abilities, reliving of the victimization, progressive dependency, a sense of helplessness, social isolation, stress, withdrawal, psychological decline, and depression.³⁷ Persons with dementia may exhibit regressive behaviors or changed behaviors from those exhibited before the victimization. All elder abuse victims will die sooner than they otherwise would have.³⁸ In addition, in institutional settings, residents who have been victimized by residents are at tremendous risk of repeated violence.³⁹

Because most perpetrators of elder abuse are known to and trusted by the victim, many victims may be contacted by or on behalf of perpetrators and asked or urged to discontinue participation with the criminal justice process. The victim service professional is key to supporting the older victim, helping them through the process, and assuring that they are safe.

Elder abuse can affect the criminal justice process. Elderly victims may be afraid and overwhelmed by what has happened to them and may be unable to physically access the police department, courthouse, or victim assistance program due to their condition, or may need support in order to do so. Older people are more likely to be frail and have mobility impairments. They may require special modes of transportation. Participating in the criminal justice system may be exhausting for the victim, so assuring the older person is able to take more frequent breaks, has needed assistive and medical devices and medications, can eat appropriate foods and drink fluids, and can wait in a safe and comfortable environment will require extra preparation and attentiveness on the part of the victim service provider.

The victim service professional may also need to advocate on behalf of the elder abuse victim. Requesting that delays be opposed or limited, assuring that victims are called to testify at convenient times of day, arranging transportation, and regularly contacting the older adult with reminders and case updates will all improve the older victim's experience.

Who Abuses Older People?

Older adults may be victims of the same types of crimes as those of other ages and circumstances; however, they are particularly vulnerable to crimes committed by those on whom they rely for help. As noted earlier, studies consistently show that family members and others an elder knows, loves, and trusts are the most frequent abusers of older persons.⁴⁰ A family member or friend who abuses an older adult also compounds the sense of vulnerability, as this is usually a trusted person and a trusted relationship.

Many types of community-based services are available to senior adults who are frail and at risk. If workers employed by these services prey on seniors, the older adult is in a particularly vulnerable situation. Potential abusers include—

- Family and friends.
- Personal care attendants who help with feeding, bathing, and other activities of daily life.
- Attorneys, bankers, and accountants.
- Drivers who deliver meals.
- Adult day care or health care center staff.
- Health care professionals
- Social services workers.
- Faith community members.

Some perpetrators may justify their abusive, neglectful, or exploitative acts as caregiver stress, that is, their conduct would not have happened but for the stress related to caring for the elderly victim. While it is certainly true that care giving by a family member or paid caregiver can be stressful, it is important to recall that most caregivers are compassionate and provide kind and appropriate care. Resorting to abuse and neglect is a choice and a caregiver overcome by the stress of dealing with an older person has other alternatives. If a caregiver feels stressed, she/he may need to take action to address the stress such as taking breaks, seeking help from other family members, avoiding drugs and alcohol, participating in a respite or therapy program, attending a support group, and speaking with a friend, family member, clergy, counselor, or therapist. In some instances the abuser has rejected those options and chosen to remain in the situation in order to have access to the elder's assets.

It is important that the victim service provider stay focused on enhancing victim safety and holding offenders accountable by avoiding being co-opted by the abusive or neglectful abuser. It is also worth considering if a similar justification would be accepted if the victim were a child, an intimate partner, or a pet.

Where Does Elder Abuse Occur?

Most elder abuse occurs in people's own homes, which may be located in the community or in institutional (facility) settings. These include—

- Retirement communities, where adults live independently and additional services such as meals and transportation may be available.
- Assisted-living facilities, where adults live semi-independently and more extensive services are provided, such as bathing, dressing, feeding, and administration of medications.
- Group home facilities, where adults live in a residential-care program that provides meals, and medical and personal services in a family-like atmosphere.
- Skilled nursing facilities or nursing homes, hospital-like settings, where adults live who need skilled care and supervision from medical professionals.

These are sites that victim service providers typically may not visit, and where abuse of an elderly person may occur in privacy and isolation. Victim service providers are more likely to become aware of crimes against the elderly that occur in public or when a concerned outsider or third person reports it to the authorities. Becoming acquainted and working collaboratively with facility staff members, aging services networks, and community partners such as adult protective services and the long-term care ombudsman will increase victim service providers' awareness of the instances of abuse.

Effective Responses for Victim Support and Advocacy, Medical and Mental Health Treatment, and Advocacy for Justice System Participation

Safety Planning for Older People

Victim service providers often assist domestic violence victims with the process of developing a safety plan. This process can be as effective with older adults as it is for younger persons. While development of a safety plan does not guarantee a person's safety, a plan can help older and younger persons feel safer, prepare for emergency situations, and regain a sense of control over their lives. An individualized safety plan focuses directly on specific safety issues for that person. The National Clearinghouse on Abuse in Later Life (www.ncall.us) has information on developing a safety plan with an older person. Useful publications include a "Safety Planning Brochure" for victims; "Safety Planning: How You Can Help," which guides individuals to create a safety plan with a person with cognitive impairment; and "Safety Planning: A Guide for Individuals with Physical Disabilities," which helps prepare for a violent act, safety at home and in public settings, and safety when there is a protective order.

Victim service providers should encourage older people to seek crime prevention information from a local law enforcement agency. Like all others, older adults need to understand facets of both stranger crime and crimes committed by people they know and trust.

When older adults are victims of crime, victim service providers should inform and educate them about their legal rights and how to exercise them, the role and services of Adult Protective Services (if the older person meets local eligibility criteria), and services available through the aging services network and from a domestic violence or sexual assault program, when appropriate, and how access the available services. For many victims of elder abuse, linkage with services and programs may be more helpful than providing referral lists. (Referral is providing a list of possible options and leaving it to the recipient to choose what is preferred and initiate contact. Linkage is working with the client to identify what is preferred and then actually linking the client to the service by the professional initiating contact on the client's behalf.)

In addition, laws in some states authorize a victim of certain crimes to be accompanied by a support person and/or advocate to law enforcement, prosecution, and defense interviews, medical forensic examinations, and court. Advocates can assist by assuring that eligible victims understand their rights and providing support when requested by the older person.

Medical Care

Victim service providers who encounter an older victim of crime or abuse should be alert for physical signs of abuse such as bruises, scratches, odors, or bedsores. The professional should also ask if the victim is experiencing pain or discomfort and determine if the person has received appropriate medical care. Depending on the victim's mental or physical condition, the victim may not understand the extent or seriousness of injuries. When appropriate, the professional should encourage the older adult or their caregiver to seek medical help. With the permission of the victim or their legally designated surrogate decisionmaker (e.g., power of attorney for health care, guardian or conservator), the victim service provider should contact a medical service provider directly.

Shelter

If an older victim relies on a caregiver for personal care services in his or her home or lives in a residential facility and the caregiver is the abuser, it may be necessary to remove the victim from the home or facility for the victim's safety and to meet the elder's continuing care needs. Hiring new caregivers and locating safe shelters for abused adults is often difficult, and may be more difficult if the victim has a beloved pet. Exploring other facilities, apartment complexes, residential facilities, or hotels in the area can be time-consuming, but necessary. When the elder meets eligibility criteria for Adult Protective Services (APS), APS can be helpful in locating appropriate housing. Personal care attendant services may be obtained through the local center for independent living (visit the National Council on Independent Living Web site for lists of programs by state: www.ncil.org). In some cases, a victim may need accompaniment to ensure the continuity of service at the shelter or hotel. If an abusive caregiver or family member is removed from the victim's home, the victim service professional will need to ensure that new locks are installed on doors and windows. In some cases, it will be important to help change the victim's phone number. The local APS program can be helpful in assisting with these changes if the older adult meets their eligibility criteria.

Some older adult victims of abuse will benefit from the services of a domestic violence program, including emergency shelter. Some shelters have created specific shelter and programming to meet the needs of older clients. Some communities have agreements between local animal control or humane society and Domestic/Family Violence programs to board pets of victims who require emergency shelter. The Safe Havens for Pets program of the United States Humane Society has a state by state link to such programs at www.humanesociety.org/issues/abuse_neglect/tips/safe_havens.html.

Information

Like other victims of crime, older victims need to know about the criminal justice process, interviews, court dates, case updates, terms of court orders, outcomes, and release information. Victim service providers are key to maintaining early, ongoing, and

consistent contact and communication. It is especially helpful to older adults that information is communicated clearly and promptly. Followup contact and reminders may be helpful. Some appreciate having information written on a calendar to remind them of important events.

Because older persons may have difficulties with vision or hearing, it is helpful to create materials, forms, and reminders in multiple formats such as written documents, e-mail, and telephonic. Written materials are more helpful when type-font displays are larger and where paper and ink are in high contrast with one another. The National Institute on Aging has helpful suggestions for developing materials (go to www.nia.nih.gov/health/publication/making-your-printed-health-materials-senior-friendly).

Compensation

Recovering lost property or obtaining compensation for crime-related expenses may be critical for adult victims living on fixed incomes. Some may be unable to cover even nominal expenses. They may need extensive assistance to fill out application forms for state crime victim compensation, veterans' benefits, insurance reimbursements, etc.

It is important to maintain heat, air conditioning, and water services for elderly people. The telephone may be their primary contact with the outside world, along with their radio or television. They may be concerned about the well-being of their pet.

Many victim assistance programs maintain special funds to help cover costs that are not routinely covered by state crime victim compensation programs or other resources. These special victims' funds may provide emergency funds for older victims.

Victims of Crime Act (VOCA) funds, previously limited to victims of violent crimes, now permit funding of programs for victims of financial crimes who are described as an underserved group. Federal regulations authorize use of VOCA funds to provide immediate health and safety, mental health services and support groups, respite care and services for victims with disabilities, credit counseling and other services, restitution advocacy, public education, publications, and use of technology.⁴¹

Investigations and Court Procedures

Investigating crimes and abuse against adults can be complicated. Proving abuse can be difficult. Physical impairments can impede communication and mobility for older persons. They may not be able to remember significant details of a crime. Proving decisionmaking capacity also is difficult (e.g., did he or she have the capacity to sign a document or to consent to sexual contact?). Communication may be difficult if an older person has been paralyzed and his or her speech has been affected by a stroke or other medical condition.

Some older people sustain accidental injuries bumping into furniture or falling. Some of the effects of normal aging can cause conditions that mirror injuries from abuse and neglect. Some medications may cause bruising, and because of age-related changes in skin, these bruises may be large. Thinning skin and loss of elasticity in skin can cause a minor accidental contact with a hard surface to look like an injury from an assault. Underlying medical conditions can prevent normal healing and some end-stage diseases can make prevention of pressure ulcers (bedsores) extremely difficult or impossible. It is also true that it is difficult to tell the age of bruises by color in older persons.⁴² Bruises due to abuse typically are found on the face, lateral aspect of the right arm and posterior torso, including the back, chest, lumbar, and gluteal regions.⁴³

Victim service providers can enhance their effectiveness by working with skilled professionals from the departments of aging, adult protective services, organizations that work with persons with disabilities, geriatricians, and geriatric teams that exist in some communities. These individuals may be able to recommend devices or procedures to help the older adult communicate. Medical practitioners can help evaluate injuries and the plausibility of defenses. Psychologists and psychiatrists with geriatric expertise can perform mental status assessments and offer opinions about what a victim may or may not have understood at an earlier point in time.

When older victims need to appear in court, they may require special services, such as transportation, companions, or communication devices. When victims cannot come to court, special efforts and procedures may be needed and available to obtain and preserve their testimony, including video or audiotape recordings of testimony. Older people may have difficulty testifying if they have hearing loss, cognitive impairments, require special diets or must adhere to a specific medications schedule, or need to take medications that cause drowsiness. They may need more frequent breaks and shorter court sessions. Their testimony may need to be taken over more than one session.

Some states have procedures to memorialize an elder person's testimony in the event they are unavailable at a later date to testify. They may be called depositions, conditional examinations, etc. Many courts have the ability to move the courtroom to the elder's location if the victim cannot be brought to court due to a serious medical condition. Courts may have a duty to do so under the Americans with Disabilities Act if such an accommodation is necessary to allow an older person to participate in the court process.

While many older victims want to have the abuse end, they may be reluctant to see their offenders held accountable or sent to prison, particularly when the offender is their child, grandchild, spouse, or other family member. Older victims may wish to appeal for leniency or request counseling or substance abuse treatment for the offender in lieu of incarceration. In most instances in which the offender is held accountable, the victim service professional can assist the victim by advocating for full restitution.

Victim service providers should be particularly alert to the possibility that older victims may be subject to threats and intimidation by their abusers. Victim service providers

should notify victims about procedures for reporting threats or intimidation and help them secure any court-ordered measures of protection that promote their safety. Victims should have access to comfortable, private waiting areas and escorts to accompany them to and from court. They should be offered a support person to accompany them to court if permitted by the local jurisdiction.

Other Support Services

Like younger victims, older victims can benefit from emotional support or professional counseling to help them cope with the psychological impact of crime or abuse and to help them regain their self-esteem. Communities that provide support groups for older victims of family violence have found them to be very helpful at reducing isolation, validating the victim's experience, creating hope, promoting personal healing and well-being, and enhancing safety.⁴⁴

Victims might need legal and financial services to help obtain protection orders and divorces, contest guardianships, establish or revoke powers of attorney, or recover assets. Debt incurred because of identity theft or fraud will need to be addressed, and plans will need to be made to help prevent future financial abuse.

Meal delivery services, special transportation, and personal care attendant services may need to be re-established to help increase a victim's health and independence. Victims may need to purchase new glasses or hearing aids, or obtain dental work if a theft or injury occurred. They often require more time to recover from their traumatization than a younger person.

Encouraging someone to call the older victim to perform a "welfare check" everyday is a safety precaution and can help alleviate loneliness and isolation. Having someone read to the older person or provide them with large print books or books on cassette or CD also can be helpful. Providing a plant or a "pet visit" can keep them connected to things that represent life and living. Many communities have special programs that connect specially trained animals with people who can benefit from such pet visits, which can lower stress and provide companionship. (Visit the Delta Society Web site at www.deltasociety.org for more information on animal-assisted therapy.) When desired by the older victim, engaging the faith community can be especially helpful in decreasing isolation and loneliness.

Advocacy for Justice System Participation

Victim service providers in the criminal and civil justice systems will need to work collaboratively with colleagues in adult abuse prevention, including aging service providers, adult protective service personnel, legal services providers, and others. Victim assistance program directors may want to collaborate with adult and geriatric specialists to create an effective victim assistance training program for their victim service providers who work with older crime victims.

Law enforcement officers and prosecutors need to develop skills in interviewing older adult victims and in investigating and prosecuting cases. Similarly, victim service professionals must enhance skills in interacting and communicating with older adults from first contact or intake through the court process, preparation of victim impact statements, and connection with services.

Certain types of abuse and neglect may be civil matters or are both civil and criminal in nature requiring responses by both systems. Therefore, civil attorneys and victim service providers who work in the civil arena should be trained and prepared to take on these complex and labor-intensive cases.

Victim assistance program materials should be in large print and easy to understand. They may need to be available in multiple formats as well. Presentations at senior centers and on radio and television and through print media can be effective ways to reach older people with information about safety and victim rights and assistance, as can collaborating with the “gatekeepers” (i.e., pharmacists, postal workers, utility company personnel, hospitals, nursing homes, faith communities, merchants, and others who have frequent contact with older people).

Victim service providers can volunteer to join adult abuse/adult protection multidisciplinary case review teams to learn more about older victims’ needs, local resources, and peers in adult abuse and long-term care networks. Participation in community multidisciplinary teams will also increase other team member’s awareness and understanding of the role and services of the victim service professional’s organization. The result is improved communication, understanding, and options for the older adult victim.

Victim service providers and prosecutors can work together to streamline prosecution protocols. For example, “fast-tracking” cases can facilitate participation by older victims by ensuring a speedier process for court procedures. Vertical prosecution may minimize the number of times the victim has to repeat details of the crime or abuse, and having older victims testify mid-morning may spare them from having to testify later when they may be more tired. Videotaped testimony and victim impact statements are often useful when a victim’s memory or physical condition is failing.

Domestic violence shelters, sexual assault programs, and homeless shelters can explore ways to adapt their programs and services to make them more accessible to older people.

For information on enhancing a community’s collaborative response to abuse in later life, please see *Building a Coalition To Address Domestic Abuse in Later Life* (Revised 2004), which helps guide a community through the process and includes a community assessment tool, available at www.ncall.us/sites/ncall.us/files/resources/Building%20Coalition%20Trainer%20Rev.pdf.

A handbook on designing services for older women within an existing domestic violence program is *Developing Services for Older Abused Women* available at www.vaw.umn.edu/documents/developingservicesolder/developingservicesolder.html.

A guide to advocate outreach to older victims of abuse is *Outreach Strategies for Domestic Violence and Sexual Assault Advocates* (2011) available at www.ncall.us/sites/ncall.us/files/resources/Outreach%20Strategies%202011.pdf.

See also *Tips on Working With Victims of Abuse in Later Life* available at www.ncall.us/sites/ncall.us/files/resources/Tips%20on%20Working%20with%20Older%20Victims.pdf.

Cultural Issues and Barriers to Reporting and Accessing Services

Both system- and community-based victim service providers routinely encounter victims from diverse cultures, and need to develop culturally competent attitudes and service delivery. This need will continue to grow as we face an increasingly aging population. Elderly people, like those of other age groups, vary in race, ethnicity, education level, socioeconomic levels, sexual orientation, and religious beliefs and practices.

Cultural identification may influence what and whether certain acts are viewed as elder abuse.⁴⁵ Culturally based beliefs and experiences may affect whether an elder victim will recognize they are victims, report, or seek and accept assistance. If an elder came from a war-torn country or place where the criminal justice system was viewed as oppressive, their experience may cause them to not trust the system or be afraid of its involvement in their lives. They may fear deportation or imprisonment and lack important information about relevant laws. They also may prefer that their victimization remain a private matter rather than expose their family or community to public scrutiny or disapproval. Victim service providers must create responses to people of various cultural experiences that are helpful and competent.

Cultural values and identification also affect how Native American tribal members identify and respond to elder abuse. Elder abuse is recognized as a significant problem within Native American communities whether older members live on tribal lands or in urban settings. Elder abuse is viewed as dissolution of tribal cultural values that have traditionally viewed older members as repositories of knowledge valued for their experience and wisdom and as a reflection of a serious imbalance within tribal communities.⁴⁶ Neglect is the most common form of abuse, followed by emotional and psychological, physical, and financial abuse; and abandonment.⁴⁷ Causes of elder abuse are described as “poverty, the weakening of kinship systems, acculturation stress, financial dependency of adult children on their elderly parents, the poor health of many Native American elders, the negative effects of technology and progress, a value switch

from the wisdom of elders to the abilities and ambitions of youth, young people's lack of interest in elder adults, and a change in tribal leadership from elders to younger adults."⁴⁸

In addition, "punitive models of intervention and prosecution often conflict with traditional Native American concepts of justice, which focus upon relationships and community functional integrity. The imposition of culturally insensitive or unacceptable approaches by nontribal authorities may be interpreted in the context of a long history of cultural oppression and domination."⁴⁹ Native American communities may have limited experience working with state and federal law enforcement and service providers and may be hesitant to seek assistance from community- or system-based victim services professionals not associated with their own tribe.

Cultural competence may be demonstrated in several dimensions (adapted from the U.S. Administration on Aging):⁵⁰

- *Surface Structure:* By employing people, places, language, music, food, and clothing familiar to and preferred by the older person.
- *Deep Structure:* By understanding the sociodemographic and racial/ethnic population differences and the influence of ethnic, cultural, social, environmental and historical factors on behaviors.

Culturally competent service providers and programs for elderly people exhibit the following characteristics (adapted from U.S. Administration on Aging):

- *Warmth:* Accepting, liking, commitment, and exhibiting unconditional regard.
- *Empathy:* Perceiving and communicating, accurately and with sensitivity, the feelings of the older victim and the meaning of those feelings.
- *Genuineness:* Openness, spontaneity, congruency; the opposite of "phoniness."

Such service providers and programs also are—

- Knowledgeable about cultural differences and their impact on attitudes and behaviors.
- Sensitive, understanding, nonjudgmental, and respectful.
- Flexible and skillful in responding and adapting to different cultural contexts and circumstances.

Victim service providers can enhance their cultural competence with older victims by (adapted from U.S. Administration on Aging) —

- Spending time listening to their needs, views, and concerns.
- When possible, using the language and dialect of the victim.

- Creating victim-friendly meeting sites and offices.
- Displaying material and information that are relevant to older victims.

Victim assistance program managers can provide formal and informal training sessions on working with older victims. Managers also can recruit and train older paid and volunteer victim service providers.

Criminal justice advocacy for older crime victims starts with law enforcement. There are numerous reasons why elderly people do not report crime against them (fear of retaliation, embarrassment, shame, to protect the abusers, etc.). Victims also fear they will not be believed, that nothing will be done, or that they will lose the services of a caregiver or a relationship with a family member. They also may be confused about whether what happened was wrong. Isolation, jealousy, intimidation, desire to protect the family, self-blame, powerlessness, spirituality, hopelessness, secrecy, concern for the abuser, and justice system response are also cited as reasons older victims may be reluctant to participate in the criminal process.⁵¹

Nearly every state and the District of Columbia have mandated the reporting of certain acts of elder and/or vulnerable adult abuse. (The states that do not have mandatory reporting are Colorado and North Dakota). Every state permits voluntary reporting. Victim service providers in many jurisdictions may be “mandatory reporters” of abuse and neglect of elders or vulnerable adults. Victim service providers who become aware of a crime, or abuse against an older person even if it is not a crime, must understand their reporting responsibilities. Offenders who commit crimes against adults will not be brought to justice unless their crimes are reported to law enforcement. Until then, offenders will continue to victimize and traumatize their victims. Even if reported conduct is not a crime, reporting can result in action by protective services, which can lead to offers of services and support, depending on local resources.

The victim service provider should alert the client to any reporting responsibilities early in the relationship and explain what procedure will be followed to protect the elder or vulnerable adult’s safety in the event that reporting is required. Service providers must understand that reporting may increase a client’s danger and make sure that measures to enhance client safety are discussed and implemented as agreed.

There are considerable differences in how elder or vulnerable adult reporting statutes define who must report and what must be reported. Penalties for failure to report also vary. Information on reporting laws is available from the National Center on Elder Abuse at www.ncea.aoa.gov (click on “Laws” on screen on left side of page and follow links), or from the American Bar Association Commission on Law and Aging Web site at www.abanet.org/aging/about/elderabuse.shtml.

Victim service providers should be familiar with and develop working relationships with the agencies that have primary responsibility for investigating abuse. These include the following:

- **Adult protective services (APS)** investigate reports of adult abuse and neglect committed in private residences in the community. In some states, APS investigates complaints of abuse in institutional settings. APS programs are typically located in local or state departments of social services or aging.
- **Local law enforcement agencies** investigate most types of criminal abuse that occur in the community. Some law enforcement agencies have created elder/adult abuse units.
- **Federal law enforcement and regulatory agencies** have jurisdiction in cases involving crimes such as telemarketing fraud, identity theft, and theft of Social Security checks.
- **Staff of the Long-Term Care Ombudsman program, whether paid or volunteers,** are federally mandated to protect the health, safety, welfare, and rights of adults in nursing homes and residential-care facilities. Volunteers visit facilities, accept complaints, and report complaints to the appropriate authorities.
- **State regulatory and licensing agencies** include state health departments or departments of human services that oversee the licensure and operation of residential care facilities. When abuse is discovered, state agencies can take action against the managers of such facilities and can restrict or terminate the operation of a licensed facility.
- **Medicaid fraud units** are federally funded state law enforcement entities that investigate and prosecute Medicaid provider fraud. They review complaints of patient abuse and neglect and misappropriation of patient funds in facilities that receive Medicaid funds. They are typically located in a state's Office of the Attorney General.

To reduce barriers to reporting and accessing services, some states have created special criminal statutes specifically addressing adult abuse and neglect. Some are new crimes; others are enhancements or sentencing factors that increase the possible sentence. Statutes creating special procedures to expedite handling of matters that allow for advocates to support elders or vulnerable adults in court, and allow the court to reconfigure the court to better meet the needs of older persons have also been enacted in some states. These special statutes take into account factors such as the heightened lethality and impact that crimes are likely to have on frail victims, as well as that abuse is often committed by family members and others who are in positions of trust.

Many of the agencies that handle complaints of crime and abuse against the elderly work together collaboratively. Some legislatures have enacted laws that authorize the sharing of confidential information within adult abuse multidisciplinary teams or authorize the creation of teams to examine cases and systems.

In addition to the obstacles to reporting crimes and abuse, there are barriers to accessing services. Some crime victims lack the resources needed to pay for out-of-pocket expenses associated with participating in the criminal justice process (transportation, etc.). In these situations, many victim assistance programs sponsor their own fundraising and maintain special victims' funds to help defray costs not routinely covered by state crime victim compensation programs. Adult Protective Services and local offices on aging may have other funding sources available to assist older persons in dire situations.

Useful Resources

Publications and Articles

Aging and Life Course provides an international, cross-cultural view of elder abuse (visit World Health Organization at www.who.int/ageing/about/ageing_life_course/en/index.html).

A Multi-Site Assessment of Five Court-Focused Elder Abuse Initiatives (2011) is available from the American Bar Association at www.americanbar.org/content/dam/aba/uncategorized/2011/2011_aging_ea_exsum_ct_focus_initia.authcheckdam.pdf.

Elder Abuse and Neglect: In Search of Solutions is a broad, general article about elder abuse (American Psychological Association; www.apa.org/pi/aging/eldabuse.html).

First Response to Victims of Crime (2008), a booklet and DVD or VHS tape prepared by the National Sheriffs' Association for law enforcement officers, includes a special section on working with older crime victims and persons with disabilities (Office for Victims of Crime, www.ojp.usdoj.gov/ovc/library/videoclips.html; DVD NCJ 211619; VHS NCJ 211618). A companion guidebook (NCJ 217272) may also be ordered online. There is a shipping and handling cost for each item ordered (\$5.00 per item for 1-2 copies).

National Sexual Violence Resource Center, Sexual Violence in Later Life Information Packet (2010), developed by Holly Ramsey-Klawnsnik, contains a fact sheet, technical assistance bulletin, technical assistance guide, resource list, annotated bibliography, and research brief relating to sexual abuse of older adults. The packet is available at www.nsvrc.org/publications/sexual-violence-later-life-information-packet.

When You Can't Go Home Again: Using Consumer Law To Protect Nursing Facility Residents is a manual to guide advocates through the process of addressing nursing home abuse (National Consumer Law Center, 617-523-8010; www.consumerlaw.org).

Video and DVD Resources

"A Mother Never Gives Up Hope: Older Mothers and Abusive Sons" is a new DVD available from Terra Nova Films (800-779-8491, ext. 11; www.terranova.org) and the National Clearinghouse on Abuse in Later Life.

"In Their Own Words" (2010) is a DVD and training guide in which victims and their families, advocates, and other professionals involved in their experiences describe what occurred, their recovery, and the systems that participated in their experiences and cases. Funded by the Office for Victims of Crime (NCJ 227928) and available for \$5.00 (handling and shipping costs), the DVD and workbook can be ordered from www.ojp.usdoj.gov/ovc/library/videoclips.html#elderabuse. The training guide is available at www.ovc.gov/publications/infores/pdf/InTheirOwnWords.pdf.

Responding to Elder Abuse is a series of three DVDs (NCJ 223413, 223414; 223415) which address what judges and court personnel; community corrections, and law enforcement should know about responding to elder abuse. The series, funded by the Office for Victims of Crime, is available for download at <http://ovc.ncjrs.gov/topic.aspx?topicid=100>.

Information on Developing Materials for Older Adults

- *Making Your Printed Health Materials Senior Friendly*, www.nia.nih.gov/health/publication/making-your-printed-health-materials-senior-friendly.
- *Effective Color Contrast: Designing for People with Partial Sight and Color Deficiencies* (Lighthouse International), www.lighthouse.org/accessibility/effective-color-contrast.
- *In Other Words...When Vision Is an Issue...Communicating With Patients Who Are Visually Impaired*, www.healthliteracy.com/article.asp?PageID=3774.
- *Making Text Legible: Designing for People with Partial Sight* (Lighthouse International), www.lighthouse.org/accessibility/design/accessible-print-design/making-text-legible.
- *Making Web Sites More Accessible for Users Who Are Older and/or Have a Disability* www.adrc-tae.org/tiki-download_file.php?fileId=2834.
- *Making Your Web Site Senior Friendly* (checklist for Web designers who are creating online material for older adults), published by the National Institute on Aging and the National Library of Medicine, available at www.nlm.nih.gov/pubs/checklist.pdf.

Web Sites and Addresses

The *American Association of Retired Persons* has an array of articles on its Web site about elder abuse. Visit www.aarp.org/ and search for "elder abuse."

The *National District Attorneys Association* can provide information on prosecuting crimes against the elderly and can refer callers to prosecutors with expertise in adult abuse (www.ndaa.org).

The *Center on Excellence in Elder Abuse*, located at the University of California at Irvine Medical School, has resources, links, statistics, research, interdisciplinary efforts, publications, and information about elder abuse. Materials are available at www.centeronelderabuse.org.

The *Delta Society* is one of several national organizations that provide animal-assisted therapy. Visit www.deltasociety.org for more information. Contact the county Humane Society for other programs that may exist in the local area.

Eldercare Locator is a project of the U.S. Administration on Aging and assists in identifying local agencies to help older persons and their families locate home and community based services such as meals, home care, and caregiver support services. Information can be obtained online at www.eldercare.gov or by telephone at 1-800-677-1116.

The *National Adult Protective Services Association* (NAPSA) provides information on how to reach state adult protective services, best practices, and numerous publications about APS, APS cases, special projects, and abuse of vulnerable adults. Contact NAPSA at www.apsnetwork.org, 920 South Spring Street, Suite 1200, Springfield, IL 62704; phone 217-523-4431; fax 217-522-6650.

The *National Association of States United for Aging and Disabilities* (NASUAD) provides training and technical assistance to state long-term care ombudsman programs and networks of almost 600 regional programs (www.nasuad.org). It provides technical assistance through the Long Term Care Ombudsman Resource Center at www.ltombudsman.org.

The *National Center on Elder Abuse* (www.ncea.aoa.gov) has resources on elder abuse, publications, fact sheets, how to report abuse, a training library, statistics, and public service announcements about elder abuse. The Center also has materials for caregivers and ideas on how to prevent abuse by caregivers.

- “Promising Practices” is a National Center on Elder Abuse database of innovative models and information resources around the country related to elder abuse prevention, intervention, and public education. Visit www.ncea.aoa.gov/main_site/Resources/Promising_Practices/PP_Search.aspx.
- “State Elder Abuse Helplines and Hotlines” are listed on the National Center on Elder Abuse Web site at www.ncea.aoa.gov/Main_Site/Find_Help/State_Resources.aspx. These are free, anonymous hotlines.

The *National Clearinghouse on Abuse in Later Life (NCALL)* offers materials on abuse in later life, a tactics wheel, a safety planning tool, coordinated community response, and a directory of national organizations. Information is available at www.ncall.us.

The *National Committee for the Prevention of Elder Abuse* (www.preventelderabuse.org) has information about forms, capacity, consent and undue influence, and resources.

National Domestic Violence Hotline number is 800-799-7233 or e-mail ndvh@ndvh.org. Callers who are deaf or hard-of-hearing may call TTY 800-787-3224 or e-mail deafhelp@ndhv.org. Go to www.thehotline.org.

The *National Long-Term Care Ombudsman Resource Center* lists ombudsman programs in every state (www.theconsumervoice.org/ombudsman).

The *National Association of Triads, Inc.* (www.nationaltriad.org) is a partnership of three organizations: law enforcement, senior citizens, and community groups. The sole purpose of Triad is to promote senior safety and to reduce the unwarranted fear of crime that seniors often experience.

The *Office on Violence Against Women* developed the Abuse in Later Life Program (Enhanced Training and Services to End Violence and Abuse of Women Later in Life Program). For program information, go to www.ncall.us/grantees/about-all-program.

Senior Crime Stoppers was created to stop abuse in long-term care facilities. Information is available at www.seniorcrimestoppers.org.

U.S. Administration on Aging (www.aoa.gov) publishes *A Profile of Older Americans*, which is updated annually. The current version is available at www.mowaa.org/Document.Doc?id=203.

National Indian Council on Aging (www.nicoa.org) has information on elder abuse at <http://nicoa.org/health/elder-abuse>.

Endnotes

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