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Elder Mistreatment: Priorities for Consideration by the White House Conference on Aging

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Elder mistreatment is recognized internationally as a prevalent and growing problem, meriting the attention of policymakers, practitioners, and the general public. Studies have demonstrated that elder mistreatment is sufficiently widespread to be a major public health concern and that it leads to a range of negative physical, psychological, and financial outcomes. This article provides an overview of key issues related to the prevention and treatment of elder mistreatment, focusing on initiatives that can be addressed by the White House Conference on Aging. We review research on the extent of mistreatment and its consequences. We then propose 3 challenges in preventing and treating elder mistreatment that relate to improving research knowledge, creating a comprehensive service system, and developing effective policy. Under each challenge, examples are provided of promising initiatives that can be taken to eliminate mistreatment. To inform the recommendations, we employed recent data from the Elder Justice Roadmap Project, in which 750 stakeholders in the field of elder mistreatment were surveyed regarding research and policy priorities.

Key words: Abuse/neglect, Crime, Public Policy, Organizational and Institutional issues

Over the past three decades, policymakers, professionals, and the general public have paid increasing attention to the mistreatment of older persons, both in the community and in residential settings. In response to growing concerns, it was announced that the 2015 White House Conference on Aging (WHCOA) will focus on "elder financial exploitation, abuse

and neglect" as one of four priority topics. This designation is to be welcomed, because elder mistreatment is a serious and mounting concern. The growth in the older population is dramatically increasing the number of potential victims, and the 76 million baby boomers will not be immune from elder mistreatment as they enter old age. There is also compelling evidence of the deleterious personal, family, and economic effects of elder mistreatment. Given the urgency of the problem, the 2015 WHCOA is poised to be a major impetus for action by integrating elder mistreatment and elder justice concerns into the mainstream of aging policy and practice.

In this article, we review key issues in the field of elder mistreatment, with the aim of identifying major themes for consideration by the next WHCOA. After a discussion of definitions and the public health importance of the problem, we propose three major challenges that should be addressed to create a comprehensive, coordinated response to elder mistreatment. The selection of these recommended domains for consideration by the WHCOA—research, direct services, and policy—are informed by a recent, comprehensive effort to gather expert opinion on the most important issues to address in combating elder mistreatment: the Elder Justice Roadmap (U. S. Department of Justice and Department of Health and Human Services, 2014).

Elder Mistreatment—A Widespread and Serious Public Health Problem

There is now general agreement on the scope of actions that fall under the rubric of elder mistreatment. Researchers, practitioners, and most legal statutes recognize the following types of mistreatment (cf., Lachs & Pillemer, 2004; Laumann, Leitsch, & Waite, 2008; National Research Council, 2003): (a) *physical abuse*, including acts that cause physical pain or injury; (b) *psychological abuse*, including acts causing emotional pain or injury; (c) *sexual abuse,* defined as nonconsensual sexual contact of any kind; (d) *financial exploitation*, involving the misappropriation of the older person's money or property, and (e) *neglect*, or the failure of a designated caregiver(s) to meet the needs of a dependent older person.

Emerging data about the size and scope of the problem justify the decision to make elder mistreatment a top WHCOA priority. Despite the confusion introduced by shifting definitions and overly broad or methodologically questionable studies, evidence is now available from several well-conducted, large-scale population surveys of community-dwelling individuals age 60 and over. A recent survey of over 4,000 older people in the state of New York found a rate of 7.6% (Lifespan of Greater Rochester, 2011; Peterson et al., 2014). Laumann and colleagues' (2008) national survey found a rate of 9%, whereas Acierno and colleagues (2010), in a national survey found a rate of 11%.

Given the discrepancies among studies, the true prevalence of elder mistreatment cannot be specified. However, it is noteworthy that the three most recent large-scale studies have found rates in the range of 7.6–11% in the population 60 and older. Further, reliance on self-report information from individuals able to participate in a survey necessarily underestimates prevalence of elder mistreatment because rates among particularly vulnerable segments of the population are not captured. First, there is evidence that dementia places older persons at greater risk of mistreatment. A consistent finding is that rates of mistreatment, and in particular physical violence, are 3–5 times higher among dementia caregivers and care recipients than in the general population (Dong, Chen, & Simon, 2014; Lachs, Williams, O'Brien, Hurst, & Horwitz, 1997; Pillemer & Suitor, 1992). Second, research on residential long-term care shows that rates of mistreatment of residents are substantial, but not captured in surveys of community populations (Castle, 2012; Castle and Beach, 2013; Pillemer & Moore, 1989; Rosen, Pillemer, and Lachs, 2008). Therefore, the true extent of elder mistreatment almost certainly exceeds the prevalence rates uncovered in direct interview surveys (especially given likely under-reporting by respondents). Taking the available evidence into consideration, estimating an overall prevalence rate of elder mistreatment of approximately 10% is reasonable for the purposes of policy development.

This rate would translate to approximately 5,600,000 elder mistreatment victims age 60 and over nationwide. This figure clearly shows that elder mistreatment is widespread, such that professionals who serve older adults are likely to encounter it on a routine basis. For example, using the prevalence rates just described, a clinician seeing between 20 and 40 older adults a day could encounter more than one victim of elder mistreatment daily (Lachs & Pillemer, 2004). Thus, elder mistreatment is a serious problem that demands urgent attention. Indeed, if a new illness were identified that afflicted so many older individuals, and for which risk was heightened further for vulnerable subpopulations, it would likely be considered a public health crisis. A similar sense of urgency is needed to ensure that older individuals are free from mistreatment.

Beyond prevalence, the well-documented negative effects of mistreatment on older people call for its urgent recognition as a public health problem. The consequences include high rates of physical injuries (such as wounds, head injuries, and broken bones); physical pain; exacerbation of existing health problems; depression and anxiety; premature nursing home and hospital placement; and increased mortality risk (Centers for Disease Control and Prevention, 2014; Dong & Simon, 2013; Gibbs & Mosqueda, 2010; Lachs and Pillemer, 2004). Elder mistreatment also leads to serious economic costs for individuals. This is particularly the case with financial exploitation, from which significant economic losses often result (Roush et al., 2012). Economic costs for other

forms of mistreatment are likely also high, causing increased health expenditures from premature nursing home placement, increased hospitalization, and societal expenditures for intervening in cases of mistreatment (Connolly, 2012).

Given the extent of the problem, its devastating consequences, and the likelihood that it will expand with the aging of the baby boom, elder mistreatment is an urgent societal and individual concern meriting the priority it has been provided in the 2015 WHCOA. Additionally, elder abuse is a potentially preventable problem, given that it is based on actions by other individuals who could eliminate such behaviors; however, evidence-based prevention strategies are lacking. Further, support for ending elder mistreatment is universal, cutting across public and private spheres and political divisions. The WHCOA is therefore poised to make a significant contribution to policy initiatives that have a real impact on addressing elder mistreatment.

Elder Mistreatment: Key Areas for Action

In proposing topics for consideration, we are fortunate to have available data from the Elder Justice Roadmap (U.S. Department of Justice and Department of Health and Human Resources, 2014), an intensive effort to set strategic priorities to advance elder justice. The project used a concept mapping process to solicit the perspectives of 750 stakeholders who were asked to identify the most critical priorities for the field, supplemented by leading experts in numerous aspects of the problem. Based on the Elder Justice Roadmap and a review of the research and policy literature in the United States over the past two decades, three key domains were identified representing challenges that must be addressed to reduce the risk of elder mistreatment. The domains are (a) *Research:* Developing a knowledge base for elder mistreatment; (b) *Services:* Creating a comprehensive network of elder mistreatment services and training opportunities; and (c) *Policy:* Forging a coordinated policy approach to reduce elder mistreatment. Within each of these domains, we have identified several priorities as examples of ways to meet the challenge.

Develop a Knowledge Base for Addressing Elder Mistreatment

Within the field of elder mistreatment, there is consensus that vigorous efforts are needed to improve the research base. The past several decades have seen far fewer advances in knowledge about elder mistreatment than with other types of interpersonal abuse (Pillemer et al., 2011). The paucity of scientifically credible research is not just an academic concern. The gaps in knowledge about elder mistreatment mean we do not know what works, making an organized, comprehensive approach to prevention and intervention impossible. Conducting better research (and allocating funds to do so) therefore are key to developing an evidence-based response to elder mistreatment. It is not an exaggeration to assert that improving research on elder mistreatment will save lives and that the failure to promote research excellence in the field puts older people at risk on a daily basis.

Research and knowledge gaps have been detailed in a number of reviews (cf., National Research Council, 2003; Lachs and Pillemer, 2004; Pillemer, et al., 2011) and include: unclear definitions and the undifferentiated treatment of various types of abuse and neglect as a single phenomenon; lack of comparison group designs; failure to employ reliable and valid measurement of elder mistreatment and of indicators of risk and outcomes; and a paucity of prospective studies of elder mistreatment. An additional gap is the failure to link elder mistreatment investigations to promising emerging areas of research, such as neuroscience. Finally, extant paradigms of elder mistreatment focusing only on dependent elders abused by caregivers must be broadened to include intimate partner violence in later life and older people victimized by dependent relatives (Brandl & Raymond, 2012; Pillemer, 2005).

These gaps in knowledge are rooted in our sparse investment in elder mistreatment research and data collection (Connolly, 2012). The amount of funds devoted to elder mistreatment by the National Institutes of Health, the Centers for Disease Control, the National Science Foundation and other federal agencies is a tiny fraction of that spent for research on aging issues of similar magnitude and potential harm (Government Accountability Office, 2011). To provide research knowledge that can be translated into effective prevention strategies and treatments, a much more significant investment is needed by both public and private funders. Many analysts now agree that the lack of a substantial and coordinated funding commitment is the major barrier to effective prevention and treatment (Connolly, 2012; Dong & Simon, 2011; Pillemer et al., 2011).

Research reviews published over the past decade and the Elder Justice Roadmap show a great degree of consensus regarding the state of elder abuse research and identification of knowledge gaps (Daly, Merchant & Jogerst, 2011; National Research Council, 2003; Pillemer et al., 2011). We will not recapitulate these scientific priorities here, but instead we provide four examples of promising areas for innovative research attention.

Conduct Scientific Evaluation of Elder Mistreatment Services

An extremely serious problem is that after decades of interest, there is a near absence of empirically tested elder mistreatment interventions. This situation requires urgent attention; intensive evaluation research must be funded and carried out to determine what kinds of intervention and prevention programs work and for which types of mistreatment

and subgroups of older persons. Cost-effectiveness analysis needs to be applied to existing programs to help set service priorities. Rigorous, systematic evaluation of varying models of Adult Protective Service programs is a particularly high priority, given that hundreds of thousands of older people fall under their purview but no data exist on the effectiveness of such protective interventions.

Connect Brain Science to Elder Mistreatment Research

Neuroscience research continues to yield remarkable insights into brain changes occurring across the adult lifespan. Better understanding of the linkages between neurocognitive aging and elder mistreatment risk is an important research priority that can lead to new treatment and prevention strategies. We know that memory and executive control functions are two of the cognitive domains most frequently affected by advancing age (Buckner, 2004). Changes in these cognitive abilities may lead to increased vulnerability to mistreatment. The capacity to update stored memories with new experiences, and to flexibly deploy these updated representations in novel contexts, is essential for guiding complex behaviors when navigating day-to-day events. Interactivity among brain areas associated with executive control and memory processes is compromised with advancing age (Spreng & Schacter, 2012) and is diminished with dementia (Zhou et al., 2012). Critically, as executive control declines with age, self-monitoring processes may not be available to flag disadvantageous or self-detrimental behavior (Clare, 2003). Together, these neurocognitive declines may contribute to heightened risk of mistreatment.

In addition to understanding how changes in the brain increase vulnerability to mistreatment, research shows that mistreatment, regardless of age, health or functional status, is associated with brain changes and negative neurocognitive outcomes (De Bellis, Woolley, & Hooper, 2013; Glaser, 2000; Heim and Nemeroff, 2001). McDonald and Thomas (2013) have called attention to the connection between earlier experiences of child or partner abuse and later elder mistreatment. Thus normal age-related brain changes, interacting with lifespan environmental factors, including trauma exposure, may contribute to heightened risk of mistreatment in later life. Increasing our understanding of these interactions, and how they relate to structural and functional brain changes in older adulthood, is an important area for future research and may unlock opportunities for prevention and improved intervention.

There continues to be significant investment in brain research to diagnose and treat diseases of aging. In the area of elder mistreatment, we need a concerted research agenda that bridges the full continuum from neuroscience, to neurocognitive evaluation, to real-world functional assessments involving an individual's personal, social, and economic faculties. The integration of neuroscience research methods to study the neural determinants of vulnerability to mistreatment is clearly viable and represents an important new frontier in the battle against this growing public health epidemic. An interagency approach at the federal level, involving the National Institute on Aging, the National Institute of Mental Health, the Substance Abuse and Mental Health Services Administration, the Centers for Disease Control and Prevention, the Social Security Administration, the National Institute of Justice, the Veteran's Administration, and other agencies would be very productive. Such activities are highly consistent with the NIH Brain Initiative, where a core scientific goal is the translation of brain research into action in health and disease.

Conduct Research on the Scope and Impact of Financial Exploitation and Effective Measures to Reduce it

Mounting research evidence shows that financial exploitation is the most common form of elder mistreatment in the United States, with incidence and prevalence rates several times that of physical elder abuse (Peterson et al., 2014). Therefore, a major program of research is greatly needed on financial exploitation (in disciplines ranging from sociology, to finance, to neuroscience) to help stem this widespread and damaging form of elder mistreatment.

A research initiative should be implemented to create and evaluate human systems (e.g., educating bank tellers and financial advisors) and "smart" automated systems (e.g., software that can learn the spending and saving habits of individuals akin to those that detect credit card fraud) to detect financial exploitation as early as possible. In addition, research should be conducted on the best ways to assist potential victims in financial planning, including monitoring of proxy decision-making instruments and developing more effective training programs for at-risk older persons and their families. Finally, it is critical that researchers quantify, in a methodologically sound way, the cost of financial exploitation to individuals, families, health systems, businesses, and social programs.

Expand Research on Mistreatment in Long-Term Care

The long-term care population is rapidly growing, and both clinical observation and research suggest that mistreatment may be common in such settings. Elder mistreatment knowledge can be advanced by links to emerging research on issues such as person-centered care and prevention of behavioral symptoms among residents. Recent research advances on the causes and consequences of resident-to-resident aggression in nursing homes show that the problem is very widespread and injurious to residents (Pillemer et al., 2012; Rosen, Pillemer, & Lachs, 2008), but also susceptible to reduction or prevention with improved staffing and training. As the population in such settings becomes larger and more impaired, a program of funding is needed to stimulate research and innovative intervention approaches to prevent mistreatment and ameliorate its effects when it occurs.

There is also a need for additional studies of mistreatment committed by paid in-home caregivers, a research topic that has been virtually unexplored.

Addressing all of these gaps requires research funding commensurate with the extent, deleterious consequences, and cost of elder mistreatment. A highly promising strategy would be the creation of national research centers of excellence to coordinate and accelerate research, based on models from a number of other fields (cf., Pillemer, Czaja, & Schulz, 2003; Stahl and Hahn, 2007; Zerhouni, 2006). Such multidisciplinary centers can promote basic and applied research, as well as the development of new and better methods for the translation of research findings into elder mistreatment practice. These centers could also address difficult ethical issues in research. In particular, a legal and ethical strategy for mitigating Health Insurance Portability and Accountability Act (HIPAA) privacy requirements and human subjects regulations in elder mistreatment research is necessary. A priority is to assess whether older individuals are sometimes being "over-protected" from research, given that studies that could provide real societal benefit are diluted or not initiated because of these concerns.

Create a Comprehensive Network of Elder Mistreatment Services and Training Opportunities

Although elder mistreatment services have expanded over the past two decades, efforts to create a comprehensive service network are still in their infancy. Such a system will require: (a) services to respond to victims and others affected by the mistreatment (non-abusing family, friends, neighbors, and caregivers) as well as those abusers who may benefit from social, psychological and medical interventions rather than prosecution; and (b) training of professionals; and (c) a coordinated response across services and systems.

Expand the Range of Services for Elder Mistreatment

Because the consequences of elder mistreatment span a number of domains—emotional, physical, social, financial, protective—an adequate response must assess and address all of them. To effectively respond to the needs of each individual victim or person at risk, communities require a network of services. The many services identified in the Elder Justice Roadmap include medical evaluation and treatment; crisis, short and long-term individual counseling (with ability to do home visits); decision-making ability assessment; psychiatric and neuropsychological evaluations and treatment; group support services; emergency housing; social support programs; civil legal assistance; financial assistance and management; case management; and home care. Adult Protective Services are also needed, but these services are drastically underfunded. Further, services are needed to assist non-abusing family, friends, and neighbors. Currently, there are scant training tools, interventions, and referral services designed for these informal network members who are trying to support the victim.

Assisting perpetrators also may prevent future victimization, as many cases of elder mistreatment involve adult children or other relatives with significant mental health and/or substance abuse problems, and a history of dependence on the older adult. However, there are some situations in which perpetrators of mistreatment must be held accountable through the criminal justice system. To ensure a comprehensive legal response, it is necessary to develop law enforcement and prosecution units that specialize in elder mistreatment. Steps should be taken to enhance the involvement in elder justice cases of local police departments, District Attorney's Offices, Medicaid Fraud Control Units, State Attorneys General, and the Department of Justice (including cases involving abuse and neglect in long-term care). Further, training court personnel to knowledgeably handle cases and respond to the needs of older adults is recommended (Connolly & Trilling, 2013).

Expand Training Opportunities for Professionals

Educating and training professionals about elder mistreatment is another key to creating a comprehensive service system (Blowers et al, 2012) Without training and education, first responders and service providers in numerous fields will lack the skills they need to prevent, identify, report, and address elder abuse (Wagenaar, Rosenbaum, Page, & Herman, 2010). In addition to more traditional targets for elder mistreatment training (such as health care providers and elder service workers), opportunities are also needed for individuals who come into contact with older people (such as postal workers, home delivered meals staff, senior center volunteers, bank employees, and lawyers). Readily accessible training programs would help professionals detect, assess, and respond to elder mistreatment (Cooper, Selwood, & Livingston, 2009). Further, where research has identified critical knowledge, it should be translated to the field in a timely fashion through training. The same is true of programs, policies and procedures that have demonstrated effectiveness in combating elder mistreatment.

Coordinated Response

The responses required for elder mistreatment traverse many systems, including criminal justice, health care, mental health care, victim services, civil legal services, Adult Protective Services, financial services, long-term care, and proxy-decision making. Multidisciplinary teams (MDTs) have emerged as an effective response to coordinating care

and reducing fragmentation, leveraging resources, increasing professional knowledge, and improving outcomes. These teams can also drive collaboration between the elder justice field and other allied fields involved with older adults. As one of the field's best practices, MDTs should be replicated throughout the United States and sustained (Nerenberg, 2008). Funding is needed to drive replication and sustainability of these powerful and needed resources. As an overarching goal, identifying gaps in services across networks and systems is imperative to prevent elder mistreatment.

Forge a Coordinated Policy Approach to Reduce Elder Mistreatment

The WHCOA should continue and strengthen efforts to catalyze, coordinate, and sustain effective elder justice policy development at the federal level. As noted, it should set a research agenda and propose agencies to provide funding to implement it. It should also foster and support private–public partnerships to address the challenges outlined in this article and in the Elder Justice Roadmap. The following specific policy priorities are particularly worthy of consideration at the WHCOA.

Implement and Build on the Vision of Elder Justice Act

The Elder Justice Act (EJA) was enacted as a provision of the Patient Protection and Affordable Care Act in 2010 to provide federal resources to better understand, prevent, and treat, prosecute elder abuse, neglect, and exploitation. Some specific provisions of the EJA include establishing an Elder Justice Coordinating Council; creating Elder Abuse, Neglect, and Exploitation Forensic Centers; and funding for Adult Protective Services, Long-Term Care Ombudsman Programs, and programs to enhance long-term care staffing. An overarching concern for the WHCOA should be developing policy recommendations regarding funding and implementing the EJA, the first comprehensive federal law to address the problem.

Create a Federal Office on Elder Justice to Provide Coordination and Sustained Focus

In the areas of child abuse and domestic violence, specific offices within the Department of Health and Human Services and the Department of Justice have provided leadership in policy and program development and research funding. There is no analogous office that plays such a role regarding elder mistreatment. The creation of such a leadership unit is a relatively low-cost option that could provide substantial benefits through sustained attention to the problem and coordination of related efforts at the federal, state, and local levels (Connolly, 2012). It is important to assure more consistent and effective coordination on elder justice priorities at the federal level.

Recognize Elder Mistreatment as a National Public Health Problem

From a state and federal standpoint, elder mistreatment has not yet been treated as a serious public health issue. As discussed earlier, agencies that support health-related research provide very limited funding for scientific investigation of elder mistreatment. Although the Centers for Disease Control and Prevention (CDC) provides elder mistreatment-related information on its web site, that organization has not focused scientific attention or funding on elder mistreatment, or even recognized it as a public health problem (Connolly, & Trilling, 2013). Within the field of aging, programs funded by the Older Americans Act (OAA) also have not placed elder mistreatment as a central priority. Much more could be done to integrate measures to reduce elder mistreatment into existing OAA initiatives, such as the aging network and caregiving programs.

Expand and Coordinate Collection of Elder Mistreatment Data

The child abuse field has for decades collected extensive uniform national data relating to child abuse. The elder mistreatment field has only recently begun to lay a foundation to collect adult protective services data. It is imperative to continue and expand the effort, and to collect elder mistreatment data from sources in addition to Adult Protective Services. Such data collection is not only required by law (e.g., in the 2006 amendments to the Older Americans Act), but is critical to understanding the nature, dimensions and evolution of the problem. These data also are a potentially rich source of information for both policy development and research.

Conclusion

Past WHCOAs have fostered discussion about elder mistreatment and related elder justice issues. For no previous conference, however, has this theme been so urgent, given the growth in the number of potential victims and the lack of effective prevention and treatment programs. Left unchecked, it is likely that hundreds of thousands of people entering late life will join the current older population at risk of one or more forms of elder mistreatment. Resources are greatly needed to create functional service systems for elder mistreatment throughout the country; to promote high quality scientific research on the topic; and to conduct rigorous scientific evaluations of innovative models of elder mistreatment detection, prevention, and treatment. It is to be hoped that the 2015 WHCOA can help galvanize political will, the interest of funders and researchers, and

the creative innovation of the nonprofit and private sectors into action to protect older people from mistreatment and indignity in the later years.

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