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Abstract

Many older adults experience their later life as a time when they may be able to enjoy the company of family and friends to an extent not possible during their working years. Most older adults, including those who are LGBT, remain in their homes as they age; most enjoy good and appropriate treatment by their family members, their extended family, and their services providers. However, for some older adults, old age is marred by unhealthy dependencies of families, friends, and others to the point that the older adult may experience abuse, neglect, and exploitation discretely or in escalation. Such harsh and life-threatening treatment of individuals in later life can occur in community as well as facility settings, as a single occurrence or over a protracted period of time. Elder mistreatment is thought to affect one in nine older adults, with 23.5 instances of mistreatment going unreported for each one reported to authorities.

Keywords

Elder mistreatment • Elder abuse • Policies • Services • LGBT

Overview

Many older adults experience their later life as a time when they may be able to enjoy the company of family and friends to an extent not possible during their working years. Most older

adults, including those who are LGBT, remain in their homes as they age; most enjoy good and appropriate treatment by their family members, their extended family, and their services providers. However, for some older adults, old age is marred by unhealthy dependencies of families, friends, and others to the point that the older adult may experience abuse, neglect, and exploitation discretely or in escalation. Such harsh and life-threatening treatment of individuals in later life can occur in community as well as facility settings, as a single occurrence or over a protracted period of time. Elder mistreatment is thought to affect one in nine older adults

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(Acierno et al. 2010), with 23.5 instances of mistreatment going unreported for each one reported to authorities.

Learning Objectives

By the end of the chapter, the reader should be able to:

1. Identify the types of elder mistreatment.
2. Understand the scope of elder mistreatment.
3. Explain the settings of abuse.
4. Identify policies and services for LGBT elders who are abused.

Introduction

For many people, aging is accompanied by an increased reliance on family members, caregivers, and friends. Reliance on others, especially caregivers, can cause enormous stress for LGBT elders because of their vulnerability to those who may discriminate against and abuse them (Balsam and D'Augelli 2006). Every year, one in nine older adults are reported to experience mistreatment at the hands of a trusted other, and, in most instances, at the hands of a family member (Acierno et al. 2010). The most recent prevalence study conducted in the state of New York indicates that for one report to an agency, a staggering 23.5 go unreported (Lachs et al. 2011). A population of older adults, set to rise to 20 % of the population by 2030, portends that the problem will only increase unabated unless current efforts improve and escalate. Despite zealous advocacy efforts to staunch the problem, elder mistreatment remains highly underfunded. According to Teaster et al. (2006b), for Adult Protective Services there were 253,421 reports of abuse of adults age 60 and over or 832.6 reports for every 100,000 people over the age of 60. Although LGBT elders face the same types of

abuse, violence, and neglectful situations as their heterosexual counterparts, they also encounter exploitation because of their sexual identity (Teaster et al. 2014).

Research suggests that because of their sexual orientation and gender identity, LGBT elders experience victimization in the form of verbal abuse, threat of violence, physical assault, sexual assault, threat of orientation disclosure, discrimination, and physical attack. Among LGBT elders, men experience physical attack nearly three times more often. LGBT elders are less likely to seek help for abuse (National Center on Elder Abuse 2013). Social isolation is also a risk factor for elder abuse. LGBT elders are more likely to age alone than their heterosexual counterparts (Frazer 2009). Because of living in isolation and fear of discrimination, many LGBT elders are at high risk for elder abuse, neglect, and various forms of exploitation (National Academy on an Aging Society, GSA & SAGE 2011) See Chap. 30 for additional discussion of the impact of isolation for LGBT elders.

The purpose of this chapter is twofold. First, this chapter provides insights into the topic of elder mistreatment in general. Second, although issues of elder mistreatment of LGBT elders is discussed in detail in Chap. 17, the information presented in this chapter is intended to assist the reader to better understand the deeper and more nuanced issue of elder mistreatment as it concerns adult persons who are LGBT. In one respect, this chapter is a prelude to discussion of LGBT elders as a vulnerable population for mistreatment. Material presented in this chapter helps readers understand issues surrounding elder mistreatment in general and LGBT elder mistreatment in particular so that the reader can identify the problem and its context as well as mechanisms and systems in place for its amelioration and prevention. Discussed in this chapter are definitions of elder abuse, federal legislation regarding elder abuse, organizations that address elder abuse, and information concerning the impact of elder mistreatment at federal, state, local, and individual levels.

Elder Abuse and Its Definitions

The issue of elder mistreatment has been plagued by definitional ambiguity in the United States because, when it is considered a crime as it is in many instances, its definition is one established by state statutes or regulations. Statutory definitions have plagued the progress of research, as collection of elder abuse data did not comport to the language of the law or of public administration. For nearly three decades, the field of elder abuse has wrestled with this incongruity, with most researchers ceding to statutory definitions because of their overwhelming influence on how state governments collected the administrative data upon which they often relied (e.g., Teaster et al. 2006a, b; Bonnie and Wallace 2003; Nerenberg 2008).

The problem of elder abuse and its definition is hardly unique to the United States. Both developed and developing countries around the world have grappled with the same definitional problem. An international study of elder abuse by Podnieks et al. (2010), involving a total of 53 countries (362 respondents) from the six WHO world regions revealed an inadequate knowledge of laws and services about the issue and that barriers to addressing the problem included language issues and literacy.

A watershed document, *Elder Mistreatment: Abuse, Neglect, And Exploitation in An Aging America*, was produced by the National Academy of Sciences (NAS) in 2003, which has been highly influential in subsequent research and has even gained prominence worldwide (Podnieks et al. 2010). The document describes elder mistreatment as “(a) intentional actions that cause harm or create a serious risk of harm (whether or not harm is intended) to a vulnerable elder by a caregiver or other person who stands in a trust relationship to the elder or (b) failure by a caregiver to satisfy the elder’s basic needs or to protect the elder from harm” (Bonnie and Wallace 2003, p. 40). The NAS definition made the important distinction and demarcation that abuse was to be perpetrated by a trusted other. Thus, the issue of self-neglect, the mainstay issue of

Adult Protective Services (see explanation below) caseloads, was considered elder abuse but not elder mistreatment. Also, abuse not committed by a trusted other was considered simply a crime with the elder as the victim.

Another important definition, also well received throughout the world is that promulgated by the World Health Organization (WHO), which indicates that elder abuse is “a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person”. It is important to point out that, under the World Health Organization definition, elder mistreatment can take on multiple forms or repeated acts of abuse, a term referred to as *polyvictimization* (Ramsey-Klawnsnik and Heisler 2014). Regardless of whether the abuse is a one-time occurrence or happens multiple times, the broad definition encompasses a variety of settings and a number of types, which are discussed below.

Settings of Abuse

Elder abuse occurs in two main settings, in community settings and in facility settings. Community settings can and do include an elder’s own home or the home of an individual or individuals with whom the elder lives, typically that of a family member. Family members and friends with whom the elder may cohabitate, typically are the predominant abusers (Acierno et al. 2010). It is estimated that 90 % of all elder abuse occurs in community settings. These settings are difficult to permeate because there are fewer eyes and ears that witness the abuse first-hand than in facility settings (Teaster and Roberto 2004; Teaster et al. 2006b).

Elders are also abused in facility settings. These include a range of locations that provide long-term care, including adult congregate living, assisted living facilities, group homes, mental hospitals, and nursing homes. According to Hawes (2003), on an average day, approximately

1.6 million people live in a about 17,000 licensed nursing homes, and another estimated 900,000 to 1 million live in about 45,000 residential care facilities. Research suggests that the 2.5 million vulnerable individuals in these settings may well be at higher risk for abuse and neglect than older persons who live at home, as discussed below. Less is known about the prevalence of abuse in skilled nursing facilities than in other long-term care facilities. For example, elders living in skilled nursing facilities are among the most vulnerable members of society, precisely because they are often dependent on those employed by it for total care.

Typologies of Elder Mistreatment

As context for the global definitions presented earlier are the various types of elder abuse that may happen to an elder once or co-occur, these being physical, sexual, verbal/emotional, neglect (both active and passive), and financial abuse/exploitation. Self-neglect is another type of abuse that is also discussed within this chapter because of its implications for the LGBT community, and a topic that is discussed in greater detail in Chap. 17.

Physical Abuse According to the abuse typologies provided by the National Center on Elder Abuse (n.d.), *physical abuse* is characterized by the use of physical force that may result in bodily injury, physical pain, or impairment. Physical abuse may include but is not limited to acts of violence including striking (with or without an object), hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching, and burning. In addition, inappropriate use of drugs and physical restraints, force-feeding, and physical punishment of any kind also are examples of physical abuse (Table 16.1).

From research on adults in community settings only and conducted by Acierno et al. (2010) the prevalence of physical abuse was 1.6 %. Similar studies of abuse by family members of community dwelling elders by Laumann et al.

(2008) reveal its prevalence to be 0.02 %, and Lachs et al. (2011) found 22.4 per thousand. The most recent national study of elder abuse reporting to APS (Teaster et al. 2006b) revealed 10.7 % of reports of physical abuse substantiated over a year's time.

Sexual Abuse Sexual abuse, thought to be the most hidden of the abuses (Ramsey-Klawnsnik and Teaster 2012; Teaster and Roberto 2004) is defined by the NCEA (n.d.) as “non-consensual sexual contact of any kind with an elderly person. Sexual contact with any person incapable of giving consent is also considered sexual abuse. It includes, but is not limited to, unwanted touching, all types of sexual assault or battery, such as rape, sodomy, coerced nudity, and sexually explicit photographing.” Acierno et al. found its prevalence to be 0.06 %, Lachs et al. found 0.03 per thousand for a documented case study, and Teaster et al. (2006b) found 1.0 substantiated reports to APS. Occurring in community and facility settings, sexual abuse is difficult to prove when an allegation is not followed up on immediately. For example, Ramsey-Klawnsnik and Teaster et al. (2007) found that very few allegations involved a physical examination, let alone an examination by a Sexual Abuse Nurse Examiner (SANE).

Emotional Abuse/Psychological Abuse

According to the National Center on Elder Abuse (n.d.), emotional or psychological abuse involves infliction of anguish, pain, or distress through verbal or nonverbal acts. This form of abuse includes but is not limited to verbal assaults, insults, threats, intimidation, humiliation, and harassment. Infantilizing an older person; isolating elders from family, friends, or regular activities; giving elders the “silent treatment;” and social isolation are examples of emotional/psychological abuse. In the Acierno et al. study (2010), its prevalence was 4.6 %, in Laumann's study, it was 9 %, and in the Lachs study (2011), it was found to be 16.4 % per thousand. In the Teaster et al. (2006b) study, there were 14.8 % substantiated reports of neglect in one year's time.

Table 16.1 Signs of elder mistreatment by type

Type	Signs and symptoms
Physical	<ul style="list-style-type: none"> • Injuries, scars, or other signs of physical trauma: e.g. Old or new bruises, lacerations, abrasions, black eyes, welts, sprains, dislocations, fractures of bone or skull, broken bones; internal injuries and/or bleeding • Untreated/unexplained or inadequately explained injuries in different stages of healing: e.g. Open wounds, cuts, punctures • Physical signs of being punished: e.g. Broken eye glasses/frames or other medical aid, burns • Signs of being restrained: e.g. Rope marks, pressure or imprint marks • Evidence of prescription drugs/medication underuse or overdose based on laboratory results • Sudden change in elder's behavior or ability to walk or sit • Caregiver refuses/is reluctant to allow visits with elder alone • Report by elder of being hit, kicked, harmed or mistreated
Sexual	<ul style="list-style-type: none"> • New or old bruises around breasts or genital area • Unexplained genital infections, sexually transmitted disease, or vaginal or anal bleeding/pain • Presence of bloody, stained or torn underwear/clothing • Flinching from touch • Report of sexual assault or rape made by an elder
Emotional/ psychological	<ul style="list-style-type: none"> • Emotional agitation, upset, or unexplained fear • Extreme withdrawal, non-responsive or non-communicative behavior • Isolation • Exhibiting behavior such as biting, sucking, rocking, or other behavior usually attributed to dementia • Report of verbal or emotional mistreatment made by an elder
Neglect	<ul style="list-style-type: none"> • Dehydration: e.g. Dizziness, dry mouth, skin, or eyes; little or no urination • Unattended or untreated health problems: e.g. bed sores, depression • Malnutrition: e.g. Weight loss, lack of food • Poor personal hygiene and care: e.g. Looking unkempt, dirty, clothing that is soiled, torn, or inadequate for the weather • Unclean and unsanitary environment/living conditions: e.g. Evidence of dirt, garbage; insect/rodent/pest infestation, soiled bedding, fecal/urine smell, spoiled food • Unsafe or hazardous environment/living condition: e.g. Lack of amenities (electricity, heat, water), faulty wiring or fire hazards • Report of neglect or mistreatment made by an elder
Financial or material exploitation	<ul style="list-style-type: none"> • Sudden or unexplained changes in bank account or banking practice: e.g. a person accompanying an elder makes an unexpected/unexplained withdrawal of large sums of money • Financial mismanagement or poor financial stewardship: e.g. Using an elder's ATM card to make an unauthorized withdrawal of funds; presence of unpaid bills despite the sufficiency of financial resources • Unexpected changes to legal or financial documents: e.g. Changes to a Will; inclusion of additional names as signatories on an elder's bank account/card • Provision of services that are not necessary or substandard care: e.g. Making payment for unneeded services; overpayment for care; unnecessary or unauthorized purchases • Sudden appearance of unknown or previously uninvolved relatives or "new" friends: e.g. Person claiming rights to an elder's affairs and possessions; unanticipated or unexplained transfer of assets to a family member or someone outside the family; giving generous "gifts" • Fraud: e.g. Unexplained disappearance or misuse of funds or valuable possessions; forgery of an elder's signature for financial transactions or to obtain title to possessions • Report of financial exploitation made by an elder

(continued)

Table 16.1 (continued)

Type	Signs and symptoms
Self-neglect	<ul style="list-style-type: none"> • Dehydration: e.g. Dry eyes, mouth, skin; infrequent or no urination • Malnutrition: e.g. Lack of food, weight concerns • Untreated or poorly addressed medical conditions: e.g. Non-compliance with or refusing medication • Unsanitary or unclean environment/living quarters: e.g. Hoarding, garbage, animal/insect infestation, lack of working bathing/toilet facilities, smell of feces or urine • Poor personal hygiene: e.g. Unkempt appearance, dirty skin and nails; soiled or torn clothing • Poor personal care: e.g. Inadequate or inappropriate clothing; lack of required medical devices or supports such as dentures, hearing aids, eye glasses, cane/walker; drug/alcohol dependence • Challenging living arrangements: e.g. Inadequate housing, homelessness, lack of social support, isolation • Unsafe or hazardous environment /living conditions: e.g. Absence of light, heating, plumbing, running water; fire risks or other dangers, home in state of disrepair

Source National Center on Elder Abuse (NCEA) (n.d)

Neglect Neglect, which can be either active or passive, is defined by the NCEA “as the refusal or failure to fulfill any part of a person’s obligations or duties to an elder. Neglect may also include failure of a person who has fiduciary responsibilities to provide care for an elder (e.g., pay for necessary home care services) or the failure on the part of an in-home service provider to provide necessary care. Neglect typically means the refusal or failure to provide an elderly person with such life necessities as food, water, clothing, shelter, personal hygiene, medicine, comfort, personal safety, and other essentials included in an implied or agreed-upon responsibility to an elder.” For neglect, Aciermo et al. (2010) found a prevalence of 5.1 %, in the Lachs study (2011), it was found to be 18.3 % per thousand, and in the Teaster et al. (2006b) study, there were 20.4 % substantiated reports of neglect in one year’s time.

Exploitation This form of abuse is much the object of study in recent years because of its association with other forms of abuse. Financial or material exploitation is defined as the illegal or improper use of an elder’s funds, property, or assets. Examples include, but are not limited to, cashing an elderly person’s checks without authorization or permission; forging an older person’s signature; misusing or stealing an older

person’s money or possessions; coercing or deceiving an older person into signing any document (e.g., contracts or will); and the improper use of conservatorship, guardianship, or power of attorney. Concerning exploitation, Aciermo et al. (2010) found a prevalence of 5.2 % by a family member, in the Lachs study (2011), it was found to be 42.1 % per thousand, in the Laumann et al. study 3.5 %, and in the Teaster et al. (2006b) study, there were 14.7 % substantiated reports of exploitation in a year’s time.

The Context of Exploitation For the first time, a study conducted by the MetLife Mature Market Institute (2009) revealed that exploitation that was captured by the news media cost \$2.6 billion a year. A follow-up study in 2011 revealed that the dollar amount had escalated to \$2.9 billion per annum. When financial exploitation occurs in community settings, it usually involves a family member who has mental health or substance abuse problems or both. Other forms of exploitation can involve persons designated as an elder’s power of attorney or court-appointed guardian. When the exploitation occurs in facility settings, about which less has been studied than in community settings, it can also involve residents of the facility or staff members, in addition to family members. Less examined exploitation by individuals and entities include magazine

subscription scams, paving scams, telephone scams, Internet scams, and religious scams.

One way to differentiate the types of exploitation was conceived by the authors of the Met-Life Mature Market Institute study (2011): crimes of occasion, desperation and predation. Crimes of occasion or opportunity occur when a victim is merely a barrier in the way of what the perpetrator wants. For instance, an elder has money, assets, and the like, and an occasion presents itself for the perpetrator to access the resource. An occasion scenario was seen in the case of the holiday crime in which a woman was electrocuted with a stun gun and robbed after allowing someone into her home whom she thought was a pharmacist delivering medications. The occasion was the open door and a person whom she thought she could trust.

Crimes of desperation are typically those in which perpetrators are so desperate for money that they will do whatever it takes to get it. Many perpetrators are dependent on an elder parent for housing and for income. The desire for more money may be heightened due to the need for drugs, alcohol, and their gender, or some combination. The exploiter comes to believe that, in return for care, he or she is due compensation (money or possessions), and often on a continuing basis.

Finally, crimes of predation or occupation occur when trust is established for the purpose of financially abusing later. A relationship is built, either through a bond of trust created though developing a relationship (romantic or otherwise) or as a trusted professional advisor. Taking assets is accomplished by stealth and cunning.

Self-neglect Though not regarded as elder mistreatment because it does not involve abuse by a trusted other, elder self-neglect is one of the most vexing of the abuses encountered, precisely because its origin is difficult to pinpoint and because, in its most extreme form, the problem devolves into a public health risk and can result in removal of the elder from his or her home and concomitant loss of the individual's civil rights. According to NCEA (n.d.), self-neglect occurs when the behavior of an elder threatens his or her own health or safety and manifests itself as a

refusal or failure to provide himself/herself with adequate food, water, clothing, shelter, personal hygiene, medication (when indicated), and safety precautions. An elder is not self-neglecting if he or she is mentally competent, understands the consequences of decisions, and makes a conscious and voluntary decision to engage in acts that threaten his/her health or safety as a matter of personal choice.

Self-neglect is reported to be the bulk of APS caseloads (Teaster et al. 2006b). When self-neglect of a community member is purported to occur, some of the thorniest of problems emerge. This situation could be an example of triple jeopardy for an LGBT elder who may become isolated due to his or her age, his or her sexual minority status, and because of fears about coming out to those who might help the situation. Because LGBT elders may have reduced social networks as they age, they may be susceptible to self-neglectful situations. The following scenario is emblematic: on the one hand, the LGBT elder and his or her deplorable situation is revealed and he or she, including all the animals and putrid food, stacks of newspaper and boxes are removed and given appropriate care (the appreciative community scenario). Alternately, the elder is forced, by the heavy hand of government, to do something that is abhorrent to him or her, and due to being LGBT, may suffer more intrusions because she is lesbian, old, and vulnerable. The long and intrusive arm of the state has interfered, once again, with a helpless citizen, and he or she is powerless in the face of this unique form of government intrusion (the elder/community as victim of government intervention).

Federal Legislation that Addresses Elder Abuse

The Older Americans Act

The Older Americans Act (1965) was the first federal level initiative aimed at providing

comprehensive services for older adults. Based on a model of active aging, the Act created the National Aging Network, which is composed of Administration on Aging (now, the Administration for Community Living (federal level), State Units on Aging (state level), and Area Agencies on Aging (local level). The Act must be continually reauthorized by Congress, which has never allocated funding commensurate with its lofty aspirations. Though services are supposed to be provided based on age of the recipients (generally 60 years of age and older), they have become more and more focused due to historically flat or slight increases in funding. Notably, the Act has funded nutrition and supportive home and community-based services, disease prevention/health promotion services, training for employment, the National Family Caregiver Support Program and the Native American Caregiver Support Program, and elder rights programs (Title VII or the Vulnerable Elder Rights Protection Title). The purpose of Title VII was to strengthen and coordinate the Long-Term Care Ombudsman Program; Programs for the Prevention of Abuse, Neglect and Exploitation; State Elder Rights and Legal Assistance Development Programs; and Insurance/Benefits Outreach, Counseling and Assistance Programs. Two of the programs are discussed below in greater detail: the National Center on Elder Abuse and the Long-Term Care Ombudsman Program, predominantly local programs that are usually housed in Area Agencies on Aging.

The National Center on Elder Abuse

Directed by the U.S. Administration on Aging, the National Center on Elder Abuse (NCEA) is a resource for policy makers, social service and health care practitioners, the justice system, researchers, advocates, and families (National Center on Elder Abuse, n.d.). Operated under the Department of Health and Human Services, it provides such resources as training, advocacy information, research findings, interpretation of elder abuse statutes, a hotline, and celebration of

World Elder Abuse Awareness Day (WEEAD). The Center is re-established through a competitive request for proposals every four years. The newest iteration of the NCEA was awarded to the Keck School of Medicine of the University of Southern California, along with the USC Davis School of Gerontology, the American Bar Association and other organizations dedicated to supporting the aging in America. Through these organizations, the NCEA will provide technical assistance and training to states and community-based organizations to develop effective prevention, intervention and response efforts addressing elder abuse as well as conduct research and advocate for policy changes on behalf of older adults (Snelling 2014).

Long-Term Care Ombudsmen

Area Agencies on Aging (AAA) are a nationwide network of state and local programs that help older people plan and care for their needs. Area Agencies on Aging receive funds through the Administration for Community Living (ACL) and were established by the Older Americans Act, with their goal being to keep elders living independently in their own homes for as long as possible. Over 600 AAAs exist nationwide and provide social services and nutrition services for elders, as well as support for caregivers of elders. In addition, AAA is a useful resource for professionals and practitioners who care for or provide services for elders. AAAs typically house the long-term care ombudsman, which is discussed in greater detail below (Smith 2010; Stupp 2000).

Existing in all states, Long-Term Care Ombudsmen (LTCO), are advocates for residents of nursing homes, board and care homes, assisted living facilities and similar adult care facilities. They work to resolve problems of individual residents and to bring about changes at the local, state and national levels that will improve residents' care and quality of life. The Long-Term Care Ombudsman Program is authorized and funded under Title VII, Chapter 2,

Table 16.2 Responsibilities of the Long-Term care Ombudsman

Educate and inform	Provision of education and information on long-term care related issues and concerns Facilitation of public comment on laws, regulations, policies, and actions Provision of information to residents about long-term care services
Represent and protect	Representation of residents’ interests before governmental agencies Protection of residents by seeking administrative, legal, and other remedies as appropriate Identification, investigation, and resolution of complaints made by or on behalf of residents Promotion of development of citizen organizations to participate in the program
Advocate and support	Advocating for changes to improve quality of life and care for residents Provision of analysis, commentary, and recommendations on which affect residents’ rights, health, safety and welfare Provision of technical support and assistance to develop resident and family councils to protect the well-being and rights of residents

Source Older Americans Act, Title VII, Chapter 2, Sections 711/712

Sections 711/712 of the Older Americans Act, as well as other federal, state, and local sources (Administration for Community Living, n.d.). Each state has an Office of the State Long-Term Care Ombudsman headed by a full-time state ombudsman. Local ombudsman staff and volunteers work in communities throughout the country as part of statewide ombudsman programs, assisting residents and their families and providing a voice for those unable to speak for themselves. The Administration for Community Living funds the National Long-Term Care Ombudsman Resource Center, which is operated by the National Consumers’ Voice for Quality Long-Term Care (or Consumer Voice), in conjunction with the National Association of States Agencies on Aging United for Aging and Disabilities (NASUAD), and which provides training and technical assistance to state and local ombudsmen. Program data for FY 2013 provide a flavor of the activities by LTCO: services to residents were provided by 1,233 full-time equivalent staff and 8,290 volunteers, trained and certified to investigate and resolve complaints who helped resolve 190, 592 complaints, initiated by residents, their families, and other concerned individuals, provided 335,088 consultations to individuals, visited 70 % of all nursing homes and 29 % of all board and care, assisted living and similar homes at least quarterly, and conducted 5,417 training sessions in facilities on such topics as residents’ rights. In addition the LTCO provided 129,718 consultations to long-term care facility managers and staff

and participated in 21,812 resident council and 2,371 family council meetings (Administration for Community Living, n.d.). Ombudsmen help residents and their families and friends understand and exercise rights guaranteed by law, both at the Federal level for nursing homes and for States that provide rights and protections in board and care, assisted living and similar homes. Table 16.2 lists the responsibilities of the long-term care ombudsman.

Other Federal Legislation to Address Elder Mistreatment

In addition to the Older Americans Act mentioned above, there are two other important pieces of federal legislation that address elder mistreatment. These are the Social Security Block Grants and the Elder Justice Act (EJA).

Social Security Block Grants

Language in Title XX of the Social Security Act of 1974 gave permission for states to use Social Services Block Grant (SSBG) funds for the protection of adults as well as children (Mixon 1995). By the early 1980s, all states had created an office with the responsibility for providing protective services to some segment of the population, including services to the needy despite

the absence of authorizing legislation (NAPSA 2014; U.S. Congress 1981). SSBG funds proved helpful in the establishment of programs to address elder mistreatment, especially Adult Protective Services (discussed below), but the funds are inadequate and diminishing even though reports of elder mistreatment are increasing.

The Elder Justice Act

The Elder Justice Act (EJA) was passed in 2010 as part of the Patient Protection and Affordable Care Act. Although passage of the EJA was truly a victory for the field of elder mistreatment, as of yet, the victory has been somewhat pyrrhic, as the EJA never received funding for its many outstanding provisions and it is set for reauthorization in 2015. Importantly, components of the Act have been undertaken, most notably the formation of the Elder Justice Coordinating Committee, composed of representatives from such agencies as the Administration for Community Living (ACL), the National Institute of Justice (DOJ), and the Social Security Administration. The EJA requires that the Department of Health and Human Services oversee the development and management of federal resources for protecting older adults from elder abuse, including establishing, enhancing, or funding:

- The Elder Justice Coordinating Council
- An Advisory Board on Elder Abuse
- Elder Abuse, Neglect, and Exploitation Forensic Centers
- Long-Term Care
- State and local adult protective service offices
- Grants to long-term care ombudsmen programs and for the valuation of programs
- Programs to provide training
- Grants to state agencies to perform surveys of care and nursing facilities

The EJA also includes directives for the U.S. Department of Justice (DOJ) for the prevention of elder abuse, which include:

- Developing objectives, priorities, policies and long-term plans for elder justice programs
- Conducting a study of state laws and practices relating to elder abuse, neglect and exploitation
- Making available grants to develop training and support programs for law enforcement and other first responders, prosecutors, judges, court personnel and victim advocates
- Ensuring that DOJ dedicates sufficient resources to the investigation and prosecution of cases relating to elder justice

A final feature of the EJA is the creation of a nationwide database and program for background checks for employees of care facilities. The EJA stipulates that elder abuse perpetrated in a long-term care facility must be reported immediately to law enforcement (EJC Fact Sheet 2014). (See Policy Box 16.1 on The Elder Justice Act).

Policy Box 16.1 The Elder Justice Act

Elder abuse is a complex issue demanding a multifaceted policy response that combines public health interventions, social services programs, and criminal law enforcement for abusive behavior. To address this problem, the Elder Justice Act was enacted as part of the Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended). Provisions of the Act attempt to provide a coordinated federal response by emphasizing various public health and social service approaches to the prevention, detection, and treatment of elder abuse. The Elder Justice Act is the first national, comprehensive legislation to address abuse, neglect, and exploitation of elders. To date, most activities and programs authorized under the Elder Justice Act have not received federal funding through the appropriations process. Moreover, the authorizations of appropriations for most provisions under the act expire on September 30, 2014. Because of

inadequate funding, the federal government has not fulfilled its role to address the prevention, detection, and treatment of elder abuse. Despite the paucity of discretionary appropriations, select elder justice activities have received mandatory funding appropriated through the ACA Prevention and Public Health Fund (PPHF). First, in FY2012, the Secretary of the Department of Health and Human Services (HHS) transferred \$6.0 million to the Administration for Community Living (ACL) from the PPHF for new grants to states and tribes to test elder abuse prevention strategies. In FY2013, \$2.0 million was transferred to ACL from the PPHF for elder justice activities, to fund the development of the National Adult Protective Services Data Reporting System Project. No other PPHF funds were transferred to ACL for elder justice activities for FY2014.

Source: Colello, K.J. (3 September 2014). *The Elder Justice Act: Background and issues for Congress*. Washington, D. C.: The Congressional Research Service.

Questions

1. Why has the Act received inadequate funding?
2. What types of initiatives have been funded?
3. What are the implications for the issue of elder mistreatment should the Act expire?

the more notable efforts operating on federal, state, and local levels.

Adult Protective Services

“*Adult Protective Services* (APS) are those services provided to older people and people with disabilities who are in danger of being mistreated or neglected, are unable to protect themselves, and have no one to assist them” (NAPSA 2001, p. 1). In most states, APS programs are the first responders to reports of the abuse, neglect, and exploitation of vulnerable adults. A vulnerable adult is regarded as a person being mistreated or in danger of being mistreated and who, due to age and/or disability, is unable to protect himself or herself. Though most APS programs serve vulnerable adults regardless of age, some serve only older persons (based either on their age or incapacity). A few programs serve only adults ages 18–59 who have disabilities that keep them from protecting themselves. Interventions provided by APS include, but are not limited to receiving reports of adult abuse, neglect, or exploitation; investigating the reports; assessing risk; developing and implementing case plans, service monitoring, and evaluation. Further, Adult Protection may provide or arrange for a wide selection of medical, social, economic, legal, housing, law enforcement, or other protective emergency or supportive services (NAPSA 2001).

Most APS programs have statutory and program coverage that includes both younger and older adults (68.5 % with statutes and 63.0 % with programs). According to Teaster et al. (2003) the state administering body responsible for its elder/adult services program was most typically the state human services agency and separate from the State Unit on Aging (SUA) (54.0 %). Forty percent (40.0 %) of programs were administratively housed under the SUA.

Over half of APS programs investigate in community and facility settings, with all authorized to investigate in domestic settings

Organizations and Entities that Address Elder Mistreatment

A number of programs and organizations have evolved to address the different types of elder mistreatment delineated earlier. It is not within the scope of this chapter to explain them all, and so the topics presented below represent some of

(100.0 %), and over in institutional settings (68.5 %). Approximately sixty-five percent (64.8 %) had the authority to investigate in mental health/mental retardation settings. Some form of reporting laws exist for all APS programs. Most states and territories named health care professionals (e.g., licensed and registered nurses, physicians, and nurse aids) as mandated reporters (Teaster et al. 2003).

Multidisciplinary Teams

Multidisciplinary Teams (MDTs) typically operate on the local level and are composed of professionals from diverse disciplines who work together to address community-identified issues related to elder abuse (Anetzberger et al. 2004; Brandl et al. 2007; Nerenberg 2006; Teaster et al. 2003; Wiglesworth et al. 2006; Navarro et al. 2013). Over the past three decades, MDTs have evolved as increasingly viable groups to address elder mistreatment prevention and intervention due to the recognition that no single discipline or agency could adequately or appropriately address the problem. See Research Box 16.1 for a study on multidisciplinary teams in California.

Research Box 16.1

Outcomes of an Elder Abuse Forensic Center Navarro et al. (2013). Holding abusers accountable:

An elder abuse forensic center increases criminal prosecution of financial exploitation. *The Gerontologist*, 53(2), 303–312. **Purpose:** Despite growing awareness of elder abuse, cases are rarely prosecuted. The aim of this study was to examine the effectiveness of an elder abuse forensic center compared with usual care to increase prosecution of elder financial abuse.

Design and Methods: Using one-to-one propensity score matching, cases referred to the Los Angeles County Elder Abuse Forensic Center (the Forensic Center)

between April 2007 and December 2009 for financial exploitation of adults aged 65 and older ($n = 237$) were matched to a population of 33,650 cases that received usual care from Adult Protective Services (APS).

Results: Significantly, more Forensic Center cases were submitted to the District Attorney's office (DA) for review (22 %, $n = 51$ versus 3 %, $n = 7$ usual care, $p < 0.001$). Among the cases submitted, charges were filed by the DA at similar rates, as was the proportion of resultant pleas and convictions. Using logistic regression, the strongest predictor of case review and ultimate filing and conviction was whether the case was presented at the Forensic Center, with 10 times greater odds of submission to the DA (Odds ratio = 11.00, confidence interval = 4.66–25.98).

Implications: Previous studies have not demonstrated that elder abuse interventions impact outcomes; this study breaks new ground by showing that an elder abuse multidisciplinary team increases rates of prosecution for financial exploitation. The elder abuse forensic center model facilitates cooperation and group problem solving among key professionals, including APS, law enforcement, and the DA and provides additional resources such as neuropsychological testing, medical record review, and direct access to the Office of the Public Guardian.

Questions

1. What is an elder abuse forensic center?
2. What are other desired outcomes of MDTs?
3. What do you see as the limitations to this research methodology?

Purposes of MDTs are to help resolve difficult cases, enable service coordination and identify gaps in services (Teaster et al. 2003; Teaster and

Wangmo 2010). The proliferation of MDTs has been accompanied by a growing demand for highly specialized expertise in such areas as financial abuse, forensic evidence, and evidence-based practice (Teaster et al. 2003; Nerenberg et al. 2012). An example of one state mandating the establishment of MDTs is featured in Discussion Box 16.1.

Discussion Box 16.1

Kentucky's Local Coordinating Councils on Elder Abuse

In the Commonwealth of Kentucky, under the aegis of the Area Agencies on Aging, local Adult Protective Services (APS), and the Kentucky Cabinet for Health and Family Services (CHFS), Local Coordinating Councils on Elder Abuse (LCCEA) were established in each Area Development District (ADD). The organization of each LCCEA reflects the needs of the region or county that it represents. Membership is drawn from different communities such as social services, health, legal, law enforcement, civic and banking. As a result, LCCEA members include a diverse group made up of APS personnel, local law enforcement officers and state police, judges and prosecutors, care providers, long-term care ombudsmen, academics, bankers, and other advocates for the elderly.

The goals for LCCEAs can be found on the CHFS website. LCCEAs are charged to:

- (a) Develop and build an effective communitywide system of prevention and intervention that is responsive to the need of victims, perpetrators, family members and formal or informal caretakers.
- (b) Identify and coordinate the roles and services of local agencies that work with elder abused, neglected or exploited victims and to investigate or prosecute elder abuse cases.

- (c) Monitor, evaluate, and promote the quality and effectiveness of services and protection in the community.
- (d) Promote a clear understanding of elder abuse, current laws, elder rights and resources available in the community.
- (e) Serve as a clearinghouse for information on elder issues.

Additional information about the development and work of LCCEAs can be found online on the CHFS Website: <http://chfs.ky.gov/dcbs/dpp/ea/talkaboutit.htm>

To Do:

Visit the CHFS website listed above and review the information on LCCEAs. Also look at the Model Protocol for Local Coordination Councils on Elder Abuse, as well as the case histories of suspected elder abuse or neglect that were investigated by the Kentucky Cabinet for Health and Family Services and or law enforcement authorities.

Discussion Questions:

1. How are the Councils coordinated at the local level? At the state level?
2. What are recent activities in which the Councils have participated?
3. What kind of MDT is associated with the Councils? Do these differ by region?
4. How would you go about setting up a local coordinating council in your county or region?

Summary

This chapter has provided overview information on elder mistreatment and the programs and services that have evolved to address the needs of this vulnerable population, a vulnerability exacerbated when sexual minority status is an additional factor. While much has been done to

address the problem, there is still a tremendous need for greater excellence in research and practice (and the two working in concert). It is critical that higher levels of attention and funding be dedicated to this growing issue and problem, particularly because, that in the near future, the issue and problem of elder mistreatment will only increase in scope and severity.

Resources

Selected Annotated Resources Related to Elder Mistreatment

CANE: The Clearinghouse on Abuse and Neglect of the Elderly.

The Clearinghouse on Abuse and Neglect of the Elderly (CANE), located at the University of Delaware Center for Community Research and Service, is the nation's largest computerized catalog of elder abuse literature.

Website: <http://www.cane.udel.edu/>

National Committee for the Prevention of Elder Abuse (NCPEA): www.preventelderabuse.org

NCPEA is an association of researchers, practitioners, educators, and advocates working to protect the safety, security, and dignity of America's most vulnerable citizens. Established in 1988 to achieve a clearer understanding of abuse and provide direction and leadership to prevent it. NCPEA is a partner with the National Center on Elder Abuse.

National Clearinghouse on Abuse in Later Life (*NCALL*):

Website: <http://ncall.us/>

Through advocacy and education, the National Clearinghouse on Abuse in Later Life (NCALL) works everyday to improve victim safety, increase abuser accountability, expand coordinated community response, and ultimately, put an end to abuse in later life.

National Center on Elder Abuse (NCEA)
<http://www.ncea.aoa.gov/about/index.aspx>

The NCEA is one of 27 Administration on Aging-funded Resource Centers. The NCEA is the place to turn to for up-to-date information regarding research, training, best practices, news and resources on elder abuse, neglect and exploitation. The Center provides information to policy makers, professionals in the elder justice field, and the public.

National Consumer Voice for Quality Long Term Care

Website: <http://healthfinder.gov/FindServices/Organizations/Organization.aspx?code=HR1872>

The National Consumer Voice for Quality Long-Term Care is a 501(c)(3) nonprofit organization founded as the National Citizens' Coalition for Nursing Home Reform (NCCNHR) in 1975 by Elma Holder. The organization represents the consumer voice at the national level for quality long-term care, services and supports by advocating for public policies that support quality care and quality of life responsive to consumers' needs in all long-term care settings; empowering and educating consumers and families with the knowledge and tools they need to advocate for themselves; training and supporting individuals and groups that empower and advocate for consumers of long-term care; and promoting the critical role of direct-care workers and best practices in quality care delivery.

Safe Horizon

Website: <http://www.safehorizon.org/>

Safe Horizon is the largest victims' services agency in the United States. Safe Horizon offers assistance and support to children, adults, and families affected by crime and abuse throughout New York City, through 57 program locations, including shelter, in-person counseling, legal services, and more.

Other Resources

Websites

Administration on Aging (AoA—<http://www.aoa.gov>)

Administration for Community Living (ACL—www.acl.gov)

Elder Justice Coalition (www.elderjusticecoalition.com)

National Adult Protective Services Association (NAPSA—www.napsa-now.org)

National Committee for the Prevention of Elder Abuse (NCPEA—www.preventelderabuse.org)

National Association of Area Agencies on Aging (N4A—www.n4a.org)

National Association of States Agencies on Aging United for Aging and Disabilities (NASUAD—www.nasuad.org)

National Center on Elder Abuse (NCEA—www.ncea.aoa.gov)

National Consumers' Voice for Quality Long-Term Care (or Consumer Voice—<http://theconsumervoic.org>)

National Institute of Justice (NIJ—www.nij.gov)

National Long-Term Care Ombudsman Resource Center (NORC—www.ltcombudsman.org/)

Social Security Administration (www.ssa.gov)

World Health Organization (http://www.who.int/ageing/projects/elder_abuse/en/)

Learning Exercises

Self-Check Questions

1. Explain what is meant by physical abuse.
2. Explain what is meant by neglect by a caregiver.
3. Discuss differences between elder abuse in community versus facility settings.
4. Characterize who are most often the victims of elder abuse.
5. What services are available for those elders who have been abused in community settings? In facility settings?

Experimental Exercises

1. Interview an APS staff member about a case of exploitation that he or she has worked recently.
2. Interview Long-Term Care Ombudsman about a case of exploitation that he or she has worked recently.
3. List ways that you could prevent elder abuse.

Multiple-Choice Questions

1. In what setting do we think elder mistreatment occurs most often?
 - (a) Community settings
 - (b) Facility settings
2. What type of abuse is not considered mistreatment?
 - (a) Physical abuse
 - (b) Neglect
 - (c) Exploitation
 - (d) Self-neglect
3. All of the below are examples of a trusted other except:
 - (a) Banker
 - (b) Family member
 - (c) Stranger
 - (d) Home health worker
4. Who are most likely perpetrators in community settings?
 - (a) Repair persons
 - (b) Housecleaners
 - (c) Bankers
 - (d) Family members
5. A holiday crime occurred when a woman was electrocuted with a stun gun and robbed after allowing someone into her home whom she thought was a pharmacist delivering medications. Is this a crime of:
 - (a) Predation
 - (b) Desperation
 - (c) Occasion
 - (d) None of the above
6. What type of abuse constitutes the bulk of APS caseloads?
 - (a) Abuse

- (b) Neglect
 (c) Exploitation
 (d) Self-neglect
7. Which of the entities below does not address elder mistreatment?
 (a) Police
 (b) Long-term care ombudsman
 (c) Adult Protective Services
 (d) None of the above
 (e) All of the above
8. Which of the entities below is the most frequent program of first report when there is an allegation of the abuse of an elder?
 (a) Police
 (b) Long-term care ombudsman
 (c) Adult Protective Services
 (d) None of the above
 (e) All of the above
9. Which piece of legislation most directly affects the issue of elder mistreatment?
 (a) Social Security Act
 (b) Medicare
 (c) The Elder Justice Act
 (d) Age Discrimination in Employment Act
10. What is the most hidden form of elder mistreatment?
 (a) Sexual abuse
 (b) Physical abuse
 (c) Psychological abuse
 (d) Self-neglect

Key for multiple-choice questions

- 1-a
 2-d
 3-c
 4-d
 5-c
 6-d
 7-e
 8-e
 9-c
 10-d

References

- Acierno, R., Hernandez, M. A., Amstadter, A. B., Resnick, H. S., Steve, K., Muzzy, W., & Kilpatrick, D. G. (2010). Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: The National Elder Mistreatment Study. *American Journal of Public Health, 100*, 292–297. doi:10.2105/ajph.2009.163089.
- Administration for Community Living, n.d. Long-Term Care Ombudsman Program (OAA, Title VII, Chapter 2, Sections 711/712). Retrieved on December 17, 2014 at http://www.aoa.acl.gov/AoA_Programs/Elder_Rights/Ombudsman/index.aspx.
- Anetzberger, G. J., Dayton, C., Miller, C. A., McGreevey, J. F., & Schimer, M. (2004). Multidisciplinary teams in the clinical management of elder abuse. *Clinical Gerontologist, 28*, 157–171.
- Balsam, K. F., & D'Augelli, A. R. (2006). The victimization of older LGBT adults: Patterns, impact and implications for intervention. In D. Kimmel, T. Rose, & S. David (Eds.), *Lesbian, gay, bisexual, and transgender aging: Research and clinical perspectives* (pp. 110–130). New York, NY: Columbia University Press.
- Bonnie, R. J., & Wallace, R. B. (Eds.). (2003). *Elder mistreatment: Abuse, neglect, and exploitation in an aging America*. Washington, D.C.: National Academies Press.
- Brandl, B., Dyer, C. B., Heisler, G. J., Otto, J. M., Stiegel, L. A., & Thomas, R. W. (2007). *Elder abuse detection and intervention: A collaborative approach*. New York: Springer Publishing.
- Elder Justice Coalition (2014). *Fact sheet—summary of the elder justice act and status*. Retrieved December 7, 2014 from <http://elderjusticecoalition.com/factsheets>.
- Frazer, S. (2009). *LGBT health and human services needs in New York state*. Empire State Pride Agenda Foundation. Albany, NY. Retrieved December 27, 2014 from <http://www.prideagenda.org/Portals/0?pdfs/LGBT%20and%20Human%20Services%20Needs%20in%20New%20York%20State.pdf>.
- Hawes, C. (2003). Elder abuse in residential long-term care settings: What is known and what information is needed. In R. J. Bonnie & R. B. Wallace (Eds.), *Elder mistreatment: Abuse, neglect, and exploitation in an aging America* (pp. 446–500). Washington, D.C.: National Academies Press.
- Laumann, E. O., Leitsch, S. A., & Waite, L. J. (2008). Elder mistreatment in the United States: Prevalence estimates from a nationally representative study. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 63*, S248–S254.

- Lachs et al. (2011). Elder abuse: Under the radar. Lifespan of Greater Rochester Inc. Retrieved December 10, 2014 from <http://www.lifespan-roch.org/documents/ElderAbusePrevalenceStudyRelease.pdf>.
- MetLife Mature Market Institute. (2009). *Broken trust: A report on the financial abuse of elders*. Westport, CT: Metlife Mature Market Institute.
- Mature Market Institute (2011). *The MetLife study of elder financial abuse: Crimes of occasion, desperation, and predation against America's elders*. Westport, CT: Metlife Mature Market Institute.
- Mixson, P. M. (1995). An adult protective services perspective. *Journal of Elder Abuse & Neglect*, 7(2-3), 69-87.
- NAPSA (May 2001). *History of adult protective services*. Retrieved on December 2, 2014 at <http://www.napsanow.org/about-napsa/history/history-of-adult-protective-services/>.
- National Center on Elder Abuse (n.d.). *15 Questions & Answers About Elder Abuse*. Retrieved December 5, 2014 from <http://www.ncea.aoa.gov/Resources/Publication/docs/FINAL%206-06-05%203-18-0512-10-04qa.pdf>.
- National Center on Elder Abuse. (2013). *Mistreatment of lesbian, gay, bisexual, and transgender (LGBT) elders*. Retrieved December 27, 2014 from www.ncea.aoa.gov/Resources/Publication/doc/NCEA_LGBT_ResearchBrief_2013.pdf.
- Navarro, A. E., Gassoumis, Z. D., & Wilbur, K. H. (2013). Holding abusers accountable: An elder abuse forensic center increases criminal prosecution of financial exploitation. *The Gerontologist*, 53, 303-312.
- Nerenberg, L. (2006). Communities respond to elder abuse. *Journal of Gerontological Social Work*, 46, 5-33.
- Nerenberg, L. (2008). *Elder abuse prevention: Emerging trends and promising strategies*. New York: Springer Publishing Company.
- Nerenberg, L., Davies, M., & Navarro, A. E. (2012). In pursuit of a useful framework to champion elder justice. *Generations*, 36, 89-96.
- Podnieks, E., Anetzberger, G. J., Teaster, P. B., Wangmo, T., & Wilson, S. (2010). Worldview on elder abuse: An environmental scan. *Journal of Elder Abuse and Neglect*, 22, 164-179.
- Ramsey-Klawnsnik, H., & Heisler, C. (2014). Polyvictimization in later life. *Victimization of the Elderly and Disabled*, 17(1), 3-6.
- Ramsey-Klawnsnik, H., Teaster, P. B., Mendiondo, M. S., Abner, E. L., Cecil, K. A., & Tooms, M. R. (2007). Sexual abuse of vulnerable adults in care facilities: Clinical findings and a research initiative. *Journal of the American Psychiatric Nurses Association*, 12, 332-339.
- Ramsey-Klawnsnik, H., & Teaster, P. B. (2012). Sexual abuse of health care facility residents: Adult Protective Services and facility policy and practice implications. *Generations*, 36, 53-59.
- Smith, J. (2010). Area agencies on aging: A community resource for patients and families. *Home Healthcare Nurse*, 28(7), 416-422.
- Snelling, S. (2014, September 29). Keck School of Medicine to house National Center on Elder Abuse. *USC News*. Retrieved from <https://news.usc.edu/69159/keck-school-of-medicine-to-house-national-center-on-elder-abuse/>.
- Stupp, H. W. (2000). Area agencies on aging. A network of services to maintain elderly in their communities. *Care Management Journal*, 2(1), 54-62.
- Teaster, P. B., Harley, D. A., & Kettaneh, A. (2014). Aging and mistreatment: Victimization of older adults in the United States. In H. F. O. Vakalahi, G. M. Simpson, & N. Giunta (Eds.), *The collective collective spirit of aging across cultures* (pp. 41-64). New York, NY: Springer.
- Teaster, P. B., Nerenberg, L., & Stansbury, K. (2003). A national study of multidisciplinary teams. *The Journal of Elder Abuse and Neglect*, 15, 91-108.
- Teaster, P. B., & Roberto, K. A. (2004). The sexual abuse of older adults: APS cases and outcomes. *The Gerontologist*, 44, 788-796.
- Teaster, P. B., Roberto, K. A., & Dugar, T. D. (2006a). Intimate partner violence of rural aging women. *Family Relations*, 55, 636-648.
- Teaster, P., Dugar, T., Mendiondo, M., Abner, A., Cecil, K., and Otto, J., (2006b). *The 2004 survey of state adult protective services: Abuse of adults 60 years of age and older*. Washington D.C.: National Center on Elder Abuse.
- Teaster, P. B., & Wangmo, T. (2010). Kentucky's local elder abuse coordinating councils: A model for other states. *Journal of Elder Abuse and Neglect*, 22, 191-206.
- U.S. House Select Committee on Aging. (1981). Elder abuse: An examination of a hidden problem. *All U.S. Government Documents (Utah Regional Depository)*. paper 136. Retrieved on December 1, 2014 at <http://digitalcommons.usu.edu/govdocs/136>.
- Wiglesworth, A., Mosqueda, L., Burnight, K., Younglove, T., & Jeske, D. (2006). Findings from an elder abuse forensic center. *The Gerontologist*, 46, 277-283.