

Fulfilling the Promise of the Elder Justice Act: Priority Goals for the White House Conference on Aging

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Manuscript received January 30, 2015; accepted February 23, 2015.

Decision Editor: Robert B. Hudson, PhD

Key words: Elder mistreatment, Elder abuse, Elder justice act, White House Conference on Aging.

Introduction

In discussions about the lives of older persons, it has become common to highlight the positive aspects of “successful aging.” Unfortunately, it is also the case that many people experience difficult situations, as victims of abuse, neglect, and exploitation, in their later years. Over the past three decades, increasing attention has been paid to mistreatment of older persons, both in private homes and in residential settings (Dong & Simon, 2011). Acknowledging the importance of the issue, the White House 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.

Research shows that elder mistreatment is a prevalent and damaging problem—and one that demands a response. Elder mistreatment is of greater concern now than when it was first identified as a social problem in the late 1970s. The growth in the older population has dramatically increased the number of potential victims, and the 77 million baby Boomers will not be immune from elder mistreatment as they enter old age. It is noteworthy that the most recent large-scale studies have found rates in the range of 7%–10%. Further, reliance on self-report information from individuals

able to participate in a survey necessarily underestimates prevalence of elder mistreatment. 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 (see Pillemer, Connolly, Breckman, Spreng, & Lachs, 2015, for a detailed review). This rate translates to approximately 4,300,000 elder mistreatment victims aged 65 years and older nationwide, leading clearly to the conclusion that elder abuse is widespread.

In addition to prevalence, the well-documented negative effects of mistreatment on older people call for its urgent recognition as a societal problem. The consequences include high rates of physical injuries (such as wounds, head injuries, and broken bones); physical pain; exacerbation of existing health problems; increased mortality; and premature nursing home placement (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2014; Lachs & Pillemer, 2004). Psychological effects include heightened rates of depression and anxiety among victims. Elder mistreatment also leads to serious economic costs for individuals. This is particularly the case

for financial exploitation, where extensive losses have been estimated to occur annually (Pillemer et al., 2015).

The WHCoA provides a unique opportunity to make a difference in promoting elder justice and preventing elder abuse. To achieve this potential, we propose three general priority areas for help frame deliberations by the WHCoA. Following this discussion, we offer five specific recommendations for action on elder justice.

Overarching Priority Areas

Based on recent analyses of the field, we have identified three pressing priorities the WHCoA should consider:

Developing a Knowledge Base for Prevention and Intervention

Vigorous efforts are needed to improve the research base on elder mistreatment. There have been far fewer advances in knowledge about elder mistreatment than with other types of interpersonal abuse. The lack of scientific research is not just an academic concern. The gaps in knowledge about elder mistreatment make an organized, comprehensive approach to prevention and intervention impossible. Funding and doing better research is therefore key to every step in developing sound policy for elder mistreatment: defining the problem, uncovering its extent, identifying causes, developing and testing interventions, and implementing interventions and measuring effectiveness.

Creating a Comprehensive Network of Service Options

Efforts to create a comprehensive service network are still in their infancy. Such a system will require: services to respond to victims and others affected by the mistreatment, as well as those abusers who may benefit more from social, psychological, and medical interventions rather than prosecution. A coordinated response across services and systems is also needed, as is rigorous evaluation of programs. Lack of funding for services is a particularly serious problem.

Forging a Coordinated Policy Approach

The WHCoA should consider existing laws, regulations, and guidance by government entities regarding elder mistreatment, and the way in which laws and policies are implemented and enforced. We must also work on initiatives that support, evaluate, and develop new policy to address elder mistreatment and ways to speed the development of infrastructure and entities that can analyze and lead such policy changes. A strong recommendation is to recognize elder mistreatment as a national public health

problem. A coordinated and vigorous response to this large and growing public health problem by the Centers for Disease Control and Prevention, the National Institutes of Health, and other agencies is needed. A worthwhile step in a public health approach would be to expand and coordinate the collection of elder mistreatment data across federal, state, and local agencies and organizations.

Specific Recommendations for Consideration by the WHCoA

As noted, mistreatment of older adults is a pervasive problem which deserves our urgent and dedicated attention. The numerous interrelated phenomena that contribute to elder mistreatment are complex and difficult to effectively address. Yet, important work by advocate groups and federally supported initiatives has helped to clarify important steps for making progress. Some essential changes for fulfilling the promise of the Elder Justice Act are vast in scope and require considerable and prolonged efforts. However, making swift progress in areas that are ripe for action is also a strategic approach that would allow the 2015 WHCoA to inspire sustained commitments to achieving more ambitious goals. Here, we recommend five high-priority actionable goals that could lead to immediate and meaningful impacts if they were tackled by our expansive community of experts and stakeholders during the WHCoA.

The overall goals of any effort to reduce the mistreatment of older adults must include improvements in each of the domains of prevention, detection, and response. Failing to make improvements in each area undermines the resources and efforts dedicated to making change in any one area. Better identifying potential victims, for example, is only a meaningful achievement if appropriate responses are available. The following recommendations are derived from the top priorities set by the [Elder Justice Coordinating Council \(2014\)](#) and in the [Elder Justice Roadmap \(U.S. Department of Justice and Department of Health and Human Services, 2014\)](#), as well as from recent conversations with substantive experts from major national advocacy organizations, the *Abuse, Neglect, and Exploitation of Elderly People* special interest group of the Gerontological Society of America, and the *Trauma, Aging and Well-Being Group* of the Hartford Gerontological Social Work Leaders.

Public Awareness Campaigns

Perhaps the most pressing priority for proactively responding to concerns which will be magnified by the rapid growth of the older adult population, such as the mistreatment of elders, is the prevention of avoidable behaviors and conditions. Reducing the prevalence of elder mistreatment should be of paramount importance at this critical time. Raising

awareness through public health campaigns is an effective approach used to address similar societal challenges in the past, and we are fortunate to have tools at our disposal which can turn this ambition into an attainable reality.

Our first recommendation is for the declaration of a National Elder Abuse Awareness Day that is linked to a public awareness campaign to be supported through the efforts of the Elder Justice Coordinating Council and in partnership with international, national, and local organizations. The Administration for Community Living and the National Center on Elder Abuse could be asked to collaborate to spearhead this initiative and to assure that effective messages are tailored to reach the proper audiences. It is sensible to link this event with the World Elder Abuse Awareness Day, which is June 15th of each year, and which was established in 2006 by the International Network for the Prevention of Elder Abuse and the World Health Organization at the United Nations.

The purpose of the Awareness Day is to provide a forum for communities to promote understanding of abuse and neglect of older persons by raising awareness of the cultural, social, economic, and demographic processes affecting elder abuse and neglect. Furthermore, by acknowledging the significance of elder mistreatment as a public health and human rights issue, such a campaign serves as a call-to-action for individuals, organizations, and communities to mobilize responses to the threat of elder abuse, neglect, and exploitation. With national press, partnerships between public agencies and the numerous advocacy groups, and the power of today's social media, the executive branch could quickly launch an effort that invites the citizens of our nation to take a stand against elder mistreatment.

Elder Mistreatment Education

Every major elder mistreatment report and priority statement issued over the past two decades calls for significantly expanded education and training across multiple sectors and disciplines to support better detection and reporting of elder abuse, neglect, exploitation, and self-neglect. People without training in elder mistreatment issues may be the only ones with the access and opportunity to identify abuses. Our second priority recommendation is to create and implement a national strategic plan for elder mistreatment education. A committee can be formed to follow the suggestions of the Elder Justice Roadmap in identifying and evaluating existing training materials and screening instruments, creating new high-quality materials to fill gaps, and crafting an action plan to support the pilot testing of such materials and their targeted dissemination to the different professionals and settings in the field. This effort would require input from experts, older adults, and persons from diverse communities to assure that the materials

are appropriate, effective, and culturally competent. With regulatory oversight of relevant health care settings such as hospitals, home- and community-based care, and long-term services and supports, federal and state agencies can be tasked with assuring access to and use of appropriate educational platforms.

Topics to be addressed through such materials include screening tools and practices, elder mistreatment definitions and examples, reporting procedures and requirements, and the needs of elder abuse victims. Priority audiences of such educational outreach should include (1) caregivers; (2) first responders such as hospital personnel and Emergency Medical Technicians (EMTs), law enforcement, and state licensing and oversight agencies; (3) health and mental health providers, senior centers, meals on wheels, and social service providers; (4) legal system responders such as prosecutors, elder law and public interest attorneys, and court personnel; (5) financial services professionals such as bankers; and (6) members of the faith community.

A National Protective Service System

Significant variability in protective service guidelines and practices continues to cause inconsistent approaches from state to state in responding to elder abuse and self-neglect. For example, the Elder Protective Services programs in Massachusetts often employ teams of licensed, Masters-degree prepared social workers who receive extensive job training. These teams work exclusively with *older* adults living at risk in the community, respond to any legitimate report of risk (either self-neglect or risks imposed by others), accept cases without regard for the cognitive status or vulnerability of the victim, provide outreach and education to a broad diversity of professionals who are mandated to report concerns of elder mistreatment, and manage relatively small workloads or fewer than 30 cases. By contrast, the Adult Protective Services programs in some other states rely upon fragmented system of Bachelors-level caseworkers employed in a broad diversity of settings to manage caseloads of over 100 adults of all ages while continually working to explain complex acceptability criteria to concerned citizens and providers who attempt to file reports.

Our third recommendation is to act on the Elder Justice Coordinating Council's call to action to develop a national Protective Services system based on standardized data collection and a core set of service standards and best practices. We further propose that these standards assure responses to elder mistreatment that are not dependent on cognitive status or perceived vulnerabilities of the victims. A consulting firm called WRMA is leading an effort in collaboration with UC Irvine Center of Excellence on Elder Abuse and Neglect and the National Adult Protective Services Association (NAPSA) to plan, design, develop, and

pilot a system that will collect Adult Protective Services data to provide consistent, accurate national data on abuse. The data and business processes agreed to as standards will then be used to develop one or more pilot systems. Similar support should be put behind efforts to standardize elder mistreatment definitions, training requirements, and service standards. The executive branch could direct all federal agencies to take action in addressing elder mistreatment, and a high-level interagency task force could be quickly established to advance national data collection and service standards.

Dissemination of Best Practices

We must acknowledge and capitalize on the progress of Protective Service programs and the dozens of local, regional, and national organizations dedicated to the prevention and amelioration of elder mistreatment. The field has been remarkable in making great achievements with little support. In the absence of evidence-based practices, we have seen invaluable innovations in models of service and the education of potential referral sources. There is now a wealth of promising, indigenously developed practices and programs all around the country. However, such progress is due to grassroots undertakings that lack coordination and communication across states and initiatives. Our fourth recommendation is for the establishment of a mechanism for the systematic examination or dissemination of these models.

As a starting point, the National Center on Elder Abuse's Innovative Practices Database is an online tool that can help to locate program models and information resources around the country related to prevention, intervention, and public education. This searchable database is intended to be a resource for academics, advocates, and practitioners to learn from these programs and maximize resources for preventing and responding to elder mistreatment. For example, in 2012, the New York State Office for the Aging received a three-year Elder Abuse Prevention Interventions Grant from the U.S. Administration for Community Living to initiate and test a program to combat financial exploitation and elder abuse in New York. The award supports a pilot program in Manhattan and the Finger Lakes region and focuses on preventing and swiftly intervening in financial exploitation of frail older adults through the use of enhanced multidisciplinary teams. A public-private partnership could be established to search for promising models, organize them into groups based on feasibility and readiness for adoption and strength of supporting evidence, assist in the preparation or collection of explanatory materials, and then facilitate their dissemination to the appropriate consumers and stakeholders in each state. Particular attention should be given to models for establishing coordination across protective service, criminal justice, and aging service programs.

Advocacy Through Empowerment

Our fifth and final recommendation is to work to assure representation of older adults and older victims within all relevant federal departments and commissions. Simply put, we need to create opportunities for our leaders to represent issues of elder justice and the human rights of older adults within the Department of State, the Department of Justice, and the United Nations Commission on the Status of Women, to name just a few. Advocacy and representation in this regard should address elder abuse, neglect, and exploitation, harmful health care practices at the end of life, and extreme poverty, particularly among older women and especially older women of color.

Conclusion

A large and dedicated group of advocates, academics, and providers will be working to build upon the momentum generated by the WHCoA to advance the national agenda to address elder mistreatment. The reports and expert networks mentioned above offer carefully studied recommendations for making progress in this regard. The specific recommendations we chose to highlight in this article were selected because they are easier to enact quickly during this period of momentum, but we do not intend to suggest that they are exhaustive or conclusive. Instead, we hope the WHCoA is a tipping point for the much needed national resolve to invest in the fulfillment of the Elder Justice Act.

References

- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2014). *Elder abuse: Consequences*. Retrieved from <http://www.cdc.gov/violenceprevention/elderabuse/consequences.html>
- Dong, X., & Simon, M. A. (2011). Enhancing national policy and programs to address elder abuse. *Journal of the American Medical Association*, 305, 2460–2461. doi:10.1001/jama.2011.835
- Elder Justice Coordinating Council. (2014). Eight recommendations for increased federal involvement in addressing elder abuse, neglect and exploitation. Retrieved from http://www.aoa.acl.gov/AoA_Programs/Elder_Rights/EJCC/docs/Eight_Recommendations_for_Increased_Federal_Involvement.pdf.
- Lachs, M. S., & Pillemer, K. (2004). Elder abuse. *The Lancet*, 364, 1263–1272. doi:10.1016/S0140-6736(04)17144-4
- Pillemer, K., Connolly, M.-T., Breckman, R., Spreng, R. N., & Lachs, M. S. (2015). Elder mistreatment: Priorities for consideration by the White House Conference on Aging [Special Issue]. *The Gerontologist*, 1–8. doi:10.1093/geront/gnu180.
- U.S. Department of Justice and Department of Health and Human Services. (2014). *The elder justice roadmap*. Washington, DC: U.S. Department of Justice and Department of Health and Human Services. Retrieved from http://ncea.acl.gov/Library/Gov_Report/docs/EJRP_Roadmap.pdf