

National Elder Abuse Victim Services Needs Assessment

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LIST OF ACRONYMS

AAA: Area Agency on Aging

APS: Adult Protective Services

CPS: Child Protective Services

DOJ: Department of Justice

EJI: Elder Justice Initiative

FBI: Federal Bureau of Investigation

IRB: Institutional Review Board

IRS: Internal Revenue Service

MDT: Multidisciplinary team

NAMRS: National Adults Maltreatment Reporting System

SANE: Sexual Assault Nurse Examiner

SNAP: Supplemental Nutrition Assistance Program

SSA: Social Security Administration

TTA: Training and technical assistance

U.S.: United States

VOCA: Victims of Crime Act

VSP: Victim service provider

GLOSSARY

Below we provide a list of key services, along with associated definitions, that are central to this report. Many of these terms do not have standardized definitions. The descriptions provided reflect how those who were engaged in the study suggested defining these terms.

Accompaniment: A provider attends appointments with individuals who experience elder abuse. This may include appointments for law enforcement, medical, legal, or court services.

Caregiver services: A provider supports older adults in their home. This may include chores, light cooking, house repairs, help with hygiene, Adults Day Services, or respite care.

Case management: A provider coordinates services for individuals who experience elder abuse including, but not limited to, intakes, needs assessments, referrals, setting up treatment plans, delivering services, and ongoing communication.

Capacity assessment: A provider assesses older adults to find out whether someone can live independently, drive a car, or make important decisions.

Creditor and/or banking intervention: Banks and/or credit card companies help older adults after experiencing elder abuse (typically fraud or financial exploitation).

Criminal justice system advocacy/assistance: A provider helps individuals who experience elder abuse navigate the criminal justice system, including a court case or police investigation.

Crisis intervention: A provider helps individuals who experience elder abuse immediately after the crime to prioritize immediate safety, provide emotional support, prevent further abuse, and connect individuals to resources.

Emergency financial assistance: A provider connects individuals who experience elder abuse with financial assistance to help individuals meet their basic needs and ensure safety following a crime.

Employment assistance: A provider helps individuals who experience elder abuse find a job or a job training program.

Fraud or scam support: A provider helps older individuals who experience fraud or scams. This may include help with stopping scammer calls/texts/emails, creating fraud alerts, working with the Internal Revenue Service or a mortgage lender, or filling out complaint forms.

Financial management: A provider assists individuals who experience elder abuse with financial literacy skills, bankruptcy assistance, managing debt, and forensic accounting.

Forensic exam: A physical exam to collect evidence and address medical needs after experiencing a crime.

Guardianship/conservatorship: An individual (e.g., family member, friend, or professional) is legally appointed to make legal, financial, and medical decisions for an individual who the court deems unable to make their own decisions.

Hotline/Helpline: A phone, chat, or text-based service that helps individuals who experience elder abuse learn about and access available resources and services.

Housing assistance: A provider helps individuals who experience elder abuse access or find housing. This may include assistance finding, obtaining, and paying for emergency housing, a shelter, transitional housing, assisted living, or nursing homes.

Information and referrals: A provider relays information to individuals who experienced elder abuse about their rights, available services, and appropriate resources. A provider may also connect individuals who experience elder abuse with organizations that offer services.

Legal advocacy/assistance: A provider helps individuals who experience elder abuse with legal support, victim's rights enforcement, and representation.

Mental health: A provider connects or provides services to help individuals who experience elder abuse cope with the emotional and psychological impacts of victimization. This may include psychiatric care, crisis counseling, ongoing therapy, or support groups.

Peer support: A provider connects individuals who experience elder abuse to support from someone who experienced a similar situation (either one-on-one support or in support groups).

Prevention: A provider engages in proactive efforts and programs aimed at reducing the risk of elder abuse. This may include education and awareness programs, community engagement, risk assessment, and policy advocacy/reform.

Restitution advocacy: A provider helps individuals who experience elder abuse obtain money or property that are owed from the person who committed the crime.

Restorative justice: Guided by a trained professional, the offender and the individual who experienced elder abuse work together to repair harm through rehabilitation and reconciliation while holding the offender accountable for their actions.

Safety planning: A provider conducts a safety assessment, identifies potential risks to safety, and helps individuals who experience elder abuse create a personalized plan to protect them from further harm. This may include, but is not limited to, moving to a new home, improving the physical safety of a home (e.g., putting new locks on the doors, security cameras), getting a new phone number, and receiving notifications of charges, arrest, and release of a perpetrator of elder abuse from correctional facilities.

Substance use: A provider helps individuals who experience elder abuse with substance abuse issues and challenges with addiction. This may include assessments, treatment plans, counseling, support groups, and education.

Technology support: A provider helps individuals who experience elder abuse with technological needs such as cleaning computers compromised after fraud or instructions on how to be safe online.

Transportation: A provider helps individuals who experience elder abuse with transportation to services or obtaining resources. This may include getting to and from medical appointments, mental health appointments, acquiring basic needs (e.g., food, prescriptions), court hearings, and legal assistance.

Victim advocacy: A provider supports individuals who experience elder abuse with support such as crisis intervention, referrals, safety planning, emotional support and stabilization, educating individuals about their rights, and navigating services.

Victim compensation application and claim assistance: A provider helps individuals who experience elder abuse apply for and/or obtain compensation to pay for things that have to do with the crime such as medical bills or lost wages from the inability to work.



1. EXECUTIVE SUMMARY

1.1 BACKGROUND

The population of older adults ages 65 and older in the United States grew at a faster rate from 2010 to 2020 than any other decade in more than 100 years (Caplan, 2023). As this population continues to age, the number of older adults experiencing abuse, neglect, fraud, and financial exploitation (i.e., elder abuse) is expected to increase. The U.S. Department of Justice’s Elder Justice Initiative (EJI) supports national, state, and local communities in their efforts to combat elder abuse through enforcement, training, education, outreach, and victim services. Beginning in 2022, EJI supported ICF (an independent research and consulting firm) in conducting the first national study to better understand the needs of individuals who experience elder abuse and elder justice professionals and to inform recommendations to improve service provision in the United States.

1.2 THE NEEDS ASSESSMENT

From 2022 to 2025, ICF conducted a needs assessment to address four research questions:

1. What services do individuals who have experienced elder abuse currently access?
2. What are the gaps in services?
3. What are the challenges/barriers to accessing and providing services to individuals who have experienced elder abuse?
4. What capacity-building efforts and resources do elder justice professionals need to better support individuals who have experienced elder abuse?

METHODS

ICF conducted a review of the literature on gaps and barriers to service provision for individuals who have experienced elder abuse and used these findings to inform the needs assessment methodology. We convened an advisory board comprising individuals with expertise in preventing and responding to elder abuse and individuals who have experienced elder abuse. The advisory board informed the study design and instrument development, disseminated information about the survey through their networks to facilitate study recruitment, added context and a more nuanced understanding to the study findings, and distributed final study deliverables to support knowledge transmission. The needs assessment used data

from surveys and focus groups to better understand the (1) services available for individuals who have experienced elder abuse, (2) gaps in services, and (3) needs of individuals who experience elder abuse and the professionals who support them across the United States.

- Two National Surveys:** This study included the National Survey of Elder Justice Professionals and the National Survey of Individuals Who Have Experienced Elder Abuse. The survey of elder justice professionals explored professionals' characteristics, the services their organization provides, their perceived importance of services at different time periods after experiencing elder abuse, the gaps in services in their area, the barriers to providing services, multidisciplinary collaboration, capacity-building needs, outreach efforts, and future directions for the field. The survey of individuals who have experienced elder abuse included their demographics, how they learned about services, the services they received, their experiences with services, and their recommendations for improving services for individuals who have experienced elder abuse.
- Focus Groups:** Focus group discussions provided deeper context and detail to the survey findings. Focus groups with elder justice professionals explored the perceived importance of services at different time periods after experiencing elder abuse, gaps in services, barriers to providing services, awareness raising and outreach, and future directions and recommendations. Focus groups with individuals who have experienced elder abuse explored their awareness of services, experiences accessing and receiving services, and recommendations for improving service provision.

1.3 KEY FINDINGS

CHARACTERISTICS OF STUDY PARTICIPANTS

A total of 1,658 individuals representing all 50 states and several U.S. territories completed the National Survey of Elder Justice Professionals. Most participants identified as management/administrative staff (51%), advocates (32%), and direct service/frontline staff (20%). Half of participants had more than 10 years of experience, and 21% had 6 to 10 years of experience. When asked to report the type of organization they work for, participants most often reported working at a community-based victim service organization (29%), followed by Adult Protective Services (APS) (21%) and Area Agencies on Aging (AAA) (15%). ICF also conducted 34 focus groups with 156 elder justice professionals.

A total of 125 participants representing 34 states completed the National Survey of Individuals Who Have Experienced Elder Abuse. Survey participants' ages ranged from 60 to 93, with an average age of 69.7 years. One organization that focused on providing support for individuals who have experienced fraud/scams referred many clients to the study, resulting in 80% of survey participants indicating they experienced fraud (either independently or together with other forms of abuse). Participants also reported experiencing psychological abuse (28%), financial exploitation (23%), physical abuse (8%), neglect (8%),

and sexual abuse (2%). ICF facilitated 11 focus groups with 57 individuals who have experienced elder abuse (including 3 caregivers, family, and friends of individuals who have experienced elder abuse).

TYPES OF SERVICES FOR INDIVIDUALS WHO HAVE EXPERIENCED ELDER ABUSE

Elder justice professionals indicated their organization provides an average of 9 services from the list of services provided in the survey. Individuals who have experienced elder abuse said they received an average of 3.7 services. Most elder justice professionals (83%) reported providing information and referrals to individuals who have experienced elder abuse. More than half of participants provided safety planning (59%), victim advocacy (58%), accompaniment (55%), case management (55%), and crisis intervention services (51%). Less than 10% of professionals reported providing substance use, restorative justice, and technology support services. The most commonly received services by individuals who have experienced elder abuse were peer support (58%), fraud or scam support (38%), mental health support (32%), information and referrals (24%), and victim advocacy (22%). Less than 20% of individuals who experienced elder abuse accessed other types of services.

Elder justice professionals were asked to reflect on the most important services for individuals who have experienced elder abuse (1) immediately following the abuse (within 1 month of experiencing elder abuse), (2) in the short term (1 to 6 months after experiencing elder abuse), (3) in the long term (more than 6 months after experiencing elder abuse), (4) during a criminal or APS investigation, and (4) during trial. They highlighted safety planning, legal advocacy/assistance, housing assistance, mental health services, and case management as some of the most important services at multiple time periods. However, less than 60% of elder justice professionals reported providing these services. Individuals who have experienced elder abuse reported that the most helpful services and support they received included social support, support groups, financial services, assistance from law enforcement, and mental health services.

The services that elder justice professionals provide varied by organization type, with community-based victim service organizations, family justice centers, and faith-based victim service providers providing an average of 12 services each. Organizations that provide more specialized services (e.g., medical, financial) reported providing fewer services to individuals who have experienced elder abuse (an average of 5 services and 3 services, respectively). Participants also indicated the ability to accommodate various needs common in older adults, with 92% of participants reporting their organization can accommodate at least one of the following: hearing, cognitive, visual, and ambulatory conditions; independent living challenges; and self-care needs.

GAPS IN SERVICES FOR INDIVIDUALS WHO HAVE EXPERIENCED ELDER ABUSE

Elder justice professionals reported an average of 8.3 gaps in services within their organization's service area. The top ten reported gaps included: caregiver services (53%), mental health services (50%), housing assistance (46%), fraud/scam support (43%), technology support (41%), emergency financial assistance (41%), financial management (40%), transportation (38%), creditor/banking interventions (35%), and peer support (32%). These gaps were the same across each Census region of the United States.

Elder justice professionals said emergency financial assistance, mental health services, and transportation are the biggest gaps in services across all five time points (immediate, short term, long term, during investigation, and during trial). They described the following biggest gaps: housing assistance for 4 of the time points (immediately, short term, long term, and during investigation); caregiver services (immediately and in the short and long term); legal advocacy/assistance during investigation or trial, and victim advocacy during trial. The gaps were associated with a lack of financial resources, staffing, expertise in preventing and responding to elder abuse, availability, and affordable services.

When compared to other organization types, APS agencies were more likely to report case management and housing assistance as gaps in their service area. APS agencies and AAAs were more likely to report gaps in their service area for criminal justice advocacy/assistance, and AAAs were more likely to report gaps in their service area for accompaniment, legal advocacy/assistance, and victim advocacy. Community-based victim service organizations were less likely to report these same services as gaps, perhaps because they are more likely to provide those services. Instead, they were more likely to identify caregiver services as the biggest gap in their service area. In focus groups, elder justice professionals stated that older adults may continue to live with an abusive family member because they cannot care for themselves or the upkeep of their home. Caregivers help older adults live safely in their homes, thus avoiding the need to live in an abusive situation and for costly (and often unnecessary) stays in nursing homes or assisted living facilities.

Most individuals who experienced elder abuse reported needing more help than they received. Peer support was the service accessed by most participants, with less than 40% of participants accessing other services after experiencing elder abuse. Most study participants experienced fraud and stated that they were unable to access the services they needed. They reported support from family/friends and peer support as most helpful after experiencing elder abuse. The reliance on social support and support groups may reflect the inability to access other necessary services, including information and referrals. The findings indicate several gaps in service provision. They reported needing mental health support, housing assistance, and safety planning to provide stronger protection from future victimization. Participants also shared services specifically needed to support recovery after experiencing fraud or scams, including more engagement from federal and local law enforcement agencies, banks, and credit card companies after filing a report; financial assistance and financial recovery supports; and assistance navigating systems (e.g., justice systems, financial systems).

Overall, most (58%) elder justice professionals indicated their organization can serve more clients than they currently serve. One-third shared that they are currently at capacity, and 8% have a waitlist for services. However, in focus groups and open-ended survey responses, elder justice professionals repeatedly stated that they do not have enough resources to respond immediately to serious cases or referrals, collaborate and coordinate services with other organizations, or respond outside of normal business hours. These contradictory findings may reflect a lack of capacity to serve individuals who have experienced different types of crime in different age groups overall. However, elder justice professionals may have the capacity to serve more older adults. This may be due to a lack of reporting or seeking help for elder abuse. This discrepancy between providers' capacity to serve more older adults and the inability of individuals who have experienced elder abuse to access services indicates a need for increased awareness of and connection to services.

BARRIERS TO PROVIDING AND ACCESSING SERVICES FOR ELDER ABUSE

At least 30% of individuals who have experienced elder abuse said the main barriers to receiving assistance included difficulty in navigating the process of getting help (including having to go to many different organizations), feelings of shame and/or embarrassment, the organizations they connected with were unable to help with the specific type of maltreatment they were experiencing, and a lack of trust in the victim service or criminal justice systems. Elder justice professionals' perceptions of the barriers clients face in seeking services aligned with and expanded upon those shared by individuals who have experienced elder abuse. More than 50% of professionals reported the following barriers to seeking services: feelings of shame or embarrassment, lack of trust in justice/victim service systems, fear of losing independence, lack of awareness regarding available services, cognitive capacity concerns, and lack of transportation to access services. Elder justice professionals highlighted additional barriers to seeking services in focus groups, including challenges with service navigation, paperwork and proof needed to receive services, isolation and loneliness, technological barriers, experiences of victim blaming or providers lacking knowledge about the type of abuse they experienced (e.g., fraud), and barriers associated with accessing the justice system (e.g., affordability and inadequate responses from justice system actors).

Elder justice professionals described their top ten barriers to providing services as clients refusing services (56%), lack of sufficient financial resources to meet demand for services (49%), lack of long-term services (45%), lack of general public awareness (41%), lack of transportation (40%), lack of staff to meet demand (39%), difficulty reaching communities with limited access to services (38%), lack of accessible services (33%), grant restrictions (22%), and eligibility restrictions (22%). APS agencies were more likely than other organizations to report barriers to service provision, such as individuals refusing services, lack of sufficient resources and staff to meet demand, lack of long-term services, and lack of public awareness about their organization.

CAPACITY-BUILDING NEEDS FOR ELDER JUSTICE PROFESSIONALS

Professionals indicated that they collaborate with an average of 11.1 other types of organizations that support individuals who have experienced elder abuse. More than half of participants indicated that they collaborate with every other type of organization, mostly with law enforcement, APS, domestic violence/sexual assault agencies, community-based victim service organizations, legal services, and aging services. Only 41% of professionals reported being currently part of a multidisciplinary team supporting individuals who have experienced elder abuse. Professionals reported key barriers to collaboration, such as lack of time and staff, being unaware of other organizations and the services they offer, lacking financial support to collaborate, and challenges navigating confidentiality restrictions across organizations. More than half of participants (63%) agreed that their organization needs training and technical assistance related to multidisciplinary approaches to collaboration. Professionals suggested solutions to enhance collaboration, including formalizing partnerships between providers, increasing awareness and understanding of other organizations' services, hosting regular meetings, enhancing communication, increasing willingness to collaborate amongst professionals, and increasing staff.

1.4 RECOMMENDATIONS

Findings from the needs assessment provide insights on how to better provide services to individuals who have experienced elder abuse and the professionals who support them.

- Improve Reporting Mechanisms:** Participants discussed challenges associated with reporting elder abuse, especially fraud. We recommend conducting research to explore experiences with reporting and using findings to improve reporting mechanisms. Other recommendations include identifying and raising awareness of non-traditional reporting mechanisms (e.g., through hotlines or AAAs) and streamlining reporting for fraud to limit duplication of burdensome paperwork across agencies.
- Invest in Strategies for Expanding the Workforce Responding to Elder Abuse:** Many challenges elder justice professionals experienced related to a lack of expertise in responding to elder abuse, as well as a lack of funding and staff to meet the demand for services. We recommend conducting additional research to better understand (1) the prevalence of elder abuse in the United States; (2) the characteristics and needs of the elder justice workforce; (3) staff wellness and safety; and (4) program effectiveness, best practices, and definitions of success to better support the elder justice workforce and inform program improvement. To increase the expertise of elder justice professionals, we recommend expanding training and technical assistance opportunities to include emerging trends in elder abuse prevention and response.
- Improve Collaboration and Coordination:** Many organizations serving individuals who have experienced elder abuse operate independently, especially within their own sectors (e.g., criminal justice, financial, medical). To improve collaboration between organizations, we recommend

increasing opportunities for training on developing and implementing multidisciplinary teams, formalizing partnerships, and improving systems for sharing information among providers.

- Increase Awareness of Services:** The study findings demonstrate that elder justice professionals provide a robust range of services to individuals who have experienced elder abuse. As expected, there are variations in the services that each type of organization provides based on organizational goals and roles. These variations help make up a diverse landscape of services that allow for wraparound care. However, there is a general lack of awareness of these services and coordination among providers, as well as challenges with navigating complex systems of care. Increasing professionals' awareness and understanding of the services available in their communities may help create networks of providers to better meet the needs of individuals who have experienced elder abuse. We recommend conducting research to understand how to best conduct service mapping for elder abuse and then implementing those findings to support communities in mapping services. We also recommend providing support for communities to develop formal referral networks that increase wraparound service provision, avoid duplicating services, raise awareness of services, and reduce burden on individuals providing and seeking services.
- Increase Awareness of Elder Abuse:** Study participants stated there is a lack of public awareness about elder abuse. We recommend researching and testing approaches and content for increasing awareness of elder abuse, developing public awareness campaigns based on research findings, and expanding resources for organizations to conduct outreach.
- Improve Elder Abuse-Related Laws:** Legislation and policies across jurisdictions and sectors impact the services and supports available to individuals who experience elder abuse. We recommend conducting a systematic review of laws, policies, and definitions associated with elder abuse to identify challenges and opportunities for providing better support. We also recommend exploring strategies for preventing fraud and protecting older adults who have experienced fraud (e.g., stronger protections on sharing personal data, changing policies related to taxation on funds stolen through fraud). Finally, we recommend exploring workforce protections to ensure older adults' safety (e.g., strengthening policies on background checks for paid caregivers, processes for complaint investigations, and licensing requirements for these service positions).
- Improve Service Provision for Individuals Who Have Experienced Fraud:** Study findings identified a lack of services for older adults who have experienced fraud. Participants who experienced fraud described challenges in reporting the crime and identifying and accessing services that meet their needs. Individuals who experienced fraud expressed frustration with the complexity and time-consuming nature of reporting processes and often faced blame or criticism from law enforcement, financial institutions, and service providers, which hindered their inability to access vital services including fraud or scam support, financial recovery, and tailored mental health assistance. We recommend conducting research to identify how to tailor existing services to better support individuals who have experienced fraud and opportunities for developing new services specifically for older adults who have experienced fraud. We recommend applying these research findings to tailor and create these services and increase service provision opportunities for this population.

2. BACKGROUND

In the United States, the population aged 65 and older is expected to rise from 58 to 78 million by 2040 (Administration for Community Living [ACL], 2024). As the population of older adults¹ increases, the number of individuals experiencing elder abuse will also likely increase. The U.S. Department of Justice defines elder abuse as "...physical, sexual, or psychological abuse, as well as neglect, abandonment, and financial exploitation of an older person by another person or entity, that occurs in any setting (e.g., home, community, or facility), either in a relationship where there is an expectation of trust and/or when an older person is targeted based on age or disability" (Connolly et al., 2014, p. 3).

TYPES OF ELDER ABUSE	
Physical Abuse	The intentional use of physical force by a trusted person that results in acute or chronic illness, bodily injury, physical pain, functional impairment, distress, or death.
Sexual Abuse	Forced and/or unwanted sexual interaction (touching and non-touching acts) of any kind with an older adult by a trusted person.
Psychological Abuse	Verbal or nonverbal behavior resulting in the infliction of anguish, mental pain, fear, or distress that is perpetrated by a caregiver or other person who stands in a trusting relationship with the older adult.
Neglect	Failure by a caregiver or other person in a trusted relationship to protect an older adult from harm or the failure to meet needs for essential medical care, nutrition, hydration, hygiene, clothing, basic activities of daily living, or shelter, which results in a serious risk of compromised health and/or safety, relative to age, health status, and norms.
Financial Exploitation	The illegal, unauthorized, or improper use of an older individual's resources by a caregiver or other person in a trusted relationship for the benefit of someone other than the older individual.
Financial Fraud	Acts that intentionally and knowingly deceive the older adult by misrepresenting, concealing, or omitting facts about promised goods, services, or other benefits and consequences that are nonexistent, unnecessary, never intended to be provided, or deliberately distorted for the purpose of monetary gain.

¹ Although there is no set age when someone becomes an "elder" or "older adult," we define an "older adult" as someone who is age 60 or older in this study. This is consistent with the Older Americans Act of 1965 and the Victims of Crime Act (VOCA) Victim Assistance Program Guidelines.

Estimating the prevalence of elder abuse is difficult due to varying legal definitions of elder abuse across states, reporting mechanisms, and systems for collecting and managing case information (Mallik-Kane et al., 2021). The most recent prevalence estimates indicate that 10% of older Americans (ages 60 and above) (Acierno et al., 2010) and nearly 16% of older individuals worldwide have experienced some form of elder abuse (Yon et al., 2017). The negative effects of elder abuse include physical and mental health issues, financial challenges, deterioration of social and family relationships, and early death (National Institute on Aging, 2020). In 2023, adults over age 60 represented almost one in four fraud complaints received by the Federal Bureau of Investigation (Federal Bureau of Investigation, 2023). These individuals experienced a collective loss of more than \$3.4 billion, though AARP estimates that individuals ages 60 and over lose \$28.3 billion annually to financial exploitation (Gunther, 2023; Federal Bureau of Investigation, 2023). Therefore, effective prevention, intervention, and service provision are needed to improve outcomes for adults at risk of or experiencing elder abuse.

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Risk factors for experiencing elder abuse include physical, mental, and behavioral health problems; impaired physical and cognitive function; dependency on others (e.g., for assistance with daily living, finances, and emotional support); social isolation; and lack of social support (Storey, 2020). These risk factors not only increase individuals' vulnerability to abuse but also affect their awareness of victim services, understanding of services, willingness to seek out and/or receive services, and physical ability to receive services.

The U.S. Department of Justice Elder Justice Initiative partnered with ICF to conduct a national needs assessment of victim services for individuals who experience elder abuse. First, we conducted a review of the literature to understand what is currently known about gaps in and barriers to service provision. Then, we conducted national surveys and focus groups with elder justice professionals and individuals who have experienced elder abuse to explore the following:

1. services available for individuals who have experienced elder abuse,
2. gaps in services,
3. barriers to providing and accessing services, and
4. the resources elder justice professionals need to better serve individuals who have experienced elder abuse.

This report summarizes findings from the surveys and focus groups; provides insights on the needs of individuals who have experienced elder abuse and the elder justice professionals who support them; and provides recommendations on how to meet these needs and strengthen the capacity of elder justice professionals and organizations.

3. LITERATURE REVIEW

Individuals who have experienced elder abuse need many of the same types of services as younger individuals who have experienced crime (Breckman & Caccamise, 2016; Lowry et al., 2016; Vasquez & Houston-Kolnik, 2017). Despite the wide range of services currently available for individuals who have experienced elder abuse, there are still many gaps. Many of these service gaps overlap with those experienced by people of all ages who have experienced crime (see Bergeron-Smith et al., 2022; Breckman & Caccamise, 2016; Lowry et al., 2016; Smith & Hope, 2020; and Vasquez & Houston-Kolnik, 2017 for a comprehensive overview of gaps in victim services). However, there are several service gaps and barriers unique to older adults who experience elder abuse.

3.1 ADULT PROTECTIVE SERVICES

Adult Protective Services (APS) is the primary comprehensive service provider for elder abuse in the United States (MacNeil et al., 2024; National Center on Elder Abuse [NCEA], 2023a). APS provides coordinated support from investigation to intervention to individuals ages 18 and older who have experienced maltreatment; however, more than 70% of individuals served by APS are ages 60 or older (McGee & Urban, 2021). State or local governments administer individual APS organizations; thus, programming, eligibility, resources, and mandatory reporting requirements differ by state (NCEA, 2023a). APS reviews a report of elder abuse against the jurisdiction's case eligibility requirements, and if met, APS opens an investigation to determine service eligibility and needs (ACL, 2016; McGee & Urban, 2021). APS provides or facilitates connections to a range of services, such as case management, financial assistance and management, in-home caregiving, meeting basic needs (e.g., food, clothing, hygiene), transportation, medical care, mental health services, civil and criminal legal services, and housing (ACL, 2016; McGee & Urban, 2021).

There are a variety of barriers associated with providing and accessing APS services. For providers, services for older adults vary by community; APS providers have high caseloads; and systems lack standards for cross-system collaboration (ACL, 2020; Conrad et al., 2021; Fearing et al., 2017; MacNeil et al.,



APS REPORTS, INVESTIGATIONS, AND SERVICES IN 2020

- **1,327,019** referrals for elder abuse.
- **775,870** total investigations.
- **258,389** substantiated investigations.
- **52.7%** of individuals who experienced elder abuse received APS services.

(McGee & Urban, 2021)

2024). APS jurisdiction is limited in that APS lacks the authority to intervene if an individual does not consent to an investigation or receiving services (Burnes et al., 2022; Martinez et al., 2022). Services provided by APS are typically short term (e.g., ending after crisis response, ensuring safety, or investigation is completed), even though individuals who have experienced elder abuse often need long-term services (Burnes et al., 2022; MacNeil et al., 2024).

3.2 GAPS IN VICTIM SERVICES

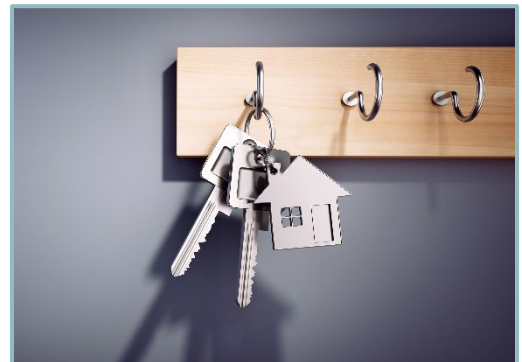
Existing research consistently identifies basic needs, housing, medical care, legal assistance, and financial services as some of the biggest gaps in victim services across all age groups and regions (Bergeron-Smith et al., 2022; Livingston & Reback, 2016; Lowry et al., 2016; Pennsylvania Commission on Crime and Delinquency, 2018; Vasquez & Houston-Kolnik, 2017). We discuss the challenges specific to older adults below.

BASIC NEEDS

Regardless of age, many people who have experienced crime struggle to meet basic needs like food, shelter, and medical care. This makes it difficult to seek other services (Lowry et al., 2015; Lowry et al., 2016; Vasquez & Houston-Kolnik, 2017; Wisconsin Department of Justice Office of Crime Victim Services, 2021). Olomi et al. (2019) interviewed individuals who formally reported elder abuse and found that in the previous 3 months, 76% of participants used medical services, 73% used legal services, and 42% used mental health services. Most participants needed more help. For many participants, food was unaffordable, not covered by food stamps, and meals provided through charity services were not considered nutritious.

HOUSING

Individuals who have experienced crime may need a wide range of housing services, including emergency shelter 30 to 60 days after victimization, transitional housing for 6 months to 2 years while trying to secure permanent housing, and long-term permanent housing. There often are not enough available or affordable housing options and long waiting lists. It is often necessary to travel long distances to find a shelter, which takes people farther away from their support systems and jobs (Bergeron-Smith et al., 2022; Lowry et al., 2016; Olomi et al., 2019; Vasquez & Houston-Kolnik, 2017).



Individuals who have experienced elder abuse face additional challenges when trying to access housing. Typical housing programs often cannot accommodate older adults' physical and cognitive health needs (Smucker et al., 2023; Vasquez & Houston-Kolnik, 2017). For example, some older adults require assistance with their activities of daily living (eating, dressing, bathing, and toileting) that shelters or other temporary housing are not equipped to provide (Falk & Hoffman, 2014; Purser, 2017; Smucker et al., 2023). Temporary housing is often noisy, active, and inaccessible for individuals with mobility issues (e.g., due to a wheelchair or walker). This creates an environment that some older adults find uncomfortable (Vasquez & Houston-Kolnik, 2017). Individuals with cognitive impairment may not have the capacity to sign themselves into a shelter or other temporary housing facility (Breckman & Caccamise, 2016), and some shelters may not accept individuals who are unable to provide consent for services provided through the shelter (Smucker et al., 2023). Assisted living facilities or nursing homes provide the necessary care for adults who require assistance with activities of daily living but are very expensive, have long waiting lists (Breckman & Caccamise, 2016), and are undesirable for many older adults (Smucker et al., 2023).

Though not widespread, limited housing programs that serve older adults who have experienced elder abuse are designed to separately house this population and provide them with specialized services (Weinberg Center for Elder Justice, 2019). Most elder abuse shelters are located within senior living facilities or nursing homes but offer additional services to older adults who have experienced elder abuse. Elder abuse shelters are equipped with a multidisciplinary team of professionals to address their legal, medical, therapeutic, and social needs (Charles E. Smith Life Communities, 2014; Smucker et al., 2023; Weinberg Center for Elder Justice, 2019).

BEHAVIORAL HEALTH

Many individuals who have experienced crime have physical, mental, and behavioral health needs, regardless of age (Bergeron-Smith et al., 2022; High et al., 2022; Livingston & Reback, 2016). Physical, mental, and behavioral health challenges may increase their vulnerability to elder abuse (Storey, 2020). Medical care may be needed to treat injuries related to elder abuse, but many individuals who have experienced elder abuse reported poor interaction and communication with their medical care provider (Olomi et al., 2019). For example, many older adults feel that their medical care providers do not treat them with compassion, respect, or dignity; provide updates on medical care; return phone calls; or communicate with other providers about treatment plans.



The availability of Sexual Assault Nurse Examiners (SANE) is a service gap in many states (Vasquez & Houston-Kolnik, 2017), and it is unclear how many SANEs receive additional training for elder abuse. Key differences in providing care to older individuals who have experienced sexual abuse include knowledge of mandatory reporting requirements and community resources, capacity assessments, when an older adult

can or cannot consent to an exam, differences in assessment needs for older adults, and how to work through challenges associated with powers of attorney (Du Mont et al., 2016).

Victim service needs assessments consistently identify mental health services as a gap across age groups (e.g., Bergeron-Smith et al., 2022; High et al., 2022; Lowry et al., 2016; Interdisciplinary Center for Research on Violence, 2021; Vasquez & Houston-Kolnik, 2017). Dementia is a risk factor for elder abuse, and individuals who experience dementia often have symptoms that overlap with elder abuse, which can make elder abuse difficult to identify (Dong et al., 2014). Service providers may have to conduct capacity screenings to determine whether a client can make decisions, which includes understanding the information presented and the impacts of the decision, thinking critically about different options, and clearly articulating their decision (NCEA, 2023a). The results of a capacity assessment determine how service providers engage in case planning (NCEA, 2023b).

Service providers may struggle with conducting capacity assessments due to a lack of training, knowledge about dementia, and concerns about what to do if the person does not have the capacity to make important decisions (NCEA, 2023b; Wood et al., 2020). Individuals with physical (e.g., inability to walk) or cognitive (e.g., dementia, memory loss, confusion) impairment may be highly dependent on caregivers, more socially isolated, and unable to recognize unsafe or potentially abusive situations, avoid abuse, or report abuse (Storey, 2020).

LEGAL SERVICES

Civil legal services are often identified as a gap for individuals of all ages who have experienced crime. Civil legal services include but are not limited to safety (e.g., protection orders, restraining orders), housing (e.g., landlord-tenant disputes, eviction), family law (e.g., guardianship), court accompaniment, and assistance with legal system navigation (Center for Advocacy for the Rights and Interests of Elders, n.d.; Bergeron-Smith et al., 2022; Lowry et al., 2019; Interdisciplinary Center for Research on Violence, 2021). Overarching challenges in accessing and obtaining legal services across age groups include the lack of awareness of available services, affordability, meeting eligibility criteria (e.g., income requirements), and lack of availability of services for specific legal needs (Lowry et al., 2019; Erhard-Dietzel et al., 2017).



Some individuals who have experienced elder abuse may require specific legal services to meet their needs concerning guardianship and dependence on caregivers (Vasquez, 2017). Older adults with diminished capacity may have limited decision-making power due to someone (often a family member) having guardianship or power of attorney, allowing them to manage legal and financial decisions for an older adult (Nursing Home Abuse Justice, 2020). This makes older adults vulnerable to abuse of power (Nursing Home Abuse Justice, 2020).

Many older adults who have experienced financial exploitation have complex legal needs, from reporting the crime to financial institutions or contacting financial institutions to settle problems resulting from the exploitation (Vasquez, 2017). Legal advocates and attorneys can assist this population in obtaining documentation and filing disputes after experiencing financial exploitation. Other legal services include assessing the value of stolen property and assets, arranging insurance coverage, and clearing an individual's credit history after financial exploitation (Griffin et al., 2017).

Some District Attorney's Offices across the United States have specialized Elder Protection Units designed to prosecute elder abuse cases and help serve individuals who have experienced elder abuse. Little information is available about the day-to-day activities of these units and the roles of staff, except that staff are trained to work with older adults and collaborate across systems (Plymouth County District Attorney's Office, n.d.; Sonoma County District Attorney's Office, n.d.).

FINANCES

Services for individuals who have experienced financial exploitation and fraud are another gap spanning across age groups (Livingston & Reback, 2016; Lowry et al., 2016). Older adults are at higher risk than other age groups of being targeted for financial fraud (Shao et al., 2019) and, after initial victimization, are more likely to be re-victimized than younger age groups (DeLiema et al., 2024). The negative psychological and emotional impacts of experiencing fraud can further increase older adults' vulnerability to elder abuse (Shang et al., 2022); thus, individuals who have experienced elder financial fraud need services that address their unique needs to prevent the cyclical nature of victimization (Burnett et al., 2016).

Individuals who have experienced financial exploitation or fraud need immediate support (e.g., financial planning, financial assistance to recuperate losses, help with reporting and documentation) (Consumer Financial Protection Bureau, 2022; Financial Industry Regulatory Authority & National Center for Victims of Crime, 2021) and longer-term support (e.g., mental health, peer supports, and family mediation) (Cross, 2016; Lavery et al., 2020; Bagshaw et al., 2015; Martin & Roberts, 2021). Financial planning can be a beneficial prevention strategy for older adults, as they can determine who and how others (e.g., family members) will have control of their decisions in cases of diminished decision-making capacity in later life (NCEA, 2023a).

"Financial scams target older adults' vulnerabilities, including social isolation and lack of fraud awareness."

Another key need for older adults is education on financial exploitation and fraud. Financial scams target older adults' vulnerabilities, including social isolation and lack of fraud awareness (Shao et al., 2019). Research on APS workers' experiences working with older adults who have experienced scams found that 2 in 3 cases were influenced by decision-making deficits on the part of the older adult (Lichtenberg et

al., 2024). Financial education programs are designed to increase older adults' awareness of fraud, common scams, and exploitation that they may encounter online, in the mail, through phone calls, or among family members (Consumer Financial Protection Bureau & Federal Deposit Insurance Corporation,

2021; Lichtenberg et al., 2019). Evidence on the effectiveness of these educational programs in preventing financial exploitation or fraud is generally lacking. However, some studies suggest these programs can help participants identify and avoid potential fraud (e.g., Burke et al., 2021), as well as improve outcomes after exploitation (Lichtenberg et al., 2019).

Navigating family dynamics is one of the biggest barriers to providing services for financial exploitation because family members are often the perpetrators of financial exploitation (Weissberger et al., 2019). Many older adults who experience financial exploitation do not report the crime because they do not want to harm family relationships (Acierno et al., 2020), do not recognize a financially exploitative relationship, may not be able to remember details about financial transactions, have difficulty determining whether a financial transaction was exploitative or legitimate, do not believe that reporting will lead to financial recovery (Consumer Financial Protection Bureau, 2022), or are afraid they will be blamed for the exploitation (DeLiema et al., 2021). Law enforcement may not investigate a case involving family members because they believe the actions are civil (not criminal) or the loss is not considered high enough to warrant spending the resources on a full investigation (Consumer Financial Protection Bureau, 2022).

It is easier to recover money stolen digitally (e.g., through a credit or debit card) and when the perpetrator lives in the same state (Consumer Financial Protection Bureau, 2022). It is often more difficult to recover finances when the exploitation crosses borders between states or countries because APS and local law enforcement do not have the resources or jurisdiction to pursue an investigation (Consumer Financial Protection Bureau, 2022). Even at the state level, statutes addressing financial exploitation are vague and provide limited or confusing definitions of exploitation (Zhang et al., 2023). This makes it difficult for individuals who have experienced exploitation to pursue criminal and civil protections (Zhang et al., 2023).

Many individuals who experience financial exploitation are unable to recover all stolen assets through restitution because perpetrators often make small monthly payments or stop making payments before paying off the debt, resulting in only partial repayment (Consumer Financial Protection Bureau, 2022; Financial Industry Regulatory Authority & National Center for Victims of Crime, 2021). Lengthy and confusing procedures required by courts and financial institutions can be burdensome and overwhelming for individuals seeking financial recovery, and many claims are denied (Consumer Financial Protection Bureau, 2022;

DeLiema et al., 2021). Recovering stolen assets often takes a great deal of follow-up to navigate multiple systems, and many individuals who have experienced financial exploitation do not have the money to hire an attorney or collections agency (Consumer Financial Protection Bureau, 2022; Deane, 2018). Individuals who have experienced exploitation may also be hesitant or unwilling to fill out the paperwork necessary for recovery because they are afraid of being scammed again (Consumer Financial Protection Bureau, 2022).

"Recovering stolen assets often takes a great deal of follow-up to navigate multiple systems, and many individuals who have experienced financial exploitation do not have the money to hire an attorney or collections agency."

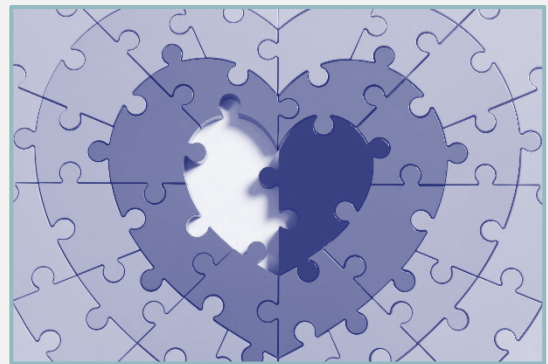
Additionally, cases of financial exploitation are challenging for law enforcement to pursue when the organization does not have access to a forensic accountant to provide the expertise or software needed to analyze complex financial data (Dauenhauer et al., 2020; Ulrey, 2016). Organizations with access to forensic accountants consider them assets in building, analyzing, and pursuing cases; however, the field of elder forensic accounting is small, and jurisdictions lacking monetary resources may not have access to this type of expertise (Dauenhauer et al., 2020).

3.3 BARRIERS TO SERVICE PROVISION

BARRIERS TO MULTIDISCIPLINARY COLLABORATION

Lack of coordination and communication between elder justice professionals can lead to duplication of efforts, gaps in services, conflicting recommendations, and unused resources (Breckman et al., 2020; Jackson, 2016). There are various sectors and systems involved in the response to elder abuse; thus, collaborative and coordinated responses are recommended to understand and serve the multifaceted needs of individuals who have experienced elder abuse (Breckman et al., 2020; National Clearinghouse on Abuse in Later Life [NCALL], 2023a; Van Royen et al., 2020). To streamline these efforts, service providers often collaborate and coordinate through multidisciplinary teams (MDT).

MDTs serve several populations who have experienced different types of specific crimes (e.g., elder abuse, child abuse, domestic violence, sexual assault) and are strongly recommended for elder abuse cases due to the population's interaction across multiple sectors, systems, and organizations (Breckman et al., 2020). Elder abuse MDTs comprise members from professions such as law enforcement; Adult Protective Services (APS); aging specialists (e.g., geriatricians); social work; medical care; and victim, legal, and financial services (Anetzberger, 2017; Jackson, 2016). MDTs work across sectors and systems to streamline care and more efficiently serve clients (Anetzberger, 2017). There are a variety of ways communities form MDTs.



IMPORTANCE OF COLLABORATION IN CASES OF ELDER ABUSE

- Understand a wraparound view of an individual's needs.
- Increase providers' knowledge of services in their area (and recognize gaps).
- Recognize and refer to multimodal interventions that account for older adults' unique circumstances.
- Avoid service duplication.
- Save resources.
- Promote prosecution.

(Keilitz et al., 2012; NCALL, 2023a)

TYPES OF Elder Justice Networks	
Enhanced Multidisciplinary Teams	Can be local, statewide, or regional and includes specialists in elder care and/or abuse, such as geriatricians, neuropsychologists, geriatric psychiatrists, forensic accountants, and civil attorneys (Breckman et al., 2020; Dauenhauer et al., 2020; New York State Office of Aging, n.d.).
Elder Justice Coalitions	Statewide or tribal groups of multidisciplinary partners working to improve the identification, prevention, and response to elder abuse (National Center for State and Tribal Elder Justice Coalitions, 2023). In Fiscal Year 2022, the Office for Victims of Crime funded the National Center for State and Tribal Elder Justice Coalitions to lead a consortium of elder justice organizations and specialists to support the development of statewide and tribal elder justice coalitions, provide training and technical assistance to coalitions, and house resources about elder justice.
Triads	Law enforcement agencies, community-based organizations, and older adult volunteers collaborate to provide services (including peer support), educate older adults about elder abuse, and conduct outreach (e.g., through print media, presentations, events, public service announcements) at the local, state, or regional level (National Association of Triads, 2018).
Elder Justice Centers	Provides direct services for individuals who have experienced elder abuse (e.g., legal, system navigation, referrals, safety planning), training and technical assistance to providers, and education to the public on elder abuse (Alabama Department of Veteran Affairs, n.d.; Center of Excellence on Elder Abuse & Neglect, n.d.; Minnesota Elder Justice Center, n.d.).
Family Justice Centers	Provide multidisciplinary services to individuals who have experienced many types of crime (including elder abuse) in one place (Family Justice Center Alliance, n.d.).

Elder abuse MDTs experience a variety of barriers to collaboration. For example, MDTs are difficult to develop and implement because they are so complex (Jackson, 2016). Partnering organizations have different structures; philosophies that drive their work, language, and policies; and procedures that can be difficult to navigate as a group (Jackson, 2016). As a result, MDTs need strong leadership to champion the effort, advocate for political and systematic change, and obtain buy-in from key partners (Jackson, 2016). MDTs also frequently lack the necessary funding to operate and partners with the time to fully engage in the MDT (Galdamez et al., 2018; National Association of Triads, 2018; NCEA, 2023a).

Individuals participating in the MDT may be confused about their role (Jackson, 2016), not fully understand how to identify cases for MDTs without specific referral criteria and structured case review processes (Breckman et al., 2020), distrust each other, and experience conflict when collaborating on cases (Jackson, 2016). Many service providers fear their workload will increase as members of the MDT, although

there is evidence that better coordination across systems leads to reductions in caseloads (Breckman et al., 2020). MDT members also experience barriers to sharing case information due to confidentiality laws (Breckman et al., 2020; Jackson, 2016; Van Royen et al., 2020). More research is needed on the effectiveness of MDTs for elder abuse, but some research demonstrates limited effectiveness in mitigating the recurrence of victimization (Maxwell et al., 2023).

LACK OF EFFECTIVE SCREENING

Effectively screening older adults for elder abuse is a best practice but is challenging for many service providers (Burnes et al., 2022; National Clearinghouse on Abuse in Later Life, 2023a; Van Royen et al., 2020). There is currently no gold standard in terms of screening tools for elder abuse, although a variety of tools have been developed and tested (see the NCEA, 2023a for a review of screening tools). A gold standard screening tool is difficult to develop due to varying legal definitions of elder abuse by state, the presence of cognitive impairment in some older adults, and the overlap between indicators of abuse and health issues (Van Royen et al., 2020). Providers use different screening tools for individuals with and without cognitive impairment (Beach et al., 2016), and it may be beneficial to use a combination of tools, observation, and data to screen for elder abuse (Van Royen et al., 2020).

Most screening tools for elder abuse were developed for use in medical care settings (NCEA, 2016), which may be difficult to use in victim service settings. Many providers are unsure which tool and measures to use, how to implement the screening (Beach et al., 2016), and what to do if a screening indicates elder abuse is occurring (e.g., mandatory reporting requirements, referral protocols) (Van Royen et al., 2020). Medical care and other service providers report additional screening barriers such as time constraints, lack of knowledge necessary to conduct an effective screening, and lack of comfort with conducting screenings (Beach et al., 2016; NCEA, 2016).

LACK OF ACCESSIBILITY

Older adults experience a variety of logistical barriers to accessing services. Simply entering a building, using restrooms, or reaching specific floors or offices can be challenging for older adults with impaired mobility (e.g., due to using a wheelchair or walker) (Brandl, 2016). Service providers may not be equipped to offer services to individuals with impaired hearing or vision (Breckman & Caccamise, 2016). As older adults face physical challenges (e.g., mobility, vision, hearing), transportation options become more limited (Lin & Cui, 2021). Older adults who cannot drive or walk long distances need transportation to services, particularly in rural areas that lack reliable public transportation (Breckman & Caccamise, 2016; Olomi et al., 2019). The lack of victim services in rural areas is a barrier for people of all ages but is particularly challenging for those who have experienced elder abuse due to social isolation and difficulty accessing services (Peitz, 2020; Vasquez & Houston-Kolnik, 2017).

Virtual visits for medical care and victim services became more prevalent during and after the COVID-19 pandemic. However, many older adults are not able to attend virtual office visits because they are not comfortable using technology or do not have a computer, internet, or a smartphone. Safety is also an issue for virtual visits with individuals who may be experiencing elder abuse because it is very difficult to ensure the individual is alone. This may prevent individuals who are experiencing elder abuse from disclosing or put them at risk for further abuse (Makaroun et al., 2020).

LACK OF A PERSON-CENTERED APPROACH

A person-centered approach ensures that the "experiences, needs, strengths, preferences, and goals" of the individual are considered throughout service delivery (ACL, 2023). Using a person-centered approach is critical for improving the quality of relationships between the client and the provider, which can then lead to improved outcomes (Burnes et al., 2022). Although person-centered services are recommended as a best practice, many service providers struggle to implement them when assisting individuals who have experienced elder abuse due to a lack of practical guidelines for implementing person-centered care (Burnes et al., 2022; Martinez et al., 2022).

Ageism ("how we think, feel, and act towards others based on age") (National Clearinghouse on Abuse in Later Life, 2021) can impact whether individuals detect abuse and how service providers respond (Burnett et al., 2014). For example, the term "sexual abuse" typically refers to sexual violence committed against children, older adults, and individuals with disabilities rather than "sexual assault" or "rape." This may indicate an ageist perspective that adults over age 60 do not experience sexual violence in the same way as adults under age 60, which can then have an impact on the type of services provided and the success of those services (Bows, 2017).

Service providers may assume indicators of physical abuse are the result of aging (Burnett et al., 2014), fail to ask older adults what they consider to be a successful outcome (Burnes et al., 2018), and make decisions or develop a service plan that goes against the wishes of the individual who has experienced elder abuse (Lachs et al., 2021) as a result of ageism. Older adults may feel that a suggested intervention will make their situation worse rather than better (e.g., living in a nursing home rather than at home) (Martinez et al., 2022).

An individual's traditions, beliefs, and experiences may impact how they perceive elder abuse and accept and receive services (Burnes et al., 2022). For example, some older adults consider their experience with abuse to be "private" or a "family matter" (DeLiema et al., 2015; Fraga Dominguez et al., 2021a). Older adults may be more receptive to services that align with their traditions and beliefs (Burnes et al., 2022).

Many individuals who have experienced crime report a lack of services for individuals who speak languages other than English (Bergeron-Smith et al., 2022; Livingston & Reback, 2016; Lowry et al., 2016). Language barriers may prevent individuals who are experiencing elder abuse from learning about available services and accessing services (e.g., if an interpreter or bilingual staff member is not available) (Gillespie et al., 2021). Language is also important when discussing elder abuse in different contexts, and service providers should use "words and concepts that are valued by the community" (Litton & Ybanez, 2015, p. 7). Some

words or phrases may be considered confusing, negative, or judgmental and may lead to miscommunication when individuals discuss their experiences with elder abuse with service providers (Litton & Ybanez, 2015).

LACK OF AWARENESS

There are barriers associated with a lack of awareness. Some older adults may not be aware of what elder abuse is or that they are experiencing elder abuse. Others may be aware of elder abuse but not identify specific behaviors as abuse or as someone who is experiencing elder abuse (Fraga Dominguez et al., 2021a). Older adults with cognitive impairment (e.g., dementia, Alzheimer's, memory loss) may have trouble remembering that abuse occurred or the details of what happened (Bows, 2017; Fraga Dominguez et al., 2021a). Someone simply may not notice that non-physical abuse is occurring (e.g., financial exploitation) (Kilaberia et al., 2023).

Service providers unfamiliar with resources for elder abuse in their local service area may be unable to make appropriate referrals (Yonashiro-Cho et al., 2017), and older adults may be unaware that services exist (Olomi et al., 2019). For example, outreach about victim services often is not tailored to the needs of older adults. Service providers can improve their outreach to older adults by including images of older adults on outreach materials, increasing the readability of outreach materials (e.g., font size, colors, graphics), or using language that describes abusive behavior rather than using the word "abused" (NCALL, 2023b). In some cases, caregivers or family members restrict access to information about services (Pennsylvania Commission on Crime and Delinquency, 2018) or prevent access to services (Olomi et al., 2019).

Older adults who are socially isolated and lack social support are less likely to experience social interaction that leads to the detection of elder abuse, have less knowledge regarding available services, and are less likely to receive services (Burnes et al., 2018; Fraga Dominguez et al., 2021b; Yunus et al., 2021). Social support (e.g., friends, family, neighbors) or the presence of someone willing to intervene when elder abuse occurs (Burnes et al., 2018) may help facilitate awareness of and access to services. However, individuals who want to help someone experiencing elder abuse may experience barriers such as the lack of awareness of services, feeling helpless, fear of damaging relationships or making a wrongful accusation, or the individual refusing help or services (Fraga Dominguez et al., 2021b).

FEAR

Many individuals who have experienced elder abuse are reluctant to report their experiences or access services. Fear of perpetrator retaliation; feelings of guilt, shame, embarrassment, being viewed as weak, or low self-confidence; and the desire to protect a caregiver or family member may discourage individuals who have experienced elder abuse from accessing services (Bows, 2017; DeLiema et al., 2015; Fraga Dominguez et al., 2021a; NCALL, 2023c; Olomi et al., 2019; Smith & Hope, 2020). Others may not have the

documentation necessary to prove that elder abuse has occurred and may be unwilling to take the risk of reporting or accessing services (DeLiema et al., 2015). Many older adults are afraid of the consequences of reporting or seeking services for elder abuse, such as losing their independence and autonomy (e.g., being placed in residential care), ending relationships with family members, or the prosecution and possible incarceration of loved ones who were involved with the abuse (Burnes, 2017; Interdisciplinary Center for Research on Violence, 2021; NCALL, 2023c; Pennsylvania Commission on Crime and Delinquency, 2018; Smith & Hope, 2020).

Elder abuse is often underreported and ongoing and can escalate if left unaddressed (Acierno et al., 2020). Timely, responsive, and accessible victim services for individuals who experience elder abuse are critical for promoting recovery from and preventing re-victimization. This study provides much-needed data about the needs of individuals who have experienced elder abuse and the professionals who support them and proposes new strategies to address unmet needs.

4. METHODS

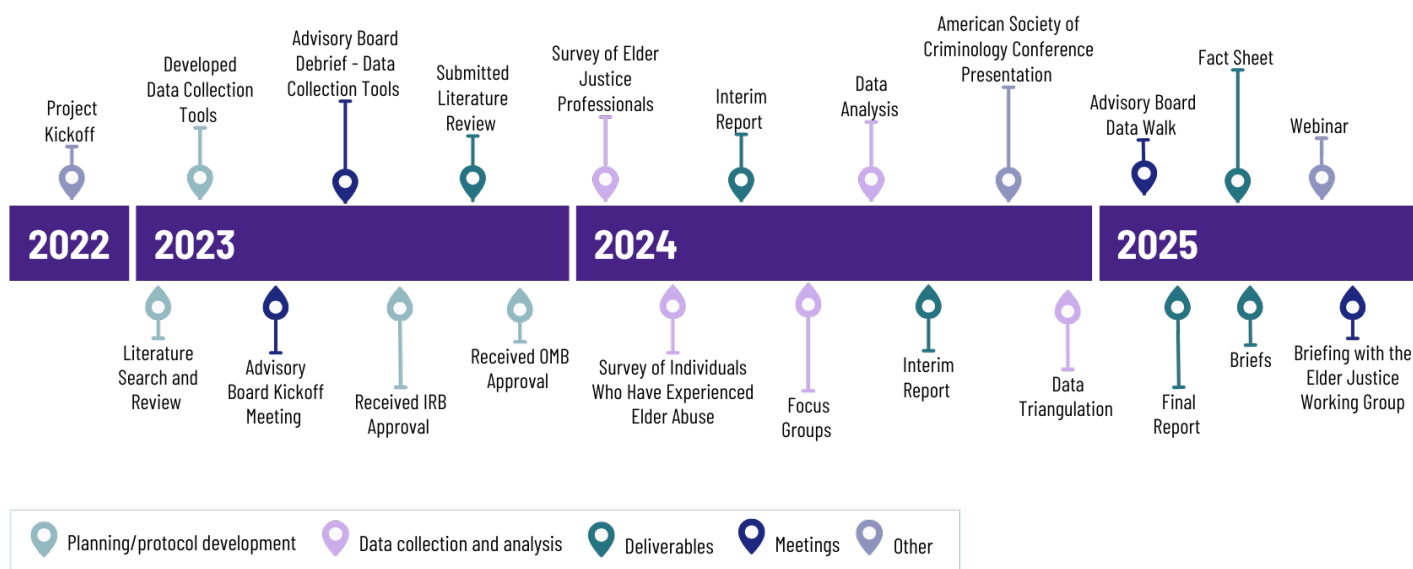
The National Elder Abuse Victim Services Needs Assessment Study used a mixed methods approach to understand the needs of individuals who have experienced elder abuse and the elder justice professionals who support them. The study used qualitative and quantitative data collected through surveys and focus groups to address four research questions.

RESEARCH QUESTIONS

1. What services do individuals who have experienced elder abuse currently access?
2. What are the gaps in services?
3. What are the challenges/barriers to accessing and providing services to individuals who have experienced elder abuse?
4. What capacity-building efforts and resources do elder justice professionals need to better support individuals who have experienced elder abuse?

ICF conducted the needs assessment between October 2022 and February 2025. We planned and prepared for data collection in Year 1 (2022–2023), collected and analyzed the data and began drafting the final deliverables in Year 2 (2024), and focused on reporting and dissemination in Year 3 (2025).

Figure 1: Research Timeline



4.1 ADVISORY BOARD

ICF convened an advisory board of subject matter experts and individuals who have experienced elder abuse. The advisory board supported the study by informing the study design and data collection tools, disseminating the National Survey of Elder Justice Professionals through their extensive networks, translating study findings, and disseminating study deliverables. The research team hosted a kickoff meeting in April 2023 to provide an overview of the project and study design, introduce the advisory board members to one another and the ICF team, and discuss upcoming tasks. The advisory board reviewed data collection tools and convened for a debrief in May 2023 to discuss feedback and potential tool edits. Between January and May 2024, advisory board members sent a link to the National Survey of Elder Justice Professionals through their listservs and frequent survey reminders to help boost response rates. In January 2025, ICF led a data walk to share findings with the advisory board, explore feedback, and discuss the potential implications of the findings.



ADVISORY BOARD MEMBERS

- **Debbie Deem**, Retired Victim Specialist at the Federal Bureau of Investigation
- **Hilary Dalin**, Director of the Office of Elder Justice and Adult Protective Services-Administration for Community Living
- **Jennifer Spoeri**, Executive Director of National Adult Protective Services Association
- **Lori McGee**, Director of the National Elder Fraud Hotline
- **Lori Smetanka**, Executive Director of the National Consumer Voice for Quality Long-Term Care
- **Traci Wilson**, Director of Research at USAging
- **Elle Stockton**, Lived Experience Expert
- Family member of a survivor of elder abuse

4.2 DATA COLLECTION

This study included a National Survey of Elder Justice Professionals, a National Survey of Individuals Who Have Experienced Elder Abuse, and focus groups with elder justice professionals and individuals who have experienced elder abuse. The purpose of the surveys and focus groups was to better understand (1) services available for individuals who have experienced elder abuse, (2) gaps in services, and (3) the needs of individuals who experience elder abuse and the professionals who support them. ICF received approval from the Institutional Review Board in July 2023 and the Office of Management and Budget in October 2023 before data collection.

NATIONAL SURVEYS

INSTRUMENT DEVELOPMENT

National Survey of Elder Justice Professionals: This 20-minute survey instrument consisted of multiple-choice, Likert scale, and open-ended questions that collected information on nine domains: (1) demographics, (2) types of services provided, (3) current capacity and service delivery, (4) challenges and barriers to service delivery and seeking help, (5) service gaps and needs, (6) capacity building and training needs, (7) multidisciplinary collaboration, (8) outreach and awareness, and (9) future directions. The research team used existing survey instruments for state-based victim service needs assessments as a foundation and tailored the survey for elder abuse in collaboration with the advisory board.

National Survey of Individuals Who Have Experienced Elder Abuse: This 10-minute survey instrument included multiple-choice, Likert scale, and open-ended questions to gather information on eight domains: (1) demographics, (2) types of abuse experienced, (3) how the individuals learned about available services, (4) types of services accessed, (5) perceptions of the most helpful services they received, (6) barriers to accessing services, (7) gaps in services, and (8) recommendations for improvement.

SAMPLING

A multistage sampling approach was deployed, beginning with purposive sampling. To create the initial sampling frame for the National Survey of Elder Justice Professionals, the team collaborated with EJI and the advisory board to identify a comprehensive list of national organizations and associations that provide services to individuals who have experienced elder abuse. The goal was to distribute the survey through their listservs. We used a snowball sampling approach to extend the survey reach and allow study participants to recruit other elder justice professionals by sharing the survey link and invitation to participate. This approach helped include professionals who may not have been on the initial list, ensuring a more comprehensive sample. To recruit participants for the National Survey of Individuals Who Have Experienced Elder Abuse, ICF used the sample of elder justice professionals recruited for the first version of the survey to, in turn, recruit individuals experiencing elder abuse as described under "Recruitment" below.

RECRUITMENT

National Survey of Elder Justice Professionals: We sent email templates with the survey link to Advisory Board members, federal victim service grant administrators, national victim service training and technical assistance centers, national victim service associations, coalitions, and multidisciplinary teams to share with their professional networks via their listservs. This approach leveraged large victim service networks to reach a broad audience. The team also emailed the survey link directly to elder justice professionals identified through an internet search. Any individual who provided services to individuals who have experienced elder abuse was eligible to participate in the survey. This includes staff at nonprofit victim service organizations; law enforcement-based, prosecutor-based, and government-affiliated-victim service agencies; APS; Area Agencies on Aging (AAA); coalitions; task forces; and hotlines. Our goal was to

gather perspectives from individuals across various organization types, roles, and regions. At the end of the survey, participants were directed to a linked second survey asking whether they were interested in participating in a focus group and/or helping invite their clients to participate in the study. If the participant agreed, they were asked to provide their name and contact information. A research team member contacted participants who provided contact information.

National Survey of Individuals Who Have Experienced Elder Abuse: We sent recruitment packets to elder justice professionals who agreed to invite their clients to participate in the study when completing the National Survey of Elder Justice Professionals. These professionals shared study information with their clients and explored whether they would be interested in taking a survey and/or participating in a focus group. This approach leveraged the established networks of elder justice professionals to effectively reach and recruit eligible individuals for the study while prioritizing the physical and psychological safety of individuals who have experienced elder abuse. Individuals were eligible to participate if (1) they were age 60 or older, (2) experienced abuse, neglect, fraud, and/or financial exploitation, and (3) self-identified as being emotionally ready to participate in the study. Family members and friends who provided significant support as someone accessed services for elder abuse (e.g., due to physical or cognitive impairment) were also invited to take the survey.

Our goal was to gather perspectives from individuals across the United States who have experienced different types of elder abuse and accessed a wide range of victim services. However, we experienced significant challenges recruiting individuals who experienced elder abuse for the survey and focus groups. Although more than 300 elder justice professionals agreed to help recruit their clients to participate in the study, few could assist. Elder justice professionals are extremely busy and often have limited staff and resources, so, understandably, many professionals could not help with recruitment. Some elder justice professionals could not obtain approval from organizational leadership to refer their clients to the study. Many professionals believed that their clients were not emotionally ready to participate in the study or would not be able to participate safely (e.g., because they lived with their abuser). One organization served as a strong partner and referred many of their clients but had a very narrow focus on supporting individuals who have experienced scams. As a result, most study participants experienced fraud either solely or alongside other forms of abuse. Additionally, we received thousands of fraudulent responses after a partner disseminated the survey through their listserv. We developed a rigorous protocol to identify each fraudulent response.

SURVEY ADMINISTRATION

ICF administered both surveys online using Qualtrics (an encrypted web-based survey platform). Reminders were sent at increased frequency as the due date approached through the outlets described above, with reminders one week and one day before the deadline. Once the deadline had passed, the team conducted targeted outreach by email to increase response rates by region and organization type. Participants received a \$5 gift card for completing the National Survey of Individuals Who Have Experienced Elder Abuse.

FOCUS GROUPS

INSTRUMENT DEVELOPMENT

The goal of the focus groups with elder justice professionals and individuals who have experienced elder abuse was to complement both surveys by gathering detailed and contextual information through a semi-structured guide. In the focus groups with elder justice professionals, we explored their experiences in providing services to individuals who have experienced elder abuse. This included gaps in services, challenges and barriers to providing services, outreach and awareness of services, training and technical assistance needs, and recommendations for improvement. In the focus groups with individuals who have experienced elder abuse, we explored their experiences learning about and accessing services, gaps in services and unmet needs, and recommendations for service improvement.

DATA COLLECTION PROCEDURES

The sampling and recruitment procedures mirrored those used for the national surveys. We recruited elder justice professionals through the national survey and individuals who have experienced elder abuse through elder justice professionals (as described above).

Elder justice professionals were grouped into focus groups by U.S. Census region (West, Northeast, South, and Midwest) and by organization type, including federal, financial exploitation and fraud, APS, legal, AAA, victim services, and medical care organizations. A total of 156 elder justice professionals participated in 34 focus groups. Out of 34 focus groups, 13 focused on professionals from victim service organizations, 6 from legal service organizations, 6 from APS, 5 from AAA, 1 from medical care organizations, and 2 from federal agencies with expertise in elder justice. One focus group included professionals with expertise in providing services for fraud. This mix of organization types ensured a wide range of perspectives, facilitating comprehensive discussions on the service needs, gaps, training, technical assistance needs, and the challenges they face in supporting individuals who have experienced elder abuse.

Individuals who have experienced elder abuse were grouped into focus groups by time zone and time of day they were available. There were 57 participants in 11 focus groups, with an average of five participants per group. Out of the 11 focus groups, 10 included individuals who have experienced elder abuse, and one group consisted of caregivers of individuals who had experienced elder abuse.

The research team conducted 60- to 90-minute virtual focus groups using Zoom (an online communication platform). Each focus group was led by one of two facilitators, both victim service providers and experts in conducting focus groups. A research staff member served as a notetaker. All participants provided verbal consent before the focus groups began. Participants could join the focus group anonymously using their camera, audio, or chat features. The goal was to allow participants to join the group in a way that was flexible and most comfortable for them. The chat feature was configured to be one-way only, preventing participants from having private conversations that the facilitator could not oversee. The focus groups were recorded and transcribed, and all recordings were securely stored to protect participants' privacy. To show appreciation for their valuable time and contributions, each participant received a \$30 gift card (excluding government employees).

4.3 DATA ANALYSIS

QUANTITATIVE DATA ANALYSIS

The research team used a systematic approach to analyze the quantitative data collected through the two surveys. The team downloaded the survey data from Qualtrics into SPSS statistical software package for analysis. The data underwent a thorough cleaning process to identify and address any inconsistencies, missing values, or outliers. The team reviewed all specified responses to the “Not listed, please specify” options in all closed-ended questions and back-coded any responses into the appropriate categories (e.g., if an individual selected “Not listed, please specify” for their organization type but the organization type provided matched a category in the closed-ended list). The team also condensed Likert-scale agreement variables into dichotomous (agree/disagree) variables, when necessary, for use in bivariate analysis. We calculated descriptive statistics to provide an overview of the survey variables, assess missing data, explore data quality, and determine how to report findings. The team coded the open-ended survey questions using the same process described in the qualitative analysis section below.

INFERENCEAL STATISTICS

The team employed inferential statistical techniques to draw conclusions and make inferences about the larger population based on the survey sample. Chi-square tests of independence examined relationships and differences between groups. The team presented the significance of the adjusted standardized residuals, which indicated if the proportion of an organization reporting the outcome of interest (e.g., a certain barrier to service provision) was significantly larger (if positive) or smaller (if negative) than the proportion that would be expected if there was no relationship between the variables, using an adjusted standardized residual significance threshold of ± 1.96 .

Within each Chi-square test of independence, the team estimated proportions tests, which compare each possible pair within a group to determine whether there is a significant difference between one type of organization versus another. For example, when examining organization type, these analyses compare APS agencies’ responses to those of AAA agencies, then compare APS agencies’ responses to those of coalitions, and so forth for all possible combinations of pairs within organization type. When looking at organization location, proportions tests compare rural to urban, then rural to suburban, and then urban to

TYPES OF ORGANIZATIONS

- Adult protective services
- Area agency on aging
- Coalition
- Community-based organization
- Faith-based organization
- Family justice center
- Government-affiliated victim service organization
- Hotline/helpline
- Law enforcement-based victim service agency
- Legal service/assistance organization
- Prosecutor-based victim service agency
- Medical care organization
- Senior center
- Financial institution
- Other

suburban. When comparing proportions, such as the percentage of organizations that provide certain types of services, making many comparisons can increase the chance of false positives. To address this, we use a Bonferroni adjustment, which makes us more confident that any significant differences found are more likely to be genuine rather than due to random chance. We err on the side of caution and only report statistically significant results for the organization types with sufficient sample sizes.

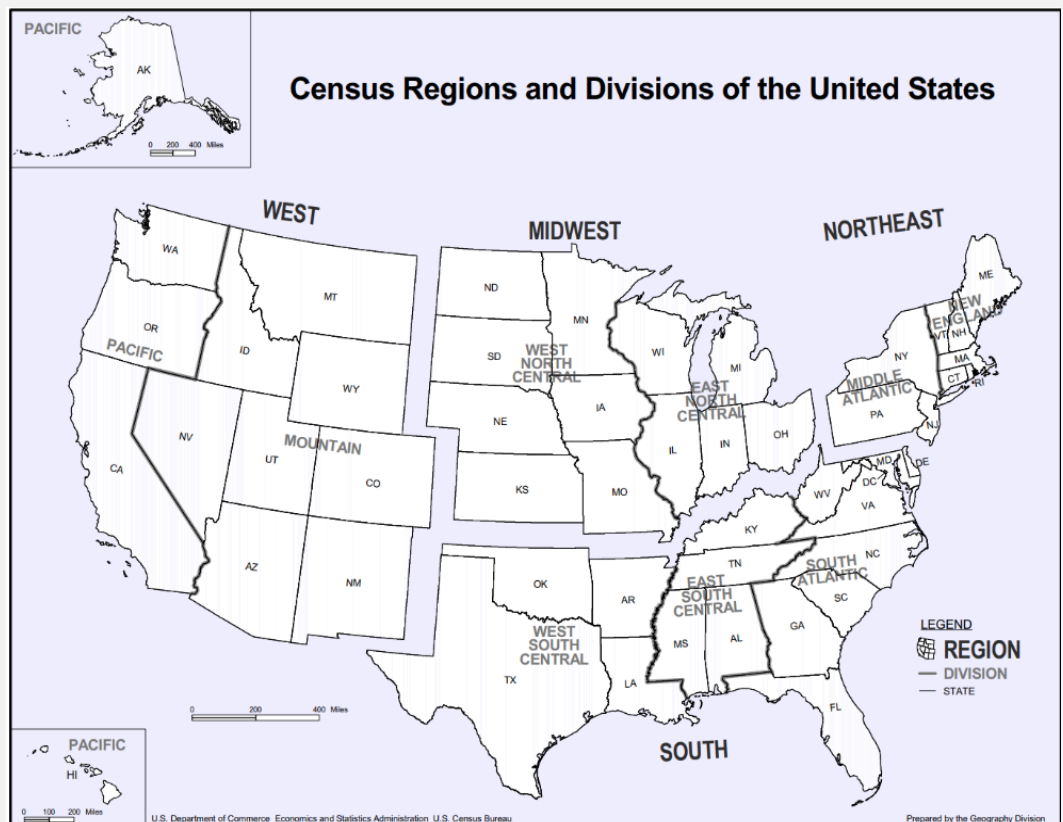
In the National Survey of Elder Justice Professionals, the team examined whether types of organizations providing services for elder abuse differed in:

- types of services they provide to individuals experiencing elder abuse;
- current capacity to provide services;
- perceived barriers to providing services;
- accommodations their organizations provide to individuals seeking services who may have physical, mental, or emotional conditions;
- perceived barriers preventing individuals from seeking services; and
- perceived service-related gaps for individuals who have experienced elder abuse in the area served by their organization.

In addition to examining differences by type of organization, the team also examined differences by organization's geographic location (rural, urban, or suburban) and region of the United States (Northeast, Midwest, South, West, or U.S. Territories). See Figure 2 for a description of the U.S. Census Regions.

Source: U.S. Department of Commerce Economics and Statistics Administration, U.S. Census Bureau

Figure 2: U.S. Census Regions and Divisions of the United States



QUALITATIVE DATA ANALYSIS

The team uploaded focus group transcripts to the qualitative software package ATLAS.ti 24 to manage and code the data. We used a thematic analysis approach to code and analyze focus group transcripts and open-ended survey questions. One senior and one mid-level researcher developed two codebooks, one for feedback from elder justice professionals and one for individuals who have experienced elder abuse. We used deductive codes (based on the research questions and survey questions) and inductive codes (new codes based on emerging patterns in the data). Three researchers trained in qualitative analysis analyzed the focus group and open-ended survey data using the codebooks. This process involved systematically tagging text segments with relevant codes, allowing data to be organized into meaningful categories. Each researcher coded three transcripts to test the reliability of the codebook. We identified inconsistent code applications, duplicate codes, and unclear codes through team debriefs. We then refined the codebook and repeated the process to ensure consistent application of the codebook.

Output reports were generated for each code and subcode, providing a structured way to examine the data. The team employed thematic analysis to review the output reports. This involved identifying and interpreting key themes and patterns within the data. Relationships among the identified themes were also explored to provide a deeper understanding of the data. A comprehensive summary memo detailing the key themes and interrelationships among them was produced. This memo served as a foundational document for further analysis and reporting.

TRIANGULATION

The team triangulated the data to ensure a comprehensive understanding of the experiences and perspectives of elder justice professionals, individuals who have experienced elder abuse, and their families/friends. This method blended qualitative and quantitative data, enhancing the robustness and validity of the findings. The qualitative themes were compared with the quantitative findings to identify areas of convergence and divergence. This comparison helped validate the results and provided a more nuanced understanding of the data. Qualitative data added depth and context to the quantitative findings, explaining the underlying reasons behind observed trends and patterns. Conversely, quantitative data provided a broader context for qualitative insights, highlighting the prevalence and significance of certain issues. The research team conducted a data walk with the advisory board to explore their interpretation of and insights into the study findings. Triangulation allowed for cross-verification of data from different sources, increased the credibility of the findings, and strengthened the overall conclusions.

5. RESULTS

The results chapter begins by highlighting the characteristics of research participants across the two surveys (i.e., National Survey of Elder Justice Professionals and National Survey of Individuals Who Have Experienced Elder Abuse) and focus group types. The remainder of the chapter is organized to answer the four main research questions. We draw quantitative findings from the two surveys and incorporate additional qualitative insights from the focus groups and open-ended survey questions. It is important to note that we synthesized qualitative data from the open-ended survey responses and focus group responses, given the overlap in themes.

5.1 CHARACTERISTICS

This section presents the characteristics of research participants across the two surveys and focus group types. First, we present characteristics about the 1,658 participants who responded to the National Survey of Elder Justice Professionals, followed by the 154 elder justice professionals who participated in focus groups. Characteristics include information about their careers (e.g., years of experience, primary role) and current organization (e.g., organization service area, organizational type).

Next, we share characteristics about the 125 individuals who completed the National Survey of Individuals Who Have Experienced Elder Abuse, along with the 57 individuals who participated in the focus groups. We present demographic characteristics (e.g., age, race) and reason(s) for seeking services.



ELDER JUSTICE PROFESSIONALS

SURVEY PARTICIPANTS

A total of 1,658 individuals representing all 50 states and several U.S. territories completed the National Survey of Elder Justice Professionals (see Figure 3). Ohio had the most survey participants ($n = 143$; 9%), followed by California with 98 participants (6%).

Figure 3: Participation in the National Survey of Elder Justice Professionals by U.S. State and Territory

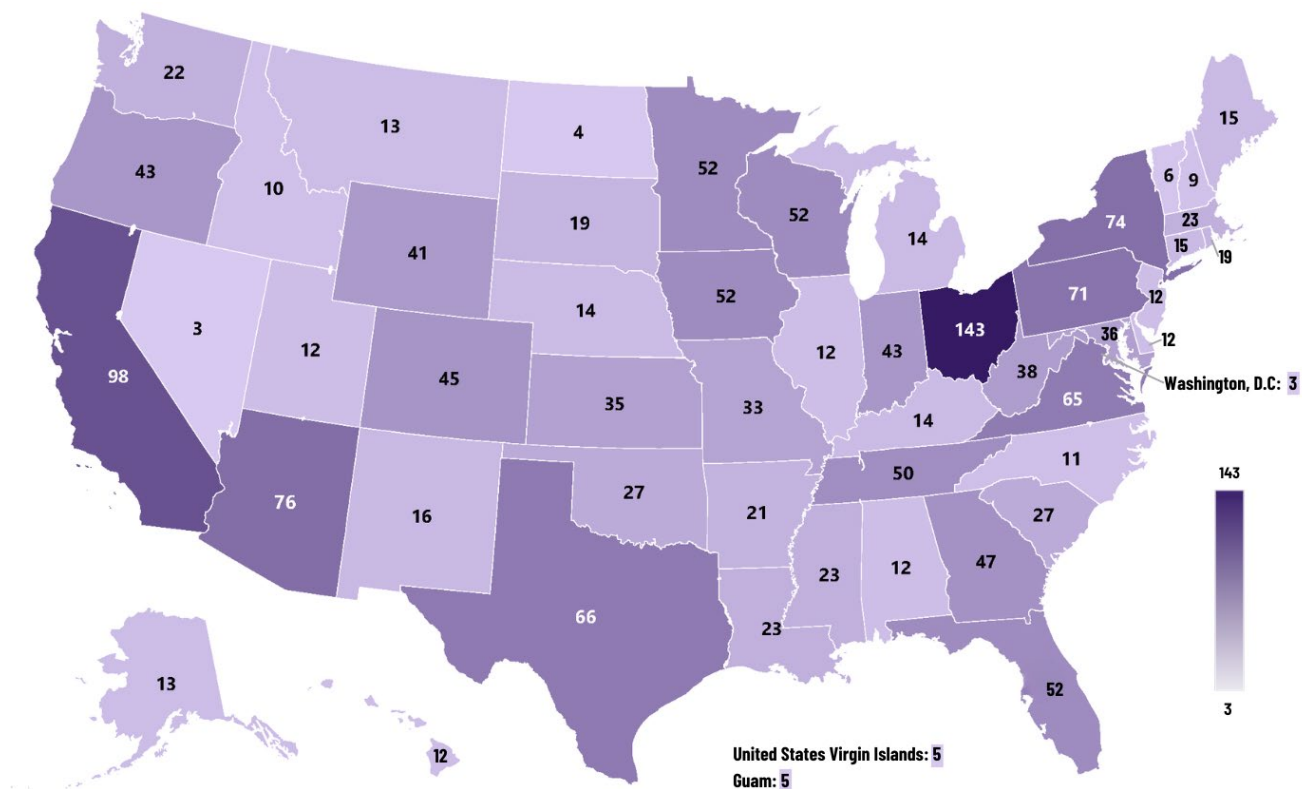
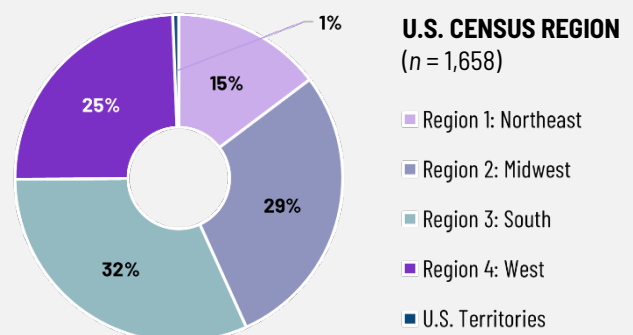


Figure 4: Participation of Elder Justice Professionals by U.S. Census Region

Figure 4 displays the geographic composition of elder justice professionals based on the U.S. Census Regions. Nearly one-third ($n = 524$; 32%) of participants represented the South, 29% ($n = 473$) represented the Midwest, 25% ($n = 407$) represented the West, 15% ($n = 244$) represented the Northeast, and the final 1% ($n = 10$) represented the U.S. Territories.



Participants were asked to indicate their primary role in their current position, with instructions to select all relevant options. As presented in Figure 5, more than half of participants ($n = 841$; 51%) indicated being management or administrative staff, followed by 32% ($n = 533$) advocate, and 20% ($n = 331$) direct service delivery or frontline staff.

When asked about the number of years of experience they had working with individuals ages 60 and older who have experienced elder abuse, more than half of participants ($n = 865$, 52%) reported having more than 10 years of experience.

Approximately 21% ($n = 345$) had 6 to 10 years of experience, 23% ($n = 382$) had 1 to 5 years of experience, and the remaining 4% ($n = 66$) had less than 1 year of experience (Figure 6).

Figure 5: Elder Justice Professional Primary Role

PRIMARY ROLE OF SURVEY RESPONDENTS ($n = 1,658$)

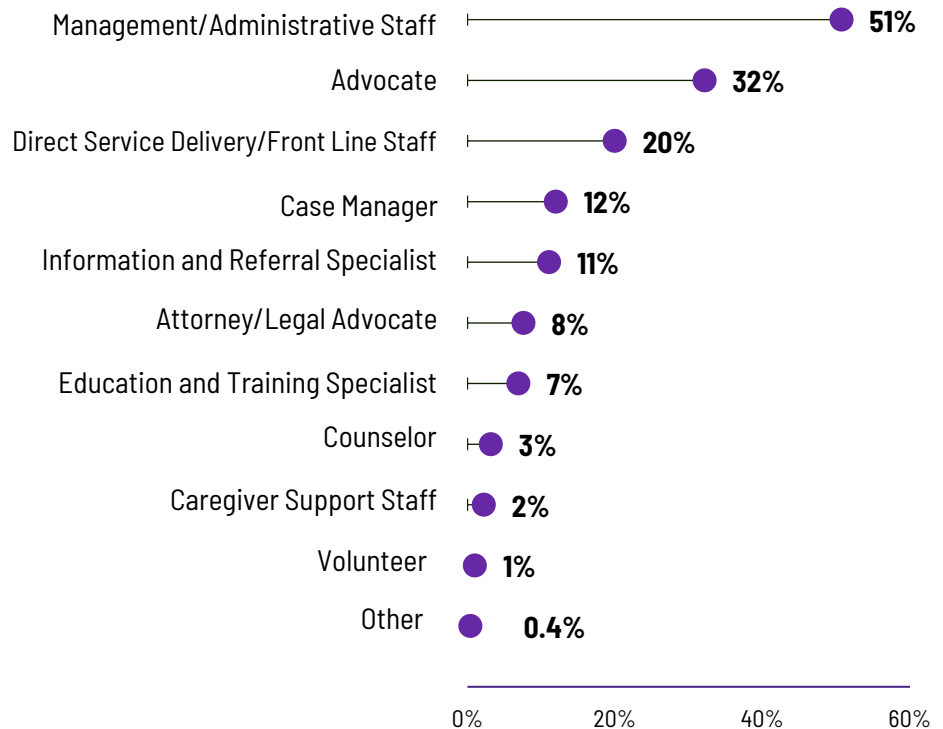
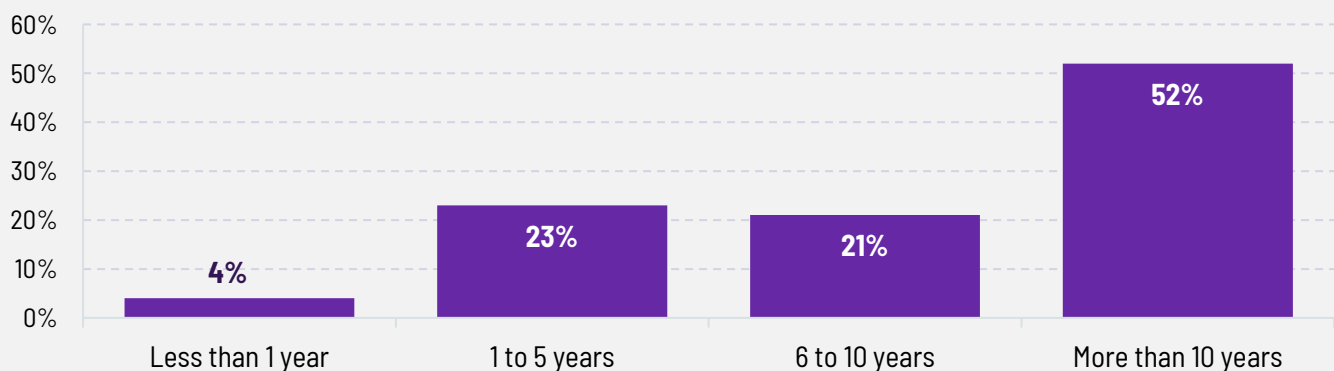


Figure 6: Elder Justice Professional Years of Experience

YEARS OF EXPERIENCE ($n = 1,658$)



Participants were also asked to provide additional information about their current organization, including organization type (Figure 7) and location of their organization (Figure 9). The most commonly selected organization type was community-based victim service organization, selected by 29% ($n = 483$) of elder justice professionals.

Figure 8 represents participants' organizational service area. More than one-third of participants ($n = 583$; 36%) indicated their organization's service area is countywide, followed by 28% ($n = 443$) noting a statewide service area, and 24% ($n = 391$) indicating a multi-county service area.

Moreover, 43% ($n = 715$) noted their organization is in a rural area, and 39% ($n = 639$) indicated it is in an urban area. The remaining 18% ($n = 293$) of participants worked in organizations located in suburban areas.

Figure 7: Elder Justice Professional Organization Type

ORGANIZATION TYPE ($n = 1,658$)

Community-based victim service organization	29%
Adult Protective Services	21%
Area Agency on Aging	15%
Prosecutor-based victim service agency	11%
Law enforcement-based victim service agency	7%
Government-affiliated victim service organization	5%
Legal service/assistance organization	4%
Medical care	3%
Senior center	2%
Coalition	1%
Family justice center	1%
Hotline/Helpline	1%
Faith-based victim service organization	1%
Financial institution	1%
Other	<1%

Figure 8: Elder Justice Professional Organizational Service Area

ORGANIZATIONAL SERVICE AREA ($n = 1,609$)

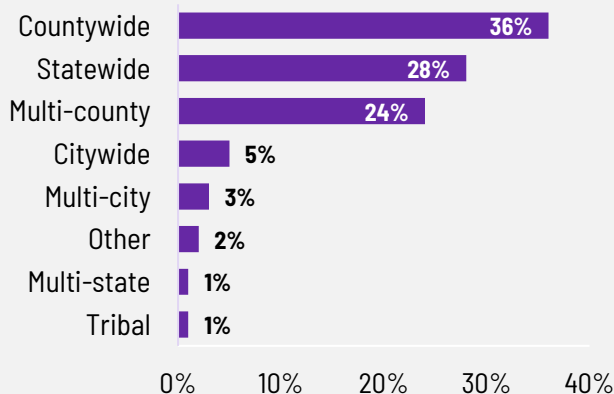
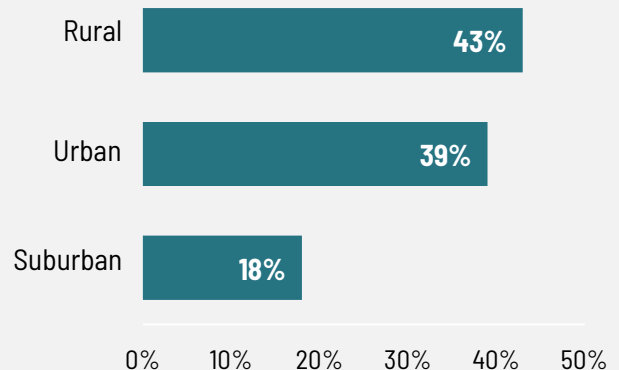


Figure 9: Elder Justice Professional Organization Location

AREA LOCATED ($n = 1,647$)



FOCUS GROUP PARTICIPANTS

Of 154 focus group participants, 151 provided information about their years of experience, primary roles, and geographic regions (Figure 10). More than half of participants ($n = 79$; 52%) reported having more than 10 years of experience working with individuals ages 60 and older who have experienced elder abuse. Approximately 21% ($n = 31$) had 6 to 10 years of experience, and 27% ($n = 41$) had 2 to 5 years of experience. Most focus group participants were currently in the role of management or administrative staff ($n = 82$; 53%), followed by 38% ($n = 59$) advocate, and 25% ($n = 38$) direct service delivery or frontline staff. Based on the U.S. Census Regions, 31% ($n = 48$) represented the South, 22% ($n = 34$) the West, 17% ($n = 26$) the Midwest, and 16% ($n = 24$) the Northeast. The remaining focus group participants ($n = 22$; 14%) represented multiple regions.

Figure 10: Focus Group Characteristics

EXPERIENCE working with individuals ages 60 and older who have experienced elder abuse

52% of participants reported having more than **10 years** of experience

21% had **6 to 10 years** of experience

27% had **2 to 5 years** of experience

PROFESSIONAL ROLE working with individuals who have experienced elder abuse

53% of participants were **management or administrative staff**

38% indicated they were an **advocate**

25% were **frontline staff** or worked in **direct service delivery**

GEOGRAPHIC LOCATION based on U.S. Census Regions

22%
represented
the West

17%
represented
the Midwest

16%
represented
the Northeast

14%
represented
multiple regions

31%
represented
the South

INDIVIDUALS WHO HAVE EXPERIENCED ELDER ABUSE

SURVEY PARTICIPANTS

A total of 125 participants* representing 34 states completed the Survey of Individuals Who Have Experienced Elder Abuse. As displayed in Figure 11, California had the most survey participants ($n = 23$; 18%), followed by Florida ($n = 10$; 8%).

Figure 11: Participation in the National Survey of Individuals Who Have Experienced Elder Abuse by State

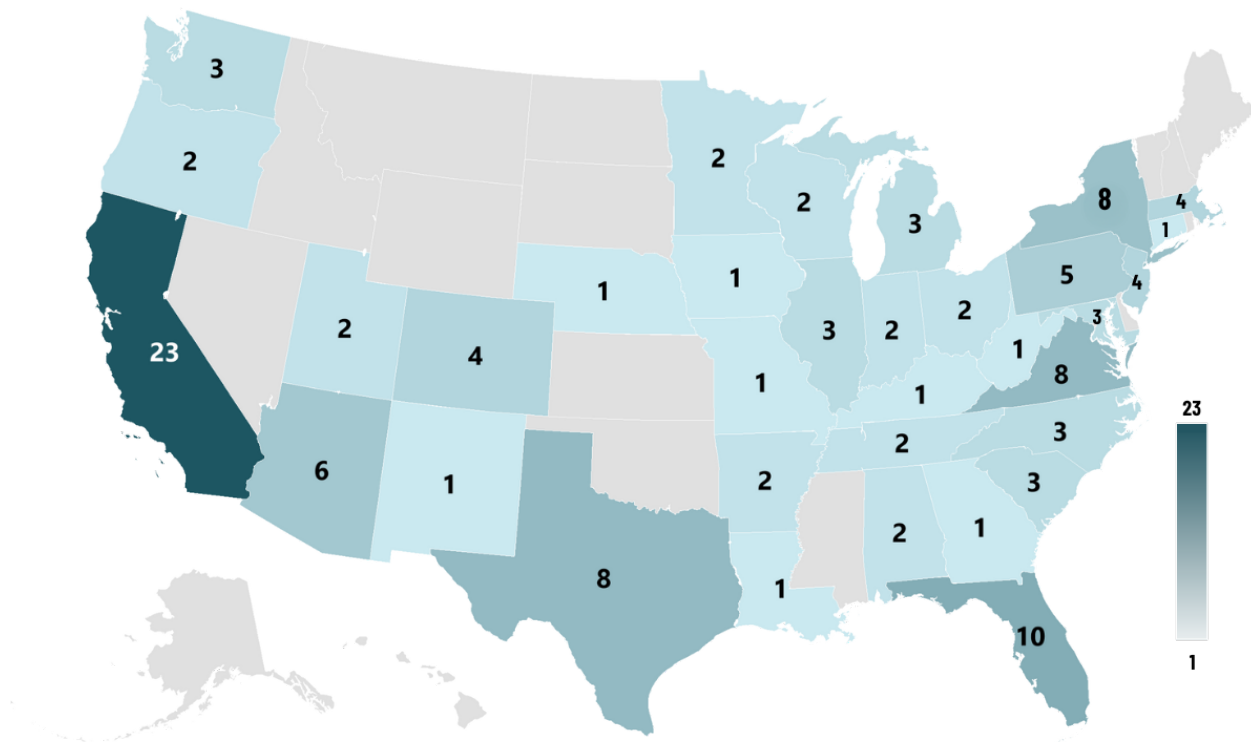
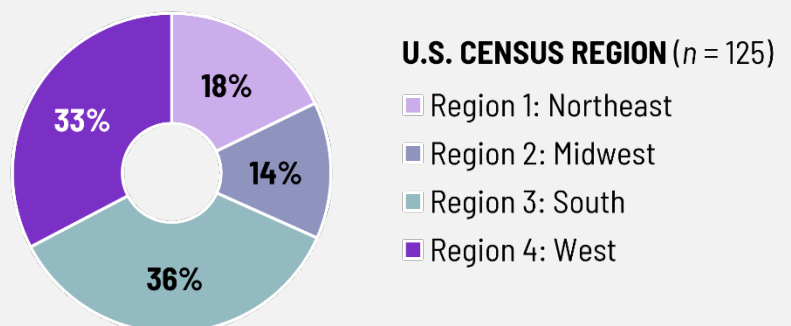


Figure 12 outlines the composition of survey participants based on the U.S. Census Regions. More than one-third of participants ($n = 45$; 36%) represented the South, 33% ($n = 41$) the West, 18% ($n = 22$) the Northeast, and 14% ($n = 17$) the Midwest. Participants were asked to describe the area in which they live, with 44% ($n = 55$) indicating a suburban area, 42% ($n = 53$) an urban area, and 14% ($n = 17$) a rural area.

Figure 12: U.S. Census Region



*Note: Seven participants completed the survey on behalf of a family member or friend who experienced elder abuse.

Participants shared information about why they sought services, displayed in Figure 13. Most participants ($n = 100$; 80%) stated that they experienced financial fraud. This was followed by 28% ($n = 35$) indicating psychological abuse and 23% ($n = 29$) selecting financial exploitation.

The average participant age was nearly 70 years old, with the lowest age being 60 and the highest being 93 (Figure 14). The survey participants' sex is presented in Figure 15, with 78% ($n = 87$) identifying as female. Survey participants were also asked to select all categories that best described their race. As presented in Figure 16, more than three-quarters ($n = 83$; 76%) of participants identified as White, and 94% ($n = 103$) did not identify as Hispanic or Latino.

Figure 13: Why Individuals Who Have Experienced Elder Abuse Sought Services ($n = 125$)

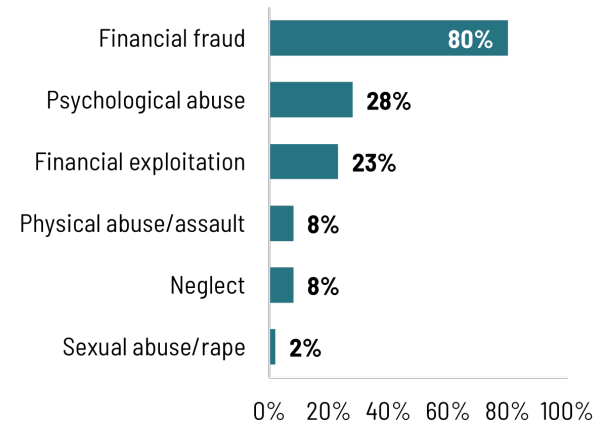


Figure 14: Age Range of Survey

AGE RANGE ($n = 125$)



Figure 15: Sex of Survey Participants ($n = 112$)

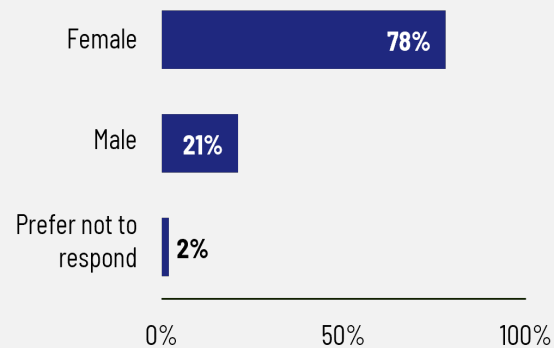


Figure 16: Race of Survey Participants ($n = 111$)

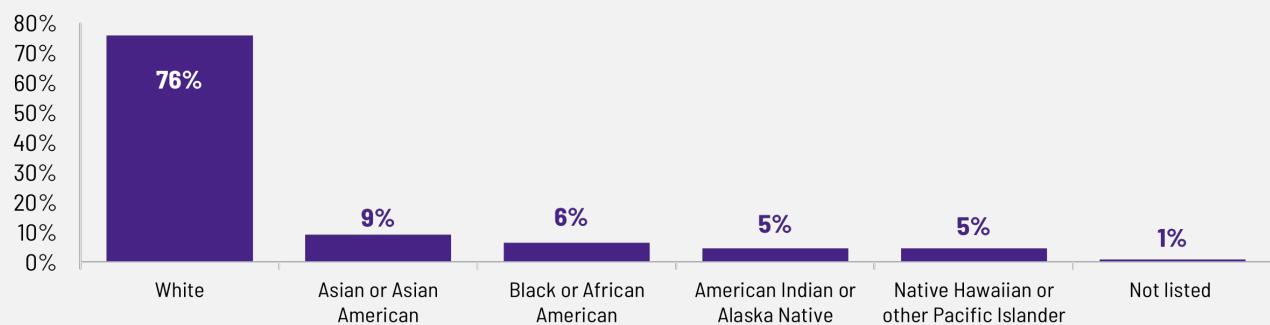


Figure 17 presents information on participants' highest level of education. Approximately 24% ($n = 26$) indicated having a graduate or professional degree, 19% ($n = 21$) had a Bachelor's degree, 17% ($n = 19$) had less than a high school diploma, 14% ($n = 15$) had some college experience, 13% ($n = 14$) had a high school diploma or equivalent, and 13% ($n = 14$) had an Associate degree.

Participants were asked to describe their total annual household income. The distribution of responses is displayed in Figure 18. Approximately one-quarter of participants ($n = 27$; 25%) reported having income between \$20,000 and \$39,999, and another quarter ($n = 26$; 24%) reported having income between \$40,000 and \$59,999.

FOCUS GROUP PARTICIPANTS

A total of 52 of the 57 focus group participants provided information about their age, sex, race/ethnicity, and geographic area in which they live (Figure 19). The average age of focus group participants was 69 years old, with the lowest age being 55 and the highest being 80.* Most focus group participants ($n = 45$; 87%) were female. Almost all participants indicated they were White (90% [$n = 47$]), and 98% ($n = 51$) did not identify as Hispanic or Latino. Regarding the area in which participants currently live, 46% ($n = 24$) indicated living in a suburban region, 37% ($n = 19$) in an urban region, and 17% ($n = 9$) in a rural area.

*While inclusion criteria was set at age 60 or older, two focus group participants were under this threshold (ages 55 and 59).

Figure 17: Education Level of Survey

EDUCATION LEVEL ($n = 109$)

- Less than a high school diploma
- High school diploma or equivalent (for example, GED)
- Some college/technical school/apprenticeship, no degree
- Associate degree
- Bachelor's degree
- Graduate/professional degree

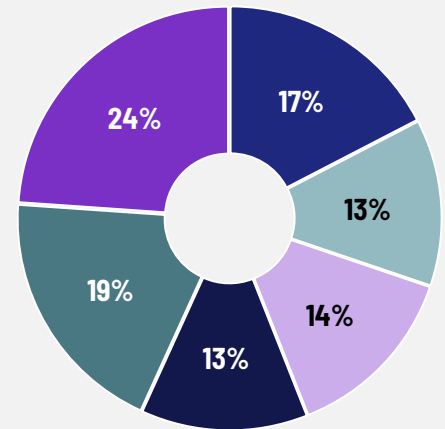
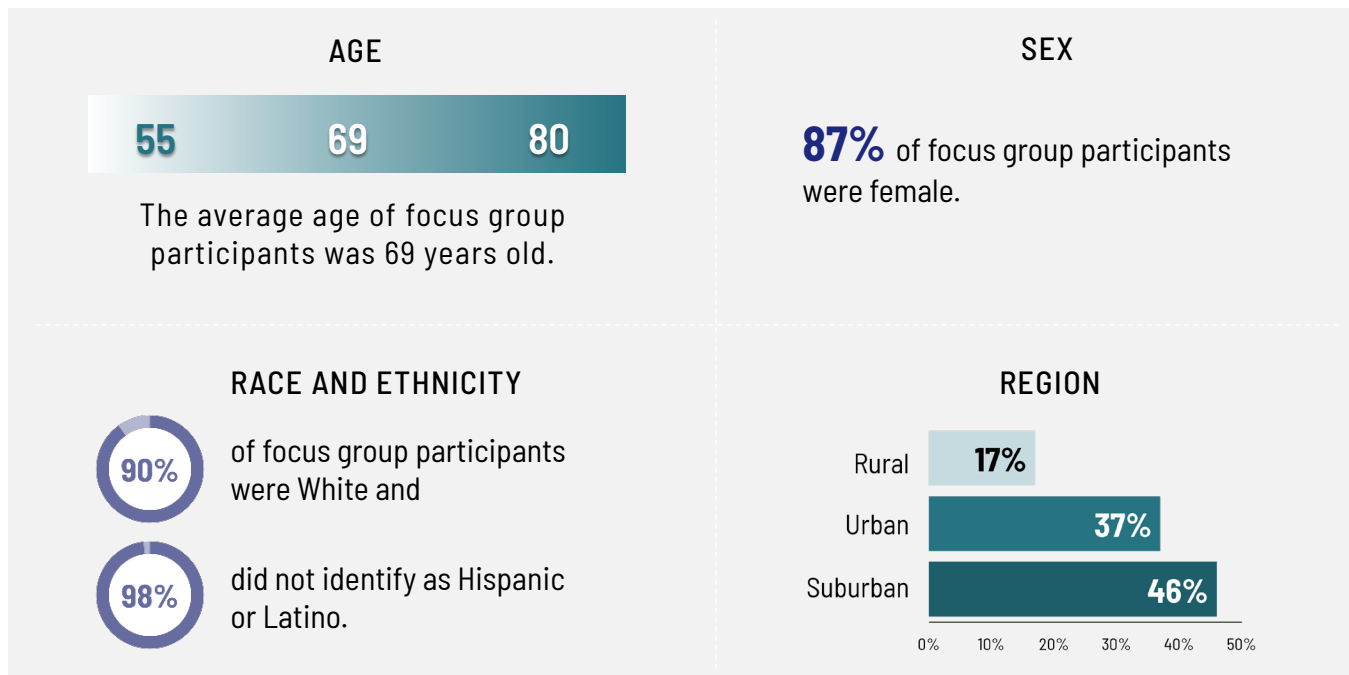


Figure 18: Income of Survey Participants

INCOME ($n = 110$)

Less than \$20,000	12%
\$20,000–\$39,999	25%
\$40,000–\$59,999	24%
\$60,000–\$79,999	15%
\$80,000–\$99,999	8%
\$100,000 or more	16%
Don't know	1%

Figure 19: Focus Group Characteristics



5.2 TYPES OF SERVICES

RESEARCH QUESTION: What services do individuals who have experienced elder abuse currently access?

This section presents findings from both surveys to highlight the types of services individuals who experience elder abuse access. First, we present the services most commonly provided by the organizations where the elder justice professional participants were employed. This is followed by the elder justice professionals' perspectives on which of these services are most important at five time periods: (1) immediately following elder abuse (within 1 month), (2) in the short term (1 to 6 months after experiencing elder abuse), (3) in the long term (more than 6 months after experiencing elder abuse), (4) during a criminal or APS investigation, and (5) during trial.

The next two sections mirror the first two but from the perspective of those who have experienced elder abuse. The findings show the types of services individuals who experienced elder abuse accessed and their perspectives on which services were most helpful to them during each of the same five time periods. Next, we highlight elder justice professionals' organizational capacity to serve new or existing clients, specifically clients who may have physical, mental, or emotional conditions. The last section presents bivariate analyses between types of services and organizations, organization setting, region, and the capacity to provide services by organization type, setting, and region.

Participants who responded to the National Survey of Elder Justice Professionals were asked to describe the types of services their organization provides to individuals who have experienced elder abuse (see Figure 20). The most common services provided were Information and referrals (83%), Safety planning (59%), Victim advocacy (58%), Accompaniment (55%), Case management (55%), and Crisis intervention (51%). On average, participants noted their organization provides 9 services.

Elder justice professionals were asked to name the 3 most important services during the following time periods: (1) immediately following elder abuse, (2) in the short term, (3) in the long term, (4) during a criminal or APS investigation, and (5) during trial¹. Figure 21 illustrates the two services named high priorities across all five time periods (i.e., safety planning and legal advocacy/assistance). Housing assistance and mental health support were also consistently ranked highly in four out of the five time periods.

Medical care/medical assistance and information/referrals were ranked highly immediately after experiencing elder abuse, while case management was ranked most important in the short and long term. Victim advocacy was

Figure 20: Types of Services Provided

SERVICE TYPE	
Information and referrals	83%
Safety planning	59%
Victim advocacy	58%
Accompaniment (e.g., to court or law enforcement, prosecutor, emergency medical, or forensic medical visits)	55%
Case management	55%
Crisis intervention	51%
Criminal justice system advocacy/assistance	47%
Legal advocacy/assistance	44%
Victim compensation application and claim assistance	41%
Transportation	37%
Prevention	37%
Emergency financial assistance	34%
Hotline/helpline	34%
Housing assistance	34%
Fraud or scam support (e.g., stopping transfers of funds and scammer calls/texts/emails; placing fraud alerts; working with the IRS or mortgage lender; financial recovery and complaint forms)	28%
Caregiver services (e.g., chores, light cooking, repairs, hygiene, Adult Day Services, respite care)	22%
Mental health	22%
Peer support (e.g., group support, one-on-one support)	22%
Guardianship/conservatorship	19%
Restitution advocacy	19%
Medical care/medical assistance	16%
Capacity assessment	15%
Financial management (e.g., financial literacy, bankruptcy assistance, managing debt, forensic accounting)	14%
Creditor and/or banking intervention	13%
Forensic exam (exam conducted by a sexual assault nurse examiner or by a sexual assault forensic examiner)	12%
Assistance for noncitizens	11%
Employment assistance	10%
Substance use	8%
Restorative justice	6%
Technology support (e.g., cleaning computers compromised after fraud, instruction on being safe online)	4%
Not Listed	2%

ranked highly during investigation, while accompaniment and transportation to justice proceedings were ranked highly during trial.

Figure 21: Elder Justice Professionals Perceptions of Most Important Services By Time Period

	Safety planning: Emerged as one of the top five most important services in all five time periods.
	Legal advocacy/assistance: Emerged as one of the top five most important services in all five time periods.
	Housing assistance: Emerged as one of the top five most important services in four of five time periods (immediate, short term, long term, and during APS or criminal investigation). Housing did not emerge as a most important need when experiencing a trial.
	Mental health services: Emerged as one of the top five most important services in four of five time periods (short term, long term, during APS or criminal investigation, and during trial). Mental health services did not emerge as a most important need immediately after experiencing elder abuse.
	Case management: Emerged as one of the top five most important services in two of five time periods (short term and long term). Case management services did not emerge as a most important need immediately after experiencing elder abuse or during investigation and trial.
The following services emerged as one of the top five most important services in only one time period:	
	• Medical care/medical assistance: immediately after experiencing elder abuse. • Information and referrals: immediately after experiencing elder abuse. • Victim advocacy: during APS or criminal investigation. • Accompaniment: during trial. • Transportation: during trial.

¹ We used open-ended survey questions to rank the most important services and gaps in services by time point rather than a drop-down menu of services. This was due to the complexity of programming close-ended responses across the different time points of inquiry and the burden on the survey respondent. Open-ended survey questions give detailed answers, but participants may have different interpretations of the question, which can make it hard to achieve agreement on the most relevant responses. Participants also listed important supports that are not victim services (e.g., “family support,” “communication”). To ensure consistency in reporting, we omitted them from the list of priorities here.

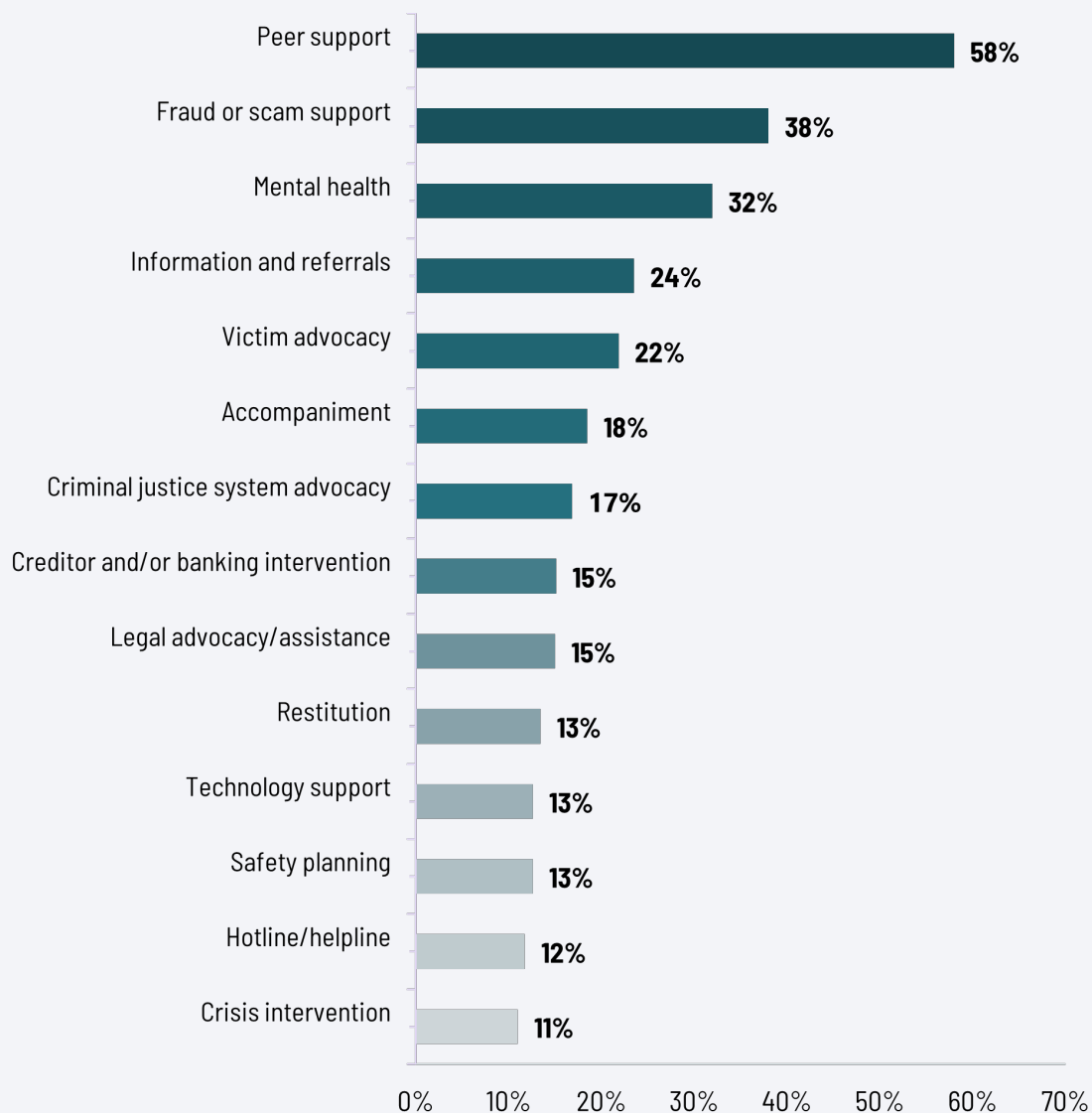
When asked to provide context on ranking the most important services across time periods, many focus group participants stated that it varies depending on the individual’s unique needs.

“It’s a challenging question because it varies so much from case to case. There’s such a variety of different needs that come up. What’s important is having someone who can help them explore options, whatever that may be.” – Victim service provider

Participants who responded to the National Survey of Individuals Who Have Experienced Elder Abuse were asked to describe the types of services they received (see Figure 22). More than half of participants received peer support. Only 38% received fraud or scam support, and only 15% received creditor or banking interventions, which is notable given that most participants who responded to this survey experienced fraud. On average, individuals who experienced elder abuse accessed 3.7 services.

Figure 22: Types of Services Received

SURVEY PARTICIPANTS ($n = 119$) were asked to select all services they received due to their experience with abuse, neglect, fraud, or financial exploitation. The percentages of participants that selected the most common services received are presented below.



We asked survey participants what services helped them (or their family member/friend) the most: (1) immediately following elder abuse (within 1 month), (2) in the short term (1 to 6 months after experiencing elder abuse), (3) in the long term (more than 6 months after experiencing elder abuse), (4) during a criminal or APS investigation, and (5) during trial (see Figure 23). This question was open-ended. Participants ranked informal social supports highly across all time periods, indicating the importance of a strong network of family, friends, and community members. Similarly, participants ranked assistance from law enforcement highly immediately after experiencing elder abuse, in the short term, during investigation, and during trial. Hotlines were ranked highly immediately after experiencing elder abuse, while mental health services were ranked highly during the short- and long-term. Financial services were highly ranked immediately following elder abuse, in the short and long term, and during investigations. Advocate support became highly ranked in the long-term and was also seen as helpful during investigations and trials. Finally, legal assistance was ranked as helpful during the justice process-related time periods.

Figure 23: Most Helpful Services Reported By Individuals Who Have Experienced Elder Abuse



Social support: Emerged as one of the top five most helpful services in **all five** time periods.



Support groups: Emerged as one of the top five most helpful services in **four of five** time periods (immediate, short term, long term, and during APS or criminal investigation). Support groups did not emerge as a most helpful service when experiencing a trial.



Financial services: Emerged as one of the top five most helpful services in **four of five** time periods (immediate, short term, long term, and during APS or criminal investigation). Financial services did not emerge as a most helpful service when experiencing a trial.



Assistance from law enforcement, the Federal Bureau of Investigation (FBI), and the U.S. Department of Justice (DOJ): Emerged as one of the top five most helpful services in **four of five** time periods (immediate, short term, during APS or criminal investigation, and during trial). Assistance from law enforcement, FBI, and DOJ did not emerge as a most helpful support more than 6 months after experiencing elder abuse.



Mental health services: Emerged as one of the top five most helpful services in **three of five** time periods (immediate, short term, and long term). Mental health services did not emerge as a most important need during investigation and trial after experiencing elder abuse.



Victim advocacy: Emerged as one of the top five most helpful services in **two of five** time periods (long term and during trial). Victim advocacy did not emerge as a most helpful service in the immediate, short term, or during investigation after experiencing elder abuse.



Legal services: Emerged as one of the top five most helpful services in **two of five** time periods (during investigation and trial). Legal services did not emerge as a most helpful service in the immediate, short term, or long term after experiencing elder abuse.

CURRENT CAPACITY

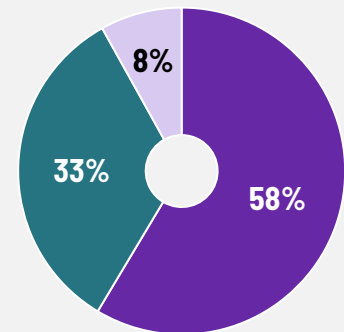
Elder justice professionals were asked to reflect upon their organization's capacity to meet the current demand for services **for individuals who have experienced elder abuse**. Figure 24 shows that more than half (58%) of organizations/programs can serve additional clients, while one-third are currently at capacity and less than 10% have a waitlist for services.

We also asked elder justice professionals about their organization's ability to accommodate individuals who have experienced elder abuse and who may have physical, mental, or emotional conditions. Organizations/programs were most often able to accommodate hearing conditions (80%), followed closely by visual (76%), cognitive (75%), and ambulatory (75%) conditions. About half of participants indicated that their organization/program would be able to support accommodations related to independent living (53%) and self-care (51%) needs, while about 8% of participants cannot accommodate differently abled individuals.

Figure 24: Current Organizational Capacity

DEMAND FOR SERVICES (n = 1,269)

- Can serve more clients than they currently serve
- Are at capacity
- Have a waitlist



Elder justice professionals' **ABILITY TO ACCOMMODATE** differently abled individuals (n = 1,263)



80%
Hearing



76%
Visual



75%
Cognitive



75%
Ambulatory



53%
Independent living



51%
Self-Care

8%

of participants' organizations cannot accommodate differently abled individuals

ORGANIZATIONAL DIFFERENCES IN SERVICES PROVIDED

TYPE OF ORGANIZATION

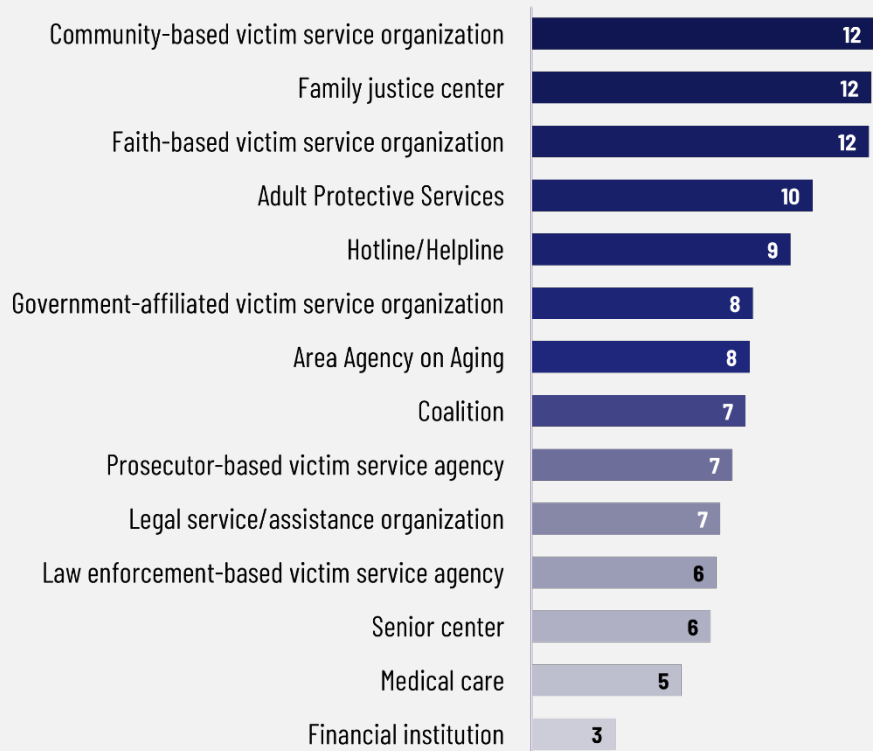
Service providers were asked to describe the types of services their organization provides to individuals who have experienced elder abuse. Figure 25 provides the average number of services provided by each organization type. Some of the organizations only offered a handful of services (29% offer 5 or less). Financial institutions and medical care organizations fall into this category, with financial institutions offering an average of 3 services and medical care providing an average of 5. This is not surprising, as their role in responding to elder abuse are more limited (i.e., can only offer certain type of care). Community-based victim service organizations, faith-based victim service organizations, and family justice centers all offer, on average, 12 services each.

We examined the relationship between organization type and service type to understand whether specific services are more likely to be provided by certain types of organizations.

APS and AAA organizations are significantly more likely than other organization types to describe offering caregiver services (37.9% of APS agencies and 71.9% of AAAs), case management (70.6% and 73.6%, respectively), fraud/scam support (49.0% and 43.0%), and prevention-related services (50.1% and 44.2%). These organizations were significantly less likely than other organizations to report providing accompaniment (44.0% and 20.7%), criminal justice system advocacy or assistance (25.7% and 15.3%), restitution advocacy (6.4% and 4.1%), victim advocacy (35.9% and 24.4%), and victim compensation application and claim assistance (7.3% and 9.5%).

In contrast, law enforcement and prosecutor-based victim service agencies are significantly more likely to report providing accompaniment (56.0% of responding law enforcement-based victim service agencies and 79.9% of responding prosecutor-based victim service agencies report providing this service) and

Figure 25: Average Number of Service Provided by Organization Type



criminal justice system advocacy (78.0% and 86.8%, respectively) relative to other types or organizations. Law enforcement and prosecutor-based victim service agencies were also significantly less likely than other types of organizations to provide case management (17.4% and 15.5%), creditor/banking intervention (5.5% and 5.7%), crisis intervention (41.3% and 28.7%), safety planning (44.0% and 40.2%), or transportation (19.3% and 14.9%).

Community-based victim service organizations are significantly more likely to indicate providing accompaniment (77.8%), case management (68.7%), criminal justice system advocacy (61.9%), crisis intervention (76.6%), emergency financial assistance (48.2%), employment assistance (20.5%), financial management (17.8%), forensic exam (19.9%), hotline/helpline (67.7%), housing assistance (53.8%), information and referrals (89.0%), legal advocacy/assistance (63.4%), mental health (31.5%), peer support (46.6%), prevention (41.6%), safety planning (81.4%), technology support (6.6%), transportation (59.1%), victim advocacy (88.0%), and victim compensation application and claim assistance (69.6%) services. They are also significantly less likely to indicate providing caregiver services (5.2%), capacity assessment (4.6%), creditor/banking intervention (10.6%), fraud or scam support (15.3%), guardianship/conservatorship (3.9%), and medical care/medical assistance (11.8%) services relative to other organization types.



The results show that medical care organizations and financial institutions are highly specialized, as reflected in the services they are more or less likely to provide than other types of organizations. For example, medical care organizations are more likely than other types of organizations to provide forensic exams (48.9% reported this as a service), medical care/medical assistance (63.8%), mental health (46.8%), and substance use treatment (19.1%); and financial institutions are more likely than other organization types to provide creditor/banking intervention (60.0%), fraud/scam support (60.0%), and financial management services (80.0%). Both medical care organizations and financial institutions differ from other service providers as they are less likely to assist with accompaniment (19.1% of medical care and 10.0% of financial institutions report providing this service), criminal justice system advocacy/assistance (10.6% and 10.0%), crisis intervention (27.7% and 0.0%), information and referrals (48.9% and 30.0%), safety planning (40.4% and 0.0%), and victim advocacy (23.4% and 0.0%). Victim service organizations provide a much wider range of services.

ORGANIZATIONAL SETTING (URBAN, SUBURBAN, RURAL)

We also examined whether service provision differed by where the organization was located (rural, urban, and suburban). Most services were evenly distributed across location types, although a few differences emerged. Specifically, rural, urban, and suburban organizations significantly differed in whether they provided the following services: accompaniment, capacity assessment, fraud/scam support, mental health, substance use, and transportation.

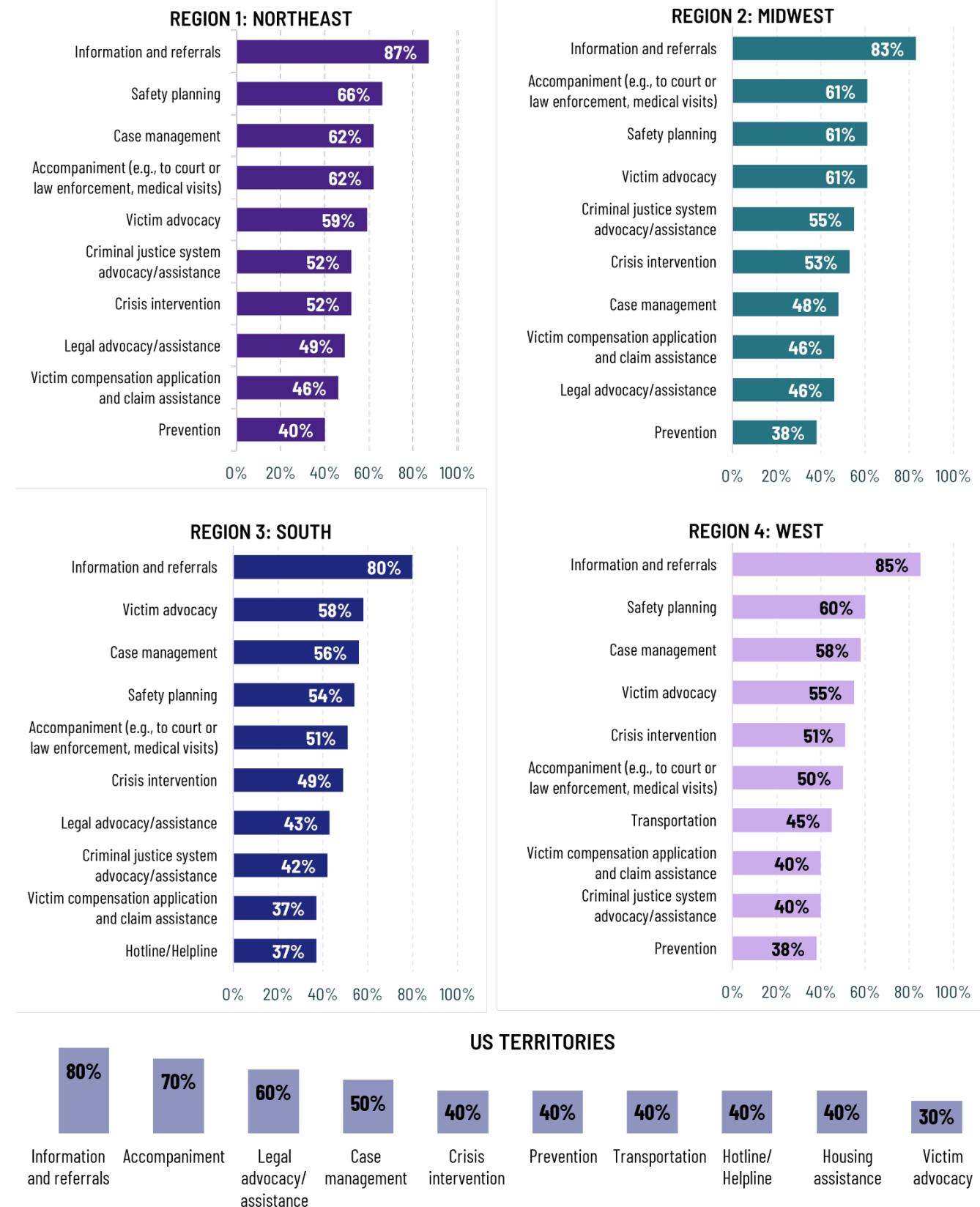
Rural organizations more often reported providing accompaniment (59.3%) and transportation services (40.7%) than urban and suburban agencies but less often reported providing capacity assessments (10.9%), fraud/scam support (24.8%), mental health supports (18.5%), or substance use services (5.9%). In contrast, suburban organizations were more likely than their counterparts to report providing caregiver services (27.0%), fraud/scam support (33.8%), and substance use treatment (11.6%). Urban locations were more likely to report mental health service provision (24.6%) than rural organizations (18.5%).

Some of these differences could be linked to sampling distributions such that some organization types in this study were more or less responsive to the survey in certain settings. For example, participants representing prosecutor-based victim service agencies were more likely to be located in rural locations and less likely to be located in urban locations than would be expected by chance, which could explain why we see more accompaniment services among rural locations. Financial institutions were more likely to be located in suburban areas, which may explain why suburban participants were more likely to report fraud/scam support. We also found that participants from government-affiliated victim service organizations and legal service/assistance organizations were more likely to be located in urban areas, while legal service/assistance organizations and APS were less likely to be located in suburban areas.

REGIONAL DIFFERENCES

We found significant regional differences across almost all types of services provided. Of particular interest, agencies located in the Northeast ($n = 244$) and West ($n = 407$) were more likely than those in other regions to report providing a large number of services, while agencies located in the South ($n = 524$) were less likely than those in other regions to report providing a large number of services (see Figure 26 for specifics; West [$n = 407$]; Midwest [$n = 473$]; U.S. Territories [$n = 10$]).

Figure 26: Top Ten Services Provided by Region



ORGANIZATIONAL DIFFERENCES IN CURRENT CAPACITY

TYPE OF ORGANIZATION

Organizational capacity was significantly related to the organization type, with community-based (67.3%) and prosecutor-based victim service organizations (73.1%) and family justice centers (82.4%) being more likely than others to report being able to serve more clients than their current caseload. APS and legal service/assistance organizations were more likely than other agencies to report being “at capacity” (49.0% of APS agencies and 55.6% of legal service/assistance agencies), while APS and AAAs were more likely than other types of organizations to report having a waiting list (13.7% of APS agencies and 13.3% of AAAs).

ORGANIZATIONAL SETTING (URBAN, SUBURBAN, RURAL)

Capacity is also significantly related to the organization’s location; rural organizations (66.8%) are more likely than urban/suburban (53.4%/47.9%) locations to report being able to serve more clients than they currently have, while urban (37.8%) and suburban (40.6%) organizations are more likely than rural (26.7%) to report being “at capacity.”

REGIONAL DIFFERENCES

Regions also significantly differ in their capacity to serve additional clients. Organizations in the West were more likely to report being “at capacity” (41.2% of West organizations reported this) and less likely to report being able to serve additional clients (48.9%). Organizations in the South were more likely to report having a waiting list (10.9%) than those in other regions.

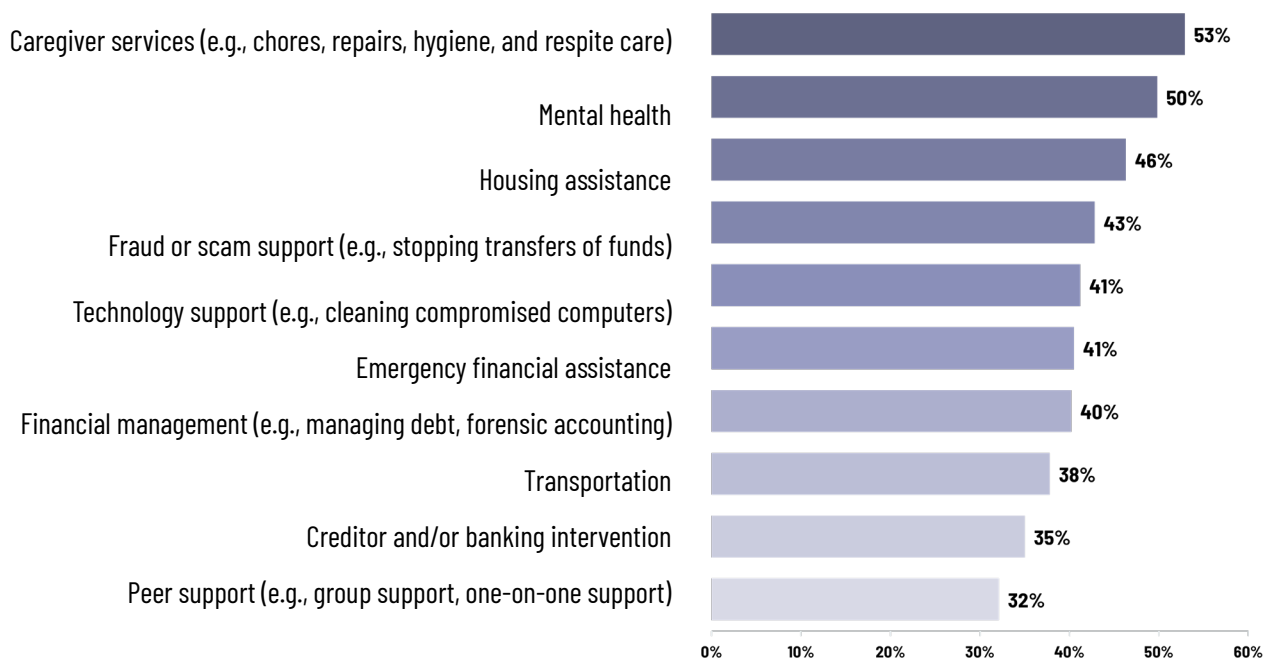
5.3 GAPS IN SERVICES

RESEARCH QUESTION: What are the gaps in services for individuals who have experienced elder abuse?

This section combines insights drawn from the two surveys and focus groups to highlight the gaps in services for individuals who experience elder abuse. First, we present quantitative survey findings to highlight the gaps in services identified by elder justice professionals in their service area. We also share elder justice professionals' perspectives on which of these service gaps are most important at five time periods: (1) immediately following elder abuse (within 1 month), (2) in the short term (1 to 6 months after experiencing elder abuse), (3) in the long term (more than 6 months after experiencing elder abuse), (4) during a criminal or APS investigation, and (5) during trial. We then present findings from individuals who have experienced elder abuse about services they needed but could not access. Next, we present bivariate analyses between gaps in services and organization type, organization setting, and region. The last section provides additional context from the focus group and open-ended survey question findings.

Elder justice professionals were asked to select all services they considered gaps **in their service area**. Participants reported an average of 8.3 gaps in services in their organization's service area. As shown in Figure 27, the most common gaps in services indicated by providers include caregiver services (53%), mental health services (50%), housing assistance (46%), fraud or scam support (43%), technology support (41%), emergency financial assistance (41%), and financial management (40%).

Figure 27: Common Gaps in Services Indicated by Elder Justice Professionals ($n = 1,170$)



Elder justice professionals were asked to identify the three biggest gaps in services at different time periods after experiencing elder abuse. This question was open-ended. As described in Figure 28, emergency financial assistance, mental health services, transportation, and housing assistance are among the top five gaps in services across most or all time periods, indicating a strong need for improved responses in these domains. Caregiver services also emerged as a top priority in the immediate, short term, and long term. During investigation and trial, legal advocacy/assistance was described as a top service gap. Victim advocacy is cited as a top need during trial. In addition to more general service provision, older adults experiencing investigations and trials would benefit from additional specialized support navigating the legal process.

Figure 28: Elder Justice Professionals' Perceptions of Most Important Gaps Services By Time Period

	Emergency financial assistance: Emerged as one of the top five biggest gaps in services in all five time periods.
	Mental health services: Emerged as one of the top five biggest gaps in services in all five time periods.
	Transportation: Emerged as one of the top five biggest gaps in services in all five time periods.
	Housing assistance: Emerged as one of the top five biggest gaps in services in four of five time periods (immediate, short term, long term, and during APS or criminal investigation). Housing did not emerge as a top five gap when experiencing a trial.
	Caregiver services: Emerged as one of the top five biggest gaps in services in three of five time periods (immediate, short term, and long term). Caregiver services did not emerge as a top five gap during APS or criminal investigation or during trial.
	Legal advocacy/assistance: Emerged as one of the top five biggest gaps in services in two of five time periods (during APS or criminal investigation and during trial). Legal advocacy/assistance did not emerge as a top five gap in the immediate, short term, or long term.
	Victim advocacy: Emerged as one of the top five biggest gaps in services in one of five time periods (during trial). Victim advocacy did not emerge as a top five gap in the immediate, short term, and long term or during APS or criminal investigation.

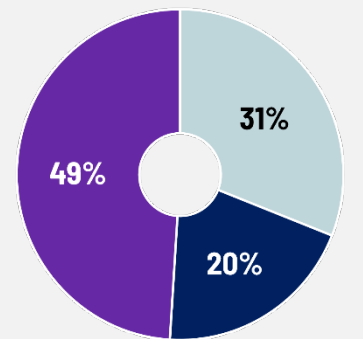
Individuals who have experienced elder abuse were asked “Did you need more help than you received?”. Almost half of all participants indicated that they needed “a lot” more help, while another 20% indicated that they needed “a little” more help. When asked about services that they needed but could not access, 24 individuals who have experienced elder abuse provided additional context about the services they could not access and why.

Additional Justice System Support: Out of the 24 participants who answered this question, 13 mentioned needing additional support from the justice system. Nine of these individuals indicated that they needed more assistance from law enforcement, with all but 1 indicating that they reported fraud, but law enforcement did not respond to their report. These individuals stated that they submitted reports to the FBI’s Internet Crime Complaint Center, the U.S. Department of Justice, and local law enforcement. Relatedly, 5 participants noted needing more legal services, especially a desire for prosecution of their cases.

Additional Financial Institution Support: A total of 8 participants stated that they needed additional help from financial services organizations for fraud. Some participants mentioned specific concerns with how banking institutions were handling their fraud cases, and 2 participants mentioned needing support in interceding with credit card companies and the IRS to manage expectations of financial payments.

Figure 29: Met and Unmet Needs

69% of respondents reported needing more help than they received ($n = 106$)



- No, my needs were met
- Yes, I needed a little more help
- Yes, I needed a lot more help

OTHER OPEN-ENDED RESPONSES MENTIONED:

- 3 participants desired more protection from future victimization.
- 2 participants needed additional housing assistance.
- 2 participants needed assistance with restitution and recovery of money lost through fraud.
- 2 participants needed additional mental health support.

ORGANIZATIONAL DIFFERENCES IN PERCEIVED SERVICE GAPS

ORGANIZATION TYPE

Different types of organizations reported different gaps in services for individuals in their areas, with APS agencies, AAAs, and community-based victim service organizations being more likely to report a variety of gaps. There was not a lot of overlap in the gaps each type of organization reported in their service area.

APS agencies were more likely than other types of organizations to report service gaps in their area associated with case management (36.7%), criminal justice system advocacy/assistance (26.2%), housing assistance (57.5%), restorative justice (29.0%), and victim compensation application and claim assistance (21.7%).

AAAs were more likely than other types of agencies to report gaps in accompaniment (40.1%), criminal justice system advocacy/assistance (29.9%), crisis intervention (31.6%), legal advocacy/assistance (37.3%), restitution advocacy (32.2%), victim advocacy (22.0%), and victim compensation application and claim assistance (25.4%) in their service area.

Community-based victim service organizations were more likely to report service gaps in caregiver services (62.4%), and guardianship/conservatorship (37.3%) in their area.

Certain types of organizations were less likely to report service gaps in their area. For example, community-based victim service organizations were less likely than other organizations to report service gaps associated with accompaniment (19.2%), criminal justice system advocacy/assistance (12.1%), crisis intervention (9.9%), hotline/helplines (3.7%), legal advocacy/assistance (25.4%), safety planning (6.2%), victim advocacy (9.3%), and victim compensation application and claim assistance (7.6%) in their area.

Prosecutor-based victim service agencies were also less likely than other types to report a wide variety of service gaps in their area, including gaps associated with accompaniment (9.5%), caregiver services (41.4%), criminal justice system advocacy/assistance (6.0%), housing assistance (33.6%), legal advocacy/assistance (19.8%), restitution advocacy (8.6%), restorative justice (8.6%), victim advocacy (4.3%), and victim compensation application and claim assistance (5.2%).

ORGANIZATION SETTING (URBAN, SUBURBAN, RURAL)

We also see differences in how organizations located in rural areas perceive service gaps compared to organizations located in urban areas. Compared to rural organizations, urban-located organizations were significantly more likely to perceive the following service gaps in their areas: accompaniment (29.2% of responding urban-located agencies reported this as a service gap vs. 20.8% of rural organizations), case management (32.2% urban vs. 24.9% rural), housing assistance (52.5% vs. 42.5% rural), legal advocacy/assistance (34.8% vs. 26.5% rural), and prevention (30.9% urban vs. 25.1% rural).

Rural-area organizations were also less likely than urban or suburban-area organizations to report gaps in capacity assessment (23.9%) but were more likely than urban or suburban-located agencies to report caregiver-related service gaps (57.1%).

REGIONAL DIFFERENCES

There were regional differences across almost all possible service gaps. Organizations in the West were more likely than those in other regions to report gaps across many types of services, including case management (36.2%), capacity assessment (36.2%), creditor and/or banking intervention (41.1%), crisis intervention (23.8%), guardianship/conservatorship (38.7%), legal advocacy/assistance (37.2%), prevention (34.0%), restorative justice (27.3%), technology support (47.5%), and victim compensation application and claim assistance (21.3%).

Organizations in the Northeast were less likely to report safety planning as a gap (5.8%), while organizations in the Midwest were less likely to report crisis intervention (12.5%), safety planning (8.7%), substance use treatment (14.0%), and victim compensation application and claim assistance (11.0%) as gaps in their areas. Organizations in the South were less likely to report gaps associated with case management (25.0%), capacity assessment (24.2%), restorative justice (17.0%), and technology support (33.8%) but were more likely to report gaps in safety planning (14.9%) and transportation to services (43.1%) in their area.

Figure 30: Top Ten Service Gaps by Region

	NORTHEAST		MIDWEST		WEST		SOUTH	
1	Mental health	52%	Caregiver services	53%	Caregiver services	55%	Caregiver services	52%
2	Housing assistance	49%	Mental health	52%	Mental health	52%	Mental health	49%
3	Tech support	44%	Housing assistance	49%	Housing assistance	50%	Housing assistance	47%
4	Fraud/scam support	43%	Tech support	44%	Fraud/scam support	48%	Transportation	43%
5	Financial management	42%	Fraud/scam support	43%	Tech support	48%	Emergency financial assistance	41%
6	Emergency financial assistance	41%	Emergency financial assistance	42%	Financial management	47%	Fraud/scam support	41%
7	Caregiver services	37%	Financial management	42%	Emergency financial assistance	45%	Financial management	38%
8	Transportation	37%	Transportation	37%	Creditor/banking	41%	Creditor/banking	34%
9	Peer support	36%	Peer support	36%	Guardianship/conservatorship	39%	Tech support	34%
10	Guardianship/conservatorship	29%	Creditor/banking	31%	Legal advocacy	37%	Guardianship/conservatorship	31%

QUALITATIVE FINDINGS

It is important to note that elder justice professionals and individuals who have experienced elder abuse chose which services to discuss in focus groups and open-ended survey responses. Thus, discussions of some services do not reflect the perspectives of both groups.

CAREGIVER SERVICES

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Need for Caregiver Services: Participants described caregiver services as supporting or “stabilizing” older adults in their homes so that they can live independently and safely. This role is important in helping older adults maintain their autonomy in the least restrictive environment while still receiving the support they need within the home. Not having caregivers readily available can result in older adults being cared for by others who may perpetrate abuse. Participants provided several examples of in-home needs, including assistance with activities of daily living (e.g., dressing, using the bathroom, bathing, moving around the home, preparing food), heating/cooling, extermination, home repairs, and yard work. Caregiver or “in-home” services can also ensure providers are addressing needs beyond initial crisis associated with elder abuse.

Lack of Caregiving Staff: Participants described a significant shortage of caregivers in the workforce, especially in rural areas. This results in a lack of in-home care and long waitlists for caregiving support. Older adults qualify for services, but there are long waitlists (often at least 6 months to over a year). Several participants attributed the staff shortage to low wages. Without caregiver services, providers from victim services, AAA, and APS often provide support like taking out the trash and other small tasks to help older adults. These tasks are outside the scope of providers’ roles and contribute to overburdening them, but they do it because older adults need help.

“Addressing the widespread [paid caregiver] shortage by raising pay, creating accessible and free training opportunities, career advancement opportunities, and promoting respect and appreciation for this most important role...would most definitely improve the provision of services.” – AAA staff

Lack of Background Checks: Because of the shortage in the caregiver workforce, private companies are hiring caregivers without consistently conducting adequate background checks. This may contribute to elder abuse. One APS participant shared that they started a program to pay family caregivers in the hopes that more people would want to take on that role. They conduct background checks for their program.

“Most of them express the fact that there are not very many individuals, care providers, etc., out there willing to help them. Most of them don’t speak highly of skilled nursing homes, rehabilitation centers, etc., in our area. It has them seeking housing out in the community independently with the help of a lot of private aids. Not all of the

private aids are reputable and will take advantage of them. The elders are becoming dependent on them to meet their basic needs and become more prone to exploitation and fraud.” – Victim service provider

Lack of Respite Care: There is also a lack of respite facilities and emergency in-home care to support unpaid caregivers to assist when an older adult is unsafe in their current caregiving situation. Many participants shared that adult day services can help familial caregivers and prevent loneliness/isolation among older adults, but many have shut down due to a lack of clients.

“There are limited respite services available in our area for older adults who rely on the abuser for some amount of daily caregiving support. We have one skilled nursing facility in our city that has a unit which functions as an elder abuse shelter; beds are designated for short-term respite stays for individuals who need to leave their current situation and stay somewhere safe temporarily while a long-term plan is made. Expanding programs like these would help more older adults engage in services they may otherwise not for fear of having no caregiver.” – AAA staff

Lack of Affordable Services: Older adults who do not qualify for free or low-cost in-home caregivers often cannot afford to pay for these services privately.

Lack of Education and Training Opportunities: Participants recommended providing more training, education, and career advancement opportunities for caregivers.

MENTAL HEALTH

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Lack of Expertise and Staff: Participants indicated a lack of individuals who specialize in the mental health needs of older adults and long wait lists for services. Providers suggested making resources more accessible to individuals who have experienced elder abuse, including offering 24-hour services, services in nursing homes and assisted living facilities, and providing services for up to 2 years following elder abuse. They described current lack of mental health services as having a “trickle-down effect” that prevents individuals from seeking other needed services.

Lack of Mental Health Providers for Fraud/Scams: One participant shared that very few mental health providers have the skills and training to effectively serve someone who has experienced fraud, especially scams. Individuals who experience fraud/scams experience a great deal of victim-blaming and shame, which may need to be addressed through different counseling approaches.

Lack of In-Home Mental Health Services: Many individuals who need mental health services after experiencing elder abuse cannot leave their home (e.g., due to lack of transportation, they are homebound). Participants suggested having in-home or mobile mental health services and telehealth counseling services available to serve individuals who cannot access out-of-home support. Participants

also noted challenges with telehealth service accessibility for older adults, individuals who cannot afford the necessary technology, or individuals living in areas that lack the infrastructure to support telehealth (e.g., internet access in some rural areas).

Lack of Affordable Services: Participants noted that it is very difficult to find affordable mental health counselors, especially those who accept Medicare and have specialized knowledge in elder care.

Mental Health Services for Abusive Family Members: Many individuals who experience elder abuse want a mental health intervention for their abusive family member rather than a criminal justice intervention. Three elder justice professionals shared that “care courts” can offer non-criminal remedies for those who have substance use or mental health issues. They explained that care courts can provide relief to an individual who has experienced elder abuse because the older adult knows they can report their family member without them being unhoused or incarcerated. One provider indicated the need for assistance in referring these family members to care court.

Unpaid Caregivers Need Mental Health Services: Multiple participants explained that when a family member or loved one is a caregiver, it can put a tremendous amount of stress on the caregiver. They suggested providing counseling, respite care, and other support to families to manage the stress.

Hoarding: Several participants discussed hoarding as a mental health issue that prevents elder justice professionals from providing in-home services because it is a safety risk. Providers suggested offering decluttering or hoarding cleanup and convening a hoarding task force that supports the mental health aspects associated with hoarding.

“In roughly 90% of our cases, we are dealing with parents, and our criminal defendants are their adult children, and these adult children are suffering from severe mental health issues. Our victims are adamant about getting their children mental health treatment or improving the treatment they are already receiving—what is “safety” to our victims is their children’s well-being. Overall, there just needs to be accessible mental health services to people of all ages.”

— Victim service provider

FEEDBACK FROM INDIVIDUALS WHO HAVE EXPERIENCED ELDER ABUSE

Lack of Mental Health Providers for Fraud/Scams: Participants expressed grave mental health consequences in the aftermath of experiencing fraud, including suicidal thoughts. They stated that their mental health providers did not understand the scams they experienced and struggled to provide therapy.

“My counselor had no idea what a romance scam was. I basically had to educate her. I was in trauma... It’s a different kind of hurt; it’s a new experience... You feel stupid, you’re embarrassed, you don’t want to go out... You don’t trust anyone. You’re ashamed. The emotions are overwhelming. So, I choose to heal. I couldn’t worry about the money; it’s gone. That’s what they kept telling me. You’re never going to get it back; no one’s going to be able to help you.”

"I was suicidal for 6 to 9 months, but I wouldn't ask for mental health care because I didn't want that in a medical record—I didn't want that to be used against me. I've never told my family, and I've never told my only child, and I never intend to. It's a horrifying situation of isolation."

"Absolutely everything about this "situation" is retraumatizing...I couldn't even speak for almost 9 months without crying. I was shattered and broken to the core of my being."

HOUSING

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Types of Abuse Associated With Housing

Abuse in a Home Owned by the Individual Experiencing Elder Abuse: Participants stated that many older adults are unsafe in their current home. Older adults continue to live in homes with their abuser because they believe they do not have another choice. They are dependent on their abusive family member(s). If they file charges against their abusive family member, then that family member cannot return to the home. If the older adults experiencing elder abuse cannot care for themselves, they may invite the abusive family member back into their home to care for them. In some situations, it is very difficult to remove an abusive family member from the home of an older adult.

"Abusers should be removed from the home and not have "squatter's rights" whereby they can remain there until legally evicted." – Medical professional

Abuse in a Home Owned by the Individual Perpetrating Elder Abuse: For some older adults, their home is unsafe because they live with an abuser or family member who does not have enough space for the older adult. Some participants noted that other family members may be able to take them in but cannot provide care for them or afford caregiver services. When an adult is not safe in the home in which they reside, participants recommend using Temporary Emergency Relief Funding for emergency relocations.

"There are many elder abuse cases where non-offending family members would be willing to take the elder into their home but are unable to provide 24-hour-a-day care. They cannot afford to pay a certified nursing assistant or nurse to come into the home and help provide care. I believe if this type of care was provided with no charge to the victim, it would allow the victim to be cared for and live in a loving setting. The dignity and care of the victim would be maintained, providing for fewer physical issues and less patients in nursing home facilities." – Victim service provider

Neglected Homes: For some older adults, their home is unsafe because it needs repairs, is not heated or cooled properly, is unsanitary, or is infested with insects or rodents.

Landlord Abuse: For some older adults, their rental home is unsafe because of landlord abuse and abusive housing practices. For example, one focus group participant stated, *“Often the older adults don’t have private space, they don’t have a bedroom, they won’t have access to the refrigerator, they don’t have access to their medications, [and] they won’t have access to their finances because once you go into one of these houses, that person then takes control of the finances.”* Landlords may also increase rent without providing repairs. Living situations like this may induce an older adult to return to their former home to live with an abuser. One participant stated they tell hospital administrators not to make referrals to specific landlords.

Such issues can be particularly salient in unlicensed housing facilities; participants described landlords or housing facilities that *“keep the number of residents right below the threshold where they don’t need to register with the state.”* Many focus groups and survey participants advocated for making unlicensed housing facilities illegal but warned that there must be a housing solution established first. Without a solution in place, the individuals living in these homes or facilities will be displaced with nowhere to live.

Gaps Associated With Availability and Affordability

Lack of Available Housing: Participants described housing as a major gap in services. Housing is a critical service for older adults generally and specifically for older adults who experience elder abuse, but it is expensive and difficult to access. Victim service or aging service programs may have funding to help older adults who experience elder abuse find housing, but there often are no housing options available (including independent housing, assisted living, or nursing homes) and/or very long waitlists (ranging from 1 to 4 years), including for individuals with Medicaid.

“Without shelter/housing, it’s difficult to address any other concerns.” – APS staff

Lack of Affordable Housing: Even when housing is technically available in their area, participants noted that it is often unaffordable and, therefore, remains unavailable to older adults in need. They recommended creating new payment options, making existing payment options more easily available, and adjusting eligibility requirements associated with income. For example, housing vouchers for older adults, assisted living or residential care facility waivers through Medicaid, flexible emergency housing funding, rent subsidies, and funding for contracting with elder care facilities for transitional housing.

“The most common request is for safe housing for seniors who feel economically trapped in an abusive home.” – AAA staff

“Our clients usually make too much money to qualify but not enough to pay for services out of pocket.” – Victim service provider

Lack of Appropriate Housing Options: Older adults often are not matched to the type of housing that best meets their needs. For example, many older adults do not need the level of care provided by a nursing home or memory care facility. They would be able to care for themselves in a retirement community,

assisted living facility, or their own home with assistance from a caregiver. Participants noted that the goal should be to *“support individuals at a more community-based level while allowing them to remain as independent as possible.”*

Emergency placement facilities like shelters are difficult for older adults with physical impairments to access because of the way they are built (e.g., bunk beds, cramped spaces that do not allow for wheelchairs or walkers, lack of ramps or handrails, lack of single-use bathrooms). Shelters also do not have skilled staff to support older adults with cognitive impairment.

Lack of Eligibility: Many participants stated that shelters will not accept older adults who need consistent medical treatment, use oxygen tanks, and/or cannot complete activities of daily living. Many shelters are also specific to victimization type (e.g., domestic violence, trafficking) or sex. One participant stated that there are many innovative services, but the eligibility criteria make it difficult for most older adults to access those services (especially publicly funded long-term care). Many participants recommended establishing specialized shelters (like domestic violence shelters) for individuals who experience elder abuse that can provide care for individuals who cannot perform activities of daily living, need accommodations for physical impairment (e.g., handrails, shower seats, wheelchair ramps), or need medical treatment.

Other recommendations addressed the overall lack of housing within an area, with participants recommending:

- **Convert Available Real Estate:** After the COVID-19 pandemic, many real estate spaces remained empty and could be used to address housing shortages. One focus group participant stated their city converted a hotel into housing, while a survey participant recommended converting empty commercial real estate (e.g., “big box stores”) into affordable senior living facilities.
- **Develop a Comprehensive Listing of Regional, Licensed Personal Care Homes:** One participant shared that their organization created a Geographic Information System housing dashboard that brings together all the rental listings in the state, along with resources within the same geographic area.

“Currently, our only 60+ living apartment is occupied 90% by residents from out of state because it is cheaper and we have no state income tax. So the elderly from other states take up the housing, and our local elderly or vulnerable people just struggle to literally death.” – Victim service provider

“We simply need more units to be built to provide housing for older adults. Whether this means changing zoning laws to allow for more construction or raising funds for new construction, we are unsure. What we do know is that homelessness for our seniors is on the rise, which leaves them vulnerable to exploitation.” – APS staff

“Affordable senior housing options other than nursing homes. Why not create special centers that can house thousands of senior residents at bargain prices while using grants to reduce costs and provide in-house medical care? Much like assisted living but paid for mostly through grants, so rent is cheap.” – Victim service provider

Lack of Skilled Staff: Participants also noted that finding housing for older adults with physical or cognitive impairment is difficult. Someone might require care 24 hours a day from professionals with specialized training for older adults (e.g., registered nurses, physicians, social workers, dementia/memory care specialists).

Lack of Housing Coordinators/Specialists: Multiple participants noted that older adults may need assistance in finding safe housing, which can be a highly complex process involving the need to match assisted living with their level of care needs and determining eligibility for certain types of housing. Elder justice professionals recommend having housing navigators who are experts about all aspects of housing and can offer support specific to older adults (e.g., understand accessibility needs, provide explanations, and remain in contact with the client throughout wait times).

Refusing Care: Some older adults have intensive medical and caregiving needs that their family members cannot meet, but the older adult refuses to enter assisted living or a nursing home (e.g., because they do not want to lose their independence or their home). Providing funding for caregiving services and home modifications that improve physical mobility (e.g., ramps, grab bars), improving heating and cooling, deep and consistent cleaning, and insect/rodent extermination may help family members continually support the individual in their home.

Care for Pets: Many older adults are not allowed to take their pets to shelters or other housing facilities. Participants recommend making housing options available that allow pets to accompany older adults to the shelter or offer options for rehoming pets.

"Abusers use pets as leverage to control their victims of any age. By having a process in place to care for/foster, etc., victims are much more likely to report and seek assistance." – Medical professional

Gaps in Specific Types of Housing

Gaps in Accessing Nursing Homes and Assisted Living: When an older adult needs more care than can be given by someone living in the home with them, it may be necessary to seek housing within an assisted living facility or nursing home. However, participants noted difficulties with obtaining housing in these spaces. For example, one participant shared that nursing homes or other elder care facilities close because they cannot afford operational costs or maintain optimal care standards for residents, especially in rural communities. This makes it necessary for families to place older adults who need comprehensive care in facilities that are far from their homes, which often decreases the number of visits from family members. This has significant negative effects on older adults due to a lack of socialization with their family and friends who are too far away to visit very often.

Other participants noted that assisted living and nursing homes are extremely expensive, especially for individuals on a fixed income and/or dependent on social security payments. Many older adults do not qualify for financial housing assistance in assisted living or nursing homes because they have too many financial assets and income, but still cannot afford payments. Many nursing homes and assisted living facilities do not accept Medicare, and Social Security is not enough to cover the costs.

Several focus group participants shared that staff in nursing homes are afraid to accept older adults who have experienced elder abuse into their facility because they fear the abuser might visit the facility.

“Things we’ve run into in the past in terms of getting somebody into a nursing home temporarily is either the nursing home is afraid to take the older adult because the perpetrator might be not imprisoned or might still be out somewhere, and they’re worried about them showing up. And #2 is sometimes the older adult might have a history of discharges and behavior issues in those facilities, and although they’re not supposed to refuse, they refuse to take them.” – Victim service provider

Lack of Emergency Housing: Participants noted that there are few options and long wait lists for emergency housing after experiencing abuse. One focus group participant shared that they send clients to hospital emergency departments for emergency housing placement.

“Removing a person from an abusive situation can be accomplished with mobile crisis teams, but finding a safe shelter option on the same day is nearly impossible. Reserving beds for emergency situations would be one possible action.” – Hotline/helpline staff

One participant stated that they tried to establish a contract with several local nursing homes to reserve beds for emergency placement for individuals experiencing elder abuse. However, the nursing homes required a monthly stipend to be paid, regardless of whether the bed was used. The participant noted:

“I’m trying to reach out to a couple of the 19 nursing homes we have in our county to see if we can get an emergency contract with any of them; so far, what they want, though, is a monthly stipend whether we use the bed or not, and with us being a government agency, we don’t have that kind of resources. So I’m just really trying to plead at their mercy. That would be the best thing- if we can get a couple of beds somewhere that they can say, ‘Yep, we’re here,’ but so far no one is willing to work with us. But I’m still trying.” – Victim service provider

Lack of Transitional Housing: Participants stated there are very few options for transitional housing (i.e., in between emergency housing and long-term housing). For example, it can take several months to complete the eviction or guardianship process. Several participants discussed needing foster care or other similar options for older adults who lack the capacity to care for themselves, are currently working through the very long process of obtaining long-term housing, and/or do not have finances to pay for temporary housing. Participants recommended dedicating a certain number of beds in assisted living facilities, nursing homes, or other facilities to individuals who experience elder abuse. One participant shared that their city has one skilled nursing facility with a unit that functions as an elder abuse shelter. Beds are designated for short-term respite stays for individuals who need to leave their current situation and stay somewhere safe temporarily while a long-term plan is made.

FRAUD OR SCAM SUPPORT

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Lack of Services and Expertise in Responding to Fraud: Several participants stated they did not know where to refer individuals who have experienced fraud/scams. Participants expressed a need for forensic accountants and fraud intervention specialists to identify and respond to fraud/scams, have legal knowledge of consumer rights, and help explain the processes to older adults. Having access to a fraud intervention specialist who can immediately investigate fraud can assist in processing evidence quickly, shorten wait times for investigation, and take the additional burden off untrained staff whose main function is not fraud investigation.

Lack of Investigation: An APS worker indicated that they do not investigate financial crimes; they refer clients to law enforcement for help with financial crime investigations. Several participants (including law enforcement officers) stated that law enforcement is often unable to investigate reports of fraud due to the volume of cases, as well as a lack of trained personnel and necessary technology.

“Digital fraud is touching just about everybody. The standard answer of reporting to your local law enforcement agency just isn’t working. They’re too far behind the curve at the federal level. They’re not interested until it gets to the \$250,000 range or more. They make the report, and the officer taking the field report says there’s nothing they can do about it. ... The small amounts of money over a large period of time are slipping through the cracks.”
 – Victim service provider

Lack of Case Management: Participants noted that case management is critical in the first 30 days after experiencing fraud. Individuals who have experienced fraud must submit reports to several different agencies (e.g., financial institutions, governmental agencies), take steps to protect their assets, contact law enforcement to begin an investigation, and address mental health needs. Each of these steps requires extensive follow-up. One participant recommended establishing a “fraud victim services agency” to provide continuous services throughout the aftermath of fraud victimization.

Lack of Effective Responses From Banks: Many participants stated that banks are unwilling to or cannot assist individuals who experience scams. Many of the steps to contact banks and request fraud intervention support are automated and difficult to navigate. The response from banks is often very slow, and banks are unable to share records that can assist with a case, which has an impact on a potential investigation. Working with banks on fraud cases can also be very complicated and difficult to navigate, especially in cases where the account holder transfers money at the behest of scammers. In some situations, the bank freezes an account, so the individual has no access to their money. In other situations, it can be very difficult to quickly freeze a bank account for individuals experiencing scams. One participant explained how they use a probate code to help families who are unable to stop an older adult from continuing to give money to scammers:

“An officer signs a declaration that’s pre-printed, just fills in the blanks, gives that to the public guardian’s office and they certify it, and APS, I believe, takes it to the bank, and they freeze the account for 45 days. And, during that 45-day period, APS finds a family member who is willing to go in there to take over the banking for this person. So basically, they’re stopping the bleed on these people’s money. And this probate code section, if it’s done the right way (and it’s only being done in a couple of counties right now because you have to put a team together and you need law enforcement)—it could be used anywhere.” – Legal service provider

Lack of Effective Responses From Credit Card Companies: Credit card companies are often unwilling to help individuals who experience scams. Some companies will remove fraudulent charges. However, some participants discussed cases where scammers use artificial intelligence to generate their clients’ voices to authorize charges or scam them into providing answers to questions that can be used to authorize fraudulent charges. In these situations, the credit card company would not remove the charges because they believed they had the approval of the account owner. For example, one participant stated:

“He got a call from what he thought was American Express. They asked him questions, where he had to give yes/no answers. They recorded him and then used that to get authorization to get \$10,000 worth of travel services. American Express first removed the charges, and then they keep saying, ‘Well, we have evidence that you approved it.’ Give me a break, it’s so difficult... I know sometimes it’s not the company’s responsibility if the person really did authorize the charges—but in this case, this guy really didn’t authorize the charges, and he’s getting nothing but grief. I see this as a growing problem.” – Legal service provider

Lack of Effective Prevention: Participants suggested having continuous account monitoring and online credit checks to spot instances of fraud and developing scam and fraud prevention resources tailored to older adults. One participant said:

“Just imagine if there was a federal platform and people could go and just get inoculated a little bit and reminded from a trusted resource without every state across the country reinventing the wheel. I would love to be able to say to our clients, ‘Here’s something you can do—just take a look at these signups, look at these videos. It will really help you remember how cautious you need to be and what you need to look out for.’” – Legal service provider

Lack of Effective Service Coordination: Multiple participants stated that organizations responding to financial fraud/scams (e.g., banks, APS, law enforcement) are not required to coordinate. They recommended developing a more coordinated response at federal and local levels, tracking patterns in fraud and individuals who perpetrate fraud, providing cross-training service providers on how to respond to cases of fraud, and streamlining the reporting process.

“I want to change the topic to financial exploitation and the huge degree of lack of coordination. It’s just... it’s terrible. Banks are not required to report to APS, at least not in my state. Most exploitation that occurs overseas

will never be prosecuted. There's no real systems in place to help to identify and protect adults when they start to lose their cognition. There's no protections in place to deal with the hundreds if not thousands of calls that someone gets once they've been scammed and then get those calls over and over again every day. And if you've got someone who's not able to manage their money, the process of getting them a conservatorship is not quick. You can lose everything in a handful of days vs. the 6–9 months it takes to get a conservatorship. And I'll leave it at that." – APS staff

Lack of Response to Benefits Fraud: Several participants discussed a lack of response to Social Security and Medicaid fraud. Once the fraud has been discovered, it can take several months to obtain a representative payee or guardian to oversee the distribution of benefits. Participants recommended establishing a specific team to oversee cases of federal benefits fraud, protect the benefits of individuals who have experienced benefits fraud, and mandate reports of benefits fraud at long-term care facilities.

Lack of Financial Recovery: Several participants shared that their clients cannot typically recover funds stolen through fraud/scams. They believe that the lack of financial recovery has significant effects on physical and mental health.

FEEDBACK FROM INDIVIDUALS WHO HAVE EXPERIENCED ELDER ABUSE

Lack of Expertise and Services in Responding to Fraud: Most participants stated they did not know where to seek help after experiencing fraud/scams. The professionals they sought help from also did not know where to direct them for services. Multiple participants shared that they were passed from one person to another when trying to access services.

"No one is here to help you. You're on an island, and you owe lots of money, and there's no help. It's really frustrating... A lot of older people don't even have computers. You're left far behind in the dust."

Lack of Streamlined Reporting: Seeking services is an overwhelming, "laborious," and time-consuming process. Several participants shared that it took them 6 hours to fill out the FBI Internet Crime Complaint Center forms. The forms are "complex," not "user-friendly," and very difficult to complete while in crisis. Several participants recommended making the reporting process easier, for example, by developing a short initial contact form to initiate the reporting process quickly. One participant highlighted the need for one federal agency to support older adults who are experiencing financial fraud (rather than several).

After spending significant time filling out the required reporting forms, most participants did not receive any follow-up. They often tried reaching the law enforcement

"[Without the help of my daughter], I would have been so overwhelmed with the FBI forms. I would have just given up. I wonder if there could be a preliminary form like 'Who are you, where do you live, how much did you lose'—something that would take 5 minutes to fill out. And then something else when you're ready—you can share more of your story, so you're not just swamped. You're ashamed, and you have to write all this down, and it's overwhelming."

officers who took their report but could not. Some participants shared that they have not been able to move on with their lives because they are waiting for law enforcement to update them on their cases. They are holding on to hope that the scammers will be prosecuted.

"I haven't heard back from anybody, and it's been over a year. There's no follow-up with them. You do your due diligence. You make the first steps, reach out—crying for help, and it's just not there."

"I was encouraged to come forward and report it to the FBI and different agencies, which I did. To me, large peanuts—and to them, small peanuts. It wasn't enough to do anything about it. I felt totally rejected after coming forward. They said, 'Please—you should really report this.' Then, you feel like more of an idiot because your case isn't quite big enough."

Lack of Investigation or Response to Internet Crime Complain Center Complaint (IC3) Forms: Law enforcement told many participants there was "nothing they could do" about fraud victimization. Participants shared that they saved documentation associated with the fraud they experienced and filed every possible report (including to the IC3). Law enforcement told some participants that they could not assist with their case, especially if the fraud was out of their jurisdiction, transnational, or involved bitcoin. Participants express frustration. They understood the limitation but did not receive guidance on where to go next for assistance. One participant recommended that local police departments establish one point of contact to link victims to all resources available within the state.

"I called them, and they said, 'Ma'am, we get xx number of claims a week, and you will likely never hear back,' and I haven't. It's been a year."

"Have people listen to the victims. Interview them. Get as much data as they can on these romance scammers, track them down, and prosecute them. Don't just file a case that gets thrown aside or, maybe at best, put in a database. Personally, I have a lot of data that could have been very useful in working my case, but no one seemed to care."

"I even saw one of my scammers on another chat website that I had joined, and I contacted the FBI and told them, and it went in one ear and out the other. They didn't care. They could've found them through that website."

Lack of Financial Recovery: Most participants stated that they did not recover any of their assets after experiencing a scam. They expressed frustration, anger, and severe distress. Many participants filed for bankruptcy.

"I'm a senior who was scammed out of \$700,000. That's my life savings. I spent 6 hours giving details to the FBI. They aren't even looking into my case. No one prosecutes these cases, and that's why it's so prevalent. The scammers know they can get away with it and won't be pursued by law."

Financial Recovery Scams: Individuals who experience scams are desperate to recover stolen assets, which makes them vulnerable to additional scams. Participants reported experiencing attempted scams when they contacted companies that offer financial recovery services.

Lack of Effective Responses From Banks: Individuals who experienced scams described significant challenges working with banks and felt judged. Several participants stated that their bank closed their account without their consent due to suspected fraud. Participants also owed money to the bank due to the fraud they experienced. Participants recommended that financial institutions improve mechanisms to prevent large monetary transfers from occurring illegally.

"I was actually given a choice to either pay back \$300 a month or have my wages garnished, so I chose the \$300 a month plan. I still owe \$56,000."

Lack of Effective Responses From Credit Card Companies: Several participants shared that they could not effectively communicate with their credit card company about the scam they experienced, with some needing additional information from the FBI to provide supporting documentation. Often, the credit card company did not understand what the individual was describing and would not assist with financial or credit score recovery. As a result of the fraud, participants experienced a severe drop in credit scores. In reference to credit card debt due to a scam, one participant said:

"It's not that I'm refusing to pay it. I will pay it because I don't have a choice. But can I pay it at a slower rate so that I can eat this month?"

Participants made several recommendations: (1) fraud should not impact credit ratings; (2) options for debt forgiveness after experiencing financial fraud should be provided; and (3) financial institutions should provide training to staff to increase awareness of financial crimes, improve customer service for individuals who have experienced fraud/scams (e.g., increased compassion and empathy), and develop protocols for preventing fraud (e.g., preventing the transfer or withdrawal of large amounts of money without additional verification, flagging suspicious accounts, recognizing suspicious credit activity).

"You have to dig into stuff and hire someone to fix your credit. Mine went down the shitter. I'm 67, so it takes a long time to build it back up. There should be help for that, and they should protect us from that. I think it's crazy—to be on the line for what somebody else did, and you still get the beating for it."

Challenges Associated With Fraud and Taxation: Most participants described receiving very large tax bills after experiencing fraud/scams. Although not explicitly articulated, it appears that individuals who experience scams are perceived by the Internal Revenue Service (IRS) as having made large monetary gifts, earned money from selling their homes, or withdrew large amounts from retirement funds (e.g., 401k). They are then taxed on those monetary "gifts" and "capital gains" despite these funds being stolen by

scammers. Participants were “devastated” that the IRS did not acknowledge their victimization and forgive the taxes owed.

Several participants contacted tax attorneys because they did not understand why they owed taxes associated with the fraud/scam. One participant hired a tax attorney to successfully reduce their tax bill by \$70,000. The attorney charged \$5,000 for their services, which is another financial loss for individuals experiencing scams. Other participants who tried to hire tax attorneys stated they were blamed for being scammed, accused of being part of the scam, and could not afford the cost of the attorney. One participant contacted a tax preparation service for assistance, and the staff member had never heard of the scam they experienced and did not know how to help them. One participant worked with a “taxpayer advocate”:

“The threat of losing what little money I have left to the IRS due to the tax law of 2017 that punishes scam victims. I know I will never get my money that was stolen back. I will have to struggle financially for the rest of my life.”

“I had been a wreck. I lost weight. I couldn’t eat. I have nightmares. It’s not the IRS’s fault. They have to follow the law, but if you get a taxpayer advocate, they can talk for you and the IRS much better than a tax attorney. They are going to do the same thing you could’ve gotten for free through a taxpayer advocate.”

TECHNOLOGY SUPPORT

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Participants suggested several needs for technology support, including prevention efforts (e.g., technology safety planning, teaching social media safety, addressing loneliness as it relates to social media usage, and general technological literacy) and intervention efforts (e.g., forensic IT specialists to track scammers, computer scrubbing after a data breach, and assisting older adults in using technology to access help).

FINANCIAL ASSISTANCE

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Lack of Financial Assistance (Generally): Many individuals who experience elder abuse are hesitant to seek help because they are financially dependent on their abuser. Participants shared that most of their clients are on a fixed income, which is a barrier to accessing any service that is not free of charge. They are unsure whether they will be able to pay for basic needs, like housing (including home repairs and overdue mortgage or rent payments), food, utilities, medication, and new cell phones. Many participants shared that they are unable to provide emergency financial assistance for their clients, especially if the older adult does not file a police report. Participants also shared that investigation and trial can be a lengthy and financially burdensome process, and their clients need financial assistance during this time.

Lack of Financial Assistance After Experiencing Financial Exploitation or Fraud: Individuals who experience financial exploitation or fraud often need extensive emergency financial assistance (e.g., because their abuser has power of attorney and controls their finances, they lose their life savings to scammers). Many banks freeze the accounts of individuals who experience fraud. These individuals need emergency financial assistance because they are unable to access their own money to pay for housing, food, and other needs.

FEEDBACK FROM INDIVIDUALS WHO HAVE EXPERIENCED ELDER ABUSE

Difficult to Access: Participants discussed extensive financial hardship after experiencing fraud. They needed but could not access financial assistance for housing, food, mental health services, and legal services. One participant had to work three jobs to pay for monthly expenses, which included a \$500 increase in their rent. One participant lost their home, marriage, and family. Victim compensation can take a very long time to be paid, and individuals who experience scams often cannot recover their stolen assets, which makes emergency financial assistance a critical service.

Lack of Expertise: Participants stated that employees at financial institutions often do not have the knowledge or authority to help them with fraud.

FINANCIAL MANAGEMENT

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Lack of Expertise: Most participants shared that they do not have the expertise needed to handle cases of financial exploitation or fraud. Organizations need (1) access to financial management professionals, financial management programs for individuals who have experienced or are at risk of financial exploitation or fraud, and financial literacy workshops; (2) increased expertise in providing referrals and services for financial exploitation and fraud; (3) training on how to provide documentation associated with financial exploitation or fraud to law enforcement; and (4) strategies that help stabilize older adults who

have experienced financial exploitation or fraud rather than freezing bank and credit card accounts (which prevents older adults from accessing their money).

Lack of Prevention: Participants discussed the need for training, services, and support to protect older adults' finances from financial exploitation or fraud and prevent victimization.

TRANSPORTATION

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Lack of Accessible and Affordable Transportation: Many older adults are unable to drive a car or access public transportation, taxis, or rideshares (e.g., Uber, Lyft) due to physical impairments. Older adults who can physically access rideshares may be uncomfortable using this service or unable to navigate the technology used to book these services (e.g., smart phones, apps). In addition, many older adults cannot afford taxis, rideshares, or other transportation services. As a result, they must rely on others for transportation for appointments and basic needs (e.g., victim service, law enforcement, legal, medical care, shopping for food and other necessities). Participants noted that relying on family members to provide transportation to appointments can cause conflict within the family, and described existing transportation services for older adults as unreliable and difficult to schedule.

Participants made the following recommendations to address perceived shortages in transportation options:

"If I could ask anyone for anything, it's transportation. It is one of the things we struggle with the most in all realms, but in particular, in things that are not directly related to our role. We can't get people transported to court or capacity hearings."
— APS staff.

- **Provide Free Transportation:** Participants recommended providing free transportation for victim services, medical appointments, and criminal justice appointments (e.g., court proceedings), including after normal business hours. Many transportation providers end their services at 4:00 or 5:00 p.m.
- **Transportation Staff:** Hire drivers as part of victim service staff. One participant stated that their organization purchased vans and hired drivers to transport their clients to appointments. Drivers should be able to accommodate individuals with hearing, vision, language, or mobility impairments.
- **"Senior-Focused Transportation":** One participant recommended developing a transportation program tailored to older adults. They are piloting a program like this in their community. A service provider helps the older adult schedule transportation to their appointment through one of multiple transportation providers in the community. A provider calls the older adult to remind them about their appointment the day before. On the day of the appointment, the volunteer picks the older adult up at their home, carries necessary medical equipment to the vehicle (e.g., oxygen tank), and

helps the older adult into the vehicle. The provider drives the older adult home after their appointment.

- **Co-Located Services:** Many participants recommended offering victim services in one building or a cluster of nearby buildings (i.e., “one-stop shop”). Older adults could use transportation once to access a variety of services at the same time.
- **Virtual Services:** Providing virtual attendance options can help overcome transportation gaps. One participant saw an increase in court appearances by older adults during the COVID-19 pandemic when court proceedings were held virtually. Older adults were able to attend from their homes and avoid finding transportation to the courthouse.
- **Resource List:** Develop a comprehensive listing of regional, licensed transportation providers. This will help elder justice professionals find transportation faster.

“We have elders that can’t drive or should not be driving or don’t have vehicles. They can’t go to the food pantry because they don’t have the means of getting back and forth.” – Victim service provider

Benefits of Improving Transportation: Participants believe that access to transportation could reduce isolation, burden on caregivers, and abusers using transportation as a form of control. Some services that reduce isolation (e.g., day programs) close because they do not have enough participation, but participants believe the lack of participation is due to lack of transportation.

“Without transportation assistance and handholding, people rarely utilize all the services that are available to them.” – Victim service provider

PEER SUPPORT

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Lack of Peer Support Groups: Several participants shared that there are few support groups for individuals who experience elder abuse, especially scams and other types of fraud. They highly recommend peer support groups because they help (1) provide a social support system for a demographic that is losing their support system due to aging and (2) help individuals who have experienced elder abuse understand that they “are not alone” (i.e., others have similar experiences) and learn about the benefits of accepting help from peers. Participants suggested in-person and virtual peer support groups. Some participants recommend developing peer support groups associated with accessing victim services, like a peer support group for individuals who file restraining orders.

Lack of Providers Who Are Older Adults: Two participants stated there are not enough older adults providing services to older adults. They recommend hiring older adults or partnering with older adults who

are volunteers because they may be able to build rapport more easily with individuals who experience elder abuse. Participants also suggested engaging older adults as peer educators to raise awareness and promote prevention efforts within the community.

“For a few years at APS, I went out with the most amazing nurse. She was in her 70s when we were going out together to do APS interventions. I was much younger. But she was one of ‘them’ [older adults], and the dynamic was completely different. She could say things to them. She could address issues as a peer that I could not and get them much more engaged than I could. Now that I am approaching that stage in life, I keep saying, why isn’t APS recruiting me? Why are we going after these young people? We should be bringing all the oldies back.” - Victim service provider

“S.A.L.T. Councils [Seniors and Law Enforcement Together] are a peer group that walks them through the entire reporting through the court process, and they are senior volunteers who are trained to help with that... just that day-to-day, this is what's next, this is what that's going to look like kind of thing.” - Fraud professional

FEEDBACK FROM INDIVIDUALS WHO HAVE EXPERIENCED ELDER ABUSE

Lack of Peer Support Groups: Most participants recommend developing more peer support groups for individuals who experience elder abuse, especially fraud/scams. Several participants shared that the peer support group they attended was the only service they accessed, but they often had to wait months to get into the group because of the high demand to participate. Some participants shared that they previously participated in 12-step support groups for substance use (e.g., Alcoholics Anonymous) and used the activities they learned to work through their emotions associated with fraud/scams. Participants who accessed peer support groups for fraud/scams found it very helpful to talk to others who had similar experiences. They experience an extreme sense of shame and want to work through that shame anonymously with others who are like them. The peer support group helped them realize they were not alone.

“For me, it was to know that I wasn’t crazy. That there were other people who this had happened to. There wasn’t something wrong with me like, ‘Oh my god, other people have fell for this too.’ This was a biggie.”

Limitations of Support Groups. A few participants highlighted that support groups were helpful after experiencing fraud but articulated the need for additional assistance beyond what support groups are meant to provide. In addition, some participants seeking support in online support groups mentioned wanting a more personal connection.

“I still feel ashamed of myself about what I decided to do and how I lost it. I want to share it with other people who understand, and not just I did this or what I’m doing to get my money back. As one of the other people in the group said, I don’t have a group to talk to—not online or in person. Zoom is nice but it’s not a real person there in front of you.”

GUARDIANSHIP/CONSERVATORSHIP

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Lack of Guardians/Conservators: There is a shortage of guardians, conservators, and resources to help with the legal process. Participants recommended exploring alternatives to guardianship and conservatorship, options for individuals who do not have family members to serve as guardians or conservators, and services that help families navigate end-of-life and long-term care guardianship processes.

"The potential guardian should be vetted with as much enthusiasm as the incapacitated person." – Legal service provider

Long, Difficult, and Expensive Process: Obtaining guardianship or conservatorship takes a very long time, is expensive, and is complicated. Families have few supports to help navigate these processes. Providers indicated a need for support and resources for guardians and conservators, a coordinated effort to resolve guardianship issues, and a need to establish best practices for those who have been appointed as guardians or conservators.

Unnecessary Guardianship: Several participants use guardianship as a "last resort" because the process is expensive, "takes someone's rights away," and becomes part of the public record in some states. They suggested exploring options for preserving an individual's autonomy, prioritizing "supportive decision-making", and identifying alternatives to guardianship in cases where guardianship may not be necessary. Furthermore, if a perpetrator of elder abuse becomes a guardian, then the abuse could become worse, and it can take several months to over a year to remove an abusive guardian.

"They [abusers] do use guardianship as a tool to work against the elder... we had one case where a grandson moved in with grandma and grandpa. Grandpa dies... then, the grandson got an apartment, used her social security check, and put her in an apartment, and he stayed in the house. His initial thing was to try to get guardianship, and this is what they're trying a lot of times to do. They are trying to say the elder has dementia, and they're not doing really the testing for the elder to see if there really is dementia or something that would relate to where somebody needs to be under a guardianship or even just not believed anymore. Now, this grandson was going to be able to take control over everything." – Legal service provider

"We've had a lot of guardianship issues. One of our cases is a ward whose guardian is potentially abusing her. And, so, we've been advocating for her to get her guardian changed, but it's not an easy process. We've been fighting for over 6 months at this point on this particular case. And it's almost impossible to get our client's story to be believed because she's already deemed incompetent, but she's advocated that she's being abused by her guardian. I think this section of elders is definitely being forgotten." – Legal service provider

Emergency Guardianship for Fraud: One provider described a strategy to immediately assist individuals who are experiencing fraud. An elder justice professional can take the case to their local court and submit financial bank statements that show that the individual is experiencing fraud. The court will allow a short trial period (e.g., 90 days) for a conservator to prevent additional fraud from occurring without needing a capacity assessment.

"About a year and a half ago, we had a pretty groundbreaking case that went to the state supreme court, where it was established... is that capacity was not the principal argument in a financial exploitation case, and it was more so a combined series of things that were able to be proven that could argue they were vulnerable because of those reasons. Lack of savviness to technology, not having the ability to do online banking, mobility issues, just so many components that were put into play in totality that said yes that makes them vulnerable." – Victim service provider

LEGAL SERVICES

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Expertise in Elder Law: There is a need for more attorneys who specialize in providing legal assistance for cases of elder abuse and are experts in elder law.

Civil Legal Expertise and Services

Participants described gaps in available services and attorneys with expertise in evicting abusive family members from homes, guardianship, powers of attorney, advance directives, financial crimes, tax law, real estate crimes, intervention with landlords using abusive housing practices, estate planning, divorce and legal separation, and tribal law associated with older adults.

Eviction: Participants shared that they frequently help individuals evict their abuser from their home. Eviction is not an immediate process, and in that time, the abuser continues to live in the home and sometimes retaliate against the older adult (e.g., breaking appliances and windows, continued abuse). Orders of protection can sometimes speed up the process, but often take more than a month to obtain. They recommended establishing a "fast track eviction process" if there are allegations of elder abuse and offering free legal assistance to evict an abuser from the home.

"I'm in New York, and we just had eviction and housing rule enhancements to give more rights to renters, but the double-edged sword of that is that it gives more protections to abusers in those types of situations." – Legal service provider

Protection/Restraining Orders: Protection/restraining orders are critical, especially if an abuser is arrested but then immediately posts bond. However, participants noted that protection/restraining orders

are limited in their scope; civil restraining orders are helpful, but they will not help someone recover their financial resources unless they go to small claims court. Clients often need help filling out the form to obtain a protection/restraining order and legal representation during the hearing. It is difficult to find pro bono attorneys to assist. Participants stated that individuals who experience elder abuse may be hesitant to ask for a restraining order if they live with their abuser because they do not want their loved one to become homeless. One respondent shared that they believe protection orders are a useful option for individuals who do not want their abuser to get in trouble (e.g., because they are a family member) but want the abuse to stop.

“They don’t want to prosecute their family, they don’t want any charges on them, they just want the abuse to stop... so, it’s often explaining systems and how they truly work. So being able to explain that [a protection order] is an option, I think, is kind of a great in-between.” – Victim service provider

“In California, we have a great elder abuse restraining order—it allows for caregivers and emotional abuse. I’m curious if that same level of remedy is available across the nation. What are the strongest protections available nationwide? Make sure they’re available across the board.” – Legal service provider

Limitations With Powers of Attorney: Several participants discussed challenges associated with powers of attorney and elder abuse. To many, there appears to be a lack of education about powers of attorney, including in the medical care field. Other participants discussed the need for assistance in planning for powers of attorney before there is a crisis. If someone misuses powers of attorney and transfers assets, those assets “cannot be recovered.” Individuals who experience abusive powers of attorney often have a very difficult time being approved for Medicaid because they must prove undue hardship or that a crime occurred. One participant stated that law enforcement officers often will not take action in cases of financial exploitation through powers of attorney because the officer considers the power of attorney to have the legal right to do what they wish. Another participant stated that law enforcement officers would not suggest revoking a power of attorney, even if a report has been filed, an investigation has started, or it is in the best interest of the older adult experiencing abuse.

“When someone has been scammed or financially abused through their bank account, you have to make an appointment with a bank, and sometimes it’s a week later, so what happens with your funds between now and then? The banks are not working with our victims. The local banks, they’re fabulous, but you get with big banks—they have to take power of attorney and submit it to their legal department. We came across a case last week where they wouldn’t even honor the power of attorney. And it was a very well-written power of attorney. We’ve seen cases where they want an attorney to sign off to say, ‘Yeah, I helped out with this,’ and that doesn’t happen a lot with power of attorney. It’s done by notaries or other people who aren’t attorneys.” – Legal service provider

Criminal Legal Expertise and Services

Participants described gaps in available services and attorneys with expertise in successfully prosecuting fraud, financial exploitation, and abuse; prosecuting transnational financial scams; proceeding with cases without victim permission, cooperation, or testimony; and prosecuting cases with individuals who have physical and cognitive impairment.

Special Prosecutors: One participant recommended providing training for special prosecutors in each judicial district to meet the unique legal needs of individuals who experience elder abuse. They stated that a special prosecutor should coordinate the criminal investigation between several jurisdictions and supporting social service agencies, as well as follow up with regulatory agencies overseeing facilities and licensed providers.

Lack of Prosecution: Participants also want to see an increase in the number of elder abuse cases prosecuted in court. One respondent shared that they refer cases for prosecution and repeatedly hear that there are not enough resources to pursue the case. Many cases are halted if the older adult is deemed an unreliable witness (e.g., due to dementia or other types of memory impairment) or they cannot prove that a crime was committed. The length of trials also causes problems because some clients experience death or progression of dementia before the case concludes.

"It has to be a case you see in the newspapers before the District Attorney's office will even prosecute someone for elder abuse." – Legal service provider

"Just because you're old doesn't mean you can't testify. The district attorney will prosecute cases where someone has been killed and they don't have a victim to testify. In elder abuse, if you've got dementia, they assume you can't testify, and that's wrong." – Legal service provider

Legal Services Generally

Legal Service Navigation: Individuals who have experienced elder abuse need a professional to help them understand the legal system and process. Several participants shared that the legal process is so overwhelming that individuals who experience elder abuse will stop the process. Examples include how to report elder abuse and press charges, understand victim's rights, help gather documents and write victim impact statements, and explain court proceedings and restitution.

"That's another big thing we've been talking about in our department, is being able to really explain the ins and outs of how things actually work, and not, you know, reading somebody's website and just saying like, 'Oh, based off this one sentence, maybe they can help you,' and then getting the constant runaround." – Victim service provider

Low-Cost Legal Assistance: Many participants stated that pro bono or low-cost legal assistance is not available in their service area or has very long waiting lists. One respondent recommended partnering with legal clinics, pro bono attorneys, and law schools to provide free or low-cost assistance to individuals who experience elder abuse. There are costs associated with asking lawyers to obtain documents needed in elder abuse cases (e.g., bank records medical documentation). Perpetrators of elder abuse are provided with an attorney, but individuals who experience elder abuse often do not have access to attorneys.

CASE MANAGEMENT

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Lack of Case Managers: Several participants stated there is a shortage of case managers, especially in rural areas. This puts pressure on other providers to conduct case management, even if that is outside the scope of their service provision role. Case management takes significant time and should be tailored to individualized needs, provided by individuals with expertise in case management, and include frequent check ins with the client.

"I'm having to do things that maybe an attorney shouldn't do. They need a lot more support just to navigate all the steps involved... If I do the legal part, there are still other gaps. Victims of abuse often have a tough time processing information and need to be explained the steps. Having a case manager to be a regular presence in their life, check in, and make sure they're following up on referrals—that would make the biggest difference." - Legal service provider

"It's the case management piece. As a nurse, our role has to end somewhere. Do we have the trained and qualified individual to walk the survivor through the next steps? In hospital case management, we can only do so much before the patient is out of the hospital. Where is the warm handoff to someone who is going to follow through?" - Medical professional

Lack of Person-Centered Case Management: Participants expressed the need for person-centered case management. This includes, but is not limited to, understanding the needs and desired outcomes of the older adult; supporting those who are not cognitively capable of engaging with service providers; providing in-person case management for those who are vision impaired, hard of hearing, or have challenges using technology; and assisting older adults in a compassionate manner.

Lack of Long-Term Case Management: Participants shared that individuals who experience elder abuse often experience revictimization. Long-term case management is critical for following up on referrals to other services and ensuring long-term safety. One participant shared that long-term case management is their most requested service. Participants recommended providing case management for at least 2 years after experiencing elder abuse to monitor medical care needs; assess cognitive capacity; continue safety planning; access services (e.g., housing, medical care, bankruptcy, eviction); provide continuous updates

on investigation, trial, and the release of perpetrators from incarceration; and ensure the older adult's well-being is sustainable.

"I was just thinking of somebody who killed herself and was reviewed by our elder death review. The gap in service was—it stays in my mind—was that there wasn't really very much follow-up after we got her stable—you know what I mean? And the emotional consequences of the abuse took over, and she took her life... if we only had the resources to be able to continue checking in on her instead of rolling her out of the system—because that's the way the system's set up—it might have saved her life." – Victim service provider

Lack of Expertise in Financial Exploitation or Fraud: Participants recommended case managers who specialize in providing support to individuals who experience financial exploitation and fraud. These crimes require specialized knowledge and services.

"A lot of the system feels like systems of attrition where the steps it takes to get through a complaint about identify theft or to get to the credit bureaus—it feels like there are so many steps that the goal is to get people to not do it. So, if there was a case management system that could check in and break those steps down into much smaller steps for folks and provide that support and encouragement, I think we'd see a lot more success in people getting back on their feet and staying on their feet." – Legal service provider

Lack of Service Navigation: Many participants identified service navigation as a major gap. Navigating victim service, criminal justice, legal, and financial systems and services is very challenging, confusing, and overwhelming for individuals of all ages, but especially older adults. They recommended assigning one provider to help individuals who experience elder abuse understand eligibility requirements for services and the potential impact of accessing services, compile appropriate documentation, navigate multiple systems from beginning to end, and keep older adults continuously connected to services and recertification paperwork for benefits up to date. Participants described having to move from program to program within the same organization to receive wraparound services, which is extremely difficult to navigate for an older adult. Multiple organizations or individuals within the same organization contact the older adult with information and paperwork to complete, requiring difficult to access documentation within a short amount of time (e.g., life insurance policies, five years of bank statements). If the deadline is not met, the older adult must start the process all over again. Once submitted, the paperwork goes through multiple individuals and organizations for approval, and the older adults often get requests for additional information (e.g., proof of where money was sent in a case of fraud).

"The process to get them enrolled [in services]—it is like a circus. The enrollment process... it's just too cumbersome for an older adult. And we often find ourselves overly involved, and we're not supposed to, but that's the only way it's going get completed... I'm just not sure that the powers that be who put the system in place understand how much of a challenge it could be for an older adult to manage independently."

– AAA staff

“Bring visibility to the pathway. I don’t think someone in crisis should be having to figure out the pathways... create an ecosystem for a community partner to understand the local tree line for connecting people with services.” – Legal service provider

Lack of One-on-One Support With Paperwork: Many participants discussed the challenges older adults experience in collecting the documentation needed to support their case (e.g., paperwork in large quantity, online and difficult to navigate). Participants recommended assigning a provider to help older adults collect documentation and fill out required forms (especially online), as well as reducing and streamlining the amount of paperwork required (e.g., filling out one report that is dispersed to multiple agencies).

FEEDBACK FROM INDIVIDUALS WHO HAVE EXPERIENCED ELDER ABUSE

Lack of Service Navigation: Participants shared a strong need for help navigating victim service, criminal justice, and financial systems. They were very overwhelmed and felt isolated while trying to find and access services by calling many different places to find help. Individuals who experienced elder abuse, especially fraud/scams, requested a detailed roadmap of available resources and someone who understands the complexity of the issue to guide them step by step through the process. They also requested that someone check in on them to see if they made progress in accessing services.

“I hear about people who are in situations where they’ve been in a car accident and an attorney takes their case and shepherd’s them through the process. That would have been great—if there was someone who could be my case worker and shepherd me through the process because I was so overwhelmed with emotions. I didn’t have access to my brain a lot of the time.”

CAPACITY ASSESSMENT

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Lack of Experts in Capacity Assessment: Many participants shared that it is difficult to obtain assessments for individuals who may lack decision-making capacity and are vulnerable to abuse. There are long waiting lists (e.g., 6 to 9 months), especially in rural areas, and few experts with the necessary training to conduct capacity assessments. There are significant consequences for conducting inaccurate capacity assessments (e.g., entering unnecessary guardianship).

Lack of Consistency: Some participants noted that the way capacity assessments are conducted varies by profession or organization. For example, participants stated that APS and law enforcement agencies determine capacity differently.

Lack of Affordable Services: Capacity assessments are expensive and not always covered by insurance.

“If I’m doing a capacity evaluation, it’s a small part and I’m not supposed to bill medical insurance usually, depending on the evaluation. I don’t like to charge out of pocket, so I do stuff for free, and I don’t have interpreters, so I pay out of pocket. We need money for services that insurance doesn’t cover.” – Fraud professional

PREVENTION

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Preventing Further Harm: Participants emphasized the need for services that will help prevent further abuse, including long-term support, counseling, and in-home care. This is especially important when a family member is the offender, and the home is unsafe for the older adult.

APS Prevention: Several participants shared that APS is often understaffed, has a high threshold for intervention in some localities, and is limited in the types of preventive services they are allowed to provide. One participant suggested developing a prevention program that could work alongside APS rather than adding additional responsibilities to APS staff. Several APS participants shared that they have started prevention and harm reduction programs to mitigate the risks of elder abuse before it becomes an official case.

“Someone has to do worse or get worse to get any intervention. So, we’re a system built to be reactive. We’re not really able to be proactive.” – Federal staff

Education and Awareness: Participants discussed a variety of outreach methods that could focus on prevention (see section 5.5 for more detail). Participants recommended prevention efforts for multiple populations (e.g., financial institutions, caregivers, older adults and their families) that raise awareness of elder abuse, promote healthy relationships, and empower older adults to protect themselves from mistreatment. Engaging older adults as peer educators and advocates can also enhance the effectiveness and reach of prevention efforts within the community.

RESTORATIVE JUSTICE

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Lack of Options for Restorative Justice: Participants described restorative justice as a “person-centered approach.” They want an “infrastructure” or “pathway” for restorative justice. Participants shared that many individuals who experience elder abuse want to explore alternatives to seeking criminal justice solutions because they do not want an abusive family member to be incarcerated or homeless (e.g., because they were removed from a shared home). Some participants described using “restorative justice lite”

approaches, like drafting contracts for family members stating they will refrain from problematic behaviors (e.g., substance use, gambling).

"I'm sure that many of us have heard it more times than once, 'Well, what am I going to do if they make them leave the home? Who is going to take care of me? But it's my son, it's my grandson.' And restorative justice is a concept that restores what has been taken from them... but when we're looking at how do we help persons move from a victim to a survivor, we have to understand and accept what those family dynamics are—good, bad, or indifferent." – AAA staff

Lack of Research: One participant said there is a lack of research on restorative justice models for older adults. They recommend researching restorative justice for elder abuse to explore alternatives for individuals who do not want to press charges against their loved ones.

MEDICAL CARE

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS.

Difficulty Accessing Geriatric Medical Care and Dementia Care: Many participants shared that there is a need for medical care professionals with expertise in treating older adults, especially for dementia and other cognitive impairment. They discussed challenges obtaining neurocognitive evaluations, such as a shortage in experts, the high cost of these evaluations, a lack of connection to resources for care after the evaluation is complete.

"Hospitals are now starting to shut the doors on us. And what're they're saying... is it that it's not a medical need? If the older adult does not have a medical need to be there, they won't even look at them. So most recently, we just paid our protective services staff for 12 hours to sit in the [emergency room] and babysit this person with severe dementia until we can get them into a bed. And, I'm telling you, it put a huge hardship on our agency for that. But, definitely, placement and safety for the older adult is #1." – Victim service provider

Lack of Affordable Medical care: Elder justice professionals expressed the need for affordable medical care, citing high costs for medication and services not covered by Medicaid or other insurance. One participant indicated that when medication is stolen, it is hard to replace, and older adults often must wait until their typical prescription refill time and go without necessary medication in the meantime.

Benefits of In-home Medical care: Participants noted that in-home medical care providers can serve as advocates if they identify elder abuse. Participants believe it is important to build trust with individuals who experience elder abuse, especially if they have cognitive impairment, by having the same person provide medical care in their home. Participants suggest routine in-home medical care (e.g., a yearly in-home visit by a physician and a monthly visit by a registered nurse) should be available, covered by insurance, and tailored to the needs of the older adult. They also suggested that in-home referrals to

occupational therapists, physical therapists, and mental health/social workers could reduce emergency visits and assist those who do not have transportation. Some APS agencies (1) can make referrals to local aging programs that can visit a client in their home to coordinate medical care and/or (2) have nurses accompany APS staff to someone's home if there is an allegation of neglect or physical abuse.

Lack of Follow-Up or Ongoing Medical Care: There is often a lack of follow-up or ongoing medical care. One participant suggested having follow-ups after emergency room visits for older adults who have chronic conditions or dementia.

Screening and Identification of Abuse: Multiple participants noted the need for medical care providers to screen older adults at various types of visits (e.g., annual primary care visits, emergency room visits) without family members in the room to make sure they are receiving adequate care and are not experiencing abuse. Several participants shared that medical care professionals are not proficient in identifying signs of physical abuse, which is often confused with "normal aging."

"Just getting down to appropriate screening and not doing it in front of family members... I sit in triage all the time and hear people ask, 'Are you safe at home?' We know that 'Are you safe at home' is not a clinically validated question, and so using the validated tools and using them correctly is imperative for people to feel comfortable in their disclosure and awareness." – Medical professional

"If you're talking to Centers for Medicare & Medicaid Services, they have new diagnosis codes around social determinants of health and health-related social needs, and I wonder if that would have any bearing on this... it's a screening thing, but it allows providers to be reimbursed for those, and I'm not sure what's involved in them, but presumably, if a provider can get reimbursed for doing a screening, they're more likely to do it." – Federal staff

Victim Advocacy: Individuals who experienced elder abuse need an advocate to accompany them to the emergency room for support.

FEEDBACK FROM INDIVIDUALS WHO HAVE EXPERIENCED ELDER ABUSE

Very few individuals who have experienced elder abuse discussed medical care needs in the focus groups. The few participants who did discuss medical care stated that they needed medical care due to the stress from fraud they experienced. They believe it is important to acknowledge the physical, mental, and emotional effects of fraud.

VICTIM COMPENSATION APPLICATION ASSISTANCE

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Difficult to Access: Victim compensation often takes a very long time to process. Individuals who experience crime (including elder abuse) lack financial resources while they wait. Participants shared that victim compensation does not cover financial losses or mental health services for individuals who experience fraud. One participant noted that victim compensation often does not apply to their clients.

“For us, the way the victims of crime funding works, it’s very rare when it [victim compensation] makes sense for our clients because so few of elder abuse clients are experiencing physical abuse. It’s primarily financial and neglect and other forms. So, if you look at getting medical bills reimbursed, that’s not that much of a need. Our clients aren’t working, or they’re retired, but they do need financial assistance because of the abuse, but their situations don’t meet the criteria.” – Victim service provider

FEEDBACK FROM INDIVIDUALS WHO HAVE EXPERIENCED ELDER ABUSE

Difficult to Access: Most participants expressed frustration that they did not qualify for victim compensation for financial fraud. When discussing victim compensation, one participant said:

“You’re traumatized, and you think that somebody might be throwing you a small bone, but no, no, no, no, no, no, it doesn’t apply. Nothing applies. Nothing applies!”

ADVOCACY

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Lack of Victim Advocates for Elder Abuse: Many participants discussed the lack of victim advocates for elder abuse in their services area and recommended the immediate assignment of an advocate. Participants expressed the importance of advocates who specialize in elder abuse, working with individuals experiencing cognitive impairment, and making appropriate referrals for the unique needs of older adults. They recommended providing “perpetual victim advocacy with the same advocate” and prioritizing wraparound services.

Lack of Flexibility: Participants typically meet clients in their office, but this can be difficult for individuals who do not have transportation, have physical or cognitive impairment, or are homebound. Driving to each client’s home reduces the number of

“I think I might be the only senior crime victim advocate in the state not associated with the prosecutor’s office. There’s a real dearth of community-based advocates out there for seniors.”

– Victim service provider

clients a provider can see in one day, which is challenging for organizations that are already understaffed and under-resourced. One participant described their mobile advocacy unit. They purchased a van that serves as a “mobile office” for clients to meet discreetly with providers, attend virtual court hearings, ask questions in a confidential environment, and receive referrals. The mobile units pick up individuals at home or from another designated location. Their goal is to purchase a fleet of vans that provides light snacks, heating, air conditioning, Wi-Fi, and larger computer monitors.

FEEDBACK FROM INDIVIDUALS WHO HAVE EXPERIENCED ELDER ABUSE

Lack of Victim Advocates for Scams: Multiple participants shared that they wish they had access to an advocate after experiencing a scam. They wanted emotional support when filing reports with multiple law enforcement agencies, as well as someone to relieve their sense of isolation, make them feel heard and validated, help inform family members about experiencing fraud, and provide guidance on how to access additional supports.

FORENSIC EXAMS

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Gaps Associated With Forensic Exams: After a physical or sexual assault, older adults need a forensic exam but may be uncomfortable with that process. Several participants indicated they do not have a Sexual Assault Nurse Examiner (SANE) available in their county, with one indicating individuals who have experienced abuse need to be transported 3 hours away for an exam. One participant shared that older adults who experienced domestic violence or sexual assault do not always want to go to the hospital, so their organization hired a doctor and a forensic nurse. Some organizations do not have enough funding for their existing forensic staff to serve older adults. There are fees associated with forensic services, which one participant indicated are not covered by insurance without the patient submitting their claim to a crime victim’s compensation office.

“In terms of financial support, and everything we do in forensics, hospitals don’t think it’s their thing to pay for. So many programs across the country are funded by grants, and they are funded by the federal government. I think we have to shift the mentality that victims of violence and victims of elder abuse isn’t a hospital’s responsibility. So, being able to educate a medical care professional that it is a hospital’s job.” – Medical professional

SAFETY

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Lack of Safety From Abusive Family Members: Participants described protection from family as challenging and “uncomfortable.” Familial caregivers might isolate the older adult, prevent reporting or the provision of other services, and/or retaliate against older adults who seek help. Providers must consider and provide a plan for addressing what the older adult relies on their abuser for when developing a safety plan (e.g., medication, food, transportation, housing). Providers suggest having more frequent welfare checks on older adults and screenings for abuse at medical care appointments; conducting safety checks at medical care appointments in private (i.e., without family members present); and ensuring older adults are returning to a safe environment after hospitalization.

Lack of Safety in Court: Individuals who experience elder abuse must sometimes sit in public spaces within the courthouse with their abuser (e.g., the lobby, outside the courtroom). One participant noted that there are safety measures they take for individuals who experience child abuse but not older adults who experience elder abuse. Another participant shared that service providers must ensure the safety and comfort of older adults if they decide to pursue civil or criminal remedies.

FEEDBACK FROM INDIVIDUALS WHO HAVE EXPERIENCED ELDER ABUSE

Lack of Safety Planning for Individuals Who Experience Fraud: One participant stated they felt unsafe after experiencing fraud. This indicates a need for safety planning.

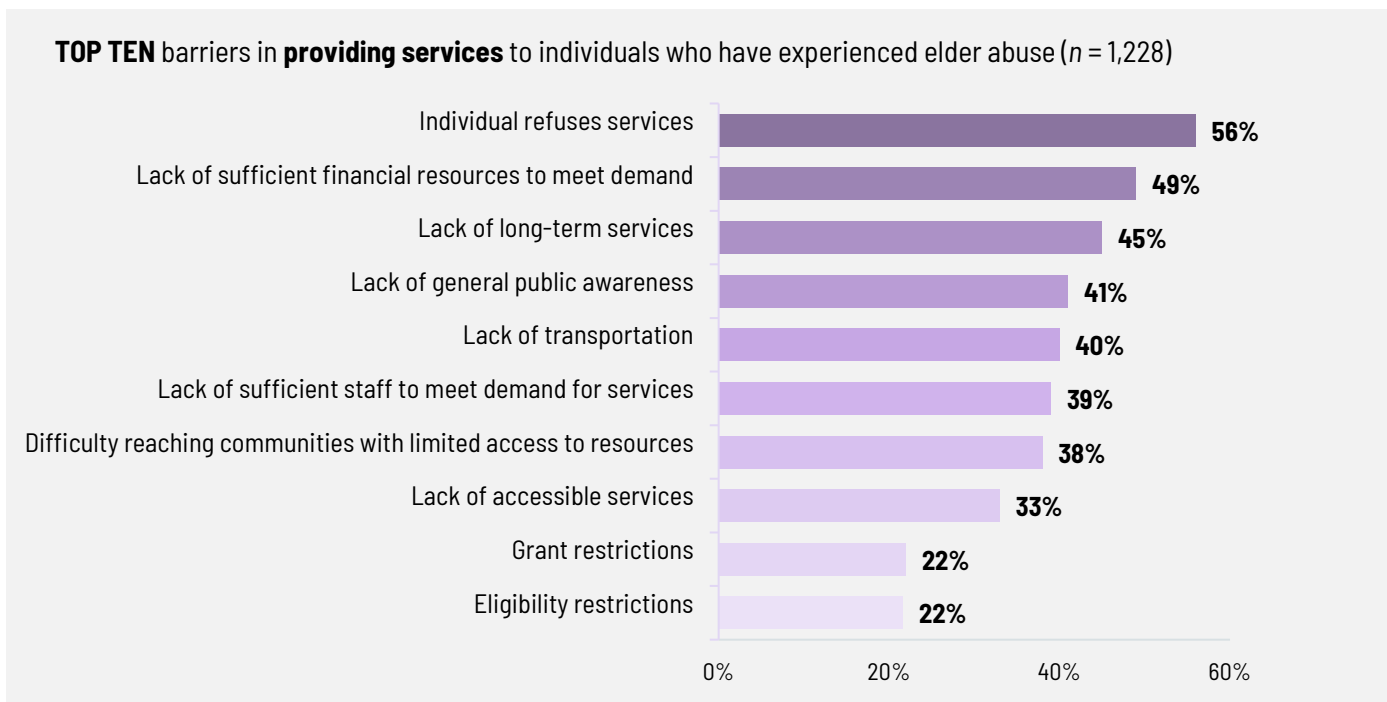
“It’s scary because these people [scammers] know your home address... do I need to get protection somewhere? For my home? For me personally? We just are kind of left out there. It’s really frustrating... it rattles you—it rattles you to your core.”

5.4 BARRIERS TO PROVIDING AND SEEKING SERVICES

RESEARCH QUESTION: What are the challenges/barriers to accessing and providing services to individuals who have experienced elder abuse?

This section combines insights drawn from the two surveys (National Survey of Elder Justice Professionals and the National Survey of Individuals Who Have Experienced Elder Abuse) and focus groups to highlight the barriers to providing services for individuals who experience elder abuse. This section begins by presenting quantitative survey findings from elder justice professionals to highlight the service-related barriers they encounter, as well as perceived barriers for individuals who experience elder abuse as they seek services. This is followed by the perspectives of individuals who have experienced elder abuse on barriers to accessing services. We then present bivariate analyses between barriers to elder justice professionals providing services and organization type, organization setting, and region, as well as the ability to provide accommodations by organization type and setting. The last section provides additional context from the focus group and open-ended survey question findings.

Figure 31: Barriers to Providing Services

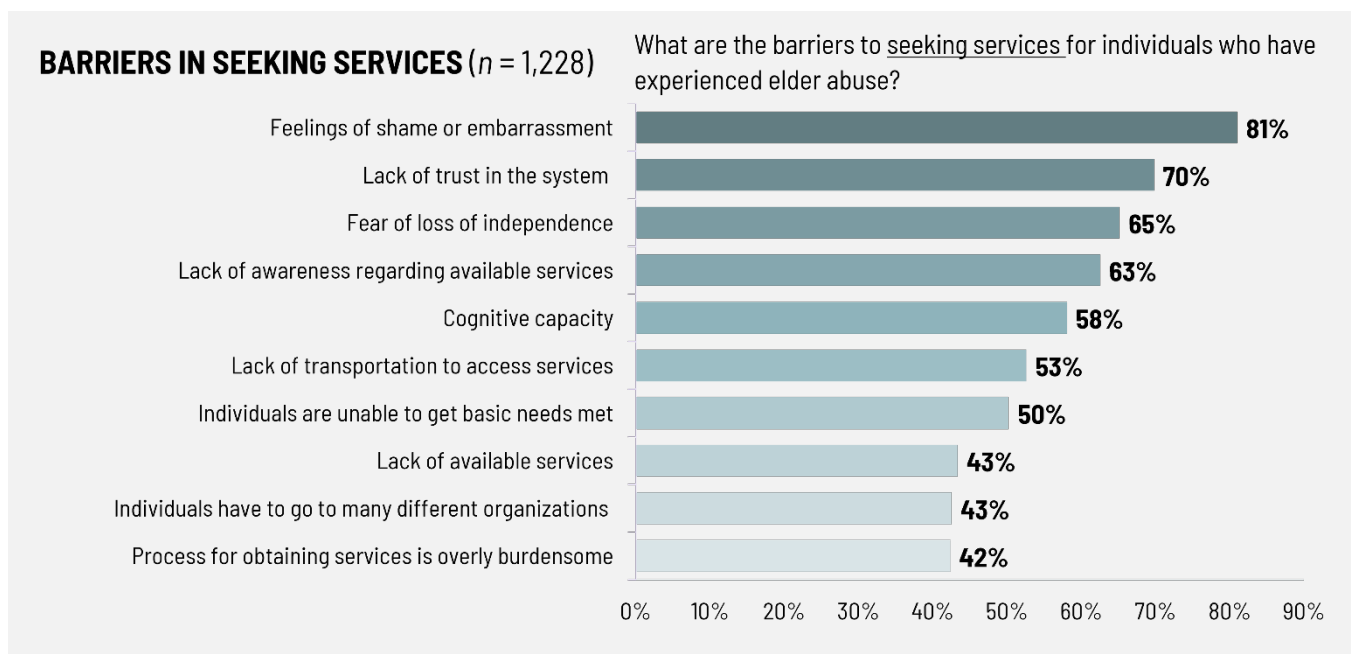


Participants in the National Survey of Elder Justice Professionals were asked to select the barriers they experience in providing services to individuals who have experienced elder abuse. Figure 31 demonstrates that service providers most often reported barriers related to (1) relational aspects of working with individuals who experience elder abuse and communities more broadly (individual refuses services, lack of general public awareness, difficulty reaching communities with limited access to services), (2) insufficient

resources of varying kinds (i.e., lack of long-term services, transportation, sufficient financial resources and/or staff to meet demands, , accessible services), and (3) administrative restrictions on service provision (e.g., grant restrictions, client eligibility restrictions).

Participants in the National Survey of Elder Justice Professionals were asked to select the barriers that individuals who experience elder abuse face in seeking services from their perspective. As demonstrated in Figure 32, the most common barrier to seeking services was feelings of shame and embarrassment, with 81% of participants selecting that option. Professionals perceive that other aspects of fear are barriers to seeking their services, including 70% of participants selecting that individuals who have experienced elder abuse have a lack of trust in the system (e.g., law enforcement, courts, services) and 65% selecting that older adults have a fear of losing their independence. Other top barriers to seeking services included the lack of awareness of services (63%), challenges with cognitive capacity (58%), lacking transportation to get to services (53%), and not having basic needs met like housing, food, and medical care (50%).

Figure 32: Barriers to Seeking Services



Participants in the National Survey of Individuals Who Have Experienced Elder Abuse were asked to rate on a 5-point scale (from “Strongly Disagree” to “Strongly Agree”) their agreement with nine statements describing the ease of accessing services or potential barriers to seeking services. As depicted in Figure 33, individuals experiencing elder abuse were most likely to agree with statements indicating that the process of getting help was difficult (49% of participants agreed or strongly agreed), they were too embarrassed or ashamed to seek help (49% of participants agreed or strongly agreed), the organizations they contacted were unable to provide help for the specific crime that they experienced (38% of participants agreed or strongly agreed), and that they had to go to many different organizations to get help (37% of participants agreed or strongly agreed).

Figure 33: Experience Seeking Services

SURVEY RESPONDENTS reported their level of agreement with statements regarding their experience receiving services.

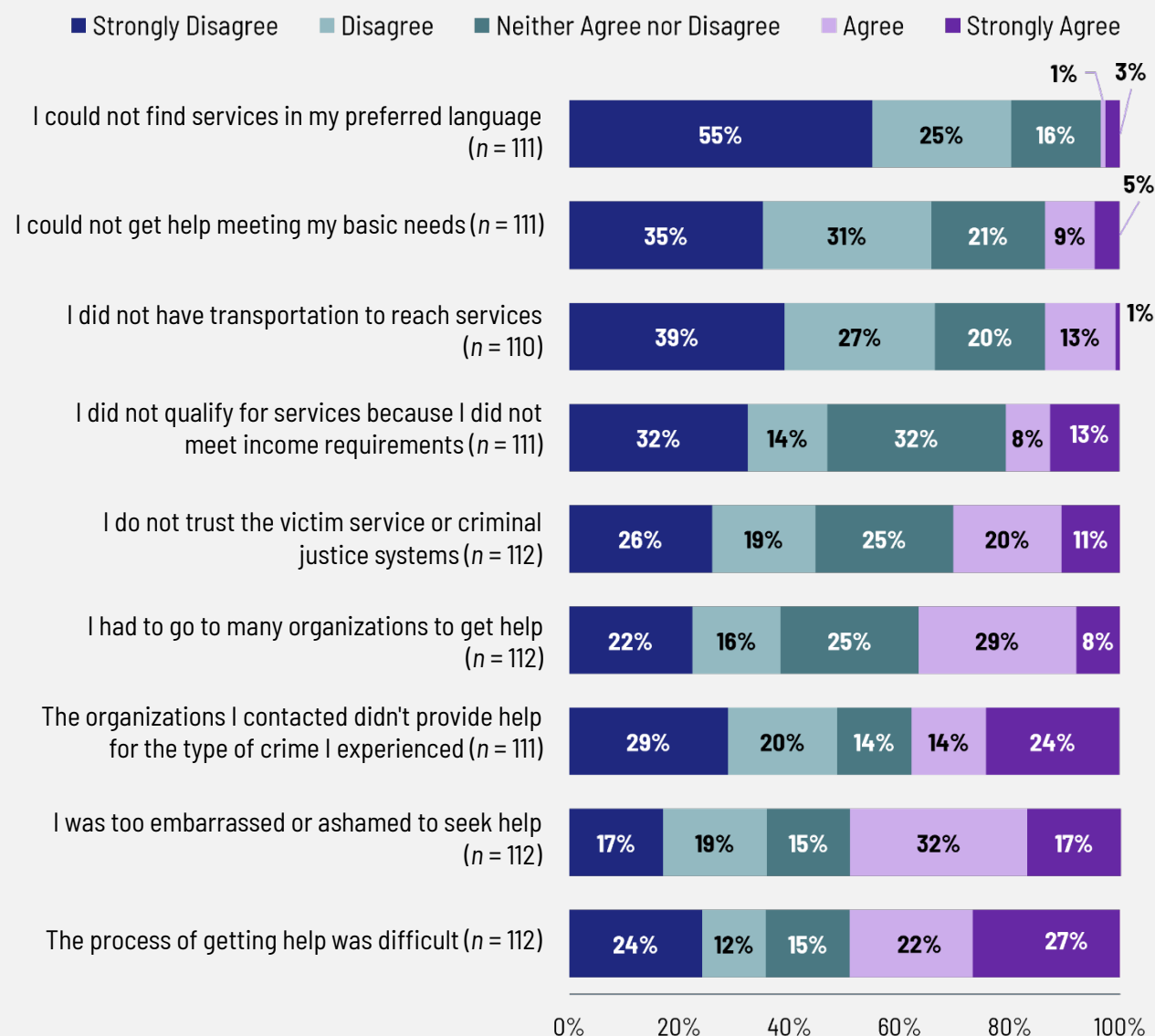
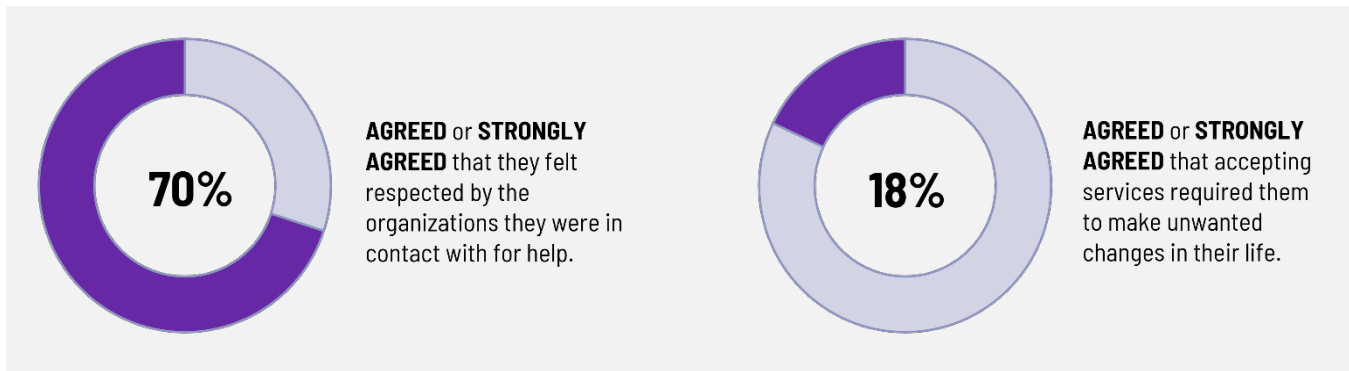


Figure 34: Experience Receiving Services



Individuals who have experienced elder abuse were also asked to rate their level of agreement with two statements regarding their experience with accessing services, as depicted in Figure 34. More than half of the participants (70%) agreed or strongly agreed that they felt respected by the individuals or organizations they were in contact with for help. Only 18% of participants agreed or strongly agreed that accepting services required them to make unwanted changes in their lives.

ORGANIZATIONAL DIFFERENCES IN BARRIERS TO PROVIDING SERVICES

The research team used Chi-square tests of independence to examine relationships and differences between groups for barriers to elder justice professionals providing services.

ORGANIZATION TYPE

We found that perceived barriers to providing services differed by organization type. APS were more likely than other types of organizations to report barriers to service provision, while prosecutor-based victim service providers were generally less likely to report that various barriers existed for their organization.

APS agencies were significantly more likely than other types of organizations to report the following barriers to services:

- eligibility restrictions (reported by 35.5% of responding APS agencies);
- individual refuses services (80.8%);
- lack of accessible services for persons with physical, mental, or emotional conditions (44.9%);
- lack of general public awareness regarding their organization (47.4%);
- lack of flexible interventions (28.6%);
- lack of long-term services (55.1%);
- lack of sufficient financial resources to meet demand (62.0%);
- lack of sufficient staff to meet demand (56.4%);

- lack of transportation for individuals who have experienced abuse to access services (47.4%); and
- safety concerns for staff (29.1%).

AAAs were more likely to report that they experienced difficulty reaching communities with limited access to services (47.0%), eligibility restrictions (30.9%), individuals refusing services (69.1%), and safety concerns for staff (21.5%).

Community-based victim service organizations were more likely than other types of organizations to report difficulty reaching communities with limited access to services (42.5%), lack of knowledge regarding the needs of individuals who experience certain types of abuse (23.3%), lack of training and educational opportunities for staff (19.3%), and lack of transportation for individuals who have experienced abuse to access services (44.1%).

Medical care agencies were more likely to report service barriers such as lack of general public awareness regarding programs/their organization (61.8% of responding medical care agencies reported this), lack of knowledge regarding other available services (47.1%), and lack of training and educational opportunities for staff and volunteers (26.5%).

In contrast, it appears that some organization types found barriers to be less salient to their work.

Prosecutor-based victim service agencies were less likely than other organizations to report eligibility restrictions (6.9%); lack of accessible services for persons with physical, mental, or emotional conditions (22.9%); lack of public awareness about their organization (22.8%); lack of flexible interventions (8.4%), lack of long-term services (36.6%); lack of sufficient financial resources (33.6%); lack of sufficient staff to meet demand (16.8%); lack of training and educational opportunities (8.4%); and safety concerns for staff (4.6%).

Legal service/assistance organizations were less likely than other organizations to report barriers associated with individuals refusing services (29.0% of legal service/assistance agencies reported this as a barrier), lack of accessible services for persons with physical, mental, and emotional conditions (19.4%), lack of training and educational opportunities for staff (4.8%), and safety concerns for staff (3.2%).

Law enforcement-based victim service agencies were less likely than other types of organizations to report difficulty reaching communities with limited access to services (22.4%), eligibility restrictions (11.8%), lack of general public awareness about services offered by their organization (27.6%), and lack of transportation for individuals to access services (25.0%).

ORGANIZATIONAL SETTING (URBAN, SUBURBAN, RURAL)

Organizational location (rural, urban, or suburban) is also significantly related to some of the types of barriers to providing services. Specifically, we found that an organization's location was associated with differences in experiencing:

- lack of accessible services for persons with physical, mental, and emotional conditions,
- lack of public awareness about your organization,

- lack of sufficient staff to meet the demand for services.

Urban organizations were more likely to report, and rural organizations were less likely to report:

- lack of public awareness regarding their organization (46.6% of urban-located entities reported this vs. 36.4% of rural),
- lack of sufficient financial resources (52.8% urban vs. 45.8% rural), and
- lack of sufficient staff to meet demand (43.5% urban vs. 34.5% rural).

Urban organizations were less likely to report a lack of accessible services for persons with physical, mental, and emotional conditions (28.2%), while rural organizations were more likely to cite that as a barrier to service (37.0%).

REGIONAL DIFFERENCES

When examining whether organizations located in different regions of the country were experiencing different barriers to providing services, we found that there were significant regional differences in barriers associated with eligibility restrictions (e.g., age, income, victimization type), individuals refusing services, lack of flexible interventions, and lack of long-term services.

Agencies in the West were more likely to report difficulties associated with a lack of flexible interventions (23.0%) and a lack of long-term services (50.7%). Agencies in the Northeast were more likely than other regions to report difficulties with eligibility restrictions (28.2%).

In contrast, agencies in the Midwest were less likely to report difficulties with eligibility restrictions (17.3%) and lack of long-term services (38.6%), while agencies in the South were less likely to report difficulties with individuals refusing services (50.3%).

ORGANIZATIONAL DIFFERENCES IN THE ABILITY TO PROVIDE ACCOMMODATIONS

TYPE OF ORGANIZATION

There were many differences between types of organizations with regard to the type of accommodations they can provide to their clients. APS agencies were more likely than other types of organizations to be capable of supporting conditions related to cognitive (95.1% of APS agencies report being able to support), hearing (88.9%), vision (88.1%), ambulatory (91.4%), self-care (87.2%), and independent living (87.2%) differences. AAAs were more likely able to support cognitive (80.9%), ambulatory (83.7%), self-care (80.3%), and independent living (77.0%) accommodations.

Coalitions, community-based victim service organizations, law enforcement-based victim service agencies, and financial institutions were less likely to report being able to provide at least five types of

accommodations. All were less likely to report cognitive, vision, ambulatory, self-care, and independent living accommodations, with specific percentages of agencies reporting provided below:

Figure 35: Ability to Provide Accommodations by Organization Type

	Coalitions	Community-Based	Law Enforcement- Based VSPs	Financial Institutions
	<i>n</i> = 17	<i>n</i> = 376	<i>n</i> = 81	<i>n</i> = 7
Cognitive	41.2% (-)	66.8% (-)	64.3% (-)	42.9% (-)
Vision	47.1% (-)	70.5% (-)	61.7% (-)	14.3% (-)
Ambulatory	35.3% (-)	63.3% (-)	55.6% (-)	14.3% (-)
Self-Care	11.8% (-)	26.9% (-)	33.3% (-)	0.0% (-)
Independent Living	23.5% (-)	30.6% (-)	37.0% (-)	0.0% (-)

Note: (-) indicates that the percentage of participants reporting providing this accommodation is lower than would be expected in this category if there were no relationship between organization type and service provision. (+) indicates that the percentage of participants reporting providing this accommodation is higher than would be expected in this category if there were no relationship between organization type and service provision.

ORGANIZATION SETTING (URBAN, SUBURBAN, RURAL)

The ability to provide accommodations also differed by the location of an organization, with urban locations being significantly more likely to report providing cognitive (78.7%), hearing (83.7%), vision (81.5%), ambulatory (81.3%), self-care (57.6%), and independent living accommodations (58.6%); rural organizations were significantly less likely to report being able to provide those accommodations (71.8% cognitive, 75.9% hearing, 70.4% vision, 69.1% ambulatory, 46.4% self-care, and 47.3% independent living).

Figure 36: Ability to Provide Accommodations by Organization Location

	Urban	Suburban	Rural
	<i>n</i> = 498	<i>n</i> = 210	<i>n</i> = 547
Cognitive	78.7% (+)	75.2%	71.8% (-)
Hearing	83.7% (+)	79.5%	75.9% (-)
Vision	81.5% (+)	75.7%	70.4% (-)
Ambulatory	81.3% (+)	76.2%	69.1% (-)
Self-Care	57.6% (+)	48.6%	46.4% (-)
Independent Living	58.6% (+)	52.4%	47.3% (-)

Note: (-) indicates that the percentage of participants reporting providing this accommodation is lower than would be expected in this category if there were no relationship between organization type and service provision. (+) indicates that the percentage of participants reporting providing this accommodation is higher than would be expected in this category if there were no relationship between organization type and service provision.

QUALITATIVE FINDINGS

It is important to note that elder justice professionals and individuals who have experienced elder abuse chose which services to discuss in focus groups and open-ended survey responses. Thus, discussions of some services do not reflect the perspectives of both groups.

LACK OF FUNDING

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Lack of Funding Impacts Staffing: Most participants stated they do not have the funding to hire enough staff to meet the demand for services during normal business hours, let alone nights, weekends, or holidays. Lack of staff to provide services leads to long waitlists, slow responses to referrals, and delays in assistance from other providers. Participants described having one or two staff members running statewide or multi-county programs. Multiple participants discussed being overwhelmed with cases, being unable to spend enough time on each case, and experiencing burnout. Participants stated they are only able to intervene in very serious situations. They are unable to respond to referrals quickly, collaborate with other organizations, participate in training or professional development activities, or support data reporting to the National Adult Maltreatment Reporting System. One participant recommended doubling or tripling the workforce to keep up with the growing older adult population and increased caseloads.

"There are some counties where there's referrals they're not getting to in a year. There's people who are already dead... when people put in a referral, they need help then, not a year later." – APS staff

"Financial resources must be allocated to help prevent elder abuse, especially on a national level. It is a silent epidemic, and millions of older adults are suffering without much help. The service providers are burned out as the resources are so limited or take a tremendous amount of time and money that older adults do not have." – Senior center staff

"I don't need any more technical assistance or training; that's what everybody offers you, and they don't offer you services. I believe my job would be doable and we would have much better care if in our state if our department was better supported financially." – AAA staff

Lack of Funding Impacts Service Availability: Most participants indicated their organization's lack of financial resources prevents them from offering the variety of services needed by their clients or being able to accept the volume of clients that need their assistance. For example, participants shared that limited APS funding is a barrier to initial intervention because they often do not have the resources available to operate outside an investigative function. Several participants recommended increasing funding to APS to provide the full range of services as intended or narrowing the scope of services as part of APS's mission. Other participants suggested increasing funding for AAAs because they can serve more

individuals whose situations do not need APS intervention but who may still be at increased risk of experiencing abuse. Participants in small or rural organizations stated that they cannot afford the expertise needed specifically for individuals who have experienced elder abuse, so they refer clients to other services (often in other counties or cities). This creates a “long, frustrating process that is confusing and exhausting” for clients and overburdens the organizations who are taking on referrals from outside their service area. One participant stated that although there is a role for Adult Protective Services in tribal government, the position is not always funded.

“Meals on Wheels is such a small thing but has such a huge impact. I’ll get a call from our provider that says, ‘Okay, this month I could put 3 people on. You choose the 3 people that need it.’ Out of the 300 cases that we have open. So, what 3 people can I add to Meals on Wheels? They just can’t handle the capacity that we are giving them because they don’t have the funds.” – APS staff

Lack of Funding to Improve Data Systems: Participants recommended increasing funding to improve data collection and management systems.

“Organizations don’t have the resources to collect that data. Many states are working to change their system so that what they collect is what’s in the National Adult Maltreatment Reporting System (NAMRS), and it will match. But our office has done a lot of TTA on how to collect the data, what to collect, and how to report in NAMRS. So, that’s something we’re working on, but there is a long way to go still.” – Federal staff

Lack of Prioritizing Funding for Elder Abuse: Several participants stated that other crimes receive more attention and funding and that elder abuse is not considered a high priority.

“The federal funding sources can look at the degree to which they are prioritizing older victims as it relates to trafficking, stalking, or whatever the issues might be. I never like to pit one population over another. I worry we need to state the obvious. Those essential services—we’re only scratching the surface. We know the victims aren’t coming forward. There are some social and emotional explanations for the victims themselves, but the system needs to own a little too.” – Legal service provider

Lack of Funding Impacts Coordination: Many participants stated that a lack of funding prevents federal and local staff from engaging in multidisciplinary collaboration and coordination, training, professional development, outreach, and raising awareness of elder abuse and available services.

“Elder abuse does seem to be an issue that’s addressed a little bit here and there. I feel like if you had all the money in the world—we could have a better-coordinated response across the federal government. The Coordinating Council doesn’t have its own money to spend, so making that more coordinated and more multidisciplinary. At the federal government level, there is a lot going on, but it needs even more structure.” – Federal staff

FEEDBACK FROM INDIVIDUALS WHO HAVE EXPERIENCED ELDER ABUSE

Waitlists: Multiple participants reported experiencing a waitlist to join peer support groups for several months before they could receive mental health services.

NAVIGATING FUNDING SYSTEMS

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Difficult Application Process: Many participants expressed frustration with the process of applying for federal grants. They described grants as difficult to write and having overly specific requirements, which limits the opportunity for developing creative programming and solutions. They also described the funding process as “unjust”. Organizations that have the financial resources to support grant-writing and the expertise needed to write compelling grants are more likely to receive funding, and organizations that do not are unable to obtain the funding to provide services to the individuals who need them. Some participants recommended focusing on formula grants rather than competitive grants.

Grant Restrictions: Many participants discussed the impact of grant restrictions on service provision. They stated that they could not provide certain services under specific types of grants, must impose specific eligibility requirements that limit the number of clients who qualify, or only serve clients who live in a specific geographic service area. Many participants believe that elder abuse does not fall within the scope of their existing grants and suggested increasing grant funds specific to elder abuse prevention, intervention, and mitigation. They also recommended streamlining federal funding to organizations that serve older adults, reducing the bureaucracy associated with making and documenting purchases, having funds specific to outreach, and expanding the types of allowable services.

“The system is upside down. Criminals have all things paid for by the state, and victims have to go sell cookies at a bake sale to raise money. We now go after competitive grants to see who can provide services. Why do we not use a formula grant basis and distribute that way? Why is it about who can write the best? Who can write the grant application in a way that the grantor wants to hear? It drives me crazy because I don’t think it’s just. It doesn’t provide victims with access to services because somebody’s grant failed.”

– Victim service provider

“When we do apply for federal funding, like Victims of Crime Act (VOCA) funds, the boxes that we’re meant to fit into just don’t work. We can’t provide services the way that they want us to. We don’t have some of the partnerships or the systems in place... we can’t build these big systems that work in other places because we don’t have the infrastructure for them. We had a very large VOCA grant for several years, but the way we provided services no longer fits within the VOCA mindset, and so we don’t receive VOCA funds anymore. And that

was a huge hit. I mean, it literally cut my staff in half... it's hard to find funding that is not so restrictive that we can't do outside the box things with it." – Legal service provider

Short Funding Cycles: Many participants described how relatively short funding cycles necessitate constant applications for funding. They stated this often limits an organization's ability to build strong, robust, and continuous programming because, without the grant, the program is unsustainable. One participant stated they must start and stop their prevention program based on when funding ends.

"Our elderly population is growing and will continue to grow, based on the last few census studies. Right now, my agency has a contract specifically for vulnerable adults who are in an emergency situation and have no other avenue for an appropriate guardian. However, the grant money that was used for this contract is set to run out in September 2024, and my agency does not have any additional funding to keep it going." – APS staff

WORKFORCE

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Barriers in the Legal Profession: Participants in the legal field stated that there are not enough experts in elder law and that there is a need to demonstrate to law students and new lawyers the importance of gaining this expertise. One participant mentioned an AmeriCorps fellowship program as an example of an effective program to introduce attorneys to elder law.

Barriers in the Caregiving Workforce: Participants discussed several challenges associated with the caregiving workforce: (1) Many family members struggle to provide care for their loved ones because they have full-time jobs, their loved one needs more care than they can provide, and caring for an ailing loved one is very stressful. Participants described a lack of caregivers currently in the workforce, which may be due to the wages provided to caregivers. Participants made a direct connection between funding for caregivers and elder abuse prevention. (2) One participant stated that many companies hire caregivers without doing adequate background checks. They called for stronger protective policies, licensure, accountability, and financial liabilities for companies that employ caregivers. (3) Some participants argued for more stability amongst the caregiver workforce, who hire a lot of contract workers and experience high turnover. Contract workers may not know the unique needs of the individuals they care for.

"We need funding for caregivers so that we have healthy caregivers being able to care for a loved one and not put them in a risky situation... if we could find a way to fund more caregivers, we might be able to resolve some of these issues with elder abuse." – Medical professional

"We get overloaded with reports of caretaker neglect from facilities. They have a lot of contract workers and not regular workers who are trying to provide care when they've never met these people. They don't know their care

plan. They're just popping in for that particular week. They're just covering for this, that, and the other, and bad things are happening." – APS staff

Barriers in the APS Workforce. Some participants discussed a shortage in the APS workforce, many of whom retired during the COVID-19 pandemic and have not been sufficiently replaced to handle cases of elder abuse. They also noted that APS staff are underpaid, the work is emotionally exhausting, and there is limited opportunity for career growth. These challenges make it difficult to hire staff. Participants repeatedly emphasized the need for more APS staff generally and cases of elder abuse specifically. One participant shared that higher education and licensure standards should be enforced among APS to ensure "adequate, efficient, and effective service provision."

"We went through kind of a unique sort of thing during COVID, and a whole bunch of people in our state gave early retirement options. Hundreds and hundreds and hundreds of people retired, wiping out whole social service departments. So, they have not been able to replace those missing people, and built into that they were already slow, because everybody knew 10,000 people a day were going to turn 65- but nobody wanted to hire and plan and prepare for that." – AAA staff

STAFF WELL-BEING AND SAFETY

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

High Stress: Participants highlighted the stressful nature of working with individuals who experience elder abuse, especially among providers who engage in long-term case management. Elder justice professionals often experience the death of clients (due to their advanced age) and experience burnout, which often leads to personnel turnover.

Need for Programs That Improve Employee Well-Being: Participants highlighted various attempts to provide support to workers, including trainings that help staff address vicarious trauma, group therapy for staff members, monthly meetings with therapists, stress debriefing sessions after highly stressful incidents (e.g., a client death), and staff sabbaticals. However, multiple participants noted the difficulties associated with implementing efforts to prioritize employee well-being due to lack of funding and inconsistent perceptions of how employee well-being programs should function. One participant highlighted the need for more standardized approaches to well-being programming for workers in this field and ensuring that all workers have opportunity to accessing support.

"I don't think there's anything in our policy and procedure necessarily...that says you have to have self-care at your agency and that you have to allow a certain amount of time. We have fitness leave and stuff like that. But those programs can become punitive. And so, it would be nice if we could have some kind of standardization or rubric regarding what self-care looks like for an APS professional. It's not dissimilar to what they see from child protective services. And all those programs are funded. But for older folks and the populations we work with, not

so much so. I feel like our workers kind of fall through the cracks and are left to deal with bearing the burden of the weight they do, and a lot of them leave. They're just done, and they move on to another state job because they can't do it anymore. Self-care for the workers that is somehow funded, maybe even mandated, I think, would be helpful." – APS staff

Lack of Safety: APS workers discussed concerns about safety, especially in high-crime areas and when encountering an unknown situation alone. To alleviate the safety concerns of workers, participants detailed various solutions, including the creation of highly visible and unique uniforms and identification cards to convey the official nature of the visit, hiring a private security firm to accompany workers on home visits, asking potential clients/partners to meet in a public space, and allowing workers to work in pairs when visiting certain areas or entering certain situations.

"We have been working on a branding for safety. We've issued uniforms, IDs, things that make us highly identifiable as APS workers so when we are going into unusual situations or situations where safety could be a factor, we are identifiable. It seems to give people a bit of a pause, so it is not 'Who is this random person showing up at my door?' rather than 'Who's this person that is wearing identification and is branded? They are definitely official in some capacity.' I think that has done a lot to increase staff safety when going into unknown situations." – APS staff

Resources Impacting Safety and Well-Being: Although participants described many possible mechanisms for mitigating burnout and safety concerns, a common theme was lacking funding or resources to implement their proposed solutions. Some participants mentioned that funding does not allow for two-person teams in the field, while others noted that partnering with a private security firm was less expensive than sending out two care managers at one time.

LACK OF AWARENESS OF SERVICES

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Lack of a General Pathway to Services: Participants discussed the need for resources that clearly articulate the wide range of services available to individuals who experience elder abuse and how to access those services. This would be helpful for individuals who have experienced elder abuse to know what services are available and for service providers to know where they can refer clients.

Lack of Pathway for Individuals Who Experience Scams: Participants expressed the need for a clear pathway for individuals who experience scams. This pathway should include a step-by-step guide to where individuals should report the crime.

"There's so many governmental resources, you'll hear about... reporting to the Federal Trade Commission, report to this, report to that. I think just more of a clear, coordinated effort of 'Step 1, Step 2, Step 3,' because you can

go around and say, 'Hey, you do this, this, and this,' but I think there needs to be more—louder." - Victim service provider

COMPARISONS TO CHILD PROTECTIVE SERVICES

Need for Enhanced Systems: Elder justice professionals described a clear contrast between how children who experience abuse are treated in formal service and enforcement systems compared to how older adults who experience abuse are treated, despite similarities in the vulnerability of both populations to victimization. They noted the need for agencies and systems like child protective services (CPS) and child advocacy centers to deliver services and enable stronger protections for individuals who experience elder abuse. One provider suggested implementing a statewide documentation system to track APS cases in the same way states track CPS cases.

"The things we have done for younger crime victims we don't do for older crime victims. Why? Why not? We don't need to recreate the wheel. It's all there. We have the blueprint already. We just need to expand it to older victims." - Victim service provider

Misunderstanding About the Role of APS: Participants described a lack of knowledge about what APS agencies do, in contrast to widespread knowledge about the functions of CPS—and clearly called out how different the two types of agencies are from one another. Participants articulated the need for more education around the role that APS can play in protecting older adults, not only for the public but also for law enforcement partners.

"There's a lack of public awareness of the safety system for older adults. If you say 'APS,' unless you work in the industry, people don't understand the function. Even if it's someone who might be reporting, there's a learning curve to knowing what the systems are. It's not the same frame of reference as CPS for when a child is in danger." - Legal service provider

Need for Enhanced Collaboration: Participants described some advantages of the child protection system, compared to the system caring for older adults, including the ability of MDTs to follow a case from start to finish. They recommended developing more county-level task forces like those administered by local CPS agencies and advocacy centers providing a "one-stop shop" for services from many different types of agencies. Participants noted that APS agencies and other entities serving adults are incredibly protective of client data, which makes it difficult for external parties to know about case outcomes and provide a multidisciplinary support system.

"Everyone talks about the black hole of the APS system—you file a report, and you want a follow-up, and APS cannot provide follow-up information with some exceptions. How do you coordinate services from different

parties—and these are complicated cases to coordinate—if everyone is unable to disclose information?” – Victim service provider

Need for Providers Specializing in Elder Abuse: Participants shared that the field needs more providers who are trained specially to handle cases of elder abuse, including Court Appointed Special Advocates (CASA). They discussed the expertise of staff who support children who have experienced abuse and recommended mirroring that expertise for individuals who experience elder abuse. One participant talked at length about how much power child advocates must protect their clients and their ability to act quickly to ensure that children are removed from dangerous situations. Ultimately, the professionals that we talked with would find it useful to have a similar position in place to protect older adults’ assets (e.g., by freezing their bank accounts if suspicious behavior is reported), remove older adults from dangerous situations quickly, and obtain the information necessary to support and protect them without having to go through a time-consuming process.

TRAUMA-INFORMED OR PERSON-CENTERED CARE

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Retelling Experiences With Abuse: Participants stated that it can be retraumatizing for individuals who have experienced elder abuse to retell their experiences to multiple people while trying to access services. Additionally, retelling their experiences can lead to confusion and fatigue and may discourage older adults from seeking further help. To address this barrier, participants recommended assigning an advocate to serve as a point of contact for other providers to obtain case details. One participant also recommended finding nontraditional storytelling methods to make the process easier for individuals who experience elder abuse.

Need for Person-Centered Care: Participants recommended understanding the needs of the individual rather than prioritizing the response they think is best for the individual (e.g., removing them from their home). For example, individuals who experience elder abuse might want to help their loved one access services or may be interested in mediation as an alternative to criminal justice involvement (especially in cases where a family member is the perpetrator). Participants also discussed the importance of including individuals who experience elder abuse in the decision-making process and service plan, such as advising clients that they can refuse services and do not have to answer every question.

“We have to really work hard at meeting the needs and meeting them where they’re at and making sure we’re providing the services that are best fit for that person. It’s different every single time.” – Legal service provider

“The approach you take with possible services, making it open and warm, and not making them feel that they are taking up your time. If the victim feels like a burden to the person at the desk, they’re not going to ask. They’re going to be reluctant.” – Fraud professional

Need for Training in Trauma-Informed, Person-Centered Care: Participants recommended offering training for elder justice professionals on person-centered, trauma-informed care and anti-ageism. One participant noted that there should be training for first responders to minimize additional trauma and create a positive connection when they are called to the scene, especially given that these situations often include family dynamics.

FEEDBACK FROM INDIVIDUALS WHO EXPERIENCED ELDER ABUSE

Lack of Trauma-Informed Care: Several participants stated that law enforcement and other service providers did not show compassion or believe they experienced fraud. They felt judged and blamed for being scammed. Several participants recommended additional training for law enforcement and other professionals on how to more effectively support individuals who experience fraud (e.g., how to avoid victim blaming, effectively work through shame and embarrassment, and collect evidence of fraud). Participants shared the following interactions:

“My police officer said, ‘Why were you so stupid?! Who in the right mind would do something like this?!’... If it wasn’t for support groups, I don’t know how I would’ve gotten through it.”

“My police detective said, ‘You were fully compliant with this. How stupid could you be?’”

“I finally got a hold of an FBI person; he said they take ‘serious cases first.’ Well, I think my case is serious.”

“I would never call the police again—not alone anyway. There were comments like, ‘Lady, you did this voluntarily; what do you want us to do?’ It wasn’t just the police, but it was especially the police.”

Participants emphasized the importance of feeling heard and cared for through nonjudgmental interactions. This includes understanding the shame and embarrassment that individuals who experience elder abuse feel and how those feelings are often a barrier to seeking services. One participant from a small town shared a distressing experience, where, after reporting their third incident of financial fraud, their full name, address, and details of the incident were reported in the newspaper.

Lack of Person-Centered Approach: One participant shared that the FBI contacted their son about their investigation before contacting the individual who experienced financial fraud:

“I wonder about the communications between agencies. I was on a trip, and my son called and said the FBI called him to say my name came up in an investigation. Well, how come this person contacted you? The person said that sometimes elderly people don’t recognize what happened, and I was unaware of what happened, and she felt she should talk to her son before me. It makes me concerned because what if other victims have not talked to their family because there is a lot of stigma attached?”

RELUCTANCE TO SEEK OR ACCEPT ASSISTANCE

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Perception of Services: Individuals who have experienced elder abuse may not seek help due to a prior bad experience with social services, the belief that services are not appropriate for them, a misunderstanding of services, lack of trust in victim service or criminal justice systems, or the belief that they will have to make unwanted changes to their daily life (e.g., leaving their home). Several participants shared that there is a general misunderstanding and fear of APS. One participant recommended offering an alternative to reporting to APS or law enforcement (e.g., to a non-criminal justice agency) to encourage reporting. To encourage seeking services, some participants indicated that having a case manager or advocate dedicated to older adults outside of the APS system would be useful.

"We are dealing with adults—not children. And adults can say, 'This isn't abuse. I like it. I'm fine.' That frustrates our APS workers. The person who made the referral sees nothing happened, and they're upset. Everyone is upset. If it progresses to a case, I don't know that APS is able to be the one to walk them through it. APS may refer it to the police department and then it's on the client to follow up. A case manager type person would be useful." - AAA staff

Difficulty Acknowledging the Crime: One participant shared that individuals experiencing elder abuse might not seek help because they often do not recognize the signs of abuse. Even if they do recognize abuse, older adults might be reluctant to acknowledge and accept that they are experiencing elder abuse, especially by a family member.

Norms Associated With Seeking Help: Many participants observed that older adults are part of a generation that believes that they should be able to solve their own problems. Seeking emotional support is stigmatized, and there is a widespread belief that asking for help is a sign of weakness. Additionally, older adults may feel they do not need or deserve services, worrying they might be taking services away from someone who needs services more. Participants stated that elder justice professionals must convince older adults that it is acceptable to ask for help. To overcome this generational norm, elder justice professionals recommended reframing some of the language around help-seeking and mental health, as well as training professionals to help them better support individuals experiencing elder abuse.

Feelings of Shame or Embarrassment. Participants frequently shared that many individuals who experience elder abuse feel shame and embarrassment about the victimization they experienced, which often prevents them from seeking help. They would prefer to avoid talking about their experiences. Several participants discussed an "old-fashioned mindset" and belief that seeking mental health support means someone is "crazy." One participant shared that they try to focus more on the symptom (e.g., lack of sleep, lack of appetite) rather than the cause of the mental health symptoms (i.e., elder abuse), while another mentioned the importance of building rapport and constantly following up with individuals.

“From a therapy standpoint, there’s a really big shame component that our victims experience. How do we deal with the shame and brings them out of darkness so that they understand that it’s not their fault and this has happened to other people and putting them in those situations or environments where they can be around others who have been victims and are transitioned survivors. We usually deal with it one case at a time, and it’s very complicated, so just bringing in that mental health piece.” – APS staff

Cognitive Impairment: One participant stated that individuals with cognitive impairment (e.g., dementia) will often refuse services, and the provider cannot force the individual to access services (even if abuse is clearly occurring). One participant stated that their organization requires staff to make two attempts to build rapport with and engage the individual after they refuse an investigation or services unless it poses a risk to staff. They will often visit the individual in their home with a physician or emergency service team to build relationships and encourage acceptance of services.

Family Dynamics: Several participants stated that older adults may be reluctant to ask for help or engage with the criminal justice system if a loved one is the perpetrator of abuse. They may feel ashamed or embarrassed that a loved one is harming them, feel guilt associated with being abused and reporting abuse, and/or fear losing the support they need to engage in day-to-day activities (e.g., their home, transportation, assistance with daily activities). As one participant said, there is a “fear of the unknown,” and it is critical to address this fear by being very clear on the outcomes of each decision the older adult makes.

“There’s a level of embarrassment, especially if this is a child doing this. I have raised this person who is doing this to me.” – Victim service provider

“They’ve been told you’re stupid, you’re dumb, you can’t do this... or the guilt that they’re feeling because they were an alcoholic, or they weren’t there when the child was younger. All of the fear and guilt, trying to get them beyond that, saying, ‘That doesn’t mean that someone should be able to take advantage of you, abuse you’...How do they go on to survive to be on their own and protect themselves from their abuser?” – Victim service provider

FEEDBACK FROM INDIVIDUALS EXPERIENCING ELDER ABUSE

Feelings of Shame or Embarrassment. Many participants expressed feelings of intense shame, embarrassment, and humiliation, preventing them from seeking certain types of help or telling their loved ones about their experiences. Participants who experienced fraud perceived themselves as playing a role in the fraud and were ashamed that it was something “they decided to do.” They trusted someone, and that person took advantage of them. Participants discussed losing friends and support and deep feelings of isolation and despair. Such feelings are amplified by the difficulty of finding help, and finding help is made even more difficult by these emotional consequences. Some participants stated that reporting required “excessive” questioning about their incident beyond what was necessary to learn about the case, which made them reluctant to seek further help. They noted that having a specialist work with them may have

helped them overcome these feelings, like advocacy in other types of cases. Other participants highlighted the utility and importance of support groups in overcoming feelings of shame and embarrassment.

"In my opinion, a scam is the cruelest crime as your human characteristics of trust, caring, compassion, etc., are basically used against you. Once you realize what has happened, the first instinct is to end your life. Seriously. The betrayal, shame, and embarrassment is so staggering. Then you have to deal with the financial ramifications, which bring up the trauma magnified. You must realize these criminals are out to destroy you. I have only shared this life-changing experience with a few individuals... I have basically dealt with this by myself, alone and in isolation... there was no one that I could turn to. No one I could ask for help... you simply cannot imagine or understand the level of shame and humiliation that results from being the victim of this crime."

"I lost a lot of basic humanity needs for love and trust and compassion from those closest to me. I felt like I was in prison, so to speak. It was and is very difficult to get past the isolation that my mistakes have caused for me. Even as simple as reporting a crime to my local police force was a burden to them. I will never do that again. I was the victim, not the perpetrator."

ACCESS TO BENEFITS

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Many individuals need assistance applying for benefits or using their benefits, including private medical insurance, Medicaid, Medicare, Supplemental Security Income (SSI), Social Security Disability Insurance, and the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps). They also discussed Representative Payees (a management service for individuals who cannot manage their own benefits). Participants emphasized the importance of providers helping individuals navigate benefits, insurance coverage, and managed care plans.

Lengthy Process to Receive Benefits: Several participants highlighted significant barriers in the time it takes for individuals who have experienced elder abuse to receive benefits. For instance, Medicaid applications can take months to process. Even when someone does have Medicaid, there could be a years-long waitlist for a caregiver. One participant discussed the impact of waiting for banks to provide necessary documentation. To receive benefits, banks need to give details on an individual's bank account, but banks charge for this service (for which there is no funding source) and often do not prioritize it. This can delay receiving benefits like SNAP, as providers cannot proceed without the required bank information.

"When we remove someone from the house, they were getting along fine financially before living in a situation with shared incomes. Now, you suddenly go out on your own, and you have half or less than half as much money, so they immediately need some help with benefit access, but one of the things that slows everything up in our state, we require proof of everything you state—it's not self-declaration." – AAA staff

Eligibility Criteria: Several participants shared examples of eligibility criteria restrictions. For example, some individuals who experience elder abuse are barely over the income limit to qualify for food stamps, yet they do not have enough money to sustain themselves. Similarly, one participant noted that some individuals fall outside the Medicaid income guidelines for receiving caregiver services. One participant discussed the need for a specific Medicaid team to oversee appeals when coverage is denied because of an individual's assets being accounted for when they have lost those assets due to financial fraud or exploitation. Another participant discussed the Social Security Administration's requirement that a representative payee to live within a certain radius of the individual. People without a representative payee in their area do not receive this service.

Redetermination: Older adults will lose access to Medicaid, food stamps, and services if they do not fill out the annual redetermination. This highlights the need for a representative or provider to follow up with them to help with renewals. APS often helps with the initial application but cannot reopen cases to help with renewals. Participants also shared that some facilities are not applying to be representative payees for their residents, which can prevent residents from receiving monthly SSI. When representative payees are appointed, participants suggest the need for oversight to ensure people posing as assisted living facility owners are not stealing the money.

"Sometimes, we spend hours with clients gathering documentation to show \$50 over-resourced. So we need to make it easier for our clients to access benefits that, whether it's a technology issue or just the process is far too complicated. When educated individuals like ourselves cannot navigate this, we cannot expect clients who are in crisis to do it." – APS staff

FEEDBACK FROM INDIVIDUALS WHO HAVE EXPERIENCED ELDER ABUSE

Social Security Requirements: One caregiver shared that it was difficult to work with the Social Security Administration because they required signatures from the individual who experienced elder abuse to become the power of attorney. It took months to rectify because this individual had cognitive impairment and could not write, talk, or understand what was happening.

Importance of Helpful Staff: One caregiver expressed gratitude for staff at health insurance companies they were working with. These staff members called regularly to check in on the individual who was experiencing elder abuse. They made sure the caregiver knew they were available.

"Those were unexpected people to come forward to help you with this huge event and crisis. Those are like angels that drop in out of the sky. I can't praise those people enough for the help that they give someone like me who's never experienced anything like this."

LACK OF SUPPORT NETWORK

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Insights on Enhancing Networks: Participants shared recommendations for addressing isolation and loneliness and increasing support systems for older adults, including through regular check-ins and connecting individuals experiencing elder abuse with support groups tailored to different types of abuse (e.g., domestic violence, financial fraud). Participants also recommended that elder justice professionals help older adults build support networks and friendships (e.g., by reaching out to members of the client's community, such as friends, church, or family members). One participant suggested building companionship programs (e.g., through partnerships with schools).

"I think breaking the isolation for our elders is the key... If we can provide the opportunity for elders to get involved in different groups or even one-on-one time with program and resources needed regardless of the income status, it will be beneficial to share information and resources needed while providing a feeling of validation, belonging, usefulness, and empowerment." – Victim service provider

FEEDBACK FROM INDIVIDUALS WHO EXPERIENCED ELDER ABUSE

Isolation and Loneliness: Many participants expressed feelings of isolation and loneliness before experiencing fraud. These feelings were intensified by retirement and the COVID-19 pandemic. One participant noted that they originally turned to the internet for social connection, which may have contributed to them experiencing fraud. Some participants experienced greater isolation from friends and family after they experienced financial fraud. Several participants expressed that it was easier to connect to services and go to therapy when family members provided support.

"No one can really relate to this, including my family and friends. I felt like I was really outcasted. And everyone, including family members, said, 'How can you be so stupid?' They called me so many names, and I said, 'You know what, you didn't suffer a loss like me, and you don't know what it's like' when you're on your own, by yourself and trying to figure this out. Because I lost my spouse—he was the love of my life, and he helped me out with everything. All of a sudden, I'm really vulnerable."

"What happens is your friends abandon you. Your family abandons you."

"I lost my home. I lost my marriage. My children don't talk to me anymore. It was quite extensive."

TECHNOLOGY

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Accessing Services Through Technology: Participants stated many organizations are solely online or conduct outreach online. It may be difficult for older adults to access services without in-person or offline methods of advertising and providing services. For example, some older adults do not have access to or have limited ability to use a computer, smartphone, or internet. Using phone systems can also be difficult for older adults, as many call menus are now fully automated and may not be easy to hear or navigate. Among older adults who do have computer and internet access, it can still be difficult to access services, especially when organizations require the use of an app.

FEEDBACK FROM INDIVIDUALS WHO HAVE EXPERIENCED ELDER ABUSE

Access to Technology: Some participants stated that they did not have access to the internet and had to go to a library to access services online.

Technology Perceived as Impersonal: Multiple participants do not like online reporting and accessing services online. They described online services as very impersonal and missing the “human touch.”

Hesitance to Use Technology After Victimization: Participants shared hesitancy about using technology after experiencing fraud. They suggested providing services in person so they can ensure the provider is legitimate, but if services must be provided online, then providers should find a way to provide proof that their services are legitimate.

ACCESSIBILITY

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Most participants discussed a lack of accommodation for physical impairment as a barrier to services. They stated that many older adults have difficulty hearing what is said at appointments and court proceedings (especially when using microphones that echo), take longer to process questions, and need website accessibility (e.g., screen readers, larger text). They recommend providing accommodation wherever possible combined with accompaniment from an advocate or other service provider. One participant recommended creating more trauma-informed court environments where attorneys are not allowed to “badger” individuals who need accommodations.

COGNITIVE IMPAIRMENT

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Increased Vulnerability to Abuse: Multiple participants stated that individuals experiencing dementia are more vulnerable to abuse and exploitation. One participant noted that people with dementia may be more likely to stay with an abuser because that is the only (or one of a few) people they remember, and it is less stressful or scary for them to stay in an abusive situation than to leave.

Difficulty of Accessing Mental Health Services: Several participants shared that mental health providers will not provide services to individuals with dementia because dementia is not considered “a mental health issue.” Even if an individual had a previous mental health concern, a diagnosis of dementia or cognitive decline seems to transcend previous diagnoses.

“I do think, at least in our community, there's sort of the stigma attached that once you are labeled as having some cognitive decline, then you're not a good candidate for any sort of counseling or therapy or mental health services, even if you had a diagnosis of bipolar schizophrenia your whole life. The dementia diagnosis now takes over and is your primary.” – APS staff

Difficulty Navigating the Justice System: Multiple participants stated the stress of a case may make symptoms of dementia more severe, while others noted that reports of abuse or testimony from someone with dementia are likely to be believed. To address these difficulties, participants recommended making additional training available for providers working with older adults and getting expert opinions to determine competency to testify.

Need for a Special Advocate for Persons With Dementia: Multiple participants noted that it would be useful to have a dedicated position to support individuals with dementia with navigating various systems to assist in their recovery.

“And then we have people with some level of cognitive impairment. So many providers are afraid to do an informed consent process because they're questioning whether this person has the capacity to provide consent for services.” – Victim service provider

INCOME REQUIREMENTS

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Several participants discussed overarching barriers associated with income requirements. Many clients have too much income to qualify for free or low-cost services but cannot afford to pay for services out of pocket (especially for legal and housing services).

“Only the very poor qualify for services—others have to drain their accounts.” – Victim service provider

“I was shocked to hear the number of people who were only eating one meal a day.” – AAA staff

LEGISLATION & POLICIES

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Elder Abuse Laws: Several participants discussed changing laws that apply to elder abuse. Laws are different in every state, and some states make it easier to prosecute elder abuse than others. One participant said that their state does not have a charge specific to elder abuse but rather enhancements for crimes like domestic violence. Another participant stated that elder abuse is a misdemeanor, but financial exploitation is a felony in their area. They said, “I want our laws to change.” Participants noted the need for better protection, like child protection laws. For example, a legal mandate to keep the testimonies/dispositions of individuals who experience elder abuse private could help encourage reporting and prosecution.

“Not having ‘elder abuse’ or ‘elder exploitation’ laws makes it seem like it doesn’t exist and it’s not necessary, making prosecution harder for prosecutors and law enforcement.” – APS staff

Consumer Protection: Participants suggested stronger consumer protection and regulation to prevent elder fraud and internet fraud, stricter laws to hold scammers accountable and deter further scams, laws to prohibit governmental organizations (e.g., motor vehicle departments and county assessors) from sharing data and personal information used for fraud, and policies or systems to recover lost funds due to financial exploitation and fraud.

Housing Protection: Participants recommended various legislative changes that could support efforts to house older adults, such as:

- Provide “abatement allowances” (in statute or city ordinance to ensure affordable and safe housing).
- Require cities/towns to consider the needs of older adults during housing planning. For example, localities should require developers to create a percentage of affordable and accessible housing for older adults in all housing communities.
- Create licensed foster care homes for older adults.
- Provide co-housing incentives for homeowners and subsidies for building accessible homes.
- Ensure residents are not priced out of affordable housing (e.g., retirement homes, assisted living).
- Prohibit increased rental costs for individuals living on a fixed income.
- Develop tighter regulatory mandates on assisted living or nursing homes so that allegations of neglect or abuse can be investigated more thoroughly.

Guardianship and Conservatorship Laws and Policies: Participants noted that states have different laws and criteria on conservatorships and that there are many gaps in this legislation. There is “not enough in

the legal code on conservators.” One participant suggested that there should be stronger vetting of potential guardians, while others articulated the need for additional training of potential guardians.

Legislation Supporting or Mandating Collaboration: Multiple participants highlighted the need for legislation that would allow them to collaborate more effectively with organizations. This includes mandating the establishment of multidisciplinary teams and creating new policies to facilitate information sharing while preserving confidentiality.

Legislation to Support Data Collection. One participant emphasized the importance of mandated data collection to support NAMRS.

“Right now, NAMRS is voluntary; it’s not a mandatory reporting, so I think making it mandatory would be really helpful. Under this new regulation, there’s a set of national standards on reporting on APS programs, so that’s really great. I believe that there is some flexibility on what states and localities can report. I’m assuming it’s because there are different levels of the workforce that don’t necessarily have the bandwidth to respond with NAMRS data, so ensuring that the same questions are being answered by all participating states, localities, and organizations, so that we can have consistent data across the entire country. This would be really helpful.” – Federal staff

FEEDBACK FROM INDIVIDUALS WHO HAVE EXPERIENCED ELDER ABUSE

Improve Elder Abuse Laws: Several family members and friends of individuals who experienced elder abuse are advocating for legislative change. One family member is working with lawmakers to make elder abuse a felony.

“My sister had gone to visit mom and wanted to take a video to surprise her, so she set it up [her cell phone to record]. One of the aids came in and said my sister couldn’t be in the room. She went out in the hall, my mother was abused, and her cell phone was inside, so we caught it on video and audio. She looked at it 2 weeks later and she said, ‘Oh my god.’ The hospice people said they would take care of it right away.... To believe this woman is going to get away with a misdemeanor is unbelievable.”

Fraud/Scam Prevention Efforts: One participant noted that there should be legislation dictating how banks handle money that could better protect against fraud.

“The banks let me wire as much as I wanted without questioning or no help of stopping me. I feel there should be some sort of legislation or something to give them the tools to have them stop and figure it out, whether you know this person or not.”

Tax Legislation: Most focus group participants who experienced fraud argued for legislation protecting victims of fraud from paying taxes on the money stolen from them.

NEED FOR ADDITIONAL RESEARCH

FEEDBACK FROM ELDER JUSTICE PROFESSIONALS

Need for Data on Reporting: Participants expressed a need for more accurate data on the number of reported cases of elder abuse. They suggested that data could be improved by broadening data collection requirements.

“Everyone says for every incoming report, there are 24 not being reported. If there is 9,900 in Alabama, when you do that times 23, that’s over a quarter million people. That is starting to resonate. I would hope DOJ, when they offer the grants and the funding, there is some type of data collection requirement.” – AAA staff

Need for Qualitative Data: One participant shared the need for more qualitative data with older adults to understand experiences with elder abuse; how individuals who experience elder abuse find out where to report; emerging strategies; and enhance understanding around outreach, prevention, and education.

Collecting NAMRS Data: Participants shared that it is difficult to collect consistent NAMRS data and highlight how important NAMRS is for building the evidence for programming and additional funding to support the demand for services.

“Our office has given out formula funding to state APS offices since 2020. States have used that funding in ways that have improved their response because they have been able to do a wide variety of activities... a lot of states have used that funding to improve their data systems so they can better report to NAMRS and bring their state system into alignment with NAMRS, which is very important.” – Federal staff

Need for Interagency Collaboration on Research: One participant detailed how interagency collaboration on research can help improve efforts to understand reporting behaviors and create strategies for outreach in the future.

FEEDBACK FROM INDIVIDUALS WHO HAVE EXPERIENCED ELDER ABUSE

Research to Inform Prevention Efforts: One participant recommended researching patterns in fraud victimization to inform prevention efforts.

5.5 CAPACITY-BUILDING EFFORTS

RESEARCH QUESTION: What capacity-building efforts and resources do elder justice professionals need to better support older victims of crime?

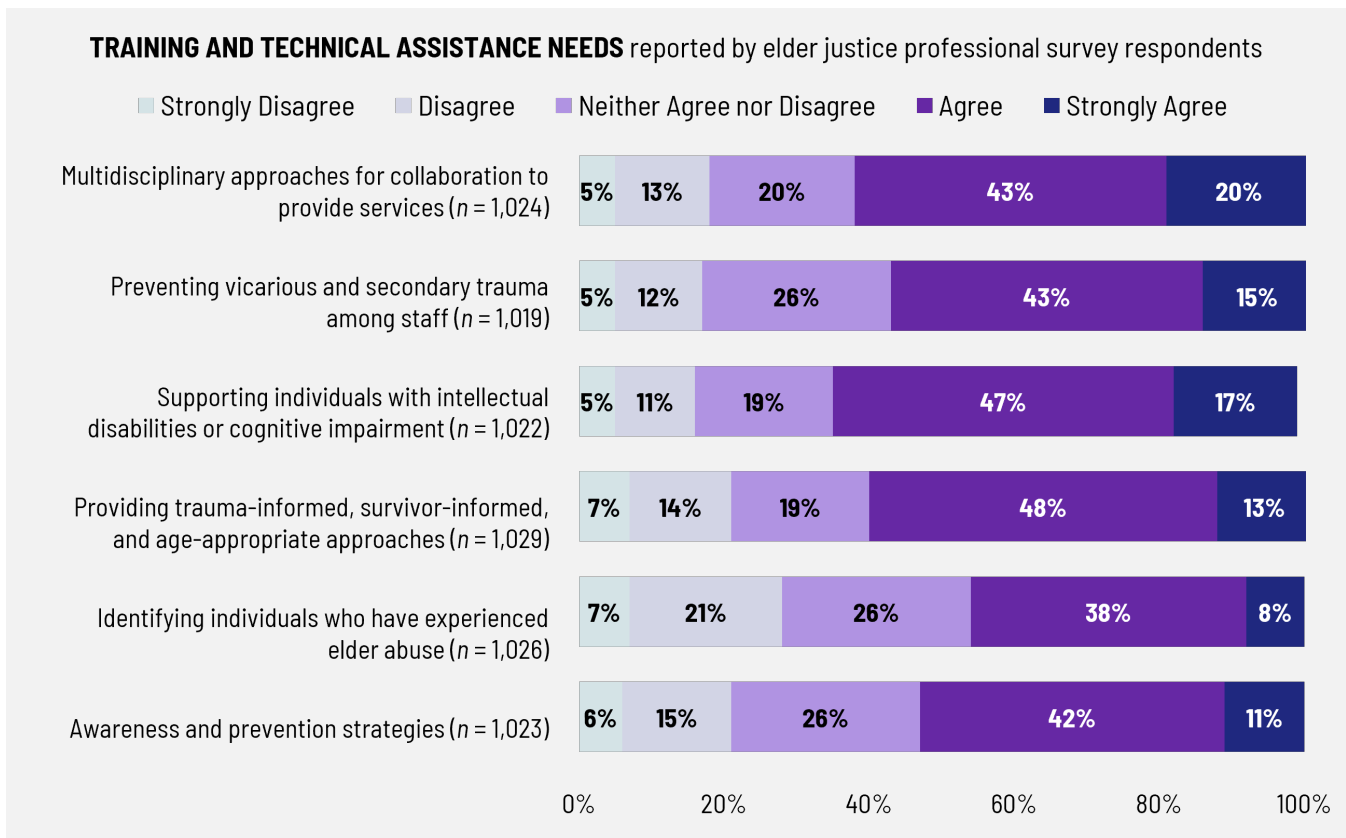
This section combines insights drawn from the two surveys and focus groups to identify the needs of elder justice professionals to better support individuals who have experienced elder abuse. The section begins by highlighting the training and technical assistance needs identified by elder justice professional survey and focus group participants, along with barriers to accessing those training and technical assistance efforts. The section continues with a presentation of the multidisciplinary collaboration efforts that elder justice professionals engage in, the barriers to collaborating with a variety of other organizations, and suggestions on how organizations can better collaborate to serve individuals who have experienced abuse. The final section highlights the methods of outreach used by elder justice professionals, along with recommendations on how organizations can improve their outreach efforts and the challenges they experience with outreach. The section concludes by sharing feedback from individuals who have experienced elder abuse regarding how they became aware of service opportunities and recommendations around outreach.



TRAINING AND TECHNICAL ASSISTANCE NEEDS

Figure 37 reflects elder justice professionals' agreement with five statements about potential training and technical assistance needs. Survey participants were most likely to agree or strongly agree with a need for supporting individuals with intellectual disabilities or cognitive impairment (64%), followed closely by a need for multidisciplinary approaches for collaboration in providing services (63%) and providing trauma-informed, survivor-informed, and age-appropriate services (61%). However, all six options received high levels of agreement that these are TTA needs; only one (identifying individuals who have experienced elder abuse; 46%) received less than half of participants' agreement/strong agreement as a need. We provide additional details and context from the focus group and open-ended survey questions below.

Figure 37: Elder Justice Professionals' Training and Technical Assistance Needs



Supporting Individuals With Cognitive Impairment: Several participants shared that elder justice professionals need training on this topic. TTA should include addressing misperceptions and myths that older adults are “senile” so that reports of elder abuse are “taken seriously.” They recommended training for law enforcement agencies on how to interact with individuals with dementia and memory issues, including appropriate methods for questioning those who have experienced elder abuse. Participants also expressed that a lack of providers trained in conducting capacity assessments means clients either do not receive the assessment or have long wait times. Participants suggested that training more medical providers in conducting capacity assessments would fill the gap they are currently experiencing. Finally, elder justice professionals indicated a need for understanding what to do if a client loses capacity while a case is still ongoing or if an individual can no longer live at home by themselves.

Multidisciplinary Collaboration: Participants recommend better coordination between law enforcement, APS, and other service organizations. They want TTA on effective methods of building and sustaining MDTs, training MDTs, coordinating responses to elder abuse cases, and identifying patterns in cases. Several participants stated that multidisciplinary cross-training can help improve a coordinated response. One participant also discussed the need for training on a coordinated federal response to financial fraud.

Providing Trauma-Informed, Survivor-Informed, and Person-Centered Services: Participants discussed the need for TTA on approaches that consider older adults' unique needs, recognize and address personal biases (e.g., ageism and ableism), understand barriers to help-seeking, and prioritize effective communication with older adults. Some participants stated that the older adults they have worked with are uncomfortable discussing certain types of abuse (e.g., sexual assault, domestic violence), express intense shame and embarrassment about the abuse they have experienced, and do not trust victim service or criminal justice systems, all of which are barriers to reporting or help-seeking. Participants also suggested providers receive TTA on understanding older adults' accessibility needs (e.g., cognitive challenges, vision, hearing, mobility) and how to accommodate them in investigation and service provision, including in receiving mental health services.

"Sometimes, the provider is the barrier." - APS staff

Awareness and Prevention Strategies: Several participants expressed a desire for training on how to develop strategies for raising general public awareness on elder abuse, how to identify and report elder abuse, online safety, and recognizing common scams (see the Outreach section below for more details).

Identifying Individuals Who Experience Elder Abuse: Many participants discussed a general need for training on identifying individuals who experience elder abuse, signs of elder abuse, and understanding mandatory reporting requirements. Several participants emphasized that law enforcement needs training on elder abuse laws, their role in assisting an individual experiencing elder abuse, and identifying elder abuse when the abuser is a caregiver. They shared that, in their experience, law enforcement officers often treat elder abuse as a civil legal issue rather than a criminal legal issue. Participants shared several other populations that should receive training on identifying elder abuse, including:

- medical care providers, who may mistake signs of elder abuse for medical problems associated with aging;
- staff working at stores that sell gift cards who could help identify signs of individuals experiencing common scams;
- bank staff who could identify signs of financial fraud and exploitation, including abuse associated with powers of attorney;
- caregivers in nursing homes or assisted living settings who can identify and report abuse and neglect by other staff;
- caregivers in other settings who could benefit from receiving additional support, tips, and assistance caring for older adults; and
- the general public, that could receive training about elder abuse identification and reporting, online safety, and common scam recognition to increase general awareness of elder abuse.

"One of the things they did with human trafficking, which was huge, you know, is you would see people coming through the door, and the medical care provider should've recognized [the signs of trafficking], and now they get

training for it. Maybe there should be some training when it comes to elder abuse as well.” – Victim service provider

ADDITIONAL TRAINING PRIORITIES

While not asked directly in the survey or focus groups, elder justice professionals shared several priorities for training and technical assistance needs across various open-ended survey questions. A summary of suggestions is below.

Legal Services: Recommendations for training legal service providers include estate planning (e.g., wills and trusts), the specificities of elder abuse restraining orders and remedies, how to effectively prosecute cases of elder abuse, and how to proceed with cases when older adults do not have the capacity to participate in standard criminal investigations, and prosecutors perceive the older adult as a “poor witness.”

Family Dynamics: Several participants highlighted the need for TTA in handling elder abuse cases that involve family dynamics. Older adults are often reluctant to report abuse by family members to avoid criminal charges against their loved ones and/or because they are dependent on their abuser (e.g., for housing, finances, caregiving). One participant shared that providers often question older adults about their experiences (like if they feel safe in their home) when a caregiver who may be a perpetrator is in the room. Providers should receive training on safe and effective investigation techniques. Addressing family dynamics through a restorative justice lens may encourage more older adults to come forward, though there is a lack of research on restorative justice approaches for elder abuse.

Financial Fraud and Exploitation: Many participants expressed a general desire for more TTA on financial fraud and exploitation. Several participants recommended developing training for law enforcement on crimes and laws associated with financial exploitation and fraud, using trauma-informed methods for interacting with older adults who experience financial exploitation or fraud, conducting investigations (including for “small” monetary losses), preserving electronic evidence, and coordinating with federal law enforcement agencies. TTA recommendations for all elder justice professionals include communicating with banks, handling freezes on financial accounts, current and common scams, forensic accounting, the role that manipulation plays in financial exploitation and fraud, and the severe impact of these crimes on mental health.

“We need to educate the service providers... who are like, ‘Well, they gave all their money to this financial investor.’ They need to understand—it doesn’t make the victim not smart or uneducated. It’s that this individual’s job is to con people out of their money. We need to make sure that, as providers, we understand that financial manipulation results in exploitation... that mental manipulation is terrifying.” – Victim service provider

Specific Crimes (Domestic Violence and Sexual Assault): A few participants shared that they would like TTA on providing services for older adults who have experienced domestic violence and sexual assault.

One provider highlighted the tension between intervening in a domestic violence case while also respecting that individual's independence.

"We can only advocate; we respect someone's autonomy and should be available to provide intervention when they ask for it. We can probably never have enough training/education on it." – Victim service provider

BARRIERS TO TTA

Lack of Time: Participants shared that providers often do not have enough time for training. For example, one participant shared that they recently had training that was 2 days long, which pulls staff from their assignments and away from their work in an organization that is already understaffed.

Training Is Not Mandated: A few participants shared that it would be helpful to require elder abuse training. One APS participant shared that their state does not mandate formal APS training for new staff, in contrast to the mandated CPS training.

FEEDBACK FROM INDIVIDUALS WHO EXPERIENCED ELDER ABUSE

Incorporating Individuals Who Experienced Elder Abuse in Trainings: A few participants expressed the desire to assist with training on financial fraud and exploitation:

"Use us. Reach out to us. We can tell you. We can help you... I kept every conversation, every receipt, everything. That's the only thing I could recommend."

"I have fantasized about putting together a training and going into police stations and talking to them about being sensitive to what's been going on."

MULTIDISCIPLINARY COLLABORATION

Elder justice professionals were also asked to indicate "yes" or "no" as to whether they collaborated with a wide variety of organization types (see Figure 38). Survey participants were most likely to report collaborations with law enforcement (92%), followed closely by APS (89%), domestic violence/sexual assault service providers (88%), community-based victim services organizations (86%), and legal service organizations (84%). Although those were the top five collaborations reported, it is worth noting that all organizations listed on the survey are heavily involved in collaborative efforts, with more than half of participants reporting collaboration with any specific type of organization. On average, elder justice professionals indicated collaborating with 11.1 of the other organization types.

Participants provided additional context on multidisciplinary collaboration through open-ended survey questions and focus groups. Many participants emphasized the value of MDTs in collaborating to discuss specific cases, broader systemic issues, and how to address community problems. They also provide opportunities for cross training and skill building (e.g., techniques for interviewing individuals with memory issues, trauma-informed care). Some participants described opportunities for co-responding. For example, some medical care providers accompany APS staff on visits to older adults who refuse to see a doctor or are homebound. Legal service providers also shared that they accompany APS staff on home visits.

BARRIERS TO COLLABORATION

Although Figure 38 indicated existing collaborations with a wide variety of organizations, Figure 39 indicates that slightly less than two-thirds of participants agreed or strongly agreed that there is a history of collaboration among relevant organizations in their area. Fewer than half of participants reported current participation in a multidisciplinary team. This may imply that collaboration is done on more of an ad-hoc basis as opposed to the systematic implementation of coordinated teams.

Figure 38: Types of Multidisciplinary Collaboration

Respondents indicated whether their organization collaborates with the following organization types:

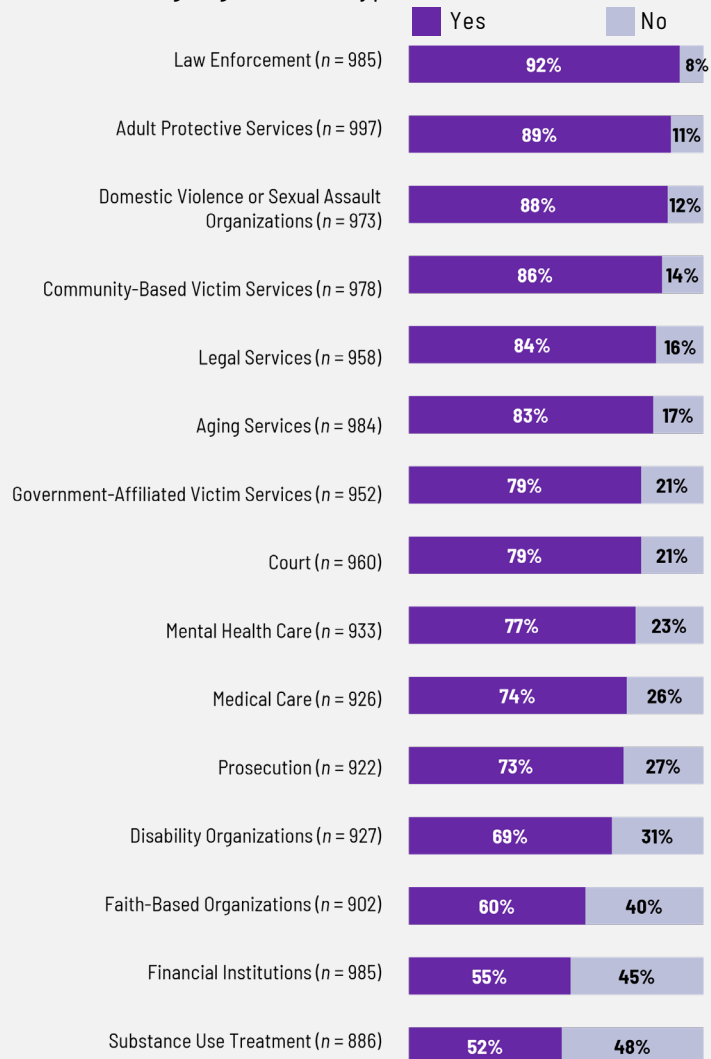
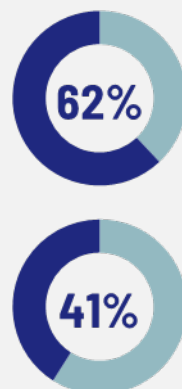


Figure 39: Organizational Collaboration

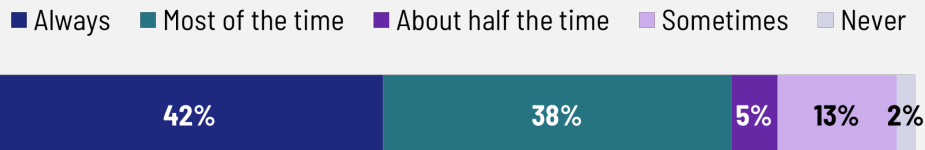


AGREED or STRONGLY AGREED that there is a history of collaboration and cooperation among organizations serving individuals who have experienced elder abuse in their service area

are **CURRENTLY PART OF A MULTIDISCIPLINARY TEAM** supporting individuals who have experienced elder abuse

Figure 40: MDT Case Planning

Do MDT case discussions include the client's preferences/wishes? ($n = 416$)



Do you believe the MDT could do a better job of incorporating client wishes into the case plan? ($n = 419$)



Elder justice professionals who indicated they were part of an MDT were asked whether their case discussions included their client's preferences/wishes and if they believed their MDT could do a better job in this area. As depicted in Figure 40, 80% of participants reported including their client's preferences/wishes in MDT case discussions "always" or "most of the time." When asked if they could do a better job of this, 49% of participants agreed or strongly agreed.

In the survey, we asked elder justice professionals an open-ended question about the barriers they experience in collaborating with other organizations that serve individuals who have experienced elder abuse. Survey participants indicated issues of organizational or community capacity (see Figure 41).

Figure 41: Barriers to Collaboration

BARRIERS to Collaboration ($n = 525$)	
Lack of staff and/or time	25%
Unawareness of other organizations and/or the services they offer	20%
Lack of financial resources to collaborate	17%
Confidentiality/information protection	17%
Lack of a formal coordinated response	8%
Competition	6%
Challenges collaborating with APS and law enforcement	6%
Lack of buy-in/willingness to collaborate	6%

Key themes with additional context are described below.

Lack of Staff and/or Time to Collaborate (25%): Participants shared that their lack of time was a key factor preventing them from collaborating with other organizations. They shared that caseloads are too high for their current staff, so staff spend any time they have working directly with clients. One participant shared that the high demand of their job leads to staff burnout and leaves no bandwidth for additional meetings. Other participants expressed how staff turnover can interfere with collaboration because institutional knowledge gets lost, communication is interrupted (e.g., when other organizations do not know the contact information for new staff or do not know who to contact), and they cannot replace staff who were supporting collaborative efforts.

Unawareness of Services (20%): Participants repeatedly expressed not knowing what organizations they could call for assistance, not having contact information for service providers, not knowing who has specialized expertise in services for elder abuse, and other organizations not understanding the participants' role and therefore improperly referring cases to them or not referring cases to them at all. Several participants indicated that there is a general misunderstanding about the roles of APS and law enforcement in elder abuse cases.

Lacking Financial Resources to Collaborate (17%): Many participants shared that their organization or community does not have the financial resources to support collaboration. Lack of funding limits the services and support (including dedicated staff) that organizations can offer to an MDT. Collaboration takes time, staff, and financial support to implement their collaborative case plans. Additionally, 5% of participants indicated there is a lack of organizations to collaborate with that serve individuals who have experienced elder abuse in their area. Focus group participants had similar discussions, sharing that agencies are "fighting for those same dollars" and having funding for their task force meetings would help them collaborate with others. Several participants stated that their MDT is only funded for one county, limiting their ability to collaborate with professionals from other counties.

"For the last 10 years, I've been going to meetings and conferences with people talking about breaking down silos, and everybody's all for breaking down silos until it comes down to deciding who's going to pay for what." - AAA staff

Confidentiality and information sharing (17%): Participants also explained that privacy and confidentiality laws and restrictions prevent information sharing between providers. Participants specifically noted that HIPAA restrictions make information sharing with medical care and mental health organizations challenging, and privacy policies or inadequate data sharing systems prevent financial institutions from sharing case information.

Lacking a Formal Coordinated Response (8%): Elder justice professional survey participants indicated several challenges they experience due to not having an established formal, coordinated response to elder abuse. A lack of strong relationships with other organizations is challenging when trying to collaborate, especially with APS, law enforcement, financial institutions, and courts. Participants also noted that they experience issues with organizations not following through with referrals or not having a process for warm

handoffs between organizations. Others shared that not having a specific person or agency in charge of coordinating the response prevents streamlined collaboration.

Competition (6%): Survey participants expressed various aspects of competition between organizations that make collaboration challenging. Some participants characterized other organizations as “territorial” over their cases. Others stated that organizations are competing for limited funding, which does not provide an incentive for collaboration. Some organizations have competing goals, missions, or priorities that lead to differing approaches or conflicts of interest. One focus group participant said:

“Look at the value of every door. We want the numbers, the funding, the credit for it. If we look at it from a community-based wraparound approach, we all have the same goal of reducing risk, and increasing safety and support.” – Victim service provider

Lack of Buy-in or Willingness to Collaborate (6%): Some participants also described an unwillingness to collaborate with other providers in their area, especially if organizational leadership is not invested in multidisciplinary collaboration. They explained that collaborating is challenging, as people do not show up to meetings or organizations or do not want help. One participant expressed, *“All players need to be able to be a part of the meetings and routinely participate to make it work.”* Several participants shared that they have a very difficult time collaborating with APS, financial institutions, and law enforcement, especially if there is no “paper trail” of the crime. One focus group participant stated that “protectionism” is an issue in that professionals who specialize in elder abuse are hesitant to collaborate with those who provide more general services.

ENHANCING COLLABORATION

Elder justice professional survey participants were asked two open-ended questions about how organizations can better collaborate to serve individuals who have experienced elder abuse. First, participants were asked *what factors help facilitate collaboration with other organizations* that serve individuals who have experienced elder abuse. Next, participants were asked *how agencies/organizations in their service area can better coordinate* to serve individuals who have experienced elder abuse. The key themes and recommendations shared across both questions are closely aligned, as shown in Figure 42.

Figure 42: Factors to Facilitate Collaboration

Factors that help facilitate collaboration (n= 530)		How organizations can better coordinate to serve individuals who have experienced elder abuse (n= 480)	
COMMON RESPONSES ACROSS QUESTIONS			
Formalize partnerships between providers	30%	Formalize partnerships between providers	29%
Better awareness/understanding of other organization's services	23%	Better awareness/understanding of other organization's services	13%
Regular meetings between service providers	18%	Regular meetings between service providers	10%
Enhance communication	16%	Enhance communication	11%
Increase buy-in/willingness to collaborate	11%	Increase buy-in/willingness to collaborate	8%
Increase staff	5%	Increase staff	7%
Improve information sharing/confidentiality	4%	Improve information sharing/confidentiality	4%
Create a directory of organizations/points of contact	3%	Create a directory of organizations/points of contact	3%
RESPONSES UNIQUE TO QUESTION			
Build relationships	25%	Provide services tailored to the unique needs of older adults	13%
Increase funding	8%	Increase public awareness/knowledge of elder abuse	6%
Shared mission and goals across organizations	7%	Collaborative case planning	5%
		Increase public awareness of available services	5%
		Improve referral mechanisms	4%

Formalize Partnerships: The most common suggestion across open-ended questions was to formalize partnerships between providers. To improve the capacity for agencies within one service area to respond to cases, many participants mentioned forming MDTs or task forces to collaborate on elder abuse cases. Examples of other formal partnerships shared by participants include elder abuse coalitions, forensic centers, coordinated community response teams, enhanced MDTs, work groups, family justice centers, I-teams, collaborative case planning, and adult protection teams. Multiple focus group participants suggested that MDTs for elder abuse should be prioritized and mandatory, like MDTs for sexual assault or child abuse.

Meetings: Many participants noted the importance of more frequent/regular meetings among existing agencies, while some providers expressed a desire to expand existing teams to include more agencies or cover a larger area. When discussing the need for more regular meetings, elder justice professionals suggested hosting regular meetings with other community partners, including service providers but also justice system agencies, community leaders, and other relevant stakeholders. Some individuals mentioned the importance of convening in person as opposed to virtual meetings to support relationship building.

Build Relationships: Participants often cited building relationships amongst organizations as a factor that facilitates collaboration. Building relationships helped participants maintain personal connections and better understand other organizations' services and roles, which helps providers know who to connect with for specific needs. Participants suggested networking events like conferences, community-wide trainings, hosting "meet and greets" to educate providers about other services available, and community presentations and awareness events to provide structured opportunities for organizations to build these relationships. This relationship-building can also support the development of shared missions, values, and goals for organizations within a community to better support the needs of individuals who have experienced elder abuse.

Improve Communication: Establishing relationships can also improve communication between organizations, which participants indicated was another factor that facilitates collaboration and can help communities better serve individuals who have experienced elder abuse. Many participants mentioned a need for more "open" communication, more frequent communication and interactions, and additional collaboration, especially after referrals. These increased communications and interactions amongst service providers can assist in addressing a significant challenge brought up through open-ended questions—many elder justice professionals are unaware of the other services available in their community or do not understand the roles of service providers to be able to make appropriate referrals. Participants shared several ways to increase this understanding, including conducting cross-training, understanding the needs and limitations of organizations, training about the role of APS, and providers being transparent about what their organization can and cannot provide. One participant suggested hosting service-mapping meetings so agencies have a clear understanding of what is available and what each local organization does.

Improve Buy-In: Organizations can increase buy-in by encouraging flexibility in how different agencies approach cases, getting additional partners in the room, and increasing engagement with communities

with limited access to services. Such efforts, participants indicate, will improve solution-seeking efforts, overcome local barriers, and better support older adults in need of services overall.

Raise Public Awareness: Elder justice professionals also shared that the public being more aware of elder abuse and the services available for individuals who have experienced elder abuse would assist in collaboration. Many participants mentioned a need for more events meant to engage the community or the development of informational materials that could be given out to community members. This will encourage older adults who are experiencing abuse to reach out once they know what services are available to them and how to access those services.

Centralized Directory of Services: Participants suggested that collaboration would be improved by having a “centralized directory,” “roadmap,” or “menu” that outlines services available within local service areas and nationally. This should include points of contact that can serve individuals who have experienced elder abuse with consistent updates to ensure points of contact are up to date and reachable.

Increase Resources: Other participants shared challenges around capacity within their organization or service area that, if improved, would assist in better collaboration. Participants suggested increasing services that are specifically tailored to the needs of older adults (e.g., the need to support more long-term care, increased training to support capacity-building, more financial resources (such as grants to support older adult services), and increasing the number of staff at their organization to be able to support collaborative efforts. Participants indicated that increasing funding support and adequate staffing would allow providers to manage their high caseloads and free up time for collaborative efforts.

Improve Referral Mechanisms: Survey and focus group participants recommended developing enhanced referral mechanisms to increase collaboration, timely responses to referrals, and follow-through. Referral mechanisms should include formal protocols, continuous quality improvement to ensure the process is working, and warm handoffs between providers.

“Warm handoffs, instead of just giving a client a phone number to call. More times than not, they will not make that phone call. Taking the few extra minutes to do that with them can make a huge difference.” – Victim service provider

Improve Information-Sharing Mechanisms: Participants recommended improving information-sharing by creating data-sharing agreements or memoranda of understanding between organizations and developing shared data systems to ensure pertinent case information is shared to help providers support the individual.

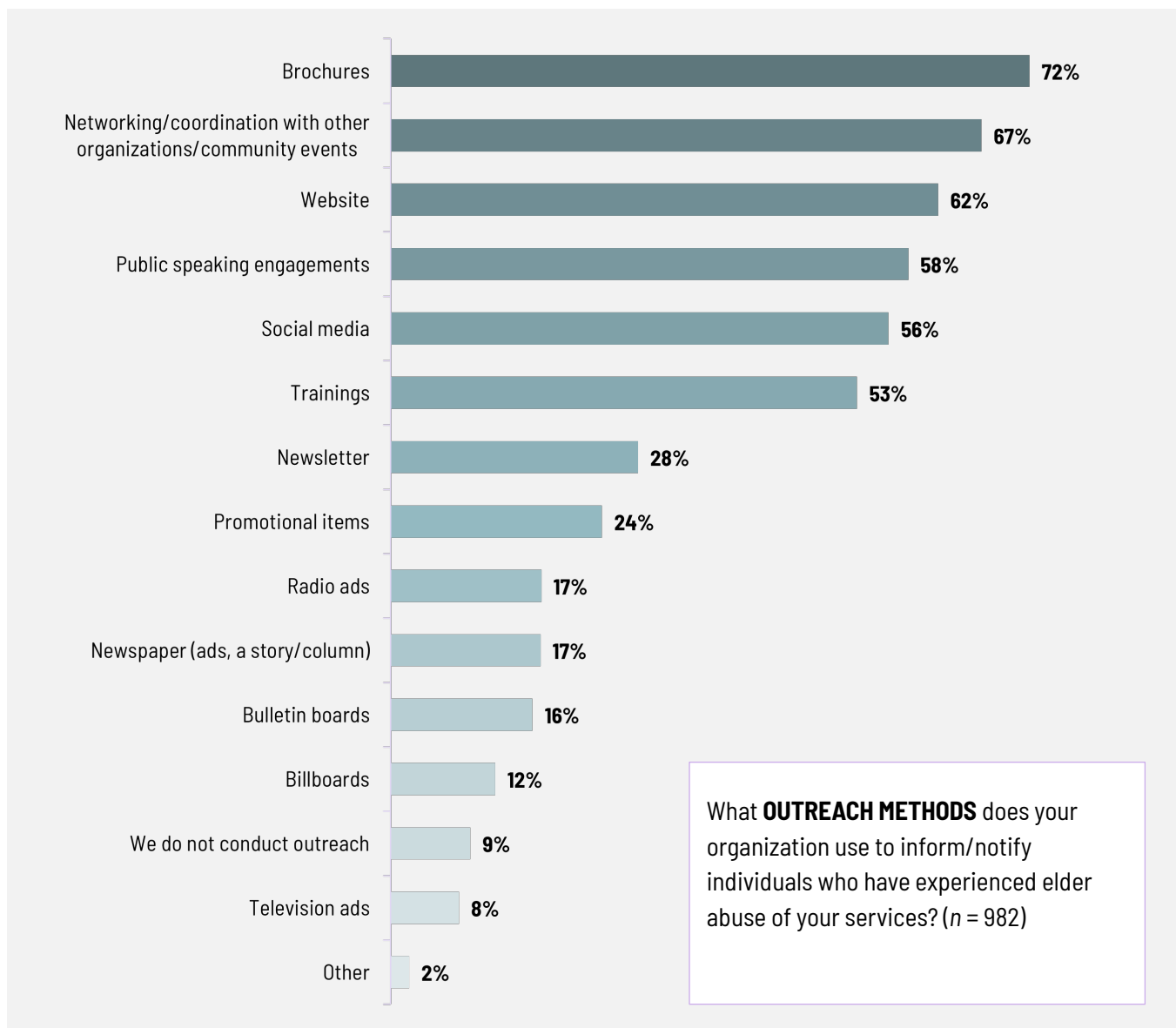
Co-Located Services: Several focus group participants recommended creating “one-stop shops” with services provided in the same location. They recommended co-located services to make collaboration and coordination easier for providers (thereby streamlining service provision). Older adults would have an easier time accessing services because they need transportation to one place and can access multiple services in quick succession.

OUTREACH AND AWARENESS-RAISING

METHODS OF OUTREACH USED BY ELDER JUSTICE PROFESSIONALS

We surveyed elder justice professionals about the outreach methods their organization uses to inform or notify individuals who have experienced elder abuse about the services they provide (see Figure 43). The most common outreach method reported was brochures (72%), followed closely by networking/coordination with other organizations and community events (67%), websites (62%), public speaking engagements (58%), social media (56%), and trainings (53%). More rarely used were newsletters (28%). On average, elder justice professionals indicated their organization utilized 4.9 outreach methods.

Figure 43: Elder Justice Professional Outreach Methods



Printed Materials: Participants develop printed materials (e.g., brochures, newsletters, flyers) to disseminate at places frequented by older adults. One participant uses infographics to share information on their organization's bulletin boards.

Networking: Participants described networking as a key method of conducting outreach and building relationships with other elder justice professionals. Participants use networking to increase the visibility of available resources; facilitate partnerships; cross-train; and build trust with senior centers, community agencies, religious organizations, and medical care providers. One participant stressed the importance of partnering with organizations that older adults interact with in their daily lives. Several participants discussed the critical role of networking with medical care providers, such as emergency medical technicians, emergency room doctors, and family practice doctors, as these medical professionals are often the first point of contact for individuals experiencing elder abuse. One participant shared that they educate nursing students about elder abuse, enabling them to pass on this knowledge in their workplaces and to future patients.

Community Events: Participants attend resource fairs or other events where they can set up a table to share information about their organization and interact with the community. Participants shared that being visible in the community makes older adults more aware of providers and more comfortable asking for help. Participants described creative ways to engage older adults and build relationships through community events, like bingo with prizes, and giving out items like groceries and raincoats.

Public Speaking Engagements and Training: Participants provide information to the public through single or panel presentations (i.e., more of a one-way communication style). They described giving presentations at conferences, trainings, senior centers, and other businesses.

Elder justice professionals noted the importance of conducting outreach in a variety of places and avoiding limiting outreach to places that are stereotypically associated with older adults. They conduct outreach in spaces where they know they can reach older adults (senior centers, religious organizations, gyms, physical therapy and doctor's offices, elder care facilities, festivals, libraries, and senior fairs) and in other spaces (elder abuse task forces, real estate firms, medical care providers, conferences, elder justice seminars, resource fairs, banks, and criminal justice settings).



"It's not a senior center - it's gyms, it's concerts. There are other ways to get the message across that's not just about a senior center or church. There are other places in the community that we put up materials in other ways focusing on other people but they're there too and could benefit from the messaging in other areas." - Victim service provider

“Our agency just did the elder justice seminar. Surprisingly, we had to stop the registrations. We had almost 200 registrations at our senior center. We had a local police detective, we had a gentleman from the FBI, and our district attorney. And food—food was key. We want to do more of those to cover more of our rural areas.” – AAA staff

Social Media: Participants share information about their organization and events they are attending on a variety of social media outlets. One participant suggested developing ads to display through social media to provide consistent messaging about scams.

Promotional Items: Participants hand out promotional items with organization branding and other information (e.g., “swag bags”) to help connect with the community and raise awareness of services.

Television and Radio: Multiple participants emphasized the importance of public service announcements (PSA) and commercials to raise awareness and increase requests for services. One participant described a PSA that runs from Thanksgiving to New Year's Eve to raise awareness among individuals visiting their parents for the holidays. Participants suggested creating PSAs on prevention and knowledge-sharing for television and radio.

“I like the idea of public service announcements. If we could do to elder abuse what was done for domestic violence about 10-15 years ago—if we would put that kind of emphasis on our elders rather than discard them—I think that would really be a boon to recognition of what elder abuse can be.” – Legal service provider

Word of Mouth: Participants shared the importance of raising awareness about resources in the general community because friends, neighbors, and relatives are important resources for individuals who experience elder abuse.

Webinars: Some participants conduct outreach and education through a weekly webinar series.

Miscellaneous Outreach: Participants discussed how they raise awareness and build relationships, rapport, and trust by offering services unrelated to elder abuse. For example, they provide food, groceries, or items like chair lifts to help individuals get up the stairs. As they provide those services, they share information about elder abuse to those who may need it.

RECOMMENDATIONS FOR IMPROVING OUTREACH

When asked what could be done to improve their organization's outreach efforts, elder justice professionals ($n = 397$) provided responses about outreach types, content, and strategies; funding, staff, and time to conduct outreach; and populations of focus. Fourteen percent of participants indicated they want to conduct more outreach but did not provide specific suggestions for improvement. The most common responses included needing funding (26%) and staff (20%) to improve their organization's outreach efforts. We summarize detailed feedback from the open-ended survey questions and focus groups below.

Content of Outreach Materials

Ten percent of survey participants shared ideas about the content of outreach materials that would help strengthen their efforts. Several participants indicated their current outreach materials do not mention elder abuse or services for older adults specifically, adding that information could help people understand the services available. Other suggestions included explaining their organization's role in outreach materials, sharing all services available, and showcasing staff to "humanize" the services. Focus group participants shared the following recommendations for the content of outreach messaging.

DESCRIPTIONS OF ELDER ABUSE

Types of Elder Abuse: Participants discussed how a lack of awareness about the prevalence of and different types of elder abuse prevent individuals from reaching out for help.

"I think if people know that it's common and where they can go for help, and that it's confidential, that will help."
 - Legal service provider

Prevention of Elder Abuse: Participants emphasized the importance of outreach focused on prevention, particularly in identifying elder abuse by recognizing red flags. Many participants stated it is critical to develop scam prevention messaging (e.g., common scams to be aware of and tips on protecting bank accounts from scammers). Increasing awareness about financial management more generally is also a means of preventing financial exploitation and fraud.

Misperceptions About Elder Abuse: Outreach efforts should consider common misperceptions about elder abuse (e.g., elder abuse is more likely to occur in nursing homes or among some socioeconomic statuses and not others).

SERVICE PROVISION

Service Provision: Participants emphasized the importance of sharing information on available services in local communities, at the state level, and the federal level. Outreach should include lists of resources with up-to-date contact information.

Encouraging Help-Seeking: Participants noted that people are reluctant to believe elder abuse could happen to them or within their community, highlighting the need for messaging that empowers individuals to seek help, protects the rights of individuals experiencing elder abuse, and promotes seeking help at their own pace. Feelings of shame and embarrassment frequently deter individuals from reporting elder abuse. Therefore, outreach efforts should focus on reducing this stigma and encouraging help-seeking behaviors through supportive and nonjudgmental messaging.

Reporting: Participants shared that individuals often do not know where to report elder abuse and recommended raising awareness on how and where to report elder abuse. One participant shared the

importance of including messaging, emphasizing the impact of reporting to potentially increase reporting (e.g., recovery of assets stolen through scams, positive impacts of restorative justice).

Adult Protective Services: Several participants noted that many people do not understand the purpose, goals, function, or services provided by APS. They shared a perceived stigma around APS and fear of reporting to APS (e.g., resulting in the immediate removal of a family member from their home). Increasing public awareness about APS's role can help reduce the stigma associated with reporting to APS.

Guardianship: One participant recommended developing trainings on what guardianship means and how to become a guardian.

Powers of Attorney: Participants shared the importance of increasing awareness about powers of attorney among older adults and providers, especially medical care providers. This includes how powers of attorney works, when someone should establish a power of attorney, why powers of attorney are important, how abuse can happen through powers of attorney, and how to prevent abuse through powers of attorney.

IMPORTANCE OF LANGUAGE AND MESSAGE DELIVERY

Use Personal Stories: Incorporating personal stories from individuals who experienced elder abuse into outreach messaging may help decrease feelings of shame and isolation, encourage help-seeking, and identify the signs of elder abuse.

"I found the most help that I got in the beginning of my experience strictly because... and as soon as this woman started talking, I realized I was an abuse victim. I wasn't even sure of it until then. I listened and listened, and bingo, I'm going to go to you. I'm going to go to you because you said the words to me to make it so. And that's how I started to get help."

Tailored Messaging: Elder justice professionals conduct different types of outreach to different populations for different reasons. It is important to tailor outreach materials and messaging to different audiences based on the outreach goal. In discussing how they conduct outreach, one focus group participant said:

"For Meals on Wheels, I am tailoring it to be more generic and broad. It's going to go over who is eligible. What are 'allegations'? How they're defined. When they're in the home, signs to look for in the home that might be abuse and exploitation. If doing outreach to law enforcement, we may do a different approach. We would look more at how we work with them." – APS staff

Create Proactive and Reactive Messaging: Participants discussed the importance of including both types of messaging in their outreach. Proactive messages give recommendations for what to do to prevent elder abuse from happening (e.g., "If someone says there is a problem with your bank account and asks for your

login information, it's probably a scam, and you should take these actions"). Reactive messages give recommendations for what to do if you have already experienced elder abuse.

Framing Messaging in a Non-Stigmatizing Way: Providers should carefully consider the language they use to encourage individuals who have experienced elder abuse to seek help. Participants highlighted the importance of intentional, non-threatening, non-stigmatizing, and sensitive framing. They described weaving discussions of elder abuse into conversations about topics that appeal to a wider audience. Participants shared success stories using this approach, such as talking about elder abuse within a presentation titled "Planning for Your Future," focusing on specific behaviors related to fraud within a presentation called "Online Safety," or creating a support group called "Adults Parenting Difficult Adult Children" intended for individuals who are experiencing elder abuse. One respondent shared that they coach family and friends on how to talk to older adults in a supportive and comfortable way. Lastly, one participant shared that older adults need an outreach approach that highlights systems that will help them.

Accessible Materials: Outreach materials for older adults should be easy to find and understand. Participants recommended developing outreach materials in braille or large print font for visually impaired clients, closed captioning on television for individuals with hearing impairments, and multiple languages for individuals with limited English proficiency.

Unified Approach to Outreach: Some participants shared strategies they could use to increase outreach, including joining a large, branded campaign with scheduled outreach from multiple organizations at the same time; having a unified program that all agencies can connect with for assistance (e.g., a hotline); and conducting an assessment of outreach effectiveness to guide efforts most effectively. Additionally, a few participants shared ideas about specific products they could create, including developing their own app, funding video production, and developing a website.

Barriers to Outreach

Lack of Funding: Elder justice professionals indicated the need for funding that is not restricted to direct services; such funding could then be used for outreach efforts and other needed services. They also discussed the cost of outreach (like purchasing a billboard, print materials, or television/radio spots) being too high for their organization. Many participants also shared that their organizations do not have expertise in marketing, with one respondent saying, "I'm an APS worker, not an advertising agent." They shared that if their organization had the funding to hire trained, dedicated marketing and outreach specialists, their outreach could be more impactful. One participant shared that each district in their state has a community engagement specialist. Another participant shared that they received a grant to hire someone to do outreach with older adults to create relationships and help them feel comfortable seeking services. However, several participants shared that positions like this are often cut because most funding is for direct services.

"Older school forms of media, advertising in the newspaper, spots on the radio. These things can cost a lot of money. Everyone does social media campaigns now. If I go to a community meeting that's primarily older adults and I ask how many people are on social media, usually like one-third of people will raise their hand. How can we

do educational campaigns that reach a large number of people? There's a price tag to it, but it's newspaper and radio." – Victim service provider

Lack of Services to Meet Demand: Some participants indicated their organization already does enough outreach (4%) or that if they conducted outreach to bring in more clients, they would not be able to meet the demand for services (2%). These participants shared they would need increased funding and staffing to support the additional referrals that come from the community after conducting outreach efforts.

"Until our program can serve more elderly victims, we don't need more outreach. We need more staff members!" – Victim service provider

"Outreach efforts equate to an increase in those needing services that cannot be provided with limited financial resources, resulting in long waiting lists and disappointment for the individual seeking help." – Victim service provider

Lack of Networking: Related to lack of funding, 17% of survey participants shared that increasing networking efforts would enhance their organization's outreach, especially strengthening relationships with organizations across disciplines or professions. Participants highlighted the utility of networking more with medical professionals, local government, home health agencies, care facilities, assisted living facilities, APS, AAAs, navigators, bank officials, mental health providers, senior centers, faith-based agencies, and other agencies that could provide referrals and expand their reach.

Difficult Reaching Communities With Limited Access to Services: Participants discussed needing outreach that reaches communities with limited access to services (3%) including connecting with individuals who are homebound, isolated, or live in rural communities.

"We only see them after they've become a victim." – Legal service provider

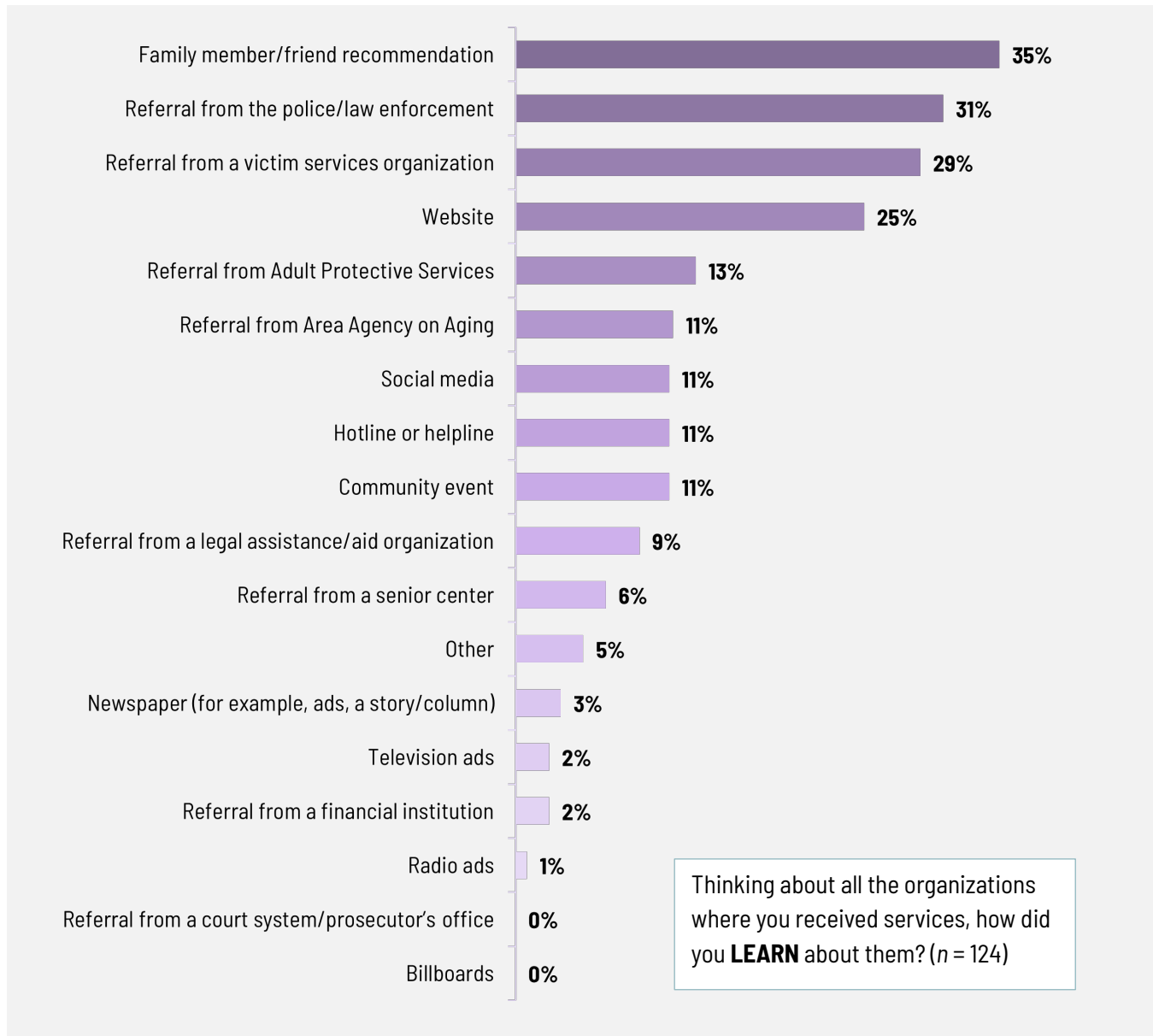
FEEDBACK FROM INDIVIDUALS WHO HAVE EXPERIENCED ELDER ABUSE

Individuals who experienced elder abuse were asked how they learned about the organizations from which they received services (see Figure 44). Survey participants were most likely to say that they learned about available services from family members/friends (35%), followed closely by law enforcement referrals (31%), victim service organization referrals (29%), and then a website (25%). Fewer than one-fourth of participants indicated being connected to services via APS, AAAs, hotlines/helplines, social media, or a community event.

Most focus group participants experienced financial fraud and shared that they were not made aware of the variety of available services. When they did reach out for help, they experienced a lack of follow-up or

directions on where to go for help. They shared the following context about their experiences with service outreach.

Figure 44: How Individuals Who Have Experienced Elder Abuse Learned About Services



Challenges Finding Services: Most participants and their family members conducted online searches to find services for individuals who have experienced fraud. They found some resources (e.g., peer support groups, AARP's and the Financial Industry Regulatory Authority's websites, YouTube), but overall, they found limited information on service provision. Some participants were connected to new services once they accessed another service (e.g., peer support groups, law enforcement, legal advocates). However, most participants were unable to receive guidance on where and how to access services for fraud from law enforcement or other service providers. One participant shared that the resources they received were inaccurate or no longer available when they called. Overall, they shared that this was a very overwhelming experience.

"I spent hours on the internet, but I didn't know where to go."

"You have no idea where to go, who to ask for help... you have to start at ground zero and figure it out."

"I was ashamed and embarrassed, and partially because nobody knew what services were available, and I didn't have my brain available to negotiate the chaotic system that was out there."

Preferences on Methods of Outreach: Many focus group participants shared that they would like to learn about services for fraud when they make a police report (e.g., through a packet of information, connection with an advocate, information on local resources). They did not know how to find services, and law enforcement officers did not know where to direct them for assistance. Participants recommended developing a centralized resource where they can learn about different local services associated with fraud (including financial, legal, and mental health services). They would also like to see more outreach on television. One participant recommended using established approaches to outreach for other issues impacting older adults for scam prevention messaging:

"If they were to treat it as important as they do with Medicare and everything that goes on with that—commercials, workshops, health fairs. If they treated it as important as signing up for Medicare, it would be extremely helpful."

Timeline: Focus group participants wanted help finding services within the first month after experiencing fraud. They shared that once they learned about services, they missed associated deadlines (e.g., for victim compensation), or the waiting list was several months long (e.g., for mental health services).

Content of Outreach Messaging: Focus group participants recommended developing outreach messaging to reduce feelings of shame and embarrassment, reassure them that they are not alone (i.e., many other people like them have experienced fraud), and specific steps to take after experiencing fraud.

6. IMPLICATIONS

The National Elder Abuse Victim Services Needs Assessment Study is the first comprehensive study to explore victim services for individuals who have experienced elder abuse and the elder justice professionals who support them. This study collected in-depth feedback from elder justice professionals, federal partners, individuals who have experienced elder abuse, and family members/friends through surveys and focus groups. We explored the types of services available, gaps in services, barriers to providing and accessing services, and capacity-building needs among elder justice professionals. We present a summary of key findings below.

6.1 KEY FINDINGS

GAPS IN SERVICES

In Figure 45, we summarize the top ten types of services elder justice professionals said their organization provides, gaps in services in their service area, and services they believe are the most important at different time points, as well as the types of services individuals who have experienced elder abuse received. Elder justice professionals were asked to identify the most important services at five time periods: (1) immediately following elder abuse (within 1 month), (2) in the short term (1 to 6 months after experiencing elder abuse), (3) in the long term (more than 6 months after experiencing elder abuse), (4) during a criminal or Adult Protective Services (APS) investigation, and (5) during trial.

Figure 45: Summary of Service Needs

SERVICE TYPE	Reported by Elder Justice Professionals			Reported by Individuals Who Have Experienced Elder Abuse
	TIME PERIOD OF IMPORTANCE	PERCENT PROVIDING SERVICE	PERCENT INDICATING GAP IN SERVICE AREA	PERCENT RECEIVING SERVICE
Information and referrals	Immediately	83%	15%	24%
Safety planning	Across all time periods	59%	12%	13%
Victim advocacy	During a criminal or APS investigation	58%	15%	22%
Accompaniment	During trial	55%	25%	18%
Legal advocacy/assistance	Across all time periods	44%	30%	15%

Transportation	During trial	37%	38%	4%
Case management	In the short and long term	55%	29%	3%
Mental health	In the short term, long term, during APS or criminal investigation, during trial	22%	50%	32%
Housing	In the immediate, short term, long term, and during APS or criminal investigation	34%	46%	5%
Caregiver services	Not mentioned	22%	53%	6%
Fraud or scam support	Not mentioned	28%	43%	38%

The top nine types of services provided by elder justice professionals' organizations and the top ten gaps in their service area were mostly the same across each region of the United States (i.e., Northeast, South, Midwest, West). Participants typically reported providing services that align with the mission of their organization. For example, law enforcement- and prosecutor-based victim service providers were more likely to report criminal justice system advocacy and accompaniment, while AAA and APS were less likely to provide those services. Community-based VSPs were more likely to indicate providing more than 20 of the services asked about, which is consistent with their mission of providing comprehensive services to individuals who experience elder abuse.

Although participants said their organizations provide five of the services considered most important by elder justice professionals, four of these services are provided by less than 60% of study participants' organizations (safety planning, victim advocacy, accompaniment, and legal services). Despite the number of services available from elder justice professionals, 69% of individuals who have experienced elder abuse in the sample indicated needing more help than they received and were unable to access most of the services provided by organizations serving older adults. These findings suggest several gaps in high-priority services.

Information/Referrals: Most elder justice professionals reported providing information/referrals and said that it was one of the most important services to provide immediately after experiencing elder abuse. However, only 24% of individuals who experienced elder abuse (mostly fraud in this sample) received information/referrals. Interestingly, 91% of professionals working at an AAA, 89% at community-based VSPs, and 85% in APS said their organization provides information/referrals. Only 30% of professionals working at a financial institution and 38% of professionals working at a medical care organization provide information/referrals. These findings indicate a need for the provision of more information and referrals by organizations serving older adults. Recommendations are discussed at length in the barriers section below.

Safety Planning: Although elder justice professionals stated that safety planning is one of the most important services across all five time periods, only 59% reported that their organization provides this service, and only 13% of individuals who experienced elder abuse accessed this service. More than 81% of

professionals working at community-based VSPs and nearly 70% in APS said their organization provides safety planning, while only 31% of professionals working at an AAA provide this service. This indicates a need for more safety planning. Elder justice professionals suggested providing more safety planning around protecting older adults from abusive familial caregivers, meeting needs that an abusive familial caregiver typically provides (e.g., medication, food, housing, transportation), and using technology. Additionally, safety planning should be a part of long-term case management and healthcare appointments. Individuals who experienced elder abuse recommended tailoring safety plans to fraud victimization.

Victim Advocacy: Interestingly, elder justice professionals stated that victim advocacy is most important during an APS or criminal investigation rather than throughout the recovery period. Among elder justice professionals, 58% reported that their organization provides victim advocacy. Only 36% of professionals working at APS and 24% of professionals at an AAA said their organization provides victim advocacy, while 88% of community-based VSPs said their organization provides victim advocacy. Individuals who have experienced elder abuse said victim advocacy was most helpful to them during long-term recovery and trial, but only 22% accessed this service. This indicates a need for victim advocacy within APS and AAAs or strong partnerships with organizations that provide victim advocacy. Elder justice professionals recommended increasing the number of advocates who specialize in elder abuse and working with individuals with cognitive impairment, assigning one advocate to facilitate wraparound services, and prioritizing flexibility where advocacy is provided (e.g., in the home due to lack of transportation to appointments). Individuals who experienced elder abuse recommended tailoring advocacy services to older adults who have experienced fraud, as well as ensuring advocacy throughout the reporting and victim service process.

Accompaniment: Elder justice professionals stated that accompaniment is most important during trial. Only 55% of elder justice professionals reported providing accompaniment, and only 18% of individuals who experienced elder abuse accessed this service. AAAs were more likely than other organization types to report gaps in accompaniment. Community-based victim service providers were less likely to report these gaps, which may be because they often provide these services and/or know which organizations to refer clients to for these services. AAAs may benefit from establishing partnerships with other organizations that provide accompaniment.

Legal Advocacy/Assistance: Elder justice professionals indicated that legal services are one of the most important services across all time points, while individuals who experienced elder abuse stated that legal services were most helpful during investigation and trial. Among elder justice professionals, 44% reported providing this service. Only 15% of individuals who experienced elder abuse accessed legal services. Legal advocacy was also identified as one of the top ten gaps in services in the West, and guardianship/conservatorship (a specific type of legal service) was one of the biggest gaps in the Northeast, West, and South. Elder justice professionals described gaps in elder law generally, civil legal expertise (e.g., eviction, guardianship, power of attorneys, financial crimes, tax law, abusive housing practices, estate planning), criminal legal expertise (e.g., special prosecutors for elder abuse, lack of prosecution of elder abuse), legal service navigation, and availability of low-cost or pro bono legal representation.

Transportation: Although elder justice professionals ranked transportation as most important during trial, they discussed transportation as a key need for all services at all time points. Only 37% of elder justice professionals reported providing transportation services, 38% listed transportation as a gap, and only 4% of individuals who experienced elder abuse accessed transportation. Elder justice professionals described transportation as necessary for accessing most victim services, as well as meeting other needs such as doctor's appointments, shopping for food, and picking up medication. They recommended offering co-located services to access multiple services in one trip, making transportation part of regular service provision (e.g., buying vans, hiring drivers), offering free transportation services, ensuring that transportation is available for individuals with physical impairment, and/or providing assistance to individuals with medical devices (e.g., oxygen tanks). They also recommended offering flexible service methods, including virtual services (like telehealth appointments and online support groups), in-home services (like medical care, legal assistance, and social services), and establishing mobile advocacy programs.

Case Management: Elder justice professionals described case management as one of the most important services in the short and long term, yet only 55% of elder justice professionals reported providing that service, and only 3% of individuals who have experienced elder abuse accessed case management services. Although 71% of professionals working in APS, 74% for AAAs, and 69% for community-based VSPs indicated that their organization provides case management services, only 17% of professionals employed at law enforcement-based VSPs and 16% of professionals at prosecutor-based VSPs stated their organization provides case management services. APS was more likely to provide case management services but also more likely to identify case management as a gap in their service area. This may be because APS staff are often unable to provide long-term case management services. These findings highlight a gap in services for each organization type, given the importance of case management throughout the recovery process. Participants stated that case management is critical in navigating complex services and systems (e.g., financial, criminal justice, legal), completing extensive paperwork, and maintaining contact with older adults who experience revictimization. Participants emphasized the need for long-term case management to keep older adults connected to these services and ensure long-term safety.

Mental Health: Elder justice professionals identified mental health services as one of the most important services in the short and long term after experiencing elder abuse, as well as during criminal or APS investigation and trial; however, only 22% of elder justice professionals reported providing mental health services. Faith-based VSPs, healthcare organizations, and community-based VSPs were more likely to report providing mental health services (64%, 47%, and 32%, respectively) than other organization types. Only 32% of individuals who experienced elder abuse reported accessing mental health services. Half of elder justice professionals indicated that mental health services were a gap in their service area. This was the second-most common gap in services identified by elder justice professionals, and the results persisted across organization types and regions. When discussing gaps in services at various time periods, mental health services were one of the top five gaps in all time periods. Elder justice professionals described challenges with mental health services, including a lack of expertise in older adult mental health, a lack of in-home mental health services, and a lack of affordable mental health services. Participants noted a lack of specialized mental health services for individuals who experienced fraud. They

recommended building this expertise and offering more peer support groups to connect individuals with similar experiences to help enhance their social networks, combat isolation and loneliness, and increase social support.

Housing: Elder justice professionals identified housing as one of the most important services and biggest gaps in services across all time periods after experiencing elder abuse besides during trial. Only 34% of elder justice professionals provided housing assistance, and only 5% of individuals who experienced elder abuse received housing assistance. Providing housing assistance varied by organization type, which is to be expected based on each organization's role. APS (42%), community-based VSPs (54%), and faith-based VSPs (64%) were more likely to provide housing assistance than other organization types. Healthcare (11%), law enforcement-based VSPs (9%), legal service agencies (22%), and prosecutor-based VSPs (6%) were less likely to provide housing assistance than other organization types. Elder justice professionals provided extensive feedback about the lack of affordable and adequate housing assistance for individuals who have experienced elder abuse. Professionals also explained that elder abuse experiences can be directly impacted by housing situations, including when older adults live with their abuser, live in a neglected home, or experience abuse by their landlord. Participants recommended expanding housing options for individuals who have experienced elder abuse, increasing the housing workforce, and training providers to provide age-specific housing assistance. In some instances, offering financial assistance for home modification support (e.g., installing grab bars, ramps, and other safety features) can help an older adult remain in their home safely.

Caregiver Services: Elder justice professionals (53%) identified caregiver services as the most commonly reported gap in their organizations' service area and one of the top five gaps in services in the immediate, short term, and long term after experiencing elder abuse. Twenty-two percent of elder justice professionals reported providing caregiver services at their organization. Caregiver services were most commonly provided by AAAs (72%), senior centers (43%), and APS (38%). Only 6% of individuals who experienced elder abuse reported having caregiver support at home. Elder justice professionals expressed a need for caregiver services for older adults to help maintain their independence and safety while living in their own homes rather than a more restrictive and expensive environment like a nursing home. However, there is a shortage of caregiver staff, long waitlists, inadequate background checks of caregiver staff, and high costs for private caregivers. Participants described caregiver services as a critical part of preventing elder abuse and supporting older adults in staying in their homes. They recommended increasing caregiver pay to bolster the workforce, providing financial assistance to hire caregivers, improving caregiver training, and increasing regulation of the caregiver industry.

Support for Fraud and Financial Exploitation: Four of the top ten most common gaps in services were related to this area: fraud support (43%), technology support (41%), financial management (40%), and creditor/banking interventions (35%). None of these services were in the top ten most common services provided by elder justice professionals surveyed in this study. Broadly, 38% of individuals who experienced elder abuse reported receiving fraud support (46% for those who experienced financial fraud). However, a small percentage of participants received creditor/banking intervention (15%), technology support (13%), and financial management (9%). Participants stated these services are critical for helping individuals who have experienced fraud or financial exploitation recover stolen funds or assets, prevent future abuse or

exploitation, and regain their independence. Many elder justice professionals did not know where to provide referrals or have the expertise, knowledge, or technology to provide support directly. Individuals who experienced fraud did not know where to report the crime or experienced a lack of response from enforcement agencies and financial institutions after reporting. This lack of response often prevents the recovery of stolen funds, which has detrimental impacts on older adults' finances, mental health, and independence. Participants suggested increasing awareness of fraud among older adults, service providers' expertise in responding to and investigating fraud, awareness of services for fraud, and providing stronger protections for older adults who have experienced fraud. Individuals who experienced fraud discussed challenges accessing victim services accessed typically by those experiencing other crimes (like safety planning, victim advocacy, and case management). Future research should examine ways to tailor these services to accommodate individuals who have experienced fraud. Participants also made several recommendations to assist older adults with navigating new technology to keep them safe online, including establishing technology training programs for older adults, providing one-on-one tech support sessions, and creating guides and resources for common technology issues.

It is important to note that a small number of individuals who have experienced elder abuse participated in this study, and most experienced fraud. Thus, findings from the National Survey of Individuals Who Have Experienced Elder Abuse are not generalizable to the larger population. However, these findings indicate that many individuals who have experienced elder abuse are not receiving the services they need. This warrants further study with a larger sample of individuals who have experienced different types of elder abuse.

Our findings showed that the U.S. Census region in which an organization was located was associated with the type of services provided, the type of services identified as a gap in the respondent's service area, and barriers to providing services. Similarly, whether an organization was in a rural, suburban, or urban area was associated with the type of services provided and identified as a gap. While these significant relationships emerged, we caution against drawing conclusions about these findings. Additional factors, such as over- and under-representation of organization type by region or location in the sample, appear to contribute to these significant associations. Six of the top ten services provided and seven of the top ten gaps in service identified in each region were the same, with the remaining services identified in at least two of the four regions. Future studies should further explore the relationship between geographic region and organization location and service provision.

BARRIERS TO PROVIDING AND SEEKING SERVICES

Many of the gaps in services are linked to barriers in service provision. Criminal justice-related organizations (i.e., prosecutor-based VSPs, legal service organizations, and law enforcement-based VSPs) were less likely than other organization types to experience a range of barriers to providing services. In contrast, multiple non-criminal justice-related organizations (i.e., APS, AAAs, community-based VSPs, and healthcare agencies) were more likely to report experiencing a range of barriers to providing services to individuals who experienced elder abuse. This may be due to differences in organizational missions,

operations, or funding. Future research should further explore the barriers to service provision by organization type.

Elder justice professionals said their biggest barrier to providing services was individuals who were **reluctant to accept services** (56%). APS and AAAs were more likely to report individuals not accepting services as a top barrier to service provision (81% and 69%, respectively). This may be because APS and AAAs serve more older adults than other organization types, and older adults have unique reasons for being reluctant to accept services. In focus groups and open-ended survey responses, elder justice professionals stated that older adults are reluctant to accept services due to feeling shame and embarrassment; fear of getting their abusive family member in trouble, or being forced to make unwanted changes in their life (e.g., move to a nursing home); previous bad experiences with service provision (e.g., ageism experiences); difficulty acknowledging a crime occurred (e.g., because their child harmed them); or cognitive impairment. Individuals who experienced elder abuse (primarily fraud) shared similar feedback, with 49% of participants saying they were too embarrassed or ashamed to seek services. In focus groups, they said they felt humiliated and blamed themselves for experiencing fraud. Feelings of shame prevented them from seeking support from family, friends, or service providers. This led to feelings of isolation and loneliness. Shame, embarrassment, and humiliation were intensified by experiences of victim-blaming and victim-shaming by law enforcement officers during the reporting process. This corresponds with 61% of elder justice professionals reporting a desire for training on trauma-informed, survivor-informed, and age-appropriate approaches, indicating a need for improving trauma-informed and person-centered care (especially for older adults who have experienced fraud).

Elder justice professionals reported several barriers broadly related to **insufficient resources to meet the demand for services** (49%), such as lack of staff (39%), grant restrictions (22%), and eligibility restrictions (22%). It appears that individuals who experienced elder abuse (primarily fraud) experienced barriers reflecting these insufficient resources. For example, 49% said the process of getting help was too difficult, 38% said the organizations they contacted did not provide help for the type of crime they experienced, and 37% had to go to many organizations for help. Surprisingly, 58% of elder justice professionals said they were able to serve more individuals who have experienced elder abuse than they currently serve. Several interesting findings emerged when examining organizational capacity by organization type. Community-based VSPs were more likely to be able to serve more clients. This contradicts the qualitative findings, through which participants across all organization types consistently stated they did not have the funding or staff to meet the demand for services. They described being unable to provide immediate responses to serious cases, long wait lists, inability to provide services outside of normal business hours, slow responses to referrals, and lack of time to collaborate and coordinate with other organizations.

One explanation for this contradiction may be that community-based VSPs often serve different age ranges. Elder abuse is under-reported, and many older adults depend on caregivers to take them to appointments because they are unable to drive themselves or access public transportation. This may translate to a lack of help-seeking among older adults. Additionally, individuals who have experienced elder abuse (mostly fraud) indicated that they were not aware of the types of services they could access. Given the capacity to serve more clients reported by elder justice professionals and the need for more support

noted by individuals who have experienced elder abuse, greater effort should be made to provide connections to these available services. Prosecutor-based VSPs were also more likely to be able to serve more clients, but this may be because many cases of elder abuse do not go to trial.

APS and legal service providers were more likely to be at capacity, and APS and AAAs were more likely to have a waiting list. Many participants discussed staff shortages among APS staff, especially after mass retirement during the COVID-19 pandemic. They also described limited career growth, low pay, burnout, and unsafe work environments, which may lead to high turnover and inability to fill open positions. Potential solutions include investing more resources to expand and sustain the APS workforce, develop new and enhance existing employee well-being programs, and increase the safety of staff conducting in-home visits (e.g., through assigning security details, meeting in public spaces, conducting home visits in pairs).

Grant restrictions and **eligibility restrictions** were discussed at length through the focus groups and open-ended survey questions, which are associated with the overarching barrier of navigating funding systems. Many elder justice professionals depend on federal or state grants to fund their programs. They described the application process as frustrating, time-consuming, and difficult. They also stated that competitive grants are often awarded to organizations with the most skilled grant writers. Organizations that do not have the resources to hire skilled grant writers may be at a disadvantage in obtaining funding. Additionally, funding cycles are short. This requires continuously expending resources to apply for new funding and may lead to disruptions in service provision if new funding is not secured. They recommended using formulas rather than competitive grants, extending the period of performance for grants, and reducing grant restrictions.

Many participants stated that grants have overly specific requirements and restrictions, which limits their ability to develop unique solutions to barriers and challenges associated with service provision, the populations they can serve with specific grant funds, and the types of services they can provide. They stated that elder abuse appears to be outside the scope of their current grants. Clients often do not meet eligibility requirements to receive free or low-cost services but are still unable to afford services, especially for older adults on a fixed income. Participants argued for more flexible eligibility requirements that reflect additional income types or consider criteria besides socioeconomic status for eligibility. Even when benefits are available, some costs unique to caring for older adults or individuals who have experienced financial crime are not covered and are unaffordable for many people who need them (e.g., assisted living and mental health medication costs).

Elder justice professionals identified **a lack of general public awareness** (41%) as a barrier to service provision. Elder justice professionals and individuals who have experienced elder abuse discussed this barrier at length in focus groups and open-ended survey questions. Both reported being **unaware of the types of services and providers in their area**, which makes it difficult for providers to provide information and referrals to individuals who have experienced elder abuse. They recommended developing detailed lists of service providers with current contact information, step-by-step guides to accessing services, and stronger referral protocols and mechanisms between organizations. Effective collaboration and coordination can also improve awareness of services. More than half of the participants indicated that

they collaborate with other organizations. However, less than two-thirds of participants noted a history of collaboration and cooperation among organizations serving individuals who have experienced elder abuse in their service area, and 63% reported a need for training on multidisciplinary approaches for collaboration to provide services. Participants emphasized the value of multidisciplinary collaboration in discussing specific cases, broader systemic issues, and addressing community problems, yet only 41% indicated currently being part of a multidisciplinary team. Some barriers to collaboration include lack of staff or time, knowledge of other organizations or services they offer, and financial resources to collaborate; confidentiality restrictions; and competition among service providers. Participants recommended improving collaboration and coordination of services by formalizing partnerships, convening regular meetings between service providers, enhancing communication, and co-locating services.

Among elder justice professionals, 46% agreed or strongly agreed that they need training on identifying individuals who have experienced elder abuse, and 52% on awareness and prevention strategies. Elder justice professionals reported engaging in various outreach methods to inform or notify individuals who have experienced elder abuse about the services they provide. Yet most individuals who experienced elder abuse (mostly fraud) reported learning about services from a family member or friend (35%). Some participants learned about services through referrals from law enforcement (31%), VSPs (29%), APS (13%), and AAAs (11%) or websites (25%). Few participants learned about services through public dissemination, like social media (11%); hotlines (11%); community events (11%); or newspapers, television/radio ads, or billboards (less than 4%). In focus groups, most participants stated they did extensive online research to find the few services they were able to access but overall found limited resources. They also expressed reluctance to use the internet to seek out services because they experienced fraud online.

When considering how to improve outreach efforts, discussions with elder justice professionals and individuals who have experienced elder abuse focused on messaging delivery and content. Elder justice professionals recommended conducting outreach through various outlets beyond those stereotypically associated with older adults (e.g., gyms, festivals, libraries, businesses, senior centers), with a focus on increased media presence through public service announcements on television and radio rather than online. However, elder justice professionals stated they do not have the resources to conduct outreach or support an increase in demand for services. If there was more available funding to support increased demand for services, elder justice professionals recommended using the grant funds to hire outreach specialists, partner with marketing firms, and develop outreach materials. Elder justice professionals and individuals who have experienced elder abuse want proactive, reactive, and non-stigmatizing content tailored to older adults.

SPOTLIGHT: OLDER ADULTS WHO HAVE EXPERIENCED FRAUD

As part of this study, older adults who have experience fraud shared their experiences with victim service provision through a survey ($n = 100$) and focus groups ($n = 55$). Most of these older adults experienced scams. Given the lack of research on this population, it is important to highlight their distinct needs.

Survey participants who experienced fraud accessed an average of 3.4 services.



66% received peer support



18% received help from a bank or credit card company



9% received help managing their finances



46% received fraud or scam support



14% received technology support



2% received emergency financial assistance



21% received information and referrals



12% received financial restitution assistance



0% received help with a victim compensation application

Most participants shared that their most helpful sources of support after experiencing fraud were family and friends. Although most people accessed peer support groups and shared how important this service was after experiencing fraud, it appears that they relied on support from family, friends, and support groups because they were unable to access the other services they needed.



GAPS AND BARRIERS IN SERVICES

- Inability to find elder justice professionals with the expertise needed to respond to cases of fraud, especially financial experts.
- Inability to find services related to fraud or someone who knew where to go for services related to fraud.
- Lack of services tailored to fraud victimization.
- Lack of publicly available information with clear guidance on how to get help after experiencing fraud.
- Fear of accessing online services due to the potential for fraud.
- Lack of awareness of fraud and scams.
- Experiences of victim-blaming, victim-shaming, and disbelief from law enforcement and elder justice professionals.
- Lack of investigation for cases of fraud.
- No recovery of funds/assets stolen through fraud.
- Penalties for experiencing victimization (e.g., taxation on stolen assets, low credit score, bank/credit card fees and fines).
- Complex, time-consuming, and stressful processes for reporting fraud across multiple agencies.

RECOMMENDATIONS

This study's results provide detailed insight into the unmet needs of individuals who have experienced elder abuse in the United States and the elder justice professionals who support them. Based on the study findings, we recommend the following strategies to address these needs and strengthen the response to elder abuse.

INCREASE AWARENESS OF ELDER ABUSE

There is still a lack of public awareness of elder abuse generally and fraud committed against older adults specifically. These recommendations are intended to ensure greater public awareness of elder abuse, including the extent of the problem, the types of elder abuse, the risk and protective factors for elder abuse, prevention, and the services available to support those who have experienced elder abuse.

- **Conduct research on raising awareness of elder abuse.** Explore approaches for developing effective awareness campaigns that include messaging tailored to older adults. Test these approaches to explore effectiveness in reaching the intended audience and increasing knowledge about elder abuse in a way that is non-threatening and non-stigmatizing. Research can also explore the effectiveness of existing outreach strategies at the local level.
- **Develop awareness campaigns.** Use research findings to develop public awareness campaigns at the local and national levels that include information to prevent and respond to elder abuse through different modes and outlets.
- **Increase resources to conduct outreach.** Consider expanding allowable costs through grants to include purchasing outreach materials, paying staff members to conduct outreach, hiring outreach specialists as a full-time position, and hiring marketing consultants to improve outreach strategies.
- **Train professionals who interact with older adults on the indicators of elder abuse.** This may include medical professionals (e.g., to differentiate medical issues associated with aging and signs of elder abuse); retail staff (e.g. to identify common scams, like purchasing gift cards); bank staff (e.g., on signs of financial fraud and exploitation); and staff employed at nursing homes or assisted living facilities (e.g., signs of elder abuse committed by staff and/or family members).

INCREASE AWARENESS OF SERVICES

Navigating the complex landscape of services and resources can be overwhelming for individuals who have experienced elder abuse, and elder justice professionals are often unaware of services in their area. Clear guidance and easy access to resources are essential to ensure prompt and effective support. Developing

structured tools and comprehensive resource lists can help simplify the process and enhance the overall availability of services for those in need.

- **Conduct research on service mapping.** Conduct research on strategies for service mapping at the federal, state, and local levels. This should include (but not be limited to) names of organizations providing services for elder abuse, updated contact information, types of services provided, and eligibility requirements for services. Use findings from this research to develop a toolkit to help communities conduct service mapping.
- **Conduct service mapping.** Create a clear pathway to services and step-by-step checklists for accessing services after experiencing elder abuse. Participants recommended including victim services, services for older adults, housing for older adults (e.g., rentals, nursing homes, assisted living), guardianship services, and powers of attorney. Service mapping should be conducted at the local, state, and national levels. Share findings of service mapping in multiple ways, including online and printable resource guides and dashboards.

IMPROVE REPORTING MECHANISMS

Elder abuse is often under-reported, which makes it critical to ensure that the process of reporting is as easy as possible. Participants reported barriers to reporting, such as misunderstanding the role and outcomes of reporting elder abuse to APS, fear of retaliation from family members, and lack of trust in the criminal justice system. Individuals who experienced fraud specified additional barriers, such as having to report to multiple organizations, lack of assistance and trauma-informed responses from law enforcement after reporting fraud, and complex and time-consuming reporting processes. Having to navigate online and complex systems, especially while in crisis, compounds these barriers.

- **Conduct research on reporting elder abuse.** Explore opportunities for increasing data collection on reporting patterns across organization types and increasing response rates to the National Adult Maltreatment Report System. This may include opportunities to improve data systems to better facilitate reporting. Conduct research with older adults to explore behaviors and experiences associated with reporting elder abuse broadly and fraud specifically, accessing and using online reporting platforms, and barriers to reporting. Use findings to improve the reporting process, develop detailed protocols to guide individuals through the reporting process, reduce under-reporting of elder abuse, develop strategies for increasing awareness of opportunities to report and outcomes associated with reporting, and reduce the stigma associated with reporting.
- **Explore different options for reporting elder abuse and raise awareness of those options.** Some people may prefer to report elder abuse through an organization not affiliated with law enforcement or APS. This option is available in some states (e.g., through AAAs or hotlines), but people may not be aware of these options. Ask older adults, family members, and friends how they would be most comfortable reporting elder abuse. Older adults who have experienced fraud stated

they would prefer an offline reporting option because the online platforms are difficult to navigate and require them to trust that the platform is safe after having been defrauded online.

- **Reduce the burden of reporting fraud.** Individuals who experience fraud must report to multiple federal and state agencies, as well as financial institutions. The information provided is often duplicative and very time consuming to enter. Consider exploring opportunities for one agency to handle all initial reports of fraud. That agency could then share reports with other relevant agencies. Explore options for individuals who have experienced fraud to submit one short report to immediately notify the relevant agencies that fraud occurred. Once the short report is filed, follow up with resources explaining the next steps (including submitting a full report), the paperwork needed to submit a full report, and directions for obtaining assistance. Increase public awareness of the [National Elder Fraud Hotline](#), a free service offered by the United States Department of Justice staffed by trained case managers to take reports of fraud against older adults and provide individualized support to callers based on their needs. This support may include completing an FBI Internet Crime Complaint Center form on behalf of the caller in cases of cyber-enabled fraud.
- **Explore restorative justice models for elder abuse.** Several elder justice professionals discussed clients who did not want to report elder abuse or access services because they were afraid of causing harm to a loved one who was committing elder abuse. Conduct research on using restorative justice models with individuals who have experienced elder abuse and explore implementation and outcomes of this approach.

IMPROVE SERVICE PROVISION FOR INDIVIDUALS WHO HAVE EXPERIENCED FRAUD

Findings from this needs assessment indicate that services for individuals who have experienced fraud (especially scams) are lacking. Individuals who have experienced fraud need the same types of services as individuals who experience other types of elder abuse, but it appears that they struggle with victim-blaming, victim-shaming, and disbelief from law enforcement and elder justice professionals; have severe difficulty finding and accessing services; and need victim services provided in a slightly different way. Elder justice professionals consistently shared that supporting individuals who have experienced fraud requires a different skill set that they do not have.

- **Conduct research on services for fraud:** Explore how existing services can be tailored to meet the needs of individuals who have experienced fraud and new services that should be provided. For example, participants shared that they wanted a victim advocate and case manager with expertise in handling cases of fraud, mental health providers with expertise handling the unique aspects of fraud (e.g., manipulation, humiliation, severe financial loss), and crisis intervention immediately after experiencing fraud. Individuals who have experienced fraud shared that they did not receive but wanted safety planning after experiencing fraud, including online safety planning.

- **Increase service provision:** Use research findings to increase and improve service provision to individuals who have experienced fraud. Explore opportunities for specialized victim services for fraud (i.e., through specific staff roles or victim service organizations dedicated to fraud response), as well as increasing expertise in investigating cases of fraud and coordinating multidisciplinary responses.

IMPROVE COLLABORATION AND COORDINATION

The various sectors and systems involved in responding to elder abuse often work in silos, experience challenges associated with confidentiality that prevent information sharing, and do not have the resources needed to collaborate. This creates obstacles to providing wraparound care for individuals who experience elder abuse.

- **Increase multidisciplinary teams.** Communities around the country have created a wide range of multidisciplinary teams (MDT), but there are still many communities without them. Continue funding opportunities for developing MDTs, formalizing partnerships, prioritizing collaborative projects, and facilitating regular networking events and forums for organizations to share best practices and resources.
- **Develop referral networks.** Explore funding for communities to develop a robust referral system with information-sharing capabilities, standard operating procedures, and protocols for communities responding to elder abuse. Robust referral networks can provide a gateway to wraparound service provision, reduce duplication of services, reduce the burden on service providers and victims of crime by streamlining paperwork, and facilitate warm handoffs.
- **Improve systems for information-sharing between providers.** Explore opportunities to share information easily among service providers while protecting confidentiality. This may help reduce duplication of services and provide wraparound services for elder abuse.
- **Explore opportunities for co-locating services.** Providing multiple services for elder abuse in one place may increase coordination of services while reducing the burden on clients, especially those who are unable to drive or depend on others for transportation.
- **Explore opportunities for mobile advocacy.** Some elder justice professionals are meeting individuals who experience elder abuse outside of the office, either in their clients' home, an alternative safe space, or a vehicle with space to meet (e.g., a van, recreational vehicle). This option also reduces the need the transportation to services and burden on the client.
- **Provide training on developing and implementing MDTs.** More than half of participants said they need training on multidisciplinary approaches for collaboration to provide services. Potential training topics include how to start an MDT, who should lead an MDT, methods of coordinating responses to cases and sustaining an MDT, and best practices for co-responding to cases of elder abuse.

INVEST IN STRATEGIES FOR EXPANDING THE WORKFORCE RESPONDING TO ELDER ABUSE

Study findings indicate that individuals who experience elder abuse have unmet needs, and elder justice professionals need additional resources to provide support. Elder justice professionals (e.g., forensic accountants, financial managers, information technology specialists) need additional expertise to meet the unique needs of older adults, especially older adults who have experienced fraud. We recommend conducting research to begin estimating demand for services, funding needs, and staffing needs to better meet the needs of individuals who have experienced elder abuse and the professionals who support them.

- **Estimate the prevalence of elder abuse.** There are no recent studies assessing the prevalence of elder abuse in the United States. There are also several challenges to assessing the prevalence of elder abuse. A systematic review of elder abuse research demonstrated the variability in prevalence estimates due to inconsistent measures, elder abuse definitions, and populations of interest (Dong, 2015). Additionally, many studies conduct survey research using methods that may be unable to reach individuals who may be at the highest risk of elder abuse (e.g., individuals with cognitive impairment, living in nursing homes or assisted living facilities, living with abusive family members). As a result, estimates of the prevalence of elder abuse may be inaccurate. We recommend conducting a study to first identify solutions to these methodological challenges and then estimating prevalence.
- **Research the elder justice workforce.** We recommend conducting research to explore characteristics of the elder justice workforce and the experiences of elder justice professionals, including types of and gaps in expertise, caseloads, waitlists, turnover rates and patterns, perceptions of job security, burnout, workplace supports, and salaries. This would help to identify challenges and solutions within the workforce responding to elder abuse.
- **Conduct research on staff wellness and safety.** Explore the unique experiences of elder justice professionals that lead to vicarious trauma, burnout, and safety risks. Use findings to prioritize and standardize wellness programs, improve existing wellness programs, and develop new approaches to improving elder justice professionals' wellness.
- **Conduct program evaluation.** Continue conducting needs assessments and evaluating programs to explore unmet needs, effective interventions, best practices, and successes in elder abuse cases.
- **Increase training and technical assistance.** Increase expertise in preventing and responding to elder abuse. Potential topics include identifying elder abuse (including when the abuser is a family member), interacting with and supporting individuals with cognitive impairment, conducting capacity assessments, providing trauma-informed and person-centered care, implementing promising practices for investigation and prosecution, handling cases of familial abuse effectively, discovering alternatives to criminal justice involvement, preventing financial exploitation and fraud, and handling cases of fraud (i.e., who to contact and how that organization can help; how to

effectively respond, stabilize the finances of the older adult, and provide necessary documentation).

- **Increase support from individuals with lived experience.** Explore opportunities for individuals who have experienced elder abuse to join the workforce as a service provider or volunteer.
- **Expand service delivery.** Use research findings to increase funding for and expand service delivery to individuals who have experienced elder abuse. This may include increasing the sustainability of programs by providing funding over a longer period of time, helping organizations apply for funding (e.g., through training or other supports); allowing providers to offer services to more people by reducing funding restrictions; improving administration of funds through the Victims of Crime Act, Crime Victim Fund; and using innovative approaches to increasing funding to victim services.

IMPROVE ELDER ABUSE-RELATED LAWS AND POLICIES

Participants described barriers associated with legislation for elder abuse and oversight of specific industries associated with elder abuse.

- **Conduct research on elder abuse laws and policies.** Participants stated that elder abuse laws, policies, and definitions differ by state or even jurisdiction within states, which may cause confusion during investigation and prosecution. Several individuals who experienced fraud are working with legislators to advocate for change (e.g., gaps in laws associated with fraud and protections associated with guardianship/conservatorship, types of restraining/protection orders for elder abuse). We recommend conducting a systematic review and analysis of the existing laws, policies, and definitions associated with elder abuse (including fraud) across the United States and the application of those laws to make recommendations for improvement.
- **Explore strategies for preventing fraud and protecting older adults who have experienced fraud.** Participants recommended preventing governmental and non-governmental organizations from sharing personal data because that data may expose individuals to potential fraud. Explore policies that help individuals recover funds stolen through fraud and financial exploitation (e.g., powers of attorney), prevent financial institutions from charging fees to individuals who have experienced fraud or damaging credit ratings, and prevent taxation on funds or assets stolen through fraud. Ensure banks and credit card companies prevent fraudulent activity among their customers by developing and testing protocols to identify early indicators of fraud and quickly respond to cases of fraud.
- **Explore workforce policies.** Participants described challenges associated with a lack of background checks and abuse and neglect among caregivers in the home, nursing home, and assisted living facilities. Explore policies that hold companies that serve older adults accountable for conducting background checks, addressing allegations of abuse or neglect, and obtaining licensure.



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