

# The Elder Justice Roadmap Appendices

# APPENDICES

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## APPENDIX A. Definition of Elder Abuse

After studying many options, the following definition of *elder abuse* was used for this project:

*Elder abuse is –*

- *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.*

The reasons for using this definition/description fall into several categories:

**Age:** We used the term “older person” rather than designating a specific age because we did not want to limit stakeholders’ responses. By not specifying a precise age, participants could respond regardless of the age used in the laws or protocols governing their state, tribe, agency, or program.

**Younger vulnerable adults:** Some definitions of *elder abuse* include abuse not only of older people but also of younger vulnerable adults ages 18 to 60 (or 18 to 65, depending on the jurisdiction). It is conceptually confusing and factually inaccurate to say that the abuse of younger adults, such as a person age 18, constitutes *elder abuse*. Although similar and overlapping issues often relate to both older adults and younger people (usually described in laws as “vulnerable” or “adults with disabilities”) who are victimized, there may also be significant differences. For the purposes of this project, we believed it was important not to conflate those populations or assume that the needs, wishes, priorities, and considerations relating to older and younger victimized people were the same.

That said, critical players in the elder abuse field – such as some Adult Protective Services, long term care ombudsman programs, and health providers, as well as the Administration for Community Living – have missions, jurisdictions, clients, and patients that include *all* adults, regardless of age. We recognize the overlap in the issues facing older and younger populations, that there often is good reason to provide seamless services across ages, and that those who serve both populations should not be forced to choose between them, for example, by conditioning resources on age.

**Types of abuse:** In developing the definition of elder abuse for this project, we used broad terms that describe the types of abuse older people experience (e.g., physical, sexual, or psychological abuse, financial exploitation, neglect). Though abandonment is a form of neglect, we also included it because some states refer to it separately in their elder abuse laws.

**Self-neglect:** Though some definitions of elder abuse include *self-neglect* we did not because conceptually, one person being mistreated by another is fundamentally a different type of phenomenon than a person neglecting him or herself. Conflating abuse, neglect, or exploitation that one actor inflicts on another with situations involving a sole actor is confusing and counter-intuitive to many stakeholders. That said, self-neglect (like mental illness and cognitive impairment) often is associated with elder abuse (including as a potential risk factor or consequence) and thus is a critical factor to consider in any

discussion about the problem. In addition, some agencies that respond to allegations of elder abuse also provide services to individuals who neglect themselves.

***Relationship of trust:*** Some definitions of elder abuse have required that the perpetrator be someone in a “relationship of trust” with the victim. This excludes older people victimized wholly or in part because of their actual or perceived age or disability where the victimization did not occur in a *relationship of trust*. The definition in this project included older people targeted based on their age or disability even where no relationship of trust exists. We used this broader definition in part to not exclude a range of stakeholders whose role is not conditioned on a *relationship of trust*, for example those responding to financial exploitation and consumer protection issues. Additional discussion is needed to address how responders can or should determine whether a relationship of trust exists or targeting has occurred.

***Setting:*** When elder abuse occurs, victims suffer regardless of setting of the mistreatment, identity of perpetrator, or the professionals and entities with jurisdiction or responsibility to respond. Inadequate response or coordination among responders, or during transitions from one setting to another, can exacerbate vulnerability to and duration of elder abuse. In addition, given the emphasis on providing care, services, and assistance in a person-centered manner, it is increasingly important to have definitions of abuse, neglect, and exploitation that apply across settings (home, community, and facilities). Thus, for this project, we did not limit the definition of elder abuse to any one setting.

***Entities as perpetrators:*** Elder abuse can be perpetrated by entities such as long-term care institutions, fraudulent financial organizations, corporations, and others. Abuse in these cases may be deliberate (e.g., scams targeting older clients or long-term care entities that knowingly siphon off funds intended for resident care), or it may occur as a result of an entity failing to affirmatively act to protect the safety of older adults and their assets.

***Definition versus description:*** Individuals, entities, and documents use different *definitions* of elder abuse depending on discipline and context. For example, a *definition* of elder abuse for purposes of a criminal law might include the concept of knowledge or intent. Our aim in this project was to employ a definition that *described* the core conduct included in elder abuse so that it could be used in various contexts and by people in many applicable disciplines, understanding that additional specification might be necessary in some applications.

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In developing the definition used in this project, we considered and built on many of the varied existing definitions, including: those found in laws (such as the federal Elder Justice Act, Older Americans Act, and Violence Against Women Act, various states’ laws, and others), and those developed by various entities such as the National Academy of Sciences, the Administration on Aging (through the National Center on Elder Abuse), the Centers for Disease Control and Prevention (not publicly released or in use), and the New York City Elder Abuse Center (a definition rigorously vetted by a broad range of stakeholders and that, subjected to the crucible of daily application by myriad systems for three years, has held up well).

## APPENDIX B. Contributors to the Elder Justice Roadmap

### Steering Committee

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Names listed on pages 36-52

## **The 750 Stakeholders**

750 stakeholders were asked to identify ways to improve how we address elder abuse. Their views are the foundation of this Roadmap. The ideas they contributed were synthesized into the 121 statements listed in Appendix D that were further honed in subsequent phases of the project. Those stakeholders also sorted and rated the ideas as described in Appendices C, E and F. Because the stakeholders were promised confidentiality, their names are not listed in this document although demographic information about them can be found in Appendix I.

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## APPENDIX C. Concept Mapping Process and Methodology

The *Elder Justice Roadmap Project* involved a multi-step process, including convening and working with the subject matter experts who provided guidance throughout the project; seeking views from hundreds of stakeholders to develop the concept map; exploring six key topics in greater depth with groups of experts; seeking strategic guidance from thought-leaders in the elder justice and related fields; identifying relevant resources to inform and supplement the project; seeking guidance from experts to identify “first wave” priorities and develop action plans to implement them; identify additional high priorities by each of the four domains; identify universal themes that cut across the domains; and drafting preliminary and final documents summarizing the process, findings, and recommendations elicited in this project.

The Department of Justice and Department of Human Services provided funding for this project. Concept Systems, Inc. received the contract to create the concept map and worked closely with three subject matter experts, Bonnie Brandl, Risa Breckman, and Marie-Therese Connolly, and federal officials to guide the substantive aspects of the project and engage as broad a range of perspectives, stakeholders, and experts as feasible in developing the priorities described in this document.

### Concept Mapping Process and Methodology

Concept mapping<sup>1</sup> is a mixed methods structured conceptualization approach that integrates familiar qualitative group processes (brainstorming, categorizing ideas, and assigning value ratings) with multivariate statistical analyses to help a group describe its ideas on any topic of interest and represent these ideas visually through a series of related maps. Concept mapping requires participants to brainstorm a set of statements relevant to the topic of interest, individually sort these statements into piles of similar content or themes, and rate each statement on one or more dimensions. Following these participatory activities, a sequence of multivariate statistical analyses is used to generate a series of maps that reveal a topology of thought resulting from the analysis of the participant data. Participants can then use these maps as a basis for further discussion and a framework for conclusions and action planning. The entire process is driven by the stakeholders themselves, ranging from initial brainstorming, to the eventual identification and naming of clusters, to interpretation and analysis of these maps.

The following steps were taken to gather the necessary input and data to produce the concept map:

- **Establish the Focus Prompt:** To facilitate the collection of meaningful input, members of the Project Team developed a focus prompt to which stakeholders responded: “*To understand, prevent, identify, or respond to elder abuse, neglect, or exploitation we need...*”

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<sup>1</sup> The methodology is described in detail in Kane and Trochim: *Concept Mapping for Planning and Evaluation*. 2007: Sage Publications, Thousand Oaks, CA. Concept mapping is a qualitative and quantitative process designed to engage key stakeholders in conversations to create consensus-based conceptual frameworks and to identify priorities. The use of concept mapping in this project is not intended to be scientific research, but rather a process to gather data from a large number of stakeholders to assist in building cohesion and developing strategy.

- **Participant Identification:** The project team and experts identified 750 individuals (stakeholders) to invite to participate, targeted for their knowledge of and involvement with various aspects of the elder justice field.
- **Idea Generation (Brainstorming):** Using the Concept System Global Max© software<sup>2</sup>, participants generated over 686 ideas on a dedicated project website in response to the focus prompt.
- **Idea Synthesis:** The Project Team synthesized the ideas generated to a final set of 121 statements using the following criteria:
  - Honoring of the intent of the submission by attempting to include all relevant concepts in the final statement list;
  - Relevance to the stated focus question or within the scope of the question at hand;
  - Redundancy or duplication; and
  - Clarity of meaning.
- **Sorting and Rating:** The 750 stakeholders were invited to rate each of the final 121 statements along two dimensions: *Importance* (how relatively important each idea is to addressing elder abuse in the next five years, where 1=relatively unimportant and 5=extremely important) and *Feasibility* (how feasible it is to implement each idea within the next five years, where 1=not feasible and 5=extremely feasible)<sup>3</sup>. A subset of 250 of the 750 stakeholders who work particularly closely on issues related to elder abuse were also invited to sort the 121 ideas into groups or themes based on their perceived relatedness or similarity. Both the sorting and rating activities were also completed using a dedicated project website.
- **Participant Demographics:** Sorting and rating participants were asked to respond to a series of demographic questions upon completing the sorting and rating activities. These responses allowed the Project Team to ensure that the concept map reflected the input and perspectives of a wide range of professionals in the elder justice field. Descriptions of participant responses to the demographic questions can be found in Appendix I.

Systems represented included:

- Aging network (21%)
- Faith-based (1%)
- Financial services (1%)
- Health care (8%)
- Legal system (16%)
- Mental health (2%)
- Protective services (13%)
- Social services (6%)
- Victim services (12%)
- Other (20%)

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<sup>2</sup>Concept System Global Max© software is licensed through Concept Systems Incorporated, Ithaca, New York (<http://www.conceptsystems.com>).

<sup>3</sup> Many respondents indicated that in rating the statements on feasibility, the meaning of *feasibility* was unclear and their assessment of it variable or impossible.

Principal nature of participant work related to elder abuse included:

- Direct or frontline services (22%)
- Education/Training (29%)
- Policy (22%)
- Research (13%)
- Other (14%)

Primary geographic focus of participant work included:

- Local (30%)
- Statewide (25%)
- Nationwide (44%)
- Other (1%)

## Concept Mapping Results

Overall, response rates were slightly lower than the average concept mapping project<sup>4</sup>, with participation rates of 47% for the sorting task, 27% for the Importance rating and 20% for the Feasibility rating. (Respondents reported some confusion in rating by feasibility.) The absolute number of participants for each task, however, was considerably higher than the average number of participants in concept mapping needed to produce reliable results. These lower-than-average participation rates are mainly attributed to the larger-than-average stakeholder pool that was invited to participate in the sorting and rating activities.

Concept maps were produced to show the relationships among the 121 distinct ideas generated as part of the brainstorming process according to how stakeholders rated them.

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<sup>4</sup> Rosas, S. R., & Kane, M. (2012). Quality and Rigor of the Concept Mapping Methodology: A Pooled Study Analysis. *Evaluation and Program Planning*, 35(2), 236-245. The process did not allow identification of how many of the 750 persons invited to participate in brainstorming and rating actually received the email invitation. In some cases, the bulk email invitations went to junk mail and were not seen. In addition, it is not clear how many people who received the email actually responded. Due to privacy and confidentiality concerns, the brainstorming process only counts the number of responses, not the number of individuals who responded. Some individuals likely contributed multiple ideas, while others contributed none.

## APPENDIX D. List of Stakeholders' Statements

The first phase of the project involved soliciting views from 750 stakeholders on ideas for addressing elder abuse by asking them to respond, as often as they wished, to the question:

*“To understand, prevent, identify, or respond to elder abuse, neglect, or exploitation, we need...”*

Their cumulative responses are synthesized and reflected in the following 121 statements. Each statement was assigned a random number to track it, (appearing in the left column below). Participants' ranking of the statements were used to create the concept map (see Appendices E and F). This chart lists the statements in numerical order. Their ranking by importance appears in the right column below. It is worth noting that on a rating scale from 0 to 5, with 5 being the most important, in fact, the difference in average rating between the statements deemed “least” to “most” important was narrow (from 2.86 – 4.54). Most participants assigned importance to most statements:

State-ment#	Statement	Average Importance Rating (1-5)
	<i>To understand, prevent, identify, or respond to elder abuse, neglect, or exploitation, we need...</i>	
1	national incidence and prevalence research to measure all types of elder abuse.	3.99
2	protection from retaliation of individuals who report elder abuse in any setting.	3.74
3	affordable and accessible services to help older adults manage their finances, thereby reducing the risk of financial exploitation.	4.01
4	ethicists and philosophers to partner with policymakers, researchers, and practitioners in addressing ethical issues that arise in elder abuse cases, including how best to balance autonomy and safety.	3
5	to translate the questions and dilemmas faced by practitioners into research that can assist them.	3.43
6	research into the long term (longitudinal) nature of elder abuse for victims and perpetrators, and contextual factors (such as poverty or isolation) that can affect elder abuse.	3.55
7	to increase investigation and prosecution by State Attorneys General and Medicaid Fraud Control Units of elder abuse-related violations, such as Medicaid fraud, abuse and neglect in facilities, consumer protection initiatives targeting financial exploitation, and others.	4.02
8	to train practitioners to use evidence-based and promising screening and interventions that detect and address trauma and other mental health, behavioral health, and substance abuse issues.	4.17
9	prosecutors and prosecution units dedicated to pursuing elder abuse.	4.08
10	a vast increase in the number of health care professionals qualified to care for older people and to identify, address, and prevent elder abuse.	4.06
11	to provide caregivers with adequate support and services to develop competency and reduce stress.	3.73

12	to increase initiatives for primary and secondary prevention (such as social supports for older people).	3.71
13	the aging network to assign higher priority and more resources to addressing elder abuse, including through the integration of elder justice measures in all appropriate programs and initiatives.	4.01
14	less restrictive alternatives to guardianship and conservatorship that maximize autonomy while promoting security.	3.35
15	to test and integrate promising practices and research from related fields, such as child abuse and domestic violence, in elder justice work.	3.56
16	a well-funded national center on elder abuse with resources similar to those allocated for child abuse centers, and specialized resource centers for entities like Adult Protective Services, older victim services, the ombudsman program, legal services, guardianship, etc.	4.05
17	to evaluate the experience of older victims to assess how well victim safety is addressed, whether services are coordinated and seamless, and whether offenders are held accountable in a consistent way (similar to safety planning audits used in the domestic violence field).	3.75
18	courts to improve how they handle elder abuse cases and accommodate the needs of older people.	4.15
19	to develop curricula on aging for K-12 and higher education that emphasize the value of older adults, that well being in old age is of universal concern, and that other forms of family violence have a nexus to elder abuse.	3.05
20	research on the nexus between mental health and elder abuse, both for victims and perpetrators.	3.27
21	individuals and entities that address mental health, dementia, women's, and disability rights issues, as well as other related issues, to improve how they respond to the needs of elder abuse victims who also are their constituents.	3.56
22	research the rates of and connections between abuse, neglect, and exploitation at home and in facilities, and develop policy accordingly.	3.27
23	to ensure that quality information about preventing, identifying, and responding to elder abuse, (such as curricula and tool kits) is disseminated to professionals and the public.	3.91
24	to include older people's input in all aspects of elder justice efforts.	4.15
25	to develop and implement standards for the treatment of older inmates and suspects to prevent abuse.	2.94
26	the Centers for Disease Control and Prevention to recognize and address elder abuse as a serious public health issue, like child abuse and intimate partner violence, warranting comparable surveillance, prevention, and treatment programs.	4.14
27	systemic evaluation of existing laws and implementation practices to develop model laws and policy.	3.78
28	to research the impact and value of mandatory reporting.	3.09
29	research into the consequences of elder financial exploitation, such as potential declines in health and increased risk for other types of elder abuse.	3.64

30	to identify and resolve impediments to multidisciplinary coordination in elder abuse matters due to confidentiality, privacy, and other laws, regulations and protocols.	3.85
31	to improve law, policies, training, oversight, and data collection related to abuse of powers of attorney.	3.72
32	research to identify forensic markers to assist in the detection of elder abuse.	3.7
33	to ensure effective training on elder justice issues by developing, evaluating, and continuously updating curricula, and by training trainers to cultivate expertise.	3.85
34	to include questions about elder abuse on relevant professional licensing exams to encourage training and competency on elder justice issues.	3.81
35	more multidisciplinary teams throughout the country that have adequate support for facilitators and operations.	3.78
36	to test and develop a range of effective emergency and transitional housing and shelter options to better meet older victims' needs.	3.82
37	the Coordinating Council created by the Elder Justice Act to identify priorities, allocate resources, and coordinate efforts by the federal government in addressing elder abuse.	3.83
38	to increase scrutiny and accountability of representative payees and develop appropriate responses to abuse of the representative payee system.	3.64
39	research and policy regarding the role of diminished, variable or questionable capacity in increasing the risk of elder abuse.	3.44
40	to improve reporting by mandatory reporters.	3.36
41	to review existing systems, programs, and protocols to identify and address systemic gaps and overlaps.	3.52
42	to educate all types of caregivers about elder abuse.	3.78
43	research to identify perpetrator characteristics, including why they abuse and how to develop preventive interventions.	3.38
44	to develop initiatives to translate research into policy and practice that more effectively addresses elder abuse.	3.69
45	increased awareness of and efforts to detect, prevent and respond to elder sexual assault in all settings.	3.92
46	to raise awareness about diminished cognitive capacity and its high correlation with elder abuse to inform research, policy, and practice.	3.79
47	a federal Office of Elder Justice, comparable to federal offices dedicated to addressing child abuse and violence against women.	3.89
48	better methods for investigating and measuring the prevalence of elder abuse in residential care facilities, and other non-nursing home settings.	3.77
49	research on elder abuse in different cultures (such as definitions, risk factors, interventions, prevention, and prevalence) to inform policy and practice.	3.43
50	research to understand the causes of elder abuse and conceptual models that inform practice, such as greed, power and control, and caregiver stress.	3.3
51	improved identification and tracking of elder abuse cases by law enforcement and prosecutors.	4.06

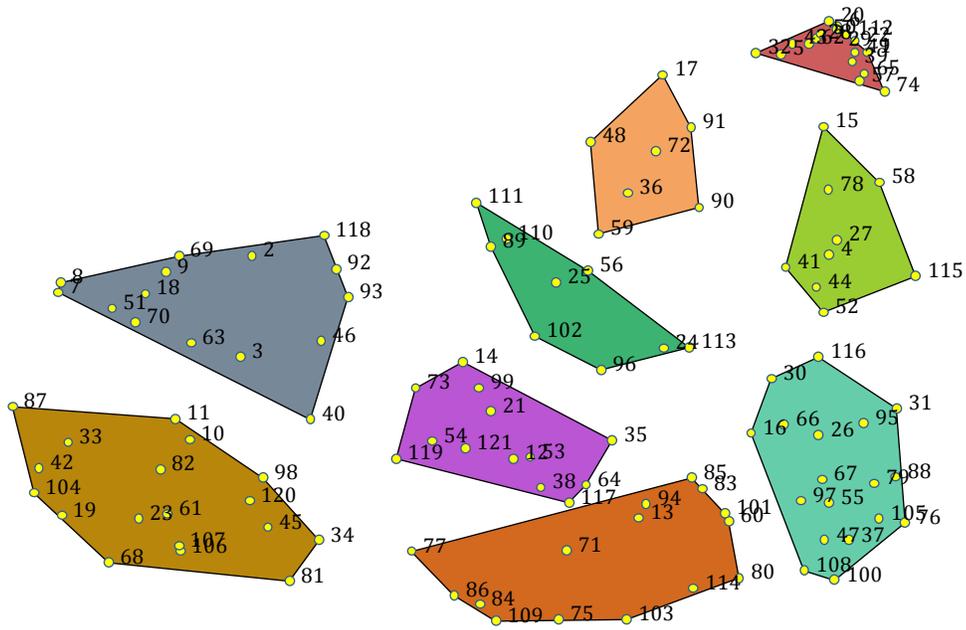
52	to develop comprehensive, consistent definitions of elder abuse, neglect, and exploitation to be used in various contexts such as in laws, critical care, and services.	3.9
53	long term care facilities to be staffed by sufficient numbers of adequately trained, compensated, supervised, and screened staff.	4.15
54	to increase access to and monitoring of home care to promote quality care at home and prevent elder abuse.	3.93
55	to create an adequately funded national infrastructure for APS that includes a national resource center, data collection, program evaluation, training, technical assistance, and resources for adequate staffing.	4.09
56	to identify and implement interventions that respond to the needs of low income people at risk for elder abuse.	3.59
57	to collect and aggregate data about elder abuse cases that is comprehensive, consistent, accurate, current, and available to the public.	3.8
58	to increase research, policy, and practice that addresses neglect of older people.	3.67
59	to develop better ways to use technology in the prevention and detection of elder abuse.	3.44
60	to establish a national elder abuse hotline.	3.18
61	to raise awareness among trusts and estates, family, and elder law attorneys about how to better identify and prevent elder abuse.	3.63
62	research, including program evaluation, to determine the effectiveness of interventions that are used to address elder abuse, such as which Adult Protective Services and ombudsman models are most effective.	3.92
63	probation, parole, and community corrections systems to address elder abuse considerations in the release and placement arrangements of inmates of all ages.	3.21
64	to clarify the roles and responsibilities of entities responding to elder abuse (such as Adult Protective Services, ombudsman, guardians, law enforcement, legal services, victim advocates, and others) to identify conflicts of interest, gaps, and overlaps in services.	3.68
65	validated methods and instruments to collect data about elder abuse from various systems.	3.56
66	private foundations, religious and corporate philanthropies, and private donors to support research, policy, and programs related to elder abuse.	3.65
67	local, state, and national entities to create and implement strategic plans to address elder abuse.	3.71
68	public education to provide accurate information about elder abuse and to correct misperceptions and raise awareness about aging.	3.95
69	professionals, in gathering information from older people, to know how to ask screening questions sensitively and how to follow up appropriately.	3.9
70	law enforcement officers and units dedicated to addressing and investigating elder abuse.	4.08
71	Aging and Disability Resource Center (ADRC) staff to assist in coordinating multidisciplinary efforts to address elder abuse and to provide appropriate information and referrals.	3.4

72	focus groups and other methods to determine what types of communications are most effective in preventing elder abuse.	2.86
73	to foster person-centered approaches in all aspect of services and prevention targeting elder abuse (such as client-centered, victim-centered, and patient-centered approaches).	3.62
74	to measure the economic cost of elder abuse (e.g., facility placements, hospitalizations, trips to the emergency room, lost assets, and wages, etc.) in order to identify areas of costs savings gained by addressing the problem.	3.79
75	to cultivate greater interest in and commitment to reducing elder abuse among political leaders.	4.09
76	to fully fund and implement elder justice provisions in existing laws, such as the Elder Justice Act, the Older Americans Act, and the Violence Against Women Act.	4.54
77	the financial industry to create and implement initiatives to address and prevent elder financial exploitation.	3.92
78	to clearly define what constitutes successful outcomes in elder abuse interventions and prevention efforts.	3.75
79	to improve laws, policies, training, monitoring, oversight, and data collection related to guardianship and conservatorship.	3.63
80	well-funded, effective advocacy networks and coalitions to increase funding and inform policy and legislation that coordinate at the local, state, and national level.	3.92
81	faith leaders and faith-based organizations to be more informed about and engaged in addressing elder justice issues.	3.49
82	to train and fund more forensic experts to aide in the detection, analysis, investigation, and prosecution of elder abuse cases.	3.77
83	to develop and fund multidisciplinary centers of excellence on elder abuse that coordinate with one another.	3.55
84	to cultivate new diverse leaders with varied perspectives in the elder justice field.	3.39
85	to increase resources for and capacity of long term care ombudsmen to address elder abuse.	3.44
86	an annual national elder justice conference.	3.04
87	to train relevant professionals to serve as expert witnesses in elder abuse cases.	3.34
88	to address issues that arise when elder abuse cases extend beyond state boundaries, for example through interstate compacts, abuse registries, and full faith and credit provisions.	3.34
89	better ways to identify and respond to high-risk transitions that create unsafe conditions, such as when certain types of offenders move into the homes of older, frail relatives or when sexual predators are placed in nursing homes.	3.65
90	to improve the standards and evaluate and validate the methods used by various entities (such as surveyors, Adult Protective Services, ombudsman, and others) to confirm or substantiate elder abuse allegations.	3.77

91	to develop validated tools and methods for those on the front lines to screen for elder abuse in various settings.	4.04
92	to improve screening, training, monitoring of and support for direct care workers to reduce the incidence of abuse, neglect, and exploitation.	4.08
93	to address and prevent elder abuse that occurs during or as a result of care transitions (i.e. from a hospital to nursing home).	3.37
94	more elder abuse forensic centers and other similar multidisciplinary entities that bring a coordinated approach to elder abuse cases.	3.52
95	a national think tank or comparable entity to analyze and disseminate information about complex elder justice issues and provide leadership on communication and policy issues.	3.28
96	to ensure that existing domestic violence, sexual assault, and other victim assistance programs better meet the needs of older victims by allocating resources, collecting data, developing and evaluating programs, and incorporating elder abuse issues into training and technical assistance.	3.89
97	Medicare, Medicaid, and other insurance reimbursement for elder abuse screening, detection and intervention.	3.86
98	services and education for abusers and potential abusers that prevent or mitigate abuse.	3.35
99	effective responses and prevention efforts tailored to marginalized and underserved populations.	3.72
100	to draft, enact, and fund new elder justice legislation to address current gaps in the law.	3.62
101	an equivalent or expansion of the long term care ombudsman program to advocate for people who receive care in settings other than nursing homes.	3.39
102	effective survey and certification/state regulatory agencies and trained surveyors to enforce standards and investigate abuse, neglect, and exploitation in nursing homes, assisted living, and other residential settings.	3.66
103	a strong movement to advance elder justice, informed by key teachings from other social movements.	3.58
104	training for individuals who come into contact with older people (such as postal workers, Meals on Wheels staff, emergency room nurses, etc.) on how to recognize, respond to, and refer suspected elder abuse at the local, state, and national level.	3.93
105	to convene the Elder Justice Act's Advisory Board.	3.59
106	discipline-specific training on elder justice issues, repeated at regular intervals, for individuals working in field at the local, state, and national level.	3.84
107	ongoing multidisciplinary training (bringing together professionals from various disciplines) about effective approaches, collaboration, and other matters, at the local, state and national levels.	3.96
108	more funds for elder abuse victims' services.	4.34
109	to identify compelling spokespersons for the issue who will attract public attention.	3.52
110	prevention, intervention, and surveillance methods tailored to protect cognitively impaired older people in all settings.	3.86

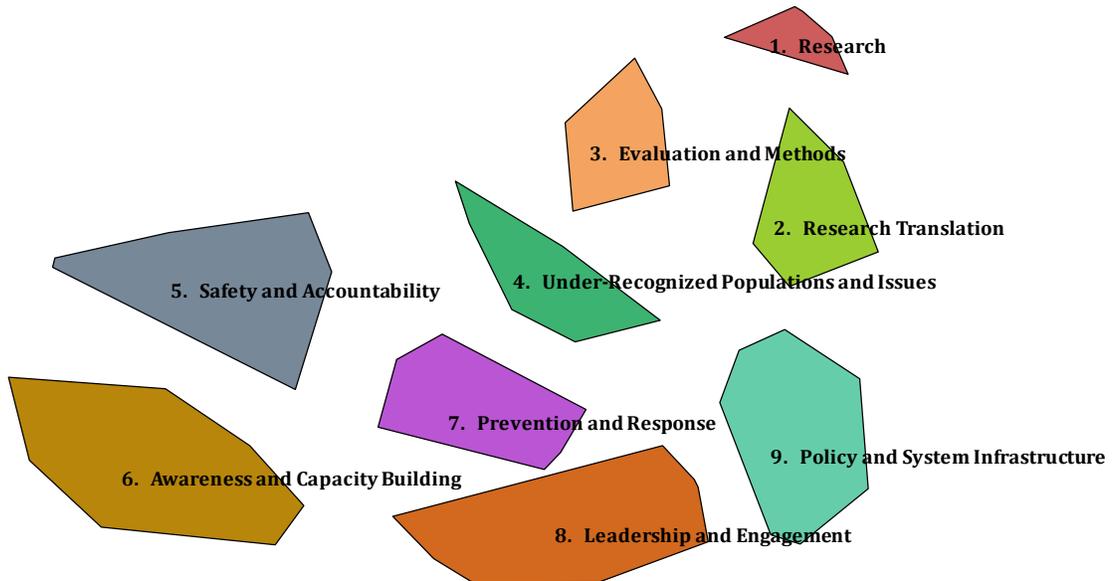
111	to develop effective responses to resident-on-resident aggression, including improved detection, intervention, and prevention by facilities and others.	3.36
112	research regarding the relationship between self-neglect and elder abuse, neglect, and exploitation.	3.06
113	more elder abuse fatality review teams to analyze suspicious elder deaths, identify systemic problems, and make recommendations, including about when autopsies should be performed.	3.62
114	AARP to assign higher priority and devote more resources to addressing elder abuse.	3.59
115	HHS to provide guidance to assist researchers in navigating abuse, consent, and other human subjects protection issues in elder abuse research, as required by the Elder Justice Act.	3.73
116	to develop national Adult Protective Services (APS) definitions and standards, including for feasible caseloads, collaborations, training requirements, and data collection.	4.08
117	high-quality, accessible civil legal services to detect, prevent and address elder abuse (including those services funded through the Older Americans Act and Legal Services Corporation).	4.06
118	to develop effective alternatives to prosecution that address elder abuse and promote justice and accountability.	3.49
119	to increase the availability of community care coordination and case management services to reduce the risk and incidence of elder abuse.	3.83
120	accessible information and services for non-abusing family and friends who are attempting to address elder abuse, including information about how to find help and how to address the impact of the abuse on their own lives.	3.68
121	to develop housing, social, and other initiatives designed to reduce the isolation of older adults.	3.88



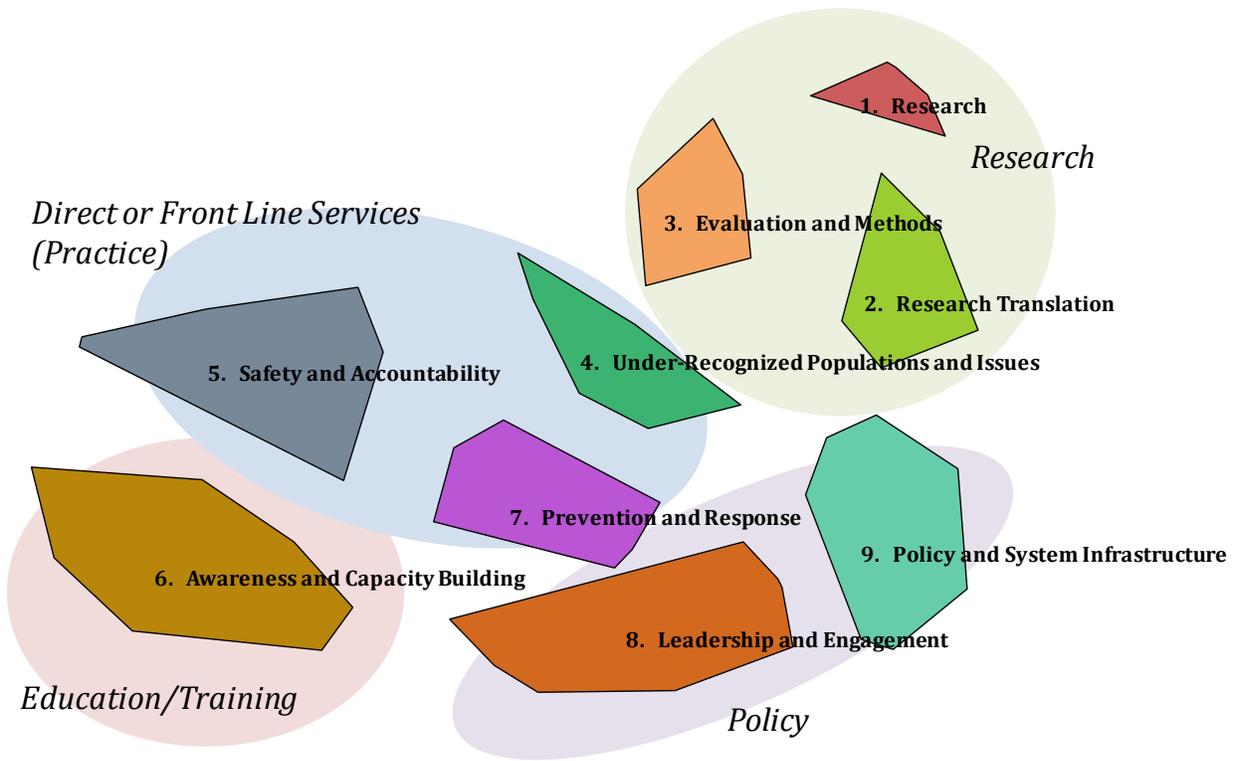


**Figure 2. Point Cluster Map**, showing the 121 statements grouped into nine clusters.

As a result of the stakeholders sorting the data, nine thematic categories emerged. The data suggest that these nine major themes can be employed as a meaningful framework when considering how to understand, prevent, and address elder abuse. The Labeled Cluster Map (Figure 3) shows the clusters labeled with these categorical issues. The name given to each cluster reflects the theme or topic expressed by the statements within that cluster.



**Figure 3. Labeled Concept Map.** The 121 statements are grouped into a concept map with nine clusters, which indicate main topics or concepts.



**Figure 4. Domains Map.** The nine clusters from figure 3 are grouped into four Domains

## Appendix F. Charts Showing Ratings by Importance and Feasibility

Pattern Matches were created to compare the *Importance* and *Feasibility* ratings at the cluster level and statement level, respectively.

Concept mapping results include analyses for each cluster represented on the map as shown in Figure 5. These analyses are bivariate plots, one for each cluster, that show the average *Importance* and *Feasibility* rating of each statement within a cluster. These “zone” analyses enable stakeholders to keep the larger conceptual view in mind, while returning to the detailed contents of each cluster to support decision-making.

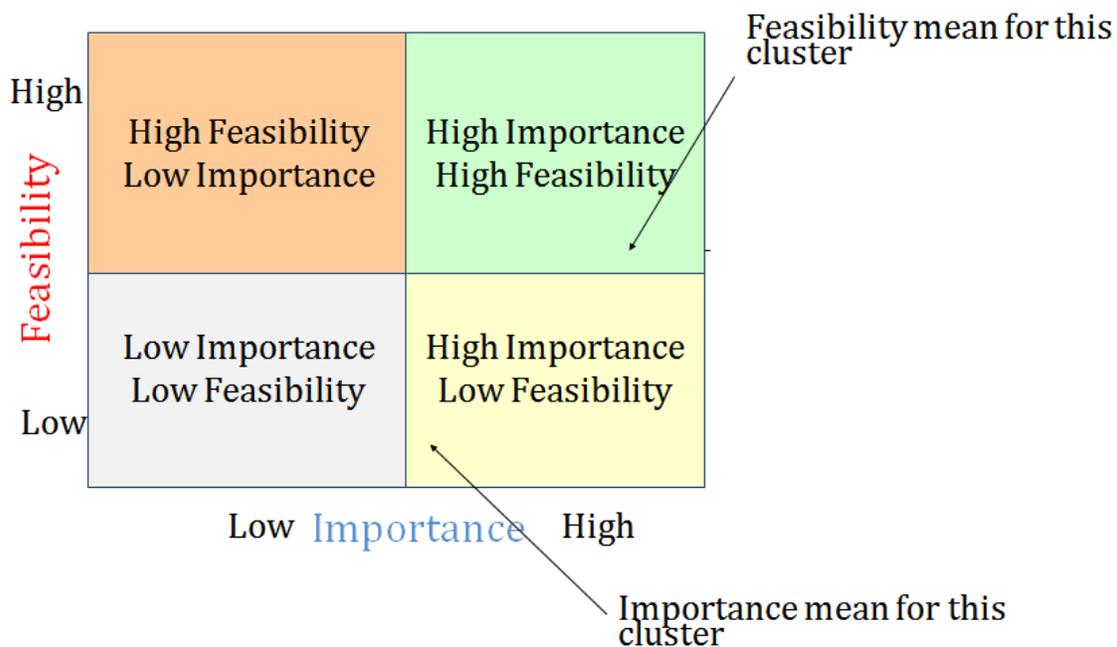
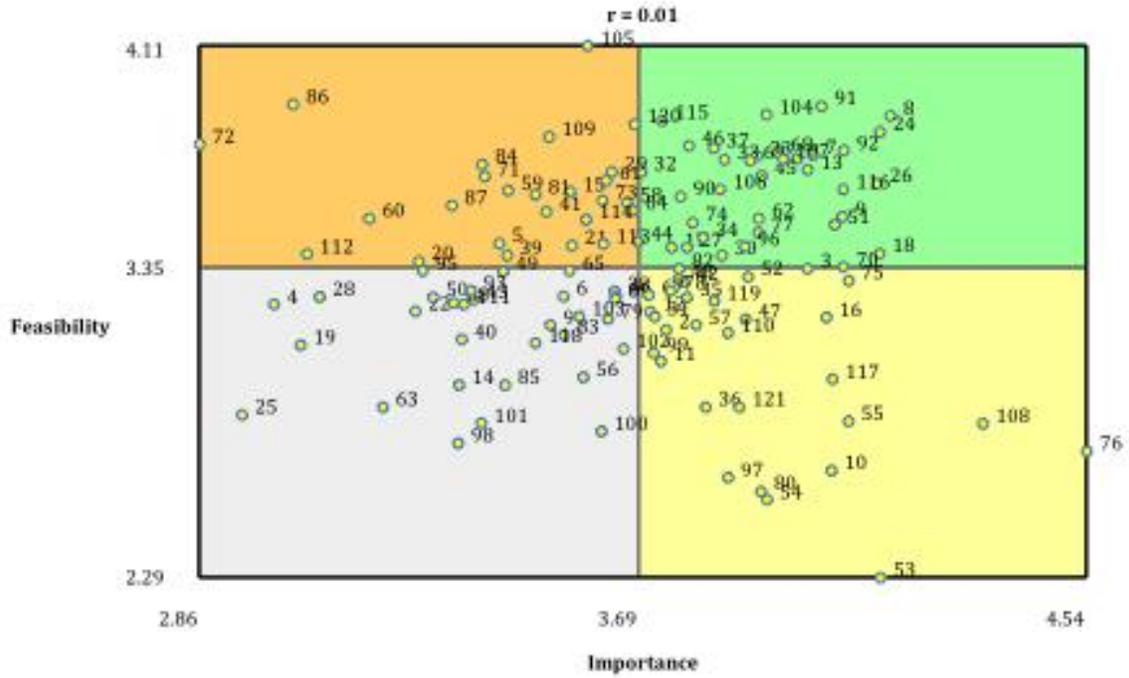


Figure 5. Example Zone Analysis

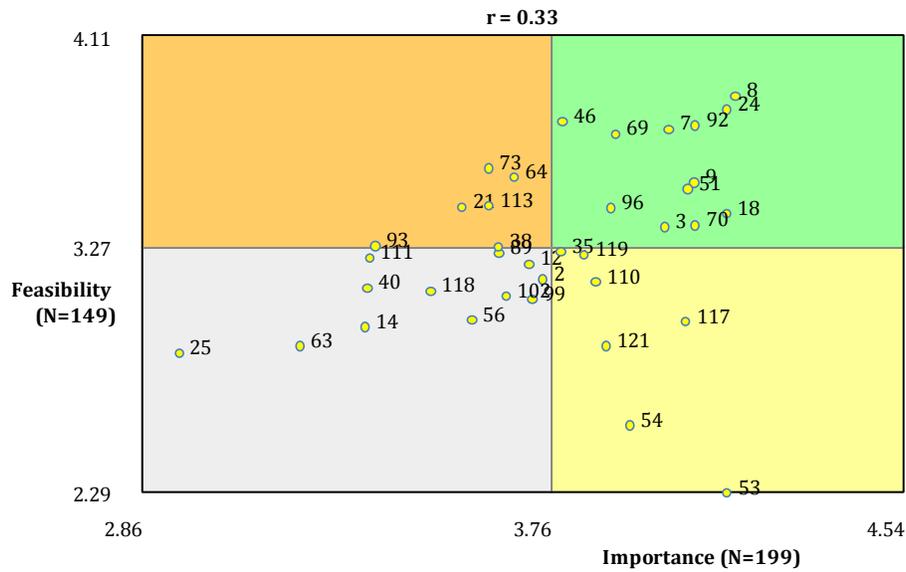
This analysis provides a way to view the data and engage in assisted dialogue about implications, utility, and ways to measure progress on such desired outcomes. Those items located in the upper right (green) quadrant – also sometimes called *the “go-zone”* – were rated higher than the mean for that grouping, on both Importance and Feasibility. Often, these ideas are the most ready for action. Items in the upper left (high Feasibility and relatively low Importance) and those in the lower right (high Importance and relatively low Feasibility) can be considered “gap” areas. These gap areas contain items for which value imbalance exists. Items in the “low importance, low feasibility” quadrant should not be dismissed, but rather be examined closely to best understand how to move forward on them.

# All Statements



The following maps compare the average ratings on Importance and Feasibility for the statements *in each Domain*. These ratings reflect the input of all ratings participants.

## DOMAIN: DIRECT SERVICES (PRACTICE)



- 3. affordable and accessible services to help older adults manage their finances, thereby reducing the risk of financial exploitation.
- 7. to increase investigation and prosecution by State Attorneys General and Medicaid Fraud Control Units of elder abuse-related violations, such as Medicaid fraud, abuse and neglect in facilities, consumer protection initiatives targeting financial exploitation, and others.
- 8. to train practitioners to use evidence-based and promising screening and interventions that detect and address trauma and other mental health, behavioral health, and substance abuse issues.
- 9. prosecutors and prosecution units dedicated to pursuing elder abuse.
- 18. courts to improve how they handle elder abuse cases and accommodate the needs of older people.
- 24. to include older people's input in all aspects of elder justice efforts.
- 46. to raise awareness about diminished cognitive capacity and its high correlation with elder abuse to inform research, policy, and practice.
- 51. improved identification and tracking of elder abuse cases by law enforcement and prosecutors.
- 69. professionals, in gathering information from older people, to know how to ask screening questions sensitively and how to follow up appropriately.
- 70. law enforcement officers and units dedicated to addressing and investigating elder abuse.
- 92. to improve screening, training, monitoring of, and support for direct care workers to reduce the incidence of abuse, neglect, and exploitation.
- 96. to ensure that existing domestic violence, sexual assault, and other victim assistance programs better meet the needs of older victims by allocating resources, collecting data, developing and evaluating programs, and incorporating elder abuse issues into training and technical assistance.

## DOMAIN: DIRECT SERVICES (PRACTICE)

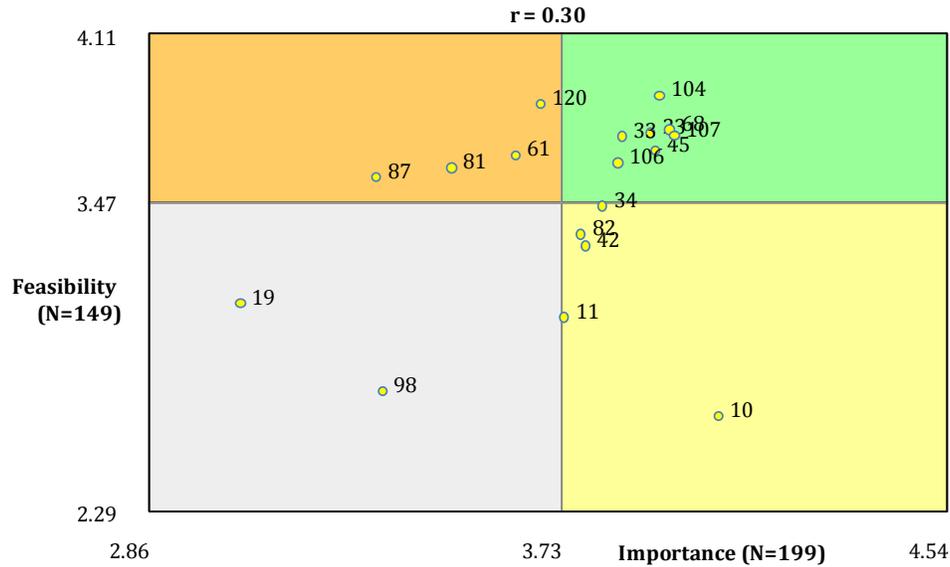
- 21. individuals and entities that address mental health, dementia, women's, and disability rights issues, as well as other related issues, to improve how they respond to the needs of elder abuse victims who also are their constituents.
- 38. to increase scrutiny and accountability of representative payees and develop appropriate responses to abuse of the representative payee system.
- 64. to clarify the roles and responsibilities of entities responding to elder abuse (such as Adult Protective Services, ombudsman, guardians, law enforcement, legal services, victim advocates, and others) to identify conflicts of interest, gaps, and overlaps in services.
- 73. to foster person-centered approaches in all aspect of services and prevention targeting elder abuse (such as client-centered, victim-centered, and patient-centered approaches).
- 93. to address and prevent elder abuse that occurs during or as a result of care transitions (i.e. from a hospital to nursing home).
- 113. more elder abuse fatality review teams to analyze suspicious elder deaths, identify systemic problems, and make recommendations, including about when autopsies should be performed.

- 35. more multidisciplinary teams throughout the country that have adequate support for facilitators and operations.
- 53. Long-term care facilities to be staffed by sufficient numbers of adequately trained, compensated, supervised and screened staff.
- 54. to increase access to and monitoring of home care to promote quality care at home and prevent elder abuse.
- 110. prevention, intervention, and surveillance methods tailored to protect cognitively impaired older people in all settings.
- 117. high-quality, accessible civil legal services to detect, prevent, and address elder abuse (including those services funded through the Older Americans Act and Legal Services Corporation).
- 119. to increase the availability of community care coordination and case management services to reduce the risk and incidence of elder abuse.
- 121. to develop housing, social, and other initiatives designed to reduce the isolation of older adults.

## DOMAIN: DIRECT SERVICES (PRACTICE)

2. protection from retaliation of individuals who report elder abuse in any setting.
12. to increase initiatives for primary and secondary prevention (such as social supports for older people).
14. less restrictive alternatives to guardianship and conservatorship that maximize autonomy while promoting security.
25. to develop and implement standards for the treatment of older inmates and suspects to prevent abuse.
40. to improve reporting by mandatory reporters.
56. to identify and implement interventions that respond to the needs of low income people at risk for elder abuse.
63. probation, parole, and community corrections systems to address elder abuse considerations in the release and placement arrangements of inmates of all ages.
89. better ways to identify and respond to high-risk transitions that create unsafe conditions, such as when certain types of offenders move into the homes of older, frail relatives or when sexual predators are placed in nursing homes.
99. effective responses and prevention efforts tailored to marginalized and underserved populations.
102. effective survey and certification/state regulatory agencies and trained surveyors to enforce standards and investigate abuse, neglect, and exploitation in nursing homes, assisted living, and other residential settings.
111. to develop effective responses to resident-on-resident aggression, including improved detection, intervention, and prevention by facilities and others.
118. to develop effective alternatives to prosecution that address elder abuse and promote justice and accountability.

## DOMAIN: EDUCATION



23. to ensure that quality information about preventing, identifying, and responding to elder abuse, (such as curricula and tool kits) is disseminated to professionals and the public.

33. to ensure effective training on elder justice issues by developing, evaluating, and continuously updating curricula, and by training trainers to cultivate expertise.

45. increased awareness of and efforts to detect, prevent, and respond to elder sexual assault in all settings.

68. public education to provide accurate information about elder abuse and to correct misperceptions and raise awareness about aging.

104. training for individuals who come into contact with older people (such as postal workers, Meals on Wheels staff, emergency room nurses, etc.) on how to recognize, respond to, and refer suspected elder abuse at the local, state, and national level.

106. discipline-specific training on elder justice issues, repeated at regular intervals, for individuals working in field at the local, state, and national level.

107. ongoing multidisciplinary training (bringing together professionals from various disciplines) about effective approaches, collaboration, and other matters, at the local, state, and national levels.

61. to raise awareness among trusts and estates, family, and elder law attorneys about how to better identify and prevent elder abuse.

81. faith leaders and faith-based organizations to be more informed about and engaged in addressing elder justice issues.

87. to train relevant professionals to serve as expert witnesses in elder abuse cases.

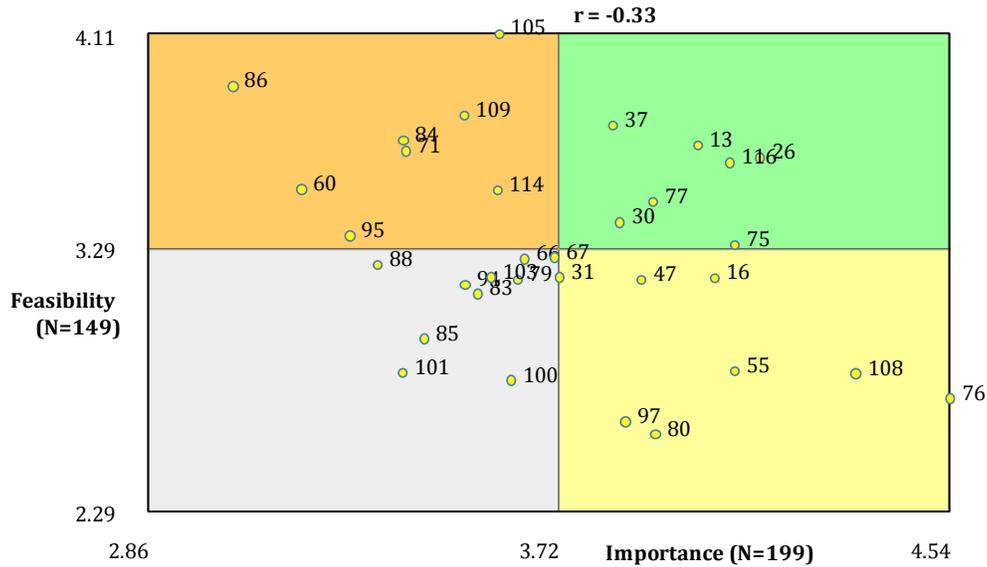
120. accessible information and services for non-abusing family and friends who are attempting to address elder abuse, including information about how to find help and how to address the impact of the abuse on their own lives.

## DOMAIN: EDUCATION

- 10. a vast increase in the number of health care professionals qualified to care for older people and to identify, address, and prevent elder abuse.
- 11. to provide caregivers with adequate support and services to develop competency and reduce stress.
- 34. to include questions about elder abuse on relevant professional licensing exams to encourage training and competency on elder justice issues.
- 42. to educate all types of caregivers about elder abuse.
- 82. to train and fund more forensic experts to aide in the detection, analysis, investigation, and prosecution of elder abuse cases.

- 19. to develop curricula on aging for K-12 and higher education that emphasize the value of older adults, that well being in old age is of universal concern, and that other forms of family violence have a nexus to elder abuse.
- 98. services and education for abusers and potential abusers that prevent or mitigate abuse.

## DOMAIN: POLICY



- 13. the aging network to assign higher priority and more resources to addressing elder abuse, including through the integration of elder justice measures in all appropriate programs and initiatives.
- 26. the Centers for Disease Control and Prevention to recognize and address elder abuse as a serious public health issue, like child abuse and intimate partner violence, warranting comparable surveillance, prevention, and treatment programs.
- 30. to identify and resolve impediments to multidisciplinary coordination in elder abuse matters due to confidentiality, privacy, and other laws, regulations and protocols.
- 37. the Coordinating Council created by the Elder Justice Act to identify priorities, allocate resources, and coordinate efforts by the federal government in addressing elder abuse.
- 75. to cultivate greater interest in and commitment to reducing elder abuse among political leaders.
- 77. the financial industry to create and implement initiatives to address and prevent elder financial exploitation.
- 116. to develop national Adult Protective Services (APS) definitions and standards, including for feasible caseloads, collaborations, training requirements, and data collection.

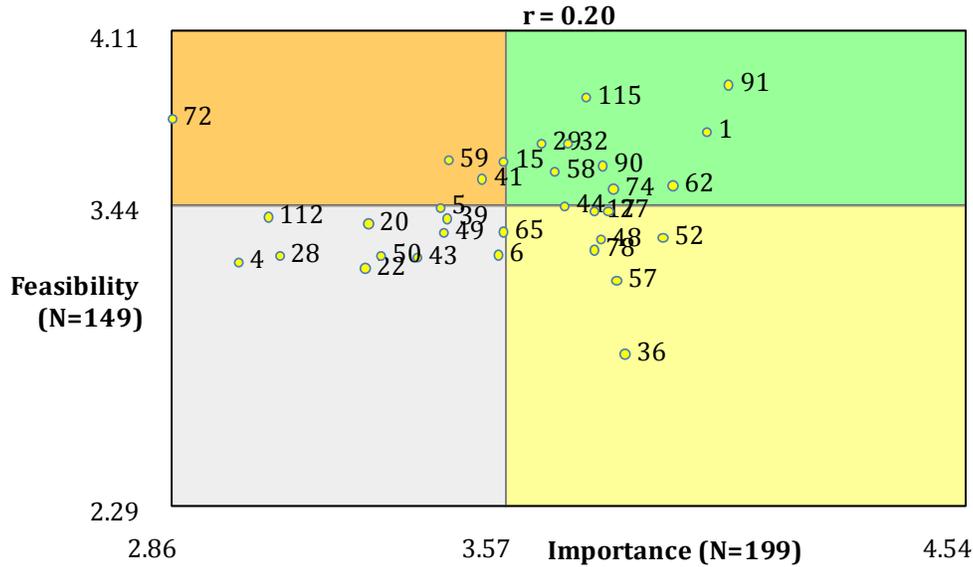
- 60. to establish a national elder abuse hotline.
- 71. Aging and Disability Resource Center (ADRC) staff to assist in coordinating multidisciplinary efforts to address elder abuse and to provide appropriate information and referrals.
- 84. to cultivate new diverse leaders with varied perspectives in the elder justice field.
- 86. an annual national elder justice conference.
- 95. a national think tank or comparable entity to analyze and disseminate information about complex elder justice issues and provide leadership on communication and policy issues.
- 105. to convene the Elder Justice Act’s Advisory Board.
- 109. to identify compelling spokespersons for the issue who will attract public attention.
- 114. AARP to assign higher priority and devote more resources to addressing elder abuse.

## DOMAIN: POLICY

16. a well-funded national center on elder abuse with resources similar to those allocated for child abuse centers, and specialized resource centers for entities like Adult Protective Services, older victim services, the ombudsman program, legal services, guardianship, etc.
31. to improve law, policies, training, oversight, and data collection related to abuse of powers of attorney.
47. a federal Office of Elder Justice, comparable to federal offices dedicated to addressing child abuse and violence against women.
55. to create an adequately funded national infrastructure for APS that includes a national resource center, data collection, program evaluation, training, technical assistance, and resources for adequate staffing.
76. to fully fund and implement elder justice provisions in existing laws, such as the Elder Justice Act, the Older Americans Act, and the Violence Against Women Act.
80. well-funded, effective advocacy networks and coalitions to increase funding and inform policy and legislation, that coordinate at the local, state, and national level.
97. Medicare, Medicaid, and other insurance reimbursement for elder abuse screening, detection, and intervention.
108. more funds for elder abuse victims' services.

66. private foundations, religious and corporate philanthropies, and private donors to support research, policy, and programs related to elder abuse.
67. local, state, and national entities to create and implement strategic plans to address elder abuse.
79. to improve laws, policies, training, monitoring, oversight, and data collection related to guardianship and conservatorship.
83. to develop and fund multidisciplinary centers of excellence on elder abuse that coordinate with one another.
85. to increase resources for and capacity of long term care ombudsmen to address elder abuse.
88. to address issues that arise when elder abuse cases extend beyond state boundaries, for example through interstate compacts, abuse registries, and full faith and credit provisions.
94. more elder abuse forensic centers and other similar multidisciplinary entities that bring a coordinated approach to elder abuse cases.
100. to draft, enact, and fund new elder justice legislation to address current gaps in the law.
101. an equivalent or expansion of the long term care ombudsman program to advocate for people who receive care in settings other than nursing homes.
103. a strong movement to advance elder justice, informed by key teachings from other social movements.

## DOMAIN: RESEARCH



- 1. national incidence and prevalence research to measure all types of elder abuse.
- 29. research into the consequences of elder financial exploitation, such as potential declines in health and increased risk for other types of elder abuse.
- 32. research to identify forensic markers to assist in the detection of elder abuse.
- 44. to develop initiatives to translate research into policy and practice that more effectively addresses elder abuse.
- 58. to increase research, policy, and practice that addresses neglect of older people.
- 62. research, including program evaluation, to determine the effectiveness of interventions that are used to address elder abuse, such as which Adult Protective Services and ombudsman models are most effective.
- 74. to measure the economic cost of elder abuse (e.g., facility placements, hospitalizations, trips to the emergency room, lost assets and wages, etc.) in order to identify areas of costs savings gained by addressing the problem.
- 90. to improve the standards and evaluate and validate the methods used by various entities (such as surveyors, Adult Protective Services, ombudsman, and others) to confirm or substantiate elder abuse allegations.
- 91. to develop validated tools and methods for those on the front lines to screen for elder abuse in various settings.
- 115. HHS to provide guidance to assist researchers in navigating abuse, consent, and other human subjects protection issues in elder abuse research, as required by the Elder Justice Act.

- 15. to test and integrate promising practices and research from related fields, such as child abuse and domestic violence, in elder justice work.
- 41. to review existing systems, programs and protocols to identify and address systemic gaps and overlaps.
- 59. to develop better ways to use technology in the prevention and detection of elder abuse.
- 72. focus groups and other methods to determine what types of communications are most effective in preventing elder abuse.

## REGION: RESEARCH

17. to evaluate the experience of older victims to assess how well victim safety is addressed, whether services are coordinated and seamless, and whether offenders are held accountable in a consistent way (similar to safety planning audits used in the domestic violence field).
27. systemic evaluation of existing laws and implementation practices to develop model laws and policy.
36. to test and develop a range of effective emergency and transitional housing and shelter options to better meet older victims' needs.
48. better methods for investigating and measuring the prevalence of elder abuse in residential care facilities and other non-nursing home settings.
52. to develop comprehensive, consistent definitions of elder abuse, neglect, and exploitation to be used in various contexts such as in laws, critical care, and services.
57. to collect and aggregate data about elder abuse cases that is comprehensive, consistent, accurate, current, and available to the public.
78. to clearly define what constitutes successful outcomes in elder abuse interventions and prevention efforts.

4. ethicists and philosophers to partner with policymakers, researchers and practitioners in addressing ethical issues that arise in elder abuse cases, including how best to balance autonomy and safety.
5. to translate the questions and dilemmas faced by practitioners into research that can assist them.
6. research into the long term (longitudinal) nature of elder abuse for victims and perpetrators, and contextual factors (such as poverty or isolation) that can affect elder abuse.
20. research on the nexus between mental health and elder abuse, both for victims and perpetrators.
22. research the rates of and connections between abuse, neglect, and exploitation at home and in facilities, and develop policy accordingly.
28. to research the impact and value of mandatory reporting.
39. research and policy regarding the role of diminished, variable, or questionable capacity in increasing the risk of elder abuse.
43. research to identify perpetrator characteristics, including why they abuse and how to develop preventive interventions.
49. research on elder abuse in different cultures (such as definitions, risk factors, interventions, prevention, and prevalence) to inform policy and practice.
50. research to understand the causes of elder abuse and conceptual models that inform practice, such as greed, power and control, and caregiver stress.
65. validated methods and instruments to collect data about elder abuse from various systems.
112. research regarding the relationship between self-neglect and elder abuse, neglect, and exploitation.

## **Interpretation**

The next step of the project was to build on the developed conceptual framework reflected in the maps and charts above in order to:

- Discuss the insight derived from the concept map and confirm the validity of the framework results with stakeholders.
- Identify topics for subsequent facilitated discussions and leadership interviews based on particular areas of the framework that demand more in-depth exploration or focused attention, and/or issues not explicitly included in the framework but of considerable importance to the elder justice field.
- Use the conceptual territories that emerged from the framework as a means for generating a list of citations that support the thematic areas of the map.
- Use the maps and charts to identify “first wave” action items, priorities by domain, and universal themes cutting across all domains and phases of the project.

## Appendix G. Expert Interpretation and Analysis – Facilitated Discussions

The concept map reveals a multitude of priorities and gaps. To help interpret and understand the findings as they related to particularly complex and important topics, the subject matter experts at the September 2012 meeting identified six topics for additional input and discussion in facilitated discussions (FDs):

- *Caregiving*
- *Diminished Capacity/Mental Health*
- *Diversity and Inclusion*
- *Prevention*
- *Screening*
- *Victim Services*

Up to a dozen diverse experts were invited to participate in each of the ninety minute facilitated telephone conversations. (Only the names of those who actually were able to participate are listed.) Despite the diversity of the distinct topics discussed through the facilitated discussions, certain common themes emerged in all of the conversations.

*Common Themes* identified by participants in each of the Facilitated Discussions:

- **Balancing the need for services and research:** We need to serve older victims experiencing harm today, and at the same time accelerate research to determine the efficacy of prevention, intervention, and other responses.
- **Create tailored responses:** Because elder abuse involves varying types of conduct, settings, and motivating factors (e.g., greed, entitlement, power, inadequate staffing), we need a variety of screening, assessment, intervention, and prevention approaches tailored to each.
- **Diversity and inclusion:** Different populations define and experience elder abuse in distinct ways and respond differently to efforts to prevent, intervene in, and raise awareness about it. Thus, every effort should be made to recognize and address those differences and ensure cultural competence in practice, policy, research, and education.
- **Diminished capacity:** Diminished capacity and cognitive impairment pose challenges in all aspects of responding to elder abuse and requires more attention.
- **Definitions and terminology:** The varying definitions and parameters of elder abuse create unnecessary confusion in the elder abuse field, among allied professionals and with the general public. We need a consistent, clear, common sense definition of elder abuse.

## Facilitated Discussion on Caregiving

When you're dealing with caregiving, you're usually dealing with family systems. There's a gap in the field in terms of communicating about caregiving. There are many proven interventions for stressed caregivers, but this isn't communicated well. Educating caregivers can do a lot to decrease the risk of elder abuse.

– Caregiving FD Participant

### **Discussion participants:**

David Bass, PhD, *Benjamin Rose Institute on Aging*

Laura Bauer, MPA, *Rosalynn Carter Institute for Caregiving*

Tameshia Bridges Mansfield, MSW, *PHI – Quality Care through Quality Jobs*

Debra Cherry, PhD, *Alzheimer's Association*

Leisa Easom, PhD, RN, *Rosalynn Carter Institute for Caregiving*

Laura Gitlin, PhD, *John Hopkins University, Center for Innovative Care in Aging*

Kathy Kelly, MPA, *National Center on Caregiving, Family Caregiver Alliance*

Greg Link, MA, *Administration for Community Living (ACL)/Administration on Aging (AoA)*

Jane Tilly, DrPH, *Administration for Community Living (ACL)/Administration on Aging (AoA)*

Most caregivers provide extraordinary care, often under difficult circumstances, with little preparation or support, and at significant cost to their own health and financial well-being. In addition, caregiving responsibilities can take a toll on caregivers' family recreation time and responsibilities, personal leisure time, and work lives. Some caregivers, however, also abuse, neglect, and exploit. We know little about the nexus between caregiving and elder abuse – particularly in terms of how caregiving relates to preventing and responding to elder abuse. It is an issue about which we need to know more. Some research indicates that interventions targeting caregivers are more likely to prevent elder abuse than those targeting care recipients. And there is ongoing debate about the extent to which caregiver stress (in various settings) contributes to versus is used to excuse elder abuse. There is no disagreement, however, that the caregiving and elder abuse fields must find better ways to communicate, educate one another, and work together (which has rarely occurred in the past), or the rise of the aging population will exponentially increase demands on caregivers.

### ***Priorities:***

- **Caregivers at-risk of harm:** Some caregivers (paid and unpaid, in homes and facilities, many of them older) are abused or harmed while providing care. We need to identify scenarios where caregivers are at risk and develop programs to enhance their safety.
- **Caregivers at-risk for abusing or neglecting:** Not everyone has the desire, resources, or capacity to provide proper care. We need better ways to assess which caregivers are at risk for abusing, neglecting, or exploiting, and what other factors contribute to the risk. At-risk caregivers should be offered support and options that help prevent elder abuse.

- **Communication and education:** We need to deepen the understanding of abuse, neglect, and financial exploitation in the caregiving context to help the caregiving and elder abuse fields better understand the role of caregiving in elder abuse and how to prevent and address it. We need joint initiatives including forums that involve leaders in both fields, a research plan, ideas for innovative programs, curricula and toolkits.
- **Historic family violence:** The potential impact of past and ongoing abuse (e.g., child abuse and neglect, incest, sexual assault, or domestic violence) on caregiving needs to be recognized and understood. In particular, we need to develop prevention and intervention strategies for caregivers who have experienced abuse and are now in caregiving roles.
- **Joint policy initiatives:** We should promote policy initiatives with relevance to both the caregiving and elder abuse fields such as respite care; caregiver training; and assessing the impact of increasingly complex caregiving duties being shifted from the health care system to families and individuals who are often ill-equipped to assume the role. We need an analysis of intersecting policy goals and initiatives and a strategic joint response, including addressing the need for more well-trained caregivers who are adequately compensated.

## Facilitated Discussion on Diminished Capacity and Mental Health

“Conceptualizing mental health and capacity issues as “brain health and functioning” is ground breaking. Clearly, diminished capacity and mental health are part of brain health and function. If the brain is not functioning properly, it can lead to impairment and lead to trouble making decisions. Calling it “brain health and functioning” also helps ease people into the conversation.”

– Diminished Capacity/Mental Health FD Participant

### Discussion participants:

Jason Karlawish, MD, *University of Pennsylvania*

Octavio N. Martinez, Jr., MD, MPH, MBA, FAPA, *Hogg Foundation for Mental Health*

Willard Mays, MA, *American Sociological Association (ASA) Mental Health and Aging Network*

Alix McNeill, MPA, *National Council on Aging*

Harry Morgan, MD, *Center for Geriatric and Family Psychiatry*

Elizabeth J. Santos, MD, *University of Rochester School of Medicine and Dentistry*

Jo Anne Sirey, PhD, *Weill Cornell Medical College*

Susan Wehry, MD, *Vermont Department of Disabilities, Aging & Independent Living*

For decades, researchers and practitioners working with older victims and abusers have identified diminished cognitive capacity and mental health problems as critical and complex issues in relation to elder abuse. Yet both issues – standing alone and the interplay between them – are often not well understood or addressed in efforts to prevent, address, and understand elder abuse.

### *Priorities:*

- **Brain health and function:** Participants supported efforts to examine diminished cognitive capacity and mental illness in the context of elder abuse, through the framework of *brain health and functioning*. Such language could help to de-stigmatize the issues of mental illness, substance abuse, dementia, and diminished cognitive capacity, and create natural bridges among the mental health, substance abuse, dementia, and elder abuse fields.
- **Education regarding the use of assessment tools:** Many practitioners on the front lines still use outdated instruments to assess diminished cognitive capacity and screen for mental health problems. We need to develop a standardized curriculum for front-line responders on what tools are validated, how to use them to assess cognitive impairment, decision-making cognitive capacity, depression, and anxiety, as well as to provide supervision and support.
- **Integration:** Key professional, consumer, and government agencies that address mental health, substance abuse, and dementia should integrate elder abuse concerns into their policy, practice, training, and research priorities.

- **Mental health networks:** In many communities, insufficient mental health services are the norm for older adults, including for those who have experienced the trauma of victimization. We need to strengthen existing mental health networks to identify and provide services to elder abuse victims, their families, and their abusers.
- **Nexus between mental health and elder abuse:** Practitioners and researchers cite mental health problems as appearing disproportionately among both victims and perpetrators of elder abuse. Mental health research, policy, and programs targeting older people should address elder abuse and how to identify and prevent it.
- **Nexus between cognitive impairment and elder abuse:** Practitioners and researchers cite cognitive impairment as a significant risk factor for elder abuse. Research, policy, and programs relating to dementia, diminished cognitive capacity, and other forms of cognitive impairment should address elder abuse and how to identify and prevent it.

**“Looking at these issues together, as brain health and functioning, supports an interrelated, interdisciplinary approach. It brings areas of justice, legal, mental, transportation, housing together – the social determinants of health that impact older Americans. It really de-stigmatizes some concepts and moves away from the silo effect.”**

*– Diminished Capacity/Mental Health FD Participant*

## Facilitated Discussion on Diversity and Inclusion

“As soon as we ask questions and hold people accountable to a uniform legal system, we are involved in shifting patterns of identity. As we begin to deal with questions of elder abuse within different cultural communities, we will begin to alter their perceptions as well as our own.”

– Diversity and Inclusion FD Participant

### Discussion participants:

David Gimbel, DPhil, *Archaeos (cultural and anthropological aspects of aging)*

Anne Marie Hunter, PhD, MDiv, *Safe Havens Interfaith Partnership Against Domestic Violence*

Evelyn Laureano, PhD, LMSW, *Neighborhood SHOPP*

Suzy Ritholz, PhD, *Services & Advocacy for Gay, Lesbian, Bisexual & Transgender Elders (SAGE)*

Sydel Samuels, *Women’s Outreach Program, Nez Perce*

Kate Wilber, PhD, *USC Davis School of Gerontology*

Diversity and inclusion have long been identified as critical issues to the elder abuse field, yet we know little about the needs of diverse populations when it comes to elder abuse, and have done even less to try to tailor responses to meet those needs. This facilitated discussion focused on the needs of older victims of diverse national origin, language, race, disability, ethnicity, gender, age, religion, sexual orientation, gender identity, socioeconomic status and family structures.

### **Priorities:**

- **Leadership:** Engage people from within underrepresented and underserved populations to conduct and participate in elder abuse-related research, education, service delivery, policy-making and in serving as elder abuse spokespersons.
- **Outreach:** Work closely with existing community and faith-based organizations, media and leaders with strong ties to older adults that other mainstream networks cannot access through traditional methods.
- **Tailored messages:** Create tailored messages and materials about elder abuse to engage each underrepresented and underserved population, and disseminate these messages in a way that targets their needs.
- **Visibility:** Ensure high visibility of voices from diverse populations in *all* policy, practice, research, and education initiatives resulting from the Elder Justice Roadmap Project. Diversity and inclusion are overarching concepts that touch every aspect of the concept map.

## Facilitated Discussion on Prevention

“It has been 30 years and we still do not know what prevention programs work. Multi-component interventions and counseling can address potentially abusive caregivers. We need programs to prevent people from becoming abusers and from becoming victims.”

– Prevention FD Participant

### **Discussion participants:**

Georgia Anetzberger, PhD, ACSW, LISW, *National Committee for the Prevention of Elder Abuse (NCPEA)*

Melissa Brodowski, PhD, MSW, MPH, *Department of Health and Human Services, Administration for Children and Families*

Jeanette Daly, PhD, RN, *University of Iowa, Department of Family Medicine*

Martha Deevy, MBA, *Stanford Center on Longevity*

Jeff Hall, PhD, MSPH, CPH, *Centers for Disease Control and Prevention*

Candice Kane, PhD, JD, *Chicago Project Violence Prevention; University of Illinois- Chicago School of Public Health*

Bonnie Olson, PhD, *University of California- Irvine*

Karl Pillemer, PhD, *Cornell University*

Joseph Rodrigues, *State Long Term Care Ombudsman; California Department for the Aging*

Debby Tucker, MPA, *National Center on Domestic and Sexual Violence*

Prevention was identified as a critical issue for stakeholders. Although prevention is key to stemming the tide of abuse and is the first line of defense, we know almost nothing about how to successfully prevent elder abuse. We dedicate too few resources to identifying and implementing potentially successful prevention programs and strategies.

### ***Priorities:***

- **Abuser intervention programs and strategies:** We should create demonstration projects for current and potential abusers to identify and evaluate what types of interventions prevent what sorts of victimization.
- **Centers for Disease Control and Prevention:** The CDC should treat elder abuse like other serious public health issues by conducting surveillance and research, and developing strategies, interventions, and programs targeting primary, secondary, or tertiary prevention.
- **Child abuse prevention models:** Programs proven to be effective in preventing child abuse – such as home visits by health workers and child death reviews – should be studied to determine whether they can be successfully adapted to prevent elder abuse.

- **Effective models and messages:** We should conduct research to better understand which audiences need to be reached to effectively prevent elder abuse, and what models and messages effectively reach those audiences. Researchers should work with front line experts and target populations in developing such messages.
- **Risk factors:** Although some elder abuse risk factors have been identified (e.g., social isolation, shared living arrangement, dependence, cognitive impairment, physical disability), much remains unknown about risk factors and how to address them. Identifying risk factors among victims, potential perpetrators and in the environment could help guide the development of prevention programs.
- **Transitions:** Older people are made more vulnerable to victimization, and crucial information about abuse is frequently lost, as older adults move to and between health care settings. For example, health care facilities must communicate about safety measures when a victim with a restraining order is transferred from one setting to another.

## Facilitated Discussion on Screening

“I have seen screening done in a waiting area where privacy and safety were not taken into consideration. Screening needs to be done in a respectful way that builds in protection, privacy, safety, and respect.”

– Screening FD Participant

### Discussion participants:

Jacquelyn Campbell, PhD, RN, FAAN, *John Hopkins University*

Terry Fulmer, PhD, RN, FAAN, *Bouve College of Health Sciences*

Duke Han, PhD, *Rush University Medical Center; VA Long Beach Healthcare System*

Bryan Hansen, MSN, RN, *John Hopkins University*

Catherine Hawes, PhD, *Texas A&M University*

Madelyn Iris, PhD, *Leonard Schanfield Research Institute*

Holly Ramsey-Klawnsnik, PhD, *Klawnsnik & Klawnsnik Associates*

Debbie Lee, *Futures Without Violence*

Kathy Park, *National Council on Crime and Delinquency*

Mildred Ramirez, PhD, *Research Division, The Hebrew Home at Riverdale*

Early detection through screening may be one method to reduce elder abuse. Yet, how to best screen for elder abuse – either at the individual or population level – remains a matter of dispute. There is no consensus in the field about the best screening tools to use, although there is agreement among experts that some front line responders continue to use outdated and invalid instruments. In addition, the elder abuse field must grapple with the ethics of implementing wide-scale screening efforts for abuse when most communities lack the service capacity to respond. Further complicating the picture, the US Preventive Services Task Force concluded in 2012 that the current evidence is insufficient to assess the balance of benefits and harms of screening all elderly or vulnerable adults for abuse and neglect, an assessment that will be reviewed every five years.

### *Priorities:*

- **Dissemination and training on screening tools:** Once the best screening tools are identified for particular types of professionals or settings, they should be disseminated, and those who are expected to use the tools should be trained in how to use them.
- **Policy:** We need to address the US Preventive Services Task Force conclusion that current evidence is insufficient to assess the balance of benefits and harms of elder abuse screening. We should research elder abuse screening tools and methods, and analyze the results for policy-makers' consideration in future decisions about elder abuse screening.
- **Risks of screening:** We need to understand more about whether and to what extent screening can exacerbate the risk of abuse and how to address and reduce that risk.

- **Settings for screening:** We need to identify and prioritize the settings in which individual and population-based screening for elder abuse should take place.
- **Tailored screening:** In developing screening tools we need to consider conceptual frameworks, varying needs of different populations, setting and dynamics of abuse that affect their use. Screening should be done in a culturally competent manner. Development of screening tools and procedures should address that some people being screened lack cognitive capacity and that some proxies who respond might be abusers.
- **What happens after someone is “screened-in”:** We need to think through not only *how* to screen for elder abuse, but what happens when screening indicates a problem (e.g., ongoing or risk of abuse). It is critical to think through the consequences of detecting and reporting abuse when the response is often inadequate or non-existent.
- **Validated screening tools:** We need to develop an evidence base about which screening tools are valid and suitable for different types of victims, abusers, and settings, taking into account costs in both time and money.

## Facilitated Discussion on Victim Services

“We need to look at improving access and quality in victim services whether the person is APS client, in the health care or criminal justice system, and regardless of their relationship with the perpetrator. These victims often need support and linkages to services in different ways than other victims because of their relationship with or dependence on the perpetrator who is often an adult child.”

– Victim Services FD Participant

### **Discussion Participants:**

Carol Dayton, ACSW, LISW, *National Adult Protective Services Assn-National Committee on Prevention of Elder Abuse*

Mai Fernandez, JD, MPA, *National Center for Victims of Crime*

Trudy Gregorie, *Justice Solutions*

Tasneem Ismailji, MD, MPH, *Academy on Violence and Abuse*

Mary Lynn Kasunic, *Area Agency on Aging, Region One in Arizona*

Suzanne Brown-McBride, *Council of State Governments Justice Center*

Meg Morrow, JD, *Office for Victims of Crime, Department of Justice.*

Joy Solomon, JD, *Weinberg Center, Hebrew Home*

Kate Wilson, *Victim Advocate, San Diego District Attorney’s Office*

*Victim services* are programs that work with older adults who have been victimized. Traditional victims services, i.e. domestic violence, sexual assault, and Victims of Crime Act (VOCA) programs, provide a range of services including safety planning, shelter, support groups, legal advocacy, and immigration victim assistance. In addition to traditional *victim services*, various entities and programs provide services to elder abuse victims but are not traditionally referred to as victim services. Adult Protective Services investigates and provides a range of responses to allegations of elder abuse in every state. The long-term care ombudsman advocates on behalf of long-term care residents on issues including neglect and abuse and residents’ rights. And a range of aging services network providers offer services such as meals, senior centers, adult day care, and case management to older people (all of which may prevent or offer opportunities to detect elder abuse).

### ***Priorities:***

- **Adult Protective Services:** In partnership with experts and outcome measures in program evaluation, APS should develop standards. APS needs additional infrastructure and capacity to meet the needs of elder abuse victims.
- **Aging services network:** The aging services network provides a wide array of programs that could benefit older victims and detect, prevent, and ameliorate elder abuse. The aging services network must increase awareness of elder abuse and train staff to identify and respond to elder abuse. The aging services network should give elder abuse victims priority if programs have waiting lists.

- **Coordination:** All networks providing services to older victims should coordinate to reduce fragmentation and improve person-centered services to meet older victims' needs.
- **Promising and innovative programs:** We need to identify and evaluate promising and innovative practices and create programs tailored to older victims. If effective, those programs should be replicated.
- **“Patient-centered medical home”:** The “patient-centered medical home” is a health care concept developed to contain costs and provide comprehensive, coordinated patient-centered care wherever the patient is. Medical home health care providers should be trained to recognize and respond to elder abuse, and the patient-centered medical home model should incorporate measures to prevent and respond to elder abuse.
- **Victim services:** Victim services providers (e.g., domestic violence and sexual assault programs, systems-based advocacy programs [in courts, law enforcement and prosecution offices], and VOCA-funded programs) must do more to tailor and offer services to older adults. National and state coalitions must address the needs of older victims in training and technical assistance. We need to encourage communication and education between existing victim services and entities responding to elder abuse.

## Appendix H. Expert Interpretation and Analysis – Leadership Interviews

A critical element of the Elder Justice Roadmap Project was seeking insights and ideas from well-respected, high-level government officials, thought leaders, and heads of influential organizations regarding their views on a variety of issues with a bearing on elder abuse. The subject matter experts provided recommendations regarding both the names of leaders to interview and the areas of expertise that they should represent. Each of the leaders interviewed has broad expertise and experience that cuts across more than one relevant area. They include:

- Lorraine Cortes-Vasquez, MPA, AARP, *Executive Vice President for Multicultural Markets*
- Florence Davis, JD, *President and Director, Starr Foundation*
- John Feather, PhD, *Executive Director, Grantmakers in Aging*
- Judith Feder, PhD, *Professor, Georgetown University Public Policy Institute; Urban Institute Fellow, and member, Long-Term Care Commission*
- Ron Peterson, MD, PhD, *Mayo Clinic Department of Neurology; Director, Mayo Clinic Alzheimer's Disease Research Center; Chair, National Alzheimer's Project Act Advisory Council*
- Ron Pollack, JD, *Founding Executive Director, Families USA*
- Lynn Rosenthal, *White House Advisor on Violence Against Women, Office of the Vice President*
- Ricki Seidman, JD, *TSD Communications*
- Paul Smocer, *President, BITS, Financial Services Roundtable*
- Mike Splaine, *former Director of State Government Affairs, Alzheimer's Association; Splaine Consulting*
- Howard Spivak, MD, *Director, Division of Violence Prevention, Centers for Disease Control and Prevention*
- Christopher Stone, JD, MPhil, *President, Open Society Foundations*

The people interviewed had numerous areas of substantive expertise, including aging, caregiving, child abuse, communications strategy, dementia, criminal justice, diversity and inclusion, domestic violence, federal advisory committees, financial services, foundations, grant-making, health policy, health surveillance, impact litigation, juvenile justice, legislative and policy strategy, local, state, and national advocacy networks, outreach to multicultural populations, political strategy, population research, raising public awareness, research protocols, prevention, sexual assault, and more.

The prevailing view was that, though not a simple area, elder abuse is a problem with solutions where meaningful progress is possible. The progress that has been made in addressing other pervasive social issues is possible when it comes to elder abuse. To that end, the ideas and priorities identified in the leadership interviews fall into three broad categories: (1) priorities consistently cited in most interviews, (2) general priorities, and (3) specific priorities.

## *Priorities identified in the Leadership Interviews*

### *1. Recommendations consistent among the Leadership Interviews:*

Although the leaders who were interviewed came from widely divergent fields, there were some striking consistencies among their recommendations.

**“It’s a very difficult issue but you can’t argue against saying ‘it’s something bad and we should fix it...’”**

*– leadership Interview*

- **Cultivate Allies:** “Cultivate natural allies outside the field.” Develop constituencies. Figure out where the issue fits best within an administration’s ongoing priorities and structures with greater prominence and clout. Find individuals inside government entities, non-profits and potential funders who might be sympathetic, then keep following up with them. Even if elder abuse is not a highly visible priority, productive work that advances the field can occur behind the scenes.
- **Develop a clear, targeted message:** Virtually all of the leaders said, in some way, that the elder justice field’s messages are confusing or imperceptible and need to be clearer and more focused and targeted. One leader recommended creating one-page documents with clear, consistent, simple messages. Another said to begin by targeting people who can affect change. Others suggested enhanced use of social media. There are existing communication pathways in most sectors that might be used to raise awareness about elder abuse (for example, pairing a message about preventing elder financial exploitation with a message about financial literacy). In developing a message, it is critical to be clear about (1) the audience, (2) the goals, and (3) the best message for the particular audience. The message will differ for people who catalyze change, policymakers, researchers, varied professionals, and the general public.
- **Focus:** The elder justice field cannot do everything, especially with limited resources. Select clear priorities and focus attention. Drown out the rest of the noise. Be careful of “mission creep.”
- **Fundable issue:** Most of the leaders have experience with both sides of the funding equation – both seeking funds and giving them away in public and private capacities. The prevailing view was that it is not an easy time to raise funds in general, and that elder abuse might be a bit more difficult than other issues given low levels of awareness and policy priority, but that there is no structural or other impediment to funding efforts to address elder abuse if funders are asked the right way.
- **“Gentle pressure applied relentlessly”:** Never, never give up.

- **How to Frame the Issue:** One leader cautioned against defining the issue too broadly, making it seem so pervasive and daunting to make success in tackling it seem impossible. This, however, should be balanced with another view that to portray only the most extreme cases (for example elder abuse murders) will result in some people not being able to see themselves as potentially affected by the problem, and thus not taking preventive measures against a broader range.

“I think one of the difficulties is that no one knows what elder justice is. When I say - tell me exactly what you mean by elder justice - everyone says something different. In every group I've been involved with you go round and round about the precision of language, but if the language is not compelling to the people who don't know anything about what you're doing, you're not going to convey anything to them.”

– leadership Interview

## 2. General priorities cited in Leadership Interviews:

- **Advocacy infrastructure:** The elder justice field needs an advocacy organization with resources, staff, and a mission for which addressing elder abuse is a clear and identified priority.
- **Cost:** Develop data about the cost of elder abuse. Then get the message out, including to the financial sector, which will recognize the potential for risk management. Explore various ways to develop cost data including by developing initial cost estimates by examining case studies. This method helps to break out the cost of different phenomena (abuse, neglect, and exploitation) in different settings (home, community, and facility). But, one person cautioned, entities that “score” the cost of prevention efforts will balance the estimated amounts that might be saved with those that would be expended targeting a broader population than known victims. In other words, prevention is expensive.
- **Criminal justice:** There was a divergence of views on whether a criminal response to elder abuse should be a priority, with one person saying that the criminal justice system is unlikely to bring about meaningful change and another saying that criminal accountability is important. However, there was complete agreement regarding the importance of training and engaging law enforcement.
- **Data:** The elder justice field needs surveillance data (like that collected by CDC) to validate that elder abuse is a problem and provide additional data. The field also needs to develop information about who the perpetrators are and what is motivating them.
- **Diversity and inclusion:** It is important to reach diverse and underrepresented and underserved populations. (Some populations appear to be especially hard-hit by elder abuse.) The field needs to work with grassroots organizations and publicize those populations’ trust (such as *El Diario* and *Univision*). Identify trusted *validators* (trusted individuals) to validate the messages relating

to elder abuse. It also is important to train diverse professionals and leaders from each community who bring multicultural perspectives to all aspects of practice and education.

- **Domestic violence and sexual assault:** In urging domestic violence and sexual assault fields to address the needs of older victims, begin with physical abuse and sexual assault – clearly within their ambit. Do not lead with the relatively new and unfamiliar issues of financial exploitation or neglect.

“If consciousness building is what you’re trying to do at this stage and you’ve identified who are the most important targets, you can assess – will this analysis reach them? What do we need to do? Will it be through media or some other outlet?”

– leadership interviewee

- **Financial exploitation:** Some informants suggested that because the public is more likely to be able to relate to (and contemplate) financial exploitation than abuse or neglect, it might make sense, for tactical reasons, to lead with that issue in raising awareness and developing policy.
- **Impact litigation:** Impact litigation can be an effective way to change systems, but it is labor intensive and more difficult to pursue successfully now than in previous decades. If it is necessary to select a single course, consider beginning with raising public consciousness.
- **Piggyback:** Integrate elder justice issues into existing structures, initiatives, regulations, protocols, research studies and so on. Piggyback onto ongoing efforts relating to aging, chronic disease, dementia, or mental health.
- **Target research:** In deciding what studies to prioritize, consider what impact they will have from a communications perspective. Will the results raise awareness, get attention, or educate the public about prevention? Also, re-analyze existing data in new ways so that the data reveal new information.
- **Training:** It is important to create training tailored to different sectors. For example, in the financial sector, develop materials educating employees for “what to look for” (to detect possible elder financial exploitation) and what they should do if they suspect elder abuse. Develop toolkits to educate older people and their caregivers about financial literacy, exploitation, and what to do if they have concerns.
- **Use existing systems:** Instead of building a new system to respond to elder abuse, strengthen and, if necessary, re-purpose existing pathways and systems to more effectively address the problem.

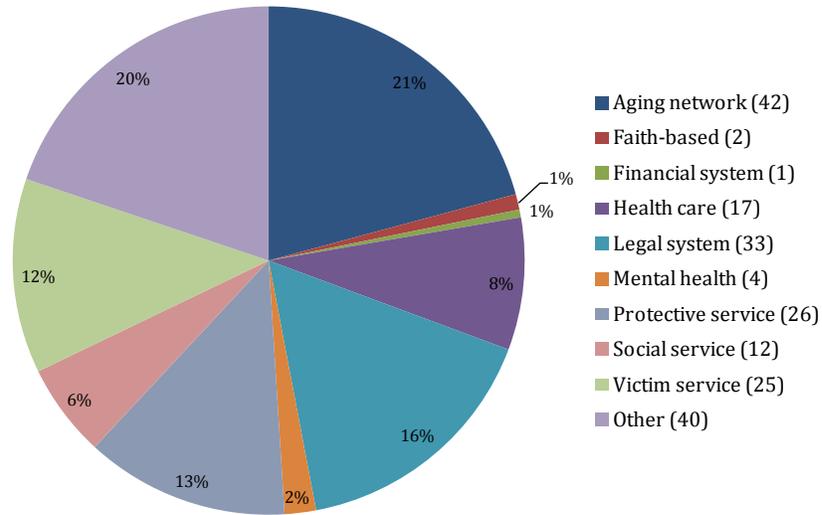
### 3. *Specific priorities cited in the Leadership Interviews*

- **Champions:** Identify and cultivate powerful champions. Examples include policymakers, thought and opinion leaders, potential funders and officials in Congress, the White House, government agencies, the business and financial communities, and influential advocacy groups.
- **Child abuse prevention model:** Child abuse prevention provides a good parallel for some types of elder abuse and is supported by a substantial evidence base. Programs successful in preventing child abuse involve home visits by nurses and others, nurse-family partnerships and other interventions. These are individual-based programs. Population-level prevention efforts should supplement the individual ones so that the problem is addressed at multiple levels.
- **Financial services multidisciplinary efforts:** The financial services industry should try using a multidisciplinary approach (including older persons, family members, representatives of the financial institution, and perhaps medical professionals) to develop and authorize a coordinated plan to protect assets while also respecting the older person's autonomy.
- **Prospective political candidates:** Talk to candidates early in the election cycle while they are still receptive and have time. Give them information, get them engaged, and elicit commitments.
- **Story bank:** Develop a story bank describing individuals' experiences. Organize the stories by topic and location so they are available for press and politicians. This is a lot of work and requires careful vetting, follow up and organization by location and subject.
- **Technology:** Technology could be used more effectively by the financial services industry to identify scams or exploitative patterns and trouble shoot for problems.

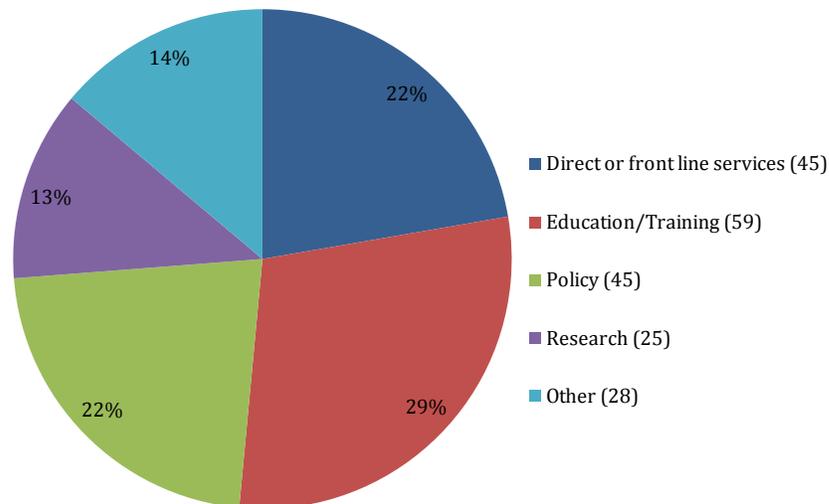
## APPENDIX I. Demographics of Participants

The following charts indicate responses to the demographic questions asked of the participants who completed the sorting and rating activities.

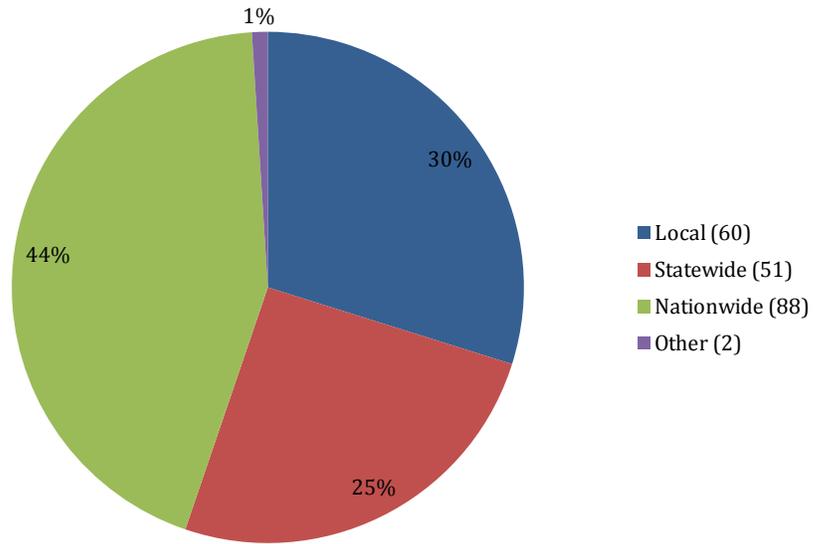
### 1. Which of the following best describes the system in which you work in relation to elder abuse?



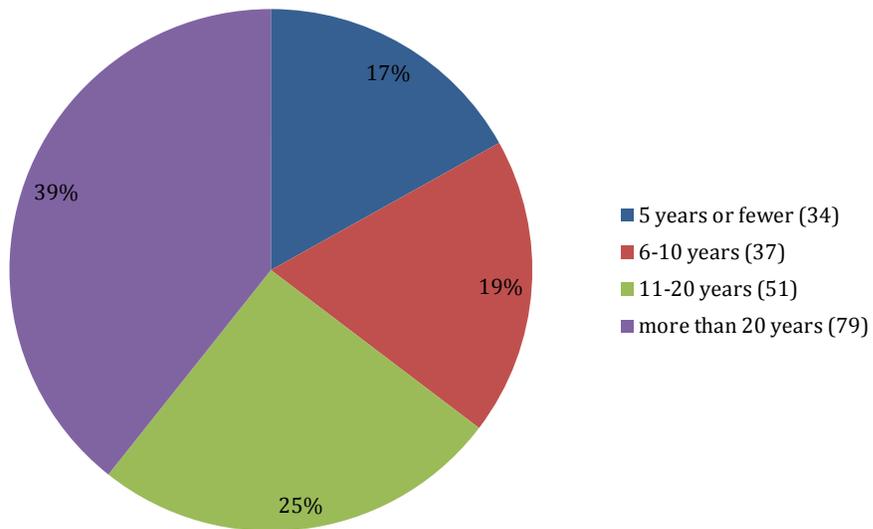
### 2. What is the principal nature of your work relating to elder abuse?



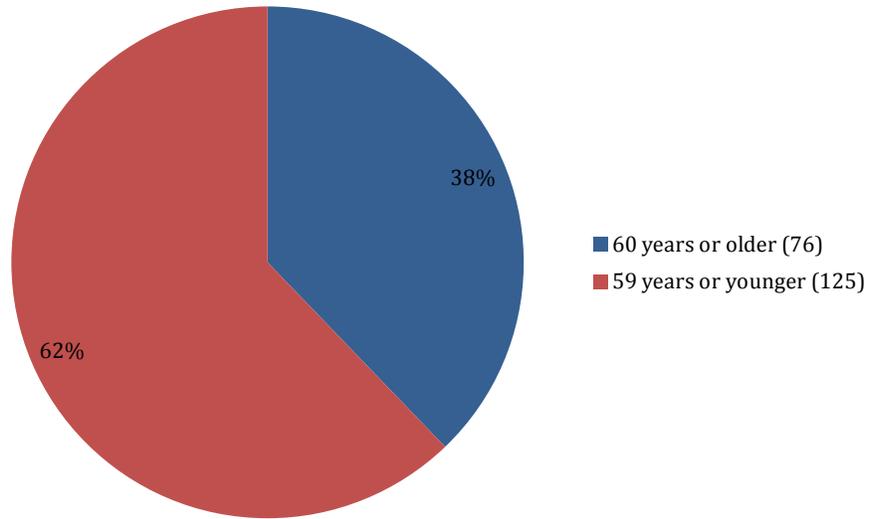
**3. Which of the following best describes the primary geographic focus of your work?**



**4. How long have you been involved in elder abuse-related work?**



**5. What was your age on your last birthday?**



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