THE ELDER ABUSE PATHWAY IN EAST CENTRAL IOWA

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Executive Summary

America is getting older. Compared to persons under the age of 65, older persons endure unique, age-related challenges such as diminishing cognitive capacity, increasing physical frailty, and social isolation. All of these can contribute to increasing older persons' vulnerability and may lead them to become dependent on someone else, formally or informally.[1] Regardless of cause, vulnerable and dependent older adults are 4 to 10 times more likely to be victims of elder abuse than individuals without disabilities.[2] All told, we identified five different kinds of abuse, exploitation or neglect that can be experienced by older adults: *Neglect, Self-Neglect, Financial Exploitation, Physical and Psychological Abuse, Sexual Abuse and Personal Degradation.* When referred to generally, the blanket term "elder abuse" will be used, encompassing all of these distinct types.

The lack of an adequate state-level response provided an impetus for the Elder Justice Act of 2010[3] (EJA) which allocated federal funds for the prevention and detection of elder abuse.[4] As an extension of the EJA, the Centers for Disease Control and Prevention (CDC) initiated an effort to improve the consistency of elder abuse definitions and surveillance from one state to the next. A primary reason that standard definitions, as suggested by the CDC, are important is because these definitions help determine how a case of abuse moves from occurrence to resolution. Though specifics may vary by state, there is a general pathway that cases of elder abuse should include: *Public Awareness, Identification and Reporting, Intake and Referral, Criminal Investigation, and Legal Remedies including Prosecution and Civil Resolutions.*

While the EJA certainly has advanced the public response, responsibility for identification, investigation and prosecution of elder abuse largely remains with the states and

Adult Protective Services (APS) agencies continue to be the leading public authority on these matters. In an effort to learn more about contemporary state-level efforts to address elder abuse, we conducted an in-depth exploration of Iowa's east central corridor. Although the state of Iowa appears to be active in its efforts to identify elder abuse, there is much more that could be done to move these cases along the desired pathway. As it stands, an older Iowan who experiences some form of abuse, exploitation or neglect has less than a 5.0 percent chance of any formal litigation taking place after filing a claim. So, despite recent efforts to expand and improve implementation efforts intended to protect older adults and deter perpetrators, this population continues to be adversely affected by a lack of legal recourse.

To further illuminate the barriers and facilitators to improve the pathway, we examined the public response to elder abuse in east central Iowa – a geographic area stretching nearly 50 miles from Cedar Rapids (population est. 100,000) to Iowa City (population est. 80,000). Between June of 2017 and May 2018, we convened six meetings with public agents involved with addressing elder abuse. We then supplemented information collected from these group discussions with a review of current literature concerning elder abuse. We also located state regulations and other data most relevant to elder abuse. Finally, in an effort to expand and validate our initial findings, we conducted eleven key informant interviews with local public agents involved with identifying, interviewing, investigating and prosecuting alleged cases.

This in-depth examination of the discrete points in the east central Iowa corridor generated several insights and recommendations. Many of the impediments result from a lack of funding, not a lack of motivation, commitment, or effort from the three pillars of the Iowa system, Heritage Area Agency on Aging providers, Adult Protective Service workers, and law enforcement. Key informants urge cities and counties to earmark tax dollars, victim assistance

funds, and civil monetary penalty funds to pay for local pilot projects, including enhanced multidisciplinary teams. Renewed focus could be placed on:

- Dispelling myths and misconceptions surrounding elder abuse, including the individual and societal harms it inflicts.
- Making the public more aware of the local organizations and people involved in identifying, reporting, responding to, and resolving incidents of abuse.
- Acknowledging that no one person or organization can do it all alone, and encouraging systems agents to begin changing their culture and protocols.
- Involving additional social workers and therapists in the system to address the complex family dynamics and relationships that are often at the heart of elder abuse.
- Providing increased and easier access to persons qualified to assess an elder's mental health and capacity for making decisions.
- Funding for state and county attorneys to increase prosecution: increase state and local level specialized elder abuse units, and the state-wide training of special prosecutors to handle elder abuse cases.
- Providing funding for individuals or organizations who are willing and available to make decisions for an elder, such as a financial or healthcare agent, guardian, conservator, Social Security Representative Payee or other fiduciary.

We conclude this report by considering how these recommendations might be advanced most effectively at state and local levels. The time has come for state and local jurisdictions to take part in the implementation and dissemination of national standards supported by the EJA and close the gaps that leave too many older adults victims of elder abuse or at-risk of the undesirable and unnecessary consequences of being vulnerable and frail.

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Introduction

America is getting older. The life expectancy of an average American has increased from 69.7 years in 1960 to 78.7 years in 2015[6], and the population over the age of 65 surpassed 51.1 million in 2017.[7] By 2050, the number of older Americans is expected to reach 98.0 million.[7] The number of people age 85 and older is expected to more than double from 6.3 million to 14.6 million over the next two decades.[7] Also, as individuals live longer, the proportion of older adults (individuals age 65 and over) is increasing relative to younger populations.[7] As of 2015, older adults represented one in every seven Americans (14.9 percent) and, by 2050, persons over 65 may represent 24 percent of the total population. These trends vary across the states. In Alaska, persons over 65 constitute only 10.4 percent of the population whereas they account for 19.9 percent of the Florida population.[8] Older Iowans represent 16.4 percent of the state population in 2016, accounting for 514,215 people.[9] This demographic phenomenon, often referred to as population aging, is unprecedented.

Risk Factors for Vulnerability and Dependence

Compared to persons under the age of 65, older persons endure unique, age-related challenges such as diminishing cognitive capacity, increasing physical frailty, and social isolation. All of these can contribute to increasing an older adult's vulnerability and may lead them to become dependent on someone else, formally or informally.[10] Alzheimer's disease and other forms of dementia constitute the most common causes of cognitive impairment, resulting in short-term memory loss, difficulty communicating, and behavioral problems such as striking out and wandering. An estimated 5.5 million people in the United States live with Alzheimer's or another form of dementia, and the prevalence among adults 65 and older is estimated at 5.6 percent.[10] 63,000 Iowans age 65 and older, or 12.3 percent, are thought to be living with some

amount of cognitive impairment including dementia of the Alzheimer's type, and 1,339 Iowans died from the neurodegenerative disease in 2015.[11]

While Alzheimer's is a form of cognitive impairment, frailty is the consequence of cumulative physiological decline. The prevalence of frailty varies widely, but incidence does increase significantly with age.[12] Estimates of frailty in community-dwelling older adults range widely from 4.0 percent to 59.1 percent.[13] Frailty is correlated with an increased risk of hospitalization and/or at-home care, and significantly increases the risk of nursing home placement and mortality.[12] The inherent nature of frailty often leaves an older adult in a perpetual state of vulnerability. Currently, 36.8 percent of older Iowans live with at least one type of disability, 20.0 percent live with two or more, and many of these individuals may be considered frail.[9]

Another condition associated with vulnerability and dependence is isolation.[14] The U.S. Census estimated that 28.0 percent of older adults lived alone in 2010.[15] Although living alone does increase the likelihood of feeling isolated, an older adult does not have to live alone to feel isolated. Often, feelings of isolation arise from a person’s inability or the lack of opportunity to develop or maintain positive relationships. The State Data Center of Iowa and the Iowa Department on Aging estimated that 45.0 percent of Iowans age 65 and older were living alone in 2016.[9]

There are other age-specific factors that increase an older adult's likelihood of being vulnerable or dependent. For example, cultural ageism and age discrimination may contribute to the devaluing of an older population. Wealthier older adults may be vulnerable to financial exploitation. Adults living in poverty experience stressors and are often unable to afford necessary services, potentially forcing them to choose between paying for food, medication or

other essentials. This often compels the older adult to depend on unpaid, untrained, and inexperienced caregivers. Regardless of cause, vulnerable and dependent older adults are more likely to experience elder abuse.

Older persons who experience cognitive impairment, physical disabilities and isolation are 4 to 10 times more likely to be victims of abuse than individuals without disabilities.[2] In addition, researchers have found that having a need for assistance in performing activities of daily living and having a lack of access to community-based supportive services correspond increases the likelihood of harm among older adults.[16]

Public Efforts to Protect Older Adults from Abuse

Historically, the identification, referral and resolution of elder abuse has been left to state and local authorities, particularly state Adult Protective Services (APS) agencies. Most states, facing other demands, made little effort to target programs and services to older adults – including those programs to protect them from harm. In 1965, Congress recognized the lack of an adequate state level response and passed the Older Americans Act. The act supported the creation of the federal Administration on Aging (AoA), and a network of 56 state units on aging and 629 area agencies on aging.[18,19] One purpose in establishing the aging network was to improve efforts to protect older Americans against elder abuse.[18] The aging network supported several efforts such as developing and disseminating education and training programs concerning elder abuse.[6] The Administration on Aging also dispensed grants to support local programs to address elder abuse.

Between 1965 and 2010, only a few states delineated how their laws concerning theft and fraud applied to older persons. Indeed, while APS agencies continued to serve all individuals

over the age of 18, only a few focused efforts specifically towards older adults. This lack of concerted activity across the states provided an impetus for the Elder Justice Act of 2010.[3]

The Elder Justice Act

As part of the Affordable Care Act of 2010, the EJA (Title VI, Subtitle H) sought to improve and expand rights for older Americans. This act allocated federal funds for the prevention and detection of elder abuse and neglect.[4] It also established an Elder Justice Coordinating Council to coordinate agency efforts to address elder abuse, as well as an Advisory Board on Elder Abuse, Neglect, and Exploitation to increase communication, develop consensus, and submit status and recommendation reports to the Elder Justice Coordinating Council related to elder abuse.[20] To promote elder justice, it authorized the creation of programs to enhance APS and long term care ombudsman programs.[20] To enhance APS efforts to address elder abuse, it also created a grant for state demonstration programs to enhance training concerning the detection and prevention of elder abuse.[20] Finally, the EJA required long-term care facilities to report any suspicions of elder abuse to law enforcement and institute penalties for failures to report.[9] To aid law enforcement in addressing reported cases, it authorized $25 million for a training program for state and local government from 2011 to 2014.[21]

Terminology and Definitions of Elder Abuse – Elder Justice Act

The Elder Justice Act (EJA) is the primary source of federal law that governs elder abuse, and the EJA created and defined five categories of elder abuse for the purpose of implementing that statute. The categories are:

Neglect is the failure of a caregiver or fiduciary to provide the goods or services that are necessary to maintain the health or safety of an elder.

Self-neglect is listed as a type of neglect in the EJA. It is defined as an adult's inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks

including obtaining essential food, clothing, shelter, and medical care; obtaining goods and services necessary to maintain physical health, mental health, or general safety; or managing one's own financial affairs.

Financial Exploitation is the fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of an elder for monetary or personal benefit, profit, or gain, or that results in depriving an elder of rightful access to, or use of, benefits, resources, belongings, or assets.

Physical and Psychological Abuse is the knowing infliction of physical or psychological harm or the knowing deprivation of goods or services that are necessary to meet essential needs or to avoid physical or psychological harm.

Sexual Abuse is defined in reference to federal criminal law. It reads "serious bodily injury shall be considered to have occurred if the conduct causing the injury is conduct described in section 2241 (relating to aggravated sexual abuse) or 2242 (relating to sexual abuse) of title 18, United States Code, or any similar offense under State law."

The Centers for Disease Control and Prevention Uniform Definitions

As an extension of the EJA, the CDC initiated an effort to improve the consistency of elder abuse definitions and surveillance from one state to the next. In 2016, the CDC released a document labeled, "Elder Abuse Surveillance: Uniform Definitions and Recommended Data Elements." The document lists definitions used for each piece of legislation and puts forth recommendations for universal language surrounding elder abuse. The CDC considers elder abuse an important public health issue. Appendix A shows a selected list of recommended definitions by the CDC. The definition of elder abuse recommended by the CDC is "an intentional act or failure to act by a caregiver or another person in a relationship involving an

expectation of trust that causes or creates a risk of harm to an older adult." Exploitation is defined as "the illegal, unauthorized, or improper use of an older individual's resources by a caregiver or other person in a trusting relationship, for the benefit of someone other than the older individual. This includes, but is not limited to, depriving an older individual of rightful access to, information about, or use of personal benefits, resources, belongings, or assets." Neglect is defined as "failure by a caregiver or other person in a trust relationship to protect an elder from harm or the failure to meet needs for essential medical care, nutrition, hydration, hygiene, clothing, basic activities of daily living or shelter, which results in serious risk of compromised health and/or safety, relative to age, health status, and cultural norms."[22]

Terminology and Definitions of Elder Abuse – Iowa Law

Iowa, like other states, has enacted civil and criminal statutes relating to all facets of elder abuse. These definitions differ greatly from the EJA because state laws are tailored to meet local needs, priorities and resources. The state laws also need to mesh with existing laws, regulations and policies on other subjects. There are two laws that address dependent adult abuse. Iowa Code Chapter 235B covers dependent adult abuse in the community. Iowa Code Chapter 235E covers dependent adult abuse experienced by people who live in facilities and other institutional settings. Iowa recently enacted Chapter 235F, which protects "vulnerable" elders and allows them and other individuals to file petitions for protective orders and other relief. Figure 1 provides an at a glance comparison of the laws and how they differ from the EJA definitions.

Figure 1:

Elder Abuse	235B Dependent Adult Abuse Services	235E Dependent Adult Abuse Facilities	235F Elder Abuse
Financial Exploitation	"Exploitation" of a dependent adult which means the act or process of taking un- fair advantage of a dependent adult or the adult's physical or financial re- sources for one's own personal or pecuniary profit, without the informed con- sent of the dependent adult, including theft, by the use of undue influence, harassment, duress, deception, false representation, or false pretenses.	"Exploitation" means a caretaker who knowingly obtains, uses, endeavors to obtain to use, or who misappropriates, a dependent adult's funds, assets, medications, or property with the intent to temporarily or permanently deprive a dependent adult of the use, benefit, or Iowa Code § 235E.1 possession of the funds, assets, medication, or property for the benefit of someone other than the dependent adult.	"Financial exploitation" relative to a vulnerable elder means when a person stands in a position of trust or confidence with the vulnerable elder and knowingly and by undue influence, deception, coercion, fraud, or extortion, obtains control over or otherwise uses or diverts the benefits, property, resources, belongings, or assets of vulnerable elder.
Physical Injury	Physical injury to, or injury which is at a variance with the history given of the in- jury, or unreasonable confinement, unreasonable punishment, or assault of a dependent adult	A physical injury to, or in- jury which is at a variance with the history given of the injury, or unreasonable confinement, unreasonable punishment, or assault of a dependent adult which involves a breach of skill, care, and learning exercised by a caretaker in similar circumstances.	Physical injury to, or injury which is at a variance with the history given of the injury, or unreasonable confinement, unreasonable punishment, or assault of a vulnerable elder by a person not otherwise governed by chapter 235E.
Deprivation Neglect Denial of Critical Care	The deprivation of the minimum food, shelter, clothing, supervision, physical or mental health care, or other care necessary to maintain a dependent adult's life or health.	"Neglect of a dependent adult" means the deprivation of the minimum food, shelter, clothing, supervision, physical or mental health care, or other care necessary to maintain a de- pendent adult's life or physical or mental health.	Neglect which is the deprivation of the minimum food, shelter, clothing, supervision, or physical or mental health care, or other care necessary to maintain a vulnerable elder's life or health by a caretaker.
Sexual Abuse or Exploitation	Any consensual or non- consensual sexual conduct with a dependent adult which includes but is not limited to kissing; touching of the clothed or un- clothed breast, groin, but- tock, anus, pubes, or genitals; or a sex act, as defined in section 702.17.	"Sexual exploitation" means any consensual or nonconsensual sexual con- duct with a dependent adult which includes but is not limited to kissing; touching of the clothed or unclothed breast, groin, buttock, anus, pubes, or genitals; or a sex act, as defined in section 702.17.	The commission of a sexual offense under chapter 709 or section 726.2 with or against a vulnerable elder.
Personal Degradation	NA	"A willful act or statement by a caretaker intended to shame, degrade, humiliate, or otherwise harm the personal dignity of the dependent adult, or where the person knew or should have known that would be the effect of the act or statement."	NA
Other	Any of the above listed maltreatments as a result of the willful or negligent acts or omissions of a caretaker.	Any of the above listed maltreatments as a result of the willful misconduct or gross negligence or reckless acts or omissions of a caretaker, taking into account the totality of the circumstances	NA

Iowa Elder Abuse Law

As noted above and in the chart, Iowa has three laws that address dependent adult and elder abuse.

> Iowa Code §235B Dependent adult
> A person eighteen years of age or older who is unable to protect the person's own interests or unable to adequately perform or obtain services necessary to meet essential human needs, as a result of a physical or mental condition which requires assistance from another, or as defined by departmental rule.
> Iowa Code §235E Dependent Adult
> A person eighteen years of age or older whose ability to perform the normal activities of daily living or to provide for the person's own care or protection is impaired, either temporarily or permanently.
> Iowa Code §235 Vulnerable elder
> A person sixty years of age or older who is unable to protect himself or herself from elder abuse as a result of age or a mental or physical condition.

Chapter 235B details provisions regarding dependent adult abuse services in the community, including the formation of multidisciplinary teams (MDT) to assess, monitor, and coordinate the needs and services for victims of dependent adult abuse, information sharing among service providers, procedures for the referral of cases, and the establishment of a dependent adult protective advisory council. This council is made up of 12 professionals with a variety of areas of expertise and is tasked with advising directors, evaluating state laws and rules and providing recommendations, and handling recommendations and complaints regarding dependent adult abuse services programs.[26] 235B also outlines the creation and maintenance of a central state registry for dependent adult abuse information, who can have access to this information, and how the information can be used.[27]

Chapter 235E.2 details procedures for identifying and reporting dependent adult abuse in residential facilities such as nursing homes and elder group homes. It describes the responsibility of the Department of Inspections and Appeals, which is separate from APS agencies, to receive

and evaluate reports of dependent adult abuse, as well as the employee responsibility to report cases to the department.[28]

Finally, Chapter 235F, enacted in 2014, instructs a vulnerable elder on how to file a petition for an order of protection, temporary or permanent, against their abuser. From July 2016 through June 2017, 64 orders of protection were filed as a legal remedy for elder abuse.[29] It also specifies what penalties the court may order if the defendant is found to have engaged in elder abuse. Penalties include restraining the perpetrator from living with or entering the vulnerable elder's home, restraining the abuser from exercising powers on behalf of the victim, and in the case of financial abuse, ordering that the abuser may not control funds, or must return control of the funds back to the victim.[30]

Iowa vs National Standard

It is worth noting that the definitions provided by the Iowa Legislature vary from the definitions provided by the CDC. These definitional differences across jurisdictions have negatively impacted national efforts to combat and trace elder abuse. This negative impact has led to the CDC recommending uniform definitions. One reason for the recommendation is the discrepancies between definitions across jurisdictions has resulted in methodological problems for organizations seeking to collect and compare data from different sources. Moreover, because the definitions vary, studies differ regarding how elder abuse is actually measured. By implementing uniform definitions, data standardization efforts can begin. Furthermore, incorporating uniform definitions will make it possible to more fully and accurately describe the scope and nature of the elder abuse problem.

Appendix B places CDC definition recommendations side-by-side with existing Iowa Code Chapter 235B definitions. The CDC definitions of elder abuse are succinct, while the Iowa

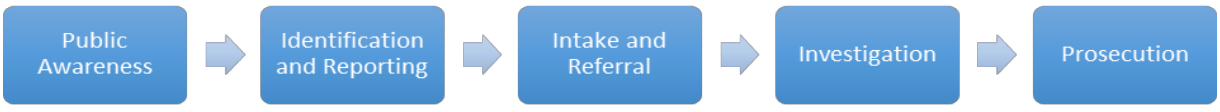
definitions detail specific types of elder abuse. Second, the CDC definitions are more expansive than the Iowa definitions. They emphasize the trust relationship between a caregiver or other person and the older adult, whereas the Iowa definitions focus primarily on the actions that constitute abuse. For example, the CDC definition of abuse states that the abusive behavior involves "an expectation of trust that causes or creates a risk of harm." Similarly, the CDC definition of exploitation is the improper use of resources by someone "in a trusting relationship" with the older adult, and the definition for neglect explicates failure to protect an older adult within "a trust relationship."

For purposes of this report, we are using five categories of "elder abuse" which encompasses acts that might fall within other state's definitions of abuse, exploitation, neglect, self-neglect and other maltreatment.

The Recommended Process for Addressing Elder Abuse

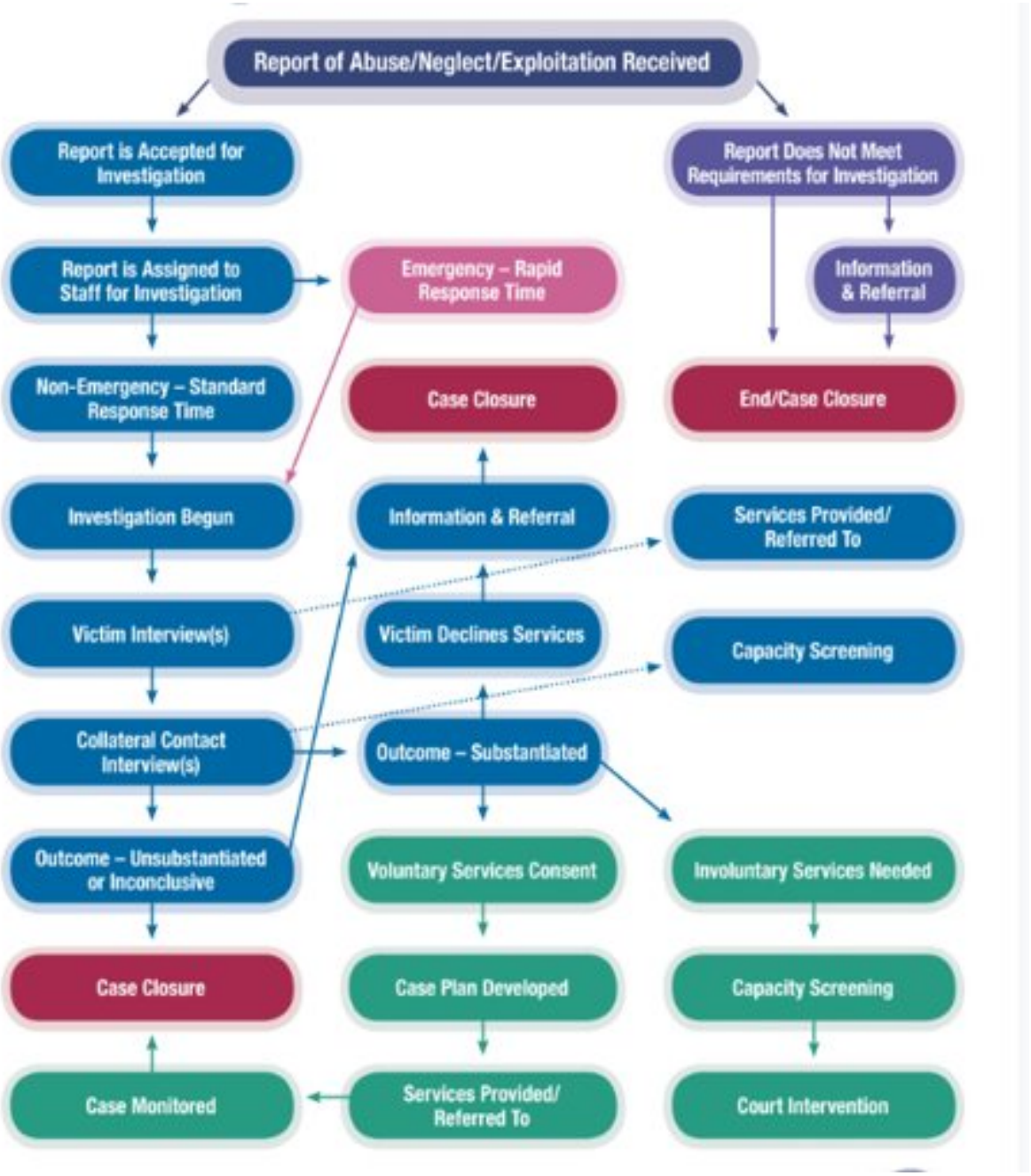
Standardizing definitions and terminology, as suggested by the CDC, is important because definitions dictate how a case of abuse moves and is tracked from occurrence to resolution. Though specifics may vary by state, there is a general pathway that cases of elder abuse should follow. Figure 2 shows the typical progression of this pathway, beginning with the victim and ending with follow-through and resolution.

Figure 2:



The National Adult Protective Services Association has also created a sample flow chart available in Figure 3 that delineates this process from the APS perspective. This chart captures the complexity of this process, which is often not linear, but instead involves multiple contact points by various actors in the system.

Figure 3:



Public Awareness

The first consideration involves public awareness. Members of the public must be aware of what constitutes elder abuse so they can recognize it in their daily lives. Researchers from the FrameWorks Institute examined public thinking, cultural understandings of experts, and communications campaigns about elder abuse. They explored and compared public perception of elder abuse, child abuse, and domestic violence. The report's findings are rather sobering.

> "Americans simply don't think about elder abuse as a policy issue. This reality reveals both a risk and an opportunity. The risk is policy inertia: Unless advocates against elder abuse cultivate a more visible, more informed conversation about this issue, they will struggle to advance the systemic solutions they are seeking. They also have an opportunity: the rare chance to introduce an unfamiliar topic to the public and define it in a way that shapes the public discourse. Discussions of violence and abuse against specific social groups, such as women and children, have entered the public conversation in unprecedented ways in recent decades. But elder abuse has not been part of that discussion. So it is no surprise that elder abuse does not hold a prominent position on the national political agenda. In short, advocates working to end elder abuse face a communications problem."

The question and challenge is how to translate their expertise to shift public attitudes and change thinking, policies and practices. The task involves a set of choices about content, tone, method, language and timing of communications with the public, lawmakers, and other constituents. Crafting a message also requires a shift in perspectives and attitudes, and FrameWorks researchers stated:

> "The frames that advocates advance will shape how this issue moves forward, and whether Americans understand elder abuse as a private problem that can only be addressed through individual action, or if they understand it as a preventable public health issue."

Identification and Reporting

The second step and consideration involves the identification of an elder abuse victim. While anyone should ideally be able to identify and report suspected cases, certain individuals are considered mandatory reporters. These individuals may include employees of financial institutions, law enforcement officers, APS agency staff, aging specialists, healthcare providers, social service providers, ombudsman, clergy, family, neighbors and friends. Once these agents identify the signs of different forms of elder abuse, they also must be aware of where to report a case.

Intake and Referral

After a suspected case of abuse is identified and reported, the formal intake process may begin. Cases that fall under the state definition of elder abuse should be reported directly to APS. However, many people (including mandatory reporters) do not know this, and often end up calling the local Agency on Aging (AAA) or law enforcement. If the older adult is known to meet the state definition of dependent or vulnerable, then the AAA or police will refer the older individual to APS for a formal intake. If the adult is not considered to be dependent under the law, as defined, the case is not likely to be referred to Adult Protective Services. At this point, the AAA may offer services to the individual to resolve acute distress or lower future risk, or the case may not receive any further attention because it considered to be a "family matter." The agency also may have to allocate resources to provide further assistance.

Criminal Investigation

Once a case of elder abuse is referred to APS (or an AAA), an investigation can take place. In particular, if APS or AAA staff suspect that the abuse constitutes a crime, they can refer the case to law enforcement regardless of dependency status. Local law enforcement then determines if the individual was subjected to a criminal or civil harm, the officer's options are to informally resolve the dispute with or without a warning, take no action, arrest or detain the threat, remove the elder, contact service providers, contact APS, AAA, or healthcare providers, and/or refer the case for prosecution. Most cases are referred back to the APS or AAA to coordinate with other agencies and provide food, shelter, financial or other assistance and case management.

Legal Remedies

The prosecution of an elder abuse case is initiated, if at all, after a criminal investigation is opened by law enforcement. Strength of the evidence, severity of the claim, resources available to the prosecutor, and the prosecutor's knowledge base of elder abuse related statutes are all factors that influence a prosecutor's decision. In addition to the aforementioned factors, both the prosecutor and the victim (if the victim is not labeled a dependent adult) retain discretion in their decision to pursue prosecution. In addition, civil legal steps can be taken to ensure the safety and well-being of an older adult. These civil options include guardianship proceedings, court proceedings to authorize involuntary intervention, protective orders, change of conservator or representative payee, civil commitment, powers of attorney, or civil lawsuits. How these issues are addressed in the legal system depends on each state's legislative framework. Cases can be addressed through state elder-abuse specific laws, APS laws, social services laws, or a combination.[24]

The Elder Abuse Pathway in Iowa

In Iowa, as in all states, the public response to an older individual who may experience abuse depends in large measure on how certain elements are defined. For example, in Iowa, the regulations specify who are considered mandatory reporters, including "those who attend to, counsel, or treat a dependent adult, including, "the staff of a community mental health center, a peace officer, an in-home homemaker-home health aide, an individual employed as an outreach person, a health practitioner, a member of the staff or an employee of a supported community living service, sheltered workshop, or work activity center, social worker, or a certified psychologist." This inclusive definition would suggest the public (including mandatory reporters) would be quite active in identifying possible cases of elder abuse. In contrast, the state maintains a somewhat restrictive definition of dependent adult that does not include the concept of being vulnerable or at-risk and also requires that dependency status be established before an intake is completed. DHS has legal authority to conduct evaluations and assessments of alleged dependent adult abuse that occurs in the community when it is alleged that the victim meets the definition of being a dependent adult, and the victim suffers one or more of the categories of abuse or neglect, and the abuse or neglect occurred as a result of the acts or omissions of a responsible caretaker or of the dependent adult.

While there are many public agents empowered to identify and report possible cases, the state APS agency may be limited statutorily as to who actually qualifies for a formal intake and referral. Indeed, if one part of the state response is defined broadly while another is defined narrowly, then efforts to address elder abuse may be limited or disrupted in unexpected ways.

Problem Statement

Researchers have estimated that only 7.0 percent (1 in 14) of alleged acts of elder abuse, exploitation or neglect are ever reported to aging service agencies, APS or law enforcement agencies.[2] According to a 2016-2017 Iowa DHS Dependent Adult Abuse Report, of 7,195 total abuse allegations, only 2,971 (39.0 percent) were accepted for consideration by an APS worker.[2] However, in most cases, the APS staff did not conduct a formal intake because the case did not fit the definition in Iowa Code 235B that the alleged victim already be classified as a dependent adult.[4] In 2017, of the 2,877 cases that fit the Iowa definition of elder abuse, only 407 (14.1 percent) of the cases required follow-up action.[28] One explanation for this statistic is that very few older victims opt to take legal or other action against the perpetrator or request supportive services.[29]

So, although the state of Iowa appears to be active in its effort to identify elder abuse, there is much more that could be done to move these cases along the desired pathway. As it stands now, an older Iowan who experiences some form of abuse has little chance of any formal legal remedy. [29] Despite recent efforts to expand and improve implementation efforts intended to protect older adults and deter perpetrators, this population continues to be adversely affected by a lack of legal recourse. This is problematic. These older Iowans suffer, and they often experience a number of adverse health outcomes that extend beyond the immediate trauma of abuse. Victims of elder abuse have an increased risk of hospitalization and death. Victims are also more likely to be placed in a nursing home and are at an increased risk of developing mental disorders such as depression and anxiety.[33]

In an effort to further illuminate the barriers and facilitators to expand and improve the public response in Iowa, we examined activities concerning elder abuse in east central Iowa, a geographic area including the two small metropolitan cities of Cedar Rapids and Iowa City, including a population of more than 300,000 covering 1,000 square miles. We hope this examination and portrait of local effort reveals practical policy and programmatic alternatives that can be pursued locally and at the federal and state level. We also aspire to provide a blueprint for other jurisdictions that seek to evaluate and better understand local pathways addressing elder abuse.

Methodology

Between June 2017 and May 2018, we examined the public response to elder abuse in east central Iowa. In particular, we convened six meetings with public agents known to be involved with addressing elder abuse. We used these meetings to learn more about their efforts to identify and resolve cases of elder abuse; each meeting focused on a distinct point in the system, starting with efforts to increase public awareness and ending with prosecution efforts being made by local county attorneys (see Appendix C for meeting agendas).

We then supplemented information collected from these group discussions with a review of current literature concerning elder abuse. We reviewed state laws, regulations, agency manuals, reports and other data and materials. Finally, in an effort to expand on and validate our initial findings, we conducted eleven key informant interviews with local public agents involved with identifying, investigating, resolving and prosecuting alleged elder abuse cases. This study did not constitute social science research and was not reviewed by the University human subjects' protection committee.

Meetings

The United States Attorney's Office for the Northern District of Iowa and the Heritage Area Agency on Aging sent out invitations to known public agents who were involved in some aspect of addressing elder abuse among older adults in east central Iowa. Meetings were held monthly from June through November of 2017, and each meeting addressed a distinct topic related to elder abuse, including public awareness, identification and mandatory reporting, assessment and referral of alleged cases, the role of law enforcement, and the role of county attorneys.

Each meeting addressed three objectives:

1. Participants described their role in dealing with elder abuse—discussing efforts ranging from: (a) conducting public awareness and professional training, and progressing to: (b) their role in the identification of elder abuse, (c) their role in reporting to an investigatory agency, (d) their involvement with intake and referral, and description of services offered to older persons, (e) engagement with investigations conducted by law enforcement, and (e) their role in prosecution and other resolution of elder abuse cases.
2. Participants then discussed how well their individual efforts were supported, and described how they moved elder abuse cases along the pathway. These discussions specifically focused on how well cases were managed relative to what might be expected.
3. Participants offered suggestions about what would help them conduct their work more effectively and discussed how they could better coordinate with the other public agents who are involved with elder abuse cases.

Literature Review and Research

We reviewed relevant scholarship, public and private sector reports, and collected publicly available data from Iowa APS and other agencies. Our goal was to identify points in which local efforts matched up well with both the evidence base and best practices implemented in other states. We also set out to identify where local efforts appeared to fall short relative to the evidence base and best practices. A consolidated list of best practices is available in Appendix D, while a consolidated list of recommendations for each step in the pathway is available in Appendix E.

Key Informant Interviews

In the spring of 2018, we enlisted key informants to better understand our findings. These individuals were identified as local experts and represented such groups as the Johnson County Taskforce on Aging, Older Iowans Legislature, Olmstead Consumer Taskforce, Iowa Disability Advocates, Johnson and Linn County Bar Associations, as well as local probate, criminal defense, and family lawyers.

The interviews typically involved three project members; one asked core questions, a second asked follow-up questions, and a third created an abbreviated transcript of the session. All interviewees were told their names and other identifying information would not appear in this report. Altogether, the team completed 11 telephone interviews and received written responses to the core questions from four individuals. All materials relating to the interviews, including the protocols, core questions, transcripts, scanned notes, and lessons learned, are in secure files in the University of Iowa College of Law Clinical Law Programs password-protected computer system. Interview questions and protocol are available in Appendix F.

Based on the six meetings, review of research and literature, and key informant interviews, we were able to develop an Elder Abuse Map. The map identifies key points in the pathway and a list of the participants who are involved at each stage. See Figure 4.

Outcomes

In the remainder of this report, we present our findings. We focus on what we learned about the elder abuse pathway in the east central Iowa corridor and each section features what gained from research, what we observed as best practices across the country, and what we learned about current efforts in the east central Iowa corridor. Each section ends with a set of recommended policy alternatives.

Figure 4:


Elder Abuse Pathways Systems Map
Elder
Setting or Residence
Maltreatment or Threat
Identification & Reporting
Intake & Referrals
Responder Criteria, Process, Relief
Follow Through & Resolution
Elder Capable and Competent
Elder Impaired Decision Making
Home
Unlicensed Facility or Institution
Licensed Facility or Institution
Shelter
No Fixed Residence
Other
Financial Exploitation
Physical Injury, Harm, or Threat
Mental or Emotional Harm or Harassment
Deprivation, Neglect, Denial of Critical Care
Self-Deprivation, Neglect, Denial of Critical Care
Sexual Abuse or Exploitation
Other Maltreatment
Financial Institutions
Law Enforcement First Responders
Adult Protective Services Agency
Aging Specialists AAA/ADRC
Healthcare Providers
Service Providers
Family, Friends, Neighbors
Ombudspersons, State Inspections and Appeals
Houses of Worship
Mandatory Reporters
Social Service or other Provider
Law Enforcement
Adult Protective Service Agency
Agency on Aging, State or Local
Mental Health or Healthcare Provider
Prosecutors
Family, Friends, Neighbors
Guardian, Conservator Agent, Payee
Private Attorney
Court
State Substitute Decisionmaker
Dependent Adult Abuse Agency
Direct Non-Medical Services Providers
Law Enforcement Local, State, Federal
Prosecution
Mental Health Provider
Healthcare Provider
Elder Abuse Civil Proceedings
Private Attorney
Court
Aging Specialists AAA/ADRC
Food, Shelter, Financial Other Assistance
Case Management
Protective Orders
Criminal Charges Prosecution
Informal Resolution Criminal or Civil
Name or Change Guardian Conservator Payee or Agent
Civil Commitment
Restitution or Civil Lawsuit
Inpatient Mental or Physical Health
Stay or Go Home New Residence

Public Awareness

Creating public awareness is an important aspect of any formal effort to prevent disease, decrease accidents, increase access to programs and services, and improve the lives of older adults.[33] Public awareness campaigns provide brief exposure to an issue and ultimately lead to increased public discussion and an improved public response.[34] Public awareness campaigns have contributed to increasing early detection and diagnosis of breast cancer, decreasing the number of individuals who engage in unprotected sex, and addressing the stigma attached to persons with mental illnesses.[35,36]

The degree of public awareness concerning elder abuse appears to be much lower relative to how often it occurs.[37] For example, based on their experiences with younger population and children, many people assume that elder abuse only consists of physical assault, and they may not consider that older adults experience other types of abuse (emotional), harm (financial exploitation) and neglect (including self-neglect). Public education also must highlight potential signs and symptoms of abuse and neglect - as many may only consider more obvious signs of abuse like bruises and overlook symptoms such as trouble sleeping, weight loss and bed sores.[38]

Arguably, the general public's failure to recognize the types and signs of elder abuse may be cultural. For example, when an older adult presents significant bruises, others can easily dismiss these signs as a medication issue or, perhaps, an accidental fall. Many individuals simply do not think such bruises might reflect physical abuse.[39] An effective public education campaign would lead people to consider that bruises on an older adult may be a sign of abuse, just as they would on a child.[40,41]

Moreover, public education efforts must address the reluctance many people may have in engaging in what often is considered a family matter.[42] In particular, campaigns need to educate

people about what could be done if and when a sign of elder abuse, exploitation or neglect is observed. Rather than leaving this to the family, public awareness campaigns can highlight the range of designated public agencies that may be able to assist. These include the local AAA, APS office, or law enforcement-the public agencies most involved with older persons who may be at-risk of or who are experiencing abuse or neglect.

Public Awareness across the States

Since 2005, June 15th has been declared World Elder Abuse Awareness Day, marked in Washington D.C. with a Presidential Proclamation at the White House Conference on Aging.[43] Following this, the International Network for the Prevention of Elder Abuse, with a mission of "advocacy, education, and research for the protection of the human rights of older persons,"[44] Elder Justice NOW, the National Crime Prevention Council, the Ageless Alliance and the Office for Victims of Crime have supported initiatives to raise awareness and disseminate information about elder abuse.[45] The Ageless Alliance's mission is "turning voices into action to end elder abuse" through grassroots awareness and advocacy efforts. Elder Justice NOW has created an educational video with 100 stories to promote public knowledge and awareness. Finally, the National Crime Prevention Council created promotional kits for Crime Prevention Month, in October, to be given to communities to raise awareness.[45]

At the state level, Illinois has supported an extensive public education effort including materials production (e.g., "Break the Silence" which is an elder abuse awareness toolkit) and enlistment of advocates to assist with the campaign.[22] For example, Governor Pat Quinn declared July as Elder Abuse Awareness and Prevention Month and Hugh Satterlee, a Montgomery county health department administrator, has painted old military vehicles with the slogan "break the silence" to raise awareness and direct individuals to the toolkit.[47]

Texas created a campaign called “It's Everyone's Business!,” administered by the Texas Department of Family and Protective Services' APS.[23] Texas's efforts stand out relative to other states for specifically focusing on the role of its APS agency and implementation of elder abuse and exploitation laws. To fund this campaign, the state relied on social service block grant funds – which can constitute a considerable proportion of the funding for state APS agencies.[48]

Public Awareness in Iowa

In 1998, the Iowa Department on Aging administered “Community Conversations on Aging” and identified gaps in the aging services network, including the need to improve elder abuse identification and reporting.[49] In 2006, the state convened Dependent Adult Abuse Forums and resolved that increasing public awareness of elder abuse was a top priority. This included providing continuing education and training for law enforcement, county attorneys, investigators, community providers and stakeholders.[50]

In state fiscal year 2017, the Iowa Department on Aging received $248,871 in state appropriations to support the Elder Abuse Prevention and Awareness program, as administered by the Office of Substitute Decision Maker and the Managed Care Ombudsman Program. However, because of revenue shortfalls, the use of funds was limited to supporting efforts by the Iowa AAA’s to employ elder rights specialists, whose primary duties include assisting at-risk older adults and families, developing personalized intervention plans, and referring older adults to APS.[51]

In the east central Iowa corridor, the Heritage Area Agency on Aging (Heritage) has dedicated website space to educating the public about elder abuse. Heritage also employs specialists that are knowledgeable about local older adult services and offers regular Caregiver Educational Sessions that provide legal information and stress reduction techniques for

caregivers. Among other public awareness efforts, Heritage created a 30-second radio ad, which ran on local media stations. Despite these efforts, our meetings and interviews suggest that public awareness remains low; the public often does not understand the types of elder mistreatment and its various symptoms. The public is most familiar with financial abuse, but there were misconceptions that it was outsiders who posed the biggest threat to older adults, not friends and family.

The lack of a public awareness about elder abuse is common among local health care and other service providers as well. For example, as part of our meetings and interviews, one service provider relayed how a complaint about an adult child using their parent's money for personal benefit was considered a domestic concern rather than abuse, as this provider considered abuse to be something more visible. Indeed, when service providers were asked to provide examples of elder abuse, many interviewees were quick to name the most difficult cases they have worked on involving physical abuse instead of the more common, less visible types. Our interviews also revealed the lack of knowledge concerning the different public authorities that should be contacted in a suspected case of abuse or neglect. In one instance, an interviewee who frequently works with older adults in the private sector noted that he does not know where to send clients when he is not able to provide them with the relief they are seeking. Another interviewee who serves older adults and is familiar with resources in the area did not know the full extent of services that were provided by various organizations. These two examples are not unique and underscore the pervasive lack of awareness about elder abuse in east central Iowa.

Recommendations

Our meetings and interviews revealed a pervasive shortfall of public awareness, but it was not for a lack of motivation as much as a lack of funding. For example, the local AAA

reported that they had tried to conduct educational programs in public locations, such as local libraries, but simply did not have the resources to continue efforts in other locations or with enough frequency. With additional resources, these agencies would be able to hire more employees and devote more time to the educational aspect of elder abuse prevention and detection, as Illinois and Texas have done.

Beyond increasing financial support for public awareness campaigns, elder abuse prevention efforts could be elevated to those of child abuse prevention efforts. Nearly everyone who works with children for an extended period undergoes training that teaches them to identify signs of abuse. This training creates a culture that leads more people to identify signs of abuse and not just dismiss them as family matters. In terms of funding, the Iowa Child Abuse Prevention Program receives approximately $1.3 million annually to combat abuse.

Identification and Reporting

People who may be expected to identify possible cases of elder abuse fall into two broad categories: individual citizens including older adults themselves and mandatory reporters (or first responders). The latter may include state licensed physicians, emergency room nurses, social workers, police officers, and in some states, even letter carriers. However, as discussed in the previous section, most individuals (including mandatory reporters) often are not aware of the signs of elder abuse. As a result, most victims of elder abuse go unnoticed.[52]

Even when a mandatory reporter recognizes a potential case of abuse, they may not be familiar with the appropriate referral process. Instead, the reporter may hand off the case to another local authority such as an AAA or police department. In some cases, first responders may not refer the case any further believing local agencies are sufficiently burdened with other responsibilities. In other cases, they may determine the older individual will not derive a sufficient benefit by referring a case for a formal intake. In other words, the process of identifying and reporting possible cases of abuse and neglect often remains uninitiated.[53]

Finally, mandatory reporting laws can appear to conflict with privacy and confidentiality laws. This sort of confusion concerning legal issues may correspond with fewer cases of elder abuse being reported, even by those with a mandatory obligation to respond.

Identification and Reporting across the States

Elder abuse identification procedures are defined at the state level,[54] and each state has implemented its own variation of mandatory reporting procedures, shaped by who are designated as mandatory reporters, what signs or evidence constitutes a suspected case of elder abuse, and whether the suspected victim resides in a community or facility setting.[54] Some states, such as Illinois, published a list of those professionals who are mandated to report suspected cases of

abuse. Illinois's statute requires various professions, including those in social services, law enforcement, education, coroners or medical examiners, religious practitioners who provide spiritual treatment, HHS field personnel, and local fire department personnel. Other states uphold less specific designations. The state of Delaware requires any person to report a case if they identify an older adult who may be victim of abuse or neglect.[54] States also have established different time periods in which a report must be made by a mandatory reporter. The South Carolina administrative code requires that a report must be submitted in writing or orally via telephone within twenty-four hours or within the next business day, whereas the Oklahoma state code is much less explicit, mandating that reports must be made "as soon as the person is aware of the situation."[54]

Maryland also has a guide to reporting abuse that is noteworthy, as it addresses child and adult abuse together. This strategy of combining the two types of abuse into one guidance document could elevate the importance of identifying elder abuse for mandatory reporters. California has also created a similar guide for elder abuse specifically, titled "Mandatory Reporter's Guide to Elder and Dependent Adult Abuse Reporting." This guide details what constitutes abuse and who the report should be made to in each case.[55]

Identification and Reporting in Iowa

Mandatory reporting for elder abuse in Iowa first went into effect in 1988.[31] Currently, under Iowa Code § 235B.3, a mandatory reporter is identified as:

> "A person who, in the course of employment, examines, attends, counsels, or treats a dependent adult, including a member of the staff of a community mental health center, a peace officer, an in-home homemaker-home health aide, an individual employed as an outreach person, a health practitioner, a member of the staff or an employee of a

supported community living service, sheltered workshop, or work activity center, social worker, or a certified psychologist."

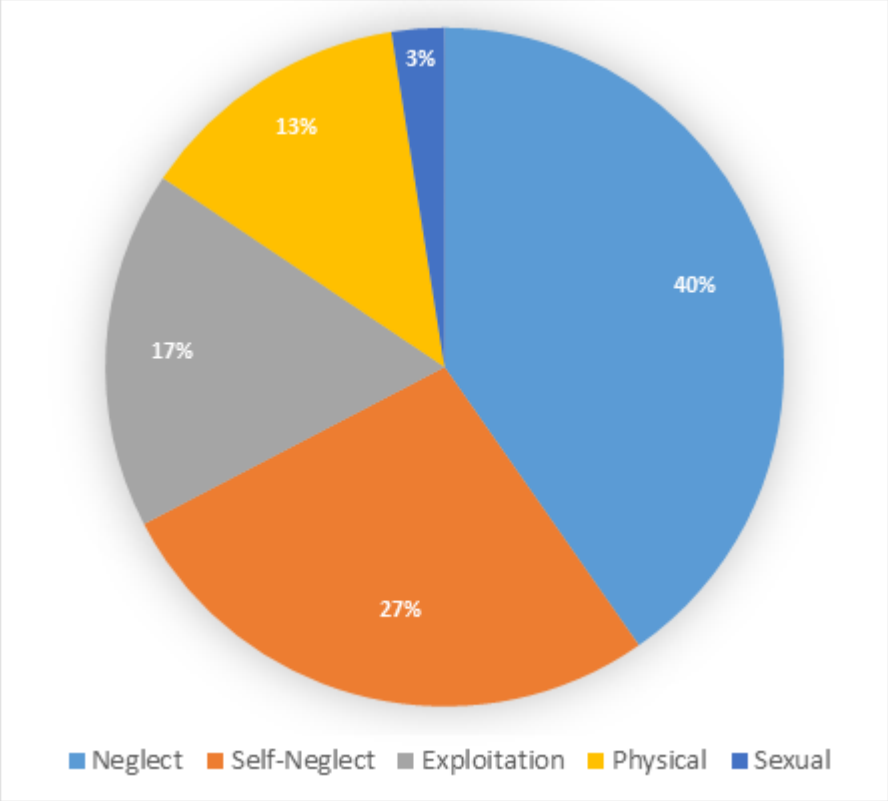
Chapters 235B and 235E provide criminal penalties for failure to report and provide for a civil law suit and damage claim against the reporter who does not fulfill their duties. Chapter 235E also requires certain mandatory reporters in facilities to report abuse within 24 hours, unlike 235B, which has no timeline or requirement. Failure to report is considered a simple misdemeanor.

A report is mandated when there is reasonable belief that a dependent adult has suffered abuse, and reports are made to the Iowa DHS. Although the Iowa code is rather detailed in the legislation regarding who is required to make reports, it does not outline a timeline of how soon a report must be made. Of 3,409 reports made in Iowa from July 1st, 2016 to December 31st, 2016, 2,037, or almost 60.0 percent of reports, were made by mandatory reporters. Of these 2,037 reports, 60.0 percent were rejected. This rejection rate is significantly lower than other reporter types, including anonymous and permissive, which have rejection rates of around 80.0 percent.[31]

In conducting our meetings and interviews, we observed substantial variation among the different types of mandatory reporters. On one hand, the reliable identification and reporting of elder abuse was more likely to be made by a dedicated aging network service provider (e.g., case workers from the Heritage AAA) or medical care providers. These individuals possess more experience and are more likely to have completed continuing education that improves their ability to identify signs and symptoms. However, outside of these professional service providers, there appeared a lack of engagement with the identification of elder abuse. This likely corresponds with a lack of experience and education, and some of these professionals (e.g., bankers, police officers) may hold misconceptions about elder abuse. For example, some of these

professionals seemed less familiar with many common types and different signs of abuse and were more likely to consider possible instances of elder abuse as family matters that do not require a formal intake. Interestingly, some of these professionals seemed less likely to consider older adults themselves as reliable sources, thinking many suspected cases may be related to an older individual serving as an unreliable source of information (e.g., cognitively impaired). Such perspectives are to the older adult's detriment, as formal intake is delayed until abuse becomes so egregious that it can no longer be overlooked.

Figure 5: Iowa Referrals by Case Type



Recommendations

Expanding and improving the identification and reporting of elder abuse among mandatory reporters can occur in several ways. First, definitions of mandatory responders should be unified and clarified, and perhaps more importantly, their obligations and penalties for failing to uphold these obligations need to be clarified as well. Second, these individuals should be engaged in continued education and training efforts that mandatory child abuse reporters have undergone, becoming experts in the variety of abuse experienced by older adults. For example, a continuing education course for health professionals in Iowa, approved by the Iowa Department of Public Health, titled "Iowa: Abuse of Dependent Adults" is available. This course should be evaluated in terms of how effective it has been as it is required for mandatory reporters, and covers definitions, characteristics of both perpetrators and victims, intervention options, and responsibilities of mandatory reporters.[87]

Another way we can improve the identification and reporting of elder abuse among mandatory reporters is to classify the failure to report as a serious misdemeanor with the penalties listed from the Iowa Criminal Code Chapter 903.1. There are also surcharges imposed by the court upon conviction or plea. In addition, mandatory reporters are exposed to other liability or sanctions. For example, reporters who do not fulfill their obligations, such as social worker, nursing, therapist, medicine, dentist, medical resident or intern, etc., might be subject to sanctions, loss of license, censure, etc. by a professional or licensing authority. A final recommendation to improve identification and reporting practices of designated reporters is to implement policy that requires mandated reporters to file a suspected case of abuse within a certain amount of time after becoming aware of abuse. This may reduce how some mandated reporters forget to file a case and serves to ensure the needs of the older adult are met.

Intake and Referral

Ideally, when an individual or someone who is a mandatory reporter identifies and refers a possible instance of elder abuse, he or she will contact their state APS agency. Then, the APS agent will determine whether or not the older individual meets the statutory definition of dependent adult or otherwise qualifies for APS services. If so, the agent assumes responsibility for conducting a formal intake. In addition, the agent can assume a role in providing assistance to the dependent older adult, which may include removing the individual from their current place of residence. Even when a claim of abuse is not substantiated, APS agents still may consider the person at–risk and refer assistance or medical treatment to the older person. Furthermore, if the agent has reason to believe that an act of elder abuse may have been perpetrated on a dependent older adult, then the APS assumes responsibility for working with local law enforcement in conducting a criminal investigation.

If the APS intake reveals the older adult does not qualify as dependent, then the role of the agent becomes less clear. If the agent believes the independent older adult has experienced an act of abuse or neglect, the APS agent still must refer the case to local law enforcement, but the agent may not be as involved in addressing the older adult's supportive service and other immediate needs. In fact, when an older individual does not meet the APS dependency standard, they often are formally removed from the APS process, and at this point, APS agents may or may not refer the individual case to an AAA or other service provider.

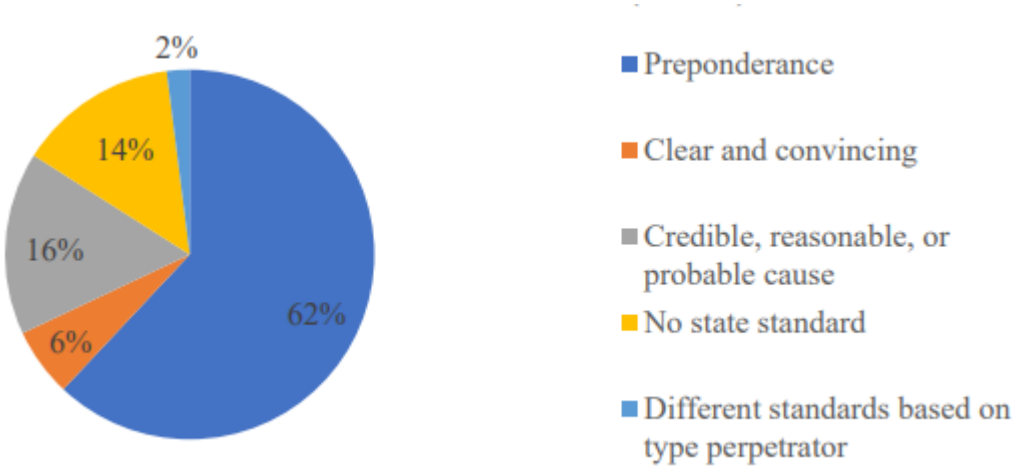
It is also worth noting how APS services for older persons differ from those related to cases of suspected child abuse. In some cases when APS tries to assist an independent older adult, the victim may indicate that he or she does not want help and APS will not make a referral to an AAA or other resource provider. Indeed, pursuant to the Patient Self-Determination Act of

1989, the APS services provided to elder abuse victims are largely driven by the victim's right to choose whether he or she wish to receive assistance.

APS Intake and Referral across the States

States vary in the standard of evidence needed to accept a claim of elder abuse, exploitation or neglect. A 2016 report by the National Adult Maltreatment Reporting System found that the majority of states, 62.0 percent, accept claims with a preponderance of evidence standard, 16.0 percent of states use a credible, reasonable, or probable cause standard, while 6.0 percent use a "clear and convincing" standard. 14.0 percent of states had no standard of evidence requirements. States also vary in whether there are standard assessment tools to measure the necessary types of evidence. While 76.5 percent of states have a common instrument or tool for APS workers, 23.5 percent of states left this decision up to each county or to the employee's discretion. Of 42 states that submitted data, it was found that 37.1 percent of reports received were accepted for investigation, while 62.9 percent were not. Among the 17 of 21 states that responded to data requests regarding victims, 37.5 percent of victims either received services or were referred outside of APS for services.[31]

Figure 6: Evidence Required to Accept a Case Across States

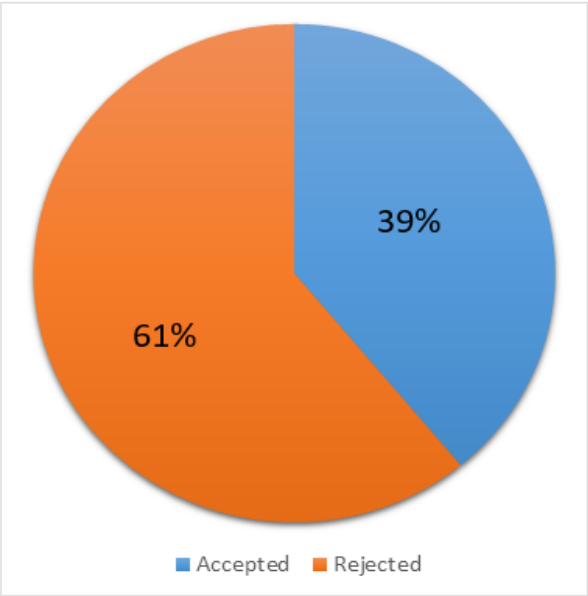


Source: NAMRS Report, 2016

APS Intake and Referral in Iowa

In Iowa, which uses a dependent adult standard, 2,791 out of 7,195 referred cases were accepted by APS. This gives Iowa a 39.0 percent acceptance rate, with most rejections being made "due to the allegation not fitting the definition of abuse found in Iowa Code 235B, or there was not a caretaker or the adult was not defined as dependent."[17] When the dependency standard has not been met, the APS agent may refer older adults to the local AAA which provides case management as well as a variety of other services including caregiver support and nutrition assistance.[50] In these cases, the provision of services can hopefully reduce the ongoing risk experienced by the vulnerable older adult. APS agents also may engage local law enforcement in suspected cases of abuse, and may participate in a criminal investigation, regardless of whether the dependency standard has been met. The Iowa Law and Services collaborative has bolstered this communication by providing training for APS workers, community-based advocates, criminal investigators, and the aging network.[92]

Figure 7: Iowa Total Accepted vs Rejected Allegations



Arguably, Iowa's narrow definitions of "dependency" as "a person eighteen years of age or older who is unable to protect the person's own interests or unable to adequately perform or obtain services necessary to meet essential human needs, as a result of a physical or mental condition which requires assistance from another" and "dependent adult abuse" as resulting from "the willful or neglect acts or omissions of a caretaker" has limited the number of cases that APS can accept for a formal interview. For example, for a case to constitute abuse in Iowa, the victim must be defined as a dependent adult or an adult that is under caregiver supervision and/or has at least one mental or physical condition. This limitation is not always apparent to other service providers in the network.

In one case example provided by a key informant, a resident in a nursing home who was admitted for a knee replacement had a negative experience with a night nurse. The incident involved yelling, withholding pain medicine and fighting about administration of pain medicine. The resident informed the administrator of the nursing home who in turn reported the incident to APS. However, APS determined that she was not a dependent adult because the victim was still working and only at the nursing home temporarily for rehabilitation. This led to no intake and the case was dismissed. Another key informant reported how a service provider noticed that an older adult was confined to his recliner, unable to leave even to use the bathroom, and in need of acute medical care. However, given how the older adult refused to be examined, the service provider reported the case to APS as a case of self-neglect. APS determined "he was not a dependent adult" and did not conduct an intake. Such examples underscore how local service providers have come to question the value of reporting these incidents to APS agents, and this disposition can lead to underreporting.

Another concern with the intake and referral process involves the lack of follow-up with those who present the case initially to the APS agent. One service provider shared how she requested feedback on the progression of an individual case for her own records. In response, APS sent a brief letter stating the case had been accepted for intake but provided no further information. This lack of communication can become problematic in providing services to an older person, as they may fall into the cracks or receive redundant service supports.

Besides a lack of follow-up, some have suggested that the APS determination process lacks transparency. One interviewee, who often referred cases to APS for intake, has sometimes been told that suspected cases of abuse were unfounded because the older adults "chose to live this way." This sort of decision seemed inconsistent with what the service provider observed—a man who was immobile and required daily care for feeding, bathing and other activities of independent living and appeared to be routinely neglected by his caregiver. When APS does not respond or does not provide transparent reasoning for its decision, others may be less inclined to engage APS to conduct an intake. Figure 8 shows the outcome of cases accepted for intake in Iowa, while Figure 9 breaks this down further by case type.

Figure 8: Outcome of Cases Accepted for Intake

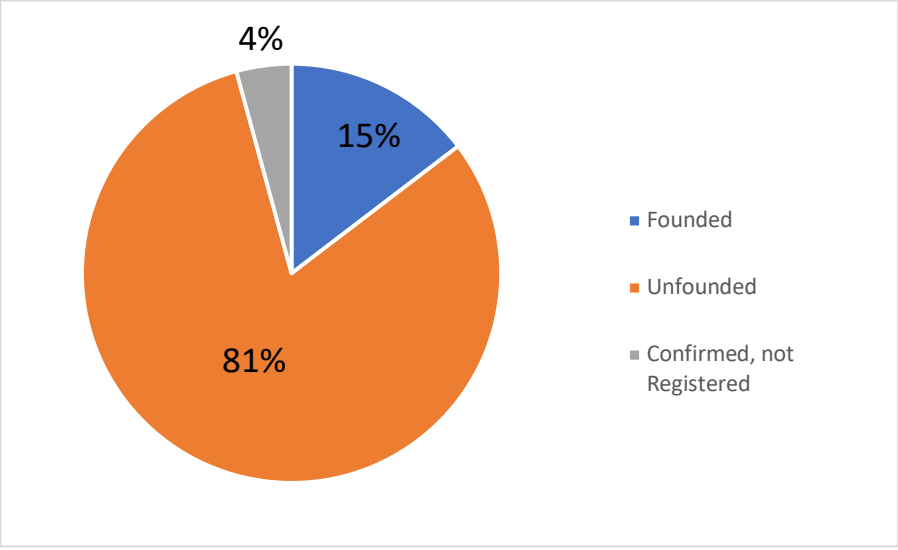
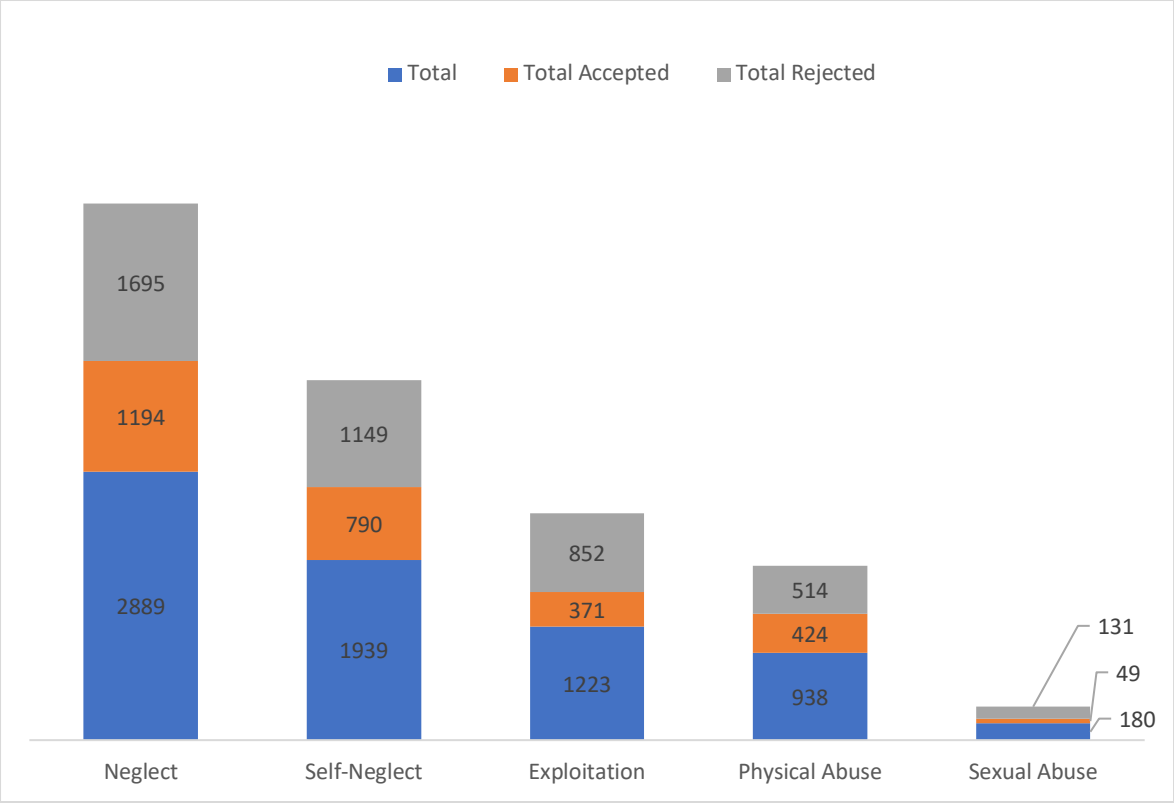


Figure 9: Outcome of Cases Accepted for Intake by Case Type



From the APS perspective, agents experience some difficulty with navigating privacy and confidentiality laws as well as processes concerning release of patient information. For example, one agent explained that she has to have her clients fill out and sign several different release forms to get the help that they need because each organization/party requires a different form. Health, mental health, alcohol and substance use programs have different forms to populate when requesting services, and what is required may vary depending on the entity asking for or being asked to share. This can lead to APS agents not referring cases because of either an unwillingness to take on the extra workload, or an inability to due to limited time and resources. APS agents repeatedly commented on the lack of staff and other resources relative to their workload regarding the intake and referral of elder abuse cases.

Recommendations

We recommend expanding the definition of dependent adult in Iowa Code 235B to include an individual age 60 or older who meets the definition of "vulnerable adult," in the Iowa Elder Abuse Act, Iowa Code Chapter 235F. This would allow for the statute and the agency rules to cover a greater number of susceptible older adults. The current definition of dependent adult in Iowa Code 235B is as follows:

> "A person eighteen years of age or older who is unable to protect the person's own interests or unable to adequately perform or obtain services necessary to meet essential human needs, as a result of a physical or mental condition which requires assistance from another, or as defined by departmental rule."

Adding language to this definition that reflects the definition of "vulnerable adult" in Iowa Code 235F would aid efforts to ensure the definition provided in 235B is not under inclusive. Per 235F, the definition of "vulnerable adult" is "a person sixty years of age or older who is unable to protect himself or herself from elder abuse as a result of age or a mental or physical condition." Including this language in 235B would protect two separate categories of elder adults, those that are deemed dependent and those that are deemed vulnerable, thereby expanding the statute's coverage. The Iowa Code gives the Department of Human Services the power to define elder abuse. Officials should consider revising the current definition using agency rulemaking rather than or in addition to changing Iowa law.

Similarly, the intake assessment tools used by APS agents should facilitate referrals even when a person is not determined to be dependent, and this would include a process to reply to the person (or organization) that initially brought the case to APS. Minnesota, which uses a broader vulnerability standard, rather than dependent standard, has a tool that delineates decisions by

response priority. When it is determined that a case of vulnerable adult abuse has occurred, cases are assigned a response priority level of 1, in which case cases must be responded to within 24 hours, or level 2, which has a longer response time of 72 hours.[57] Minnesota has been using this vulnerability standard since the 1980's, when its vulnerable adult abuse laws were enacted. In 2009, these efforts were expanded upon with a strengthening of the laws in 2009.[90]

In addition, efforts should be put into place so that APS and other supportive services agencies can work to identify and provide services to those who are vulnerable or at-risk for elder abuse. This sort of preventative strategy may help lower the incidence of abuse and reduce the need to involve law enforcement. Indeed, one key informant stated, "It is so traumatic to have those things resolved through such formal means." Following this, a mediation strategy might be developed as part of the APS assessment process as a means to address the factors that contribute to actual instances of elder abuse. Another individual stated, "If you give me a magic wand, I would at least encourage, or maybe require, some sort of mediation or informal dispute resolution in these cases." Such an approach could both preserve family relationships and also put less strain on already limited resources of APS, law enforcement and county attorneys.

Criminal Investigation

Law enforcement may come into contact with alleged cases of elder abuse. Individual citizens and first responders may contact law enforcement directly when a case of elder abuse is suspected, and this most often occurs in cases of acute distress that require an immediate response. APS also may refer cases to law enforcement for criminal investigation. If law enforcement gathers sufficient evidence, then cases can be referred to the corresponding county attorney for further investigation and possible prosecution. However, most criminal investigations are referred back to APS for lack of sufficient evidence. Figure 10 diagrams how this decision-making process can take place.

Figure 10: Law Enforcement Decision-Making Process

In determining which cases to pursue and, ultimately, refer to a county attorney, law enforcement agents use a considerable amount of discretion. The greater the ambiguity in laws and definitions surrounding elder abuse are, the more discretion these law enforcement officers have.[58] For example, Florida clearly explicates its definition of exploitation, stating that it "occurs when a person who: 1. Stands in a position of trust and confidence with a vulnerable

adult and knowingly, by deception or intimidation, obtains or uses, or endeavors to obtain or use, a vulnerable adult's funds, assets, or property with the intent to temporarily or permanently deprive a vulnerable adult of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the vulnerable adult; or 2. Knows or should know that the vulnerable adult lacks the capacity to consent, and obtains or uses, or endeavors to obtain or use, the vulnerable adult's funds, assets, or property with the intent to temporarily or permanently deprive the vulnerable adult of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the vulnerable adult; 'Exploitation' may include, but is not limited to: 1. Breaches of fiduciary relationships, such as the misuse of a power of attorney or the abuse of guardianship duties, resulting in the unauthorized appropriation, sale, or transfer of property; 2. Unauthorized taking of personal assets; 3. Misappropriation, misuse, or transfer of moneys belonging to a vulnerable adult from a personal or joint account; or 4. Intentional or negligent failure to effectively use a vulnerable adult's income and assets for the necessities required for that person's support and maintenance." This detailed definition can lead to more clearly defined roles than a general one. For example, in Kentucky, exploitation is simply defined as the improper use of an adult or an adult's resources by a caretaker or other person for the profit or advantage of the caretaker or other person.[59]

There are numerous reasons why law enforcement officers may elect not to pursue criminal investigation and do not refer the case to the county attorney. In some cases, a police officer may find evidence of abuse but decide not to refer to the county attorney because the older adult (i.e., alleged victim) explicitly expresses no interest in filing a formal charge. Elder abuse victims may prefer for law enforcement not to pursue criminal charges because they fear the possible consequences. A survey of over 1,800 members of the New York State Coalition on

Elder Abuse, conducted by the New York City Elder Abuse Center and Lifespan of Greater Rochester, found that older adults often perceive a high amount of risk associated with involving law enforcement. First, the perpetrator is often a family member and the victim does not want their family member prosecuted. 85.7 percent of respondents reported concern that the perpetrator, who is often a family member, would be arrested. The second reason is that family members fear losing their housing. Of those surveyed in the study, 85.2 percent reported fear of losing family support; and 69.9 percent reported fear of losing their housing.[60]

Beyond constraints imposed on law enforcement officials by the victims, the officials also elect not to pursue further investigation due to their own limitations. In certain instances, officers do not find a sufficient amount of evidence to refer for further investigation and possible prosecution. The inability to collect sufficient evidence may be the result of improper training to identify elder abuse, which is discussed below, or incorrect categorization of the claim by law enforcement. In these cases, police officers may decide to refer the individual case back to APS and encourage these agents to monitor the case for future referral.[61] Police officers may also classify the issue as a purely civil matter or family matter, which removes their jurisdiction and does not require any additional third-party intervention. Police officers deciding not to refer a case to the county attorney or APS is similar to the problem with investigating and prosecuting spousal abuse.[62]

The lack of referral from law enforcement to a county attorney can be a problematic point in the elder abuse pathway. Local law enforcement often complete little if any formal training with investigating elder abuse and may not have a command of the type of evidence needed to support an alleged case. Members of law enforcement also might not have the resources needed to complete such training or complete a formal investigation. As such, they rely on

contemporary, local attitudes that often support the notion how such cases are a family matter. At best, they may refer alleged cases to APS or other social service agencies as alternatives to prosecution when cases are still being investigated or there is not enough evidence to prosecute.[63]

Criminal Investigation across the States

In 2015, the National Center for Victims of Crime released a presentation regarding best practices for law enforcement involvement in investigating cases of elder abuse. The report emphasizes the importance of witness observations, defendant statements, physical evidence and documents to supplement the victim's claims. It also details when civil versus criminal proceedings should be considered, emphasizing the importance of prosecution as a resolution.[64] The University of Southern California also has developed The Elder Abuse Guide for Law Enforcement (EAGLE), a tool to help officers quickly identify and respond to cases of elder abuse. The resources include how-to information on a variety of topics including recognizing abusers, interviewing older adults, working with others to build a case, documenting bed sores, a bruising identification chart, photography tips, state criminal statutes and state mandated reporting. The tool also includes a first responder checklist and evidence collection checklist, as well as a community resources locator personalized by zip code.[65]

Additionally, the US Department of Justice provides sample protocols for law enforcement that are being used in California, Illinois, and Michigan. In Santa Clara County, there are specific procedures for both patrol officer response and investigative follow-up for each type of abuse that can occur. For example, for cases of neglect, self-neglect, or endangerment, the guide asks responders to first consider factors such as: does the elder need medical services? Can the person recognize and communicate basic needs? Is there a caretaker present? Next, the

responder must collect evidence, including documenting physical evidence, obtaining statements, and taking photos. Next, there are detailed procedures for behavioral indicators of the victim or caretaker, filing reports, conducting joint investigations.[63]

In Santa Clara County's guidance document, investigative follow-up procedures are specific to type of abuse, including neglect, physical abuse, financial abuse, sexual abuse and suspicious death/homicide.[66] Similarly, San Diego County has an Elder and Dependent Abuse Blueprint document that details what patrol response should look like to suspected cases of elder abuse, and refers law enforcement to appropriate documents for each point in the process, including interviewing, and documenting the scene, as well as specific guidelines for physical abuse, financial abuse and neglect.[74] At the state level, Illinois has a protocol document for law enforcement response to cases of elder abuse. The document only provides a checklist for cases of financial abuse, but does provide indicators for other types of neglect, as well as detailed instructions for law enforcement in the investigative process.[68]

Criminal Investigation in Iowa

The State Administration for Community Living's Aging Integrated Database found that, in Iowa from 2006 to 2015, there have been 477 original charges of dependent adult abuse and 465 disposed charges.[69]

In 2015, to improve law enforcement efforts and other services, eight states, including Iowa, received a grant from the Victims of Crime Act (VOCA) as part of their Enhance Training and Services to End Abuse in Later Life Program. This program was authorized by 42 U.S.C. § 14041, and is permitted to appropriate $9,000,000 in funding to elder abuse prevention services from 2014 – 2018. Awards ranged from $300,000–$400,000 over three years.[70] The OVW has annually awarded grants to state, county, and city agencies that aim to reduce elder abuse since

2006. In addition to training programs for law enforcement agencies, other notable activities and services that are mandated to be provided with grant funding include services for victims of abuse that are 50 years of age or older, the establishment and/or continued support of community multidisciplinary responses to victims of abuse, and training programs for health care professionals and other relevant human services organizations.

The Iowa State Bar Association (ISBA) held a free public information session at the ISBA headquarters in Des Moines on September 19, 2018 to discuss issues pertinent to older Iowans. Presenting at the event were local ombudsman officers and attorneys. Topics of discussion included healthcare directives, disposition of remains, power of attorney and living wills. Attendees also had the opportunity to have their living will and/or medical power of attorney forms notarized at the event.[71] In 2017, ISBA also held a webinar on financial exploitation. The event included an overview of abuse types, indicators and interventions for financial exploitation specifically, and case studies to put this knowledge into perspective.[88]

Recommendations

Law enforcement efforts to investigate cases of elder abuse can be improved through greater education and training, and such efforts may even go as far as conferring specialist certification for select officers. Additionally, increasing support for law enforcement investigations could allow for more effective investigation (e.g., plain clothing or unmarked car details to reach out to victims with discretion) and case follow-up. Law enforcement also can help remedy prevailing local sentiments that "family matters should stay within the family."

Involvement of law enforcement should not stop following the resolution of an elder abuse case. This is because there remains the potential for abuse following the initial abuse. To ensure that future abuse does not occur, law enforcement should develop specialized police units

that conduct routine follow-ups on cases of elder abuse. For example, while many police departments in the Iowa City-Cedar Rapids Corridor have begun to train their officers in some of the key signs of elder abuse, officers still face resistance when an elder is asked whether he or she is being abused, as well as a reluctance to get involved with family matters. One of our key informants theorized that small-town police officers and county sheriffs are less likely to respond to elder abuse allegations than those in a larger city, because when everyone in town knows each other, they would see it more as a family conflict rather than a potential police issue. Given these complex interpersonal dynamics, law enforcement could be doing more to help identify elder abuse when it occurs, and channel those reports into the right mechanisms of relief.

Legal Remedies

Criminal Proceedings

The prosecution of an elder abuse case is initiated, if at all, after a criminal investigation is opened by law enforcement. Like other crimes that fall within the prosecutor's jurisdiction, the prosecutor retains the ability to exercise prosecutorial discretion when electing to pursue a claim of elder abuse. Strength of the evidence, severity of the claim, resources available to the prosecutor, and the prosecutor's knowledge base of elder abuse related statutes are all factors that influence a prosecutor's decision. In addition to the aforementioned factors, both the prosecutor and the victim (if the victim is not labeled a dependent adult) retain discretion in their decision to pursue prosecution. Although it's difficult to advance, sometimes the prosecutor will prosecute "on the facts" if the victim recants and there is other sufficient evidence.

Prosecuting a case of elder abuse can provide several benefits such as providing justice for the victim, ending the abuse, protecting the victim through a protective order, offering restitution to the victim, and providing a just sentence—including treatment programs—to the perpetrator.[72] Despite these benefits, prosecuting a case of elder abuse is not common. We focus on three reasons that contribute to this phenomenon: 1. Lack of victim willingness to pursue charges; 2. Knowledge and resource restrictions for prosecutors to pursue elder abuse claims; and 3. Criminal penalties for elder abuse do not motivate prosecutors or deter potential perpetrators.

Elder abuse prosecution is unique. Unlike cases of an alleged and verified child abuse, the decision to prosecute a case of elder abuse largely falls upon the older adult so long as the older adult is not considered dependent or vulnerable. That is, when an older, independent adult has been subjected to a verified act of elder abuse, the decision to prosecute is voluntary and

remains with the older adult.[86] The practical effect of a voluntary prosecution system is that older adult victims often decline to prosecute. Declining to prosecute is common because the older adult often views the benefits of prosecution as antithetical to traditional risk-reduction strategies (e.g., an older adult may live in the home of or be cared for by the perpetrator).[72] Prosecutors must weigh several considerations when deciding to prosecute alleged cases of elder abuse. Among the more important considerations is the preservation or restitution of the victim's autonomy balanced against the state's interest in seeking justice by prosecuting crimes against older adults. Indeed, striking this balance is difficult and has resulted in most states delegating the prosecution of elder abuse and neglect to local authorities to handle on a case-by-case basis. Even when an older adult voluntarily decides to prosecute, prosecution efforts are often limited by external constraints. State and county attorneys routinely face competing priorities and limited resources that restrict their efforts to pursue cases of elder abuse.

The negative consequences of constrained resources extend beyond the ability (or lack thereof) of prosecutor offices to pursue cases of elder abuse. Constrained resources may also result in inadequate training of those parties involved in prosecution and adjudication efforts. Competing priorities and limited resources also can lead to prosecutors only taking cases they believe will result in conviction, leaving many potentially valid claims overlooked.[73] There are many reasons why a prosecutor may be less inclined to pursue elder abuse claims compared to other claims. These include the perception that older witnesses are unreliable, the domestic nature of many elder abuse claims, unfamiliarity with elder abuse law, and weak state penalty guidelines. [35] As a result, state and county attorneys often refer alleged cases of elder abuse back to state APS agencies.

Criminal Prosecution across States

In all states, cases of elder abuse can be prosecuted through general criminal statutes applicable to the abuse such as assault, sexual assault, theft, and fraud.[77] Laws specific to elder abuse, however, vary state by state. For example, Virginia and Texas, detail crimes against family members as a distinct crime and classify it as a Class 1 misdemeanor.[78] Other states, including California, Connecticut, Indiana, and Florida, increase penalties for specifically targeting an older adult.[77] Several states including California, Missouri, Florida, and Nevada also have included acts of elder abuse as distinct crimes in their criminal code and allow for criminal prosecution, either in addition to or independent from civil remedies.[77,80] California was one of the first states to criminalize elder abuse with the enactment of Penal Code § 368, which gives elder abuse "special consideration and protection," something that had been previously instituted for victims of child abuse.[52] Similarly, Florida State Code 825.102 states that "A person who knowingly or willfully abuses an elderly person or disabled adult without causing great bodily harm, permanent disability, or permanent disfigurement to the elderly person or disabled adult commits a felony of the third degree." If the encounter caused "great bodily harm or permanent disfigurement," this results in a first-degree felony.[80]

Utilizing specialized elder abuse units is an effective means towards increasing elder abuse prosecution efforts. However, only a minority of jurisdictions employ such units. A national survey conducted by the American Prosecutor's Research Institute found that 28.0 percent of local prosecutor's offices had units dedicated to specifically prosecuting elder abuse. These specific elder abuse units often have internal investigation units, which can work with law enforcement to ensure that the number of cases of elder abuse that can be prosecuted are being prosecuted.[84] States with strong county-level elder abuse units include Florida, Arizona, and New

York.[86] A secondary benefit of these units, in addition to increased elder abuse related prosecution efforts, is an increase in both education and outreach efforts, both within the aging network and to the general public. Both groups of people are unfamiliar with aspects of legal proceedings. Providing community-based training could allow these individuals to feel more confident in their ability to recommend or move forward with prosecution and increase the understanding of the process and relevant information.

Another way to increase elder abuse prosecutions is to increase criminal elder abuse penalties. Several states have followed California's lead and criminalized elder abuse to the same level of child abuse. New York and Florida also stand out for establishing substantive penalties for committing elder abuse. In New York, assault of a person over the age of 65 results in a second-degree charge, which is a felony in the state. In Florida, a third-degree felony can result even when the perpetrator does not cause "great bodily harm, permanent disability, or permanent disfigurement."[86] California has also passed the Elder Abuse and Dependent Civil Protection Act, which allows for fee awards to attorneys for taking cases of elder abuse. Increasing criminal penalties to reflect the more severe approach taken in states such as Florida and California may increase the number of cases that prosecutors are willing to take, leading to higher levels of successful prosecutions.[86]

Criminal Prosecution in Iowa

In Iowa, depending on the nature of the abuse, elder abuse can be criminally prosecuted under Iowa Code 235B or 235E. Charges under 235B and 235F may be initiated upon a complaint by a private individual, an investigation by social service agencies, or upon direct initiation of the county attorney or law enforcement agency. Available charges under 235B and 235E include wrongful communication, intentional serious injury, reckless serious injury,

intentional physical injury, exploitation greater than $100, otherwise intentionally commits dependent adult abuse, exploitation, and failure to report dependent adult abuse.

While the charging options are numerous, the criminal penalties associated with completing a successful prosecution appear insufficient to motivate prosecutors or deter criminal activity. Of the above listed charges, the highest possible violation is a class "C" felony. Class "C" felonies are punishable by a prison term of up to ten years and a fine of $1,000 to $10,000. (Iowa Code § 902.9.) Class D felonies, punishable by up to five years in prison and a fine ranging from $750 to $7,500 dollars, and serious misdemeanors are also available criminal penalties. As discussed below, elder abuse related criminal penalties in Iowa are significantly less severe as compared to other states.

A 2016 study that surveyed dependent adult abuse prosecution in Iowa from 2006 to 2015 found that there were 368 cases prosecuted during this time span. The number of prosecuted cases has increased in the last five years and has more than doubled from 2006 to 2015.[69] The study found no significant correlations between county demographics or government characteristics and prosecution rates. From 2006 to 2016, the average number of cases prosecuted in a metropolitan area was 11.05, but only 1.86 in non-metropolitan areas. Polk County had the highest prosecution rate compared with all other counties in Iowa, the highest sheriff's mean salary, as well as the densest population. The Polk County attorney's office also was the first office to create a specialized Dependent Adult and Elder Abuse Unit to prosecute elder abuse crimes in 2002.

One explanation for these relatively low prosecution numbers is a lack of resources in local prosecutor and county attorney offices located in less densely populated areas. This lack of resources for local prosecutor offices was recently recognized and addressed in a 2017 Iowa Law

and Services Together Report.[75] It was announced in September of 2018 that the United States Department of Justice Office on Violence Against Women awarded the Iowa Attorney General Office a three-year grant to provide training and services aimed at ending abuse in later life.[76] The training will cover the investigation and prosecution of abuse cases and resources available to older victims. The audience for this training includes those involved in elder abuse efforts such as law enforcement personnel, prosecutors and judges.[75] A key component of this grant is to provide training of the county attorneys across the state.[75] To date, this is the only training focused on elder abuse that is offered to prosecutors.

Resource and training deficiencies for prosecutors and law enforcement personnel are not the only road blocks impacting an individual's ability to pursue an elder abuse claim. Key informants also noted a scarcity of available lawyers to represent or advise individuals from low-income and fixed-income households. Many people interviewed said that middle-class families are caught in a no-win situation; they earn too much to qualify for legal services and too little to pay for a private attorney. A statewide hotline and website are available for the public and includes materials on elder abuse. Representation is available through the hotline and a volunteer lawyer program, but it is extremely limited in many respects.

The state of Iowa has taken affirmative steps to improve elder abuse prosecution efforts across the state. In 2013, an Iowa Elder Abuse Task Force was created. This task force suggested updates to the Iowa Code, using recommendations to create a comprehensive approach to elder abuse prevention which was incorporated into the existing system. To address elder abuse that occurs outside of a dependent adult context, they recommended an alternate definition to include "those over 60." The task force also recommended establishing a statewide elder abuse intervention system.[30] As it stands, the code does grant the Iowa judiciary to bring relief and

resolution to elder abuse victims. Options for judicial resolution include the court appointment of a guardian, the forced disposition of the defendant from the home of the vulnerable elder, restitution of funds in the case of financial exploitation, and the filing of a protective order barring the defendant from the vulnerable elder that ranges from one-year to a permanent no-contact order. The bill also provides a guideline for the civil penalties enforced in the case that the defendant violates a court mandated order.

Recommendations

The first step in facilitating elder abuse prosecution at the local level is to ensure the state code is sufficiently detailed to support criminal prosecution and civil remedies. Laura Mosqueda, from the National Center on Elder Abuse, suggests a locally administered, case-based strategy that addresses several critical elements: the victim, the abuser, and the specific context or setting, and considerations must be made to ensure the victim's wishes are met by social services agencies.[85] Currently, Iowa Code 235B and 235E outline the types of elder abuse related offenses and charges available to prosecutors. However, as mentioned above, prosecutors are only now receiving the training necessary to properly utilize these charging options.

Another way to improve elder abuse prosecution efforts is by expanding the use of specialized elder abuse units, such as the specialized unit in Polk County, that provide the needed expertise to move forward with cases. Specialized prosecution units remove the constraints of competing priorities and inadequate training. Their specialization in this arena make them uniquely equipped to handle cases of elder abuse. Communities with strong responses to elder abuse often have specialized prosecution unites. However, equally important, is that these specialized units have sufficient resources to succeed.[98]

To improve targeted elder abuse prosecution efforts, funding for state and county attorneys must be increased. Increased funding can increase prosecution in one of two ways. First, increased funding can increase the use of specialized elder abuse resources at the state and county level. Second, increased funding can also provide training to specific prosecutors throughout the state on how to prosecute cases of elder abuse.[5] Increasing funding to provide specific prosecutor training may be a better approach for smaller counties that do not have the resources or caseload to sustain a dedicated elder abuse unit. For larger jurisdictions, implementing or improving a specialized elder abuse unit can yield positive results. While it appears that increased funding and attention towards the issue has been initiated with the United States Department of Justice – Office on Violence Against Women grant, this increased effort should be viewed as the first of many steps needed to address the problem.

Civil Proceedings

Many cases of elder abuse are resolved through one of the three main pillars of elder abuse advocacy: agencies (APS), service providers (Heritage) and law enforcement. In addition to these three main pillars, civil legal steps can be taken to ensure the safety and well-being of an older adult. These civil options include guardianship proceedings, court proceedings to authorize involuntary intervention, protective orders, change of conservator or representative payee, civil commitment, powers of attorney, or civil lawsuits. How these issues are addressed in the legal system depends on each state's legislative framework. Cases can be addressed through state elder-abuse specific laws, APS laws, social services laws, or a combination.[24]

Civil Proceedings Across the States

While the EJA has advanced the public response, responsibility for identification, investigation, and prosecution of elder abuse largely remains with the states. APS continues to be

the leading public authority on these matters. In 2012, the National Association of States United for Aging and Disabilities (NASUAD) investigated how these agencies operate. Their report found that APS administration occurs mostly at the state level, but as many as 10 states leave the administration of APS to county and other local levels of government. Moreover, since the EJA did not specifically address the configuration of these administrative structures, there remains dramatic differences across states regarding the structure and operation of APS agencies. For example, while all APS agencies serve people who live at home in the community, only 39.6 percent work in state mental illness facilities.[25] APS agencies also vary in how soon an intake must be acted upon. While some state agencies must act within 24 hours, others require action within three business days.[25] APS agencies also vary in terms of the services offered. In some states, APS can provide guardianship services and victim services such as home-delivered meals, medical services, in-home services, money management, counseling, and legal intervention.[25] It is worth pointing out that in a 2017 survey NASUAD found an increase in state efforts to increase APS efforts that specifically address elder abuse.[26]

Though rarely sought after by victims of elder abuse, most states allow for civil remedies under statutory and common law, which can offer both injunctive relief and monetary compensation for damages. Expansion of civil remedies for elder abuse began in the 1970s. In the 1990s California led the way for future legislation of other states with the Elder Abuse and Dependent Protection Act, which allowed for civil remedies including compensatory damages, pain and suffering damages, punitive damages, attorney's fees and equitable relief.[59]

For example, Pennsylvania has strengthened its ability to combat abuse of guardianship power by creating rules for guardianship proceedings. These changes include requiring that an "expert" attest to the older adult's incapacity, rather than deposition, standardizing the steps that

a guardian must take regarding reporting and compliance, providing an avenue to object to rulings of incapacity, and increasing requirements to qualify as a guardian, such as background checks. These rules show promise in alleviating the abuse that can accompany such powers.

Civil Proceedings in Iowa

In Iowa, under Code 235F, upon a finding that the defendant has engaged in elder abuse, a court can provide several avenues of civil relief. These avenues of relief include requiring the defendant move from the elder's residence, requiring the defendant to provide suitable alternative housing for the elder, initiating a restraint against the defendant from further abuse or entering the premises, or other relief the court deems necessary to protect the elder. Upon a finding of financial abuse, under the same statute, a court may order the relief necessary to remedy the financial exploitation.

A recent Iowa Supreme Court decision could provide additional avenues for those seeking to prosecute elder abuse. The term "vulnerable adult" in 235F was granted additional weight after *Chapman v. Wilkerson*, where the Iowa Supreme Court ruled that age alone qualifies a person as a vulnerable adult under 235F when the person is "unable to protect herself . . ." Incorporating the "vulnerable adult" language of 235F into the definition of "dependent adult" in 235B would allow for additional prosecution opportunities.

Recommendations

Continuing to expand civil proceeding options and availability for victims of elder abuse will help fill the necessary void left by limited prosecution efforts. Iowa has taken the appropriate steps with the passage of 235F and the Iowa Courts have assisted by providing an expansive construction of the law. The lack of awareness and resources in this area and in other areas remains problematic. The law is relatively new, and, few attorneys are available to help

low-income families, and many other have not had experience in bringing claims under the Elder Abuse Act. The Iowa Courts have developed forms that elders, family, and other concerned people can complete and file. The forms are intended to be used by victims and their advocates, and are similar to the forms and procedures used in domestic violence proceedings under Iowa Code Chapter 236. Increased availability and awareness on training opportunities for attorneys on elder abuse related civil remedies would expand the network of available attorney's. One resource of note is the National Center on Law & Elder Rights. The National Center on Law & Elder Rights offers free training curriculum for advocates, providers and lawyers in the legal and aging network. Trainings are offered in eight areas: Health and Long-Term Services and Supports, Economic Security, Advance Planning, Supported Decision-Making, Guardianship. Elder Abuse, Consumer Protection, and Housing. Legal Basics Training occurs on the second Tuesday of the month at 11am PT/2pm ET; Advanced Training occurs on the third Wednesday of the month at 11am PT/2pm ET. Written materials accompany each training and are available for download at https://ncler.acl.gov/Legal-Training.aspx

Multidisciplinary Teams

Multi-disciplinary teams (MDTs) have emerged as a way to address the fragmentation that occurs at each point along the elder abuse pathway, and often include a constellation of providers, agencies, advocates who can offer a more comprehensive, multifaceted, and holistic approach to problem solving. The goal of MDTs is to provide improved services, eliminate or bridge gaps in the system, use scarce resources efficiently, and provide relief to the victim at the earliest juncture possible, stop the abuse, prevent further abuse and restore a sense of safety and security.[97]

Caseworkers benefit from the perspective of different players and professionals and learn how to effectively and efficiently navigate clients – or have someone else navigate their clients – through various bureaucracies, courts and programs. This collaborative approach is designed to save critical time and resources by securing funding, program eligibility, shelter and health care for clients in crises and in non-emergencies.

MDTs across the States

The MDT model is evolving as jurisdictions try to expand and enhance their efforts. For example, New York State appropriated funds to establish the Elder Abuse Interventions and Enhanced Multi-Disciplinary Team Initiative (E-MDT). That state's offices of Aging and Victim Services are coordinating the project, which began as a pilot and involved a self-reporting study of incidence of financial abuse. The primary mission is to streamline investigations and interventions to prevent financial exploitation of older adults. This is accomplished using a team of forensic accountants, geriatric psychiatrists, and attorneys from community legal services. These personnel supplement and complement other members of MDT.

One lawmaker in the District of Columbia is taking a different track to bolster local MDT and elder abuse networks. He introduced the Elder Abuse Response Team (EART) Act of 2018, which would establish a response team to coordinate the functioning of victim services, medical forensic care, investigations, and prosecutions available to victims of all types of elder abuse cases. The EART would develop uniform policies and procedures and standard protocols, which are lacking in many, if not most jurisdictions. The team would conduct regular case reviews, review abuse reports and investigations, develop case review protocols, and create standard forms that would protect confidential and privileged information and safeguard.

The team would be comprised of directors or designated individuals from victim services, aging, the police department, the U.S. Attorney, legal services organizations that primarily represents people 60 or older, forensic nurse examiners, APS, community organizations, long-term care ombudsman, and other personnel. The legislation would require an unprecedented commitment of time, resources, and personnel so far as we know. The bill was assigned to the Judiciary and Public Safety Committee, which held a public hearing in September of 2018. A recommended MDT structure is displayed in Figure 9 below.

MDT in Iowa

One of the authors attended and participated in an MDT meeting in Cedar Rapids, which involved clients facing an array of legal, medical, social work and enforcement problems. The team discussed each client at length. They developed a variety of approaches to protect clients. The brainstorming and case-planning session involved a mix of landlord-tenant, domestics relations, dependent adult abuse, and elder abuse laws; tracking down land records and property ownership to obtain eligibility for public benefits; providing counseling for the elder and family members; and finding a safe and secure place to live for the elders and people who posed

potential threats. In the days following the meeting individual members discussed the clients' predicament and exchanged ideas on how to address a separate piece of the puzzle. Not everyone at the meeting learned how the issues were resolved. The MDT model acknowledges that no single agency can do it all alone, and that each agency can help solve different pieces of the puzzle.

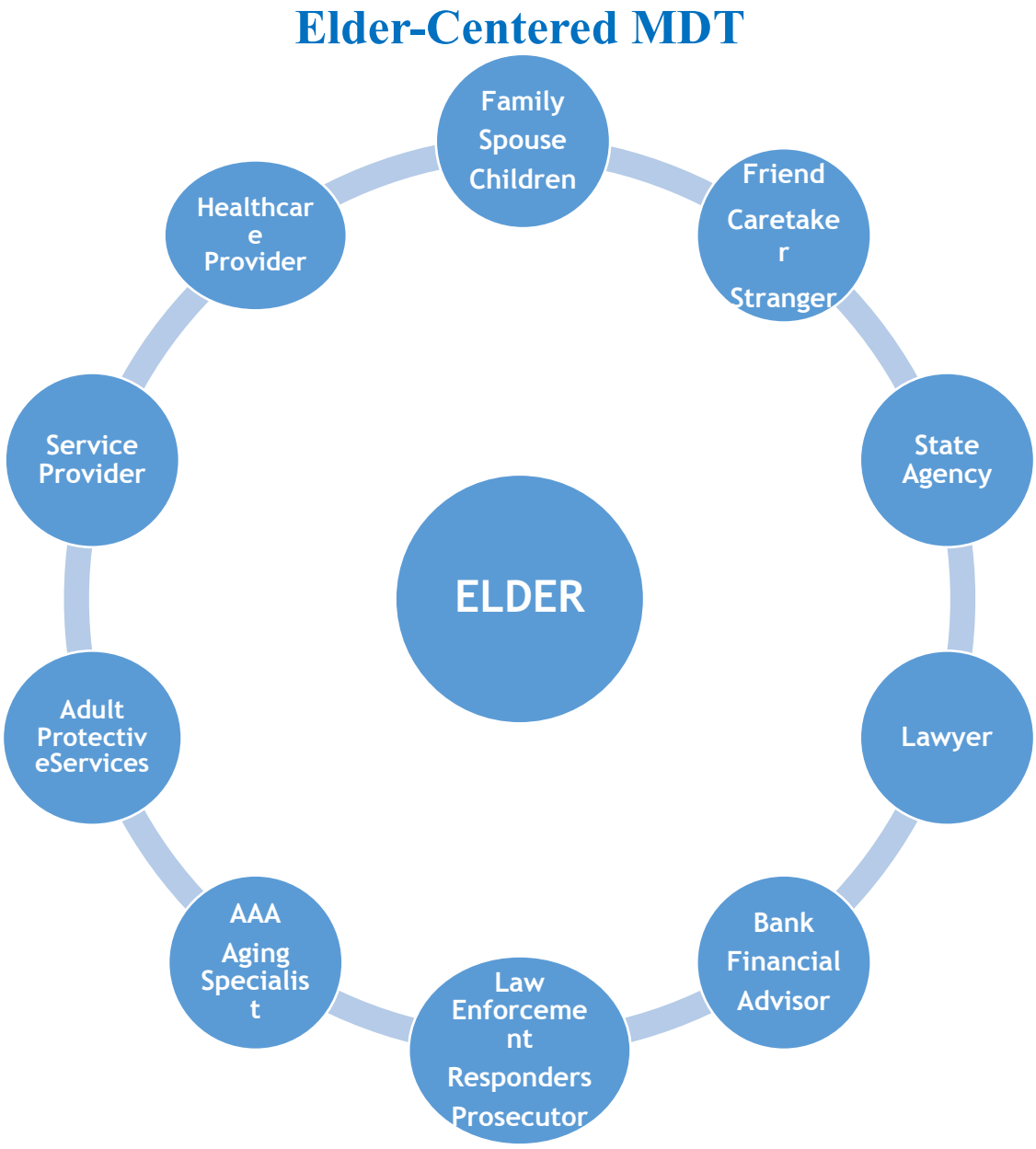
The MDT model implemented in Cedar Rapids was not living up to key informants' expectations for several reasons. First, teams and team membership changed with great frequency. In addition to the barriers noted elsewhere in this report, many informants were uncertain if an MDT existed in their community or continued to meet, which undermined their confidence and attendance. Second, in addition to a sustained presence, the teams could benefit from having a secure forum that would allow the group to communicate on a regular basis and notify members if and how the issues have been resolved. This could be accomplished using a dedicated website or secure cloud-based network, a listserv, or a phone tree, where people could post questions and receive answers in a timely fashion. Third, but most important, is that the local MDT do not have any funds. Participants from many different agencies volunteer their time to be there. Some are able to do it on work time – but it is not a funded group. Grants for rural counties to pay for mileage and space for a group to meet no longer exist according to one interviewee, who said the region is fortunate that so many agencies care and choose to attend.

Recommendations

Creating a MDT in Iowa modeled after New York that attempts to streamline investigations and prevention of elder abuse within the state would serve as a step in the right direction. The composition of this team should include members of the community invested in preventing elder abuse. An example of the recommended model is listed in the graphic below

and illustrates the necessary elder focused approach necessary to create an effective MDT. To create such a team would require legislative action and resources – two difficult hurdles given modern political and fiscal restraints. Considering these restraints, the legislative model should err on the side of caution when recommending funding and other resources be directed to the initiative.

Figure 11:



Discussion

Our in-depth study of Iowa revealed strengths in the system, as well as areas that need improvement. At the first stage in the pathway, important public education efforts in Iowa have been led by Heritage. Despite these efforts, awareness remains low, both in the general public and among identified reporters. Next, identification efforts in Iowa are strong among dedicated, knowledgeable service providers, particularly those in the aging network. However, professionals outside of the network have misconceptions surrounding what abuse is, as well as confusion on where to report it. During the intake stage, Iowa's "dependent standard" leads to much lower accepted cases than other states. This doesn't necessarily imply bad outcomes, but when the dependency standard is not met, and referral is not appropriate, there can be inconsistencies with a reporter's findings and inaction on behalf of APS. At the criminal investigation stage, complex interpersonal dynamics can arise. Because of pervasive misconceptions surrounding elder abuse, inaction can result when the dispute is regarded as a family matter. Further, though involvement of law enforcement can be desirable for the reporter, it may not be what the older adult wants, and these wishes must be respected. Lastly, prosecution of elder abuse in Iowa is low. Despite these low prosecution numbers, some counties, such as Polk County, stand out in their commitment to prosecuting cases of elder abuse with dedicated specialized units.

These findings in Iowa highlight broader, ubiquitous system failures that can be used to identify and address issues in other states. The first of these is myths and misconceptions about elder abuse. The public often perceives abuse as something committed by a malicious stranger, while it can often be unassuming family members or trusted friends. Emotional abuse can be difficult to detect, and bullying or arguments between frail elders can be a hidden form of

domestic violence, both unrecognized and underreported. When more subtle abuse is identified, it can be disregarded as a family matter and inaction can result. These deep rooted, often cultural misconceptions can be very difficult to change. Our findings show that success in shifting public mindset in this area can come from key individuals elevating its importance, public educational campaigns, and elevating the importance of elder abuse to the same level as child abuse. There is also a problem of determining what a successful outcome in these cases is. The victim frequently has a different idea of what constitutes a successful outcome than what the other parties involved view as success.

Many of the shortfalls discussed above do not result from a lack of motivation or effort, but a lack of funding. Funding can be especially low for public awareness, where the process begins. Since funding is lacking in the first step of the process, it is difficult for ideal results to follow in later steps. In situations where funding is allocated, it is often inconsistent, or budget shortfalls can prevent full funds from actually being distributed. This can lead to an inability to create robust programming, or a hesitancy to do so because of sustainability concerns. A lack of funding creates system overloads, which can discourage collaboration. When resources are constrained, workers can get bogged down in the day to day details of their specific role, rather than looking at the big-picture interaction among service providers and how it can be improved. Law enforcement may not decide to intervene in an elder abuse situation, when it can be perceived as a minor domestic dispute and they have other pressing concerns on their agenda. Similarly, prosecution of elder abuse can be low, as it can often fall to the bottom of a prosecutor's office to-do list. Becoming familiar with elder abuse laws, and the ways they can be applied to achieve a successful outcome involves a steep learning curve for prosecutors, defense attorneys, and attorneys who practice civil law. Overall, it is important to have sustained,

adequate funding at each point in the pathway, as each preceding step influences the capabilities and effectiveness of people involved in the next step.

Key informants said increased funding and personnel are critical to improving their efforts to safeguard elders, furnish case management services, healthcare, food, shelter, and clothing, and enhance their quality of life. They also acknowledge that funds are scare. For the time being, efforts rely on existing funding sources or be more creative in obtaining support elsewhere. One school of thought is to ask cities or counties to fund local pilot projects that are designed to increase the effectiveness of the network, by funding MDT, hiring additional social workers, creating focused educational campaigns and activities and the like. The pilot program could prove its value by serving more people, reducing costs, or by achieving other successful outcomes. The short-term infusion of funds would not drain government coffers, but could lead to innovative models that cities or counties could adapt or adopt. Another school of thought is to explore tapping into or creating a civil monetary penalty fund linked to victims of elder abuse, as the federal government has done in Medicaid, Medicare, and other enforcement programs. For example, Iowa or the Federal government could create a civil monetary fund with deposits from penalties assessed against banks, credit unions, securities firms, and other financial institutions who are found culpable of elder abuse. A third school of thought is to apply for grants from private foundations, nonprofits, and businesses involved in research, education, prevention and other aspects of abuse and neglect. For example, local companies and corporations with workers whose parents are aging, or whose workforce is aging have an interest in funding and establishing programs that work to promote elder care and address issues of elder abuse in the community. These funds could be used alone, or in conjunction with the other funding sources mentioned.

After individuals in the system are properly trained and receive enough funding, multidisciplinary teams can be used to help states bolster their elder abuse prevention and detection efforts. Before multidisciplinary teams can be effectively utilized, each part of the system must recognize its role, its strengths, and how it must collaborate with other stakeholders to combine their efforts. In the Linn and Johnson county corridor, multidisciplinary team meetings are held monthly in Cedar Rapids. These meetings provide a venue to present client cases, exchange ideas, and coordinate the delivery of services, supports, and legal representation. The Multidisciplinary Team Process allows for a more comprehensive, multifaceted, and holistic approach to problem solving. Individual caseworkers benefit from the perspective of different players and professions and find out how to navigate clients – or have someone else navigate their clients – through various bureaucracies, courts, programs and, most important funding sources and potential payers for medical, psychological, dementia, and other programs and placements.

Finally, our analysis focuses primarily on a state-based approach to addressing elder abuse in community settings, but issues at the federal level and abuse within residential settings are also important to consider. Though federal legislation has been implemented, responsibility for addressing elder abuse is still primarily a state issue and state level analysis provides the greatest opportunity for improvement in law, regulation, funding, and practices. Further, our analysis was centered at the community level, as this is where the greatest misconceptions and complexities lie. Instilling a sense of common responsibility for addressing elder abuse in the community will lead to a more committed public to recognize and address elder abuse in all settings.

Conclusions

This in-depth examination of the discrete points in the east central Iowa corridor generated several insights and recommendations. For example, our meetings and interviews revealed a pervasive shortfall of local public awareness that could be easily addressed by elevating education efforts concerning elder abuse to even half of those dedicated to child abuse. Definitions of mandatory responders should be clarified, and perhaps more importantly, the incentives and penalties could be established as a means of advancing suspected instances of elder abuse. The intake and referral process can be substantially expanded if Iowa expands the APS definition of dependent adult to include a person age 60 or older who is "vulnerable" or "at-risk." Similarly, the intake assessment tools used by APS agents should facilitate referrals even when a person is not determined to be dependent. This would include a process to follow up with the person or organization that initially brought the case to APS. Law enforcement (police officers, sheriffs, deputies, etc.) efforts to investigate cases of elder abuse can be improved through greater education and training, and such efforts may even go as far as conferring specialist certification for select officers, and similar administrative and financial resources could be directed toward the legal remedies of criminal prosecution and civil resolutions. Although this grounded, local based research report focused on how Iowa and specific communities within the state implement the Elder Justice Act, it can be used by other states and jurisdictions to identify and address elder abuse in their areas as well. Other states and communities can refer to the methodology described in this report to design similar studies for their own areas. They can also refer to our findings and recommendations to identify common problems and suggested recommendations to implement in their own jurisdictions. This report is designed to serve as a template for future studies and reports across the country.

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Appendix A: CDC Uniform Definitions

TERM	DEFINITION
Elder Abuse	An intentional act or failure to act by a caregiver or another person in a relationship involving an expectation of trust that causes or creates a risk of harm to an older adult.
Older Adult/Elder	Any person whose chronological age is 60 years or older. Age 60 was selected as the lower boundary for classification as an older adult because it is the age of first eligibility for services furnished under the Older American's Act and for inclusion in activities and programs covered in the Elder Justice Act.
Victim	Person on whom the abuse is inflicted or who experiences abuse. Survivor is often used as a synonym for victim.
Perpetrator/Offender	Person or persons who inflicts or causes the victim to experience abuse. Such persons must be in a relationship involving an expectation of trust.
Family (Informal) Caregiver:	Any relative, partner, friend or neighbor who has a significant personal relationship with, and provides a broad range of Instrumental Activities of Daily Living (ADL) /Activities of Daily Living (ADL) (defined below) assistance for an older adult. These individuals may be primary or secondary caregivers (i.e., persons who assist a primary caregiver) and live with, or separately from, the person receiving care.
Formal Caregiver:	A provider associated with a formal service system, whether a paid worker or a volunteer.
Legal Guardian	A person who has been appointed by a court to possess the power and obligation to take care of and manage the property, well-being and/or rights of a person who, because of status as a minor, understanding, or self-control, is considered incapable of administering his or her own affairs.
Physical Abuse	The intentional use of physical force that results in acute or chronic illness, bodily injury, physical pain, functional impairment, distress, or death. Physical abuse may include but is not limited to such acts of violence as striking (with or without an object or weapon), hitting, beating, scratching, biting, choking, suffocation, pushing, shoving, shaking, slapping, kicking, stomping, pinching, and burning. In addition, inappropriate use of medications and physical restraints, pinning in place, arm twisting, hair pulling, force-feeding, and physical punishment of any kind also are examples of physical abuse.
Sexual Abuse	Forced and/or unwanted sexual interaction (touching and non-touching acts) of any kind with an older adult. This may include but is not limited to forced and/or unwanted completed or attempted contact between the penis and the vulva or the penis and the anus involving penetration, however slight; forced and/or unwanted contact between the mouth and the penis, vulva, or anus; forced and/or unwanted penetration of the anal or genital opening of another person by a hand, finger, or other object; forced and/or unwanted intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks; unwarranted, intrusive, and/or painful procedures in caring for genitals or rectal area; or forced and/or unwanted non-contact acts of a sexual nature such as forcing a victim to view pornographic materials, photographing an elder for sexual gratification, voyeurism and verbal or behavioral sexual harassment.

Emotional/Psychological Abuse	Verbal or nonverbal behavior that results in the infliction of anguish, mental pain, fear, or distress, that is perpetrated by a caregiver or other person who stands in a trust relationship to the elder. Such behaviors may have immediate effects or delayed effects that are short or long-term in nature that may or may not be readily apparent to or acknowledged by the victim. May include humiliation/disrespect, threats, harassment, and isolation/coercive control.
Neglect	Failure by a caregiver or other person in a trust relationship to protect an elder from harm or the failure to meet needs for essential medical care, nutrition, hydration, hygiene, clothing, basic activities of daily living or shelter, which results in a serious risk of compromised health and/or safety, relative to age, health status, and cultural norms.
Financial Abuse/Exploitation	The illegal, unauthorized, or improper use of an older individual's resources by a caregiver or other person in a trusting relationship, for the benefit of someone other than the older individual. This includes, but is not limited to, depriving an older individual of rightful access to, information about, or use of personal benefits, resources, belongings, or assets.
Self-Neglect	A nationally accepted, uniform definition of self-neglect has not been developed. Examples of existing definitions include: – The behavior of an elderly person that threatens his/her own health and safety. This behavior generally manifests itself in an older person as a refusal or failure to provide himself/herself with adequate food, water, clothing, shelter, personal hygiene, and safety precautions. This excludes situations in which a mentally competent older person, who understands the consequences of his/her decisions, makes a conscious and voluntary decision to engage in acts that threaten his/her health or safety as a matter of personal choice. (National Association of Adult Protective Service Administrators and the National Center on Elder Abuse – Meeting one or more of the following: • Persistent inattention to personal hygiene and/or environment • Repeated refusal of some/all indicated services which can reasonably be expected to improve quality of life • Self-endangerment through the manifestation of unsafe behaviors (e.g., persistent refusal to care for a wound, creating fire-hazards in the home) (Pavlou & Lachs, 2008) – Lack of self-care and inattention to personal hygiene, domestic squalor, hoarding, apathy and disinterest for [one's] condition, social withdrawal, and stubborn refusal of help. (Clark et al., 1975) – The inability of a person to understand the consequences of his or her actions or inaction when the inability leads to or may lead to harm. There are two components to self-neglect: • The failure to provide for oneself the basic needs to avoid physical harm or suffering. • The inability to understand the consequences of that failure. (Oregon Department of Human Services)

Appendix B: CDC vs Iowa Definitions

TERM	CDC DEFINITION	IOWA DEFINITION
Elder Abuse/Dependent Adult Abuse	An intentional act or failure to act by a caregiver or another person in a relationship involving an expectation of trust that causes or creates a risk of harm to an older adult.	Any of the following as a result of the willful or negligent acts or omissions of a caretaker: (a) Physical injury to, or injury which is at a variance with the history given of the injury, or unreasonable confinement, unreasonable punishment, or assault of a dependent adult. (b) The commission of a sexual offense under chapter 709 or section 726.2 with or against a dependent adult. (c) Exploitation of a dependent adult which means the act or process of taking unfair advantage of a dependent adult or the adult's physical or financial resources for one's own personal or pecuniary profit, without the informed consent of the dependent adult, including theft, by the use of undue influence, harassment, duress, deception, false representation, or false pretenses. (d) The deprivation of the minimum food, shelter, clothing, supervision, physical or mental health care, or other care necessary to maintain a dependent adult's life or health. (2) The deprivation of the minimum food, shelter, clothing, supervision, physical or mental health care, and other care necessary to maintain a dependent adult's life or health as a result of the acts or omissions of the dependent adult. (3) (a) Sexual exploitation of a dependent adult by a caretaker
Older Adult/Elder/Dependent Adult	Any person whose chronological age is 60 years or older. Age 60 was selected as the lower boundary for classification as an older adult because it is the age of first eligibility for services furnished under the Older American's Act and for inclusion in activities and programs covered in the Elder Justice Act.	Dependent Adult: A person eighteen years of age or older who is unable to protect the person's own interests or unable to adequately perform or obtain services necessary to meet essential human needs, as a result of a physical or mental condition which requires assistance from another, or as defined by departmental rule
Caregiver:	Family (Informal): Any relative, partner, friend or neighbor who has a significant personal relationship with, and provides a broad range of Instrumental Activities of Daily Living (ADL) /Activities of Daily Living (ADL) (defined below) assistance for an older adult. These individuals may be primary or secondary caregivers (i.e., persons who assist a primary caregiver) and live with, or separately from, the person receiving care. Formal Caregiver: A provider associated with a formal service system, whether a paid worker or a volunteer.	A related or nonrelated person who has the responsibility for the protection, care, or custody of a dependent adult as a result of assuming the responsibility voluntarily, by contract, through employment, or by order of the court.
Physical Abuse	The intentional use of physical force that results in acute or chronic illness, bodily injury, physical pain, functional impairment, distress, or death. Physical abuse may	Physical injury to, or injury which is at a variance with the history given of the injury, or unreasonable confinement, unreasonable punishment, or assault of a dependent adult.

	include but is not limited to such acts of violence as striking (with or without an object or weapon), hitting, beating, scratching, biting, choking, suffocation, pushing, shoving, shaking, slapping, kicking, stomping, pinching, and burning. In addition, inappropriate use of medications and physical restraints, pinning in place, arm twisting, hair pulling, force-feeding, and physical punishment of any kind also are examples of physical abuse.	
Sexual Abuse	Forced and/or unwanted sexual interaction (touching and non-touching acts) of any kind with an older adult. This may include but is not limited to forced and/or unwanted completed or attempted contact between the penis and the vulva or the penis and the anus involving penetration, however slight; forced and/or unwanted contact between the mouth and the penis, vulva, or anus; forced and/or unwanted penetration of the anal or genital opening of another person by a hand, finger, or other object; forced and/or unwanted intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks; unwarranted, intrusive, and/or painful procedures in caring for genitals or rectal area; or forced and/or unwanted non-contact acts of a sexual nature such as forcing a victim to view pornographic materials, photographing an elder for sexual gratification, voyeurism and verbal or behavioral sexual harassment.	Any consensual or nonconsensual sexual conduct with a dependent adult which includes but is not limited to kissing; touching of the clothed or unclothed breast, groin, buttock, anus, pubes, or genitals; or a sex act, as defined in section 702.17.
Neglect	Failure by a caregiver or other person in a trust relationship to protect an elder from harm or the failure to meet needs for essential medical care, nutrition, hydration, hygiene, clothing, basic activities of daily living or shelter, which results in a serious risk of compromised health and/or safety, relative to age, health status, and cultural norms.	The deprivation of the minimum food, shelter, clothing, supervision, physical or mental health care, or other care necessary to maintain a dependent adult's life or health.
Financial Abuse/Exploitation	The illegal, unauthorized, or improper use of an older individual's resources by a caregiver or other person in a trusting relationship, for the benefit of someone other than the older individual. This includes, but is not limited to, depriving an older individual of rightful access to, information about, or use of personal benefits, resources, belongings, or assets.	The act or process of taking unfair advantage of a dependent adult or the adult's physical or financial resources for one's own personal or pecuniary profit, without the informed consent of the dependent adult, including theft, by the use of undue influence, harassment, duress, deception, false representation, or false pretenses.
Self-Neglect	A nationally accepted, uniform definition of self-neglect has not been developed. Examples of existing definitions include: – The behavior of an elderly person that threatens his/her own health and safety. This behavior generally manifests itself in an	The deprivation of the minimum food, shelter, clothing, supervision, physical or mental health care, or other care necessary to maintain a dependent adult's life or health as a result of the acts or omissions of the dependent adult

	older person as a refusal or failure to provide himself/herself with adequate food, water, clothing, shelter, personal hygiene, and safety precautions. This excludes situations in which a mentally competent older person, who understands the consequences of his/her decisions, makes a conscious and voluntary decision to engage in acts that threaten his/her health or safety as a matter of personal choice. (National Association of Adult Protective Service Administrators and the National Center on Elder Abuse – Meeting one or more of the following: • Persistent inattention to personal hygiene and/or environment • Repeated refusal of some/all indicated services which can reasonably be expected to improve quality of life • Self-endangerment through the manifestation of unsafe behaviors (e.g., persistent refusal to care for a wound, creating fire-hazards in the home) (Pavlou & Lachs, 2008) – Lack of self-care and inattention to personal hygiene, domestic squalor, hoarding, apathy and disinterest for [one's] condition, social withdrawal, and stubborn refusal of help. (Clark et al., 1975) – The inability of a person to understand the consequences of his or her actions or inaction when the inability leads to or may lead to harm. There are two components to self-neglect: • The failure to provide for oneself the basic needs to avoid physical harm or suffering. • The inability to understand the consequences of that failure. (Oregon Department of Human Services)	

Appendix C: Meeting Agendas

Meeting 1:

INVITATION

Illuminating the local EAN Pathway in east central Iowa

March 29, 2017

A number of local organizations, including the United States Attorney's Office for the Northern District of Iowa and the Heritage Area Agency on Aging, have been moving to bridge the gap between the incidence of elder abuse and neglect (EAN) and public efforts to identify, investigate, and prosecute cases of EAN. With so much new activity occurring in the past year, *we are eager to learn more about these efforts and determine how they are being coordinated.*

With that aim in mind, Prof. Brian Kaskie, from the University of Iowa's College of Public Health, will be coordinating a series of monthly meetings with stakeholders and constituents to illuminate and strengthen the EAN pathway in our area. We hope you will support that effort.

In particular, we are inviting you to attend a series of monthly meetings and help us meet the following **three objectives**:

1. *Map out the local procedural "pathway" relevant to EAN —charting efforts starting from: (a) public awareness and professional training, and progressing to: (b) the identification of EAN, (c) the act of making a referral to an investigatory agency, (d) the involvement of law enforcement, and (e) resolution.*
2. *Determine how well EAN cases move along this "pathway" relative to what might be expected and identify points where activity is higher or lower than expected.*
3. *Develop a local resources that can be accessed easily by the public as well as local professional networks. These resources will illuminate the local "pathway", highlight activity along the "pathway", and offer information about how to move suspected instances of EAN along the "pathway".*

Each **meeting** will include individuals from the Cedar Rapids/Iowa City corridor who are most involved in some aspect of educating, identifying, referring, investigating, adjudicating, and/or resolving cases of EAN.

The first meeting, scheduled for **Friday, May 5th from 2:00 to 3:30pm at the United States Courthouse, Office of the United States Attorney, Third Floor, 111 7th Avenue SE, Cedar Rapids.** **3rd** will provide an overview of this effort and then engage participants in "story telling." In particular, participants will be asked to discuss their experiences with EAN (e.g., social workers can talk about how they identify EAN, local law enforcement can talk about cases that have been referred to). The purpose of this story telling is to introduce individual

participants to one another and also serve to illuminate the local EAN pathway.

We also will use this opening meeting to discuss the agendas for the remaining meetings (to be held monthly on the first Friday) and solicit input about desired outcomes for this process. For example, one deliverable could be to populate a local EAN website which provides information specific to each step in the EAN pathway.

For further information, please contact brian-kaskie@uiowa.edu. Please also send an RSVP to Prof. Kaskie to let him know that you can be there for the first meeting or if you would like to be notified about future meetings.

Meeting 2:

Illuminating the EAN Pathway in east central Iowa

MEETING 2 AGENDA

Federal Courthouse, Level 2

9:30 to 11:00am

July 7, 2017

The goal of this project is to illuminate public efforts to identify, investigate, and prosecute elder abuse and neglect (EAN) within a local jurisdiction consisting of the Cedar Rapids-Iowa City corridor located in east central Iowa. We propose to meet three objectives:

1. Map out the local procedural "pathway" relevant to EAN —charting efforts starting from: (a) public awareness and professional training, and progressing to: (b) the identification of possible EAN, (c) the act of making a referral to an investigatory agency, (d) the involvement of law enforcement, and (e) resolution;

2. Determine how well EAN cases move along this "pathway" relative to what might be expected and identify points where activity does not match what might be expected;

3. Prepare a white paper and other communication tools that reflect what was learned about the local EAN pathway and highlight targets for growth.

Meeting 2

The second meeting (Friday, July 7th) will account for local communication campaigns, public education and professional training efforts; identify local organizations and professionals most involved with the initial identification of EAN and document their experiences subsequent to identification. The workgroup will identify "best cases" in terms of communication, education and training, and also select some of the most compelling examples of case identification. Last, the group will determine if these efforts are sufficient relative to the expected prevalence of EAN, and consider opportunities for improvement.

Homework for Meeting 2

- Read Georgia Report (attached), review website and video links (below)

- Identify examples of education and training:

- local public communications campaign concerning EAN;

- local public and professional education efforts;

- local professional training efforts (i.e., professionals receive credit).

- Generate examples of local identification of EAN including patterns of referral

- define a list of "front line responders" and relative roles

- Consider ideal communication, education and training efforts

- Assess current baseline activity relative what might be expected given EAN prevalence

Agenda Meeting 2

- Teachable moments

- Defining the front line

- Best cases
- Effort assessment
- Agenda for Meeting 3

Meeting 3:

Illuminating the EAN Pathway in east central Iowa

MEETING 3 AGENDA

Federal Courthouse, Level 2

1:00 to 2:30pm

August 4, 2017

Meeting 2 Minutes

The second meeting (Friday, July 7th) reviewed local communication campaigns (mostly consisting of radio spots), public education and professional training efforts (largely implemented by the Heritage Area Agency on Aging though time-limited grant support); and discussed the process involved with the initial identification of EAN.

One of the key issues that emerged concerned whether or not the older persons was defined as a dependent older adult, as that status often determine how an agency responds to the initial identification. For example, when someone refers a case of suspected elder abuse, some agencies may not engage in a follow-up if the individuals is not already qualified as a "dependent adult."

Another key issue concerned timing. In particular, there is a lack of information about what happens when one person "hands off" information about a suspected case of elder abuse or neglect, and what is the appropriate amount of time needed for a response.

As part of compiling the final report, members of the workgroup agreed to identify "best examples" of communication campaigns as well as education and training efforts, and then make recommendations for how such efforts can be enhanced and expanded. We will be creating an on-line portal that can assist with that process to compile information.

We also continue to ask people to identify others that could be included in the group meetings or individual interviews.

Homework for Meeting 3

- Review attached documents reviewing the pathways concerning data collection and her the tools used to identify and evaluate cases of elder abuse.

Agenda Meeting 3

- *Review process and methods for elder abuse identification*

- *What happens when that information gets passed along; what is an appropriate response and how long should it take?*
- *Best case examples*
- *Missing pieces*
- *Set agenda for Meeting 4*

Meeting 4:

Illuminating the EAN Pathway in east central Iowa

MEETING 4 AGENDA

Federal Courthouse, Level 2

1:30 to 3:00pm

September 1, 2017

Meeting 3 Minutes

The third meeting (Friday, July 7th) covered the range of front-line responders involved with the initial identification of elder fraud, abuse and neglect, and identified particular organizations and individuals to be contacted to learn more about their means of identification and reporting patterns. For example, we distinguished processes followed by "***mandatory responders"*** and others, and distinguished processes involved with referral to the Heritage Area Agency on Aging and other public entities including county and state program staff.

Three key issues emerged from the conversation. One concerned the decision to offer immediate LTSS and other services to individuals, particularly those who self-neglect, as a means to resolving the "acute" distress. A second concerned the processes involved when county and state program staff are involved, especially in cases of determining "adult dependent status." Last, we talked about the "epidemiology" of elder fraud, abuse, and neglect – highlighting expected incidence of presented cases, and discussing how many of these individuals are diverted from further investigation because immediate distress was resolved through other means or the individual refused assistance.

Last, we discussed how we will start conducting interviews with key informants upon completion of the next two group meetings. And, of course, we asked attendees to identify others that should be included in the group meetings or individual interviews.

Homework for Meeting 4

- None!

Agenda Meeting 4

- *Review process and methods for referral to county staff;*
- *Review process and methods for referral to state staff;*
- *When do county attorneys get involved?*
- *When to federal attorneys get involved?*

- *Epidemiology of referral processes*
- *Set agenda for Meeting 5*

Meeting 5:

Illuminating the EAN Pathway in east central Iowa

MEETING 5 AGENDA

Federal Courthouse, Level 2

1:30 to 3:30pm

October 6, 2017

Meeting 4 Minutes

The fourth meeting (Friday, September 1st) featured Cindy from the Linn County Department of Public Health and Pam from the State Long-Term Care Office. We first talked about efforts in Linn County to advance clinic care coordination efforts through a computer-based system that would allow different agencies to link and share information more effectively.

We also discussed efforts to standardize definition of "dependent" as to assure older persons are being evaluated and qualified in a fair and reliable manner. This also involves developing "rule out" criteria. We also highlighted some of the key elements that are used to determine individual status. For example, one telling indicator concerned the unauthorized or unexpected transfer of land or other assets from an older adult to another family member or acquaintance.

Comments also focused on how county and state authorities processed cases, the time involved, the feedback mechanism to reporting agencies, and current challenges faced as staff and resources have been curtailed.

Homework for Meeting 5

- Come up with the names and contact information for any person who we should include in our interviews, which will begin in October and last until the end of the year.
- Come up with questions you would wasn't us to ask.

Agenda Meeting 5

- *Discuss process and methods for investigation by police and sheriff officers;*
- *Discuss process and methods for case adjudication by county attorneys;*
- *Discuss process and methods for when federal attorneys become involved;*
- *What are the most critical resources needed for these organizations and individuals;*

- *Discuss interviewing and other next steps*
- *Set agenda for Meeting 6*

Appendix D: Best Practices

Pathway Point	Description	Further Information
Public Awareness	Elder Justice NOW educational video with personal stories	Elder Justice NOW
	Illinois Break the Silence Elder Abuse Awareness Tool Kit	Illinois Department on Aging
	National Crime Prevention Council Crime Prevention Month Kits	National Crime Prevention Council
	Texas: "It's Everyone's Business" Campaign	Texas: It's Everyone's Business
Identification and Reporting	State Mandatory Reporting Statutes	Stetson MR Statutes by State
	Maryland Guide to Reporting Abuse	Maryland Guide
	California Guide to Reporting Elder Abuse	California Guide
Intake and Referral	Minnesota "Vulnerability" Standard Checklist	Minnesota APS Checklist
	"Best Practices for a Positive Outcome"	National Center for Victims of Crime: Best Practices
Investigation	EAGLE Online Officer Support Tool	EAGLE
	Santa Clara County, CA Protocol	Santa Clara County Protocol
	San Diego County, CA Blueprint	San Diego County Blueprint
	Illinois Protocol for Law Enforcement	Illinois Protocol
Legal Remedies	Virginia State Code: Crimes Against a Family Member	Virginia State Code
	California Penal Code 368: Criminalization of Elder Abuse	Penal Code 368

Appendix E: Consolidated Recommendations:

Pathway Point	**Recommendations**
Public Awareness	Provide adequate resources to local Areas Agencies on Aging Fund elder abuse prevention programs similarly to child abuse prevention programs
Identification and Reporting	Mandatory reporters of elder abuse should be trained and continually educated in a similar manner as mandatory reporters of child abuse Definitions of mandatory reporters should be explicated The obligations of mandatory reporters and the penalties for failure to uphold those obligations should be explicated Require mandatory reporters to file a case of suspected abuse within 48 hours
Intake and Referral	Broaden the current code to include "vulnerable" or "at-risk" older adults, rather than requiring an older adult to be classified as "dependent" Intake referrals even if an older adult is not classified as "dependent" under current law Informal mediation to resolve cases of potential elder abuse without involvement of law enforcement or APS
Criminal Investigation	Increased support, education, and training for law enforcement officers; perhaps conferring a "specialist certification" for select officers Involvement of law enforcement should not stop following the resolution of an elder abuse case; officers should conduct routine follow-ups on cases of elder abuse
Legal Remedies	Criminalize elder abuse similarly to child abuse, such as in New York and Florida Provide awards to attorneys for taking on cases of elder abuse, as seen in California Train local prosecutors to be well-equipped to take on cases of elder abuse Support civil proceeding options Train attorneys on elder abuse civil proceeding options

Appendix F: Interview Request Emails and Protocol

Sample Email- To: Legal Professionals and List Serves:

Subject Line: *Elder Abuse in the greater Iowa City/Cedar Rapids Area*

We are writing to you and other lawyers who might have represented clients age 60 or older who were being exploited financially or abused by family, fiduciaries or strangers.

Professor Brian Kaskie, from the University of Iowa's College of Public Health, and I convened a series of meetings in 2017 at the United States Attorney's Office in Cedar Rapids with an eye toward, among other things, mapping out the path elder abuse and neglect cases follow and making recommendations to improve the network. The goal is to map out the path that elder abuse and neglect cases follow and to make recommendations to improve the network. We welcome your participation and the unique perspective and expertise you bring to the issue.

We are hoping you would help us out with about an hour of your time. We know your time is valuable and promise not to waste it. To speed things along, we can send you the short list of questions in advance, and then schedule an interview at your convenience. The interview can take place at your office, or by phone or videoconference.

If you are interested, just reply to this email, send an email to law-legal-clinic@uiowa.edu or call 319---335-9023. If you know someone else who might want to participate, please forward this email.

Thank you for your help. I look forward to hearing from you soon.

14 core questions:

1. How do cases of elder abuse and neglect come to your attention? What are the key warning signs?
2. What types of cases come to your attention most often, and what specific incidents stand out most to you?
3. How many instances of elder abuse and neglect do you handle each week, month, or year?
4. What are your primary duties and responsibilities with regard to elder abuse and neglect?
5. What are your organization's primary roles and responsibilities with regard to EAN?
6. What steps or actions do you take when you learn of suspected abuse or neglect? Please walk us through the process one step at a time.
7. What other people and agencies do you work with or ask for help or referrals in cases of elder abuse and neglect?
8. How are most of these cases resolved by you or your organization?
9. What do you consider a successful outcome?
10. What policies, forms, and systems do you use to keep track of cases and outcomes?

11. How effective is your organization in responding to, preventing, or resolving cases?
12. Other than more funding and staff, what could help you or your organization do a better job?
13. What resources, supports, or policy changes would help fill gaps or remove barriers in the local EAN network?
14. Is there anything we forgot to ask, you think we should know, or you would like to tell us about?

Interview Protocol:

The lead researchers trained the law and public health students on interviewing techniques and facilitated practice sessions using the 14 core questions and interviewing protocols they developed. The first interview was a pilot session used to gauge the quality and usability of the questions and protocol. We modified the materials and process in response to suggestions from the interview subject and team members.