

Elder abuse refers to any knowing, intentional, or negligent act that causes harm or serious risk of harm to an older adult (age 60 or older) by a person in a relationship of trust, such as a family member, caregiver, or guardian. This brief focuses on a number of different types of elder abuse including: psychological, physical, sexual, financial exploitation, and neglect or abandonment by others. This brief does not include information that addresses elder self-neglect or general frauds or scams targeting older adults.

FAST FACTS

- **Each year, approximately one in 10 older adults are victims of some form of elder abuse in the U.S.** Psychological abuse, financial exploitation, and neglect by others are the most commonly reported forms of elder abuse.
- Older adults who have cognitive impairments are especially vulnerable to abuse, which means they require extra layers of protection.
- **Social support has been identified as one of the few well documented elder abuse protective factors.** By contrast, socially isolated older adults are more vulnerable to abusive experiences.
- Elder abuse can result in long-term, negative quality-of-life consequences including increased risk of revictimization, extended hospitalization, and institutionalization.



Photo by BlurryMe/Shutterstock

- **While there is a need for more research on what works in terms of elder abuse interventions, multidisciplinary teams are seen as promising.**
- Historically marginalized older adults often have specific needs and face greater barriers to accessing services, due to structural and systemic oppression, and require uniquely tailored prevention and intervention efforts.

HOW MANY VICTIMS ARE THERE?

- Among older adults living in the community, the best available research evidence shows that each year, about one in 10 are victims of elder abuse in the U.S.¹ This rate translates to over 7 million older Americans experiencing victimization annually.
- However, this statistic may actually underestimate the true prevalence of elder abuse among community-dwelling populations, as estimates vary substantially from one study to another due to differences in sample ages and measurement approach. For example, according to data from the National Social Life Health and Aging Project, a nationally representative study of older Americans ages 57 to 85, nearly one in four (23.5%) community-dwelling older adults report some form of past-year abuse.²

- Looking at official reports of elder abuse to Adult Protective Services (APS), APS identified 170,362 victims of elder abuse via substantiated cases in 2018.³ Though report rates to APS are higher than APS investigation and substantiation rates, reports to APS may still underestimate the true prevalence of elder abuse.
- While limited, available research suggests that abuse toward older adults in institutional settings is likely higher than abuse that takes place in community settings.⁴
- Across survey and administrative data sources, the prevalence of elder abuse varies substantially by subtype. In particular, psychological abuse, financial abuse, and neglect are the most common forms of self-reported elder abuse. Physical abuse and sexual abuse are thought to be less common but may pose some of the most severe harms.

WHO IS AT RISK OF VICTIMIZATION?

Risk factors associated with one or more forms of elder abuse victimization include demographic characteristics, cognitive and physical impediments, and social and situational factors, as described below.

- **Gender.** Women are at increased risk of experiencing elder abuse. Specifically, studies have shown that women are more likely than men to experience physical abuse, psychological abuse, and sexual abuse.⁵ By contrast, some research indicates men and particularly Black men are more likely to experience financial exploitation.⁶
- **Sexual Orientation.** Older adults who are LGBTQ typically report higher incidents of elder abuse, compared to older adults whose sexual orientation or transgender identities are unknown or unreported.⁷
- **Race and Ethnicity.** Several studies show or suggest that older adults of color including Latinx, Asian American, and Black older adults, are at increased risk of elder abuse and particularly neglect.^{8,9,10} Black older adults are also at increased risk of financial exploitation.
- **Age.** There is mixed evidence on which age groups among older adults are associated with increased risk of elder abuse. Some practice evidence concludes that adults over the age of 80 are at greatest risk of elder abuse victimization,¹¹ while other research sources point to older adults between the ages of 60 and 69 as most at risk.¹²

- **Income Level.** Low household income has also been associated with experiencing elder abuse.¹³ However, the relationship between income and elder abuse varies, depending on the subtype of abuse. For example, older adults with higher income may be at greater risk of financial exploitation, while those in lower income brackets report higher rates of physical and psychological abuse and neglect.^{14,15,16}
- **Cognitive Status.** Cognitive deficits or impairments – such as Alzheimer's disease, dementia, or declining mental cognition – are often more prevalent among victims of elder abuse compared to older adults who have not experienced elder abuse.^{17,18}
- **Behavioral Health.** Older adults with behavioral health concerns including mental illnesses and substance use disorders may face increased risk of abuse, particularly neglect.^{19,20}
- **Physical Health.** Older adults with poor physical health may face greater risks for any type of victimization. In regard to specific forms of abuse, research found that older adults with physical limitations are more likely to experience psychological abuse, physical abuse, and financial exploitation.²¹
- **Social Factors.** Being separated from healthy social support systems may lead to risks of elder abuse. However, dependency on others and living with other people may also put older adults at risk of abuse.²²

Protective Factors

- Social support – or having trustworthy or reliable friends, relatives, or acquaintances nearby – has been identified as one of the few well documented elder abuse protective factors.^{23,24}

WHAT HARMS AND CONSEQUENCES DO VICTIMS EXPERIENCE?

Elder abuse can result in a range of psychological, physical, financial, and quality of life related harms.

Psychological Harms

- Victims of elder abuse can face serious psychological harms given the trauma they may have experienced, such as depression, PTSD, anxiety, distress, fear of retaliation, and fear of having to lose independence and live in a nursing home. Victims are also likely to experience a loss of self-esteem and dignity due to feelings of shame and embarrassment.²⁵

Physical Harms

- The physical consequences of elder abuse may be short and/or longer term. As an immediate result of physical abuse, an older adult may sustain injuries such as cuts, physical bruising, and broken bones; and may require hospitalization. Over the longer term, the emotional effects of elder abuse including stress and trauma, along with preexisting health problems can result in an overall decline in physical health.
- Older adults who are victims of abuse, especially physical abuse, also have higher premature mortality rates than do non-victims. For example, older adults who experience abuse have a 300% higher risk of death within a 7-year period, when compared to those who have not experienced abuse.²⁶

Financial Harms

- Elder abuse victims, particularly victims of financial exploitation, face a number of financial harms, such as damaged credit and loss of personal funds, property, housing, and other valued assets.
- Collectively, the annual financial loss by elder financial exploitation victims in the U.S. is estimated to be at least \$2.9 billion dollars.²⁷
- For the older adults who experience financial harms, they often lack time or employment to rebuild their assets, which may lead to loss of independence and new reliance on others for financial support—making them even more vulnerable to continued abuse.

Quality of Life Harms

- Other, negative quality of life consequences resulting from elder abuse include increased risk of revictimization, fear of retaliation, and institutionalization in a residential or nursing facility.
- Health issues resulting from elder abuse can also further impact an older adult's quality of life and lead to increased hospitalizations which can significantly impact health care expenditures. For example, elder abuse victims are twice as likely to be hospitalized and four times as likely to go into nursing homes.²⁸

WHAT SERVICES ARE AVAILABLE AND DO THEY HELP VICTIMS HEAL?

In general, rigorous evidence on effective approaches toward elder abuse prevention, interventions and services is limited, and more research is sorely needed. However, several responses are promising, including elder abuse multidisciplinary teams.

Education and Training

- Efforts aimed at preventing elder abuse primarily focus on education and training for those who work with older adults and prevention programs that increase awareness among older adults. Though limited, evidence suggests that these elder abuse prevention approaches may improve older adults' abilities to identify abuse, practice healthy coping and safety planning, and improve psychological wellbeing.²⁹

Advocacy

- Given that social isolation is one of many risk factors for elder abuse, advocacy and supportive services to increase older adults' community engagement may help to prevent abuse. For example, community-based advocates including Long-Term Care Ombudsmen (LTCO) can provide support to both older adults and elder abuse victims and help connect them to services, and faith-based advocates can be a helpful support avenue for older adults and create a safe space for elder abuse victims.³⁰
- State and regional Area Agencies on Aging also offer a wide array of services such as assessing community needs and developing and funding programs that respond to those needs; educating and providing assistance to consumers about available resources; serving as portals to care, determining eligibility, authorizing or purchasing services and monitoring the appropriateness and cost effectiveness of services; and engaging in public awareness and public education, direct services to victims and survivors, policy and advocacy, and coalition building and research.

Criminal Justice Response

- Law enforcement officers and district attorneys can play a role in the criminal justice response to elder abuse through investigating abuse reports. However, the criminal justice system often faces challenges detecting and comprehensively responding to elder abuse and neglect, due to a lack of knowledge and training.³¹
- In addition, some victims are reluctant to report to the criminal justice system for several reasons including fear of jeopardizing their relationship with the person who caused harm and a general fear or mistrust of law enforcement.³²

Social Services

- Adult Protective Services (APS) is the primary social services agency in charge of investigating and responding to allegations of abuse. However, challenges within the APS network include the absence of standardized definitions for abuse and/or vulnerability, limited access to APS services, and large caseloads.
- As noted previously, while APS and/or LTCOs lead investigations into abuse, state and regional Area Agencies on Aging provide social services in response to address victims' needs.

Barriers to Reporting

There are a number of reasons elder abuse victims may not report their experiences to social services or the criminal justice system.

- Barriers to reporting by older adults can include physical limitations, cognitive limitations such as dementia, health concerns, worries about ageism, fear of institutionalization for themselves or for the person who caused harm, pressure to not report from family or others, dependency on the person who caused harm or not wanting to bring them harm, intimidation, and not understanding that elder abuse is a crime.

- Abuse among historically marginalized groups may particularly go undetected or underreported because members of such groups may distrust traditional institutions due to historical or current experiences of discrimination as well as structural violence against marginalized groups that is pervasive in such institutions.
- Particularly, due to racism, Black Americans bring unique experiences to their interactions with systems that have discriminated against them and, as such, legal-system professionals and service providers need to be responsive to their needs.³³ Legal system professionals and service providers ought to cultivate services and responses that are responsive to these multiple forms of victimization (i.e., structural and interpersonal violence).

Elder Abuse Multidisciplinary Teams

- Although few interventions have a strong evidence base for reducing elder abuse, multidisciplinary teams appear promising.
- Elder abuse multidisciplinary teams (MDTs) consist of a group of representatives from three or more disciplines (e.g., social services or APS, law enforcement, medical examiners, district attorney's office, geriatrician, psychologist) who work collaboratively toward a common purpose of elder abuse intervention. MDTs typically come together to review cases of abuse, provide resources and advice, offer new perspectives, and engage in cross training and cross referrals. This collaboration allows for centralized services and improvement in responses.
- MDTs have been found to improve responses to elder abuse at the prevention, detection, and investigation stages.³⁴ MDTs are especially helpful for handling complex cases of elder abuse.
- MDTs come in a number of different forms including traditional multidisciplinary teams, financial abuse specialist teams, elder death review teams, elder abuse forensic centers, and elder abuse coalitions or task forces.

Victim Services

- Services designed to assist with other types of victimization can also support elder abuse victims by providing financial assistance, safety planning, and referrals. General victim service programs, domestic violence programs, sexual assault programs, and community-based services all fall under this category.

Services for Historically Marginalized Populations

Perception of abuse may vary by different groups' identities. Based on marginalized identities, and how oppressive structures have influenced those identities, older adults' perception of services and experience with them may differ from those belonging to non-marginalized groups. Elder abuse services and interventions designed for marginalized groups need to be specific, sensitive, and responsive to the groups' unique needs.

- **LGBTQ.** Self-help and peer-based social support are the most common ways LGBTQ older adult survivors receive emotional support.³⁵ Providers may also find it beneficial to partner with a LGBTQ aging provider or other professionals that specialize in LGBTQ issues.³⁶
- **Native and Indigenous.** Programs that take a restorative justice approach have been successful in addressing elder abuse in Native and Indigenous communities and may also be successful in addressing elder abuse across other races and ethnicities.³⁷
- **Latinx.** Some effective interventions for Latinx older adults include the use of community-based advocates and cultural education for service providers.³⁸
- **Asian and Pacific Islanders (API).** Religious institutions, community-based organizations and education programs, and partnerships between law enforcement or APS and organizations established in the API community may be important resources for API older adults.³⁹

- **Black Americans.** Some Black older adults have a strong sense of community which can provide them with the social support and safety needed to cope with the challenges of aging. Religious communities can also play an important role in addressing and preventing elder abuse in Black communities.⁴⁰ Elder abuse service providers should identify points of entry for service delivery in Black communities, rather than expecting them to reach out to institutions such as APS and law enforcement, that they may not trust due to historical inequities.

Mandatory Reporting Statutes

- Mandatory reporting statutes require certain practitioners to report specific cases of abuse, neglect and/or injuries to law enforcement, to social services, and/or to a regulatory agency. All states have a mandatory reporting statute for elder abuse; however, they vary in several ways including who is required to report, which actions constitute abuse and require reporting, and what exactly must be reported.
- Research and practice evidence show variation in researcher and practitioner perceptions on the effectiveness of mandatory reporting laws.⁴¹ On one hand, mandatory reporting may lead to an increase in the number of cases that reach APS and law enforcement. On the other hand, there are concerns that mandatory reporting may undermine victim autonomy or lead some victims not to seek help from a victim service provider or other agency because they know a report will be made regardless of their wishes.

WHERE DOES THE FIELD NEED TO GROW?

Implications for Research, Practice, and Policy

- **Improve national prevalence estimates.** Since there are limited national elder abuse studies, understanding the true prevalence of elder abuse is an area where the field can grow. Additionally, little is known about the prevalence of elder abuse among older adults in long-term care facilities or nursing homes. Elder abuse detection is also noted as a common challenge among practitioners across fields. Improvements in detection methods, including proper training on how to detect abuse, can help produce better estimates of elder abuse.
- **Create uniform research definitions and valid, reliable measures of elder abuse.** One reason why it is difficult for the field to understand the nature of elder abuse is because researchers rely on different definitions and the field also lacks well-established, validated tools for practitioners to detect elder

abuse. Approaches to solving these challenges include having states rely on the definition established by the Elder Justice Act (or some updated version), working to validate screening and assessment tools that can be used in various settings, and using these same validated tools to assess elder abuse in research studies.

- **Increase attention to the needs of older adults who are cognitively impaired.** Older adults with cognitive impairments are at great risk for some forms of elder abuse and have limited ability to self-report in national household surveys or to APS. Cognitive impairments also make older adults especially vulnerable, which means they require extra layers of protection. Improving elder abuse detection and research methods among cognitively impaired older adults is necessary to capture valid elder abuse prevalence estimates among the entire older adult population.

- **Reduce barriers to reporting by older adults and professionals.** To reduce barriers to reporting, practitioners and scholars can rely on multiple detection methods – such as in-home observations and better screening and assessment tools – and increase education around the options available when an older adult reports.
- **Improve knowledge on protective factors.** Currently, social support is the primary protective factor against elder abuse. Researchers and practitioners should work to identify other protective factors that serve as buffers that stand on their own – without relation to risk – and those that work to reduce risk.
- **Identify and evaluate effective interventions and programs.** Given that social support is the best documented protective factor, in order to mitigate risks, practitioners ought to promote and develop intervention efforts that foster positive social support. In addition to expanding partnerships, practitioners should partner with researchers to evaluate the strength of current and new interventions.
- **Increase culturally relevant training and resources for diverse racial and ethnic populations.** Practitioners are consequently tasked with delivering culturally relevant services and resources to older adults of color. Some ways to achieve culturally-relevant training and resources include partnering and learning from organizations that serve large populations of people of color.

Reimagine Approaches to Understanding and Responding to Elder Abuse

- **Acknowledge and address polyvictimization in the lives of older adults.** Older adults may experience polyvictimization, i.e., multiple forms of victimization throughout their lifetime and by multiple people who cause harm. As practitioners and researchers respond to elder abuse, it is imperative that they consider the various forms of victimization that an older adult may have experienced and respond in ways that alleviate the collective harms culminating from each form.
- **Foster non-punitive criminal justice system solutions to abuse.** Although some argue for stronger laws to protect older adults, the criminal justice system may want to consider legal system responses that do not involve incarceration or punitive approaches for the person who causes harm. In elder abuse, the person who causes harm may depend on the victim or the victim may depend on them. To remove either party, due to incarceration, may be detrimental to the victim. To hold the person who caused harm accountable and to restore relationships between them and the victim, the field may want to look to restorative approaches.
- **Adopt an intersectional lens.** Overall, literature commonly identifies several risk factors for elder abuse. Individuals who are at risk of elder abuse may have multiple identities which make them uniquely vulnerable to elder abuse. Adopting an intersectional, or whole-person lens, in elder abuse research and practice may inform specific and culturally relevant preventative and intervention services, and/or a more integrated understanding of older adults' vulnerability to and experiences of elder abuse.

ENDNOTES

- 1 Acierno, R., Hernandez, M. A., Amstadter, A. B., Resnick, H. S., Steve, K., Muzzy, W., & Kilpatrick, D. G. (2010). Prevalence and Correlates of Emotional, Physical, Sexual, and Financial Abuse and Potential Neglect in the United States: The National Elder Mistreatment Study. *American Journal of Public Health, 100*(2), 292-297. Retrieved from <http://ajph.aphapublications.org/doi/10.2105/AJPH.2009.163089>
- 2 Laumann, E. O., Leitsch, S. A., & Waite, L. J. (2008). Elder Mistreatment in the United States: Prevalence Estimates From a Nationally Representative Study. *The Journal of Gerontology Series B: Psychological Sciences and Social Sciences, 63*(4), S248-S254. Retrieved from <https://academic.oup.com/psychogerontology/article-lookup/doi/10.1093/geronb/63.4.S248>
- 3 Aurelien, G., Beatrice, M., Cannizzo, J., Capehart, A., Gassoumis, Z., & Urban, K. (2019). Adult Maltreatment Data Report 2018. Submitted to the Administration for Community Living, U.S. Department of Health and Human Services. Retrieved from <https://acl.gov/sites/default/files/programs/2019-12/2018%20Adult%20Maltreatment%20Report%20-%20Final%20v1.pdf>
- 4 Pillemer, K., Burnes, D., Riffin, C., & Lachs, M. S. (2016). Elder Abuse: Global Situation, Risk Factors, and Prevention Strategies. *The Gerontologist, 56*(Suppl_2), S194-S205. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/26994260/>
- 5 Pavlik, V. N., Hyman, D. J., Festa, N. A., & Dyer, C. B. (2001). Quantifying the Problem of Abuse and Neglect in Adults—Analysis of a Statewide Database. *Journal of the American Geriatrics Society, 49*(1), 45-48. Retrieve from <http://doi.wiley.com/10.1046/j.1532-5415.2001.49008.x>
- 6 Dimah, A., & Dimah, K. P. (2007). Older African-American and Caucasian Men: A Comparative Analysis of Elder Mistreatment. *Virginia Social Science Journal, 42*, 49-63. Retrieved from <http://eds.a.ebscohost.com/eds/pdfviewer/pdfviewer?vid=0&sid=5a0e3b9a-eaf8-4224-94d9-b23304516a4a%40sessionmgr4006>
- 7 Grossman, A. H., Frank, J. A., Graziano, M. J., Narozniak, D. R., Mendelson, G., El Hassan, D., & Patouhas, E. S. (2014). Domestic Harm and Neglect Among Lesbian, Gay, and Bisexual Older Adults. *Journal of Homosexuality, 61*(12), 1649-1666. Retrieved from <http://www.tandfonline.com/doi/abs/10.1080/00918369.2014.951216>
- 8 DeLiema, M., Gassoumis, Z. D., Homeier, D. C., & Wilber, K. H. (2012). Determining Prevalence and Correlates of Elder Abuse Using Promotores: Low-Income Immigrant Latinos Report High Rates of Abuse and Neglect. *Journal of the American Geriatrics Society, 60*(7), 1333-1339. Retrieved from <http://doi.wiley.com/10.1111/j.1532-5415.2012.04025.x>
- 9 Dong, X., Chang, E. S., Wong, E., Wong, B., & Simon, M. A. (2014). Association of Depressive Symptomatology and Elder Mistreatment in a U.S. Chinese Population: Findings From a Community-Based Participatory Research Study. *Journal of Aggression, Maltreatment & Trauma, 23*(1), 81-98. Retrieved from <http://www.tandfonline.com/doi/abs/10.1080/10926771.2014.864740>
- 10 Amendola, K. L., Slipka, M. G., Hamilton, E. E., & Whitman, J. L. (2010). The Course of Domestic Abuse among Chicago's Elderly: Risk Factors, Protective Behaviors, and Police Intervention (232623). Retrieved from <https://ncvc.dspacedirect.org/handle/20.500.11990/642>
- 11 MetLife, National Committee for the Prevention of Elder Abuse, Virginia Tech. (2011). *The MetLife Study of Financial Elder Abuse*. Retrieved from <http://ltcombudsman.org/uploads/files/issues/mmi-elder-financial-abuse.pdf>
- 12 Burnes, D., Pillemer, K., Caccamise, P. L., Mason, A., Henderson, C. R., Jr, Berman, J., Cook, A. M., Shukoff, D., Brownell, P., Powell, M., Salamone, A., & Lachs, M. S. (2015). Prevalence of and Risk Factors for Elder Abuse and Neglect in the Community: A Population-Based Study. *Journal of the American Geriatrics Society, 63*(9), 1906-1912. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/26312573/>
- 13 Friedman, B., Santos, E. J., Liebel, D. V., Russ, A. J., & Conwell, Y. (2015). Longitudinal Prevalence and Correlates of Elder Mistreatment Among Older Adults Receiving Home Visiting Nursing. *Journal of Elder Abuse & Neglect, 27*(1), 34-64. Retrieved from <http://www.tandfonline.com/doi/abs/10.1080/08946566.2014.946193>
- 14 Acierno et al., 2010
- 15 Burnes et al., 2015
- 16 DeLiema et al., 2012
- 17 Liao, S., & Mosqueda, L. (2007). *Physical Abuse of the Elderly: The Medical Director's Response*. Center of Excellence on Elder Abuse & Neglect. Retrieved from http://www.centeronelderabuse.org/docs/PhysicalAbuseElderly_MedDir_Liao2007.pdf
- 18 Friedman et al., 2015
- 19 Schafer, M. H., & Kolai, J. (2015). Does Embeddedness Protect? Personal Network Density and Vulnerability to Mistreatment Among Older American Adults. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 70*(4), 597-606. Retrieved from <https://academic.oup.com/psychogerontology/article-lookup/doi/10.1093/geronb/gbu071>
- 20 Jogerst, G. J., Daly, J. M., Galloway, L. J., Zheng, S., & Xu, Y. (2012). Substance Abuse Associated with Elder Abuse in the United States. *The American Journal of Drug and Alcohol Abuse, 38* 63-69. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/21797814/>
- 21 Laumann et al., 2008
- 22 Dong, X., Simon, M., & Evans, D. (2012). Decline in Physical Function and Risk of Elder Abuse Reported to Social Services in a Community-Dwelling Population of Older Adults. *Journal of the American Geriatrics Society, 60*(10), 1922-1928. Retrieved from <http://doi.wiley.com/10.1111/j.1532-5415.2012.04147.x>
- 23 Acierno et al., 2010
- 24 Schafer & Kolai, 2015
- 25 Tyiska, C., Gaboury, M., & Seymour, A. (2012). *Elder Abuse*. Office for Victims of Crime Training and Technical Assistance Center. Retrieved from https://www.ovctac.gov/downloads/views/TrainingMaterials/NVAAC/Documents_NVAAC2011/ResourcePapers/Color_Elder%20Abuse%20Resource%20Paper_2012_final%20-%2020508c_9_13_2012.pdf
- 26 Dong, X., Simon, M., De Leon, C. M., Fulmer, T., Beck, T., Hebert, L., ... & Evans, D. (2009). Elder self-neglect and abuse and mortality risk in a community-dwelling population. *Jama, 302*(5), 517-526. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2965589/>
- 27 MetLife, National Committee for the Prevention of Elder Abuse, Virginia Tech. (2011). *The MetLife Study of Financial Elder Abuse*. Retrieved from <http://ltcombudsman.org/uploads/files/issues/mmi-elder-financial-abuse.pdf>
- 28 LoFaso, V. (2016). *Health Care Providers' Role in Identifying and Responding to Older Victims of Abuse Webinar*. National Clearinghouse on Abuse in Later Life. Retrieved from <http://wcadv.net/Webinars/12-8-16%20NCALL.mp4>
- 29 Acierno, R., Rheingold, A. A., Resnick, H. S., & Stark-Riener, W. (2004). Preliminary evaluation of a video-based intervention for older adult victims of violence. *Journal of Traumatic Stress, 17*(6), 535-541. Retrieved from <http://doi.wiley.com/10.1007/s10960-004-5803-y>
- 30 Brandl, B., & Hunter, A. M. (2016). *Pursuing Respect and Justice for Faith-Engaged Older Victims of Abuse*. National Clearinghouse on Abuse in Later Life. Retrieved from <http://wcadv.net/Webinars/12-14-16%20NCALL.mp4>
- 31 Tapp, S., Payne, B., K., & Strasser, S. (2014). Preparedness to respond to elder abuse: a comparison of law enforcement and adult protective service workers. *Journal of Crime and Justice, 38*(1), 42-57. Retrieved from <https://www.tandfonline.com/doi/abs/10.1080/0735648X.2014.931507>
- 32 Jackson, S. L., & Hafemeister, T. L. (2012) How Do Abused Elderly Persons and Their Adult Protective Services Caseworkers View Law Enforcement Involvement and Criminal Prosecution, and What Impact Do These Views Have on Case Processing?. *Journal of Elder Abuse & Neglect, 25*(3) 254-280. Retrieved from <https://www.tandfonline.com/doi/abs/10.1080/08946566.2012.751843>
- 33 Davis, J., Black, K., Vera Institute of Justice, & United States of America. (2020). Increasing Access to Healing Services and Just Outcomes for Older African American Crime Survivors: A Toolkit for Enhancing Critical Knowledge and Informing Action Within the Crime Victim Assistance Field. Retrieved from <https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=279274>

- 34 Twomey, M. S., Jackson, G., Li, H., Marino, T., Melchior, L. A., Randolph, J. F., & Wysong, J. (2010). The Successes and Challenges of Seven Multidisciplinary Teams. *Journal of Elder Abuse & Neglect*, 22(3-4), 291-305. Retrieved from <https://doi.org/10.1080/08946566.2010.490144>
- 35 Cook-Daniels, L. (n.d.). *Abuse and Violence Directed at Transgender Elders*. FORGE. Retrieved from <http://forge-forward.org/wp-content/docs/Abuse-and-Violence-Directed-at-Transgender-Elders.pdf>
- 36 Thurston, C. (2015). OVC Web Forum Discussion: Elder Abuse in the LGBTQ Community. Office for Victims of Crime. Retrieved from https://ovc.ncjrs.gov/ovcproviderforum/asp/sub.asp?Topic_ID=226
- 37 Gray, J. (2017). *Disrespect of Our Elders: Elder Abuse in Indian Country*. National Indigenous Elder Justice Initiative. Retrieved from <https://www.nieji.org/assets/313-681/051017-disrespect-of-our-elders.pdf>
- 38 National Center on Elder Abuse. (2014). *Mistreatment of Latino Elders*. Retrieved from [https://ncea.acl.gov/NCEA/media/publications/Mistreatment-of-Latino-Elders-\(2014\).pdf](https://ncea.acl.gov/NCEA/media/publications/Mistreatment-of-Latino-Elders-(2014).pdf)
- 39 National Center on Elder Abuse. (2013). *Mistreatment of Asian Pacific Islander (API) Elders*. Retrieved from [https://ncea.acl.gov/NCEA/media/publications/Mistreatment-of-Asian-Pacific-Islander-\(API\)-Elders-\(2013\).pdf](https://ncea.acl.gov/NCEA/media/publications/Mistreatment-of-Asian-Pacific-Islander-(API)-Elders-(2013).pdf)
- 40 National Center on Elder Abuse. (2014). *Mistreatment of African American Elders*. Retrieved from [https://ncea.acl.gov/NCEA/media/publications/Mistreatment-of-African-American-Elders-\(2016\).pdf](https://ncea.acl.gov/NCEA/media/publications/Mistreatment-of-African-American-Elders-(2016).pdf)
- 41 Jirik, S., & Sanders, S. (2014). Analysis of Elder Abuse Statutes Across the United States, 2011–2012. *Journal of Gerontological Social Work*, 57(5), 478-497. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/24811323/>

Find us online at: [!\[\]\(2b9000c261447981d88674ebdb52dc1e_img.jpg\)](http://VictimResearch.org) VictimResearch.org [!\[\]\(27556f02ee62a6967e4a51490c76ce3d_img.jpg\)](https://twitter.com/VictimResearch) @VictimResearch [!\[\]\(c130feac76586874c798b5f92292e7d0_img.jpg\)](https://www.facebook.com/CenterVictimResearch) @CenterVictimResearch

CVR staff thank principal authors, **Erica Henderson, MA**, and **Storm Ervin, MPP**, for their work developing this document in collaboration with substantive experts in the field. This brief summarizes findings from a comprehensive assessment of research and practice evidence. This document was produced by the Center for Victim Research under grant number 2016-XV-GX-K006, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this document are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.