


Futures Without Violence & the  
National Council of Juvenile & Family  
Court Judges (NCJFCJ)

*present:*

E-Shien “Iggy” Chang, PhD  
Hon. Tamara Curry (Ret.)



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# **Social and Structural Determinants of Elder Mistreatment: What Courts Should Know**

E-Shien “Iggy” Chang, PhD, she/her/hers  
Assistant Professor of Gerontology in Medicine  
Weill Cornell Medical College  
[esc4003@med.cornell.edu](mailto:esc4003@med.cornell.edu)



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# DISCLOSURE OF COMMERCIAL RELATIONSHIP(S)

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## Elder Abuse Research Supported By

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Behavioral Geriatrics (PI: Prigerson & Reid)

Cornell Center for Social Sciences



# Research definition of elder mistreatment

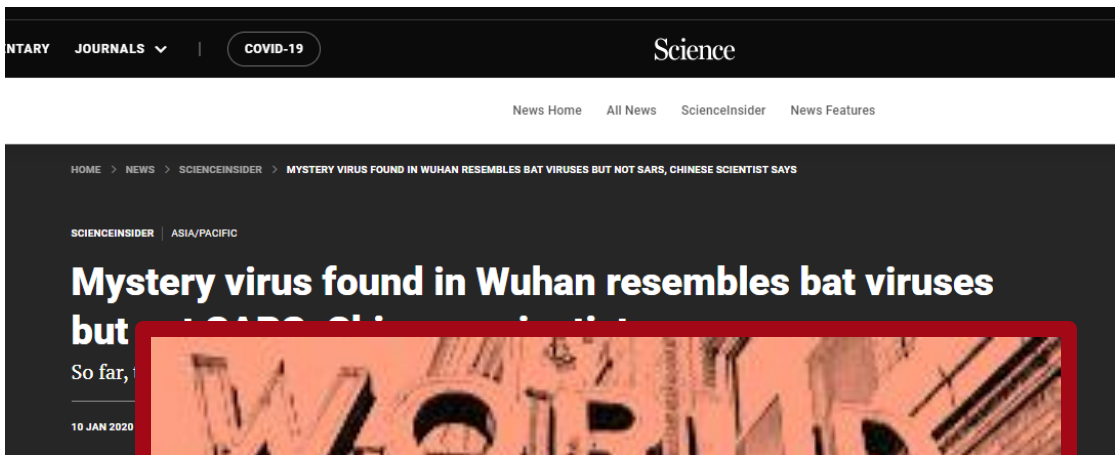
- National Research Council definition:

a) intentional actions that cause harm or create a serious risk of harm to a vulnerable elder by a caregiver or other person who stands in a trust relationship to the elder, or

(b) failure by a caregiver to satisfy the elder's basic needs or to protect the elder from harm.

This definition includes financial exploitation of the older persons as well as physical abuse.

# A quick look back...



spread more easily could lead to more COVID-19 cases

NOW, more than ever, it is important to slow the spread

**In the U.S.**

- ⚠️ New cases are the highest ever and rising
- ⚠️ Some health care systems are at or near capacity
- ⚠️ New variants are emerging that spread more easily

MORE SPREAD → MORE CASES → MORE DEATHS

- 👤 Wear a mask
- ↔️ Stay at least 6 feet apart
- 👥 Avoid crowds
- 💉 Get vaccinated when available to you

CDC.GOV bit.ly/MMWR11521



# Elder abuse has likely increased during the pandemic



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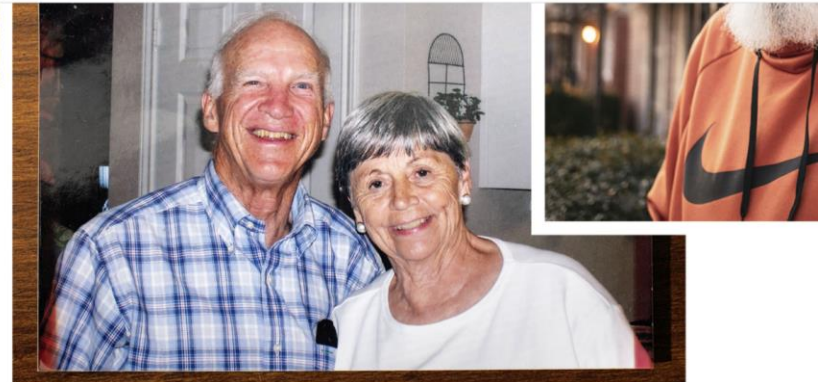
## Elder abuse appears to be climbing during the pandemic, experts say



### Violence against elderly has risen during COVID, UN expert warns

With "entrenched ageist attitudes" already undermining the autonomy of elder persons in making their own choices and decisions, the COVID-19 pandemic has brought into sharp focus further violence, abuse and neglect against them, a UN independent expert said on Monday, marking World Elder Abuse Awareness Day.

THE WALL STREET JOURNAL



Shirley Gibson on one of her lots in Coconut Grove, Fla.; Barbara Gust and her husband, Lysle; Alfred Mayes in front of his Memphis, Tenn., home. ALFONSO DURAN, RACHEL WOOLF, AND ANDREA MORAI FOR THE WALL STREET JOURNAL

### Elder Abuse Spreads, Stoked by the Pandemic

Older Americans are falling victim to fraud, physical violence and neglect as family isolation and staffing shortages erode safeguards



Weill Cornell Medicine

# Parallel evidence from intimate partner violence and child abuse research



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## Study: Child Abuse Rose During COVID Pandemic

Researchers analyzed data on more than 39,000 children treated at nine pediatric trauma centers between March and September of last year.

Oct. 8, 2021, at 11:41 a.m.

UCDAVIS

ABOUT US

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## COVID-19 Isolation Linked to Increased Domestic Violence, Researchers Suggest

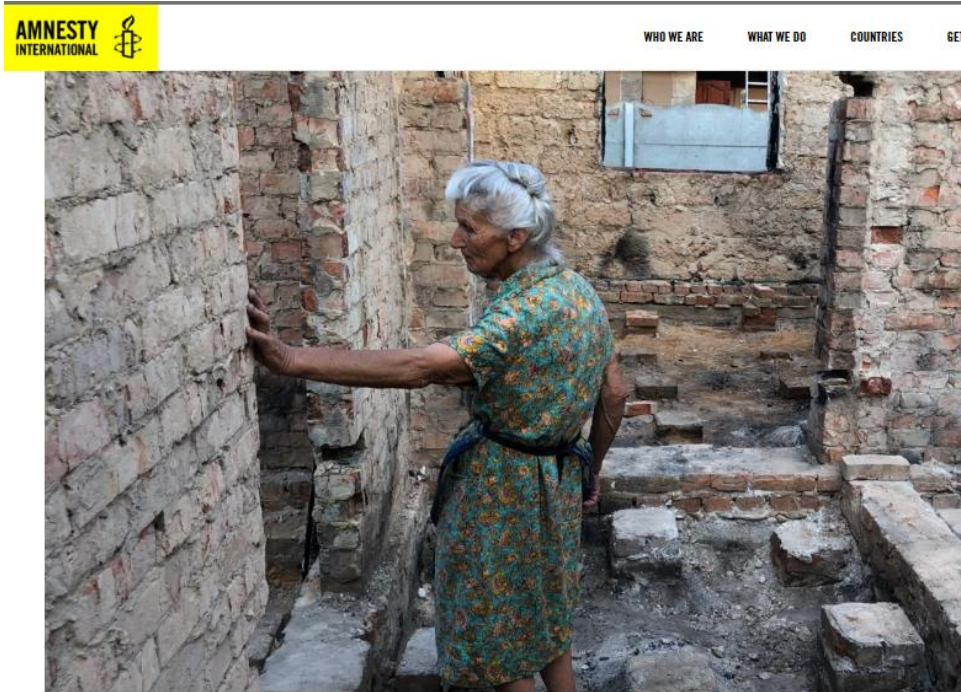
Financial Stress Contributes

by Karen Nikos-Rose | February 24, 2021



Weill Cornell Medicine

# Older persons' vulnerability during disasters



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## 'Your whole life is gone': Elderly retirees in Florida struggle to rebuild after Ian

November 19, 2022 · 11:20 AM ET

DANIELLE KAYE MARISA PEÑALOZA

SHARE < NEWS December 6, 2022

## Ukraine: Older people face heightened risks, unable to access housing in displacement following Russian invasion – new report

- Older people killed and injured at higher rates than other groups
- Older people living in damaged houses and dangerous conditions
- Russia's invasion has led to thousands of displaced older people living in overstretched state institutions

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EXTREME WEATHER | Published October 1, 2022

## Why older adults are disproportionately affected by hurricanes and other natural disasters

The U.S. Census Bureau projects that adults aged 65 and older will outnumber Americans under the age of 18 by 2034. This demographic divide will be a first in U.S. history.



# Older persons' vulnerability during the pandemic

USA TODAY NEWS TO YOUR INBOX Start the day smarter PASSAGES Notable deaths in 2022 RESOURCE GUIDE Navigating COVID

News Sports Entertainment Life Money Tech Travel Opinion



Judie Shape, left, who has tested positive for the coronavirus, waves to her daughter, Lori Spencer, as they visit on the phone and look at each other through a window at the Life Care Center near Seattle on March 11. Ted S. Warren, AP

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HEALTH & FITNESS

### 39% of Covid-19 deaths have occurred in nursing homes – many could have been prevented: report

A new AARP report says there are several culprits, including poor government oversight and a lack of accountability in the nursing home industry.



A resident, left, of the Domenico Sartor nursing home in Castelfranco Veneto, near Venice, hugs her visiting daughter on Nov. 11, 2020 through a plastic screen in a so-called "Hug Room" amid the new coronavirus pandemic. Piero Crucellati / AFP - Getty Images

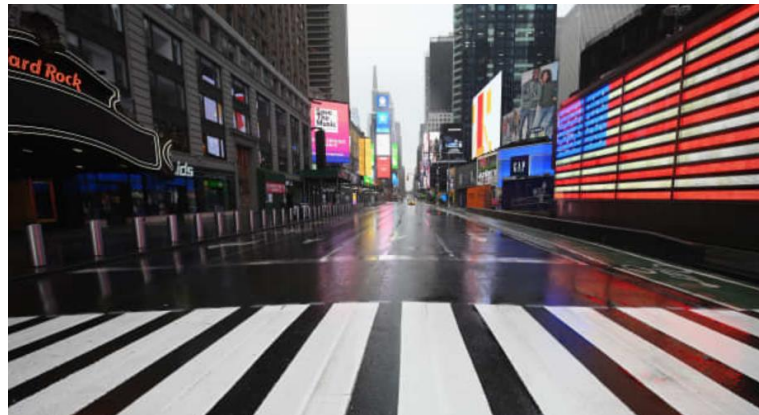
# Caregiver risk factors exacerbated

- Formal caregivers, including home health aids, unlikely to continue to care for older persons, or to provide additional support in monitoring or detecting potential abuse/neglect at home
- Informal (family) caregivers experience challenging life and employment circumstances and increased caregiver stress
- Family members not allowed to visit loved ones in LTC settings
- Unintended consequences for preventive public health measures



# How to study elder mistreatment during a fast evolving pandemic?

- Traditional approaches:
  - APS-based studies; hospital-based studies
  - Population-based studies
- More feasible approach during the initial outbreak of pandemic:
  - Internet-based survey study



# Study Outcome: Elder mistreatment victimization

- **10-item Elder Abuse Assessment derived from the Hwalek-Sengstok Elder Abuse Screening Test and the Vulnerability to Abuse Screening Scale**
  - Since the beginning of the pandemic, has anyone close to you ever behaved in the following ways:
    - “Someone close called your name or put you down”
    - “Tried to hurt or harm you”
    - “Someone has taken your money without your okay”
  - Responses: yes/no
- **For participants who screened positive, subsequent questions included:**
  - Perceived seriousness of the incident
  - Whether or not incidents have happened more frequently during the pandemic, compared to before

# Sample characteristics

- Socio-economically and racial/ethnically diverse older persons (n=897)
- Mean ages (SD): 68.9(5.3)
- 64.3% women
- 30.7% racial/ethnic minority
- 84.0% with at least some college education



# High prevalence of elder mistreatment during COVID-19

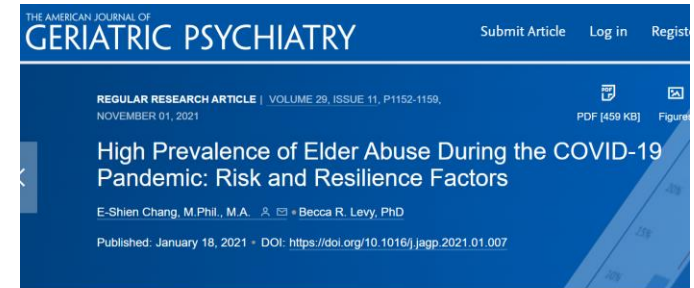
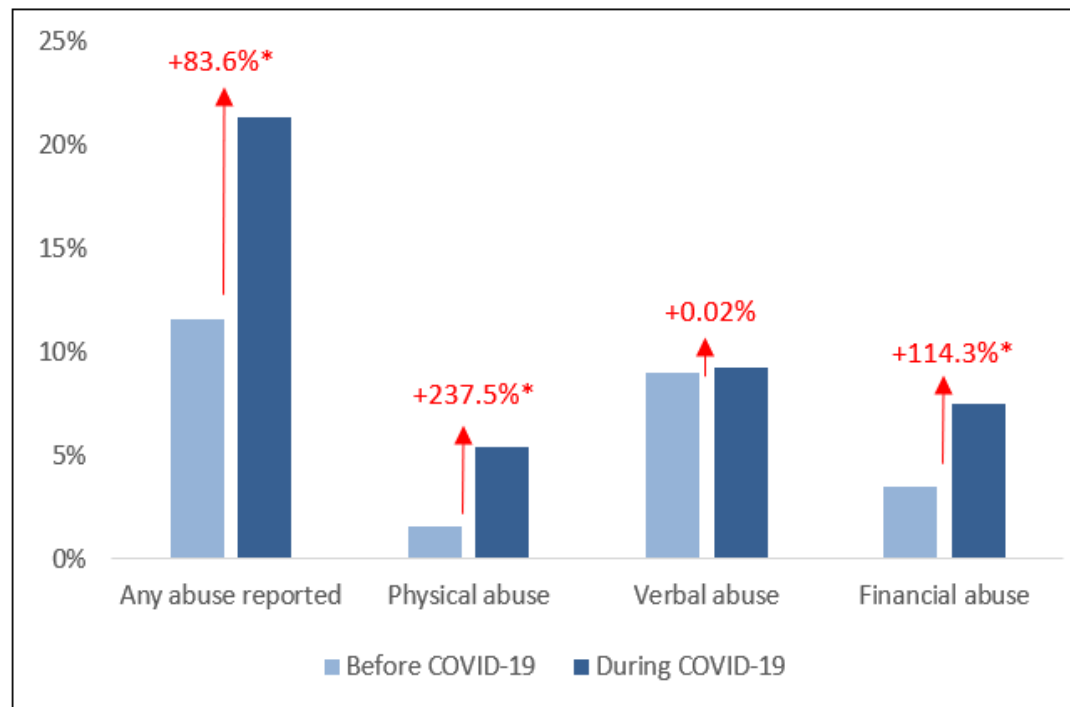


Figure 1. Increase of elder abuse prevalence during the COVID-19 pandemic

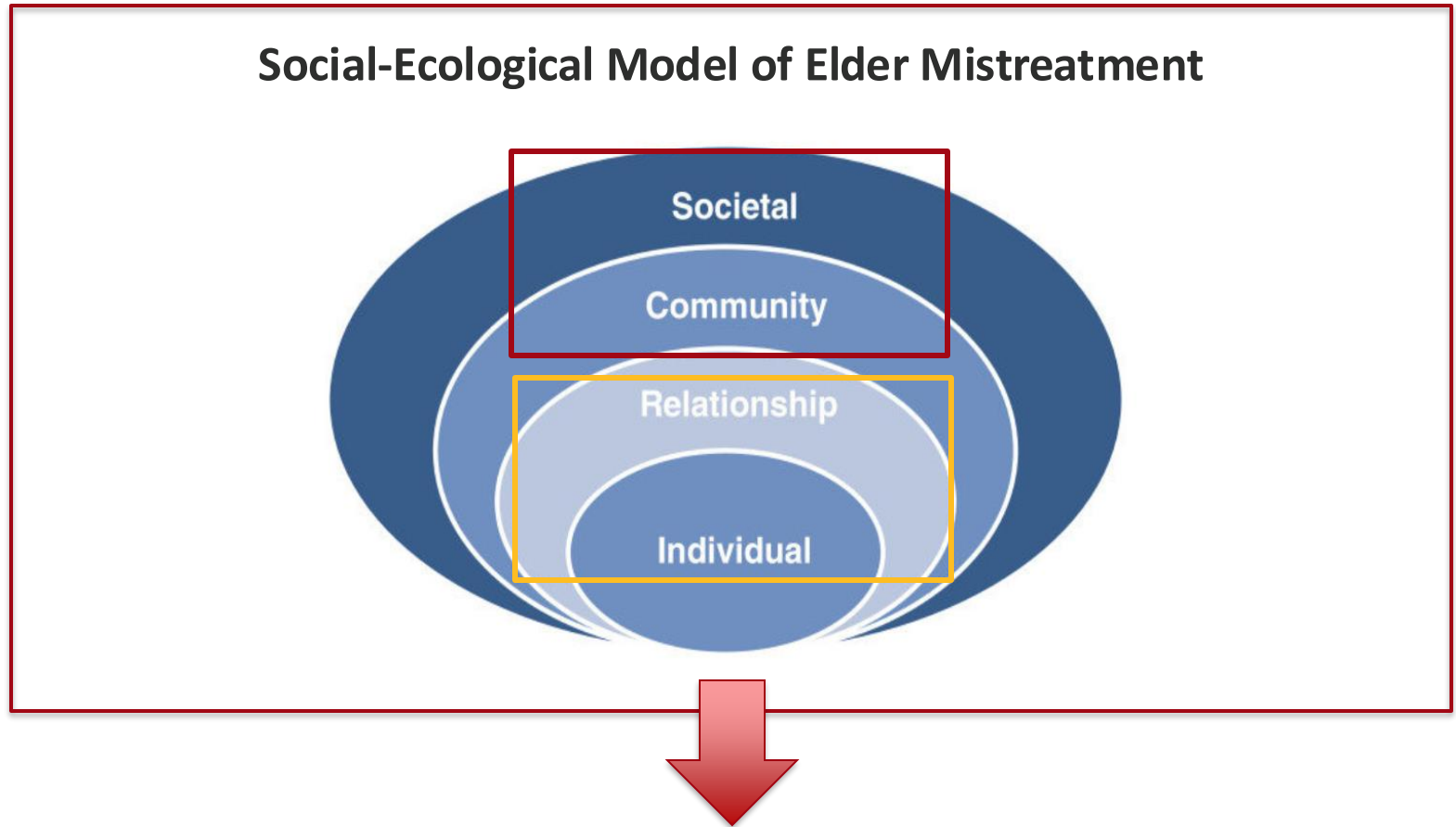


## Factors that predict elder abuse

	Bivariate Models	Multivariate Models
	OR (95% CI)	
<b>Sense of community</b>	0.88(0.84-0.91) ***	0.89(0.86-0.93) ***
<b>Physical distancing</b>	0.93(0.89-0.96) ***	0.94(0.89-0.98) **
<b>Financial strain</b>	1.10(1.04-1.16) ***	1.08(1.02-1.14) *
<b>Age (reference 60-69)</b>		
70-79	0.59 (0.41-0.84) *	0.67(0.45-0.99) *
80+	0.92 (0.41-2.08)	1.35(0.54-3.34)
<b>Female (reference: male)</b>	0.85 (0.61-1.18)	0.91(0.63-1.32)
<b>Minority race/ethnicity (reference: White)</b>	0.98 (0.69-1.39)	0.97 (0.66-1.42)
<b>Education (reference: post graduate)</b>		
High school or less	0.61 (0.34-1.10)	0.66(0.35-1.26)
Some college	0.94 (0.60-1.48)	1.00(0.61-1.66)
College	1.01 (0.63-1.62)	1.11(0.67-1.84)
<b>Marital status (reference: married)</b>		
Separated or divorced	0.98(0.65-1.46)	0.75(0.42-1.34)
Widowed	0.71(0.41-1.23)	0.53(0.25-1.12)
Never married	1.23(0.75-2.00)	1.03(0.54-1.97)
<b>Living arrangement (reference: living alone)</b>		
One-generation family	0.94(0.64-1.36)	0.72(0.39-1.32)
Two-generation family	1.58(1.00-2.48) *	1.43(0.82-2.49)
Three-generation family	1.77(0.80-3.95)	1.74(0.70-4.32)
<b>Self-rated health (reference: poor health)</b>		
Excellent or very good	0.25(0.10-0.60) **	0.38(0.14-1.04)
Good	0.41(0.17-0.96) *	0.56(0.21-1.51)
Fair	0.41(0.16-1.00)	0.51(0.19-1.40)



# Why study SDoH in Elder Mistreatment?



**Improved understanding of societal drivers may enhance elder mistreatment prevention/ intervention across health care systems**

# Social Determinants of Health: Non-Medical Factors that Influence Health

Figure 1  
Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	
Medical bills	Playgrounds	Higher education		Stress	Quality of care
Support	Walkability				
	Zip code / geography				

Account for between 30-55% of health outcomes



# The Role of Ageism



# Ageism

Research definition

**Systematic stereotype, prejudice, or discrimination against people because of their age**



# Ageism

## Three Predictors according to the Stereotype Embodiment Theory

### **Age Discrimination:**

Detrimental treatment for older persons

### **Negative Age Stereotype:**

Negative beliefs about older people in general

### **Negative Self-Perceptions of Aging:**

Negative beliefs of older persons about their own aging

## Experiences with everyday ageism

AMONG ADULTS AGE 50-80

**82%**

Experienced one or more forms of everyday ageism in their day-to-day lives



**65%**

Exposure to ageist messages

**45%**

Ageism in interpersonal interactions

**36%**

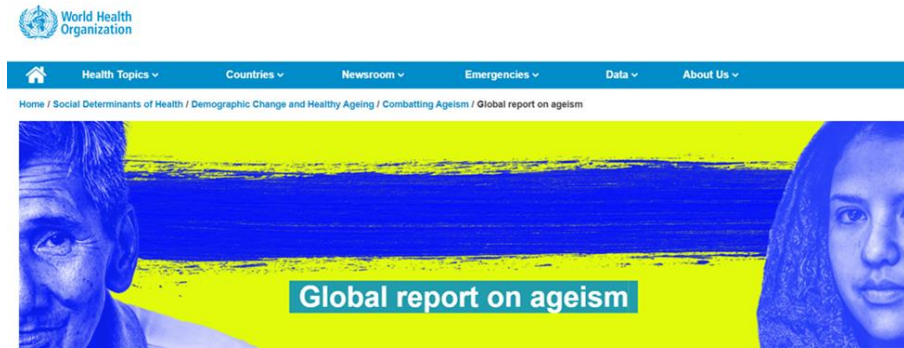
Internalized ageism

\*Note: Percentages reflect responses of either often/sometimes or strongly agree/agree to forms of ageism.

References:

National Poll on Healthy Aging: Everyday Ageism and Health, <http://hdl.handle.net/2027.42/156038>

# Opportunity for Social Change: Global Campaign to Combat Ageism



Ref: Chang et al, 2020, PlosOne

# Structural Ageism

Explicit or implicit policies, practices, or procedures of **social institutions** that reinforce systematic bias toward older persons

*or*

The age-based actions of **individuals who are part of these institutions**, such as the staff of a hospital

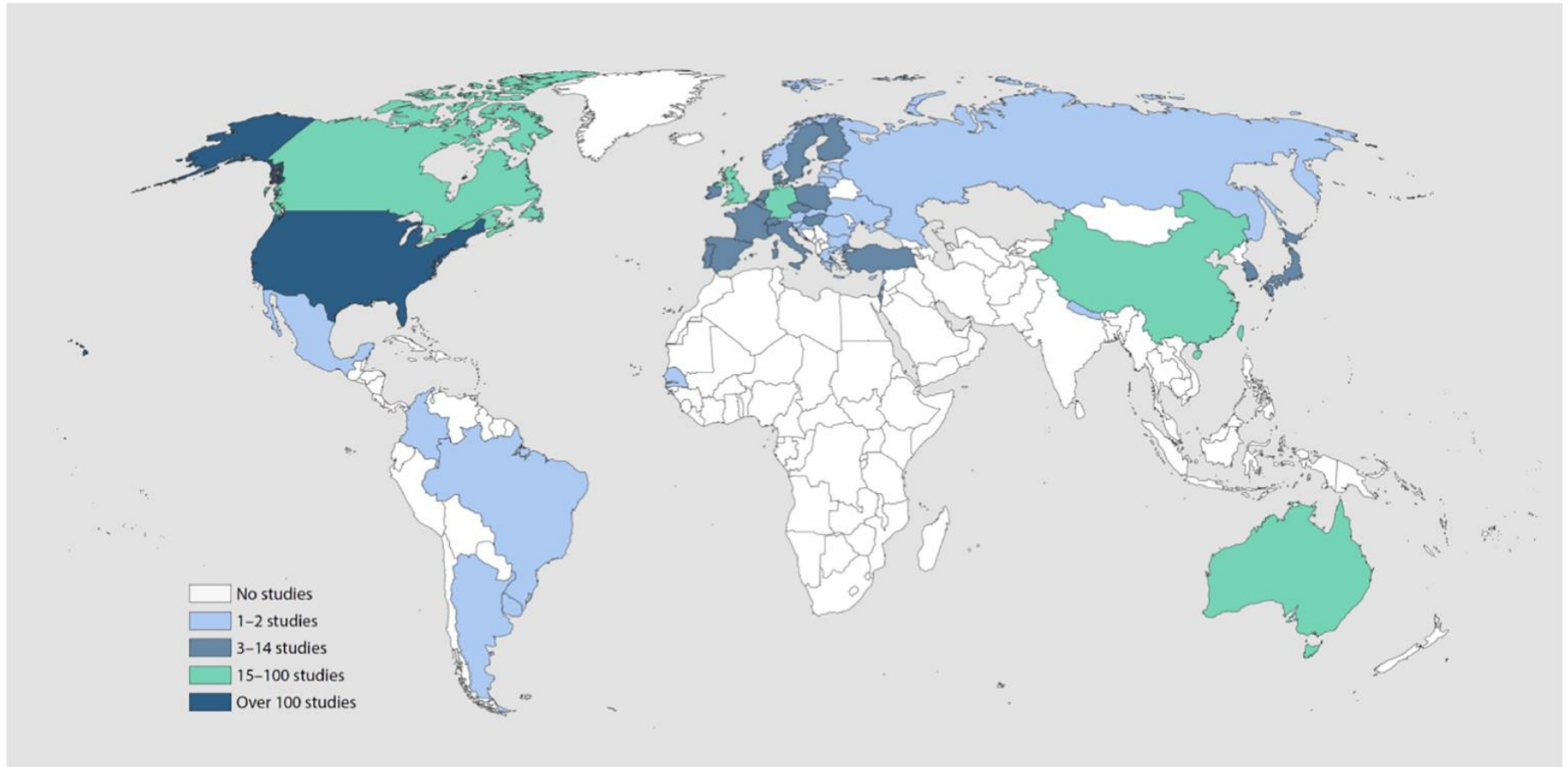




# Systematic review: Health Consequences of Ageism

- First systematic review that incorporate both levels of ageism
- Sipped through 20,000 records from 14 databases, years from 1969- 2007
- No limitations on language, publication types, and study design
- Resulted in 422 studies, over 7 million participants studied

# Health Impact of Ageism Across Geography



# Health Impact of Ageism Across time

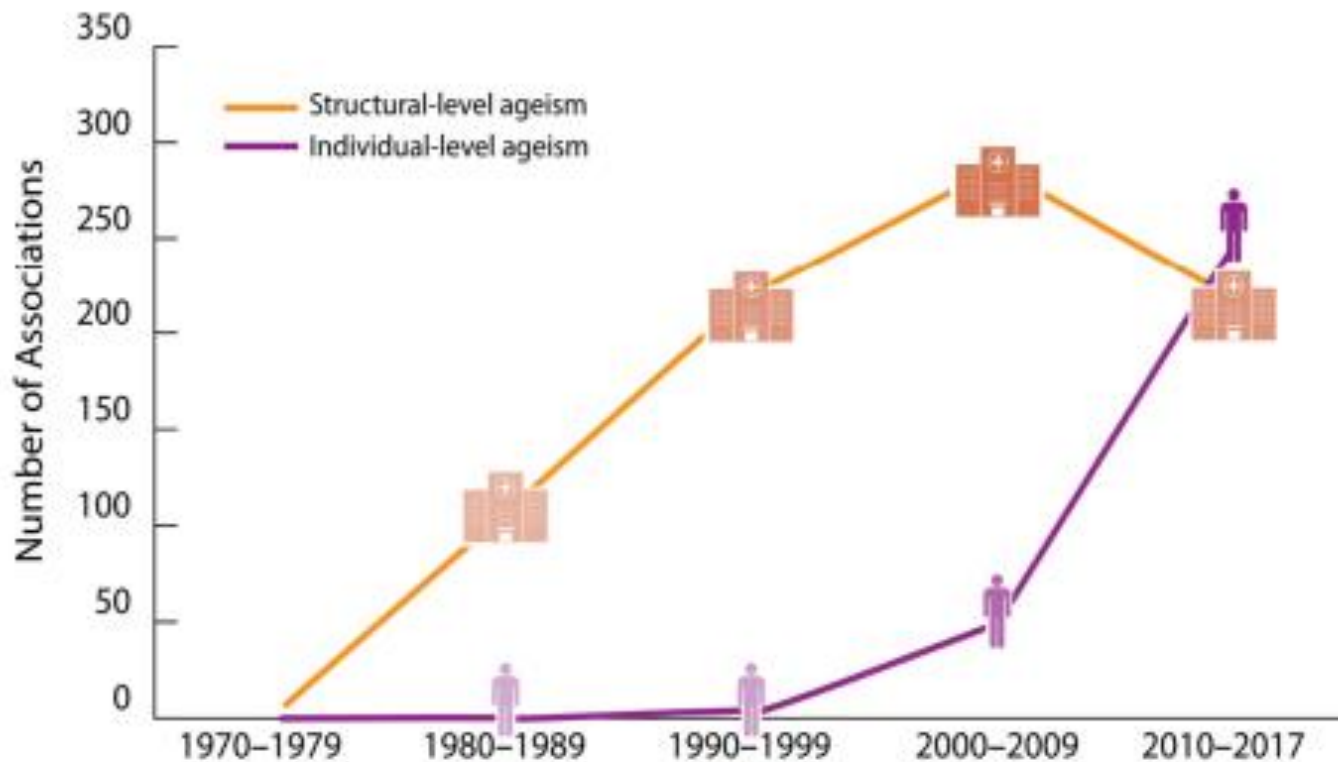
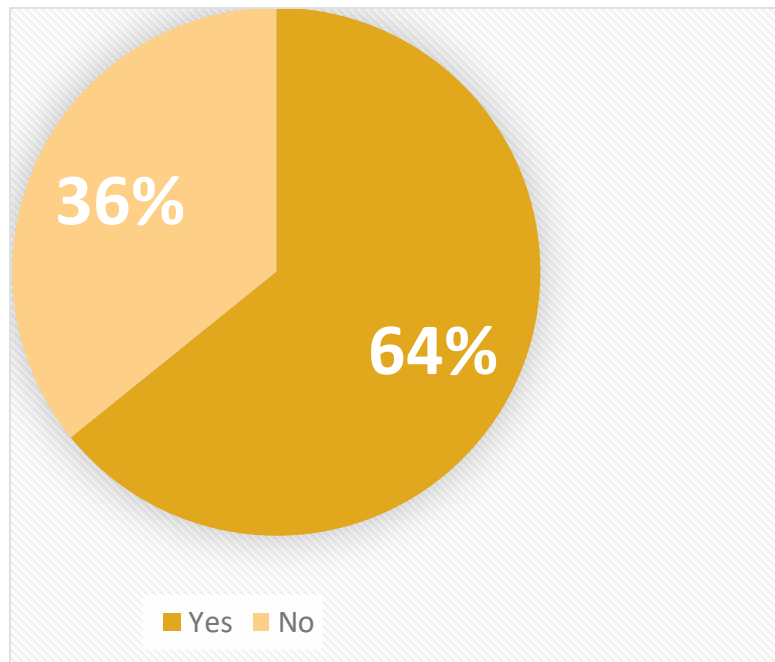


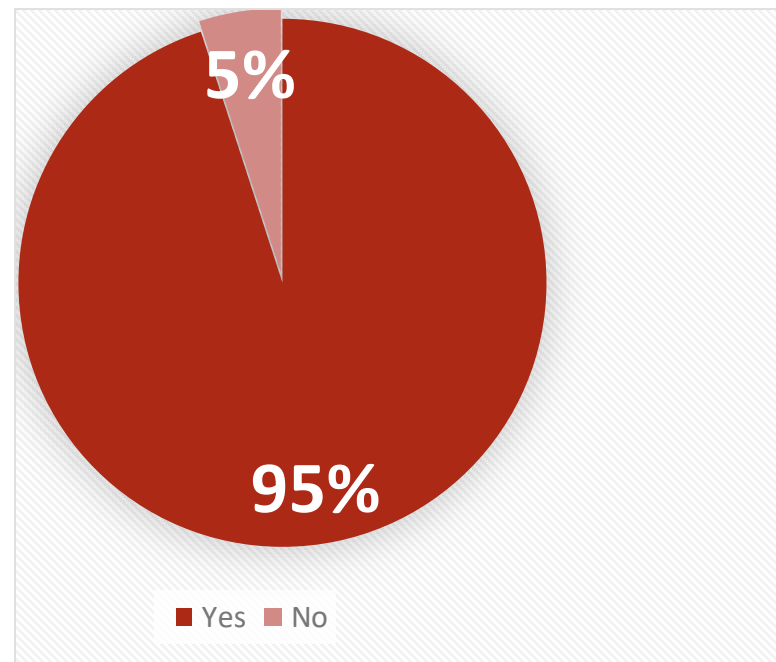
Fig 5. Research attention given to structural-level and individual-level ageism on health studies over time.

<https://doi.org/10.1371/journal.pone.0220857.g005>

# Racism Makes People Sick. As It Turns Out, Ageism is Worse.



Proportion of racism studies that found negative effects of racism



Proportion of ageism studies that found negative effects of ageism

# Most Well-Studied Ageism-Health Mechanism: Denied Access to Health Care

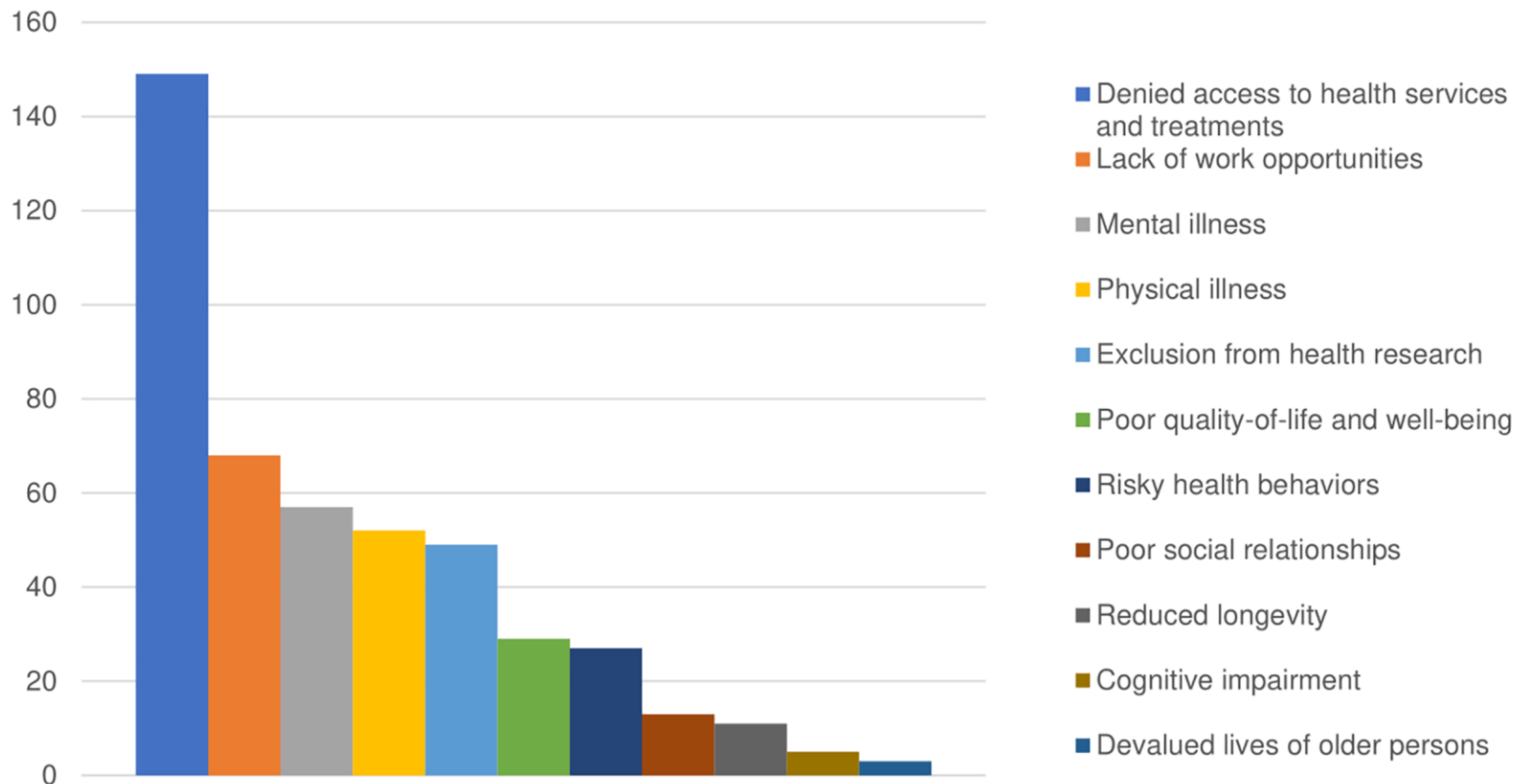
PLOS ONE

OPEN ACCESS PEER-REVIEWED  
RESEARCH ARTICLE

Global reach of ageism on older persons' health: A systematic review

E-Shien Chang, Sneha Kannoth, Samantha Levy, Shi-Yi Wang, John E. Lee, Becca R. Levy

Published: January 15, 2020 • <https://doi.org/10.1371/journal.pone.0220857>

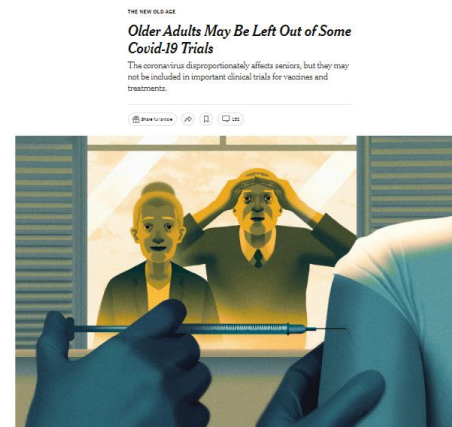


# Structural Domain: Denied Access to Health Care and Treatments

- Denied access to health services and treatments was the most researched aspect of structural ageism
- For example, in a study of U.S. 9,105 hospitalized patients, health care providers were significantly more likely to withhold life-sustaining treatments from older patients, compared to younger ones, after controlling for patients' prognosis and care preferences
- Among patients who wanted more aggressive care, physicians were less likely to believe patients' preferences when patients were older

# Structural Domain: Exclusion from Health Research

- Older persons were excluded from trials from 9 medical specialties
- These global trial data included up to 206 countries and territories
- For example, using an international registry of Parkinson's disease clinical trials, 49.0% of these trials explicitly included an arbitrary upper age limit





# The Financial Costs of Ageism

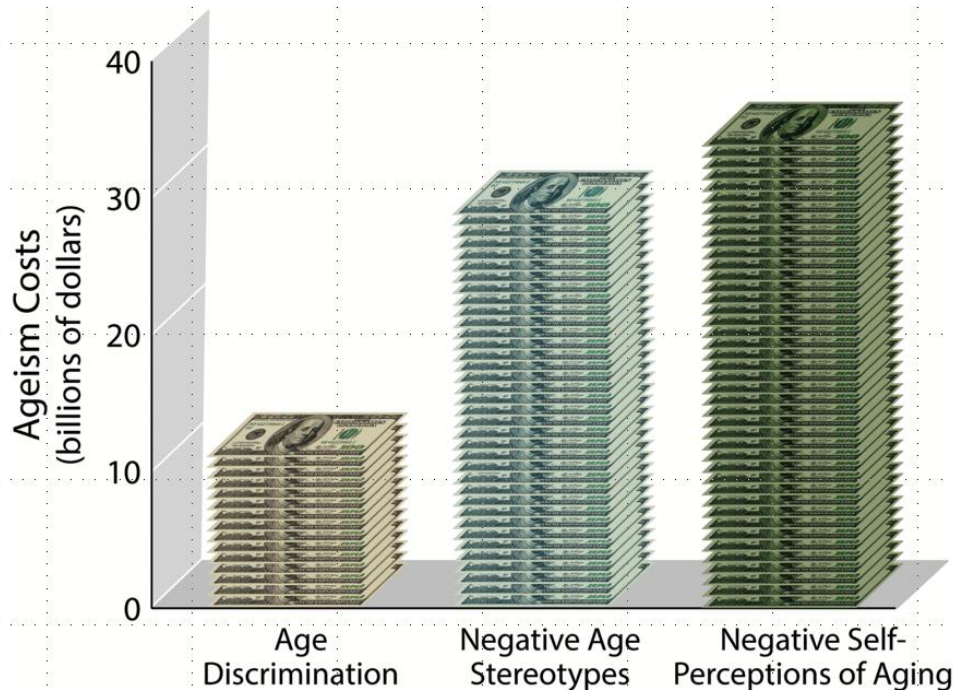
- Accounts for **\$1 for every \$7 spent (or a total of \$63 billion)** on 8 most expensive chronic conditions

## Ageism Amplifies Cost and Prevalence of Health Conditions

Becca R. Levy, PhD,<sup>1,2,\*</sup> Martin D. Slade, MPH,<sup>2</sup> E-Shien Chang, MA,<sup>1</sup> Sneha Kannoth, MPH,<sup>4</sup> and Shi-Yi Wang, MD, PhD<sup>4</sup>

<sup>1</sup>Social and Behavioral Sciences Department, Yale School of Public Health, New Haven, Connecticut. <sup>2</sup>Department of Psychology, Yale University, New Haven, Connecticut. <sup>3</sup>Department of Internal Medicine, Yale School of Medicine, New Haven, Connecticut. <sup>4</sup>Department of Chronic Disease Epidemiology, Yale School of Public Health, New Haven, Connecticut.

Health care costs of age discrimination, negative age stereotypes, and negative self-perceptions of aging in one year



## Structural Ageism Index

### 1) Discriminatory social policies:

Economic, social, civil, and political rights

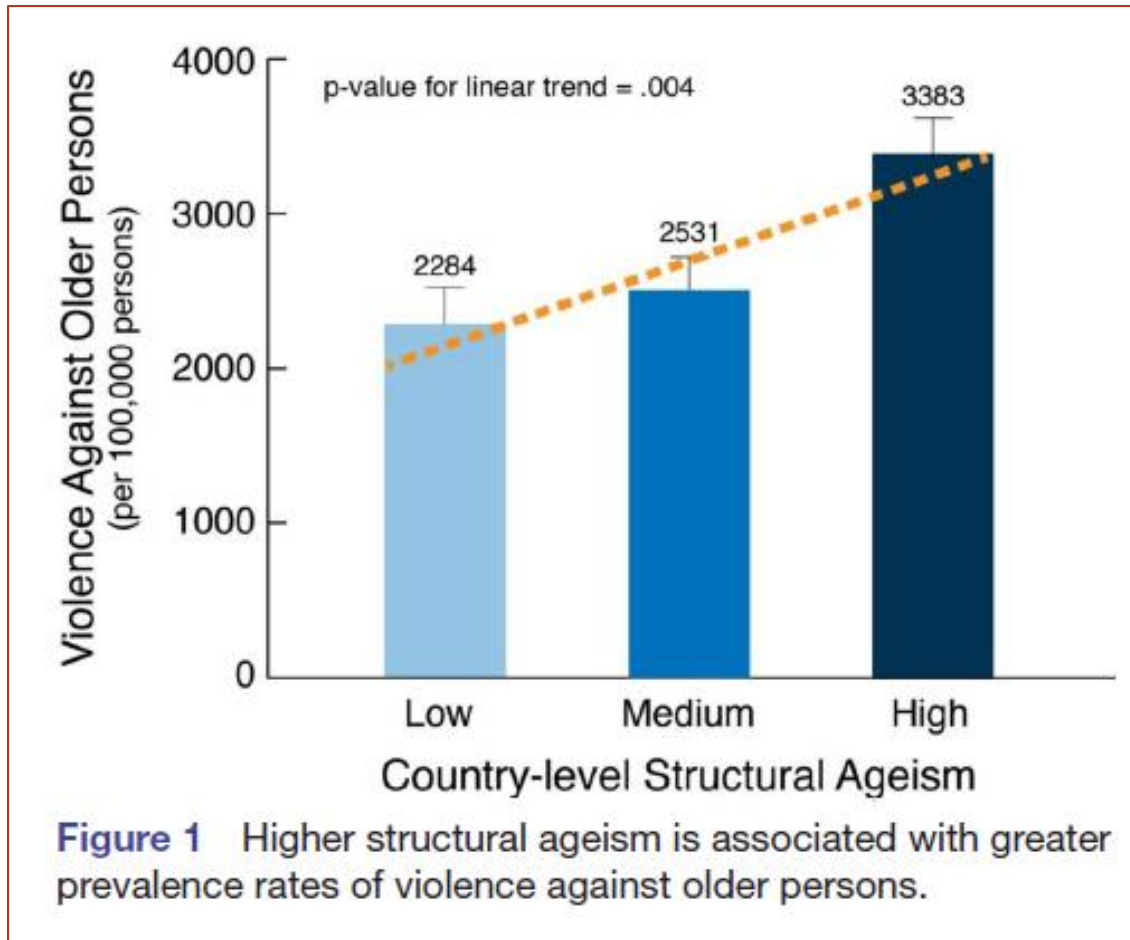
### 1) Country-level prejudicial social norms against older persons:

“Older persons are a burden on society”

**eTable 1. Country-Level Structural Ageism and Prevalence Rates of Violence Against Older Persons in 56 countries**

Country	Structural Ageism	Prevalence Rates of violence per 100,000 persons	Country	Structural Ageism	Prevalence Rates of violence per 100,000 persons
Algeria	3.0	1516.0	Morocco	4.0	1466.7
Argentina	2.5	2939.6	Netherlands	1.3	1570.2
Armenia	2.1	2658.0	New Zealand	1.6	3340.4
Australia	2.1	2968.4	Nigeria	7.3	3605.2
Azerbaijan	1.4	3065.7	Pakistan	4.8	2370.4
Belarus	5.5	4348.2	Peru	3.2	1699.5
Brazil	2.0	2502.5	Philippines	4.3	4445.2
Chile	2.1	2575.1	Poland	3.3	2336.9
China	4.5	7109.6	Qatar	1.7	1729.5
Columbia	3.4	3316.0	Romania	4.3	2601.5
Cyprus	0.3	1783.4	Russia	3.1	5300.1
Ecuador	2.8	2534.2	Rwanda	5.3	4147.4
Egypt	3.6	1271.0	Singapore	3.9	1331.7
Estonia	3.5	4287.0	Slovenia	4.2	2639.6
Georgia	2.9	2233.8	South Africa	5.0	4481.1
Germany	2.7	1329.5	South Korea	2.5	1446.8
Ghana	5.4	2962.3	Spain	0.4	1554.4
Haiti	4.3	3558.5	Sweden	1.6	1913.8
Iraq	4.8	2009.2	Thailand	3.9	3312.5
Japan	1.6	1642.6	Trinidad and Tobago	2.7	2723.7
Jordan	2.6	1738.3	Tunisia	4.3	1506.3
Kazakhstan	3.5	3238.2	Turkey	3.9	1747.6
Kuwait	4.1	1605.9	Ukraine	4.4	4647.7
Kyrgyz Republic	3.0	2815.9	Uruguay	4.4	2818.6
Lebanon	7.2	1610.9	<b>United States</b>	<b>2.6</b>	<b>4031.8</b>
Libya	4.2	1501.1	Uzbekistan	0.0	2331.1
Malaysia	2.8	2805.2	Yemen	2.5	1392.6
Mexico	2.7	3404.4	Zimbabwe	4.2	5082.5

# Structural Ageism and Violence Against Older Persons



# Mechanism between structural ageism as a SDOH and elder mistreatment

One psychological pathway:  
Individuals' negative age beliefs

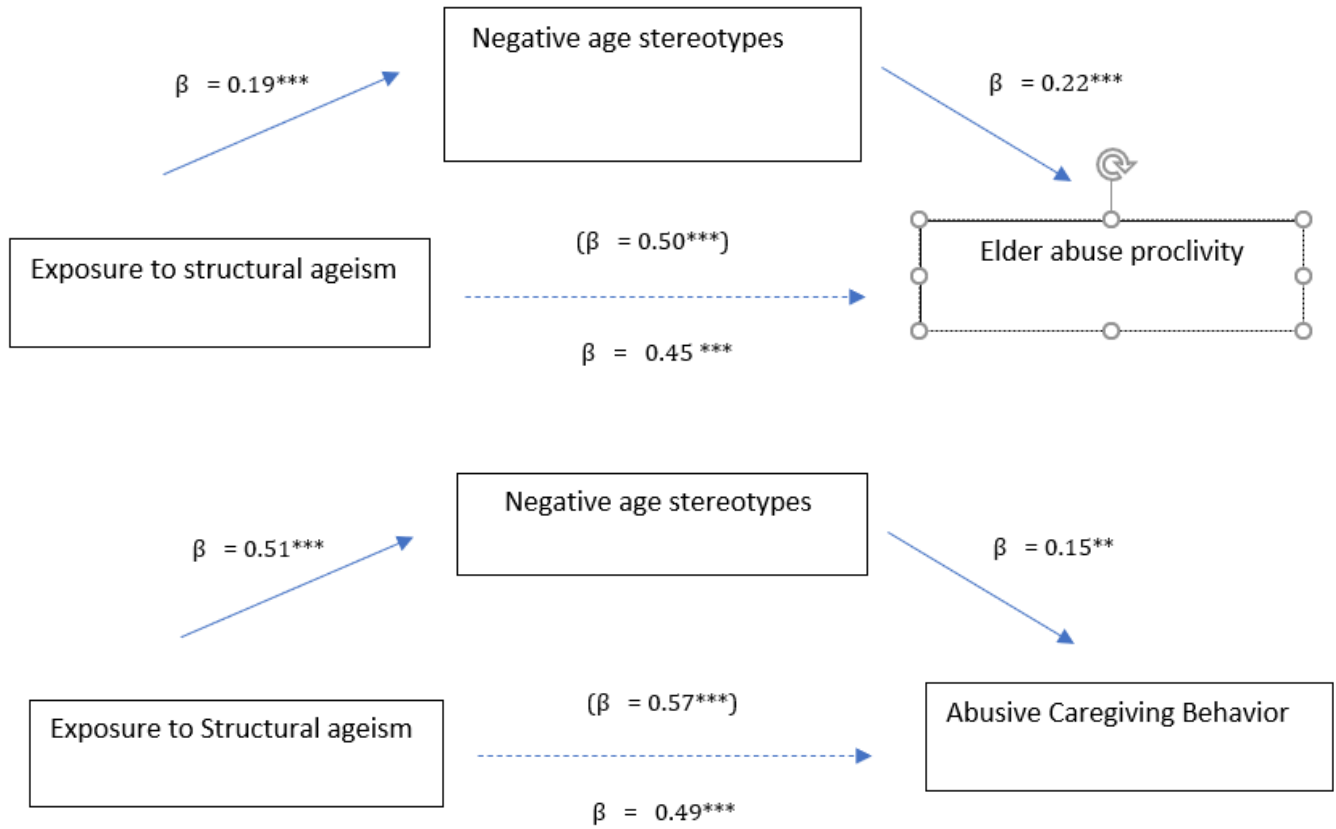
## Structural and Individual Ageism Predicts Elder Abuse Proclivity and Perpetration

E-Shien Chang, Joan Monin, Daniel Zelterman, Becca Levy

*Innovation in Aging*, Volume 5, Issue Supplement\_1, 2021, Page 89,

<https://doi.org/10.1093/geroni/igab046.338>

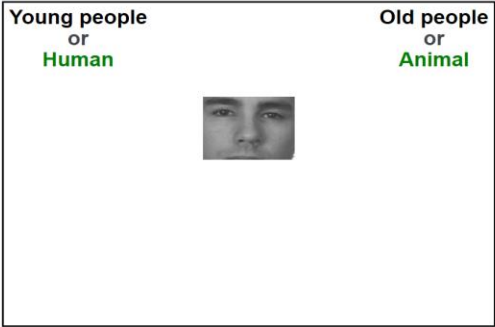
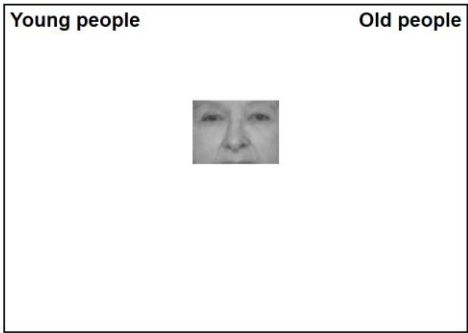
Published: 17 December 2021



Cohort 1: 1,590 persons 18+ recruited via Mturk and Lucid; 55% female, 70% White, mean age of 54.2

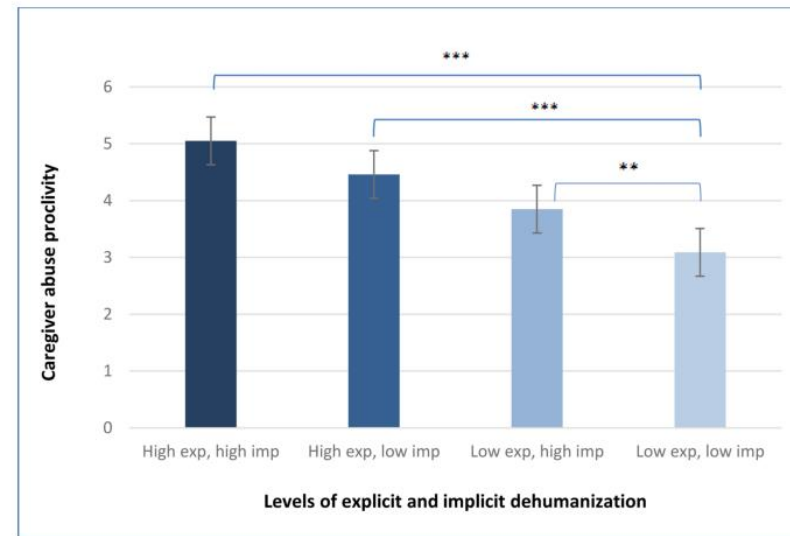
Cohort 2: 400 family caregivers 18+, currently providing care to an older family member recruited via Mturk; 55.3% female 67.1% white, mean age of 38.5

# Ageism as Implicit Bias: Measuring Implicit-Dehumanization-Toward-Older-Persons



# Implicit Dehumanization: Determinant of Elder Mistreatment Proclivity

- A total of 31% of the caregivers explicitly and 51% implicitly dehumanized older persons in the study
- Caregivers showing high and congruent forms of implicit and explicit dehumanization had the strongest proclivity to commit mistreatment



**Figure 2.**  
Association between Levels of Explicit and Implicit Dehumanization and Elder Abuse Proclivity  
\*p<.05; \*\*p<.01; \*\*\*p<.001

## Multivariable Logistic Regression Predicting Elder Mistreatment Proclivity among Family Caregivers

	OR (95%CI)	p-value
<b>Implicit Dehumanization</b>	1.21 (1.01-1.48)	<.001





# Path forward: Developing Interventions

# Ageism Can Be Reduced

- Ageism interventions showed the strongest effect on changing ageist attitudes, knowledge about aging (i.e., dispelling myths about aging), and increasing comfort with one's own aging.

**TABLE 1—Mixed Model Meta-Analyses of Ageism Interventions for Primary and Secondary Outcomes: Worldwide, 1976–2018**

Ageism Outcome	No. of Studies	No. of Participants		Effect Size, $d_D$ (95% CI)
		Control Group	Intervention Group	
Attitudes toward aging	53	2404	2783	0.33 (0.25, 0.42)
Knowledge on aging	19	818	756	0.42 (0.27, 0.57)
Comfort with older adults	9	286	348	0.50 (0.27, 0.57)
Anxiety about own aging	5	217	267	0.13 (-0.13, 0.38)
Working with older adults	6	388	375	-0.09 (-0.30, 0.12)

*Note.* CI = confidence interval;  $d_D$  = differences of standardized mean differences.

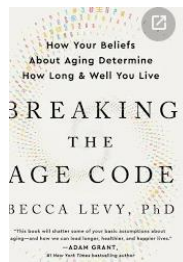
# Where should we begin?

## The ABC Method

A: Increasing Awareness

B: Placing Blame Where it is Due

C: Challenging negative age stereotypes



<https://changingthenarrativeco.org/2023/08/10/ageism-awareness-day-2023/>



# SDoH:

## Non Medical Factors that Influence Health

Figure 1  
Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				



# CARE Matters



**Curiosity**

**Awareness**

**Root out bias**

**Empathy**



# CARE Matters

- Addressing **provider cultural sensitivity** as key SDoH
- Preliminary evidence suggests feasibility and acceptability among workforce and key engaged partners
  - All participants (n=32) recognized the importance of learning cross-cultural care in improving their work (100%).
  - Nearly all were confident or very confident in providing cross-cultural care (96.8%).
  - Nearly all indicated that they learned something new (90.3%).

# Key References

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[esc4003@med.cornell.edu](mailto:esc4003@med.cornell.edu)  
[@iggychang7](#)

# Implications for Court Practices



## Signs You May See in Court:

Unexplained injuries (bruises, cuts, broken bones)

Poor personal hygiene

Malnourishment or weight loss

Fearful or anxious behavior

Unexplained transactions or loss of money




# On the Bench: Measures to Counteract Impact of Ageism

- Ensure Access to Advocacy
- Ensure civil rights are respected
- Consider capacity, if indicated
- Appoint attorney/GAL (if indicated)
- Respect wishes and autonomy
- Refer to services
- Use trauma-informed language and demeanor
- Recognize common trauma reactions, including possible self-medication, substance abuse, or challenges tracking information or following plans
- Address acute financial/housing crises



# Off the Bench

- ▶ Consider how accessible your court is and involve older adults in seeking recommendations for improvements
  - ▶ Make sure outreach materials and referral info depicts older adults and includes services that help older adults
  - ▶ If no orgs are serving older adults, reach out to the DV/SA groups and ask that they consider expanding and adapting their services
- 



# Off the Bench

- ▶ Find out the options for treatment in your area:
  - ▶ According to Emerge, about 9-10% of their batterer intervention program participants are there for elder abuse.
- ▶ Lead court/community cross-trainings
- ▶ Become involved in coordinated response or task forces
  - Many Models. The NY Elder justice Committee has produced bench cards, provided trainings, engaged multiple arms of community, mobilized COVID responses, etc.
- ▶ Oversee actions of guardians, for example:





## Oversee actions of guardians, for example:

- **Freeze assets and/or restrict accounts** – Courts may take these actions to limit a family member or guardian's access to money and property while investigating a case or preparing to take another protective step.
- **Investigate allegations of malfeasance** – Once allegations of abuse have been made, courts can appoint a guardian ad litem, investigator or visitor to investigate.
- A court can also **audit** an individual's assets or order an accounting by an external entity such as a certified public accountant.



# Oversee actions of guardians, for example:

- **Order repayment for lost assets or property** – Such orders might restore lost assets but, in many cases, the only way to recover funds is through a bond that the guardian obtained upon appointment. Sometimes courts do not require bonding when the guardian is appointed, making it more difficult to obtain repayment for losses at the hands of the guardian.
- **Enforce statutory rights to communication and visitation** – When abusive guardians use isolation tactics, family members and others may be able to seek orders enforcing state laws that define the rights of people subject to guardianship to interact with others of their choosing.



Oversee actions of guardians,  
for example:

- **Appoint a co-guardian or limit the powers of the guardian** – This strategy may help deter or stop mistreatment by a guardian.
- **Remove the guardian *or* terminate the guardianship** – Less restrictive options or changed circumstances might lead a court to terminate the guardianship entirely.



# Additional Priorities

- ▶ Access to Justice
  - ▶ Learning from COVID-19 crisis (e.g. Remote Proceedings; Detailed procedural information available online and by phone)
- ▶ Safety Planning: What professionals think a survivor needs vs. what the survivor wants/needs. Trusting their narrative and desires while offering all options.
- ▶ Preventing homelessness: Abuse is a cause of housing insecurity...often the survivor will have to remove themselves from the situation because they can't get the abusive person out
  - ▶ Need for more/ better housing for survivors
  - ▶ Idea: pro bono eviction services for survivors who need to evict abusive family members (alternative to protection orders).



# Additional Priorities

- ▶ Does jail/prison alienate? What are alternatives?
- ▶ Restorative Justice: Broken relationship/trust between an abuser, a survivor, and the community. Make them accountable to the person, not accountable to a system and a depersonalized crime.
  - ▶ Community-based programs, or programs for the survivor/abuser to work together

# Some Promising Practices

## ▶ Volunteer Programs

- Probate Resource Center —local attorneys volunteer time to be in courthouse to answer questions and assist regarding Probate matters
- Recruit attorneys to review guardianship filings
- Recruit local attorneys to answer questions about Probate matters
- Community social workers to assist elderly litigants compile information for use in court and help develop care plans



# Questions



Use  
Chat





# RESOURCES

- **Adult protective services** – Should report to adult protective services. Find your state or local adult protective services agency through the [Eldercare Locator](#).
- **Protection and advocacy systems** – Protection and Advocacy Systems are federally-mandated state-based organizations that work to protect the rights of people with disabilities, including guarding against abuse.
- **Long-term care ombudsmen** – If the individual resides in a nursing home (or, in some states, receives home- and community-based services), the long-term care ombudsman can investigate and resolve complaints about abuse, neglect, and exploitation, including complaints about guardians.





# RESOURCES

- **Law enforcement** – A guardian’s breach of duty may violate criminal laws and warrant investigation and prosecution. In addition to reporting to Adult Protective Services, individuals suspecting guardian abuse should report it to law enforcement. Contact your local law enforcement agency, your state attorney general, or call 911. Some recent examples of guardianship fraud cases pursued by the United States Department of Justice include cases in [Pennsylvania](#) and [Florida](#).
- **Attorneys** – there are various civil actions that may apply to abusive family or guardians.
- **Federal agencies** – If the guardian also serves as a Social Security representative payee or VA fiduciary and is misusing public benefits, individuals may report to the Social Security Administration [Office of the Inspector General](#) or the VA [Office of the Inspector General](#).



# Stay Connected with us!

- ▶ [jwhite@futureswithoutviolence.org](mailto:jwhite@futureswithoutviolence.org)
- ▶ [jtancon@ncjfcj.org](mailto:jtancon@ncjfcj.org)

Thank you!

