



Iowa Elder Abuse Initiative
Demonstration Projects
Fiscal Year 2001-2011

September 25, 2012

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INTRODUCTION

Elder abuse, neglect and financial exploitation are grossly under reported and under recognized across the nation; and Iowa, unfortunately is no different. In 1993, the Iowa Department on Aging created an elder abuse committee to look at the issues of elder abuse. For many of these years, this group of professionals reviewed laws, policy and the responses or lack of responses of the systems which were developed to protect older adults. The results of these efforts lead to the development of a problem statement, reports, proposed legislation and the Elder Abuse Initiative (EAI).

In 2001, the Iowa Legislature approved approximately \$475,000 to fund strategies for elder abuse detection, training and services in an effort to evaluate Iowa's adult abuse system. This endeavor became known as Iowa's Elder Abuse Initiative (EAI) demonstration projects. These projects were located in 4 of the 13 Area Agencies on Aging and available in 22 of Iowa's 99 counties. The EAI focused on the prevention, intervention, detection, and reporting of elder abuse, neglect and exploitation by presenting elders with options to enhance their lifestyle choices.

BACKGROUND

National Scope

According to a 2011 study by the New York City Elder Abuse Center, only one in twenty-three and a half cases of elder abuse is reported to any agency and for financial abuse, only one in forty-four cases is reported (Under the Radar, 2011). The 2010 National Elder Mistreatment Study found one in nine seniors reported being abused, neglected or exploited in the past twelve months (Acierno, Hernandez, Amstadter, Resnick, Muzzy & Kilpatrick, 2010); and eleven percent of seniors interviewed reported at least one form of abuse within the past year.

[T]he rate of financial exploitation is extremely high, with 1 in 20 older adults indicating some form of perceived financial mistreatment occurring at least one time in the recent past... Financial exploitation by family members and by strangers was increased among the more physically disabled adults, indicating perhaps a greater need for monitoring for this subgroup of elders (Acierno, Hernandez, Amstadter, Resnick, Muzzy & Kilpatrick, 2010). This study also found that older adults who need assistance with activities of daily living are at a higher risk of financial exploitation. These results do not stand alone; rather, are echoed in a 1997 study on fraud and financial abuse of impaired elders. It is believed that frail elders are more susceptible to exploitation and neglect due to their dependence on others and inability to adequately protect themselves or escape an abusive situation. (Tatara, 1997).

Who Are the Perpetrators

The National Center on Elder Abuse found that an incredible 90% of abusers are family members or trusted others, adding to the complexity of the situation (National Center on

Elder Abuse, 2012). A common misconception is that elder abuse perpetrated by a family member is a family problem and outside entities should not become involved. The consequences of elder abuse, even within the family nucleus, are devastating not only to the abused, but to society.

In their 1998 article, *The Mortality of Elder Mistreatment*, Lachs, et al. found that abused seniors are three times more likely to die prematurely (Lachs, Williams, O'Brien, Pillemer & Charlson, 1998). In his March 2, 2011 recorded testimony before the Senate Special Committee on Aging in Washington, D.C., Mark Lachs reiterated the 1998 findings that elder abuse leads to illness and premature death. In addition, he testified that elder abuse victims are four times more likely to go into a nursing home.

While this may be occurring within the nuclear or extended family, the consequences extend beyond and affect society as a whole. Nearly one in ten financial abuse victims turn to Medicaid as a direct result of the exploitation (Gunther, 2011). Victims of abuse utilize healthcare services at higher rates; those who had experienced abuse accessed the healthcare system two to two and a half times as often (Koss & Heslet, 1992). Further, the impact reaches financial institutions, which lose significant amounts in deposits; monies that are seldom recovered (Koss & Heslet, 1992).

Iowa Scope

The State of Iowa is not immune from these occurrences. Along with the rest of the nation, elder abuse continues to be under acknowledged, under identified, and under reported. The personal and economic consequences may be devastating. The problem is compounded by the fact that Iowa does not have a specific elder abuse law that addresses issues not currently referenced under the existing Dependent Adult Abuse statute. In elder abuse, neglect and exploitation situations, the Dependent Adult Abuse Laws (Iowa Code 235B or 235E) or criminal statutes must be implemented; however, many times the situation cannot be addressed due to the inability to meet the criteria. In Iowa Code Chapter 235B, the authority and responsibility is assigned to the Department of Human Services for investigating abuse occurring in the community. Authority to investigate abuse occurring in long-term care facilities and programs is provided in Iowa Code 235E.

Before the Department of Human Services responds, the following criteria must be met: 1) The individual must be "dependent"- an individual age 18 or older who is unable to protect their 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; 2) The perpetrator of the abuse must be the "caretaker", which means that the individual perpetrating the abuse has the responsibility for the protection, care, or custody of the dependent adult as a result of assuming the responsibility voluntarily, by contract, through employment, or by order of the court; 3) The incident must be one of the defined abuse categories of physical, sexual abuse, sexual exploitation, financial exploitation, denial of critical care or self-denial of critical care (neglect).

The constraints of the dependent adult abuse law means that many lowans age 60 or older experiencing abuse, neglect and exploitation are left with very limited, if any, intervention and assistance. In an effort to evaluate Iowa's system, Iowa's General Assembly approved approximately \$475,000 in 2001 to fund strategies for elder abuse detection, training and services. This effort became known as Iowa's Elder Abuse Initiative (EAI) demonstration projects and was located in 22 of Iowa's 99 counties. This initiative allowed the Iowa Department on Aging to gather data, and develop protocols for the prevention and intervention of elder abuse, neglect and exploitation situations. Funding and authorization for the demonstration projects ended June 30, 2011.

ELDER ABUSE INITIATIVE (EAI) DEMONSTRATION PROJECTS

Elder abuse is defined in the Federal Older Americans Act as the abuse, neglect or exploitation of an individual age 60 or older. Iowa Code Chapter 235B, Dependent Adult Abuse is defined by meeting the following three criteria: 1) Alleged victim shall be a dependent adult (Age 18 or older); 2) Alleged perpetrator shall be a caretaker to the dependent adult; and 3) Must be an allegation of abuse recognized by Iowa Code Section 235B. The constraints of the dependent adult abuse law means that many lowans age 60 or older experiencing abuse, neglect and exploitation are left in situations that lead to the deterioration of their physical health, mental health, and/or financial status. The EAI was a method to intervene in the situation and assist the elder victim and to help navigate them through the system.

The EAI system was created through partnerships with local stakeholders. These partners included Area Agencies on Aging, the Department of Human Services (DHS), law enforcement, county attorney's, health care providers, service providers, and other community collaborators. The clients of these projects were age 60 or older; dependent or independent; not living in a licensed health care facility; at risk of abuse, neglect or exploitation; or experiencing abuse, neglect or exploitation. The objectives of the Elder Abuse Initiative were:

- 1) To respond to reported concerns regarding lowans age 60 or older, who were at risk of, or experiencing, abuse, neglect and exploitation;
- 2) Coordinate community resources and provide a network to respond to the needs of the targeted population;
- 3) Collaborate with and serve as a resource for case managers, health care providers, law enforcement, county attorneys, Department of Human Services evaluators, domestic violence agencies and community providers; and
- 4) Increase public local awareness on elder abuse issues through educational training.

HOW THE PROJECTS WORKED

Each demonstration project was required to: 1) hire a full time Regional Prevention Coordinator with a Bachelor's Degree in a human services related field and a minimum of

four years experience in a human services and gerontology field; 2) budget for immediate service dollars; 3) complete and intake/assessment/intervention plan for each client; and 4) comply with the requirements of Iowa Code Section 231.56A and 17 Iowa Administrative Code Chapter 15. Referrals were received from a variety of means, including the previously mentioned partners, family, neighbors, or the general public. When referrals were received, the Regional Prevention Coordinator or their designee contacted the client to assess the situation, evaluate their needs, identify potential or real risk of abuse, neglect or exploitation, and coordinate service delivery. If at any time, there was a suspicion that abuse, neglect or exploitation was involved (except for cases of self-neglect) law enforcement was contacted immediately. In addition, if there was suspicion that dependent adult abuse was occurring, (includes self-denial of critical care) the Department of Human Services was contacted immediately.

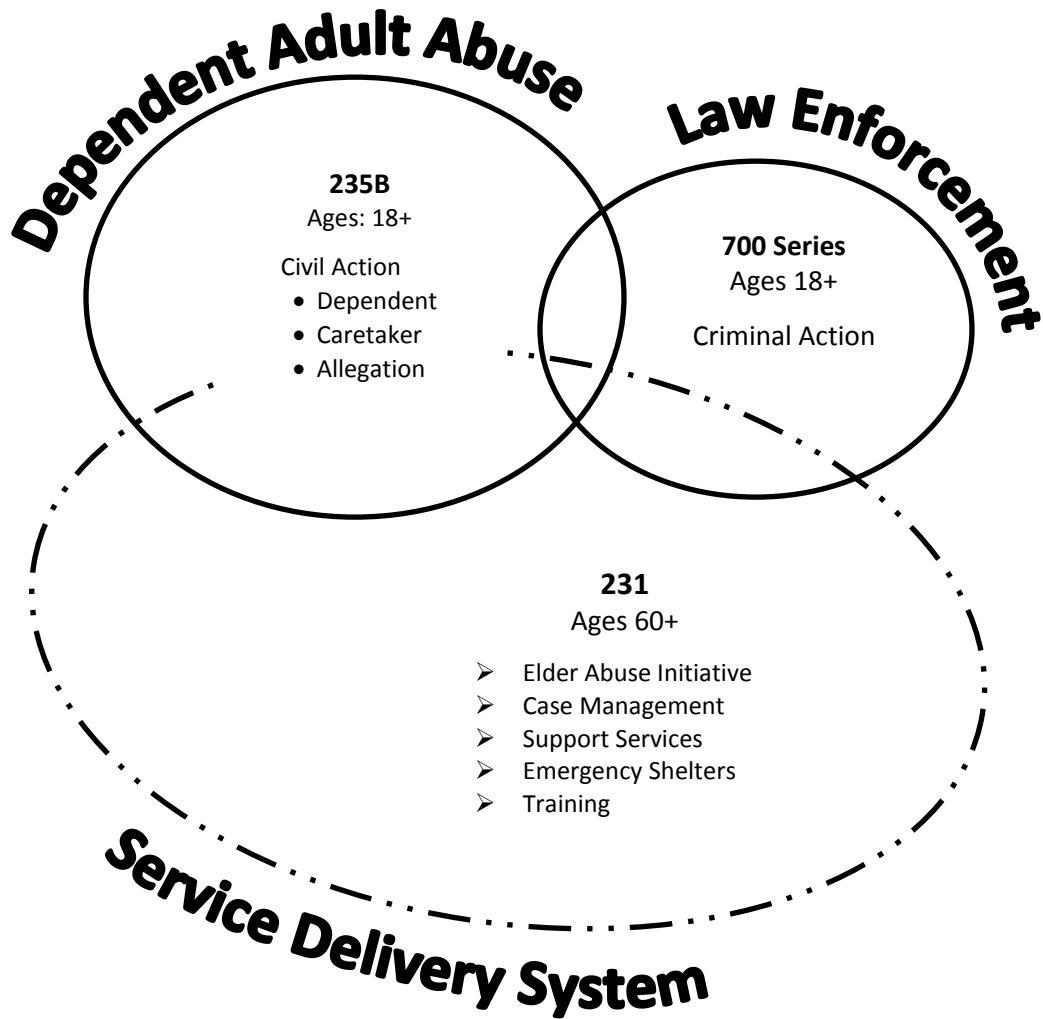
Law enforcement's role was to investigate the alleged crime and then begin the process of ensuring consequences to the perpetrator, if applicable. The Department of Human Services' role was to conduct an evaluation to determine if 1) the person is dependent; 2) if there is a caretaker committing the abuse, neglect or exploitation; and 3) if there is an allegation of abuse as defined by 235B. With that information, DHS would declare the case 1) founded; 2) unfounded; or 3) confirmed but not registered.

The roles of law enforcement and the Department of Human Services addressed the alleged perpetrator on the criminal and civil areas respectively. If the Department of Human Services determined the existence of founded abuse, they would attempt to locate local services, where available, to assist the dependent adult. The role of the Elder Abuse Initiative was to address the service delivery aspect for clients whether they are victims or potential victims – dependent or independent.

The following schematic provides an illustration of how the different systems worked together to create a more comprehensive approach in addressing adult abuse. While there is small overlap, these cases did not receive duplicate services, but rather the different providers and partners collaborated to facilitate resolution. The issues were addressed before the situation became more complex. (See Schematic on page 7)

Elder Abuse Schematic

How different systems work together to create a more comprehensive approach



WHAT THE ELDER ABUSE INITIATIVE PROVIDED

These demonstration projects offered local service providers, local Department of Human Services' staff, law enforcement, county attorneys, and the general public with expertise and training on elder abuse issues and service delivery systems developed to assist elders. From Fiscal Year 2007 through Fiscal Year 2011, 12,816 individuals were educated on the issue of elder abuse, neglect and exploitation. The Regional Prevention Coordinators provided consultations, intervention assessments, and assistance navigating available local assistance and resources. In some situations, they facilitated the attainment of services and/or equipment and provided the needed aging network expertise for these complicated cases. Regional Prevention Coordinators also provided entities with mandatory reporter training and conducted public awareness campaigns and educational sessions.

CASE EXAMPLES

Here are some examples of how older lowans were assisted through the Elder Abuse Initiative demonstration projects. These case examples illustrate how older lowans would have fallen between the system cracks had EAI not been an option. The clients of these projects were:

- Age 60 or older;
- Dependent or independent;
- At risk of abuse, neglect or exploitation;
- or
- Experiencing abuse, neglect or exploitation;
- Not living in a licensed health care facility

Case #1

A 93-year-old female lived alone, had severe Alzheimer's and an alcohol dependency. Her three adult refused to help her move into a long term care facility because they were using her funds to buy their groceries. Her funds also paid for grandchildren's trips out of the country, medical bills for some of the children and other miscellaneous items. The family admitted to these supposed "loans", however there was no record or admittance of the money being repaid. EAI advocated for the client and located a volunteer to serve as her conservator and she was placed in a setting that could better meet her needs. This case did not meet the definition of dependent adult abuse since the family members were not the caretakers.

Case #2

A 68-year-old man who was being disruptive in town and also was on the verge of eviction for nonpayment was referred to the EAI program. Upon meeting with the client, it was discovered he had not been taking his medications for mental health issues because he had no transportation to get to the doctor and update his prescriptions. The EAI found him reliable transportation to and from his doctor appointments. Once he was back on his medication and stable, EAI assisted him in filing for his veterans and social security benefits

since he had never done so. This enabled the client to pay for the services he needed to remain in his own home. This case was not considered dependent adult abuse because the gentleman did not meet the definition of dependency.

Case #3

A 70-year-old female did not have enough money for her medications and groceries due to one of her sons financially exploiting her. The son had purchased firearms, vehicles, a computer, four wheeler, etc. even though the mother did not drive, did not hunt and never used a computer. EAI helped to obtain a representative payee for the client and assisted in connecting the client with service providers for in-home services. The EAI Regional Prevention Coordinator also referred the situation to law enforcement and the son was charged with theft. This case was not considered dependent adult abuse because the son was not the caretaker.

PERFORMANCE RESULTS

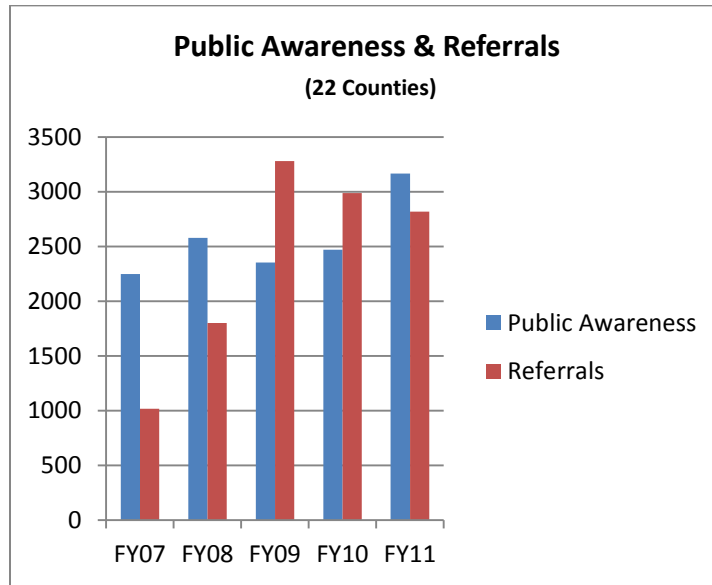
The formative years of the Elder Abuse Initiative included determining the demonstration project counties, creating networks to establish key partnerships, providing training, and developing and implementing an elder abuse response system. While data was collected in the earlier years, State Fiscal Year 2003 through Fiscal Year 2006, there was a wide variation in data due to an increase in number of demonstration projects, a refinement of data definitions and an expansion of outcome measures. State Fiscal Year 2007 through State Fiscal Year 2011, provided consistent comparable data establishing a solid outcome measures foundation. During this time span, the Elder Abuse Initiative, in 22 of Iowa’s 99 counties, generated the following data:

- 11,903 Total Referrals;
- 66% Had Mental Health Issues;
- 44.4% Experienced Financial Exploitation;
- 30.7% Experienced Denial of Critical Care
- Only an Estimated 16% of EAI Clients Fell into the Category of Dependent Adult Abuse

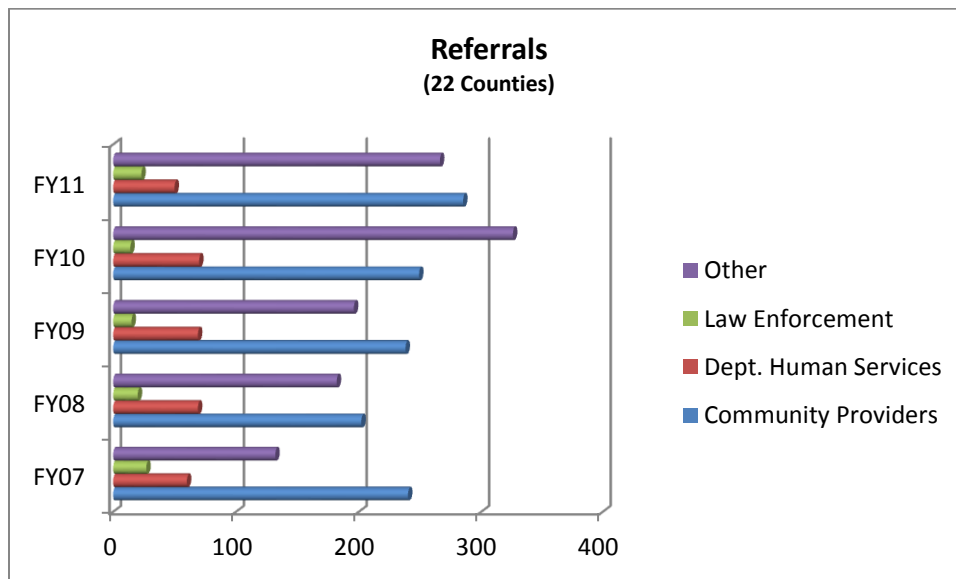
See table below for a breakdown by fiscal year:

| Outcome Measures | FY07 | FY08 | FY09 | FY10 | FY11 | Total |
|--|-------------|-------------|-------------|-------------|-------------|--------------|
| Public Awareness (# of people educated) | 2248 | 2578 | 2354 | 2470 | 3166 | 12,816 |
| Referrals Received (Information & Assistance + Consultations + New Clients) | 1017 | 1800 | 3281 | 2988 | 2817 | 11,903 |

As illustrated in the following bar graph, both the number of people educated through public awareness activities and the client referrals received, increased each year. The demonstration projects quickly realized there is a delicate balance between increasing public awareness which generates referrals and having the resources to respond once referrals are received.



Referrals may come from community providers, local DHS, law enforcement and other sources as reflected below. Other referral sources include friends, family members, financial institution personnel, mail carriers, etc.

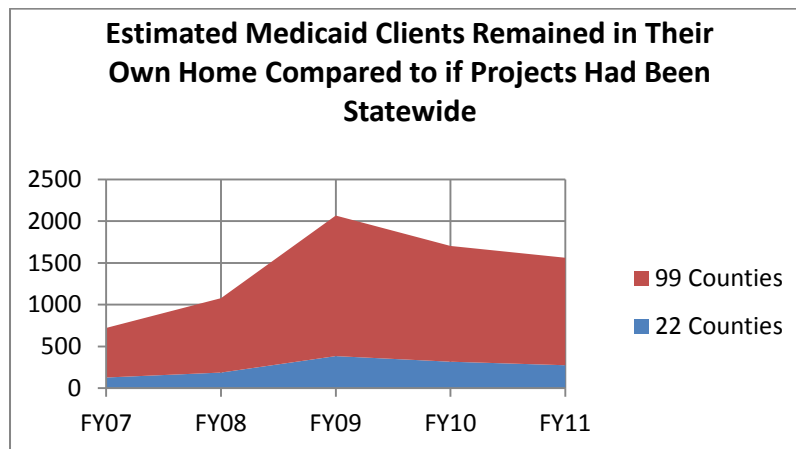


The Elder Abuse Initiative demonstration projects were in 22 of Iowa's 99 counties. Had it been available statewide, it is projected the data would have looked similar to this table:

| Outcome Measures | FY07 – FY11 Total 22 Counties | Projected FY07 – FY11 Total 99 Counties |
|---|-------------------------------------|--|
| Public Awareness (# of people educated) | 12,816 | 57,717 |
| Referrals Received (Information & Assistance + Consultations + New Clients) | 11,903 | 53,559 |

The Demonstration Projects also collected data on how many of their clients were already utilizing Medicaid **and** able to remain in their own homes because of EAI interventions. For the time period of FY07 through FY11, an estimated 1,291 clients fit this category. If the EAI had been statewide, this projected number would have been 5,841 individuals who would have been able to remain in their own home rather than be moved to a long term care setting.

The graph below illustrates the potential number of clients who could have remained in their homes had the EAI been available statewide.



CONCLUSIONS

- That elder abuse, neglect and financial exploitation (as defined by the Older Americans Act: Elder abuse is the abuse, neglect or exploitation of an individual age 60 or older) is grossly under reported and under recognized in Iowa as substantiated by the collected data. It is estimated based upon the data reported

- in the 22 counties served through the Elder Abuse Initiative program an estimated 41,656 older lowans, during FY07 and FY11, did not receive elder abuse related intervention, support and potential services.
- The EAI proved the need for an elder abuse system since only an estimated 16% of referrals met the dependent adult abuse criteria; meaning DHS had the authority to become involved. 84% of the EAI referrals did not meet the criteria of dependent adult abuse and therefore would have fallen between the cracks had EAI not been in those counties.
 - The success of the project was built upon interdisciplinary team work and intervention strategies.

RECOMMENDATIONS

- Establish a definition of elder abuse separate from dependent adult abuse
- Create a statewide elder abuse intervention system
- Amend Iowa Code Chapter 235B – allowing rejected referrals and referrals of individuals age 60 and older to be referred to the local Area Agency on Aging
- Identify gaps in criminal laws to address undue influence; non caretakers exploiting, neglecting and abusing individuals age 60 and older, and legal remedies to address misuse of POAs (Elder Abuse Law)
- Create a statewide Office of Substitute Decision Maker as many of the needs identified by the EAI demonstration projects related to the elder abuse victim needing an appropriate and trustworthy substitute decision maker