Futures Without Violence & the National Council of Juvenile & Family Court Judges (NCJFCJ) present:
E-Shien “Iggy” Chang, PhD
Hon. Tamara Curry (Ret.)

This project was supported by Grant No. 15JOVW-22-GK-03995 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed by program faculty and in program materials, including PowerPoint slides, handouts, and other program documents, are those of the authors and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.
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
No financial conflicts of interest to disclose.

Elder Abuse Research Supported By

K01 AG081540 (2023/04-2028/03)
NIA Career Development Award (PI: Chang)

T32 AG049666(2021/09-2023/03)
The Weill Cornell Medicine Research Training Grant in 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.

Ref: National Research Council, 2003
A quick look back…
Elder abuse has likely increased during the pandemic

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.

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
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.
Older persons’ vulnerability during disasters

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

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

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.

Weill Cornell Medicine
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
  o 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”
  o Responses: yes/no

• For participants who screened positive, subsequent questions included:
  o Perceived seriousness of the incident
  o Whether or not incidents have happened more frequently during the pandemic, compared to before

Ref: Chang et al, 2021, AJGP
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

Ref: Chang et al, 2021, AJGP
## Factors that predict elder abuse

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

Social-Ecological Model of 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

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

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

Reference: Butler, 1969, Gerontologist
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

Reference: Stereotype Embodiment Theory, Levy 2009
Butler, 1969, Gerontologist; WHO report
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
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

Ref: Chang et al, 2020, PlosOne
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

Ref: Chang et al, 2020, PlosOne
Racism Makes People Sick. 
As It Turns Out, Ageism is Worse. 

Proportion of racism studies that found negative effects of racism

- Yes: 64%
- No: 36%

Proportion of ageism studies that found negative effects of ageism

- Yes: 95%
- No: 5%
Most Well-Studied Ageism-Health Mechanism: Denied Access to Health Care

Chang et al, PlosOne, 2020
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

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

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

Figure 1  Higher structural ageism is associated with greater prevalence rates of violence against older persons.
Mechanism between structural ageism as a SDOH and elder mistreatment

One psychological pathway: Individuals’ negative age beliefs

- Exposure to structural ageism
  - β = 0.19*** → Negative age stereotypes
    - (β = 0.50***)
    - β = 0.45*** → Elder abuse proclivity
      - β = 0.22***

- Exposure to Structural ageism
  - β = 0.51*** → Negative age stereotypes
    - (β = 0.57***)
    - β = 0.49*** → Abusive Caregiving Behavior
      - β = 0.15**

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

Image credit: saludAmerica.org

Chang et al, Stigma and Health, 2023
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.

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

<table>
<thead>
<tr>
<th>Implicit Dehumanization</th>
<th>OR (95%CI)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.21 (1.01-1.48)</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

**Figure 2.** Association between Levels of Explicit and Implicit Dehumanization and Elder Abuse Proclivity

*p<.05, **p<.01, ***p<.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**

<table>
<thead>
<tr>
<th>Ageism Outcome</th>
<th>No. of Studies</th>
<th>Control Group</th>
<th>Intervention Group</th>
<th>Effect Size, $d_0$ (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes toward aging</td>
<td>53</td>
<td>2404</td>
<td>2783</td>
<td>0.33 (0.25, 0.42)</td>
</tr>
<tr>
<td>Knowledge on aging</td>
<td>19</td>
<td>818</td>
<td>756</td>
<td>0.42 (0.27, 0.57)</td>
</tr>
<tr>
<td>Comfort with older adults</td>
<td>9</td>
<td>286</td>
<td>348</td>
<td>0.50 (0.27, 0.57)</td>
</tr>
<tr>
<td>Anxiety about own aging</td>
<td>5</td>
<td>217</td>
<td>267</td>
<td>0.13 (-0.13, 0.38)</td>
</tr>
<tr>
<td>Working with older adults</td>
<td>6</td>
<td>388</td>
<td>375</td>
<td>-0.09 (-0.30, 0.12)</td>
</tr>
</tbody>
</table>

*Note. CI = confidence interval; $d_0$ = 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/
### Social Determinants of Health

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

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

Acknowledgements

Research Mentors and Collaborators

Tony Rosen, MD MPH
Mark Lachs, MD MPH
Karl Pillemer, PhD
Sara Czaja, PhD
Jeanne Teresi, EdD, PhD
Mildred Ramirez, PhD
David Hancock, PhD
Marie-Therese Connolly, JD
Danya Keene, PhD
Becca Levy, PhD
Joan Monin, PhD
Charles Mouton, MD, MS, MBA
Lori Porter/ Jeff Wellman, LNHA
Laura Mosqueda, MD
Lisa Rachmuth, LMSW
Sonya Jhaveri, DO
David Burnes, PhD
Maddie Sterling, MD, MPH

Research participants who graciously shared their time and wisdom with us
Thank you!

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
- jtalancon@ncjfcj.org

Thank you!