

A Response to the Abuse of Vulnerable Adults:

The 2000 Survey of State Adult Protective Services

The National Center on Elder Abuse

**The National Committee for the Prevention
of Elder Abuse**

**The National Association of Adult Protective
Services Administrators**

The National Association of State Units on Aging

**A RESPONSE TO THE ABUSE OF VULNERABLE ADULTS:
The 2000 Survey of State Adult Protective Services**

Pamela B. Teaster, Ph. D.

The National Center on Elder Abuse

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The National Association of Adult Protective Services Administrators

The National Center on Elder Abuse

Dedicated to the Memory of

Rosalie Wolf, Ph.D.

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NCEA exists to provide elder abuse information to professionals and the public; offer technical assistance and training to elder abuse agencies and related professionals; conduct short-term elder abuse research; and assist with elder abuse program and policy development. NCEA's website and clearing-house contain many resources and publications to help achieve these goals.

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EXECUTIVE SUMMARY

THIS EXECUTIVE SUMMARY HIGHLIGHTS results of a survey conducted by the National Association of Adult Protective Services Administrators (NAAPSA) for the National Center on Elder Abuse (NCEA). The study was conducted in 2000 and included responses from all 50 states plus the District of Columbia and Guam.¹ The study involved a total of 60 questions. Only one state (Texas) was able to provide responses for all the information requested.

Adult Protective Services

“ADULT PROTECTIVE SERVICES (APS) are those services provided to older people and people with disabilities who are in danger of being mistreated or neglected, are unable to protect themselves, and have no one to assist them” (NAAPSA, May 2001, p. 1). In most states, APS programs are the first responders to reports of abuse, neglect, and exploitation of vulnerable adults. A vulnerable adult is defined as a person who is either being mistreated or in danger of mistreatment and who, due to age and/or disability, is unable to protect him/herself. Though most APS programs serve vulnerable adults regardless of age, some serve only older persons (based either on their age or incapacity). A few programs serve only adults ages 18-59 who have disabilities that keep them from protecting themselves. Interventions provided by APS include, but are not limited to, the following: receiving reports² of adult abuse, neglect, or exploitation; investigating these reports; assessing risk; developing and implementing case plans, service monitoring, and evaluation. Further, Adult Protection may provide or arrange for a wide selection of medical, social, economic, legal, housing, law enforcement, or other protective emergency or supportive services (NAAPSA, May 2001).

Statutory and Program Information

WITH DATA FROM 53 RESPONDENTS, most APS programs had statutory and program coverage that included both younger and older adults (68.5% with statutes and 63.0% with programs). With data from all 54 respondents, the state administering body responsible for its elder/adult services program

was most typically administratively under the state human services agency and separate from the state unit on aging (SUA) (54.0%). Forty percent (40.0%) of programs were administratively under the SUA, while 6% had their administrative structures located in other agencies.

Investigatory Authority

OVER HALF OF APS PROGRAMS investigated in all settings. For those programs lacking the authority to investigate in all settings, all were authorized to investigate in domestic settings (100.0%), and over half investigated in institutional settings (68.5%). Approximately sixty-five percent (64.8%) investigated in mental health/mental retardation settings.

Reporters of Elder/Adult Abuse

WITH DATA FROM 54 RESPONDENTS, some form of reporting laws existed for all 54 respondents. The majority of states and territories named health care professionals, such as licensed and registered nurses, physicians, and nurse aids, as mandated reporters of elder/adult abuse. According to 46 respondents, reporting provisions were most typically first enacted in 1983.

Failure to Report Abuse

THIRTY FOUR (34) STATES (63.0%) specified time frames under which reports of abuse were expected to comply, which ranged from immediately (23 states/67.6%) to more than four (4) days (1 state/ 1.9%). The most common penalty for failure to report abuse was a misdemeanor with a possible fine and/or jail sentence (45.2%) (n=19). Financial penalties for failure to report ranged from a low of \$100 to a high of \$10,000. Regarding criminal penalties, nine (9) states had prosecuted someone for failure to report abuse.

Total Number of Reports Received

BASED ON FIGURES FROM 54 STATES, the total number of reports received was 472,813 elder/adult abuse reports for the most recent year for which data were available. State report totals ranged from a low of 108 reports to a high of 70,424 reports. From 32 respondents, complainants were family members (13.7%), followed by health care professionals (11.1%) and social service agency staff (10.0%).

Total Number of Reports Investigated

WITH INFORMATION FROM 49 RESPONDENTS, workers in APS programs investigated a total of 396,398 elder/adult abuse reports in the most

recent year for which data were available. Information provided above regarding number of reports received was not provided by the same states or as many states. Thus, the number of substantiated reports is not a subset of the number of received reports.

Total Number of Reports Substantiated

STATE RESPONDENTS (42) INDICATED that 166,019 reports were substantiated³ for the most recent year for which data were available, for a 48.5% overall substantiation rate. In this case, the number of substantiated reports is a subset of the number of the investigated reports indicated above. The 29 state respondents able to provide breakouts of substantiated reports by age identified a total of 40,156 substantiated reports of adults between 18-59 years of age, and 101,057 reports for individuals aged 60 and over.

Allegations Substantiated by Category

FROM INFORMATION FROM 40 STATES, the most frequently occurring substantiated allegation of maltreatment involved self-neglect (41.9%), followed by physical abuse (20.1%) and caregiver neglect/ abandonment (13.2%), for a total 169,946 multiple, substantiated allegations of maltreatment.

The Victims in the Reports

CONSISTENT WITH EARLIER STUDIES, 29 respondents indicated that victims in substantiated reports were predominately women (56.0%). From 24 respondents, more than half of the victims involved persons of Caucasian origin (65.8%), followed by African Americans (17.4%). From 15 respondents, for substantiated reports that excluded self-neglect, approximately half of abused older adults were 80 years of age and older (46.5%). In comparison, for substantiated cases of self-neglect (i.e., using 5 year increments from ages 60-85+), approximately a third (33.6%) involved persons 80 years of age and older.

When 21 respondents provided the same information under broader categories (e.g., persons 60+, 65+, and 18-59), persons 60+ were the victims of approximately sixty percent (59.3%) of reports excluding self-neglect and of sixty-three (63.0%) of self-neglect cases.

Reports/Investigations by Setting

FROM THE 38 RESPONDENTS who provided data, the majority of tracked APS reports (60.7%) involved domestic settings. Less than one in ten (8.3%) reports occurred in institutional settings. Twenty-three percent of

reports (23.3%) were not tracked by specific setting, and thus were categorized under the heading of “all settings.”

For substantiated reports, the most common location (42.5%) of abuse was in domestic settings (24 respondents). The “all settings” category accounted for 42.1% of the substantiated reports, with institutional and mental health settings substantiated in 8.5% and 2.4% of reports respectively.

The Perpetrators in the Reports

CONSISTENT WITH EARLIER STUDIES, perpetrators in substantiated reports (17 respondents) were most typically males (52.0%) between the ages of 36 and 50 (24.8%). Typically, from 25 respondents, perpetrators were family members (e.g., spouse, parents, children, grandchildren, siblings, and other family members) (61.7%), and in particular, spouses/ intimate partners (30.2%). The second largest category of perpetrator in substantiated reports was that of adult child (17.6%). The perpetrator was facility/ institutional staff in 4.4% of substantiated reports.

Abuse Registry/Database

TWENTY-ONE (21) STATES (38.9%) indicated that they maintained registries on perpetrators in substantiated cases, and slightly more than half (51.9%) did not maintain a central abuse registry (49 states).

Service Delivery and Outcomes

STATE RESPONDENTS (22) INDICATED THAT, on average, cases were kept open for 80.5 days. When APS services were offered, clients refused them in eleven percent (11%) of investigations (23 respondents). APS initiated court interventions or legal actions for the protection of victims/ clients in seven percent (7.0%) of cases (24 respondents). From 47 respondents, the most common category included in case closure options was that of death of the client (74.1%) or the client’s refusal of further services (74.1%).

Funding and Administration

WITH INFORMATION FROM 30 STATE RESPONDENTS, the average expenditure for an APS program was \$7,084,358. With 13 states responding, state respondents reported receiving an average of 2,987,648 from the Social Services Block Grant. Twenty-five (25) state respondents indicated receiving an average of \$4,607,112 from state and local funding sources. No state respondents reported receiving funding from private grants or other organizations.

Conclusion

ONLY ONE STATE (TEXAS) was able to provide information to all questions on the survey. Only 16 states were able to provide 85% or more of answers to the survey questions. In order to provide accurate information about abuse, neglect, and exploitation of vulnerable and/or older adults, APS programs should have the resources necessary to provide accurate state data, essential for ensuring both the freedom and safety of vulnerable and older adults.

Notes

1. References to “state respondents” include the District of Columbia and Guam.
2. The term “report” will be used throughout the document and also means complaints.
3. The term “substantiated” will be used throughout this and also means reports confirmed or validated.

DEDICATION

THIS REPORT IS DEDICATED TO THE MEMORY of Rosalie S. Wolf, Ph. D., (1927 – 2001). Rosalie was a member of the National Association of Adult Protective Services Administrators (NAAPSA) committee that developed the 2000 Survey of States and would have produced the final report, but for her death on June 26th. Called the “mother of the elder abuse field” and a “model of quiet competence and boundless hope,” Rosalie never seemed aware of the value she held for others, or of her own worth. Yet her passion, integrity, commitment, and productivity were truly remarkable. When one considers the incredible humility and deep compassion that accompanied those traits, her character rises to the level of legend.

Rosalie was a pioneer in the field of elder/adult protection. For example, in 1980, before many state Adult Protective Services (APS) programs were even conceived, much less in their infancy, she led for the Administration on Aging (AoA) the evaluation of the very first demonstration projects on elder abuse interventions. In 1985, Toshio Tatara, then Director of Research and Evaluation for the American Public Welfare Association, introduced her to the annual APS conference in Texas. By the next year, she was using the networking opportunity presented by the conference to found the National Committee for the Prevention of Elder Abuse, of which she was President. This organization later became a partner in the National Center on Elder Abuse.

She founded the *Journal of Elder Abuse and Neglect* in 1989. It remains the only scholarly publication on elder abuse and neglect in the United States. She went on to form the International Network on the Prevention of Elder Abuse, which she chaired until her death. She was active with the American Society on Aging and the Gerontological Society of America, tirelessly working to include and expand the role of elder abuse on their agendas.

A colleague remarked that Rosalie “moved nations into action about elder abuse issues.” She was a member of the World Health Organization’s Consulting Group for the World Report on Violence and the steering committee of the United Nations Working Group on Trauma. In 2000, she

co-edited a special edition of *Generations*, a quarterly publication of the American Society on Aging, which was devoted to elder abuse and neglect.

She advised the U.S. Department of Justice, the Department of Health and Human Services, the National Institute on Aging, and the National Academy of Sciences. She was director of the Institute on Aging at UMass Memorial Health Care in Worcester, MA and an assistant professor in the Department of Medicine and Family Practice at UMass Medical School.

Most importantly, she advised any and all who came to her for information and consultation. She was a living, breathing data bank on elder abuse, and no one ever needed a password to gain access. The many professionals she mentored are scattered around the planet.

Rosalie Wolf did not want to fade away, and she will not. Though we have lost the light of her physical presence, we have not lost its effects. Her leadership lives on in the body of work she amassed and the worldwide network she created. May her spirit continue to guide us.

Paula M. Mixson

November, 2002

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ADULT PROTECTIVE SERVICES CASES

(Note: Names are changed in order to protect confidentiality.)

RUBY was a 71 year old widow who lived with her son Wayne. A neighbor stated that her friend Ruby seemed more and more depressed as time went by. In a recent conversation between the two women, Ruby told her friend that, at night, after she was in bed, Wayne sat next to her bed and read to her. After turning out the light, he slipped his hand under the bed covers and into her pants. Then, he fondled her private parts for nearly half an hour, and the time was increasing both in duration and in frequency. When Ruby told the story to her neighbor, both women cried.

GLEND A, age 83, was admitted to the hospital with a ruptured left eye due to untreated glaucoma. Her hair was matted, and her clothes were soiled. She had sores on her legs. Her toenails were so long that they curved over and under her feet. Glenda lived with a daughter who had a history of mental illness. Their home was infested with roaches and cluttered with trash both inside and out.

MARION was a 53-year-old woman with developmental disabilities who had lived with her brother Hank since her parents died. She had been physically abused by Hank for several years but thought that if she told anyone she would have no place to live. She was also financially exploited by Hank, who was the payee for her Social Security check and used that money to support his drinking habit.

HARRY, age 72, was hospitalized due to the amputation of his leg. He signed over a power of attorney to his son, John. John did not have a job nor did his wife. Harry had an estate of \$400,000, plenty of money to support all of them. The son and his wife moved in and took over including remodeling the house and spending significant amounts of money on luxury items. Though they said they

remodeled a bathroom for Harry, the bathroom was not wheel chair accessible and no ramps were built to enable Harry to come and go from the house. Harry was very capable of making his own decisions but was told who he could see and was never included in making decisions about how his money was to be spent. Kept hostage in his own home, he never telephoned anyone because his son and daughter-in-law would listen in on the conversation and then yell at him. Other family members were told that they could not visit Harry unless they made prior arrangements with John, who summarily denied all of them contact.

INTRODUCTION

DESPITE THE FACT THAT the phenomenon of elder abuse has always existed, as with child abuse and woman battering, we know very little about it. The little we do know is gleaned primarily from small studies or through anecdotal information. Because of confidentiality protections, data are often difficult to ascertain, and, when permission is granted for its use, data vary significantly from state to state due to statutory guidelines regarding investigatory authority and reporting requirements. Though records are highly protected, one of the primary sources of data on vulnerable adult abuse is Adult Protective Services (APS), the agency of first response in most states when abuse, neglect, and/or exploitation of a vulnerable adult are suspected.

Regrettably, the cases of Ruby, Glenda, Helen, Marion, Harry, and others like them occur more frequently than we might guess, and, if they are addressed at all, are often provided limited resources to deal with egregious problems. The effects of elder abuse are real and powerful, particularly as they affect an older or vulnerable adult individual who is its unwitting victim. Bearing in mind the story of Ruby and the other vulnerable adults who are victims of abuse, neglect, and exploitation, we present the findings of the 2000 Survey of State Adult Protective Services.

Definition of Adult Protective Services

“ADULT PROTECTIVE SERVICES (APS) are those services provided to older people and people with disabilities who are in danger of being mistreated or neglected, are unable to protect themselves, and have no one to assist them” (NAAPSA, May 2001, p. 1). Because there were no federal statutes or funding directly related to the delivery of APS, each state developed its own system for service delivery. In every state, Adult Protective Services programs are usually the first responders to reports of abuse, exploitation and neglect of vulnerable adults. A vulnerable adult is defined as a person who is either being mistreated or in danger of mistreatment and who, due to age and/or disability, is unable to protect him/herself. Though most APS programs serve vulnerable adults regardless of age, some serve only older persons (based either on their age or incapacity). A few

programs serve only adults ages 18-59 who have disabilities that keep them from protecting themselves. Interventions provided by APS include, but are not limited to, the following: receiving reports⁴ of adult abuse, neglect, or exploitation; investigating these reports; assessing risk; developing and implementing case plans, service monitoring, and evaluation. Further, Adult Protection may provide or arrange for a wide selection of medical, social, economic, legal, housing, law enforcement, or other protective emergency or supportive services (NAAPSA, May 2001).

Background

STATES' PROVISION OF ADULT PROTECTIVE SERVICES emerged from government's concern for adults who could not manage their own affairs (Mathaisan, 1973; Quinn & Tomita, 1997; Regan, 1978; Regan & Springer, 1977). Protective services were funded in 1975 under Title XX of the Social Security Act. The title required funded protective services for all adults 18 years of age and older without regard to income (Quinn & Tomita, 1997). Emphasis was placed on persons found in situations that included abuse, neglect, and exploitation. Under this federal mandate, states authorized APS units in their local social service agencies, either through statutes or regulations. Many programs included mandatory reporting laws (Salend et al., 1984), modeled after child abuse reporting legislation, as well as involuntary interventions (Regan, 1981), such as emergency orders, and civil commitments (Schmidt, 1995).

In 1987, the federal government first described elder abuse, neglect, and exploitation under the Amendments to the Older Americans Act. Abuse is categorized as domestic abuse and institutional abuse. Within these broad categories, physical, sexual, emotional/psychological abuse may occur, along with neglect, self-neglect, abandonment, and financial exploitation (NCPEA, 2002). The abuse of vulnerable adults is projected to rise, for a number of reasons, including changes in family patterns, caregiving at a distance, greater numbers of older adults who are living longer, people who are living longer with chronic illness, including HIV, who are living longer, and the increased longevity of persons with developmental disabilities (Teaster, in press).

Attempts at a Nationwide Picture

THE FIRST ATTEMPT TO PRODUCE a national picture of elder abuse in domestic settings was undertaken by Dr. Toshio Tataru of the American Human Services Association (formerly American Public Welfare Association). This pioneering work was conducted under the auspices of

the National Aging Resource Center on Elder Abuse (NARCEA), which was funded by the Administration on Aging. Because, as Dr. Tatara acknowledged, “data collection on elder abuse [was] still in the beginning stages in most states,” there were great variations in the ways that states defined abuse as well as in the ways they collected, maintained, and reported data. Although he collected and published information for 1983, 1984, and 1985, there was insufficient information to draw a clear, national picture of elder abuse and, Tatara recognized that, because of the limitations of the data, “it was not possible to support or deny the contention that elder abuse is on the increase” (Tatara, 1986, p. vi).

In spite of these challenges, under his direction, NARCEA continued to collect information from protective services programs and to publish a summary of national data. Those summaries revealed an estimated 117,000 reports of domestic elder abuse in 1986 and 128,000 reports in 1987. Similar surveys conducted in 1993-1996 showed an increase of domestic elder abuse reports each year. The most recent analysis in the series covered the 1996 program year and reflected an estimated 293,000 reports of domestic elder abuse nationwide (Tatara & Kuzmeskus, 1997).

In 1998, the newly reconstituted and renamed National Center on Elder Abuse (NCEA) proposed to complete another study of state reporting data. The National Association of Adult Protective Services Administrators (NAAPSA), a NCEA partner, assumed leadership for the study. A research study committee was formed comprising representatives from NAAPSA and the National Committee for the Prevention of Elder Abuse (NCPEA), also a partner in the NCEA. The committee set out to design a survey instrument that could overcome some of the challenges identified by Tatara in previous studies (Tatara, 1986; Tatara & Kuzmeskus, 1997).

The committee recommended that the survey not be limited to abuse, neglect, and exploitation in domestic settings but also include reports of abuse in any place or facility in which APS workers conduct investigations. It was also recommended that, in addition to information on older adults, the survey include abuse reports involving vulnerable younger adults as well. Previous surveys had not included this population, because the focus of NARCEA was exclusively on elder abuse/older persons as well as adults with disabilities. Although most APS programs serve vulnerable younger adults as well as older persons, the committee wanted to gather information on the entire population receiving adult protective services.

After numerous iterations, the survey was mailed out to all state APS administrators in March 2000. The National Association of State Units on Aging (NASUA), the lead agency for the NCEA, assumed responsibility for developing a computerized version of the survey, which was available for completion at the same time the hard copy of the survey was mailed to respondents. Completed survey forms were received from all the 50 states, Guam, and the District of Columbia.⁵

Notes

4 The term “report” will be used throughout the document and also means complaints.

5 References in the report to “states” include Washington, D. C., and Guam, based on their responses.

PURPOSE

THE PURPOSE OF THE 2000 SURVEY of adult protective services was to obtain the most recent and accurate information available from states and territories on elder/adult protective services. The survey departed from earlier surveys in that it included data on younger and older vulnerable adults, in both domestic and institutional settings, on adult protective statutory and program information, investigatory authority, reporting requirements, complaints reported, categories of mistreatment, investigations, victims, perpetrators, and service delivery and outcomes, and funding and administration systems.

Information is provided in this report to assist researchers, program personnel, and policy makers in understanding the issues surrounding planning, program management, media inquiries, and resource allocation. The report provides the most current national statistics available concerning the abuse of vulnerable adults. In doing so, this report also allows a more accurate understanding of the scope of the problem than earlier reports.

Sample

THE SAMPLE FOR THIS STUDY included APS administrators in all 50 states, as well as the District of Columbia and Guam. Both Louisiana (e.g., LA1, LA2) and Oregon (e.g., OR1, OR2) have two separate protective services offices, one for protective services to vulnerable disabled adults and one for elder abuse victims. Both offices submitted reporting data on abuse, bringing the total number of respondents to 54.

Procedure

IN 1999, NAAPSA FORMED the Research Committee for this study. The Committee was chaired by Paula Mixson, Texas Adult Protective Services, and included other NAAPSA representatives. The Research Committee developed the data collection survey form, determined the specific data to be collected, and identified the state contacts needed to complete the survey. The NAAPSA Board of Directors assisted by reviewing and commenting on drafts of the survey instrument. For ease of completion, the survey was designed to be completed and returned by mail, fax, or by Internet submittal. Workplace Automation Solutions, consultant to NASUA, designed the on-line survey; Paula Mixson and Sara Aravanis, Director, National Center on Elder Abuse, provided consultation on web development. Data were collected from March – August 2000, with a 100% response rate. Data from hand-written surveys were keyed into the electronic database by NASUA staff. The Texas Department of Protective and Regulatory Services conducted preliminary statistical analyses. Rosalie Wolf, Ph.D., Principle Investigator (PI) and President of NCPEA, agreed to conduct final data analysis and draft the final report. Unfortunately, she did not complete the analysis and draft report due to her death in late June 2001.

Following the death of Dr. Wolf, Pamela B. Teaster, Ph.D., NCPEA Vice President, assumed the responsibility of PI for the project. Tyler Dugar, a candidate in the Ph.D. Program in Gerontology at the University of Kentucky, also assisted with the draft report. Georgia Anetzberger, Ph.D., NCPEA Board, Consultant, and formerly of the Benjamin Rose Institute; and Karen A. Roberto, Ph.D., Professor and Director, Center for

Gerontology, Virginia Tech; also consulted on the project. The Research Committee, comprising representatives of NAAPSA, NASUA, and NCPEA, conducted data checks for accuracy, provided consultation regarding the intent of survey questions, and reviewed report drafts.

Data Collection Instrument

THE DATA COLLECTION INSTRUMENT consisted of 60 items for completion and relied on states' independent data collection, that is, at their discretion, states provided information based on their own records for the most recent year for which data were accurate and available. The survey included the following categories: program year, respondent information, statutory information, program information, investigatory authority, reporting, complaints reported, categories of mistreatment, investigations, number and percentage of victims in substantiated/confirmed/validated reports by gender, ethnicity, and age; number and percent of total perpetrators in substantiated/confirmed/validated reports by gender and relationship to victim, service delivery and outcomes, and funding and administration.

Although most questions on the survey required primarily quantitative information, respondents also had the opportunity to add response categories and to explain or elaborate on their responses. Respondents could provide qualitative information under nine sections: program information, investigatory authority, reporting, complaints reported, categories of mistreatment, investigations, number and percent of total perpetrators in substantiated/confirmed/validated reports by gender and relationships to victim, service delivery and outcomes, and funding and administration. A copy of the survey instrument is on the Web at www.elderabusecenter.org.

Study Limitations

THERE ARE SEVERAL LIMITATIONS to the data collected. First, the 100% response rate does not apply to every question. Texas was the only state that provided an answer for every question. Only sixteen (16) states were able to answer 85% or more of the survey questions. Second, the reporting year differs from state to state. As a best effort, states provided data for the most recent reporting year that data were available. Third, different state APS structures and definitions confounded the reporting capacity for many states (e.g., different agencies collected different types of data).

FINDINGS

THIS SECTION PROVIDES INFORMATION gleaned from data provided by the 54 survey respondents (e.g., 50 states, District of Columbia, Guam, and the two separate protective services offices in Louisiana and Oregon). We stress that, although the presentation of the data reflects information in the aggregate, each report of abuse, neglect, and exploitation also reflects a significant, and often life-threatening, impact on a single and vulnerable adult.

Statutory and Program Information

- *What type of protective statute does your state have? (53 respondents)*
- *If you have an elder and/or adult protective statute, what was the effective year of its most recent amendment? (54 respondents)*
- *What type of protective program does your state have? (53 respondents)*
- *If you have an elder and/or adult protective statute, what was the effective year of its most recent amendment? (54 respondents)*

States were asked to provide information about the populations protected by state statutes in order to reflect the specific statutory language describing the specific protected population (e.g., elder only, adult only, elder and younger adults, no statute) as well as the effective date of its most recent statutory amendment. The survey question sought to clarify if the statute protected only elderly persons; both elderly and younger persons; couched protection in terms of adults, (e.g., vulnerable adults, or adults with disabilities only); or capture if the statute existed at all.

Additionally, states were asked to provide information about the nature of their program (e.g., elder only, adult only, elder and younger adults, no program) and the date of program establishment. The survey question on programs mirrored the statutory question above, but phrased it in terms of states' programs rather than enabling statutes. This survey question sought to clarify if the program protected only elderly persons; both elderly and younger persons; couched protection in terms of adults, (e.g., vulnerable adults, or adults with disabilities only); or capture if the program existed at all.

Understanding the meaning of the “adults only” responses is not possible without examining the responding states’ definitions of the populations served as well as the administrative locus of the programs providing the services. In one state, “adult only” might be restricted to a specific age range, (e.g., 18-64). In another, “adult” might apply to any person who meets the statutory criteria for eligibility for protection, (e.g., vulnerability or disability, regardless of the person’s age), and therefore, encompass a specific population of elderly and/or vulnerable persons.

As stated earlier, in two of the responding states, Louisiana and Oregon, the responsibility for protective services for older and younger adults was divided between different entities in the state. Thirty-seven (37) states had a statute that included both younger and older adults. Similarly, 34 states had a program covering both younger and older adults.

Table 1: States with Protective Services Statutes and/or Protective Services Programs

Category	Statute		Program	
	n	%	n	%
Elder only	8	14.8	8	14.8
Adult only	8	14.8	11	20.4
Younger & Elder Adults	37	68.5	34	63.0

See Appendix A, Table 1, for state breakouts.

Number of states responding to this survey question: 53

The states with an elder and/or adult protective statute provided information about the effective date of their most recent amendments (54 states) and when their programs were established (54 states). Responses ranged from 1981 to 2000, with the modal response as 1999, and the mean response as 1996. Program development took place from 1971 to 1999, with the modal response as 1981, and the mean response as 1982.

Statutorily Authorized Populations Served By APS

- *What populations of adults are served under your elder/adult protective statute? (54 respondents)*

Fifty-four (54) states provided data regarding the populations they were authorized to serve under their elder/adult protective statute (Table 2).

States provided multiple responses. Thirty-three (33) states (61.1%) reported serving vulnerable or disabled adults of all ages, which included elderly victims, and 38.9% reported serving adults between 18-65 years of age. Over a third of the states (35.2%) served adults 60 years of age and older, while approximately a fifth (20.4%) reported serving those 65 years and older. Other populations served included dependent adults 18-64, adults with a physical or mental dysfunction, any resident of a nursing facility, and adults with mental retardation.

Table 2. Populations Served Under Elder/Adult Protective Statute

Populations Served	States	%
Adults 60+	19	35.2
Adults 65+	11	20.4
Vulnerable/Impaired Adults 60+	8	14.8
Vulnerable/Impaired Adults 65+	8	14.8
Vulnerable/Disabled Adults 18-65	21	38.9
Vulnerable/Disabled Adults, All Ages	33	61.1
Other	4	7.4

See Appendix A, Table 2, for state breakouts.

Note: Multiple responses were given by several states.

Number of states responding to this survey question: 54

Program Administration

- *What is the state administrative agency for the elder/adult protective services program? (54 respondents)*

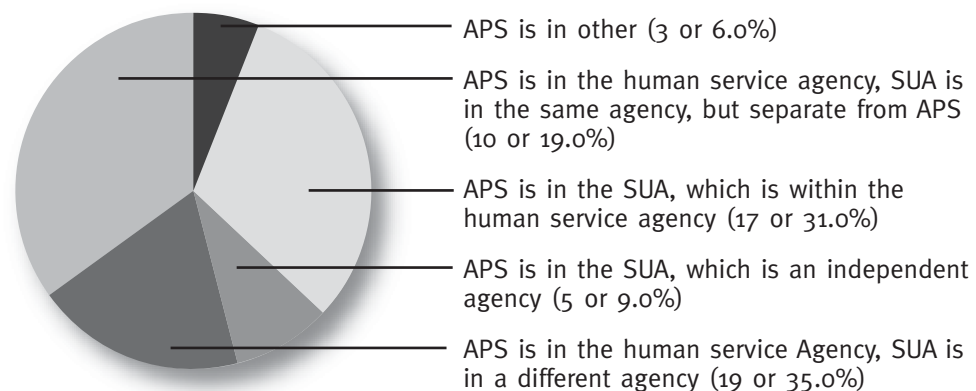
Respondents were asked to identify the state body administratively responsible for their elder/adult protective services program (Chart 1). For 19 states, the APS program was in a division of the state human service agency, while the SUA was an entirely different agency or was located in an entirely different agency. For 10 states, both APS and the SUA were separate divisions of the same state human service agency. Summing these two, for 29 states (54%), APS programs were administratively under a state human service agency and separate from the SUA.

The other predominate administrative structure for elder/adult protective services was a SUA located within the state's human service agency. In 17 states, APS was part of an SUA located within the human services agency. In five states (9%) APS was part of an SUA that was an independent

agency. Summing these two, for 22 states (40%), APS programs were administratively under the SUA.

Three states (6%) indicated that their APS programs had their administrative structure in other agencies. The APS program in Kansas was located in the state public welfare agency. Minnesota had its APS program in the Family Independence Agency, and Texas was in a human services agency under the umbrella of the Texas Health and Human Services Commission and independent of the Texas Department of Human Services and the SUA.

Chart 1. Structure of the State Administrative Agency for Elder/Adult Protective Services



Number of states responding to this survey question: 54

Investigatory Authority

- Is the responsibility for all elder/adult protection (e.g., domestic and institutional) in your state vested in one program? (54 respondents)
- If the responsibility for all elder/adult protection (e.g., domestic and institutional) in your state is not vested in one program, in what settings does it have authority? (54 respondents)
- If the responsibility for any setting (listed provided in the question above) does not lie with your program, please identify the program/agency that is responsible for each. (13 respondents, domestic settings; 29 respondents, institutional settings; 28 respondents, mental health/mental retardation)

In some states, adult protection had responsibility for providing services to elderly and/or disabled victims of abuse regardless of whether the victims resided at home (domestic) or in some sort of facility (institution). Thirty-one (31) out of fifty-four (54) respondents (57.4%) had the responsibility for all elder/adult protection (e.g., institutional and domestic) vested in one program.

All (100.0%) of the respondents to this survey had the authority to provide protective services to victims living in their own homes (domestic settings). Thirty-seven (37) states (68.5%) had the authority to provide protective services in institutional settings such as nursing homes. Thirty-five (35) states (64.8%) had authority for elder/adult protection in mental health/mental retardation settings (Table 3). For states in which the responsibility for any setting did not lie with the APS program, domestic settings were handled by such agencies as the services division for the mentally ill, institutional settings were handled by agencies such as the department of health or the ombudsman, and mental/health/mental retardation settings were handled by agencies such as departments of mental health.

Table 3. Scope of Investigatory Authority

Location	Number	%
All settings	31	57.4
Domestic settings	54	100.0
Institutional settings	37	68.5
Mental health/mental retardation settings	35	64.8
Other	37	68.5

See Appendix A, Table 3, for state breakouts

Note: Multiple responses were given by several states.

If states marked "all settings," all listed settings were included.

Number of states responding to this survey question: 54

Reporters of Elder/Adult Abuse

- *Does your state have an elderly/adult abuse reporting law? (54 respondents)*
- *Who is mandated to report? (see Table 4 for individual state responses)*
- *In what year were the first reporting provisions enacted? (46 respondents)*

All 54 respondents had an elder/adult abuse reporting law. In other words, all adult protection programs took reports—either by phone or in person—of adult/elder abuse, exploitation and neglect. Respondents specified who was required or encouraged to report incidents of elder/adult abuse

(Table 4). Five (5) states did not list anyone as a mandatory reporter (CO, DE, NY, SD, and WI). The majority of states and territories named health care professionals, such as licensed and registered nurses, physicians, and nurse aides, as mandated reporters of elder/adult abuse. Law enforcement officers, psychologists, dentists, social workers, and psychologists were also named by at least half of the states as mandated reporters. Only one state (Maryland) specified the victim as a mandated reporter, and no states specified friends and neighbors as mandated reporters, although 16 states mandated reporting by “Any Person.” A number of states encouraged but did not mandate public employees, attorneys, clergy members, public officials, bankers, and animal control workers to report.

Forty-six (46) respondents answered a question concerning the year reporting provisions were first enacted. They indicated that reporting provisions were first enacted between 1974 and 1999. The mean year was 1983, and the modal year was 1981.

Table 4. Reporters of Adult/Elder Abuse

Individual	Mandated		Encouraged	
	n	%	n	%
Licensed Nurses	31	57.4	6	11.1
Physicians	31	57.4	5	9.3
Health Care Professionals	30	55.6	6	11.1
Law Enforcement Officers	30	55.6	6	11.1
Psychologists	30	55.6	6	11.1
Social Workers	30	55.6	6	11.1
Home Health Personnel	29	53.7	7	13.0
Registered Nurses	29	53.7	6	11.1
Dentists	29	53.7	5	9.3
Nursing Home Staff	28	51.9	8	14.8
Mental Health Workers	27	50.0	8	14.8
Nurse Aides	27	50.0	8	14.8
Human Services Agency Staff	25	46.3	9	16.7
Pharmacist	21	38.9	12	22.2
Long-Term Care Ombudsman	21	38.9	11	20.4
Coroners	20	37.0	13	24.1
Area Agencies on Aging	19	35.2	11	20.4
EMT/Firefighters	18	33.3	13	24.1
Any Person	16	29.6	33	61.1
Other	16	29.6	9	16.7
Public Employees	11	20.4	21	38.9
Attorneys	8	14.8	21	38.9
Clergy	7	13.0	22	40.7
Public Officials	4	7.4	24	44.4
Bankers	2	3.7	26	48.1
Animal Control	2	3.7	25	46.3
Family Members	1	1.9	28	51.9
Self/Victim	1	1.9	26	48.1
Friends/Neighbors	0	0.0	28	51.9

See Appendix A, Table 4, for state breakouts

Note: Multiple responses were given by several states

Number of states responding to this survey question: 53

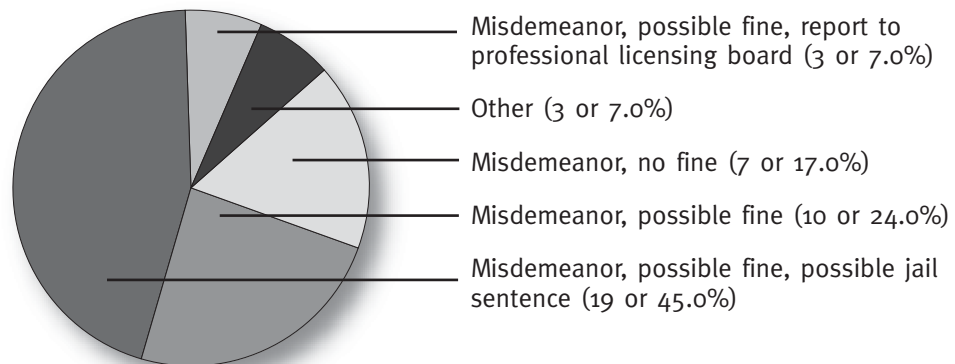
Failure to Report Abuse

Sanctions for Failure to Report Abuse

- Does your state law specify a consequence for failure of mandatory reporters to report abuse? (53 respondents)
- What is your state's penalty for failure to report? (42 respondents)
- What is your state's financial penalty for failure to report? (38 respondents)

Eleven (11) states (20.4%) reported that there were no statutory consequences for failure of mandated reporters to report abuse, compared to 42 states (77.8%) with a specified consequence. The most common consequences for failure to report are summarized in Chart 2. The most common consequence was a misdemeanor with a possible fine and/or jail sentence (45.2%). Failure to report incurred a misdemeanor with a possible fine in 23.8% of states, a misdemeanor with no fine in 17% of states, and a misdemeanor with a possible fine and report to professional licensing board in 7.0% of states.

Chart 3. Sanctions



Number of states responding to this survey question: 42

The 38 states indicating a financial sanction revealed diverse penalties, ranging from \$100 to \$10,000. For example, Virginia had a progressive system in which the first offense was \$500 and additional offenses were \$1000. Minnesota held offending parties liable for damages from a failure to report, with a penalty of \$1000. For states that imposed jail terms for individuals who failed to report adult/elder abuse, incarceration times ranged from ten days to one year, in addition to fines between \$100 and \$5000.

Timeframes for Failure to Report Abuse

- *If your state law has a reporting provision, does the law specify how quickly or indicate time frames within which reporters are to report? (53 respondents)*
- *If your state has a reporting provision, what is the time frame in which the report must be made? (34 respondents)*

Thirty-four (34) states (63.0%) specified time frames under which reporters of adult/elder abuse were expected to comply. Nineteen (35.2%) states had no time frame. Of those states that specifying a response time, requirements varied from immediately (23 states/67.6%) to more than four days (1 state/1.9%).

Prosecution Rates for Failure to Report Abuse

- *Has anyone ever been prosecuted for failure to report? (52 respondents)*

Regarding prosecution rates for failure to report abuse, only 9 states (16.7%) had prosecuted someone for failure to report abuse. Twenty-three states (42.6%) had yet to prosecute anyone, and 20 states (37.0%) did not know if any cases were prosecuted.

Investigatory Requirements

Time Frames for Beginning an Investigation

- *Does your program have rules/policies/regulations regarding the time frame for beginning an investigation after a report has been received? (52 respondents)*
- *Specify the time frames, in hours, for reports/complaints that are judged to be emergencies. (40 respondents)*

Fifty-two (52) states (96.3%) indicated that their program had rules/policies or regulations regarding the time frame for beginning an investigation after receiving a complaint. Forty (40) states (74.1%) had time frames for responses to emergency cases, ranging from immediately to 48 hours (Table 5).

Table 5. Time Frame for Emergency Reports

Time Frame (Hours)	States	% of Responding States
0 (Immediately)	13	32.5
1	1	2.5
2	2	5.0
3	1	2.5
5	1	2.5
24	20	50.0
48	2	5.0
Total	40	100.0

See Appendix A, Table 5, for state breakouts.

Number of states responding to this survey question: 40

Length of Investigation

- What policies/rules/regulations does your program have regarding the maximum length (in days) of an investigation? (47 respondents)
- What is the average length of an investigation in your program? (27 respondents)

With 47 states responding, states' responses regarding maximum length of an investigation ranged from 15 states with no policy to one state (Washington) indicating 120 days (Table 6). Following "no policy," a maximum investigation period of 30 days was the most common response (14 states). The average length for the investigation policy was twenty-nine (29) days. With 27 states responding, the average length of an investigation was 29 days.

Table 6. Maximum Investigation Length Policy

Time Frame (Days)	Respondents
No Policy	15
10	2
14	1
30	14
45	4
60	8
90	2
120	1
Total	47

See Appendix A, Table 6, for state breakouts.

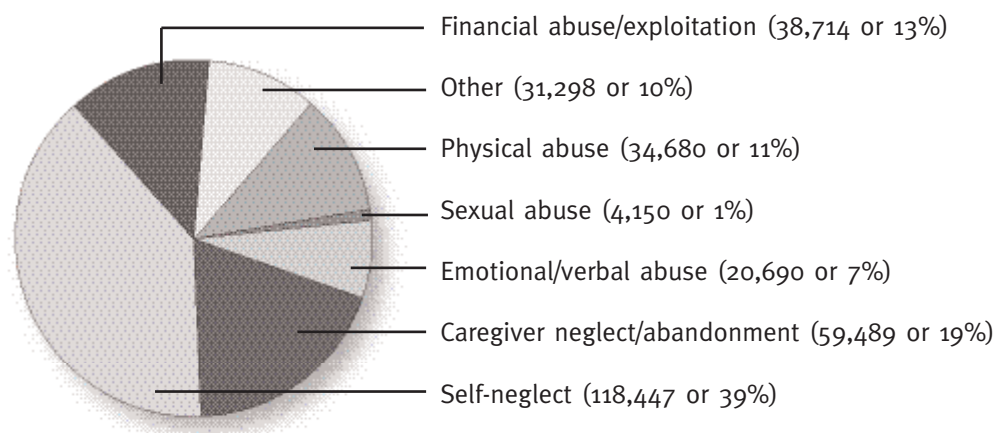
Number of states responding to this survey question: 47

Categories of Alleged Mistreatment Investigated by APS

- *What categories of alleged mistreatment does your elder/adult protective program investigate? Enter number in each category (44 respondents)*

Forty-four (44) of respondents (79.6%) provided data for elder/adult abuse categories of mistreatment (Chart 3). The largest category was self-neglect, which made up 118,447 (39.0%) of allegations investigated. Caregiver neglect/abandonment made up 59,489 (19.0%) of cases, financial abuse/exploitation 38,714 (13.0%), physical abuse 34,680 (11.0%), emotional/verbal abuse 20,690 (7.0%), and sexual abuse accounted for 4150 (1.0%) of the cases. Another 31,298 cases were reported as “other” (e.g., confinement, isolation, and denial of essential services).

Chart 4. Categories of Allegations of Investigated Mistreatment/Abuse



*Note: Multiple categories of allegations may be included in one case.
Number of states responding to this survey question: 44*

Reports Received, Reports Investigated, and Reports Substantiated

Total Number of Reports Received (54 respondents)

- *What is the total of elder/adult abuse reports/complaints received by your program in the most recent year for which data are available? (54 respondents)*
- *Does the total indicate new reports only, new reports and reports on existing cases, other? (54 respondents)*

States were asked to indicate the total of elder/adult reports received by their programs in the most recent year for which data were available. Based on figures from 54 states, the total number of reports received was 472,813. State report totals ranged from a low of 108 reports to a

high of 70,424 reports. Reports received, investigated, and substantiated are presented in Table 8.

The totals above represented new reports (i.e., there was no open case on the alleged victim when the report was received) for 26 (48.1%) of the states, and a combination of new reports and reports on existing cases (i.e., currently open cases in which an additional report was now being made) for 23 (42.6%) states. Five states (9.3%) did not indicate if their reports were either new or new and existing.

Numbers of Reports by Complainant

- *What are the sources of elder/adult abuse complaints to your agency? (32 respondents)*

States provided information on the sources of elder/adult abuse complaints to their program by category of complainant. These data, provided by 32 respondents, differ from those above both by number of states responding to the question and by nature of the question (i.e., breakout of reports by complainant). Thus, the number of complaints/reports indicated below is not equal to the total number of reports indicated above. Table 7 summarizes the sources of elder abuse reports by type of complainant. Family members initiated the most complaints, or 32,667 (13.7%). Health care professionals, social service agency staff, and law enforcement officers followed closely with 26,544 (11.1%), 24,031 (10.0%), and 22,923 (9.5%), respectively. The victims themselves reported the abuse in 19,023 (8.0%) cases. Area Agencies on Aging, pharmacists, public officials, coroners, EMT/firefighters, psychologists, attorneys, clergy and bankers each represented less than 0.5% of total cases. Other sources of elder/adult abuse complaints included landlords, therapists, advocates, and senior center staff.

Table 7. Sources of Elder/Adult Abuse Complaints to Agencies

Rank	Source of Complaint/Report	Number of Complaints/Reports	% of Total
1	Family Members	32,667	13.7
2	Health Care Professionals	26,544	11.1
3	Social Service Agency Staff	24,031	10.0
4	Law-Enforcement Officers	22,923	9.5
5	Self/Victim	19,023	8.0
6	Any Person	18,950	7.9

Rank	Source of Complaint/Report	Number of Complaints/Reports	% of Total
7	Friends/Neighbors	14,708	6.2
8	Anonymous	11,904	5.0
9	Social Workers	7,804	3.3
10	Nursing Home Staff	6,144	2.6
11	Nurses/Nurses Aides	6,098	2.6
12	Public Employees	5,782	2.4
13	Home Health Personnel	5,762	2.4
14	Mental Health Workers	4,095	1.7
15	Physicians	2,301	1.0
16	Paid Caregivers	1,272	0.5
17	Long-Term Care Ombudsman	1,235	0.5
18	Area Agencies on Aging	968	0.4
19	Pharmacists	831	0.3
20	Public Officials	609	0.3
21	Coroners	586	0.2
22	EMT/Fire Fighters	403	0.2
23	Psychologists	342	0.1
24	Attorneys	268	0.1
25	Clergy	243	0.1
26	Bankers	215	0.1
	Other	23,418	9.8
TOTAL		239,126	100.00

Number of states responding to this survey question: 32

Total Number of Reports Investigated

- *What is the total number of elder/adult protective reports/complaints investigated in your program in the most recent year for which data are available? (49 respondents)*

With information from 49 (90.7%) respondents, workers in APS programs investigated a total of 396,398 elder/adult abuse reports in the most recent year for which data were available (Table 8). It is important to note that the information provided regarding number of reports received indicated earlier (e.g., 54 respondents, 472, 813 reports) is not provided by the same states or as many states as the number of substantiated reports and may not reflect the same reporting year. Thus, the number of substantiated reports is not a subset of the number of received reports.

Total Number of Reports Substantiated

- How many of the total number of reports in the reporting period indicated above were substantiated/confirmed/validated? (42 respondents)

With information from 42 (77.8%) respondents, workers in APS programs substantiated 166,019 reports in the most recent year for which data were available (Table 8). It is necessary to note that, here, the number of substantiated reports (e.g., 54 respondents, 472, 813) does represent a subset of the investigated reports (e.g., 49 respondents, 396,398 reports), but fewer states provided the number of substantiated reports than provided the number of investigated reports. We calculated the substantiation rate (48.5%) based only on the 41 states that provided both investigated and substantiated reports. The term *substantiated* report was not defined in the study; states were allowed to use their own discretion in applying this term to their data.

Table 8. Investigated and Substantiated Reports by State

State	Reports Received	Reports Investigated	Reports Substantiated	Substantiated Rate (%)
AK	768	534	480	90.0
AL	5,368	5,368		
AR	2,940	2,940	260	8.8
AZ	10,017	7,651	4,741	62.0
CA	70,424	47,921	23,431	48.9
CO	5,685	5,685	4,548	80.0
CT	3,479	3,479		
DC	1,628	905	317	35.0
DE	841	841		
FL	29,408	29,408	649	2.2
GA	12,000			
GU	211	211	7	3.3
HI	450	450	213	47.3
IA	934	934	250	26.8
ID	2,300	2,300	1,150	50.0
IL	7,157	6,508	4,103	63.5
IN	8,765	8,765	8,765	100.0
KS	4,929	4,929	960	19.5
KY	28,507	28,507	17,210	60.4
LA1	3,164	2,887	1,749	60.6

State	Reports Received	Reports Investigated	Reports Substantiated	Substantiated Rate (%)
LA2	4,470	966	397	41.1
MA	6,025	4,779	2,188	45.8
MD	3,824	3,824	2,158	56.4
ME	2,895	1,616	727	45.0
MI	10,320	9,142		
MN	10,894	2,580		
MO	14,782	13,083	7,036	53.8
MS	1,536	1,536	256	16.7
MT	2,300	2,300		
NC	8,754	8,754	2,101	24.0
NE	2,627	2,118	1,134	53.5
NH	1,428	1,192	673	56.5
NJ	5,681	4,926	3,092	62.8
NM	9,276	4,942	1,454	29.4
NV	3,029	3,029	1,454	48.0
NY	26,630	19,700		
OH	12,883	12,883	6,944	53.9
OK	13,652	11,383	7,492	65.8
OR1	1,280	1,280	461	36.0
OR2	10,262	10,199	4,262	41.8
PA	9,738	9,738	2,830	29.1
RI	952			
SC	3,771	3,771		
SD	373			
TN	5,844	5,844	3,565	61.0
TX	66,606	63,294	36,296	57.3
UT	2,215	2,215	635	28.7
VA	10,648	10,648	6,330	59.4
VT	1,283	573	43	7.5
WA	10,079	10,079	4,032	40.0
WI	3,073	3,073	1,593	51.8
WV	6,600	6,600		
WY	108	108	33	30.6
TOTAL	472,813	396,398	166,019	48.5

Number of states responding to the survey questions pertaining to this information:

- Reports received (54 respondents)
- Reports investigated (49 respondents)
- Reports substantiated (42 respondents)
- Substantiation rate (41 respondents)

The numbers reflect totals reported by individual states.

Substantiated Reports by Age Categories

- Provide the number of substantiated/confirmed/validated reports by age. (29 respondents)

States were asked to provide specific, individual responses regarding substantiated reports by age category (Table 9). States with the largest number of substantiated reports were California and Texas. For the 29 states able to break out substantiated reports by age category, there was a total of 40,156 substantiated reports for adults age 18-59 years (24 states), and 101,057 substantiated reports for individuals age 60+ (27 states).

Table 9. Substantiated Reports by State and Age Group

STATE	SUBSTANTIATED REPORTS, AGES 18-59	SUBSTANTIATED REPORTS, AGES 60+
AR	57	203
CA	15,890	32,031
CO	1,364	3,184
FL	149	500
GU	4	2
HI	52	161
IA	90	160
IL		4,103
IN	2,416	6,347
KY		2,027
LA1	397	1,749
MA		2,188
MD	1,407	
ME	119	603
MI		
NE	428	706

STATE	SUBSTANTIATED REPORTS, AGES 18-59	SUBSTANTIATED REPORTS, AGES 60+
NH	177	496
NJ	298	2,794
NV		1,454
OH	518	5,797
OK	2,248	5,224
OR ₁	417	27
PA		2,830
SD	100	312
TN	600	3,019
TX	13,163	23,131
UT	214	418
VT	20	
WI	8	1,582
WY	20	9
TOTAL	40,156	101,057

Allegations Substantiated by Category

- *Categorize the types of maltreatment found in cases substantiated/confirmed/validated by your program (40 respondents)*

Table 10 shows the types of allegations that were substantiated by the programs for specific categories of physical abuse, sexual abuse, and emotional/psychological/verbal abuse; caregiver neglect/abandonment; self-neglect; financial abuse/exploitation; and other. The greatest number of cases was those involving self neglect (41.9%), followed by physical abuse (20.1%). Data provided by the forty states indicated that there were 169, 946 multiple, substantiated allegations of maltreatment. Other forms of maltreatment included confinement/isolation and denial of essential services.

Table 10. Types of Substantiated Allegations of Maltreatment

Type of Maltreatment	States	# of Allegations	% of Allegations
Self-Neglect	31	71,216	41.9
Physical Abuse	38	34,261	20.1
Caregiver Neglect	31	22,500	13.2
Financial Exploitation	37	16,679	9.8
Emotional/Verbal Abuse	28	13,689	8.1
Sexual Abuse	32	1,288	0.8
Other	15	10,313	6.1
TOTAL		169,946	100.0

See Appendix A, Table 10, for state breakouts

Note: Includes multiple, substantiated allegations in substantiated cases.

Number of states responding to this survey question: 40

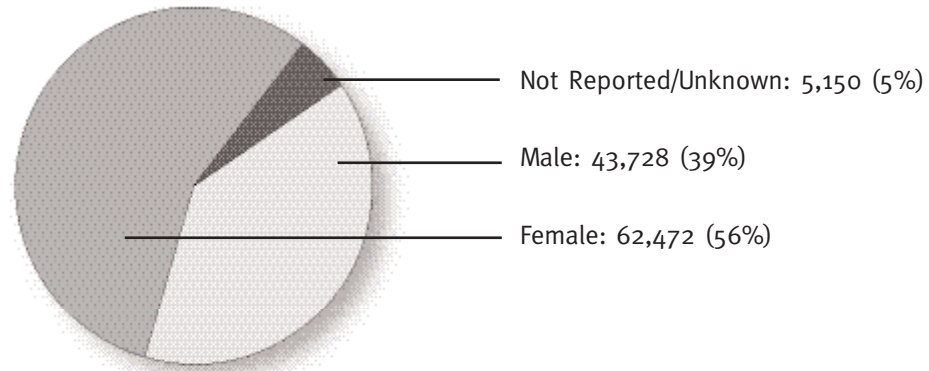
The Victims in the Reports

- *What were the genders of victims in the substantiated/confirmed/validated reports in your total of substantiated reports indicated above? (29 respondents)*
- *What was the race/ethnicity of victims in the substantiated confirmed/validated reports in your total of substantiated reports indicated above? (24 respondents)*

Gender

ACCORDING TO THE 2000 CENSUS, 59.0% of the total United States population was women over the age of 65, and 41% were men aged 65 and over. With data from 29 respondents, the majority of elder abuse victims in substantiated reports were women 62,472 (56.0%) aged 60 and over. Men aged 60 and over represented 43,728 (39.0%) of reports of elder abuse. Five percent 5,150 (5.0%) of reports did not specify gender.

Chart 5. Gender of the Victims



Number of states responding to this survey question: 29

Race/Ethnicity of Victims

ACCORDING TO THE 2000 CENSUS, 84% of the elderly population was non-Hispanic white, 8% were non-Hispanic Black, 5% were Hispanic, and 4% were other. Table 11 shows responses from 24 states that tracked victims’ race and ethnicity. Sixty-five percent (65.8%) of the reports involved Caucasians, (17.4%) involved African Americans, and (10.5%) involved Hispanics. Native American and Asian/Pacific Islander represented (0.9%) and (0.4%) of victims, respectively.

Table 11. Race/Ethnicity of Victims

Race/Ethnicity	States Reporting	# of Reports	% of Reports
Caucasian	21	56,603	65.8
African American	19	14,947	17.4
Hispanic	14	9,057	10.5
Native American	14	772	0.9
Asian/ Pac. Islander	16	351	0.4
Other	9	450	0.5
Not Reported	9	3,865	4.5
Total		86,045	100.0

See Appendix A, Table 11, for state breakouts.

Number of states responding to this survey question: 24

Age of Victims

- Excluding self-neglect, what were the ages (in five year increments) of victims in the confirmed/validated reports in your total of substantiated reports indicated above? (15 respondents)
- For self-neglect cases only, what were the ages (in five year increments) of victims in the confirmed/validated reports in your total of substantiated reports indicated above? (7 respondents)
- Excluding self-neglect, what were the ages of victims in the confirmed/validated reports in your total of substantiated reports indicated above? (21 respondents)
- For self-neglect cases only, what were the ages of victims in the confirmed/validated reports in your total of substantiated reports indicated above? (14 respondents)

Using five year increments, 15 respondents provided information about victims of adult/elder abuse excluding self-neglect as well as self-neglect reports alone (Table 12). In substantiated reports excluding self-neglect, those adults 80 years of age and older (46.5%) suffered the greatest share of abuse. A third (33.6%) of the substantiated reports of self-neglect involved adults 80 years of age and older.

Table 12. Five Year Age Increments of Older Adult Victims in Substantiated Reports

Age	ALL REPORTS EXCEPT SELF-NEGLECT			REPORTS OF SELF-NEGLECT		
	States Reporting	# of Reports	% of Reports	States Reporting	# of Reports	% Reports
85+	10	4,015	24.7	6	3,251	18.1
80-84	9	3,555	21.8	6	2,795	15.5
75-79	9	3,076	18.9	6	3,479	19.3
70-74	10	2,605	16.0	6	3,345	18.6
65-69	10	1,920	11.8	7	2,852	15.8
60-64	10	1,107	6.8	7	2,279	12.7
TOTAL		16,278	100.0		18,001	100.0

Number of states responding to this survey question: 15

Note: Reports may include multiple allegations.

Table 13 reflects information provided by 21 states whose tracking system did not permit them to report victim ages in five year increments. The 60+ age category had the greatest percentage of both substantiated reports for all reports except self-neglect (71.0%) and reports of self-neglect (79.6%).

Table 13. Age Categories for Younger and Older Victims in Substantiated Reports

Age	ALL REPORTS EXCEPT SELF-NEGLECT			REPORTS OF SELF-NEGLECT		
	States Reporting	# of Reports	% of Reports	States Reporting	# of Reports	% Reports
65+	4	2,814	11.7	2	2,735	16.6
60+	12	14,251	59.3	10	10,396	63.0
18-59	17	6,310	26.2	9	3,201	19.4
Other	5	662	2.8	2	159	1.0
TOTAL		24,037	100.0		16,491	100.0

Number of states responding to this survey question: 21

Note: Reports may include multiple allegations.

Reports/Investigations by Setting

- *By setting, enter the number of reports or investigations that were tracked. (38 respondents)*
- *By setting, enter the number of reports or investigations that were substantiated. (24 respondents)*

States were asked to provide, by setting, the number of reports or investigations that they tracked (Table 14). From data provided by 38 states, the majority (60.7%) of reports/investigations received involved domestic settings. Less than one in ten (8.3%) of reports received occurred in institutional settings, while 23.3% were categorized as “all settings.”

Table 14. Settings of Reports/Investigations

Setting	# of States	# of Reports/ Investigations	% of Reports/ Investigations
Domestic	30	229,386	60.7
Institutional	22	31,277	8.3
Mental Health/ Mental Retardation	11	22,820	6.0
All Settings	17	88,042	23.3
Other	8	6,603	1.7
Total		378,128	100.0

Note: Multiple responses were given by several states.

Number of states responding to this survey question: 38

States were also asked to provide, by setting, the number of substantiated reports or investigations (Table 15). From the data provided by 24 states, domestic settings were the most common (42.5%). The “all settings” category accounted for 42.1% of the settings, with institutional and mental health settings reported as 8.5% and 2.4% respectively. Other accounted for 1.7% of reports received and 4.5% of reports substantiated.

Table 15. Settings of Substantiated Reports/Investigations

Setting	# of States	# of Reports/ Investigations	% of Reports/ Investigations
Domestic	14	25,365	42.5
Institutional	10	5,072	8.5
MH/MR*	8	1,460	2.4
All Settings	13	25,148	42.1
Other	6	2,682	4.5
Total		59,727	100.0

Note: Multiple responses were given by several states.

Number of states responding to this survey question: 24

**Mental Health/Mental Retardation*

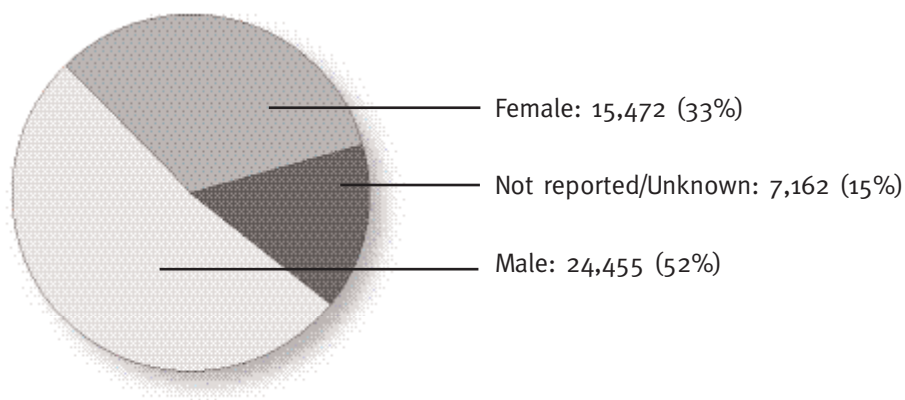
The Perpetrators in the Reports

Gender

- *What are the genders of the perpetrators in the substantiated/confirmed/validated reports related to your answer regarding total substantiated reports? (17 respondents)*

Chart 5 displays the relationship between male, female, and unspecified gender for substantiated reports. States (17 respondents) identified and substantiated 24,455 (52.0%) male perpetrators and 15,472 (33.0%) female perpetrators. There were 7,162 (15.0%) perpetrators who were not reported or unknown.

Chart 6. Gender of Perpetrators in Substantiated Reports of Adult/Elder Abuse



Number of states responding to this survey question: 17

Age of Perpetrators

- *What are the perpetrators' ages in the substantiated/confirmed/validated reports related to your answer regarding total substantiated reports? (10 respondents)*

Ten states provided the age categories of perpetrators in substantiated reports (Table 16). The category with the greatest percentage of perpetrators was between 36 and 50 years of age (24.8%). Individuals ages 18-35 comprised the second largest group (18.5%), and those less than 18 made up the smallest category (5.9%). Perpetrator age was not reported in nearly one third (31.6%) of the reports.

Table 16. Age of Perpetrator in Substantiated Reports

Age of Perpetrator	States Reporting	# of Perpetrators	%
<18	8	642	5.9
18-35	5	2,009	18.4
36-50	5	2,694	24.8
51-65	6	1,132	10.4
>65	6	966	8.9
Not Reported	7	3,439	31.6
TOTAL		10,882	100.0

See Appendix A, Table 16 for state breakouts.

Number of states responding to this survey question: 10

Perpetrators’ Relationship to Victims

- *What are perpetrators’ relationships to the victims in the substantiated/confirmed/validated reports related to your answer regarding total substantiated reports? (25 respondents)*

Table 17 summarizes the relationship that perpetrators had with their victims as provided by information from 25 states. Family members (e.g., spouse, parents, children, grandchildren, siblings and other family members) accounted for 39,641 (61.7%) perpetrators in substantiated reports. The largest category, spouse/intimate partners, made up 19,449 (30.2%) of the reports. Adult children made up the second largest family group with 11,313 (17.6%). The “not known” and “other” categories made up 7,280 (11.3%) and 6,764 (10.5%), respectively. Facility and institution staff represented 2,861 (4.4%) of the perpetrators. Individuals categorized as “other” included former spouses, guardians, and caretakers.

Table 17. Perpetrators’ Relationships to Victims in Substantiated Reports

Relationship of Perpetrator	States Reporting	# of Perpetrators	% of Perpetrators
Spouse/Intimate Partner	21	19,449	30.2
Adult Child	21	11,313	17.6

Relationship of Perpetrator	States Reporting	# of Perpetrators	% of Perpetrators
Not Known	19	7,280	11.3
Other	16	6,764	10.5
Service Provider	19	5,283	8.2
Other Family Member	21	4,735	7.4
Facility/Institution Staff	15	2,861	4.4
Friend/Neighbor	18	1,904	3.0
Grandchild	13	1,578	2.5
Parent	16	1,389	2.2
Sibling	18	1,177	1.8
Tenants	7	104	0.2
No Relationship/Stranger	10	511	0.8
TOTAL		64,348	100.1

Number of states responding to this survey question: 25

Abuse Registry/Database

WITH INFORMATION FROM 49 STATES, twenty-one 21 states (38.9%) reported that they maintain an abuse registry/database, while 28 (51.9%) do not. Five (5) states (9.3%) did not indicate whether or not they maintain such a database.

Service Delivery and Outcomes

Length of Open Case

- *Counting from the beginning (that is, from the point the case entered your system) of a case to its closure, what was the average length of time an elder/adult protective case was open in your program during the report year? (22 respondents)*

Twenty-two (22) states provided information on the average length of time an elder/adult protective case was open, from the time it was entered into the system until its closure. Responses ranged from 5 days to 216 days, with the average length of time as 80.5 days.

Refusal of Services

- *In how many and in what percent of investigations did clients refuse services? (23 respondents)*

With 23 states responding, clients refused APS services in a total of 20,540 investigations, for an average of 11.0%. Responses ranged from 0.0% to 35.0% of services refused.

Court Interventions or Legal Actions

- *In how many and what percent of cases were court interventions or legal actions by APS used to protect victims/clients? (24 respondents)*

With 24 states responding, court interventions or legal actions were initiated by APS to protect clients in 10,327 cases, for an average of 7.0%, with responses ranging from 1.0% to 18.0%.

Case Closure

- *Which of the reasons for case closure were documented in your program's elder/adult protective system? (47 respondents)*

State elder/protective programs provided categories as options for case closure (Table 18). Forty-seven (47) respondents indicated that the most common categories included in closure options were death or an individual refusing further services (40 states), followed by no longer being in need of protective services (39 states), and moving out of the service area (36 states). In lieu of documenting categories of case closure, 15 states (27.8%) indicated other ways of measuring elder/adult protective program outcomes, which included letters of complaint and appreciation, recidivism rates, and field office reviews.

Table 18. Categories as Options for Case Closure

OPTIONS FOR CASE CLOSURE	# OF STATES USING CATEGORIES	% OF STATES USING CATEGORIES
Died	40	74.1
Refused further services	40	74.1
No longer in need of protective services	39	72.2
Moved out of service area	36	66.7
Entered long term care facility	35	64.8

OPTIONS FOR CASE CLOSURE	# OF STATES USING CATEGORIES	% OF STATES USING CATEGORIES
Risk of harm significantly reduced	34	63.0
Problem solved	33	61.1
Other	15	27.8

Note: Multiple responses
Number of states responding to this survey question: 47

Funding and Administration

Total APS Program Expenditures

- *What was your APS program's total expenditure during the reporting year? (30 respondents)*

With 30 states responding, the average total expenditure per state for an APS program was \$7,084,358. Most of these programs, served vulnerable younger adults and elderly victims of abuse, exploitation and neglect. Expenditures ranged from \$30,000 to \$41,094,904 depending on the size of the state and the organization of the program. The median response for the reporting states was \$2,129,244. For 15 states (see Appendix A) with programs covering individuals aged 60 and over and providing budget information, the approximate, average per capita APS expenditure was \$10.90, based on the population of individuals in those states aged 65+ (U.S. Census, 2000). Expenditures ranged from .52 to \$87.00 per person.

Sources of Federal Funding

- *Please specify the sources of funding for your APS program and the amounts in each.*

Social Services Block Grant (13 respondents)

Older Americans Act (12 respondents)

State/ local (29 respondents)

Private grants/donations (0 respondents)

Thirteen (13) states reported receiving an average of \$2,987,648 from the Social Services Block Grant. Amounts ranged from \$98,569 to \$9,513,337. Thirty-nine states (39) did not indicate if funds from the Social Services Block Grant were available.

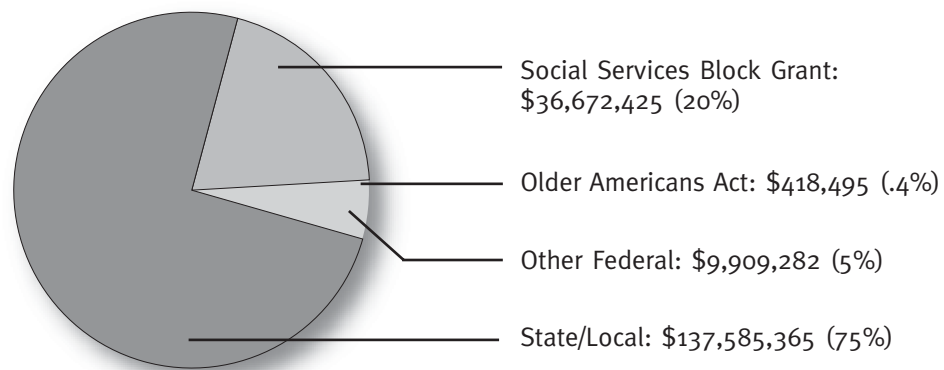
The Older Americans Act (OAA) provided an average of \$59,785 in fund-

ing for seven states, ranging from \$11,830 to \$179,745. Five (5) states reported receiving no OAA funding, and forty-two did not respond to this question. Four (4) states reported funding from other federal sources averaging \$2,863,621; their funding ranged from \$1,545,200 to \$5,252,278.

Sources of Funding From State/Local and Private Grants/Donations

TWENTY-FIVE (25) STATES INDICATED receiving money from state and local funding sources. The average amount received from state and local sources was \$4,607,112. Responses ranged from \$10,000 to \$54,649,000. Four (4) states reported receiving no funding from state and local sources. Four (4) states indicated receiving no funding from other sources, with the remaining 46 states not responding. No states reported funding from private grants or organizations. A breakdown of funding sources for states is provided in Chart 6. A complete breakout of state budgets explaining Chart 6 is located in the Appendix.

Chart 7: Sources of APS Funding



CONCLUSIONS AND RECOMMENDATIONS

THE FINDINGS FROM THIS STUDY lead to a number of conclusions, which give rise to recommendations for policy makers.

Statutory and Program Information

Conclusions:

Traditionally, the term “elder abuse” has been used to define a problem affecting a specific population—persons age 60 or 65 and older. This terminology has narrowed the field of inquiry in terms of research, and has more often than not excluded younger vulnerable adults from national data collection efforts.

It is evident from the data that the preponderance of state APS statutes and programs serve younger vulnerable adults as well as elderly victims of abuse. The majority of these programs are housed in human services agencies and separate from the SUA.

Recommendations:

Because most state statutes and programs include vulnerable adults ages 18 to 59, and many programs serving these victims are not part of the Aging Network, national data collection, research, and funding need to be broad based and inclusive of the younger victim population.

Investigatory Authority

Conclusions:

Although APS programs always serve victims who live in their homes or with friends and/or family members (domestic settings), the majority of APS programs also conduct investigations in institutional settings as well as in mental health/mental retardation settings. This situation may lead to role confusion and territorial disputes between the many professionals involved in investigations of abuse which occurs in facilities.

Recommendations:

A national study should be conducted to gain more information about this issue. The study should include recommendations regarding roles, responsibilities, and possible additional funding streams for both APS and the Long Term Care Ombudsman programs when institutional abuse investigations are required.

Reporters of Elder/Adult Abuse

Conclusions:

The majority of the states named health care professionals such as licensed and registered nurses, physicians and nurse aides as mandated reporters, yet the study revealed that the most frequent reporters were family members, health care professionals, and social service agency staff. This was true in spite of the fact that many states have criminal penalties for failure to report.

Recommendations:

Most states have mandatory reporting provisions for a wide range of professionals in their laws. However, much more education needs to be done for physicians, law enforcement professionals, members of the Aging Network, clergy, employees of financial institutions and others who have frequent contact with victims but are currently not reporting. Criminal prosecution for failure to report is time consuming and expensive and often of little benefit to victims. A much more effective approach would be to make sure that all professionals who are named as mandatory reporters know how to identify potential abusive situations and where and how to make appropriate reports.

Total Number of Reports Received

Conclusions:

The 2000 study reported that, for the most recent year that data were available, APS received 472,813 reports of elder/adult abuse in both domestic and institutional settings. In the 1986 study, when data were first collected by NARCEA, APS received 117,000 reports of domestic elder abuse.

Recommendations:

Currently, many states face severe budget shortfalls resulting in drastic program reductions. Given the demographic growth of both the aging and disabled younger adult populations, states should be encouraged not to

reduce protective services to vulnerable adult and elderly abuse victims. Short-term reductions in services to these populations will result in greater expenses for medical and long term care as well as increased victim mortality (Lachs, 1998).

Total Number of Cases Investigated/Substantiated

Conclusions:

According to 49 respondents, 84% of the reports received by APS programs were investigated. Fewer states (42) were able to provide their substantiation rates, while even fewer (29) could provide information on the age of victims. The lack of information on the age of substantiated victims points to a need for better data management systems at the state and local level.

Recommendations:

States are being responsive to reports of elder/adult abuse, but the overall substantiation rate of 48.5% is low. This could be the result of uneducated reporters or fuzzy definitions of “substantiated.” This is an area that would benefit from additional research. Standard national definitions of terms, improved state data management systems, and regular national data collection are all needed to provide a more accurate picture of the problem.

Allegations Substantiated by Category

Conclusions:

States reported that the most frequently occurring substantiated allegation of maltreatment involved self-neglect. This finding supports anecdotal information provided by APS workers for many years (Duke, 1991).

Recommendations:

Self-neglect continues to be a largely unrecognized problem that researchers have tended to avoid (Bonnie & Wallace, 2002). There is a great need for additional research into the causes of self-neglect, the most appropriate treatment modalities, and the most effective prevention programs.

The Victims in the Reports

Conclusions:

Consistent with other studies, Caucasian women over the age of 80 were the most frequent victims of abuse that excluded self-neglect. In contrast, fewer 80-year-old women were self-neglecting. In general, persons 60+

were the victims in approximately 60% of reports excluding neglect and 63% in self-neglect cases.

Recommendations:

As previously suggested, self-neglect continues to be a primary cause for APS reports. It appears from the data that persons age 60 to 80 are more likely to be self-neglecting. More research needs to be conducted to help professionals identify and report self-neglect earlier, in order that prompt intervention can prevent further deterioration of victims and their living conditions. More information is needed by APS workers on the most appropriate interventions in these cases. And more research needs to be done on the reasons that persons 80+ are more likely to be physically abused or neglected by caregivers. Again, increased information in this area could result in more effective intervention and prevention.

Reports/Investigations by Settings

Conclusions:

The majority of APS programs have authority to investigate in both domestic and institutional settings; however, it appears from the 38 respondents who provided data that only 8.3% of the reports occurred in institutional setting, although an additional 23.3% of reports were not tracked by specific settings. It may be that APS is not be receiving some reports of institutional abuse for which they have a programmatic responsibility to investigate. The lack of data makes this issue difficult to interpret.

Recommendations:

As stated earlier, more information is needed on the role of APS in institutional and mental health/retardation settings. This is an area that will require more research.

The Perpetrators in the Reports

Conclusions:

As reflected in previous studies, the primary perpetrators were men age 36-50, and family members, particularly spouses and adult children. This finding reinforces the now more widely accepted concept that a significant percentage of elder/adult abuse cases are related to domestic violence.

Recommendations:

This finding strongly supports the need for additional research and cross training for APS and domestic violence professionals.

Abuse/Registry Database

Conclusions:

The study found that more than half the states do not maintain a central abuse registry.

Recommendations:

Further research is needed to determine the pros and cons of maintaining central abuse registries.

Service Delivery and Outcomes

Conclusions:

The study supports earlier findings that only a few clients (11%) actually refused APS services that were offered to them during the course of investigations. In even fewer cases (7%), APS initiated court interventions or legal actions (Duke, 1997). These findings should help to finally lay to rest the assumption that APS acts inappropriately to restrict victims' right to self-determination.

Recommendation:

This information should be emphasized in all elder abuse public awareness initiatives, since there appears to be a perception by victims that APS intervention results in inappropriate institutional placement.

Funding and Administration

Conclusions:

A study conducted by NAAPSA in 1993 showed that 32 reporting states had an average expenditure of \$4,402,289 for APS program (American Public Welfare Association, 1994). The average expenditure per state in this more recent study has increased by 61% or \$2,682,069. Since 1993, the number of states reporting receiving funds from the Social Services Block Grant has decreased from 20 to 13. The average state and local funding for the program has increased by 20% since 1993.

Recommendations:

It is apparent that the funding from the Social Services Block Grant for APS services has not kept up with inflation or the growth in caseloads, which has caused states to use more of their general funds. More research is needed to determine the funding level necessary to provide adequate, appropriate APS services.

Conclusion

Since 1983, professionals with an interest in elder and vulnerable adult abuse have collected information from the states in an attempt to gain a national perspective on the issue. Data from the most recent *National 2000 Survey of States* parallel many of the findings from earlier efforts and reinforce the need for better data management systems, research, training, and public awareness efforts in the area of elder and vulnerable adult abuse.

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APPENDICES

Appendix A: State Data Breakouts for Tables and Charts

Chart 1: APS States with Protective Services Statutes and/or Protective Services Programs

ELDER ONLY	ADULT ONLY	YOUNGER & ELDER ADULTS	NO ANSWER
Connecticut	Alaska	Alabama	Washington
Illinois	Arkansas	Arizona	
Massachusetts	District of Columbia	California	
Montana	Idaho	Colorado	
Nevada	Indiana	Delaware	
Pennsylvania	Nebraska	Florida	
Rhode Island	New York	Georgia	
Wisconsin	Ohio	Guam	
		Hawaii	
		Iowa	
		Kansas	
		Kentucky	
		Louisiana ¹	
		Louisiana ²	
		Maryland	
		Maine	
		Michigan	
		Minnesota	
		Missouri	
		Mississippi	
		North Carolina	
		North Dakota	
		New Hampshire	

ELDER ONLY	ADULT ONLY	YOUNGER & ELDER ADULTS	NO ANSWER
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New Jersey
New Mexico
Oklahoma
Oregon1
Oregon2
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
West Virginia
Wyoming

Chart 1: Structure of the State Administrative Agency for Elder/Adult Protective Services

APS is in the human service agency, SUA is in a different agency	APS is in the SUA, which is within the human service agency	APS is in the SUA, which is an independent agency	APS is in the human service agency, SUA is in the same agency, but separate from APS	APS is in other
Alabama	Arizona	Alaska	Arizona	Kansas
California	Colorado	Idaho	District of Columbia	Michigan
Florida	Connecticut	Illinois	Kentucky	Texas
Georgia	Delaware	Louisiana ¹	Minnesota	
Hawaii	Guam	Rhode Island	Montana	
Iowa	Indiana		Nebraska	
Louisiana ²	Maine		New Hampshire	
Maryland	Massachusetts		New Jersey	
Mississippi	Missouri		Oregon ¹	
New Mexico	Nevada		Oregon ²	
New York	North Dakota			
North Carolina	Oklahoma			
Ohio	Pennsylvania			
South Carolina	South Dakota			
Tennessee	Utah			
Virginia	Vermont			
Washington	Wisconsin			
West Virginia				
Wyoming				

Table 2: Populations Served Under Elder/Adult Protective Statute

ADULTS 60+	ADULTS 65+	VULNERABLE/ IMPAIRED ADULTS 60+	VULNERABLE/ IMPAIRED ADULTS 65+	VULNERABLE/ DISABLED ADULTS 18=65	VULNERABLE/ DISABLED ADULTS, ALL AGES	OTHER
Arkansas	Arkansas	Arkansas	Arkansas	Arkansas	Alaska	Kentucky
Connecticut	California	Kansas	Kansas	California	Alabama	Montana
Delaware	Delaware	New Mexico	New Mexico	District of Columbia	Arkansas	Oregon ¹
Guam	Georgia	Rhode Island	Rhode Island	Georgia	Arizona	Washington
Illinois	Kansas	Tennessee	Tennessee	Guam	Colorado	
Kansas	New Mexico	Virginia	Virginia	Idaho	Delaware	
Louisiana ¹	Oregon ²	Washington	Washington	Kansas	Florida	
Louisiana ²	Rhode Island	West Virginia	West Virginia	Louisiana ¹	Georgia	
Massachusetts	Texas			Louisiana ²	Guam	
Missouri	Utah			Michigan	Hawaii	
Montana	Virginia			Missouri	Indiana	
Nevada				Mississippi	Iowa	
New Mexico				Montana	Kansas	
Ohio				New Mexico	Maine	
Pennsylvania				North Dakota	Maryland	
Rhode Island				Oregon ²	Minnesota	

ADULTS 60+	ADULTS 65+	VULNERABLE/ IMPAIRED ADULTS 60+	VULNERABLE/ IMPAIRED ADULTS 65+	VULNERABLE/ DISABLED ADULTS 18=65	VULNERABLE/ DISABLED ADULTS, ALL AGES	OTHER
Vermont				Tennessee	Nebraska	
Virginia				Texas	New Hampshire	
Wisconsin				Vermont	New Jersey	
				Virginia	New Mexico	
				West Virginia	New York	
					North Carolina	
					Oklahoma	
					Oregon1	
					Oregon2	
					South Carolina	
					South Dakota	
					Tennessee	
					Utah	
					Virginia	
					Washington	
					West Virginia	
					Wyoming	

Table 3: Scope of Investigatory Authority:

ALL SETTINGS	DOMESTIC SETTINGS	INSTITUTIONAL SETTINGS	MENTAL HEALTH/ MENTAL RETARDATION SETTINGS	OTHER
Alaska	All Respondents	Alabama	Alabama	Alaska
Arizona	indicated domestic	Alaska	Alaska	Arizona
Colorado	settings	Arizona	Arizona	Colorado
District of Columbia		Colorado	Arkansas	Connecticut
Florida		District of Columbia	Colorado	District of Columbia
Guam		Florida	District of Columbia	Florida
Hawaii		Guam	Florida	Georgia
Idaho		Hawaii	Guam	Guam
Indiana		Iowa	Hawaii	Hawaii
Iowa		Idaho	Idaho	Idaho
Kansas		Indiana	Indiana	Indiana
Kentucky		Kansas	Iowa	Iowa
Maryland		Kentucky	Kansas	Kansas
Minnesota		Louisiana ¹	Kentucky	Kentucky
Missouri		Louisiana ²	Maryland	Louisiana ¹
Montana		Maine	Minnesota	Louisiana ²
North Carolina		Maryland	Missouri	Maine

ALL SETTINGS	DOMESTIC SETTINGS	INSTITUTIONAL SETTINGS	MENTAL HEALTH/ MENTAL RETARDATION SETTINGS	OTHER
Nebraska		Minnesota	Montana	Maryland
New Hampshire		Missouri	Nebraska	Minnesota
New Mexico		Montana	Nevada	Missouri
Nevada		Nebraska	New Hampshire	Montana
Oregon ¹		Nevada	New Mexico	Nebraska
Pennsylvania		New Hampshire	North Carolina	Nevada
Rhode Island		New Mexico	Oklahoma	New Hampshire
South Dakota		North Carolina	Oregon ¹	New Mexico
Tennessee		Oklahoma	Pennsylvania	North Carolina
Utah		Oregon ¹	Rhode Island	Oklahoma
Virginia		Oregon ²	South Dakota	Oregon ¹
Vermont		Pennsylvania	Tennessee	Pennsylvania
West Virginia		Rhode Island	Texas	Rhode Island
Wyoming		South Dakota	Utah	South Dakota
		Tennessee	Vermont	Tennessee
		Utah	Virginia	Utah
		Vermont	West Virginia	Vermont
		Virginia	Wyoming	Virginia
		West Virginia		West Virginia
		Wyoming		Wyoming

Table 4: Reporters of Adult/Elder Abuse

LICENSED NURSES:

Mandated: AK, AR, AZ, CA, CT, DC, GA, HI, IA, ID, IL, KS, MA, MD, ME, MI, MN, MO, MT, NE, NV, OH, OK, OR₁, OR₂, SC, TN, VA, VT, WA, WV

Encouraged: AL, CO, DE, ND, NJ, WI

PHYSICIANS:

Mandated: AK, AL, AR, AZ, CA, CT, DC, GA, HI, IA, ID, IL, KS, MA, MD, ME, MI, MN, MT, NE, NV, OH, OK, OR₁, OR₂, SC, TN, VA, VT, WA, WV

Encouraged: CO, DE, ND, NJ, WI

HEALTH CARE PROFESSIONALS:

Mandated: AK, AR, AZ, CA, CT, DC, GA, HI, IA, ID, IL, MA, MD, ME, MI, MN, MO, MS, MT, NE, NV, OH, OK, OR₁, OR₂, SC, VA, VT, WA, WV

Encouraged: AL, CO, DE, ND, NJ, WI

LAW ENFORCEMENT OFFICERS:

Mandated: AK, AL, AR, AZ, CA, CT, GA, HI, IA, ID, IL, KS, MD, ME, MI, MN, MO, MT, ND, NE, NV, OH, OK, OR₁, OR₂, SC, VA, VT, WA, WV

Encouraged: CO, DC, DE, MA, NJ, WI

PSYCHOLOGISTS:

Mandated: AK, AR, AZ, CA, CT, DC, GA, HI, IA, ID, IL, KS, MA, MD, ME, MI, MN, MO, MT, NE, NV, OH, OK, OR₁, OR₂, SC, VA, VT, WA, WV

Encouraged: AL, CO, DE, ND, NJ, WI

SOCIAL WORKERS:

Mandated: AK, AR, AZ, CA, CT, DC, GA, HI, IA, ID, IL, KS, MA, MD, ME, MI, MN, MO, MT, NE, NV, OH, OK, OR₁, OR₂, TN, VA, VT, WA, WV

Encouraged: AL, CO, DE, ND, NJ, WI

HOME HEALTH PERSONNEL:

Mandated: AK, AR, AZ, CA, CT, GA, HI, IA, ID, IL, MA, MD, ME, MI, MN, MO, MS, MT, NE, NV, OH, OK, OR₁, OR₂, SC, VA, VT, WA, WV

Encouraged: AL, CO, DC, DE, ND, NJ, WI

REGISTERED NURSES:

Mandated: AK, AR, AZ, CA, CT, DC, GA, HI, IA, ID, IL, MA, ME, MI, MN, MO, MT, NE, NV, OH, OK, OR₁, OR₂, SC, TN, VA, VT, WA, WV

Encouraged: AL, CO, DE, ND, NJ, WI

DENTISTS:

Mandated: AK, AL, AR, AZ, CA, CT, DC, GA, HI, IA, ID, IL, KS, MA, MD, ME, MI, MN, MO, MT, NE, NV, OH, OK, SC, VA, VT, WA, WV

Encouraged: CO, DE, ND, NJ, WI

NURSING HOME STAFF:

Mandatory: AK, AR, AZ, CA, CT, GA, HI, IA, ID, IL, IN, MD, ME, MI, MN, MO, MT, NE, NV, OH, OK, OR₁, OR₂, SC, TN, VA, VT, WA, WV

Encouraged: AL, CO, DC, DE, MA, ND, NJ, WI

MENTAL HEALTH WORKERS:

Mandatory: AK, AR, AZ, CA, CT, GA, HI, IA, ID, IL, MD, ME, MI, MN, MO, MT, NE, NV, OH, OK, OR₁, OR₂, SC, VA, VT, WA, WV

Encouraged: AL, CO, DC, DE, MA, ND, NJ, WI

NURSES AIDES:

Mandated: AK, AR, AZ, CA, CT, GA, HI, IA, ID, IL, MD, ME, MI, MN, MO, MT, NE, NV, OH, OK, OR₁, OR₂, SC, VA, VT, WA, WV

Encouraged: AL, CO, DC, DE, MA, ND, NJ, WI

HUMAN SERVICES AGENCY PERSONNEL:

Mandated: AD, AL, AR, CA, GA, HI, IA, ID, IL, MD, MI, MN, MO, MT, NE, NV, OH, OK, OR₁, OR₂, SC, TN, VA, WA, WV

Encouraged: AZ, CO, CT, DE, MA, ME, ND, WI

PHARMACIST:

Mandated: AK, AR, CA, CT, DC, GA, HI, ID, IL, ME, MI, MN, MO, MT, NE, NV, OK, SC, VA, WA, WV

Encouraged: AL, AZ, CO, DE, IA, MA, MD, ND, NJ, OH, VT, WI

LONG-TERM CARE OMBUDSMAN:

Mandated: AK, AL, AR, CA, CT, DC, HI, IA, ID, IL, LA₁, LA₂, MD, MI, MT, NE, NV, OH, OR₂, VA, WV

Encouraged: AZ, CO, DE, MA, ME, MN, MO, ND, NJ, VT, WI

CORONERS:

Mandated: AR, CA, CT, GA, HI, ID, IL, MA, MD, ME, MN, MO, MT, NV, OH, OK, SC, TN, VT, WA

Encouraged: AK, AL, AZ, CO, DC, DE, IA, MI, ND, NE, NJ, WI, WV

AREA AGENCIES ON AGING:

Mandated: A, AR, CA, CT, GA, IA, ID, IL, MI, MN, MO, MT, NE, NV, OH, OR₂, VA, VT, WA

Encouraged: AL, AZ, CO, DC, HI, MA, ME, ND, NJ, WI, WV

EMT/FIREFIGHTERS:

Mandated: AK, CA, GA, HI, IA, IL, MA, MEMN, MO, MT, NE, NV, OH, OK, VT, WA, WV

Encouraged: AL, AR, AZ, CO, CT, DC, DE, ID, MD, MI, ND, NJ, WI

ANY PERSON:

Mandated: FL, GU, IN, KY, LA₁, LA₂, MO, MS, NC, NH, NM, OK, RI, TN, TX, UT

Encouraged: AK, AL, AR, AZ, CA, CO, CT, DC, DE, GA, HI, IA, ID, IL, KS, MA, MD, ME, MI, MN, MO, MT, ND, NE, NJ, NV, NY, OH, PA, SC, VT, WA, WI, WV

OTHER:

Mandated: AL, CA, CT, GA, IL, KS, MA, ME, MS, NE, NV, OR₁, OR₂, TN, WV, WY

Encouraged: CO, MD, MI, MN, MT, ND, NJ, VT, WI

PUBLIC EMPLOYEES:

Mandated: CA, GA, HI, IA, ID, IL, MT, OR₁, OR₂, VA, WA

Encouraged: AK, AL, AR, AZ, CT, DC, DE, MA, MD, ME, MI, MN, MO, ND, NE, NJ, NV, OH, VT, WI, WV

ATTORNEYS:

Mandated: AZ, CA, IA, NE, NV, OH, OR₁, OR₂

Encouraged: AK, AL, AR, CT, DC, DE, ID, IL, MA, MD, ME, MI, MN, MO, MT, ND, NJ, VT, WA, WI, WV

CLERGY:

Mandated: AK, CT, MO, NV, OH, OR₁, OR₂

Encouraged: AL, AR, AZ, CA, DC, DE, HI, IA, IL, MA, MD, ME, MI, MN, MT, ND, NE, NJ, VT, WA, WI, WV

PUBLIC OFFICIALS:

Mandated: HI, MT, OR₁, OR₂

Encouraged: AK, AL, AZ, CA, CT, DC, DE, IA, ID, IL, MA, MD, ME, MI, MN, MO, ND, NE, NJ, NV, OH, VT, WI, WV

BANKERS:

Mandated: AZ, GA

Encouraged: AK, AL, AR, CA, CO, CT, DC, DE, IA, ID, IL, MA, MD, ME, MI, MN, MO, MT, ND, NE, NJ, NV, VT, WA, WA, WV

ANIMAL CONTROL:

Mandated: KY, MD

Encouraged: AK, AL, AR, AZ, CA, CT, DC, DE, HI, IA, IL, MA, ME, MI, MN, MO, MT, ND, NE, NJ, NV, OH, VT, WI, WV

FAMILY MEMBERS:

Mandated: OR₂

Encouraged: AK, AL, AR, AZ, CA, CT, DC, DE, HI, IA, ID, IL, MA, MD, ME, MI, MN, MO, MT, ND, NE, NJ, NV, OH, VT, WA, WI, WV

SELF/VICTIM:

Mandated: MD

Encouraged: AK, AL, AR, AZ, CA, CT, DC, DE, HI, IA, ID, IL, MA, ME, MI, MN, MO, MT, ND, NE, NJ, NV, OH, VT, WI, WV

FRIENDS/NEIGHBORS:

Mandated:

Encouraged: AK, AL, AR, AZ, CA, CT, DC, DE, HI, IA, ID, IL, MA, MD, ME, MI, MN, MO, MT, ND, NE, NJ, NV, OH, VT, WA, WI, WV

Chart 2: Penalty for Failure to Report Adult/Elder Abuse

MISDEMEANOR, NO FINE	MISDEMEANOR, POSSIBLE FINE	MISDEMEANOR, POSSIBLE FINE, POSSIBLE JAIL SENTENCE	MISDEMEANOR, POSSIBLE FINE, REPORT TO PROFESSIONAL LICENSING BOARD	OTHER
Arizona	Arizona	Alabama	Maine	Indiana
Hawaii	Connecticut	Alaska	Michigan	Massachusetts
Kansas	District of Columbia	California	South Carolina	Washington
Nevada	Guam	Florida		
New Hampshire	Idaho	Georgia		
New Mexico	Iowa	Kentucky		
Oklahoma	Maryland	Louisiana ¹		
Oregon ²	Louisiana ²			
Pennsylvania	Minnesota			
Virginia	Mississippi			
	Missouri			
	Montana			
	Nebraska			
	Rhode Island			
	Tennessee			
	Texas			
	Utah			
	Vermont			
	West Virginia			

Table 5: Time Frame for Emergency Reports

IMMEDIATELY	1 HOUR	2 HOURS	3 HOURS	5 HOURS	24 HOURS	48 HOURS
California	Iowa	Florida	New Mexico	Massachusetts	Arkansas	Arizona
Georgia		Idaho			Colorado	Mississippi
Indiana					Delaware	
Minnesota					District of Columbia	
North Carolina					Guam	
North Dakota					Illinois	
New Hampshire					Kansas	
New Jersey					Louisiana ²	
Oklahoma					Maryland	
Oregon ¹					Missouri	
Pennsylvania					Nevada	
South Carolina					New York	
Wyoming					Ohio	
					Rhode Island	
					South Dakota	
					Tennessee	
					Texas	
					Utah	
					Virginia	
					Washington	

Table 6: Maximum Investigation Length Policy

NO POLICY	10 DAYS	14 DAYS	30 DAYS	45 DAYS	60 DAYS	90 DAYS	120 DAYS
Arizona	Iowa	Michigan	Georgia	Louisiana ¹	Florida	Missouri	Washington
Arkansas	Mississippi		Guam	New Hampshire	Hawaii	Vermont	
California			Illinois	Oregon ¹	Louisiana ²		
Colorado			Kentucky	Virginia	New York		
Connecticut			Maryland		Oregon ²		
Delaware			Massachusetts		Tennessee		
District of Columbia			Nebraska		Utah		
Idaho			New Jersey		Wyoming		
Indiana			New Mexico				
Minnesota			North Carolina				
Nevada			Oklahoma				
North Dakota			Pennsylvania				
Ohio			South Carolina				
Rhode Island			South Dakota				
Wisconsin							

Table 10: Types of Substantiated Allegations of Maltreatment

STATE	PHYSICAL ABUSE	SEXUAL ABUSE	EMOTIONAL ABUSE	CARE-GIVER NEGLECT	SELF-NEGLECT	FINANCIAL ABUSE	OTHER
Alaska	66	15	54	341	185	100	
Arkansas	23	8	2	57	138	32	
California	15,582	337	3,331	280	3,701	4,626	
Colorado	596	77	0	664	2,055	528	628
Connecticut	239	2	260	707	1,231	167	
Florida	1,388	121	871	5,009	6,362	1,371	
Guam	3	2		1		1	
Hawaii	66	5	38	81	62	22	
Illinois	771	19	1,920	1,421		1,935	92
Indiana	1,398	260	13	2,713	3,331	1,050	
Iowa	22	4		71	95	56	
Kansas	81	10				100	
Kentucky	6,598			567	1,261	223	8,562
Louisiana ¹	170	3	128	551	631	258	8
Louisiana ²	69	21	63	117	154	52	
Maine	32	5	36	97	386	54	
Massachusetts	582	27	612	647		318	2
Michigan	534				2,495	356	
Minnesota	80			313			

STATE	PHYSICAL ABUSE	SEXUAL ABUSE	EMOTIONAL ABUSE	CARE-GIVER NEGLECT	SELF-NEGLECT	FINANCIAL ABUSE	OTHER
Mississippi	37	6	7	107	86	15	
Missouri	1,155		1,184			402	
Nebraska	92	14	53		728	165	483
New Hampshire	50	7	73		451	24	68
New Jersey	431	3	268	635	1,365	390	
New Mexico	206	11			1,122	132	
Nevada	412			325	402	307	8
North Carolina	126			630	1,198	147	
Oklahoma	562	84		1,089	4,796	868	
Oregon ¹	73	22	77	172		67	46
Oregon ²	293	28	473	1,234	1,244	449	309
Rhode Island	250	9	656	330	928	302	
South Dakota	67	13	46	66	149	45	26
Tennessee	357	71	357	713	2,460	285	71
Texas	1,453	71	2,724	3,488	32,897	1,342	6
Utah	89	18	59	59	327	74	
Vermont	21	7	4	5		22	
Wisconsin	281	8	380		967	392	1
Wyoming	6			10	9	2	3

Table 11: Race/Ethnicity of Victims

STATE	AFRICAN-AMERICAN	ASIAN/PAC ISLANDER	CAUCASIAN	HISPANIC	NATIVE AMERICAN	NOT REPORTED	OTHER
Alaska	23	8	197		166		
Arizona	55	3	198	3			
Colorado	318		3,547	591			92
Connecticut	322	10	3,561	166	3		
Florida			532				172
Guam		7					3
Hawaii	3	104	93			13	
Illinois	801	15	2,882	59	8	2	11
Iowa	9	1	234			6	
Louisiana ¹	735		962				52
Louisiana ²	206	2	184		3	2	
Maine	2	0	723	1	1		
Nebraska	122	4	908	24	17	59	
Nevada						3,029	
New Hampshire						673	
New Jersey	278	9	2,662	137			6
North Carolina	756		1218	84	42		

STATE	AFRICAN-AMERICAN	ASIAN/PAC ISLANDER	CAUCASIAN	HISPANIC	NATIVE AMERICAN	NOT REPORTED	OTHER
Ohio	1,953	21	10,194	73	11		116
Oklahoma	675	74	6,219	74	450		
Tennessee	784		2,709			71	
Texas	7,814	87	17,552	7,808	48		
Utah	4	3	539	23	8		1
Wisconsin	86	3	1,465	14	15	10	
Wyoming			24				

Table 16: Age of perpetrators in substantiated reports

STATE	<18	18-35	36-50	51-65	>65	NOT REPORTED
Connecticut	21					
Florida	53	208	253	98	37	
Hawaii						53
Illinois	106	994	1,832	773	739	434
Iowa	2			6	16	16
Kentucky						1,468
Nevada						1,454
Ohio	0					
Texas	400	655	371	112	8	0
Utah	7					
Vermont		18	8	3	0	14
Wisconsin	53	134	230	140	166	

Budget Information as Reported by States (Refer to Chart 7)

STATE	APS TOTAL EXPENDITURE	STATE/LOCAL FUNDING	SOCIAL SERVICES BLOCK GRANT	OLDER AMERICANS ACT	PRIVATE GRANTS/DONATIONS	OTHER FEDERAL FUNDING
Arkansas	1,042,659					
Arizona	4,500,000		1,600,000			
California	21,799,009	726,000,000				
Colorado	1,400,000					
Connecticut	41,094,904	1,030,489	444,231	64,415		
Delaware	30,000	10,000		20,000		
Florida	25,427,768	1,747,3195	5,257,373			2,697,200
Georgia	16,000,000					
Hawaii	721,073	721,073				
Idaho	1,200,000					
Illinois	5,531,168	535,1423		179,745		
Indiana	856,569	758,000	98,569			
Kansas	183,850	37,291				
Kentucky	16,933,285	11,896,328				
Louisiana	1,789,626	1,789,626				
Louisiana	902,405	902,405				

STATE	APS TOTAL EXPENDITURE	STATE/LOCAL FUNDING	SOCIAL SERVICES BLOCK GRANT	OLDER AMERICANS ACT	PRIVATE GRANTS/DONATIONS	OTHER FEDERAL FUNDING
Maine	3,800,000	3,800,000				
Mississippi	318,646	318,646				
Nevada	630,000		630,000			
New Mexico	2,468,861	2,234,899				
Oregon	4,454,098	2,494,294				1,959,804
Oregon	6,786,011	3,460,866				
Pennsylvania	7,562,416	7,562,416				
South Carolina	10,321,959	2,324,548	2,745,133			5,252,278
South Dakota	3,442,530		3,381,625	60,905		
Tennessee	4,399,900	687,700	2,167,000			1,545,200
Texas	30,895,706	8,170,258	9,513,337			
Vermont	399,000					
Washington, DC	1,594,000		1,594,000			
Wyoming	53,999	53,999				

Per Capita APS Spending figure calculated using

Arizona, California, Connecticut, Delaware, Georgia, Illinois, Kansas, Louisiana (combined budgeted from both agencies), Nevada, New Mexico, Oregon (combined budgeted from both agencies), Pennsylvania, Texas, Vermont, and Guam.