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Thank you Chairman Breaux, Ranking Member Craig, and other members of the committee for inviting me to submit testimony on this important bipartisan issue. I appreciate your leadership in raising awareness of elder abuse and neglect, and in taking the time to understand what must be done to understand and eliminate this terrible problem.

**PREAMBLE**

- We have little understanding and knowledge about the mechanisms and consequences of elder abuse. There is an **urgent need for research** that address practical questions:
- How common a problem is it?
- Who is most likely to be a perpetrator of abuse?
- Who is most likely to be a victim?
- How do we diagnose elder abuse?
- What are the signs and symptoms (fractures, pressure sores, bruises, etc.)?
- How may they be distinguished from unavoidable consequences related to diseases of the aged?
- What is the most efficient and efficacious way for people in social services, health care, and criminal justice systems to address and interact on this problem?
- Inadequate resources are allocated to address the social, legal, and medical aspects of elder abuse. **New funding is needed** for research, education, and services
- Research funding is woefully inadequate
- Health care providers (often in the best position to recognize abuse) receive little or no training in elder abuse
- Demonstration projects that provide services for intervention and prevention require significant new funds over a long period of time (at least 4 years) to measure their impact
- There is little collaboration between medical and legal professionals and few medical experts to testify when needed
- There is a **demographic imperative** to systematically address the problem. If we continue on the

current path of relative inactivity, abuse and exploitation will increase and we will not have the knowledge or the resources to address it.

## **CURRENT KNOWLEDGE**

### Lack of Research

We know very little about elder abuse. There have been few scientifically valid studies that help us understand its prevalence, incidence, causes, and consequences. We lack an understanding of the "big picture" issues (prevalence, incidence, risk factors, prevention) as well as the issues that relate to an individual person (bruises, fractures, malnutrition, dehydration, depression). Unlike child abuse and domestic violence, there has never been a well-done, nationally representative survey of elder abuse. The samples included in most studies of elder abuse have been small, unrepresentative, and non-random. Further, very few studies have used direct information from the victims or perpetrators, relying instead on information from social service agencies or other professionals.

This is an extraordinarily difficult topic to study: many of the victims are physically and/or cognitively unable to speak for themselves; indeed, many are not even able to comprehend that they are being abused. Perpetrators, too, may be suffering from illnesses that impair their physical, cognitive, or emotional function. Too often we witness a caregiver with significant physical impairments and depression trying to care for a spouse who is severely demented and requires help with almost all activities of daily living.

Without a sound understanding of all aspects of this problem, there is no guide that enables our nation to develop effective solutions. The National Institute on Aging requested the National Academies to convene a panel to develop research recommendations in the area of elder abuse. This panel has begun its meetings and will be publishing its recommendations in 2002. New funding will be needed across many government agencies if the recommendations are to be implemented.

### Complexity of the Issue

Elder abuse is a complex, multifaceted problem. Elder abuse can encompass not only physical abuse, but also sexual, psychological, and financial abuse, as well as neglect, self-neglect, abandonment, and abduction. Further, there is no accepted definition of what constitutes abuse or neglect; virtually every published article, state legislature, and service provider organization has created its own criteria. A second complicating factor is that many common conditions in frail older adults (bruises, fractures, pressure sores, depression) mimic and/or mask the signs and symptoms of abuse. There is a need to develop criteria that help distinguish unavoidable/accidental injuries from avoidable/inflicted markers of abuse. We need sensitive and specific tools that accurately screen for signs and symptoms of elder abuse. It is likely that different tools will be needed in different settings; for example, the screening tool used in an emergency room will be different than one used in an adult day care program or by medical examiners.

We may find that characteristics inherent to the perpetrator (e.g. overwhelmed, drug-addicted, sociopathic) are even more important than those inherent to the victim (e.g. demented, physically dependent, agitated). The importance of the social context in which the abuse occurs should not be underestimated. Abuse may occur across all socioeconomic strata and in all settings (home, community, long term care). These complicated, dynamic, interacting characteristics of the victim, perpetrator, and social situation make this a difficult topic to study. This should not deter us from doing the studies necessary to answer these questions and formulate responses, however, as this problem is too important

to ignore. Instead, it should spur us on to support new funding for research that will begin to chip away at these complex issues, and break them down into answerable questions.

## **INADEQUATE RESOURCES TOWARD A SOLUTION**

### Funding

Our nation allocates only a small amount of money toward the clinical, research, social, legal, and educational aspects of elder abuse. Despite the large and rapidly expanding population at risk, funding for elder abuse represents a miniscule fraction of the funding for child abuse, domestic violence, or other significant public health problems. Due to the complexity of the topic, interagency cooperation in exploring and funding this issue is particularly appropriate. Experience shows that unless *all* systems (Adult Protective Services, health care professionals, law enforcement, district attorneys, social service agencies, etc) are working in synchrony there is little chance that perpetrators will come to trial and little chance that victims will receive the relief they need to recover. There has already been the beginning of collaborative work between the Department of Justice and the National Institute on Aging which has proven promising.

### Pilot Projects and Models

#### Forensic Centers

Forensic Centers have proven to be effective in child abuse but, to date, a specific forensic center on elder abuse does not exist in the United States. Funding for pilot projects such as forensic centers that are practical and reproducible and include a research component will help us determine if models that are successful in other forms of family violence will work in the realm of elder and dependent adult abuse.

#### Multidisciplinary Teams

Case studies and fledgling efforts around the country suggest that comprehensive, multidisciplinary teams may be effective in addressing elder abuse. Despite promising preliminary data, there has been no significant government funding for the support or evaluation of such efforts. We know that these models, which bring together social service, medical, and criminal justice personnel are effective in the care of child abuse victims. They ought to be adapted to the special needs of elders and adults with disabilities and studied for effectiveness.

At the University of California, Irvine College of Medicine we have formed a medical response team that provides consultation to Adult Protective Services, law enforcement, and the justice system. This three-year project, funded by the Archstone Foundation, is already proving to be of benefit: the physician and psychologist on the team assist in determining whether abuse has occurred and have testified in several cases.

### Training

There is an inadequate number of geriatricians in the United States to care for the frailest seniors. Few geriatricians receive any formal training in the area of elder abuse. There are only a handful of geriatric forensic experts in the United States. With funding from the California Office of Criminal Justice Planning we have developed a two-day course for geriatricians on elder abuse which is taught by geriatricians, a pediatrician, a prosecutor with a district attorney's office, the head of a county Adult

Protective Services unit, and a psychologist. Courses like this are rare, however, due to difficulty in obtaining funding, the paucity of research data on which to base a curriculum, and the general lack of interest among health care providers in this issue.

If funds were made available for research and training in this area, it would increase the ability of experts to train others, raise awareness, and improve detection, diagnosis, reporting, and testifying in cases of elder abuse and neglect.

### Intervention and Prevention

Some of perpetrators of abuse who are violent, dangerous and/or who knowingly withhold necessary care should be prosecuted. One common lament of law enforcement officers and prosecutors is the lack of medical professionals who are knowledgeable in diagnosing abuse, and who are willing and able to help these cases go to court. Problems include failure to detect and diagnose, inadequate documentation, a paucity of expert witnesses (especially physicians with adequate training in geriatrics and forensics who are willing to testify), and a resistance to interacting with the criminal justice system.

There are other perpetrators, however, who are genuinely well-meaning but are overwhelmed or unable to provide the level of care needed by the victim. For these families, adult day care programs, respite programs, and in-home assistance may be the best interventions to help the victim and keep the family whole.

### Other Vulnerable Adults

While the focus of this hearing is on older adults, there is another group of adults who are frequently abused and unable to advocate for themselves: adults with disabilities (so-called "dependent adults" in many states' laws). In most states, the same laws which protect older people also protect persons with disabilities. People with developmental disabilities, such as cerebral palsy with mental retardation, Down Syndrome, and a host of other genetic disorders that impair cognition to varying extents are particularly vulnerable to becoming victims of abuse and neglect. The statistics are appalling: 60-80% of women with a developmental disability are victims of sexual abuse; half of these women are subjected to repeated episodes (>10) of sexual abuse; 20-40% of men with a developmental disability are victims of sexual abuse.

Because the same laws and many agencies that serve abused seniors serve persons with disabilities, research and education should target both groups simultaneously. Federal agencies that fund research in the field of disability, such as the National Institute on Disability and Rehabilitation Research, should devote some of their funding to this topic.

### **DEMOGRAPHIC IMPERATIVE**

In the next 30 years, the number of people aged 65 and over will double. The fastest growing segment of the population is those over age 85. With advances in self-advocacy and care, men and women with disabilities are living longer lives. However vulnerability (due to dementia, depression, physical disability, mental retardation) increases with age and increases an individual's likelihood of being abused or neglected. With a greater population of vulnerable adults, abuse is likely to increase unless we invest in a systematic program of research, prevention, support and intervention.

### **CONCLUSION**

We have a choice to make on behalf of the most vulnerable members of our society, most of whom are unable to advocate for themselves: we can choose to ignore that abuse is occurring and shake our heads when we hear about the occasional gruesome report, or we can decide to devote the necessary time and money and to enact the necessary legislation to make this nation a safe place for all of our citizens to live without fear and humiliation and pain.