

United States General Accounting Office

Report to the Committee on Governmental Operations  
of the United States Senate  
on Aging Persons' Retirement Savings

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United States  
General Accounting Office  
Washington, D.C. 20548

Human Resources Division

B-243268

April 24, 1991

NCJRS

The Honorable Thomas J. Downey  
Chairman, Subcommittee on  
Human Services  
Select Committee on Aging  
House of Representatives

OCT 18 1994

ACQUISITIONS

Dear Mr. Chairman:

This report responds to your request that we study mandatory and voluntary reporting laws for elder abuse. In discussions with your office, we agreed to (1) determine whether a comparison of mandatory and voluntary reporting states will indicate which type of law is most effective in identifying elder abuse victims and (2) assess expert opinion on the effectiveness of reporting laws and other factors in identifying, preventing, and treating abuse of the elderly. We also agreed to focus only on domestic elder abuse, which takes place in private homes and other community settings, as opposed to institutional elder abuse, which takes place in institutions such as nursing homes.

The term "elder abuse" generally refers to the abuse, neglect, or exploitation of people aged 60 and older. It may include physical, psychological, and sexual abuse; material or financial exploitation; and neglect and self-neglect.<sup>1</sup> Elder abuse is widely considered a serious problem that affects a large but unknown number of older Americans. The precise number of elder abuse incidents in the United States each year is unknown because no standard definition of abuse exists and a significant proportion of incidents never comes to public attention. However, various experts estimate that as many as 1.5 to 2.0 million older Americans may be victims of elder abuse each year,<sup>2</sup> and the number is expected to increase as the nation's elderly population continues to grow.

To help identify victims of elder abuse, nearly every state has passed laws concerning the reporting of elder abuse incidents. Mandatory

<sup>1</sup>Self-neglect, recognized in the Older Americans Act (42 U.S.C. 3022 (18)) and many state laws as a type of elder abuse, generally means the failure to provide for oneself the goods or services necessary to maintain one's health or safety.

<sup>2</sup>U.S. Congress, House, Select Committee on Aging, Subcommittee on Health and Long-Term Care, Elder Abuse: A Decade of Shame and Inaction, 101st Cong., 2d sess., 1990; Toshio Tatara, Summaries of National Elder Abuse Data: An Exploratory Study of State Statistics Based on a National Survey of State Adult Protective Service and Aging Agencies, National Aging Resource Center on Elder Abuse, Washington, D.C.: Feb. 1990.

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reporting laws require all people or specific categories of professionals, such as physicians and social workers, to report known and suspected incidents to certain authorities. Under voluntary reporting laws, no one is required to report, but any person may report incidents of elder abuse to the proper officials. As of November 1990, 42 states and the District of Columbia had adopted mandatory reporting laws for elder abuse; 8 states—Colorado, Illinois, New Jersey, New York, North Dakota, Pennsylvania, South Dakota, and Wisconsin—had made reporting voluntary.<sup>3</sup>

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## Results in Brief

Mandatory reporting states cannot be meaningfully compared with voluntary reporting states because (1) laws concerning elder abuse vary substantially from state to state; (2) states differ widely in the procedures they use for collecting case identification data; and (3) the number of elder abuse cases that states identify is strongly influenced by many factors in addition to reporting laws, but data on these other factors are not available. Therefore, it is not possible to determine whether one type of reporting law is more effective than the other in identifying cases of elder abuse.

Most experts consider reporting laws—whether mandatory or voluntary—much less effective than other factors in maximizing the number of elder abuse cases identified, prevented, and treated. A high level of public and professional awareness is considered the most effective factor for identifying elder abuse victims. In-home services for the elderly is considered the most effective factor for both prevention and treatment of elder abuse. Reporting laws are seen as moderately effective in case identification, but few experts see these laws as effective for either preventing a first occurrence of elder abuse or treating substantiated cases.

Although it clearly seems important to have some system for reporting elder abuse, focusing the debate on the relative effectiveness of mandatory versus voluntary reporting seems to be of questionable value. Our findings suggest that efforts to raise public and professional awareness, improve interagency coordination, and increase the availability of in-home services and respite care have a more significant impact on the effectiveness of state elder abuse programs.

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<sup>3</sup>In New Jersey, voluntary reporting for domestic elder abuse is not prescribed by law; however, the state operates a voluntary system based on administrative policy.

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## The Debate Over Mandatory and Voluntary Reporting Laws

Experts and policymakers have debated for many years whether states should adopt mandatory or voluntary reporting laws. A key issue in this ongoing debate is whether mandatory reporting laws are more effective in case identification than voluntary reporting laws.<sup>4</sup> Supporters of mandatory reporting believe that it results in a higher number of reports because some people will not report unless required to do so by law. Proponents of voluntary reporting contend that it is equally effective, primarily because people's reporting is influenced by many factors other than reporting laws.

The debate over mandatory and voluntary reporting laws has influenced proposed federal legislation concerning elder abuse. A bill (H.R. 385) introduced in January 1991 proposes a new program of grants to assist the states in preventing, identifying, and treating elder abuse. To qualify for financial assistance under this bill, however, states would be required to provide for mandatory reporting of elder abuse. Similar bills have been introduced in every Congress since 1980, but have never passed. In contrast, the 1987 amendments to the Older Americans Act created a grant program for elder abuse prevention activities that does not require states to have a mandatory reporting law to qualify for funds.<sup>5</sup> The Congress recently funded this program for the first time, with a \$2.9 million appropriation for fiscal year 1991.

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## Scope and Methodology

To determine whether mandatory reporting states can be meaningfully compared with voluntary reporting states, we reviewed the literature on elder abuse reporting, and examined available information on state reporting laws and case identification data. In addition, we interviewed various public officials and national experts about the factors that influence the identification of elder abuse.

To assess expert opinion on the effectiveness of reporting laws and other factors in identification, prevention, and treatment, we surveyed 40 state officials. The officials were representatives of state agencies on aging and adult protective services agencies, the two types of state agencies most closely involved with elder abuse programs. (See app. I for a more detailed discussion of our scope and methodology.)

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<sup>4</sup>Experts and policymakers also debate whether elder abuse reporting laws (1) make valid assumptions about the competency of older people, (2) adversely affect client-professional relationships, or (3) trigger investigations that may violate alleged victims' rights to privacy and self-determination. Our review, however, concentrates on the effectiveness of reporting laws only.

<sup>5</sup>Title III, section 371 (42 U.S.C. 3030p).

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We carried out our review from April through December 1990 in accordance with generally accepted government auditing standards.

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## Mandatory and Voluntary Reporting States Cannot Be Meaningfully Compared

A meaningful comparison of the two groups of states is not possible because of significant differences in state laws and data collection practices. Moreover, many factors in addition to reporting laws affect case identification, but data on these other factors are not available.

Laws addressing elder abuse differ widely from state to state. These differences are important because they significantly affect the total number of cases states identify in a given year. For example, states that include self-neglect in their definition of elder abuse may identify more cases than states whose elder abuse definitions do not include self-neglect. Some states that investigate self-neglect cases have reported that these cases account for up to 40 or 50 percent of their caseloads. In addition, states that do not guarantee confidentiality for reporters may receive fewer reports than states whose laws do include such a provision. Some experts told us that people may not report incidents of elder abuse if they think the alleged victim or perpetrator might find out who they are.

Data collection practices also vary considerably from state to state. Many states cannot provide comparable data on the total number of cases identified. For example, a study of state data for fiscal years 1986 to 1988 found that 19 states did not maintain separate statistics for the elderly and other adult victims of abuse; some states combined reports of domestic abuse with reports of institutional abuse; and other states could not distinguish reports that were substantiated through an investigation from reports that were unsubstantiated.<sup>6</sup> This lack of comparable data prevents a valid comparison of mandatory and voluntary reporting states.

Another reason why a comparison of mandatory and voluntary reporting states would not be meaningful is because many factors, in addition to reporting laws, play important roles in the identification of elder abuse cases. Some of these other factors include the level of public and professional awareness, the procedures for reporting, and the reputations of elder abuse agencies for resolving elder abuse cases. People may not report elder abuse if they do not accurately recognize its signs,

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<sup>6</sup>Tatara, Summaries of National Elder Abuse Data.

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find reporting difficult or time-consuming, or believe that the responsible agencies do not resolve these cases successfully. The effects of these other factors must be accounted for to determine the independent impact of mandatory and voluntary reporting laws on case identification. However, this kind of analysis is currently not possible, primarily because data are unavailable for many of these factors and would be very difficult to collect.

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### Several Factors Considered More Effective Than Reporting Laws

Reporting laws—whether mandatory or voluntary—are not considered the most effective factor for identifying, preventing, or treating elder abuse.<sup>7</sup> Although over one-third of the 40 state officials we surveyed said reporting laws are effective for identification, the factor mentioned most frequently was a high level of public and professional awareness. The factor mentioned most often for both preventing and treating elder abuse was in-home services for elders; very few respondents said reporting laws are effective for prevention or treatment.

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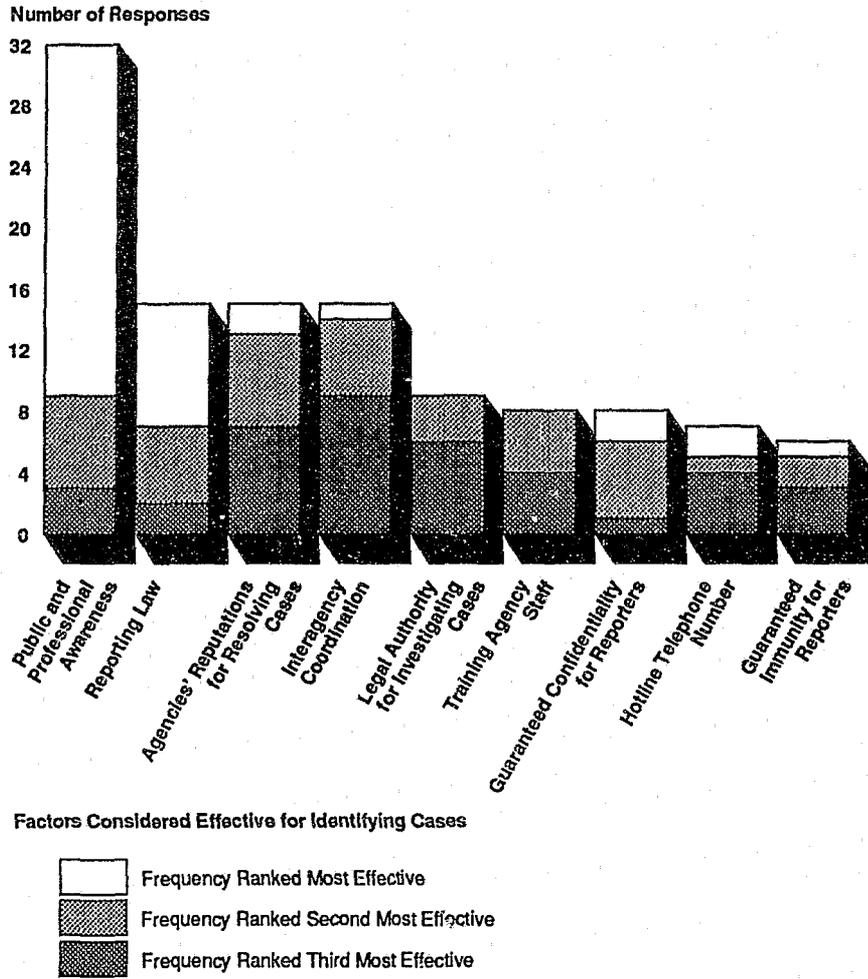
### Public and Professional Awareness Considered Most Effective for Identification

The factor most often mentioned as effective for case identification was a high level of public and professional awareness of what elder abuse is and how to report it. This factor was ranked as one of the three most effective factors for maximizing the number of cases identified by 32, or 80 percent, of the state officials we surveyed, including 23 who ranked it first (see fig. 1). Public and professional awareness is critical for case identification because agencies rely heavily on the public to find out when incidents of elder abuse have occurred. Before people can report such incidents, however, they need to know what elder abuse is and how reports may be made.

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<sup>7</sup>Our assessment of the relative effectiveness of reporting laws and other factors is based on the total number of times survey respondents ranked them as one of the three most effective factors in maximizing the number of cases identified, prevented, or treated.

Figure 1: Effectiveness of Nine Factors in Identifying Elder Abuse



Factors Considered Effective for Identifying Cases

- Frequency Ranked Most Effective
- Frequency Ranked Second Most Effective
- Frequency Ranked Third Most Effective

Note: Maximum number of responses = 40.  
 Source: GAO survey of state agency officials (1990).

State efforts to increase awareness of elder abuse include education and information campaigns for the general public, as well as special training programs for certain types of professionals and other people likely to interact with the elderly. Several respondents said they believe that public and professional awareness efforts have led to increases in the number of reports received. Several respondents also pointed out that adequate resources are necessary to conduct prompt and thorough investigations of the increased number of reports typically generated by public education campaigns. An adult protective services director said, for example, that local officials in her state resisted putting up posters

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to increase public awareness because these officials feared receiving more reports than they could investigate.

Reporting laws are also considered effective for identifying elder abuse, although they were mentioned substantially less often than public and professional awareness. This factor was ranked among the three most effective factors for case identification by 15 state officials, including 8 who ranked it first. Reporting laws define the responsibilities of government and private citizens in responding to the problem of elder abuse. These laws establish official procedures for making reports, as well as a system for receiving and investigating those reports. For these reasons, state officials and other experts generally believe it is important for a state to have some type of reporting law to help identify cases.

A second factor mentioned by 15 respondents was elder abuse agencies' reputations for resolving cases successfully. People will be more willing to report elder abuse, two respondents said, if they believe doing so will lead to positive outcomes for the victims. The biggest fear of potential reporters, one state official explained, is that nothing happens after they report.

Interagency coordination was also ranked by 15 respondents as one of the three most effective factors for identifying cases of elder abuse. Interagency coordination is necessary because (1) a number of different state and local agencies may be responsible for making, receiving, and investigating elder abuse reports and (2) identifying victims of elder abuse may be only one of an agency's many responsibilities. For example, if a social worker from a department on aging suspects that an elderly client is being abused, the social worker may need to report the incident to the local adult protective services agency. This agency would then screen the report and, if deemed appropriate, initiate an investigation. If a worker from adult protective services meets resistance in trying to investigate the report, he or she may require the assistance of law enforcement officials. These diverse agencies need to establish collaborative and cooperative working relationships, experts say, or else some victims of elder abuse might never be identified.

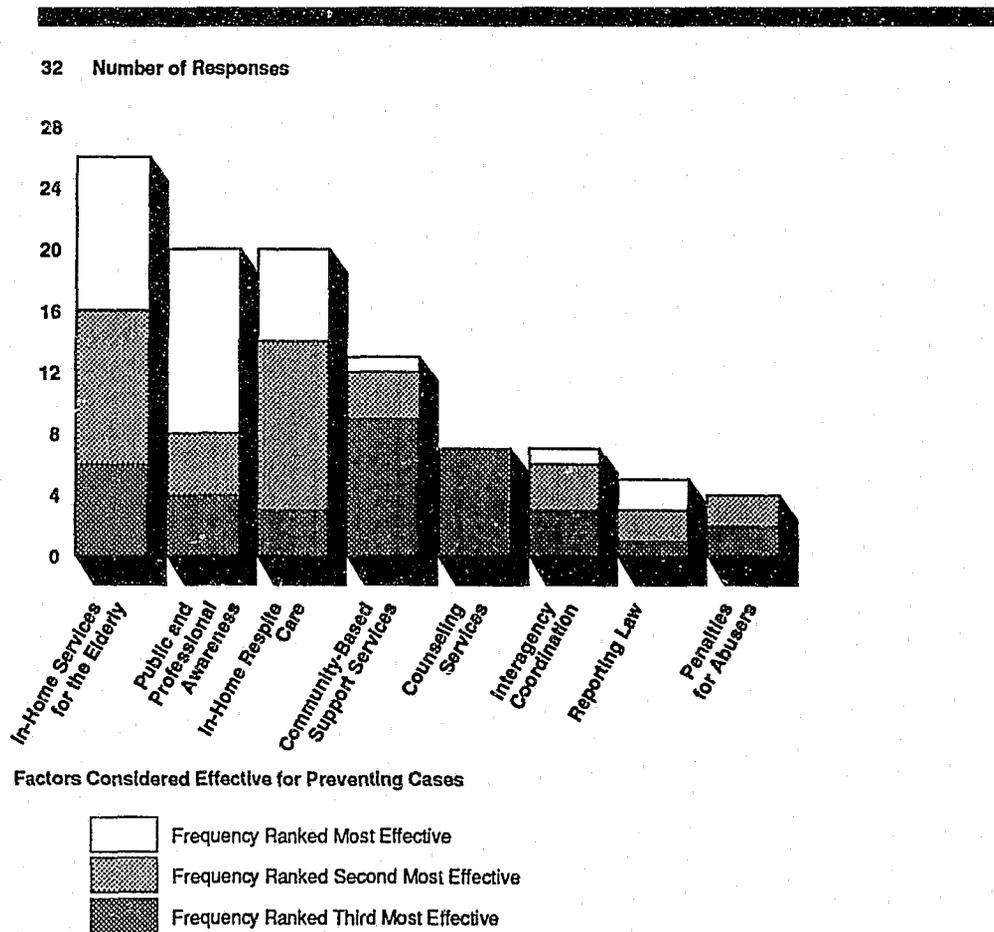
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### In-Home Services Considered Most Effective for Prevention

The factor most often mentioned as effective for preventing a first occurrence of elder abuse was in-home services, such as home health care, meals-on-wheels, and homemaker and chore services. Twenty-six of the state officials we surveyed ranked this factor as one of the three most effective factors in maximizing the number of cases prevented (see

fig. 2). In-home services provide needed assistance to older people who cannot easily leave their homes or who have difficulty caring for themselves. Without these services, an older person's health or living environment could deteriorate, leading to some type of elder abuse, for example neglect or self-neglect. In-home services are also considered effective for prevention because trained service providers, who regularly visit older people in their homes, may detect an increased risk of elder abuse that would otherwise go unnoticed. Additional services could then be offered to help prevent elder abuse from happening.

Figure 2: Effectiveness of Eight Factors in Preventing a First Occurrence of Elder Abuse



Note: Maximum number of responses = 40.  
 Source: GAO survey of state agency officials (1990).

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A high level of public and professional awareness was mentioned by 20 state officials as one of the three most effective factors for preventing elder abuse. Public and professional awareness is considered effective for prevention because preventive action can only be taken if high-risk situations are recognized before abuse occurs; educating people about the causes of elder abuse is one of the objectives of public awareness campaigns. In addition, public education programs inform older people and their caregivers about the various services available to help prevent elder abuse, such as in-home services and respite care.

In-home respite care was also ranked among the three most effective factors for prevention by 20 survey respondents. Respite care provides temporary care for a dependent older person, allowing the usual caregivers a chance to get out of the home. This kind of service is effective for prevention because it reduces the stress associated with caring for a dependent older person, commonly identified as one of the major causes of elder abuse. Experts believe that caregivers are less likely to become abusive if the stress associated with caring for a dependent older person can be temporarily relieved through in-home respite care.

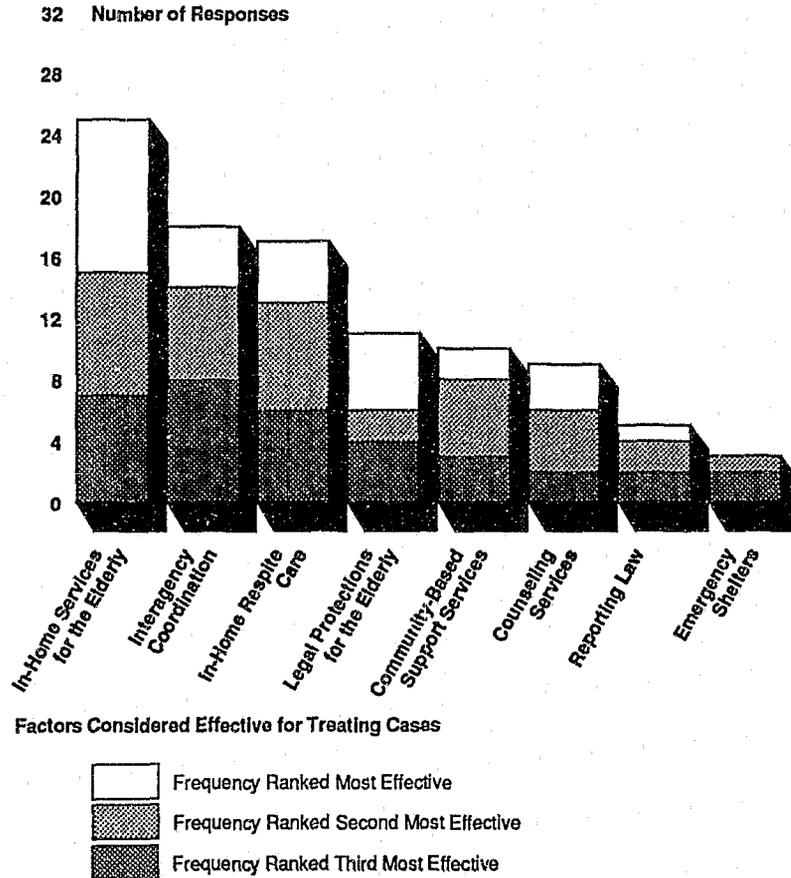
Reporting laws were infrequently mentioned as effective for preventing elder abuse: only 5 of the 40 state officials we surveyed ranked reporting laws as one of the three most effective factors for maximizing the number of cases prevented. One reason why reporting laws were not ranked higher is that respondents did not see a direct relationship between these laws and prevention. One respondent, however, suggested that reporting laws help to prevent elder abuse indirectly by alerting officials to high-risk situations.

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### **In-Home Services Considered Most Effective for Treatment**

The factor most frequently mentioned as effective for treatment was in-home services for elders. This factor was ranked as one of the three most effective factors for maximizing the number of cases treated by 25 state officials, including 10 who ranked it first (see fig. 3). In-home services, such as home health care, meals-on-wheels, and homemaker and chore services, help correct the circumstances that lead to elder abuse initially and prevent it from recurring. In addition, several state officials we surveyed said that adequate resources are crucial for providing this kind of treatment to elderly victims and their caregivers.

**Figure 3: Effectiveness of Eight Factors in Treating Elder Abuse**



Note: Maximum number of responses = 40.  
 Source: GAO survey of state agency officials (1990).

Interagency coordination was the second highest-ranked factor for treating elder abuse; it was ranked among the three most effective factors by 18 survey respondents. Interagency coordination is essential because treatment services are often provided by numerous public and private agencies, and victims of elder abuse may be only one of the client groups these agencies are responsible for serving. If these agencies do not develop collaborative and cooperative working relationships, some elder abuse victims and their caregivers may not receive the treatment services they need.

The third highest-ranked factor for treating elder abuse was in-home respite care, mentioned by 17 respondents as one of the three most effective factors for maximizing the number of cases treated. In-home

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respite care is effective for treatment, experts say, because caregivers are more likely to stop mistreating their dependent elderly if the stress associated with caring for them can be temporarily relieved.

Reporting laws were seldom mentioned as effective in treating elder abuse: only 5 of the 40 respondents ranked reporting laws among the three most effective factors for maximizing the number of cases treated. One reason why reporting laws were not ranked higher is that respondents did not see a direct connection between these laws and the treatment of substantiated cases. Some experts, however, believe that having reporting laws on the books has helped indirectly by influencing state legislatures to provide increased resources for treatment services.

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## Concluding Observations

On the basis of our review of the literature and discussions with experts, we believe that the debate over mandatory and voluntary reporting laws will produce uncertain answers concerning the relative effectiveness of these laws in identifying, preventing, and treating elder abuse. State officials we surveyed agree that other factors—such as public awareness campaigns, interagency coordination, and in-home services and respite care—are more important than reporting laws. This suggests that improvement in elder abuse programs is more likely to result from attention to these other factors, rather than from requiring a particular type of reporting law.

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As arranged with your office, unless you publicly announce its contents earlier, we plan no further distribution of this report until 30 days after its issue date. At that time, we will send copies to the Secretary of Health and Human Services, the Commissioner of the Administration on Aging, and the Directors of state agencies on aging and adult protective services agencies. We will also make copies available to other interested parties on request.

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Please call me on (202) 275-5365 if you or your staff have any questions about this report. Other major contributors are included in appendix II.

Sincerely yours,



Gregory J. McDonald  
Associate Director, Income Security Issues



# Contents

Letter		1
Appendix I Scope and Methodology		16
Appendix II Major Contributors to This Report		19
Bibliography		20
Table	Table I.1: GAO Survey of 25 States With the Largest Elderly Population (as of July 1, 1988)	17
Figures	Figure 1: Effectiveness of Nine Factors in Identifying Elder Abuse	6
	Figure 2: Effectiveness of Eight Factors in Preventing a First Occurrence of Elder Abuse	8
	Figure 3: Effectiveness of Eight Factors in Treating Elder Abuse	10



# Scope and Methodology

We collected and analyzed information from a variety of sources: We reviewed the literature on elder abuse reporting, including journal articles, state and local demonstration project reports, and studies published by national associations on elder abuse. We interviewed federal officials at the Department of Health and Human Services and the Administration on Aging; we also interviewed national experts on elder abuse at the National Aging Resource Center on Elder Abuse, the National Association of State Units on Aging, and the National Committee for the Prevention of Elder Abuse. In addition, we interviewed state and local officials knowledgeable about elder abuse. Finally, we conducted a telephone survey of 40 officials in state agencies on aging and adult protective services agencies—the two types of state organizations most closely involved with elder abuse programs.

For our survey, we initially called officials from state agencies on aging and adult protective services agencies in the 25 states with the largest populations aged 65 and older (see table I.1). In 9 of these states, we surveyed only one person because the adult protective services program is part of the state agency on aging.<sup>1</sup> In 15 of the 16 remaining states, we surveyed representatives of both agencies.<sup>2</sup> In each case, we interviewed either the agency director or the person whom the director designated as most qualified to answer our questions on behalf of the organization.

<sup>1</sup>These states are Arizona, Florida, Illinois, Indiana, Massachusetts, Missouri, Pennsylvania, Washington, and Wisconsin.

<sup>2</sup>In North Carolina, we interviewed only one official—from the adult protective services agency; state agency on aging officials declined to participate because they said the adult protective services agency has statutory responsibility for elder abuse.

Appendix I  
Scope and Methodology

Table I.1: GAO Survey of 25 States With the Largest Elderly Population (as of July 1, 1988)

Numbers in thousands	
State	Population aged 65 and older
California	3,011
New York	2,328
Florida	2,201
Pennsylvania	1,793
Texas	1,666
Illinois	1,422
Ohio	1,372
Michigan	1,077
New Jersey	1,009
Massachusetts	806
North Carolina	774
Missouri	710
Indiana	681
Wisconsin	641
Virginia	640
Georgia	636
Tennessee	611
Washington	551
Minnesota	540
Alabama	513
Maryland	498
Louisiana	479
Kentucky	464
Arizona	447
Connecticut	435
<b>Total</b>	<b>25,305<sup>a</sup></b>

<sup>a</sup>This number represents 83 percent of the total elderly population in the United States.

Source: Statistical Abstract of the United States, 1990, U.S. Department of Commerce, Bureau of the Census (Washington, D.C.: U.S. Government Printing Office, 1990), p. 23.

In our survey, we focused on domestic elder abuse, which occurs in private homes and other community settings; we did not address abuse that occurs in institutions, such as nursing homes. We defined "elder" as a person aged 60 or older (the definition used in title III of the Older Americans Act). We defined "abuse" very broadly to include physical and psychological abuse, material or financial exploitation, neglect by others, and self-neglect.

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The survey questions focused on the effectiveness of reporting laws and various other factors in the identification, prevention, and treatment of elder abuse. We defined "identification" as the reporting and official verification of cases, "prevention" as stopping a first occurrence of abuse, and "treatment" as efforts intended to correct substantiated cases. For each of these areas, we read to the respondents a short list of factors considered important in the literature and by experts. From these three lists, we asked the respondents to name the three factors they consider the first, second, and third most effective in maximizing the number of cases identified, prevented, and treated. We determined the relative effectiveness of all the factors on the basis of the total number of times each factor was ranked as one of the three most effective factors.

We also asked our respondents open-ended questions to elicit any comments they had about the issues covered in the survey. Their statements often helped to explain why they ranked certain factors higher than others.

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# Major Contributors to This Report

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