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U.S. Policies Addressing Mistreatment of Elder and Adults with Disabilities

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Abstract

The U.S. population is rapidly aging, which is expected to increase the incidence of mistreatment of elder and disabled adults. There exist a variety of types of abuse, neglect and exploitation, including self-neglect and abuse. The relationship between the victim and perpetrator could include intimate partners or other family, especially for women. Policies and programs have been geared mostly toward tertiary prevention, responding after a tragedy has already caused trauma. State laws define elder and disabled adults as vulnerable adults and maltreatment should be reported. However, there is vast underreporting of these crimes. Adult Protective Services is not as developed or well-funded as Child Protective Services. Victims and their families can benefit from policies designed for victims of all ages, such as VOCA and VAWA. Legislation specific to elder adults has been associated with the Older American's Act and more recently the Elder Justice Act which was enacted with the Affordable Care Act. When enacted, EJA was not properly funded until the pandemic exposed a great deal of elder mistreatment necessitating emergency assistance with the CARES Act and American Rescue Plan. Rather than merely responding to maltreatment, our policies should be geared toward primary prevention—keeping the event from occurring in the first place.

Keywords: Primary prevention, Elder mistreatment, Adult protective services, Elder justice act

Introduction

Our society is aging at a rapid pace with 51.2 million age 65 and older [1], which is estimated to increase to nearly 90 million by 2060 [2]. Most elder adults are able to function with a level of independence; however, the abilities decline beyond age 85 for many in the community. Centenarians are those 100 years and older, and this population has increased dramatically in the past three decades. It is expected that they will number approximately 422,000 by 2054 [3]. The definition of a vulnerable (or incapacitated) adult varies by state, with some including 18 and over who have disabilities. The American population of persons age 18–64 was 21.8 million in 2022, about 11% of that age category of civilian, community dwelling people, with the majority having difficulties with cognitive (47%), mobility (41%) and tasks associated with living independently (36%) [4].

With this aged and disabled population growth, comes the need for adaptation and response to challenges. Later life can sometimes bring food and housing insecurity, divorce, widowhood, and poor health. Elder abuse, neglect and financial exploitation are expected to become more widespread with the aging of the population. Some victimization will be a continuation of domestic violence from earlier in life and other experiences will have late life onset [5]. Those over 85 will have a greater chance of experiencing functional limitations, including dementia, with approximately 1/3 of that population having some level of cognitive disability [6]. By 2050, it is expected that there will be 13.8 million with Alzheimer's and associated disorders in the United States [7]. The advanced age of those afflicted often translates into caregivers who are themselves middle aged or elder adults, whether a spouse or adult child(ren). Victims with dementia may lack the ability to recognize they are being abused, neglected or exploited.

Types of Vulnerable Adult Mistreatment

People with disabilities and older adults experience abuse when they are emotionally, psychologically and/or physically mistreated by another. Neglect is also life threatening when necessary requirements such as hydration, nutrition, sanitation, medications and emotional interaction are omitted by a caregiver. One can also inflict harm when they direct abuse at themselves, self-abuse can include parasuicide (self-harm perhaps without intent to die), attempted or death by suicide. Self-neglect is also act(s) of omission and represents one of the most common reports to Adult Protective Services APS. Examples might include substance use disorder, refusing medications, hoarding of excess items and inappropriate clothing for the weather [5]. Like persons of other age categories, elder and disabled adults can also be victims of human trafficking. Also known as modern slavery, victims can be exploited by forced labor, domestic servitude, sexual exploitation, and debt bondage—which involves being charged and required to pay off unreasonable sums of money, which will not realistically be possible to achieve [5,8]. Financial or material exploitation involves the illegal or improper misuse of a vulnerable adult's, property, funds, or assets by a person with an expectation of trust, such as a power of attorney POA, relative or partner. Technology-assisted abuse uses modern methods to separate vulnerable people from their funds. Romance scams, cyber stalking, bullying impersonation of a loved one, and many other forms of economic loss can be perpetrated by a relative, an acquaintance or stranger [9]. The FBI has indicated these crimes were responsible for an estimated $3.4 billion loss to consumers, which is increasing with time. From 2022 to 2023 there was an 11% increase and it rose to 14% between 2023 and 2024 [10]. Adding to these types of victimization are the threats which arise from artificial intelligence AI which allows for video and audio deep fakes which could confuse an older person to believe they are being contacted or speaking to someone they trust, when in fact, they are not. For example, they may be led to believe their grandchild has been arrested or kidnapped, and need to access the older person's resources to free them.

Polyvictimization compounds the trauma, health outcomes, and mortality as many types of mistreatment are co-occurring or serially, one after the other [11–13]. Response and treatment can be more complicated to deal with the post-traumatic stress disorder (PTSD) [5].

For a variety of reasons, the vast majority (estimated 1 in 23 cases) of elder mistreatment goes unreported to authorities [14]. Older victims may be hesitant to call for help when they are being abused by partners or their descendants, such as adult children or grandchildren. They were socialized to avoid 'airing dirty laundry' in public, therefore they are isolated with their abusers. Vulnerable adults may also fear being placed in a nursing home or other congregate care facility [5].

Research has identified key types of elder mistreatment in the U.S. cultural context. Pillemer *et al.* [15] argues dependent abusers are the most common offenders. This mistreatment pattern who use and exploit the resources of an elder (housing, economic funds, etc.) while not providing an exchange of caregiving duties. These offenders are typically adult children, grandchildren, nieces/nephews who demand downward support from the person, and might provide a dangerous environment in the elder adult's household. An example showcased in the documentary "An Age for Justice: Confronting Elder Abuse in America" [16] found an older woman Vicki Bastion whose adult child had died, so she raised her grandchild. As he grew, he became more brazen in his negative behaviors and she was trapped in her household with her grandson who was involved with drugs and was running a criminal enterprise out of her home. The police intervened to shut down the source of drug and gang membership, only to find the homeowner behind a protective metal security gate on her bedroom door. She had been mistreated, but also almost lost her home as a result of the exploitation. Offenders who are dependent on the resources of the elder adult may have addiction or mental health issues which make the potential solutions more complicated. The older victim may also feel a sense of loyalty to their descendants, leading to secrecy and lack of reporting.

A different type of dependency leads to overburdened caregivers, who have responsibility for and provide care to a functionally and/or cognitively disabled person. With age, the dependencies can become more complex, including a need to be driven to appointments, the potential for wandering and getting lost, increased aggression and breakdown of bodily functions. In addition to adult children, grandchildren and other younger relatives, the spouse or partner may be in the role of caregiver. The notion of burnout is relevant here, leading a stressed individual to lash out against the increasing responsibility and demands of assistance [15]. Steinmetz [17] described caregiver burden like a power key, and she also found that the more one perceived they were burdened by caregiving, the more the perpetrator took it out on the recipient. Rosalie Wolf [18] was well-known for her work on elder abuse prevention and she noted that the policy response to mistreatment is often based upon stereotypes, and 75% of the states relied on rationale based upon the notion of overburdened caregivers as the only elder abusers—but that perspective was not supported fully by the available evidence.

Approximately 1.63 million persons live in U.S. skilled nursing care facilities at any given time [19]. Institutional care might result in abusive staff members mistreating an older or disabled person in the facility, but a lesser recognized, yet common problem involves resident-on-resident elder mistreatment (R-REM) [20]. Considering the cognitive and behavioral problems among the institutionalized, it is not

difficult to imagine aggression, assaults and even criminal conduct among problem residents. Recently, the COVID-19 pandemic revealed a great deal of elder abuse, neglect and exploitation taking place in care facilities, which had been previously hidden [21].

Domestic violence is often perpetrated by current or former spouse or partner. Intimate partner violence (IPV) in later life may have lifelong or late onset. Those with a history of domestic violence could be considered IPV grown old. The latter, late onset, might result from abuser's reaction to relationship breakdown or a sign of dementia in the offender. Inhibitions which previously kept a person from lashing out at family may be reduced by damage to the brain. Availability of firearms can endanger those around a person with dementia who has aggressive symptoms. IPV does not get the recognition it deserves among older or vulnerable adults. According to my research team's analysis of 34 years of FBI Supplemental Homicide Reports our team found women's homicides were mostly perpetrated by a current or former intimate partner and the top relationship between victim and offender is 'wife.' Other family members are also among the perpetrators against older women. So, for women the home, where we should feel loved and safe, is actually the setting for later life femicide, most often perpetrated by one's own spouse or relatives. This differs significantly from men's homicide victimization, which is most often by other men who are acquaintances or strangers [22]. My additional research on murder-suicide has found very severe fatal IPV homicide followed by the suicide of the perpetrator (90% male perpetrated) was often romanticized (17%) in the news media. Rather than being recognized as domestic violence, the fatality was rationalized because the couple was old or one or both may have been experiencing health problems. Reality shows the victim was not in on the plan (only 4-6% are joint suicides) and women are far less suicidal in old age, when compared to men. The husbands tend to be suicidal and make the decision to take the wife's life in the process of his own demise [5,23,24].

Policymakers have been cautioned to be aware of distinctions in maltreatment, so legislation can more accurately reflect the empirical realities of family and intimate partner violence among those with various abilities and across the adult life course [5,25]. Enduring challenges over time have stood in the way of efficient policy to address mistreatment. Measurement, prevention and treatment of elder abuse, neglect and exploitation is complicated by laws which differ by state. The legal definition of vulnerable adults may include all older persons (60 or 65 and over), and may also include those 18-64 with developmental disabilities. Most states have some level of mandatory reporting to Adult Protective Services (APS), but the response is considered underdeveloped, compared to the history, funding and legal focus of Child Protective Services CPS [5].

Historical Policies Addressing Vulnerable Adult Abuse Treatment and Prevention in the U.S.

Aging and disability can result in shrinking social networks by attrition and for some, the fear of crime further reduces their contacts with others [26]. However, social integration has been associated with better outcomes and abuse detection. Historically, in 1965, President Johnson's 'Great Society' legislation included structures to facilitate the organization and delivery of social and nutrition programs to combat extreme isolation. The Older American's Act (OAA) established the Administration on Aging (AoA) to oversee the programs for elder adults and their caregivers through state grants for community based social services, research, development and training for personnel in the field of gerontology. The national network includes 56 state agencies on aging, 618 AAA area agencies on aging and 20,000 service providers including Native Hawaiian and other Tribal organizations with the goal to protect the rights of vulnerable adults [25].

Title XX of the Social Security Act in 1974 gave block grants for state social services to create response systems which became Child (CPS) and Adult Protective Services (APS). Elder abuse and social justice became more defined in the 1980 White House Conference on Aging and under the leadership of the Pepper Commission. Mandatory reporting of elder mistreatment along with the important value of the rights of self-determination were communicated. APS fields reports from service providers and the public regarding 'vulnerable adults' 60 or 65+ years old and the majority (90% of states) included 18+ developmentally disabled population. The main function of APS is to investigate these vulnerable adult abuse, neglect, and exploitation reports. The elder and disabled adults have the right to self-determination, meaning, they can refuse APS services if they are capable of understanding the implications. The trend has been toward standardizing of these definitions, reporting victimization nationally and creating a network to track habitual offenders across state lines [27].

Later, in 1992 OAA Title VII was passed and funded, which provided the first federal resources to prevent elder abuse, neglect, and exploitation. Further amendments were passed in 2006, to the OAA Title VII to include services and allotments for prevention as well as responses to mistreatment [25].

Title VII identified elder justice as the efforts to prevent, detect, treat, interrupt, and respond to abuse, neglect, and exploitation of vulnerable adults. Responses aimed to help prevent financial exploitation utilizes public outreach, including the creation of safe havens and shelters for older and disabled persons. In 2006 OAA Reauthorization (Title II and VII revised language) the AoA funded the National Center on Elder Abuse (NCEA) and the National Indigenous Elder Justice

Initiative. These coordinate services for wholistic care in the fields of human rights, legal aid, APS, home and community-based services as well as Long Term Care Ombudsman [28].

In 2012 HHS Secretary Kathleen Sebelius addressed inefficiencies and duplications by combining Administration on Aging, the Office of Disability and Administration on Developmental Disabilities into a single unit Administration on Community Living (ACL). The idea was to serve people living in the community, no matter the origin of their disability [29].

The next WHCA was hosted by President Barack Obama in 2015 which emphasized the need for empirically based recommendations to guide for successful programs and policies. Victim's rights and survivor assistance has been a focus of legislation, but there has been less emphasis on primary prevention, which would eliminate the trauma by stopping the violence before it happens [5]. This article will focus on the policies aimed to assist vulnerable disabled and elder adult persons, specifically the 1965 Older American's Act (OAA), the 1984 Victims of Crime Act (VOCA), Violence Against Women Act VAWA, as well as the more recent enactment of the Elder Justice Act in 2010.

The OAA reauthorization in 2016 established National LTC Ombudsman Center and National Legal Resource Centers. Other efforts were involved to include evidence-based research to strengthen a number of programs, improve elder abuse screening and prevention efforts. The 2020 Reauthorization "The Supporting Older Americans Act of 2020" was funded and has expired in September 2024. The aims were to assist long-term care residents with their complaints and remove blockages to assist family caregiver services, including grandparents who are raising their grandchildren. These minors have experienced losses and may be considered at-risk for adverse childhood experiences (ACES) which are considered high risk for developmental delays, behavioral problems and substance abuse, which may increase the chance they exploit or abuse their elderly grandparent [28]. So far, efforts to reauthorize this legislation has passed the Senate for funding FY2026 to 2030, but at the time of this writing had not yet passed in the House of Representatives. The funding for OAA continues, but are reliant upon a patchwork of legislation, rather than a more secure reauthorization [30].

Victim's Rights Legislation

General victim's rights legislation benefits those of all ages, so we will address these here. The 1984 Victims of Crime Act (VOCA) was signed by President Reagan. This was the first to recognize the role of victims and survivors and their trauma, which causes many losses and needs for services. Previously, the main goal was to catch the perpetrator and prosecute the guilty. The Crime Victims Fund provides restitution for the losses directly related to the violent crime experienced. Worst case scenario, it would pay for a funeral. VOCA also funds domestic violence (DV) services, such as victim advocates, hotlines, shelters and mental health counseling through the framework of the Family Violence Prevention and Services Act (FVPSA). Compensation has been used to encourage victim's families and survivors to break their silence and testify against the offender [5,31].

The Violence Against Women Act (VAWA) was originally enacted in 1994 and was responsible for shelter funding, STOP grants for training of police and prosecutors, National Domestic Violence Hotline, legal aid, and many other services for any adult who has been a victim of domestic and dating violence, stalking, sexual assault or (later reauthorizations) human trafficking. The reauthorization of 2000 included older women, recognizing their greater needs after fleeing an abusive household. This legislation also promoted education, training and enhanced services to end violence against women with disabilities, understanding the extra vulnerabilities of social isolation and needing care by others. VAWA funds go toward advocacy, outreach, intervention, technical assistance and counseling, modifications for shelters and other victim services to ensure compliance with anti-discrimination laws and develop best practices for victim service organizations. The 2005 VAWA reauthorization dedicated DV funds for programs which dealt with victims age 50+. In 2013 VAWA Reauthorization victims of human trafficking were added to the potential victims eligible for services [32,33].

During the first Trump Administration VAWA was permitted to expire and the reauthorization of 2018 became stalled in Congress by Republicans. After a number of false starts, Congress passed and Biden signed the bill in 2022, which was significant, since he was one of the first authors of the bill in 1994. LGBT and Indigenous vulnerabilities are recognized in the new legislation. It has attempted to close the loopholes to provide more justice for Native Americans who are victims of non-Native abusers, who are either intimate or former partners, strangers or acquaintances. Missing and Murdered Indigenous Women (MMIW) justice movement has struggled to receive adequate attention from law enforcement. VAWA reauthorization of 2013, was only for current or former partners and spouses, so the 2022 reauthorization aimed to improve this coverage [5,34].

VAWA includes a ban on firearms for those who are domestic violence perpetrators. The reauthorization of 2022 proposes better enforcement of existing firearms laws in the U.S., which is controversial. Compared to other developed nations the United States have had the highest private firearm ownership and the greatest per capita homicide and suicide rates. Many Americans falsely believe they are safer with a gun, but possession in the home greatly expands the risk of homicide, suicide or both within the family [35].

Additional Policies to Address Abuse of Vulnerable Adults

The Elder Justice Act of 2010 HR3590 was signed in March 2010 by President Obama, as part of the Patient Protection and Affordable Care Act ACA P.L. 111–148 (aka Obamacare). This was the first federal comprehensive legislation to address abuse neglect and exploitation of older adults since the OAA reauthorizations. Autonomy of the vulnerable person is a value to uphold while also engaging in activities to prevent, detect, interrupt, respond to and obtain justice for the victims of mistreatment. In addition to the direct, well-coordinated, trauma-informed services the EJA authorized elder justice research and innovation, programs and initiatives including National Adult Maltreatment Reporting System (NAMRS) data and efforts to support APS and provide protections to institutionalized elders. The Elder Justice Coordinating Council EJCC has the Attorney General, Department of Justice, Consumer Financial Protection Bureau, Federal Trade Commission, Securities and Exchange Commission, U.S. Postal Inspection Service, Social Security Administration, Departments of Health and Human Services, Housing and Urban Development, Labor, Treasury, and Veterans Affairs [5,25,36,37]. Training for investigation and prosecution of mistreatment cases and service enhancements were envisioned. Rather than the inconsistencies of state variability in definitions, a National APS system has the goal to standardize a core set of optimal services and best practices. Despite an Obama requested budget of hundreds of millions of dollars to support APS, grants to detect and treat abuse, forensic centers for fatal cases, Ombudsman services for victim's rights in long-term care, and improvements in staff training, there was originally no substantial funding appropriated [38].

President Obama held the 2015 National White House Conference on Aging which recognized the crimes of elder abuse, neglect and exploitation are underreported (1 in 23 cases). Awareness campaigns are important to identify this problem with a clear and consistent message—as a public health and economic crisis. New threats from cyber-crimes, particularly in the area of financial exploitation were acknowledged, with the need for a "complex cluster of distinct but related phenomena" requiring attention to health, legal, social service, public safety, and financial issues, and therefore calls for a coordinated and sustained response across multiple disciplines [14].

Steps were taken to implement these recommendations. For example, President Obama's 2016 budget proposed $25 million in new research and prevention funding, unfortunately it was not fully funded. Patchwork funding was provided for enhancement of state APS systems; implementation of the National Adult Maltreatment Reporting System for research and policy, Department of Health and Human Services APS reporting system for consistent data from the states, and a Department of Justice (DOJ) launched a website in 2014 dedicated to elder justice including the ability to search zip codes for victim/caregiver resources. The Consumer Financial Protection Bureau produced several resource manuals to prevent exploitation. The Federal Trade Commission (FTC) created 'Pass It On' a fraud education campaign for those at risk of financial scams. Doctor training for elder abuse detection was assisted by the Centers for Medicare and Medicaid Services' Elder Maltreatment Initiative Physician Quality Reporting System [14].

As another example of unfunded legislation in this area, President Trump signed the Elder Abuse Prevention and Prosecution Act of 2017 P.L. 115–70, identifying the need for studies on elder abuse, but it did not provide any requests for appropriated funding for grants. Existing data sources were identified including National Adult Mistreatment Report System (NAMRS) for state-level APS data, National Incident-based Reporting System (NIBRS) which is law enforcement data, FTC Consumer Sentinel Network for consumer complaints, and Financial Crimes Enforcement (FinCEN) which collects data on financial institutions reports of suspected elder exploitation [39]. Much of this legislation to prevent and treat vulnerable adult abuse, neglect, exploitation and research incentives have been underfunded or neglected until the pandemic changed the level of need [5,25].

Public Health Crisis Led to Funding to Prevent Vulnerable Adult Mistreatment

Public health and economic emergencies (such as pandemic and The Great Recession) tend to result in greater call volume to APS regarding vulnerable adult endangerment. The pandemic brought a highly contagious virus, which initially were most severe in the vulnerable populations, particularly those in institutions. Lockdown policies kept older people from their support networks and mandatory reporters, and others were dangerously trapped with abusers in their home. Innovations in telehealth allowed for doctor visits online, but there were initial expenses required to get everyone up to date technologically [40]. So, we can say that larger structural issues tend to influence the well-being of this population, and may need additional resources from government, non-profit organizations and private charities [5]. Pandemic relief stimulus plans enhanced the existing framework, which had previously been underfunded, but it is important to remember the stress and trauma caused by the extreme pressures on this population during the public health emergency.

Two stimulus plans were introduced during the pandemic years to help compensate for the increased hardship. First, the Coronavirus Aid, Relief and Economic Security Act (CARES Act) was passed by Congress and signed by President Trump. The funding to pre-existing grantees who provide services in the aging and disability network totaled nearly $1 billion. These

were distributed Older Americans Act OAA funds $200M for Home and Community Based Services (Title III-B); $480M for nutrition programs under Title III-C; $20M for nutrition and related services for Native American Programs under Title VI; $100M for the National Family Caregiver Support Program under Title III-E; $20M for the Ombudsman Program under Title VII; $50M for Aging and Disability Resource Centers; and $85M for Centers for Independent Living under Title VII, Part C, Chapter I of the Rehabilitation Act. To assist those in need there were increased eligibility access of home-delivered meals, with waivers of state, local or nutritional guidelines and telehealth medical and mental health services were built to provide accessibility during the public health crisis. Older Americans and those with disabilities could enroll in Low-Income Subsidies for Medicare Part D and Medicare Savings Programs to help pay for supplemental Part B. Long-term care opened up an estimated 1.7 million licensed beds in long term care was made available for those in need [5,41].

Once Biden was inaugurated on January 20th 2021, he signed the American Rescue Plan (ARP) stimulus aimed to improve the health and financial security of Americans, including vulnerable adults. Nursing home virus infection prevention included ARP funded vaccine distribution, testing and contact tracing but also $500 million for care facility 'strike teams' to better manage outbreaks and $200 million for infection control. The LTC Ombudsman Program gives residents a representative in abuse cases and this program received $10 million to assist in the facilities which had suffered great losses. The National Family Caregiver Support Program, received $145 million to assist with caregiver counseling, support groups, training, and respite care. Community-based adults received stimulus checks to assist with extra expenses. OAA program funding, resources such as food stamps (SNAP) and nutrition programs (meals on wheels), housing assistance, and a health care boost for those 55-65 (ahead of Medicare eligibility) were included. The ARP also included a $4 billion increase in mental health and substance use disorder services, treatment, and prevention in communities, to reduce vulnerability to self-harm and mistreatment. The most exciting aspect of the ARP funded the previously neglected Elder Justice Act EJA._The law invested $276 million per year in the EJA until 2023 to support programs to combat elder abuse, promote research and innovation, enhance APS, and protect residents of skilled nursing and other care facilities [42]. So, the public health emergency helped to assist populations whose suffering was multiplied during the pandemic, and policymakers learned how better to prepare for the future [5]. Unfortunately, these stimulus plans were to provide temporary relief, and most of the funding expired.

Where We Stand Now

Violence and abuse prevention and response have been treated differentially, depending upon the administration in power in the United States. The Biden administration fixed the shortfalls from the 2010s to Victims of Crime Act VOCA with the Sustain the Crime Victims Fund Act of 2021 [43]. Domestic violence shelter and elder mistreatment funds were affected by the changes VOCA had been experiencing. Biden also reauthorized the Violence Against Women Act VAWA in 2022, after it had been permitted to expired in 2018. In addition, his collaboration with congress and executive orders significantly advanced elder mistreatment response: expanding funding, elevating oversight, empowering caregivers, improving legal and financial protections, and reinforcing societal awareness. It's a marked improvement in both prevention and recovery support for older adults [43–46].

However, these improvements were quickly threatened and, in some cases, abolished by the massive indiscriminate cuts to public health and social justice by the Trump administration (HHS and DOGE). Most painful has been the dismantling of the Administration on Community Living (ACL) and the attempted firings of 50% of the staff from this office—which is being challenged in court at the time of this writing [29,47]. This action threatens the services which improve the ability for aging and persons with disabilities to continue living in the community, such as meals on wheels. Unfortunately, the second Trump administration has effectively reversed many elder mistreatment advances from the Biden era through institutional dismantling, budget cuts, and agency reorganization. DOGE while not explicitly targeting elder protection programs, has contributed to their degradation by dismantling infrastructure (ACL) and oversight capacity. Some of the improvements seen in the economic and quality of life of older adults in the past several decades (such as the 70% decline in poverty from 1960 to 2022) has been attributed to policies such as Medicare and Medicaid enactment in 1965, as well as the permanent cost of living adjustments (COLAs) to Social Security which were implemented in the early 1970s. Sadly, these policy staples have recently come under fire with the enactment of legislation (One Big Beautiful Bill Act, which was signed by Trump) which calls into question some of these entitlement programs [48].

Public policy represents an avenue for addressing challenges, but far too often there may be a lack of response, which can be just as crucial to outcomes. Professionals argue the prevention of elder abuse, neglect and exploitation is decades behind the progress made by CPS. Primary prevention of elder mistreatment would involve interruption of pathways which lead to trauma. The goal would be to stop harm from occurring in the first place, rather than focusing exclusively on the response to elder abuse, neglect and exploitation [5].

Modern remedies have been suggested based upon international comparisons, which indicate elder mistreatment may be prevented by interpersonal interventions, such as meal prep, housekeeping, support groups and public education

services. High income countries may be able to provide interdisciplinary teams of care providers such as clinicians, geriatricians, social workers, delivered meals, helplines, emergency shelters, legal and financial help could be used together as a new solution to the problems of the isolated elder who has increased vulnerabilities to mistreatment. A well-developed justice system, non-profit organizations and effective health care policies would be necessary for success [20].

Conclusion

This article has followed the history of conditions in the U.S. and the policy responses enacted to interrupt and respond to mistreatment. Mandatory reporting of vulnerable adult abuse, neglect and exploitation exist across the country; however, definitions vary across states, which makes it difficult to compare regions for a comprehensive analysis. Historically, policies have been woefully underfunded and lacked timely reauthorizations. Even before the political polarization, U.S. safety nets left victims without adequate resources, services, and even some interventions by APS were inadequate to actually improve *quality of life.* U.S. inadequacies in housing, long term care, and access to affordable physical and mental health care have become more acute with the recent cuts to support staff, services and resources for the vulnerable and victims. The gap between the rich and poor has widened, taking away programs which had formerly supported the middle and lower socioeconomic status groups. While the crisis of the pandemic worsened the situation for older persons, it also led to greater funding and attention to policies which supported prevention and response to elder mistreatment. The pandemic isolated the abused from their primary care providers, but may have helped to open up access to telehealth services and counseling. The public health emergency did require Congress to provide more funding to those who were suffering with family abuse and this level of attention is encouraged for future appropriations, but this can only take place once the wealth gap is addressed and power is once again in the hands of the American public.

The most ideal policy solution is worth reinforcing. We need to encourage primary prevention, where elder abuse, neglect and exploitation is prevented from happening in the first place. This is the more optimal philosophy, rather than our more common societal tactic, which is to respond only after the trauma has occurred and required a great deal of expense and human suffering.

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