



Variation in Elder Abuse State Statutes by State Level of Rurality

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Key Findings

- Types of elder abuse and reporting laws defined in state statutes do not differ significantly among three categories of state-level rurality (Most Rural, Somewhat Rural, and Least Rural states). However, definition detail, coverage, and reporting laws vary widely across states in general.
- 72.2% of the Most Rural, 55.6% of the Somewhat Rural, and 66.7% of the Least Rural clearly covered all six abuse types in their state statutes, with self-neglect and sexual abuse the least likely to be clearly mentioned.
- Universal mandated reporting was present in one-third of the Most Rural states, 27.8% of Somewhat Rural states, and 26.7% of the Least Rural states.
- Medical staff, law enforcement/first responders, and social workers were the most commonly listed mandated reporters across states with wide variation in the number and categories of reporters listed in state statutes.

Purpose

As older adults become a larger proportion of the population, their social and health needs continue to warrant further attention. This is particularly true for older adults in rural areas, where they are a relatively faster growing demographic, compared with older adults in urban areas. One public health concern that needs closer study is older adult maltreatment or elder abuse, and specifically social-contextual factors that lead to geographic differences in preventing and addressing abuse. In this policy brief, we examine elements of state-level elder abuse statutes' definitions and reporting requirements to investigate potential differences in these policies by state rurality that could influence our understanding of elder abuse among rural and urban areas.

Background and Policy Context

Older adult maltreatment, or elder abuse, is a pervasive social problem. Older adult maltreatment is generally defined as an intentional act or failure to act by a caregiver or another person in a relationship involving an expectation of trust that causes or creates a risk of harm to an older adult, defined in this study as someone aged 60 or older.¹ It is estimated that about 1 in 10 older adults living in their homes experience abuse, and abuse is likely underreported.^{2,3} Elder abuse rates have increased over time,⁴ and the Covid-19 pandemic further exacerbated abuse risk factors such as isolation, poorer health, and increases in financial fraud targeting and financial strain.⁵⁻⁷

In addition, the proportion of the U.S. population who are older adults continues to rise, especially in rural areas where older adults are the fastest growing age group.^{8,9} From a health equity perspective, it is important to examine social drivers of health for this group and whether there are inequities by geographic context. Prior research has shown that older adults in rural areas are more likely to report injury than their urban counterparts, but are similarly likely to experience other risk factors associated with elder abuse, including food insecurity and lack of social/emotional support.¹⁰ Still, older adult maltreatment is a public health concern that is not fully understood, with some researchers noting that place-based and

social-contextual risk and protective factors are particularly opaque, warranting further study.¹¹

Adult Protective Services (APS) are social service programs administered in all 50 U.S. States and the District of Columbia that respond to reports of abuse, neglect, and exploitation of older adults and vulnerable adults. This includes receiving reports of, investigating, and conducting case management to ensure the safety and well-being of affected individuals.¹² The laws and definitions of what constitutes elder abuse, as well as who is mandated to report it, vary by state. Previous comprehensive examinations of elder abuse policies have suggested that policy variations across states likely have both benefits and drawbacks; flexibility in policy language allows states to tailor policies to better fit their respective social contexts, but also creates difficulties having or recommending clear practices at the national level to prevent or educate on elder abuse.¹³ In addition, although specific information on elder abuse statute coverage is informative, it may obscure broader policy differences. In this study, we examine whether statutes meaningfully differ by the rurality of a state, with attention to how abuse is reported and which types of abuse are outlined in statute. Differences among more or less rural states may affect elder abuse prevention and intervention programs and practices.

Approach

We obtained summary charts on types of abuse defined in Adult Protective Services Statutes (as of June 2021)¹⁴ as well as Adult Protective Services Reporting laws (as of April 2022)¹⁵ provided by the American Bar Association Commission on Law and Aging. The “Types of Abuse” chart included statutory definitions of each type of abuse used by Adult Protect Services and other elder abuse law. The “Reporting Laws” chart excerpted verbatim or summarized elder abuse reporting state laws, including detail on “who has to report,” “when to report,” and “how to report.” The ABA Commission that created these documents included an acknowledgement that these are summary materials and other criminal laws in each state “will define many additional acts as crimes that are not covered under the elder or adult abuse laws.”¹⁴

We performed a policy content analysis¹⁶ starting

from these documents while also verifying some details of statutes found online through state government websites. From our content analysis, we coded categories of abuse coverage types and reporting measures (defined below). We combined these data with data on state levels of rurality from the 2020 Census.¹⁷

For coverage of types of abuse, we coded whether each state’s statutes clearly listed or covered each of six types of elder abuse classified by the National Center on Elder Abuse: physical, emotional/psychological, financial, sexual, neglect, and self-neglect.¹⁸ Although a seventh type of abuse, abandonment, is also defined, the NCEA notes that a few state statutes classify abandonment as a separate and unique form of elder abuse; we do not code for it.¹⁸

For information about reporting abuse, we coded and categorized several variables. We coded whether a state had universal mandated reporting of elder abuse, meaning that anyone with reasonable suspicion of abuse must report it. For those states that specified specific types of reporters, we analyzed the types of mandated reporters (those required to report) listed in states’ statutes and categorized them into the following 17 groups: hospital/medical providers or staff, mental health professionals, personal or home health aide, guardian/conservator/attorney/asset manager, law enforcement/firefighters/EMTs, pharmacist/physical or occupational therapist/dentist/medical examiner, long-term care facility administrator or staff, village health or safety officer/city code enforcers, clergy or religious leaders, social workers, educator/staff at public or private educational institutions, staff funded by HHS/APS or federal domestic violence/sexual assault prevention institutions, bank/financial institution employee, animal care professionals (veterinarians, animal control, Humane Society), USPS workers, staff of community centered or senior outreach boards/organizations, and employees or volunteers of at-risk elder transportation services. From these we also created a numerical variable of four groupings of number of categories of specified mandated reporters per state: 0, 1-3, 4-8, 9 or more. Four universal mandated reporter states did not list additional specific categories of reporters (making up the zero category) while the eleven other universal mandated reporter states did go on to list categories of

reporters (e.g., "Any person, including but not limited to:") and these are also included in this variable. We also computed the top three most common types of mandated reporter categories across state level of rurality.

We performed an internet search for each state to determine whether elder abuse could be reported online in some form. Some states specify who can report online, which we did not further delineate as we found it most informative to use a simple indicator of whether a state had initiated any form of reporting online (versus phone or in-person reporting options only).

Each state's (and the District of Columbia's) percentage of the population living in rural areas as defined by the 2020 Census was further categorized into three groups for analysis: Least Rural states (less than 16% rural population, n=15), Somewhat Rural states (16% to 32% rural, n=18), and Most Rural states (33% to 65% rural, n=18).

We computed descriptive statistics and used chi-square tests to make comparisons across the state level of rurality categories defined above.

Results

Table 1 shows types of elder abuse coverage and reporting by state level of rurality. Although no differences were found to be statistically significant, we can

examine descriptive differences in these variables. First, 72.2% of the Most Rural states clearly covered all six abuse types in their state statutes, while 55.6% of the Somewhat Rural states and 66.7% of the Least Rural states had all types covered. The presence of an online reporting option was found in 66.7% of the Most Rural states, over 55% of Somewhat Rural states, and 40% of the Least Rural states. 33.3% of the Most Rural states were universal mandated reporter states, while 27.8% of Somewhat Rural states and 26.7% of the Least Rural states had universal reporting.

Table 1 also enumerates the types of categories of specified mandated reporters by state rurality. The most common number of categories across all state rurality types was 4-8 with half of the Most Rural states listing mandated reporters within this range of categories, followed by 44.4% of Somewhat Rural states and 40% of the Least Rural states. All three state rurality groups had 33.3% of their states listing nine or more mandated reporting groups as well. We again note that most of the states that are defined as universal mandated reporting states also go on to list specific others in their state statutes, most often leading their definitions with "Any person, including but not limited to:" before listing others, and we include these in our results below.

Figure 1 also shows types of elder abuse coverage and reporting by state level of rurality with addition-

Table 1. Types of Elder Abuse and Reporting Laws by State Level of Rurality

	State percent rural population			
	Least Rural <16% (n=15)	Somewhat Rural 16-32% (n=18)	Most Rural 33-65% (n=18)	
All 6 abuse types clearly listed/covered	66.7%	55.6%	72.2%	p=0.57
Have an online reporting option	40.0%	55.6%	66.7%	p=0.31
Universal mandated reporter state (everyone reports)	26.7%	27.8%	33.3%	p=0.90
Categories of specified mandated reporters ¹				p=0.64
0	13.3%	0.0%	11.1%	
1-3	13.3%	22.2%	5.6%	
4-8	40.0%	44.4%	50.0%	
9+	33.3%	33.3%	33.3%	

¹Four universal mandated reporter states did not list additional specific categories of reporters and are in the zero category. The 11 other universal mandated states did (e.g., "Any person, including but not limited to:") and are included in the other category counts.

al detail. All states clearly define physical abuse and financial abuse within their state statutes and almost all clearly cover neglect, regardless of rurality. Self-neglect and sexual abuse were the least likely to be clearly listed or discussed across state elder abuse statutes. Self-neglect was listed in 83.3% of Most Rural, 72.2% of Somewhat Rural, and 93.3% of Least Rural states while sexual abuse was specifically mentioned in 88.9% of Most Rural, 83.3% of Somewhat Rural, and 73.3% of Least Rural states.

Table 2 displays the top three most common types of mandated reporter categories across each level of state rurality and Figure 2 displays all mandated reporter categories by level of state rurality. The most common type across all state rurality categories was hospital/medical providers or staff with 86.7% of the Least Rural states, 83.3% of Somewhat Rural states, and 88.9% of Most Rural states listing professionals in this category. In

addition, law enforcement/firefighters/EMTs also tied for the most common type within the Least Rural states (with again 86.7% listing these professionals). The second most common categories of mandated reporters were pharmacist/physical or occupational therapist/dentist/medical examiner and social worker among the Least Rural states (tied at 66.7% of these states listing both), law enforcement/firefighters/EMTs in Somewhat Rural states (with 66.7% listing), and social workers specified in 77.8% of the Most Rural states. The third most common categories of reporters were long-term care facility staff listed by 53.3% of the Least Rural states, a tie between social workers, mental health professionals, and long-term care staff all listed by 61.1% of Somewhat Rural states, and law enforcement/firefighters/EMTs listed among 66.7% of the Most Rural states.

Figure 1. Types of Elder Abuse Listed by State Level of Rurality

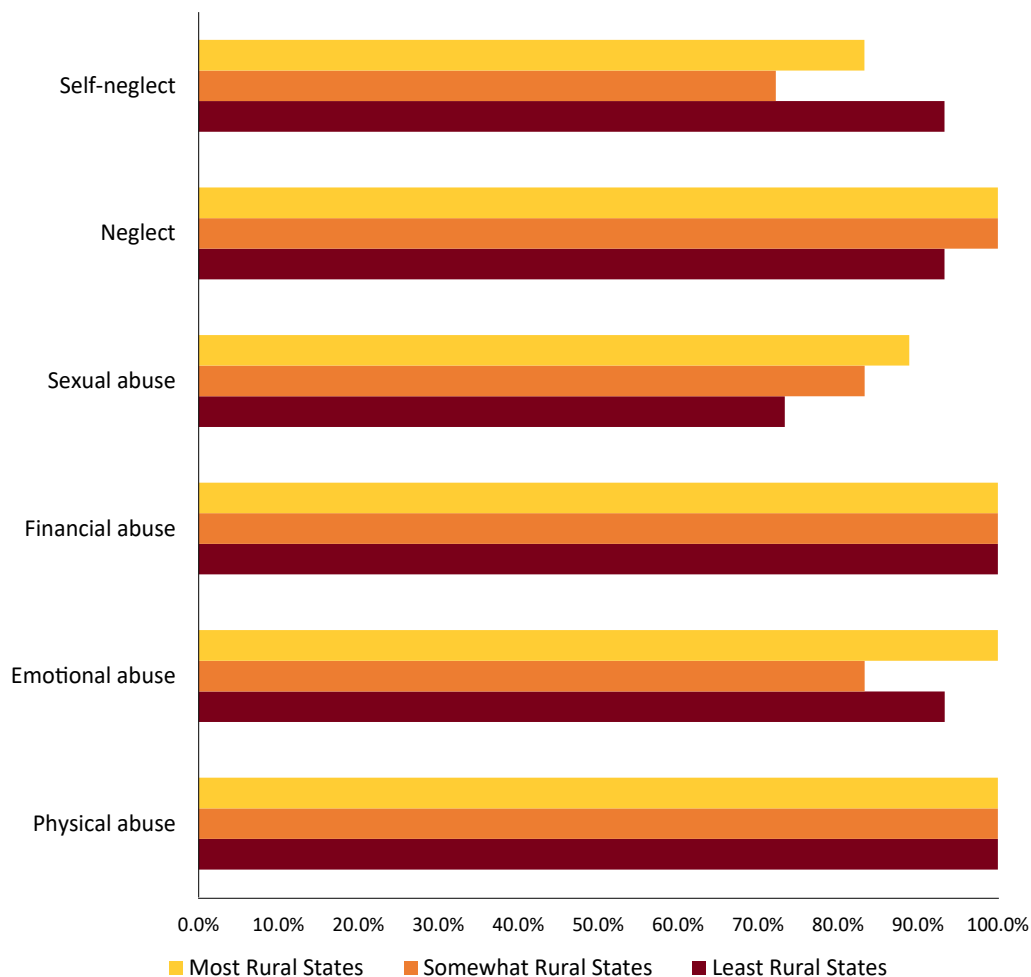
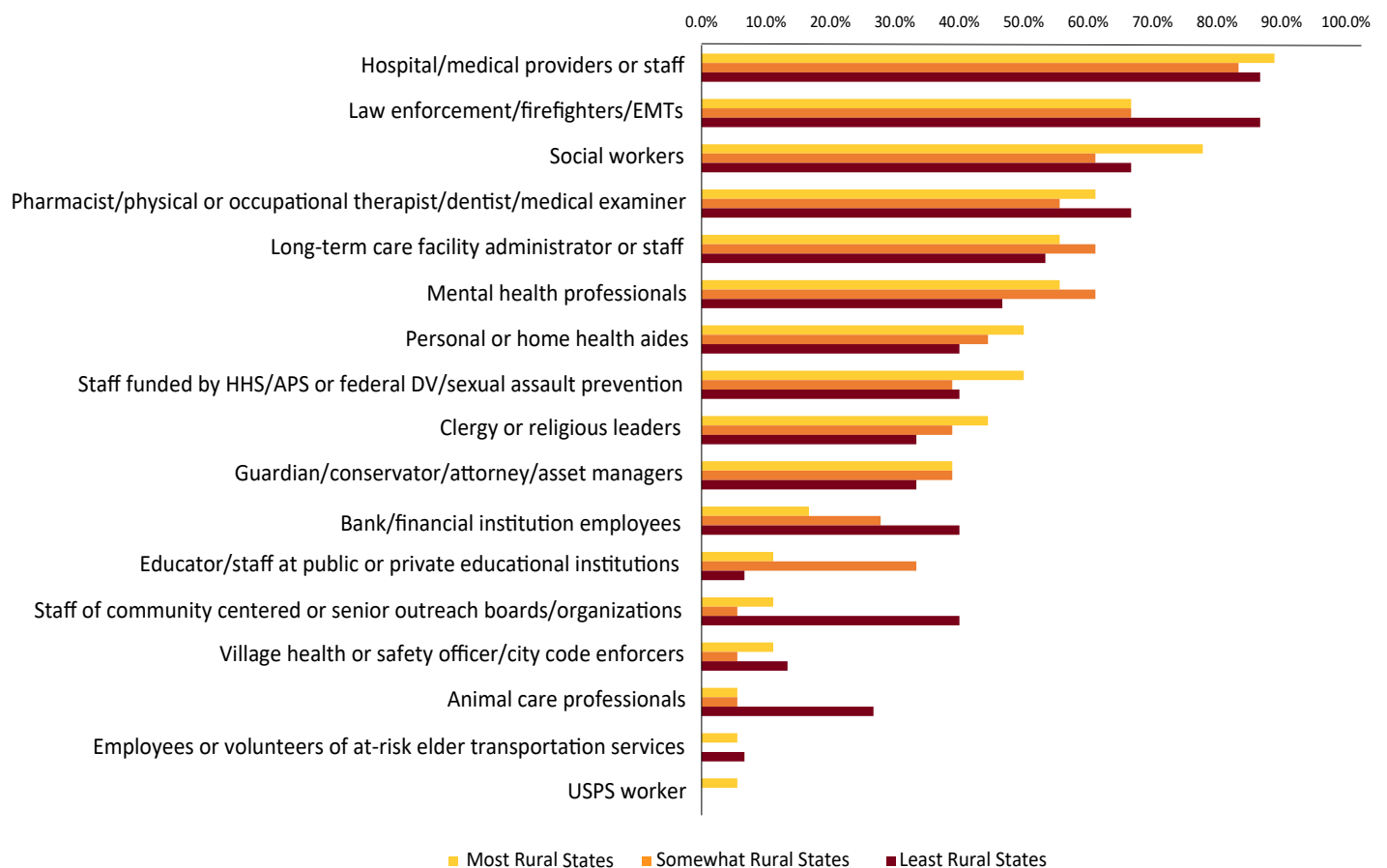


Table 2. Most Common Types of Mandated Reporter Category by State Level of Rurality

	State percent rural population		
	Least Rural <16% (n=15)	Somewhat Rural 16-32% (n=18)	Most Rural 33-65% (n=18)
1st	Hospital/medical staff & Law enforcement/first responders (tie)	Hospital/medical staff	Hospital/medical staff
2nd	Pharmacist/physical or occupational/dentist/medical examiner & Social worker (tie)	Law enforcement/first responders	Social worker
3rd	Long-term care facility staff	Social worker, Long-term care facility staff, Mental health professional (tie)	Law enforcement/first responders

Figure 2. Mandated Reporter Categories by State Level of Rurality



Discussion and Implications

Overall, we find limited variability in Adult Protective Services elder abuse statutes or reporting laws by state level of rurality. Our analyses do find, however, much overall variability in state statutes in general including who is defined as a mandated reporter and how clearly different types of elder abuse are defined in state statutes. For instance, a majority of states covered all six abuse types in their state statutes, with self-neglect and sexual abuse being the least likely to be clearly mentioned. Universal mandated reporting was present in one-third of the Most Rural states and over one-quarter of Somewhat and Least Rural states. The categories of listed mandated reporters varies widely across state statutes in number and specificity, with medical staff, law enforcement/first responders, and social workers being the most commonly listed mandated reporters across states.

Although we find no statistically significant differences in how states' statutes define elder abuse and mandated reporters by rurality, there may be vast within-state differences in how these statutes are implemented and who is served. For example, funding for APS and the availability of supportive and available social services varies at state and county levels.^{19,20} This can affect how many elder abuse investigators are available to serve a rural versus urban population, and what resources APS workers can offer to clients. Also, states and county APS agencies may define their own criteria for case acceptance,²¹ meaning that a mistreated older adult in one area may be eligible to receive APS services, but the same individual living in a different jurisdiction may be ineligible. These local level policy and practice differences could drive significant urban-rural differences in elder abuse prevention and response that are not reflected in the language of state statutes. This constitutes an important area of future research.

In addition, as other adult protection and elder justice researchers have indicated, the effectiveness or necessity of mandated reporting remains a complex issue.²² Some suggest further research is needed due to disagreement about who should be a mandated reporter and inconsistent empirical evidence on the influence of mandated reporting on incidence of elder abuse.^{22,23} Some also note that the specific terminology of who

reports abuse is only one aspect of perhaps incomplete methods of identifying and ultimately preventing older adult maltreatment.^{24,25}

Wide variation in state statutes makes it difficult for researchers, policymakers, APS professionals, and community members to fully understand the scope of elder abuse, due to inconsistent definitions and measurement across states. This inconsistency complicates the creation of effective public health and elder justice policies, including best practices for prevention as well as intervention measures. Indeed, the Centers for Disease Control and Prevention (CDC) has recommended the adoption of uniform definitions to improve research on elder abuse,²⁶ and a final rule establishing the first federal regulations of APS programs will establish foundational definitions with the aim of improving data collection within and between states.²¹ In addition, the Administration for Community Living established a voluntary reporting system in 2016 that all states participate in called the National Adult Maltreatment Reporting System that gives a general snapshot of elder abuse but would still be impacted by variations in definitions, measurements, populations served across states, and available data.¹² Continued research is also needed to determine if making statutes more similar would enhance the protection of older adults and help to standardize issues associated with competency versus self-determination, reporting, and the investigative process. The lack of transparency around elder abuse is even more challenging for rural residents, where data quality and availability is already a widespread issue.²⁷

To improve outcomes for older adults, especially rural older adults, there is need for more health and social services, increased investment in existing prevention and intervention strategies, and enhanced inter-agency communication and service delivery.^{10,28,29} A proactive, public health perspective necessitates a better understanding of elder abuse in order to build the policies and prevention programs to stop abuse from occurring in the first place.²²

Conclusion

This brief highlights the wide variation in elder abuse definition and reporting policies across states. This variation will result in difficulties comparing and

contrasting elder abuse prevalence and identifying risk and protective factors across place, in addition to crafting public policy informed by empirical evidence for prevention and intervention efforts.

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