Adult Maltreatment

Report | 2020

Administration for Community Living

Administration on Aging

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

NAMRS

NATIONAL ADULT MALTREATMENT REPORTING SYSTEM

About This Report

Federal Disclaimer

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Electronic Access

This report is available on the Administration for Community Living website at https://namrs.acl.gov/

For Questions and More Information

If you have questions or require additional information about this report, please contact the APS Technical Assistance Resource Center (APS TARC) at apstarc-ta@acl.hhs.gov.

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Acknowledgements

In communities around the country, adult protective services (APS) staff, administrators, and advocates work diligently to ensure the safety and well-being of adults who are maltreated by others or who are unable to care for themselves. Understanding the nature and extent of adult maltreatment—and the ways APS programs respond to it—is critical to enhancing the effectiveness of APS programs. In furtherance of that objective, we are pleased to release the *Adult Maltreatment Report 2020.*

The U.S. Department of Health and Human Services, Administration for Community Living (ACL), in partnership with the Adult Protective Services Technical Assistance Resource Center (APS TARC), is committed to advancing the APS field through data analysis, evaluation, and technical assistance—all to support improved services and better outcomes in APS programs. The National Adult Maltreatment Reporting System (NAMRS) is a key part of this effort. This is the fifth year *the Adult Maltreatment Report* has been issued, and all U.S. states and territories contributed by submitting information about their APS programs to NAMRS.

This report would not be possible without the time, effort, and dedication of state and local APS field staff who document their cases, program staff who map agency documentation to NAMRS, information technology staff who generate and upload reports to NAMRS, and other agency personnel who lead and support them. It is important to strengthen the collective understanding of adult maltreatment as a means for improving the APS system, and we will continue working to promote the safety and well-being of maltreated adults across our nation.

We gratefully acknowledge the efforts of all involved to make this report possible.

Sincerely,

The APS TARC Team

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Introduction

All 50 states, the District of Columbia, and the U.S. Territories (referred to as "states" or "programs" hereafter) provide adult protective services (APS) to respond to reports of abuse, neglect, and exploitation (collectively referred to as "maltreatment" in this report) of adults. The Elder Justice Act (EJA) defines APS as services provided to adults such as:

- Receiving reports of adult abuse, neglect, or exploitation;
- Investigating the reports [of adult abuse, neglect, or exploitation];
- Case planning, monitoring, evaluation, and other case work and services; and
- Providing, arranging for, or facilitating the provision of medical, social service, economic, legal, housing, law enforcement, or other protective, emergency, or support services.

Elder Justice Act of 2009, S. 795, 111th Congress

Most APS programs operate within the basic framework outlined in the EJA definition. Within this framework, however, there is much diversity across APS programs in terms of population served, policy and practice, and available resources.

The National Adult Maltreatment Reporting System (NAMRS) is a comprehensive, national reporting system for state APS programs. Each year since federal fiscal year (FFY) 2016, the Administration for Community Living (ACL) has collected annual data from states on adult maltreatment through NAMRS. The Adult Protective Services Technical Assistance Resource Center (APS TARC), funded by ACL, provides training and technical assistance to states to assist with NAMRS submissions.

APS programs are diverse in terms of population served, policy and practice, and available resources.

NAMRS is one of many activities undertaken by ACL to build public and professional understanding about adult maltreatment and strengthen the social supports needed to prevent it. As a result of ACL system enhancement grants and APS TARC technical assistance, every state participates in NAMRS. This report provides an overview of adult maltreatment as reported to APS programs, drawing on FFY 2020 NAMRS data unless otherwise noted.

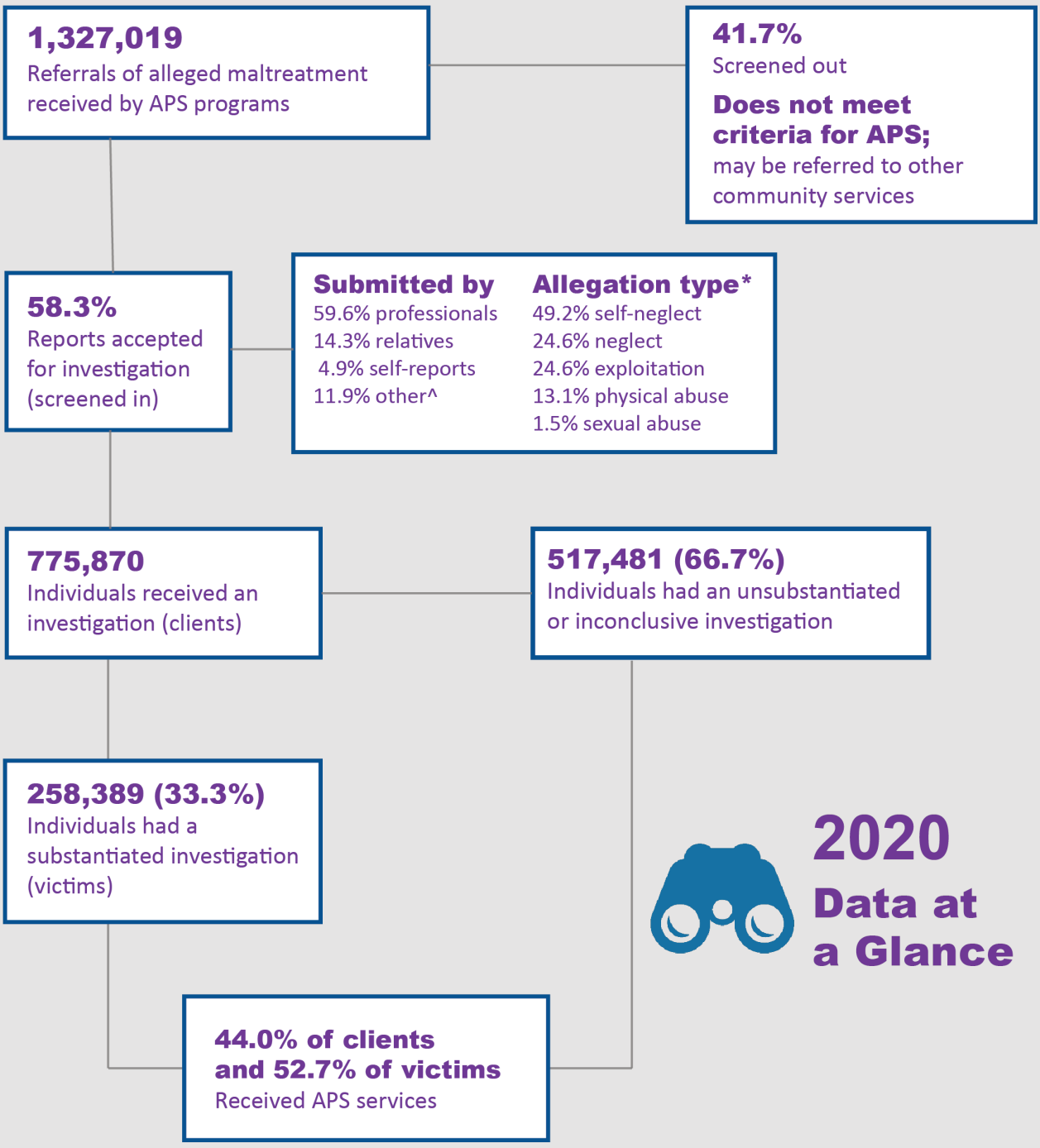
FFY 2020 was most notable for the COVID-19 pandemic. The pandemic was the likely cause of a six percent decrease in the number of reports accepted for investigation between FFY 2019 and FFY 2020, when comparing data from states that submitted the number of reports screened in. This is the first year since annual data collection began where the number of accepted reports of adult maltreatment did not increase from the previous year. Exhibit A provides summary data and information on adult maltreatment as investigated by APS programs in FFY 2020. This report contains a "Special Focus" section that examines the impact of COVID-19 on APS in FFY 2020.

ACL Programs and Resource Centers Supporting Older Adults and Adults with Disabilities

- APS Technical Assistance Resource Center (APS TARC)
- National Adult Maltreatment Reporting System (NAMRS)
- National Center on Elder Abuse (NCEA)
- National Center on Law and Elder Rights (NCLER)
- National Long-Term Care Ombudsman Resource Center (NORC)
- National Resource Center on Women and Retirement Planning (NRCWRP)
- Pension Help America (PHA)

Data Summary

Exhibit A: 2020 Data at a Glance



^ Other report source includes: in-home caregiver, substitute decision maker, and other nonprofessional.

* A single investigation may have more than one maltreatment type.

Chapter 1: Overview of NAMRS and APS

Overview of NAMRS

The goal of NAMRS is to collect consistent and accurate national data on investigations and services from APS programs to better understand adult maltreatment in the U.S. as investigated by APS. To achieve this, NAMRS collects quantitative and qualitative data on APS practices and policies, and the results of investigations into the maltreatment of older adults and adults with disabilities.

NAMRS is comprised of three components: Agency Component, Key Indicator Component, and Case Component. The structure of the Key Indicator and Case components is described in Exhibit 1.1. Every state submits the Agency Component, which provides an overview of the operational framework of the state's APS program. The Agency Component includes information such as state program contacts, summary intake data, and information on the laws and policies governing the APS program. States also submit summary data through the Key Indicator Component (20 data elements), or detailed case data through the Case Component (54 data elements). Although the number of states submitting Case Component data has increased consistently since NAMRS data collection began in 2016, no program submits all 54 elements.

100% of states submitted NAMRS data in FFY 2020 (N = 56)

For states able to provide client-level data, the Case Component module allows for an upload of client data on investigations and victims, clients, perpetrators, and client-perpetrator relationships. If a state is unable to provide client-level data, the Key Indicators Component data module allows for submission of aggregated data on many of the same case characteristics as the Case Component data module. The APS TARC liaisons review, validate, and approve data submissions.

Exhibit 1.1: Overview of the NAMRS Components

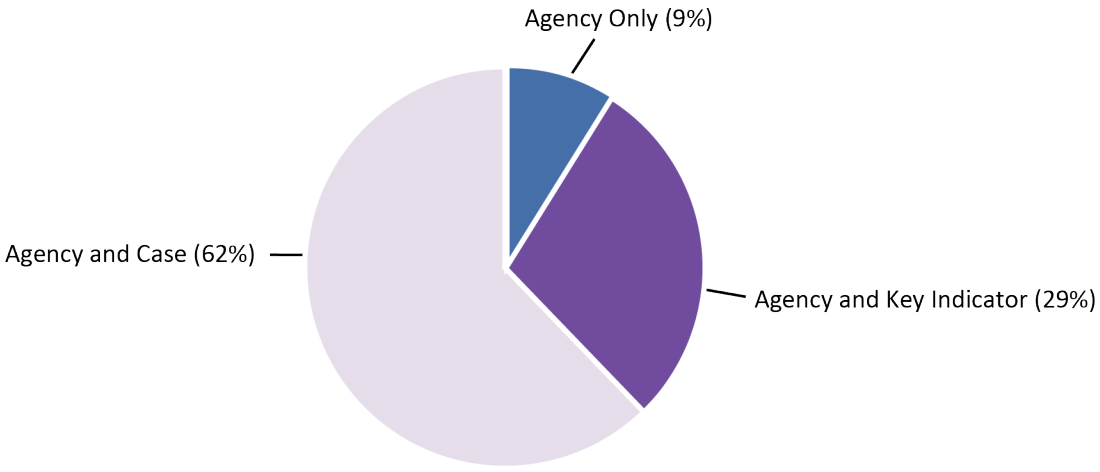
	Key Indicator Component	Case Component
Description	**Summary statistics on all cases in fiscal year on 20 data elements**	**Case-level information on all cases in fiscal year on 54 data elements**
Information Categories	Summary information on: • Investigations • Clients/Victims • Perpetrators • Maltreatment type • Client-Perpetrator relationship	Detailed information on: • Investigations • Clients/Victims • Perpetrators • Maltreatment type • Client-Perpetrator relationship
Submission Process	• Match program's data definitions and values to NAMRS • Create data reports • Enter data on NAMRS website • Validation and approval	• Match program's data definitions and values to NAMRS • Extract data into XML file – Upload data to NAMRS website – Validation and approval

Chapter 1: Overview of NAMRS and APS

NAMRS is a voluntary and still relatively new system. All states participate in NAMRS, and Exhibit 1.2 shows a breakdown of the components submitted by states. Data in this report provide a national snapshot of key aspects of adult maltreatment as reported to APS programs for FFY 2020 (October 1, 2019 – September 30, 2020). Each chapter of this report discusses key topics, provides significant data highlights and analyses, and includes notes for understanding and interpreting the data. The counts and percentages reflect duplicated clients if they were involved in multiple investigations. The notes on each graph explain crucial aspects and limitations of the data. The following list of definitions of terms explains the information in this report. For further information on NAMRS, including data specifications, visit https://namrs.acl.gov.

- A **client** is an individual who has received an investigation regarding a report of alleged maltreatment.
- A **victim** is an individual who has received an investigation regarding a report of alleged maltreatment and one or more the allegations is substantiated.
- A **perpetrator** is the person who is responsible for substantiated maltreatment allegations.
- An **investigation** is undertaken by APS to determine if allegations occurred and assess client needs with a case closure date during the reporting period.
- **Maltreatment** is a type of abuse, neglect, or exploitation that is alleged to have occurred.
- An **allegation** is a reported occurrence and type of maltreatment associated with each client that is investigated. There may be multiple allegations in an investigation.
- A **case** is comprised of all activities and individuals related to the investigation of and response to an allegation of maltreatment.

Exhibit: 1.2 NAMRS State Participation by Component Type



Note: Based on information from 56 states, the District of Columbia and U.S. Territories.

Chapter 1: Overview of NAMRS and APS

Overview of APS

APS is a social services program established and administered by state and local governments to serve adults who are alleged to have been maltreated. APS agencies investigate allegations of maltreatment, provide protective services, and coordinate with community and government partners to maximize the safety and independence of victims.

The Elder Justice Act (EJA), passed by Congress in 2010, is the first comprehensive federal legislation to address the maltreatment older adults. The EJA authorizes a variety of programs and initiatives to better coordinate federal responses to elder abuse, promote elder justice research and innovation, support APS systems, and provide additional protection for residents of long-term care facilities.

Investigators and supervisors are the staff most critical to APS programs. States report the number of full-time equivalent staff who perform hotline and investigator duties and report the number of supervisors. Most APS programs have staff dedicated only to APS, while some programs share staff responsibilities with other programs or processes. For example, a state may use staff who investigate both APS and child protective services cases. In some programs, supervisors may also conduct investigations.

The Work of APS Programs

APS programs are charged with receiving and responding to reports of adult maltreatment.

APS programs work closely with clients and a wide variety of allied professionals to maximize client safety and independence.

8,592
APS Full-time Equivalent (FTEs)

In hotline or investigator roles (N=54 states)

1,735
APS Full-time Equivalent (FTEs)

Responsible for supervision (N=52 states)

As a state-authorized program, each state APS program has its own laws and regulations to govern its operations. While most states follow a practice model similar to the one displayed in Exhibit 1.3, state-specific laws and regulations impact areas of practice, such as timeframes for a response, populations served, authority to investigate (jurisdiction), and types of maltreatment investigated, among others.

Chapter 1: Overview of NAMRS and APS

Exhibit 1.3 APS Practice Model

Process		Expected Results
Intake	• APS program **receives** a report of adult maltreatment	• An intake is recorded and screened in, screened out, or referred to another agency • Reporter is informed about investigation or alternatives to meet the client's needs
Investigation	• **Initiate** investigation, prioritize risk, contact client • **Assess** emergency needs, client's physical and financial health, environment, and support system • **Take** emergency protective action (if needed) • **Collect** information and evidence to inform service needs and next steps • **Consult** with supervisor and appropriate experts and team members • **Determine** finding and communicate results of the investigation • **Identify** service needs and make recommendations as appropriate	• Client's rights have been safeguarded • Victim is safe and no longer being abused, neglected, or exploited • Risk from perpetrator has been addressed • Referrals have been made to other agencies and entities, e.g., regulatory agencies, law enforcement, perpetrator registries, etc.
Post-investigation Services	• **Implement** service plan with client agreement • **Engage** community partners through referral for services or purchase of services • **Monitor** status of client and impact of services	• Client or victim is safe with needs being met • Victim has reduced long-term risk for abuse, neglect, or exploitation
Quality Assurance	• **Document** all investigation and case management activities • **Review** and approve for closure • **Conduct** quality assurance process	• Quality of investigations and provision of services is maintained or improved

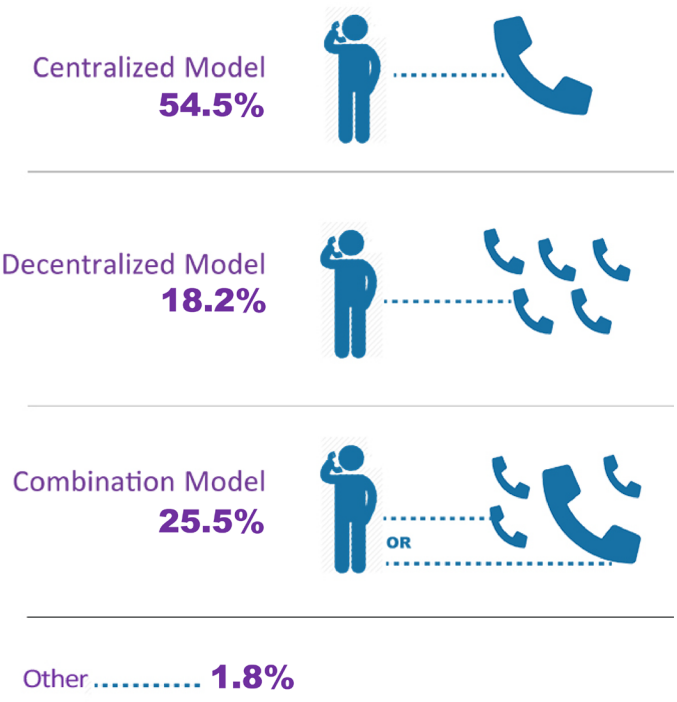
Chapter 1: Overview of NAMRS and APS

How APS Becomes Involved

The first step in an APS case is for someone to report allegations of maltreatment. These reports usually include information about:

- Alleged victim;
- Alleged perpetrator;
- Where the maltreatment occurred;
- Identification of others who might be aware of the situational details, such as family, friends and service providers; and
- Type(s) of alleged maltreatment.

Exhibit 1.4: APS Intake Models



Note: Based on information from 55 states. "Other" is reported as intakes taken by local law enforcement.

> The overwhelming majority (80%) of states use a common assessment tool statewide.

Although APS programs receive reports of maltreatment in various ways, including in-person and online, the majority of reports come in by phone to a hotline number at a call center.

Depending on the state organization and structure, APS programs use statewide (centralized), local (decentralized), or combination approaches to staff hotlines. Some are dedicated solely to APS and are staffed by APS professionals, while others might also handle reports for child protective or aging services. A centralized intake model has consistently been the model used by the majority of states over the past five years. As shown in Exhibit 1.4, more than three-quarters of states use a centralized or combined hotline model, while less than 20% of states receive intakes at the local level only.

APS programs use assessment tools for various casework purposes. Some tools are developed specifically for APS, and some are general social work tools. States may mandate use of tools statewide or leave the use to county or worker discretion. For FFY 2020, 80% of the 54 states that submitted this data use a common assessment tool statewide.

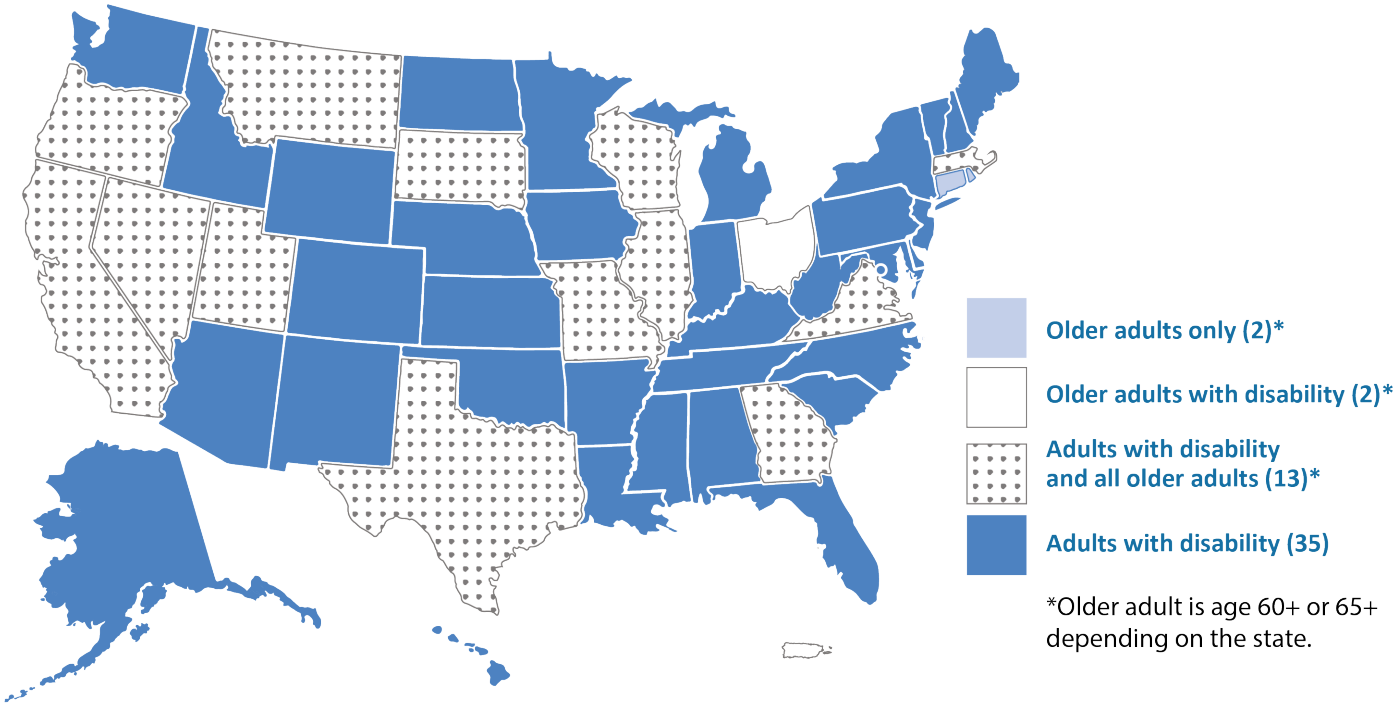
Chapter 1: Overview of NAMRS and APS

Who, What, and Where APS Investigates

Once APS receives an allegation of maltreatment, it must determine whether the report meets the criteria for an investigation. APS programs use age and the concept of disability (also referred to by states as "dependency" or "vulnerability") to define the populations they serve. In some programs, being an older adult (age 60+ or 65+) is the only criterion for eligibility; in others, it is a combination of age and disability. All programs that serve younger adults (age 18-59 or 18-64) require disability as a criterion. Exhibit 1.5 provides a national picture of the population served by APS.

APS programs investigate a variety of maltreatment types. For NAMRS submissions, states match their definitions to the equivalent categories listed in Exhibit 1.6. Nearly all states investigate allegations of neglect, physical abuse, self-neglect, sexual abuse, financial exploitation, and emotional abuse. Some states investigate allegations of exploitation (non-specific), abandonment, and other exploitation. Only a small percentage of states investigate suspicious death. Definitions of maltreatment vary from state to state.

Exhibit 1.5: APS Eligible Populations by State



Chapter 1: Overview of NAMRS and APS

Exhibit 1.6: NAMRS Maltreatment Type Definitions

Maltreatment Types	Definitions	Percentage of States Investigating the Maltreatment Type
Neglect	The failure of a caregiver or fiduciary to provide the goods or services necessary to maintain the health or safety of a person. Includes acts of omission and of commission (including willful deprivation, etc.).	98.2%
Physical Abuse	The use of force or violence resulting in bodily injury, physical pain, or impairment. Excludes sexual abuse.	98.2%
Self-Neglect	A person's inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including obtaining essential food, clothing, shelter, and medical care; obtaining goods and services necessary to maintain physical health, mental health, or general safety; hoarding; or managing one's own financial affairs.	96.4%
Sexual Abuse	Non-consensual sexual contact of any kind, including sexual contact with any person incapable of giving consent.	94.6%
Financial Exploitation	The illegal or improper use of an individual's funds, property, or assets for another person's profit or advantage.	87.5%
Emotional Abuse	The infliction of anguish, pain, or distress through verbal or nonverbal acts; this includes but is not limited to verbal assaults, insults, threats, intimidation, humiliation, and harassment.	82.1%
Exploitation (non-specific)	The illegal or improper use of an individual or of an individual's funds, property, or assets for another's profit or advantage.	50.0%
Abandonment	The illegal or improper use of an individual for another person's profit or advantage, including exploitation of person, servitude, etc.	42.9%
Other Exploitation	A type of maltreatment not included in the categorizations provided.	42.9%
Other	The desertion of a person by an individual who has assumed responsibility for providing care for that person, or by an individual with physical custody of another person.	39.3%
Suspicious Death	An unexpected fatality or one in which circumstances or cause are medically or legally unexplained.	16.1%

Note: Based on information from 56 states, the District of Columbia and U.S. Territories.

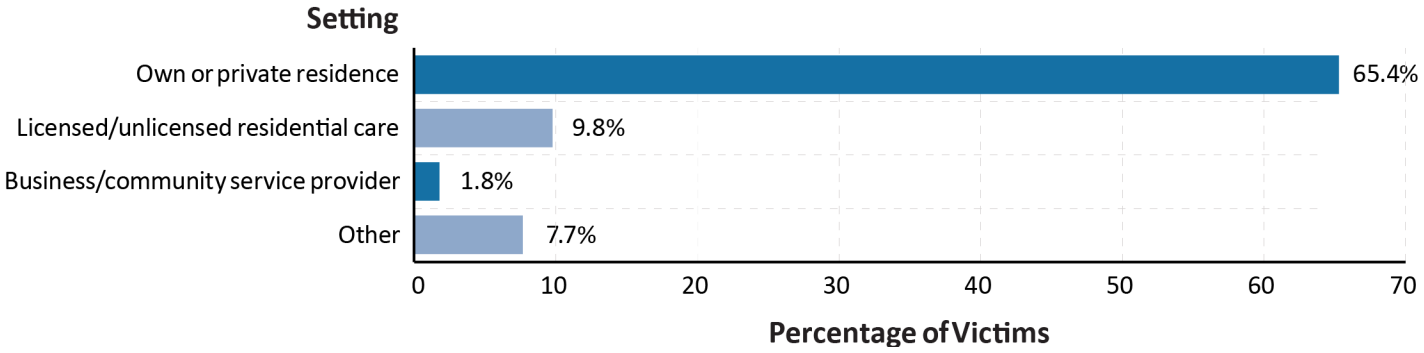
Chapter 1: Overview of NAMRS and APS

The living settings where APS programs investigate allegations of maltreatment differ from state to state. APS programs in every state investigate allegations involving persons living in the community in their own or another private residence. As illustrated in Exhibit 1.7, most APS investigations involve clients residing in community settings.

APS does not have the authority in every state to investigate allegations of adult maltreatment in residential care facilities. APS investigates allegations in at least one type of residential care facility in 42 states. Of those, some states have the authority to investigate allegations involving the facility and its staff, while others are only able to investigate allegations involving family members, excluding any incidents that are related to the facility staff or operations. In states where investigations of residential care facilities are not under the jurisdiction of APS, investigations of adult maltreatment are conducted by a regulatory or licensing agency.

The authority for APS to investigate incidents in residential facilities varies by state.

Exhibit 1.7: Victims by Setting of Reported Maltreatment Type



Note: Based on victim data submitted by 19 states for 55,949 victims. Unknown was listed as the setting for 15.4% of the victims.

Chapter 2: Reports and Investigations

Referrals to APS

The first step in an APS case is to receive reports of allegations of maltreatment through a screening or intake process. As shown in Exhibit 2.1, APS programs received more than 1.3 million reports and accepted 62.3% (774,234) for investigation in FFY 2020.

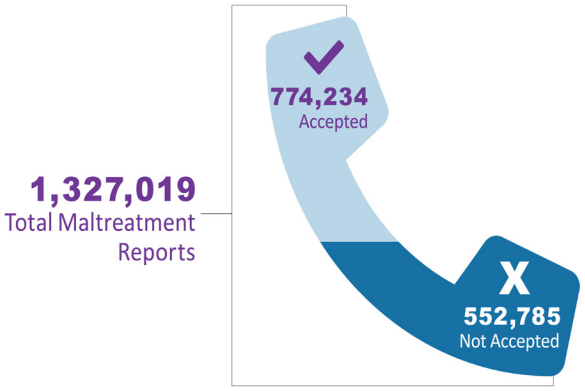
> Of more than 1.3 million reports received, APS programs accepted over 774,000 for investigation.

Once the program receives a report of maltreatment, it determines whether to accept it, or screen it "in", for investigation. In making this decision, intake staff consider whether the alleged victim appears to meet the criteria for the eligible population served by the APS program and other program criteria, such as jurisdiction to investigate. Many APS programs only investigate allegations in which a non-professional, or person in a trusted or ongoing relationship, is the alleged perpetrator. This means that APS would not investigate certain types of phone scams or financial exploitation that occurs through a fraudulent business transaction, which are typically investigated by other government entities.

If the report does not meet the population, setting, and jurisdiction eligibility criteria, APS may refer the case to a more appropriate agency (e.g., a regulatory/ licensing program, law enforcement, other social service program) or information may be provided to the reporter to assist the alleged victim.

Anyone may make a report to APS. Many state APS statutes identify individuals who are mandated, or required, to report allegations of maltreatment.

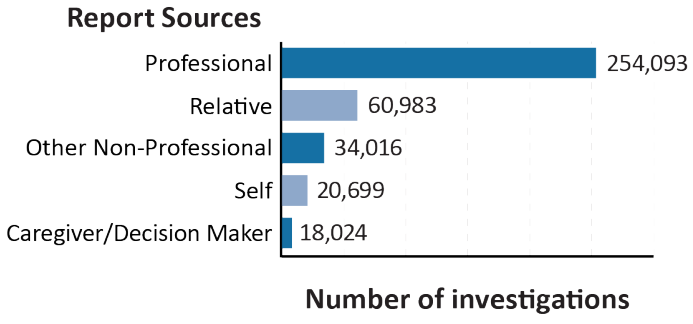
Exhibit 2.1: Total Maltreatment Type Reports



Note: Based on data from 48 states that provided the number of reports screened in and the number of reports screened out.

Fourteen states have universal reporting laws, meaning everyone is a mandated reporter regardless of profession or relationship with the alleged victim. Other states only mandate specific categories of professionals. Almost 60% of the reports investigated in FFY 2020 were referred by professionals, and 14% were reported by relatives (see Exhibit 2.2).

Exhibit 2.2: Investigations by Report Source



Note: Based on data from 30 states for 426,601 investigations. The source was Unknown or Unidentified in 61,235 investigations. Investigations may have more than one report source.

Chapter 2: Reports and Investigations

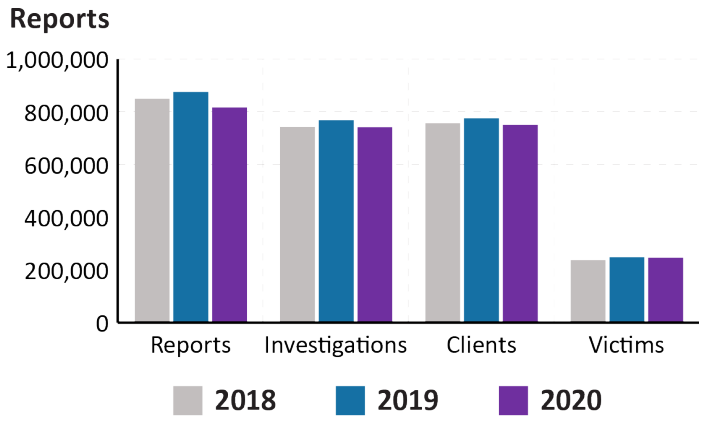
Investigations by APS

The APS program investigates each allegation for each client in a screened in report. If an allegation is found to be valid based on state law and policy, then the allegation is considered "substantiated." In NAMRS, a client with one or more substantiated allegations is identified as a victim.

In FFY 2020, APS programs completed 767,119 investigations involving 775,870 clients, of whom 258,389 (33.3%) were determined to be victims. The number of clients is higher than the number of completed investigations because more than one person may be the subject of a single investigation.

Investigations of APS reports involve an assessment of the client's potential service needs as well as a finding, or disposition, on the validity of the allegations. In most programs, a report does not need to be substantiated for APS to assist the client with finding resources to address unmet needs.

Exhibit 2.3: Year-to-Year Summary Data



Note: Based on states that submitted these data elements for each of the three years listed as follows: 52 states for Reports Accepted; 50 states for Clients; 50 states for Investigations; 49 states for Victims.

Historically, there have been slight increases in the numbers of reports, investigations, victims, and clients each year. Exhibit 2.3 shows a decrease in 2020, however, which is likely due to the pandemic. Reviewing more data over future years will facilitate a better understanding of this decline. The number of investigations is lower than the number of accepted reports because not every investigation can be completed for a variety of reasons, as discussed under Reasons for Case Closure later in this report.

A client with one or more substantiated allegations is identified as a victim.

NAMRS collects detailed data on the disposition categories used by APS programs from states submitting Case Component data. Potential findings are categorized as substantiated, unsubstantiated, inconclusive, or other. Exhibit 2.4 provides the definitions of each type of finding and the percentage of allegations with each type of finding. As with maltreatment definitions, states match, or "map", their disposition definitions to the equivalent NAMRS categories.

33.3%

Percent of clients involved in completed investigations who are identified as victims

Chapter 2: Reports and Investigations

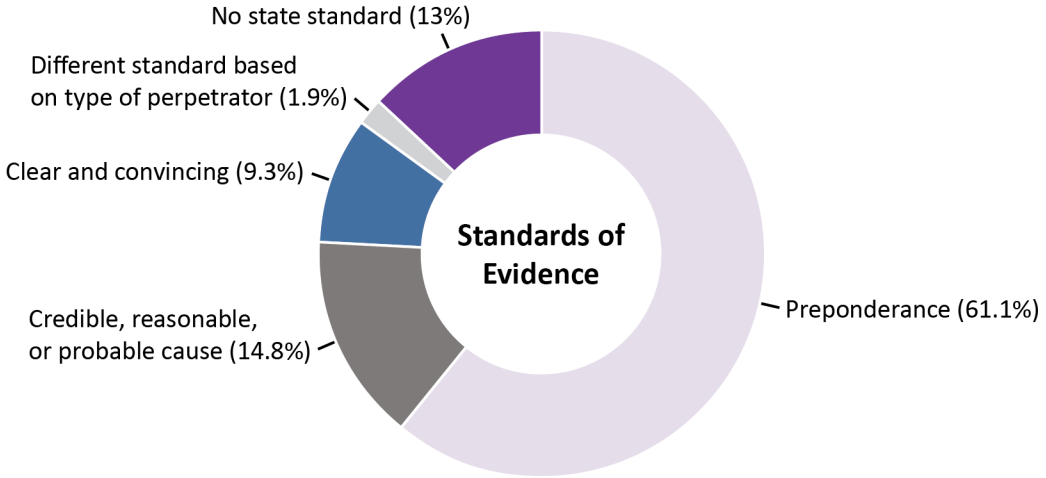
Exhibit 2.4: Disposition Rates Across All Maltreatment Types

Maltreatment Disposition Type	Definition	Percentage of Allegations with Disposition Type
Unsubstantiated	The finding that the allegation of maltreatment is not supported under state law and policy.	48.2%
Substantiated	The finding that the allegation of maltreatment is supported under state law and policy.	27.6%
Other	Disposition not included in categorizations provided. Includes inappropriate allegations that were investigated.	13.6%
Inconclusive	The finding that there is insufficient information to either support or not support the allegation of maltreatment, but there is a reason to suspect maltreatment.	10.6%

Note: Based on data from 35 Case Component states for 605,599 allegations. One populous state does not use the "Substantiated" finding and accounts for 60.4% of the reports included under the disposition of "Other."

APS programs use the standard of evidence defined by their state statute or regulation to substantiate allegations of maltreatment. It is important to note that the standard of evidence definitions used by APS may not correspond with the use of the terms in other protective services programs or their criminal justice system. As shown in Exhibit 2.5, most state APS programs use a "preponderance of the evidence" standard, which is usually defined to mean the greater weight of the evidence. Eight states (15%) do not have a defined standard, and one state uses a different standard depending on the type of perpetrator involved. Other standards used by states include "credible, reasonable, or probable cause" and "clear and convincing."

Exhibit 2.5: Standards of Evidence



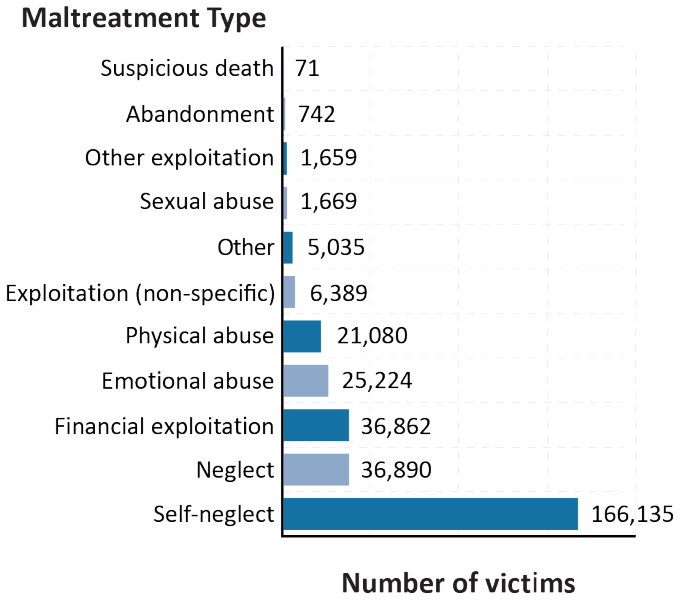
Note: Based on data from 56 states.

Chapter 2: Reports and Investigations

Exhibits 2.6 and 2.7 point out two of the most important features of APS programs. First, APS programs have a dual nature: they investigate various types of abuse by perpetrators but also investigate neglect and self-neglect. Neglect and self-neglect are both investigated and substantiated more frequently than other types of abuse and, as Exhibit 2.6 shows, the number of self-neglect victims is higher than all the other types of maltreatment combined. While this is consistent with previous years, in FFY 2020 the number of financial exploitation victims was almost equal to the number of neglect victims. Since only a small number of states investigate the categories of Other Exploitation, Abandonment, and Suspicious Death, the number of victims for them is very low.

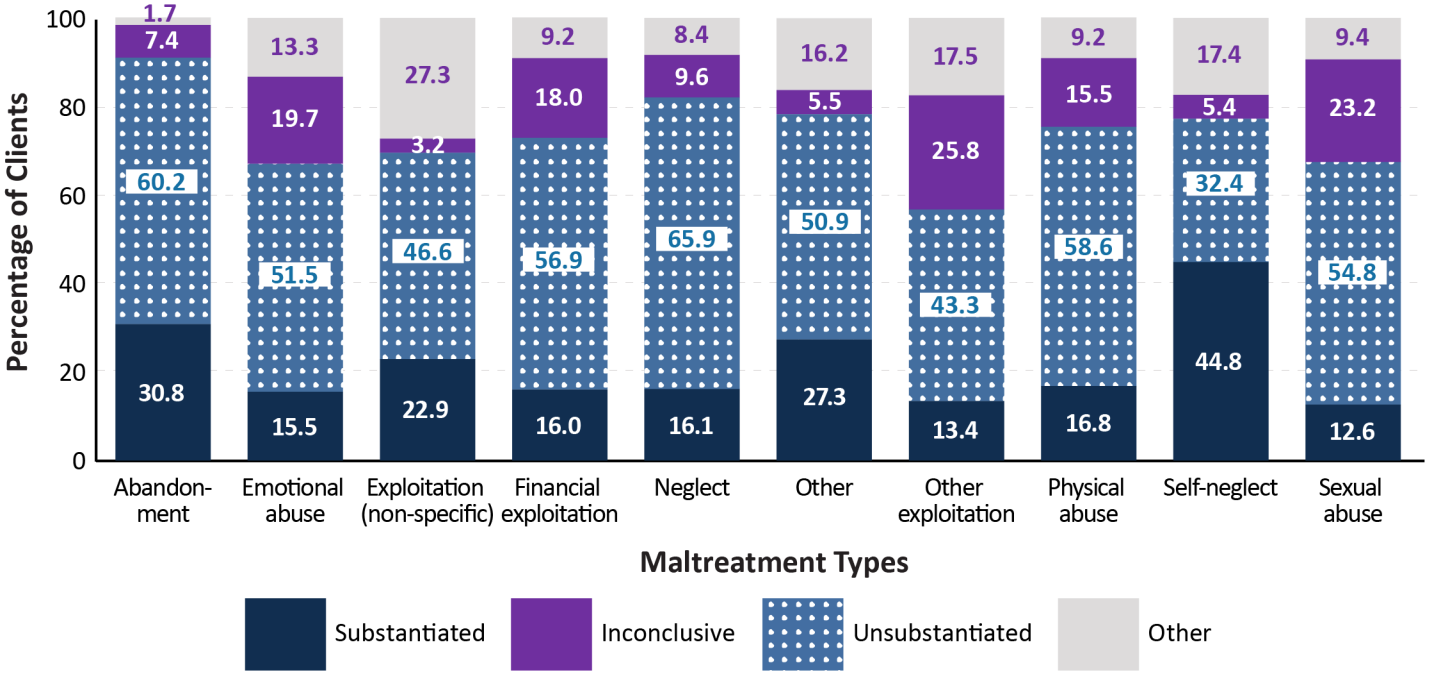
The dispositions used by APS programs vary significantly based on the maltreatment type. As shown in Exhibit 2.7, the percentage of victims with substantiated allegations is much higher for self-neglect cases than for all other types of maltreatment. The percentage of substantiated allegations is just under 45% for self-neglect and ranges from approximately 13% to 17% for the types of abuse. The use of Inconclusive findings is much higher for allegations of abuse and exploitation than it is for self-neglect and neglect, indicating the unique and difficult nature of those types of investigations.

Exhibit 2.6: Victims by Maltreatment Type



Note: Based on data from 48 states for 255,291 victims. Victims may have more than one substantiated maltreatment in a single investigation.

Exhibit 2.7: Allegations by Disposition and Maltreatment Type



Note: Based on data from 35 states for 605,599 allegations.

Chapter 2: Reports and Investigations

APS Case Involvement: Initiation to Case Closure

Length of APS Involvement

An APS case consists of the investigation and, in many states, the provision of services to mitigate the maltreatment. Services may be provided or arranged during the investigation, or a case may remain open with the APS agency for what is considered "post-investigative services." The APS program staff provides or arranges for services to address the client's safety, health, or well-being needs identified during the assessment. Protective services are provided more often to victims of self-neglect than for all other types of maltreatment (see Appendix Exhibit A.1).

State statute, regulations, and/or policies establish general timeframes for initiating and conducting investigations. Within these general timeframes, the actual length of time an APS case is open is dependent on multiple factors, including: the nature of the allegations; participation of the client, perpetrator, or others involved; the ability to collect information and evidence; whether the agency provides post-investigative services; and the availability of services in the community

NAMRS collects information on the length of time state policy allows for completion of an investigation, and the average length of time across states is 47 days. NAMRS data indicate the average length of time for investigations is 54.6 days. This longer average number of actual days could be due to the fact many states with longer investigation completion times established in policy also report a higher number of investigations.

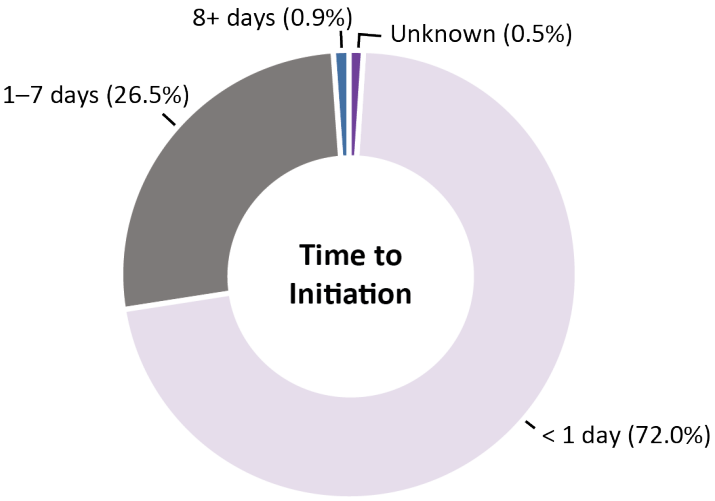
Exhibits 2.8, 2.9, and 2.10 provide information on the time frames associated with an APS case.

Average Length of Time (Across States)

Report Initiation: 1.1 days
Investigation Duration: 54.6 days
Total Case Duration: 67.4 days

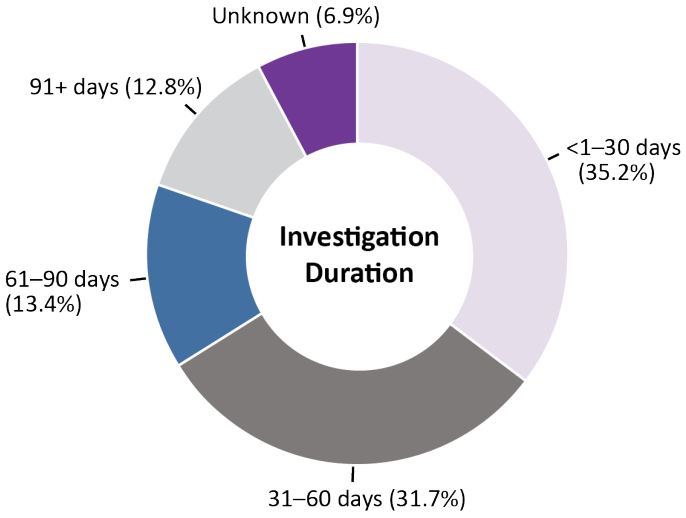
Investigation Initiation: Length of time from receipt of the report until the start of the investigation. Most APS investigations are initiated within one day, and 98% of them are initiated within seven days.

Exhibit 2.8: Time to Initiation*



Investigation Duration: Length of time from the start of the investigation to determining the finding (disposition). The investigation duration for 67% of APS cases is between one and 60 days, with the 35% of investigations completed in 30 days.

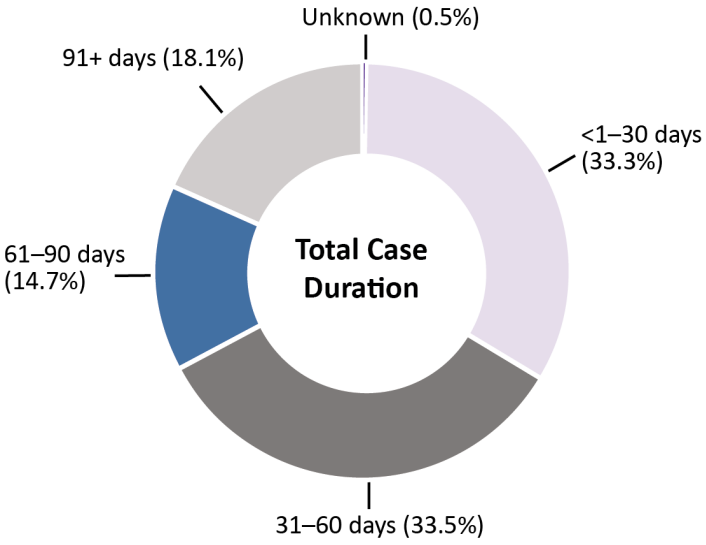
Exhibit 2.9: Investigation Duration*



Chapter 2: Reports and Investigations

Total Case Duration: Length of time from the start of the investigation until the case is closed (includes provision of services). The largest percentage of cases are open between 31 and 60 days.

Exhibit 2.10: Total Case Duration



*Note: For Time to Initiation, 34 states submitted data for 459,811 investigations; for Investigation Duration, 30 states submitted data for 390,8385 investigations; and for Total Case Duration, 34 states submitted data for 459,811 investigations.

Reasons for an APS Case Closure

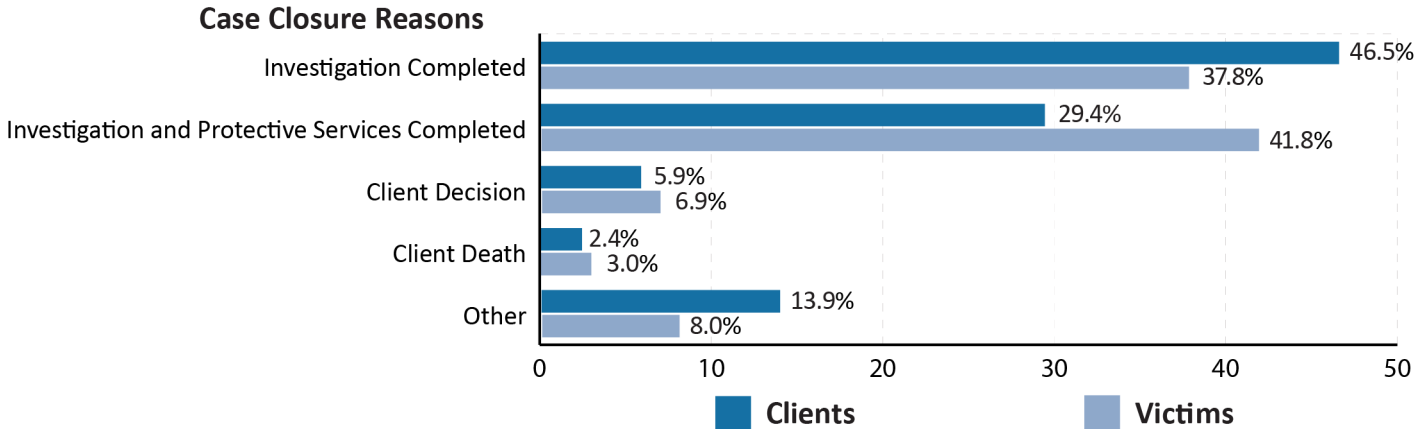
An APS case may be closed for a variety of reasons. As shown in Exhibit 2.11, a higher percentage of client cases are closed after completion of the investigation (45.0%), and a higher percentage of cases where there was at least one substantiated allegation are closed after an investigation and the provision of protective services (41.8%).

Respect for the rights of the client, including the right to self-determination, is a foundational principle of APS casework. In some states, a client can refuse to allow an investigation to be completed, or they can decline services, and the APS case is then closed.

> APS clients and victims have the right to decline protective services unless a court determines they are unable to make decisions about their own health and safety.

A client's death frequently results in the APS case being closed, especially if there is no alleged perpetrator (e.g., a self-neglect case), or the perpetrator is unknown. Other reasons for case closure include client decision, death of the client, and non-specified reasons.

Exhibit 2.11: Clients and Victims by Case Closure Reason



Note: Client data is based on data submitted by 47 states for 704,536 clients. Victim data is based on data submitted by 30 states for 140,260 victims.

Chapter 3: Clients and Victims

Age of APS Clients and Victims

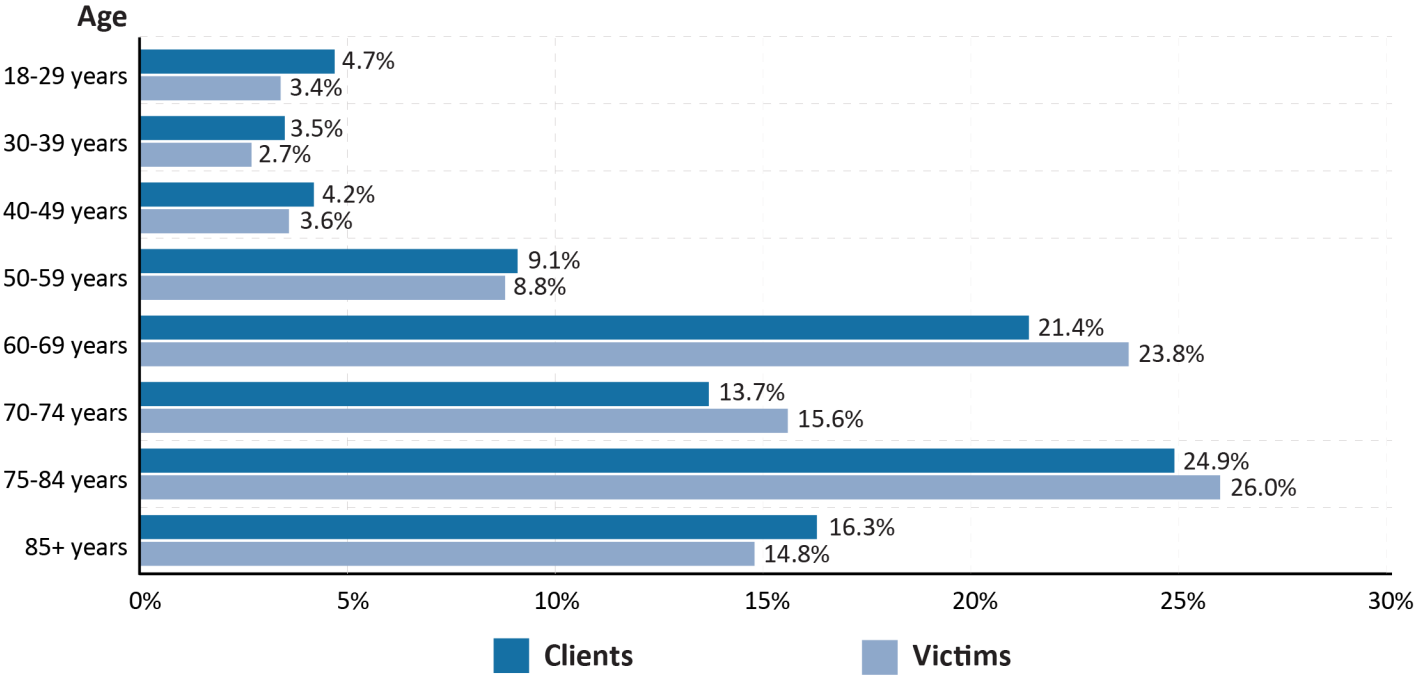
APS programs define their eligible populations by age and disability. As shown in Exhibit 1.4, all APS programs serve older adults (age 60+ and 65+) and almost all programs serve younger adults as well. There are 15 programs across the country where being an older adult is the sole criterion for APS program eligibility.

APS programs serve more older adults than younger adults. One reason is that each of the APS programs serving younger adults include disability or vulnerability in their eligible population definition, which reduces the size of the young adult population eligible for APS. Another reason is that known risk factors for adult maltreatment, such as social isolation and declining health or cognitive status, are present more in older adult populations.

The age distribution in NAMRS data for APS clients and victims shows that over 70% are age 60 or older. The data highlighted in Exhibit 3.1 also indicates that

just over eight percent (8.2%) of clients and just over six percent (6.1%) of victims are under age 40. The highest percentage of victims for most maltreatment types are between the ages of 75 and 84 years old. The exceptions are self-neglect where the highest percentage of victims are age 60-69, and sexual abuse where the highest percentage of victims are between 18 and 29 years of age (see Appendix Exhibit A.2).

Exhibit 3.1: APS Clients and Victims by Age



Note: Based on 34 states submitting data for 460,291 clients, and 45 states submitting data for 229,777 victims, age was Unknown for 2.3% of clients and 1.4% of victims.

Chapter 3: Clients and Victims

Gender, Race, and Ethnicity of APS Clients and Victims

Data on gender was submitted by 34 states for 460,291 clients and by 46 states for 240,175 victims. Women represent a larger proportion of APS clients and victims than men. Although very few states collect information on transgender individuals, 0.05% of clients and 0.1% of maltreatment victims are identified as transgender in the NAMRS data. Gender was reported as Unknown for 2.5% of clients and 1.8% of victims. In looking at gender differences for the different types of maltreatment (see Appendix Exhibit A.3), women are significantly more likely than men to be victims of physical, emotional, and sexual abuse.

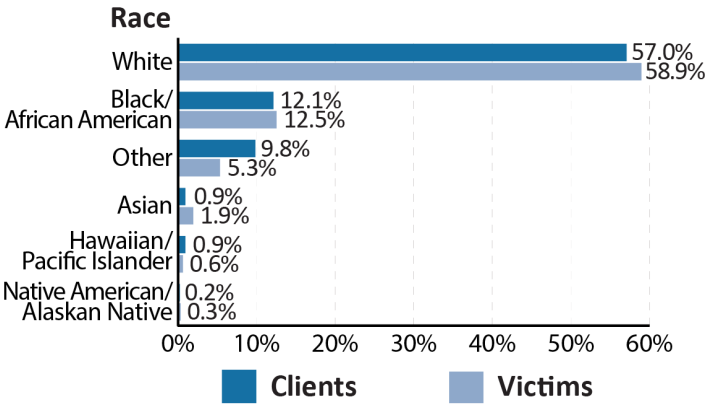
Women are
57.5% of clients
56.4% of victims

Men are
39.9% of clients
41.8% of victims

APS programs do not report race and ethnicity data as consistently as gender. For that reason, the percentages in Exhibits 3.2 and 3.3 may not be representative of all clients and victims.

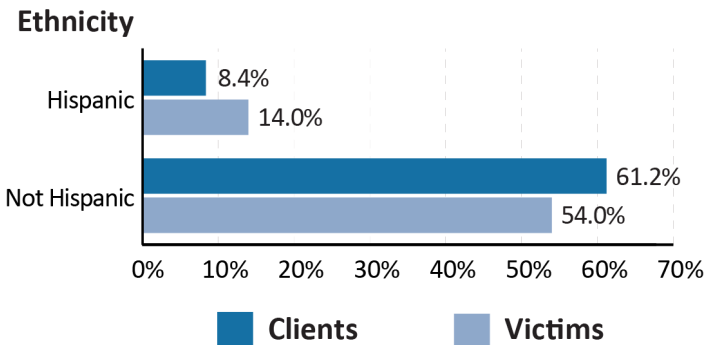
Although there are no notable differences between victims and clients within identified racial categories, Exhibit 3.3 shows that substantiation rates are slightly higher for Hispanic individuals than for non-Hispanic individuals.

Exhibit 3.2: APS Clients and Victims by Race



Note: Based on 44 states submitting data for 229,713 victims and 31 states submitting data for 430,164 clients, race was listed as Unknown for 21.1% of victims and 19.9% of clients.

Exhibit 3.3: APS Clients and Victims by Ethnicity



Note: Based on 39 states submitting data for 224,813 victims and 27 states submitting data for 401,134 clients, ethnicity was listed as Unknown for 32.0% of victims and 30.4% of clients.

Chapter 3: Clients and Victims

Disabilities Impacting APS Clients and Victims

Following the Americans with Disabilities Act (ADA), NAMRS defines a disability for clients and victims as the "physical, emotional, and mental health issues that result in limitation in activities and restrictions to fully participate at school, work, or in the community. A client [victim] can have multiple disabilities." A person's disability status may be a factor in determining whether the individual meets the APS program eligibility criteria, and it is also a critical factor to consider in an APS investigation. Functional limitations caused by disabilities may impair an individual's ability to live independently, self-protect, and/or provide self-care. Understanding the impact of disabilities on the client or victim is important in developing a plan to meet their service needs.

For the states reporting disability information, 6.9% of clients were assessed to have no disability, while 2.4% of victims were assessed at having no disability. The most frequent type of disability for victims of adult maltreatment, as shown in Exhibit 3.4, is ambulatory difficulties and the most frequent type of disability for APS clients is cognitive impairment.

How does NAMRS define disability?

A disability is the "client's [victim's] physical, emotional, and mental health issues that result in limitation in activities and restrictions to fully participate at school, work, or in the community. A client [victim] can have multiple disabilities."

Exhibit 3.4: APS Clients and Victims by Disability Type

Disability	Definition	% of Clients	% of Victims
Ambulatory Difficulty	Having serious difficulty walking or climbing stairs.	26.2%	35.2%
Cognitive Difficulty	Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions.	27.1%	20.8%
Communication Difficulty	Because of a physical, mental, or emotional problem, having difficulty with speech or language.	5.1%	4.8%
Hearing Difficulty	Deaf or having serious difficulty hearing.	3.6%	3.9%
Independent Living Difficulty	Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping.	24.9%	16.2%
Self-Care Difficulty	Having difficulty bathing or dressing.	16.5%	14.0%
Vision Difficulty	Blind or having serious difficulty seeing, even when wearing glasses.	3.8%	10.4%
Other	Disabilities other than those specified in the categories provided.	16.7%	4.7%
None	Assessed, and no disability determined.	5.9%	2.7%

Note: Based on 19 states submitting data for 94,860 victims and 20 states submitting data for 270,059 clients, disability type was listed as Unknown for 41.6% of victims and 35.2% of clients. Multiple disabilities may be recorded for a single client or victim.

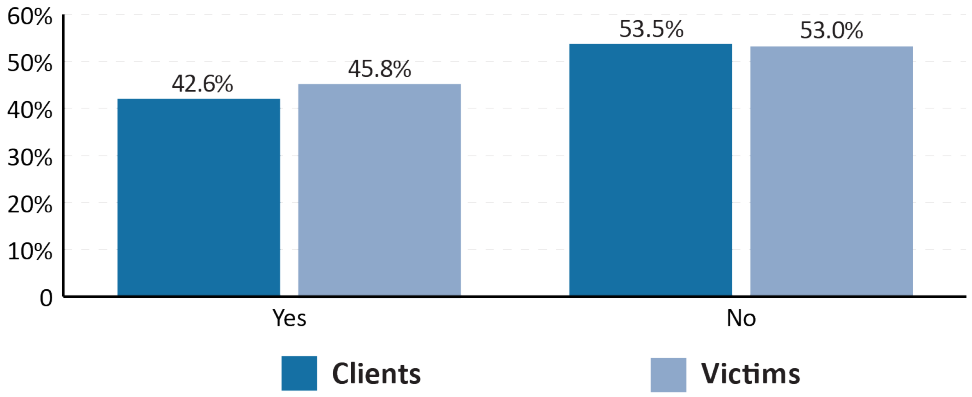
Chapter 3: Clients and Victims

APS Clients and Victims with Prior Reports

There are several reasons why clients and victims may have been the subject of a previous APS report. Even though APS interventions address emergency needs and are intended to mitigate the root causes of the maltreatment, many factors contribute to maltreatment reoccurring, including known risk factors for the population, the lack of available or accessible services, and the client's right to decline intervention. Maltreatment victims are also at ongoing risk due to potential changes in their financial, mental, or physical conditions; informal or formal support systems; and/or living situations.

A higher percentage of victims (45.8%) than clients (42.6%) had previous reports of maltreatment in the states that submitted this information (see Exhibit 3.5). Victims of abandonment were the subject of a previous report at a higher rate (62%) than victims of other types of maltreatment (see Appendix Exhibit A.7).

Exhibit 3.5: APS Clients and Victims by Prior Reports



Note: Based on 18 states submitting data for 117,169 victims and 19 states submitting data for 353,192 clients, this information was Unknown for 3.9% of clients and 1.2% of victims.

Chapter 3: Clients and Victims

Residence of Victims of Adult Maltreatment

One concern often expressed about APS interventions is that victims are inappropriately placed in residential care facilities as a result of their involvement with APS. For victims who do experience a change in their living setting, the change may be the result of the maltreatment or other changes in life circumstances.

Only a small number of states submit data on the residence of victims at both the start and close of an APS case. Exhibit 3.6 provides the data for the 37,486 maltreatment victims with a known value for both Living Setting at Start and Living Setting at Close. As shown in the exhibit, nursing home is the only living setting that showed an increase in the percentage of victims living there between the start and close of the case. While 64.5% of victims are living in their own residence or the residence of a relative or caregiver at the beginning of their APS cases, 57.9% of victims are living in their own residence or the residence of a relative or caregiver at the end of those APS cases. Residential care community settings and other living settings showed similar decreases between the start and close of a case.

Changes in living arrangement may be the result of maltreatment or due to other changes in life circumstances.

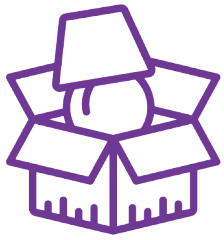
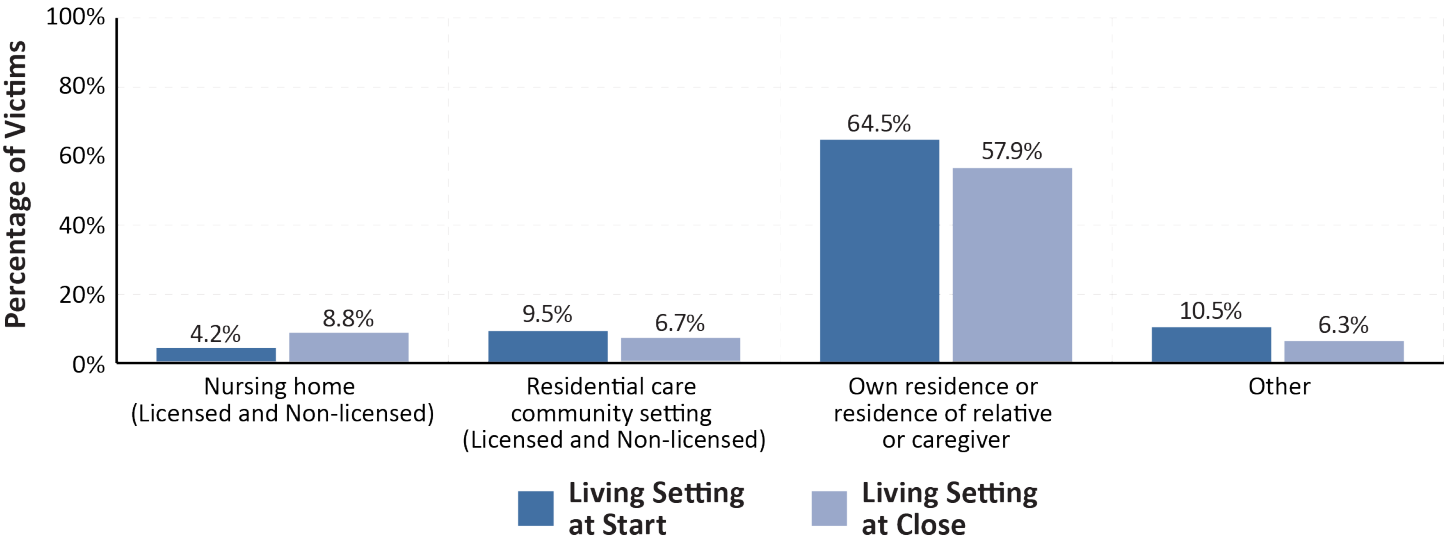


Exhibit 3.6: Victims by Living Arrangement at Start and Close of APS Case



Note: Based on 14 states submitting data for 37,486 victims, living arraignment was Unknown or left blank for 11.3% of victims at case start and 20.4% of victims at case closure.

Chapter 4: Perpetrators

Perpetrators of Adult Maltreatment

NAMRS defines a perpetrator as "each person determined to be responsible for one or more maltreatments with a disposition of substantiated." Although some states will name the victim in a self-neglect case as a perpetrator or "self-perpetrator," the NAMRS data reported here excludes self-perpetrators.

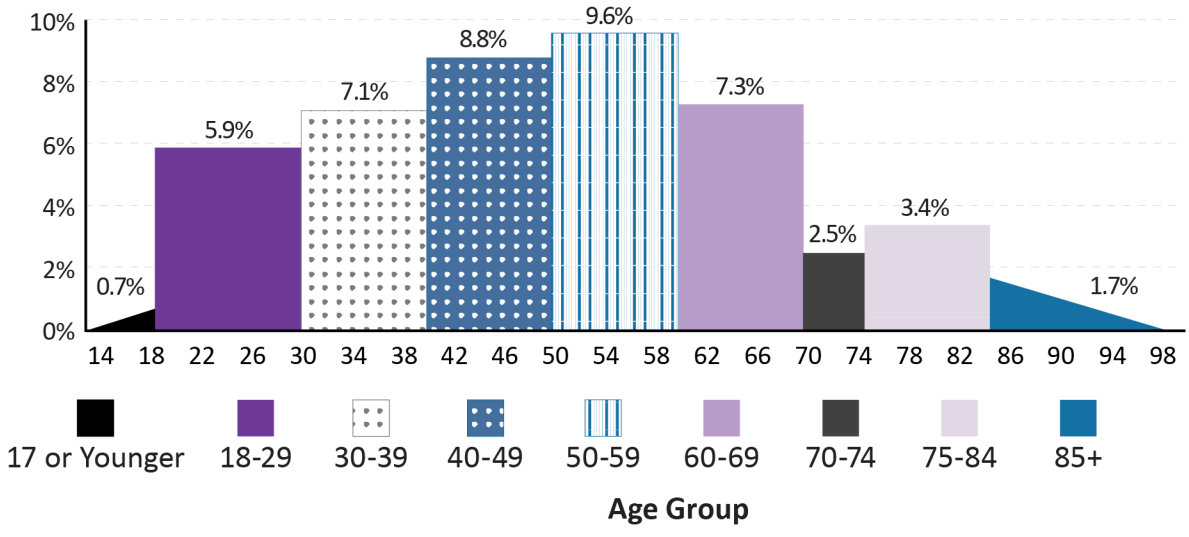
APS programs do not systematically collect detailed demographic information on perpetrators to the same degree as they do for clients and victims. Less than half of states submit the perpetrator data elements to NAMRS. The perpetrator data that has been reported to NAMRS provides the following insights:

- For cases where the perpetrator age was known (see Exhibit 4.1), the largest percentage of perpetrators were between ages 50-59 (9.6%) and 40-49 (8.8%).
- Data on gender was submitted for 50,082 perpetrators and was listed as "Unknown" for 30.0% of them. For the 30 states reporting perpetrator gender, women (36.4%) were overall slightly more likely than men (33.3%) to be listed as the perpetrator. Perpetrator gender by maltreatment types revealed some variations: men are identified as perpetrators at a higher percentage in cases of abuse (physical, sexual, and emotional), and women are more often the perpetrators in cases of abandonment, neglect and exploitation (see Appendix Exhibit A.9 for complete data).
- For the 30 states reporting victim-perpetrator relationship data on 42,721 perpetrators, a third of the perpetrators (33.4%) had no familial relationship to the victim (see Appendix Exhibit A.10).

36.4% of perpetrators are women.

33.3% of perpetrators are men.

Exhibit 4.1: Perpetrators by Age



Note: Based on data submitted by 28 states for 40,050 perpetrators. The age was listed as Unknown for 53.1% of the perpetrators.

Chapter 5: Potential Impact of COVID-19

Introduction

The impact of social isolation on the increased vulnerability for adults at risk of maltreatment has become a major focus of APS research in recent years. The increased social isolation for many older adults and adults with disabilities resulting from COVID-19 raised concerns about the impact on the population served by APS programs. Researchers Han and Mosqueda found that aging adults were particularly susceptible to COVID-19, and the social distancing requirements put into place in most jurisdictions across the country created increased dependency on others for completion of daily living activities, further increasing the vulnerability of APS populations (Han & Mosqueda, 2020). COVID-19 challenged APS programs with meeting the needs of vulnerable adults while keeping both their employees and their clients safe. For many states, balancing these priorities required changes to policies (such as timeframes for completing activities or how to conduct face-to-face visits) and practice (such as using technology to communicate with clients).

This chapter provides an initial analysis of the COVID-19 impact on APS populations and practice.

This analysis draws from a review of NAMRS data and supplemented by information from recent reports and publications that examined the impact of COVID-19 on adult maltreatment and APS. The degree to which APS was impacted by COVID-19 is still not fully known because of time lags in data reporting and because the pandemic has not concluded. Most importantly, the NAMRS data is not dispositive regarding the impacts of COVID-19. As explained below, changes in data patterns could only be analyzed for the early months

of the pandemic (March–June 2020); additional data and analysis is needed to determine if the changes in patterns were related to the pandemic or other factors.

The methodology for analysis was to first examine the overall trend in 2020 and second compare 2019 and 2020 NAMRS data. To target the period potentially impacted by COVID-19, data was compared on a monthly basis for the second and third quarters (January–June 2020). Only states that submitted data in both FFY 2019 and FFY 2020 were included in the analysis. Specific timeframes and trends were targeted in an attempt to isolate the potential impact of COVID-19, despite the limitations outlined above.

For this COVID-19 impact analysis, NAMRS cases were assigned to a month based on the *report* date. The standard reporting procedure is for states to submit NAMRS data on cases *closed* during the federal fiscal year. Cases begun in FFY 2020 but not closed during FFY 2020 are not included in data submitted by states. Since fewer cases are submitted for July, August, and September 2020, we did not include these months in this analysis. To ensure comparison of like data across years, the same selection process was applied to cases from the 2019 data; cases that were not closed during FFY 2019 were removed.

Chapter 5: Potential Impact of COVID-19

The following NAMRS data elements were examined for this analysis:

- Number of reports screened-in and screened out
- Report source
- Number of substantiated investigations
- Case initiation duration
- Investigation and case duration
- Case closure reason
- Demographic information of victims
- Maltreatment type

In addition to NAMRS data, the APS TARC and other entities conducted studies and collected information regarding the APS practices and policies implemented in response to the pandemic. Several journal articles and reports produced from this work were reviewed for this analysis (see the Selected Bibliography at the end of this chapter). The APS TARC study on the *Impact of COVID-19: Findings from State Administrator Survey and Interviews with Local APS Staff* (Teaster, et al., 2020) is the most relevant since it collected information from across the APS programs nationally and during the period examined in the NAMRS data.

Impact on Reports and Investigations

Most APS programs saw a decrease in reports received and accepted (screened-in) during the early months of the pandemic (Teaster, et al., 2020). However, APS programs also stated that after the initial shutdown period, reports increased above normal levels later in the year. This is consistent with NAMRS agency component data, displayed in Exhibit 5.1. The total number of reports decreased by less than one percent between federal fiscal years 2019 and 2020.[1] The percent of reports accepted (screened-in) for investigation decreased by four percent, with some states having a significant decline.

A study by Makaroun, Beach, Rosen, & Rosland (2020) on COVID-19 and APS risk factors found reports to APS decreased, despite increased risk of elder abuse during COVID-19, indicating potentially decreased maltreatment detection due to fewer face-to-face encounters with healthcare, social service, and community providers. This finding is preliminarily supported by NAMRS data. As Exhibits 5.2 and 5.3 show, the percentage of reports from professionals, the most frequent reporters to APS, dropped during 2020 from

Exhibit 5.1: Comparison of Reports and Investigations Between FFY 2019 and FFY 2020

FFY Year	Category	Number of Reports	Percentage of Reports	Number of Investigations
2019	Accepted	820,000	62.3%	
	Not Accepted	495,992	37.7%	
	Total	1,315,992		793,592
2020	Accepted	773,053	58.3%	
	Not Accepted	552,123	41.7%	
	Total	1,325,176		767,119
Change	Accepted	-46,947	-4%	
	Not Accepted	56,131	4%	
	Total	9,184		-26,743

Note: Reports data is based on submission by 53 states and number of investigations is based on submission by 51 states.

[1] To ensure comparisons of the same states, the number of reports excludes District of Columbia in this chapter and is different than the number in Chapter 2.

Chapter 5: Potential Impact of COVID-19

61.4% in February to 57.8% in April. In 2019, reports from professionals were consistently about 60%. The number of reports from professionals dropped over 5,000 in April 2020 compared to April 2019. While reports from relatives dropped through April 2020, unlike reports from professionals, they never dropped below 2019 levels and increased in May and June of 2020. The percentage of reports from all others ticked up slightly in March through June 2020.

The number of APS investigations dropped by 26,743 in FFY 2020, which is slightly less than the four percent drop in accepted reports. As shown in Exhibit 5.4, the drop in investigations was highest in March and April 2020 (a decline of over 8,000 from February to April). It was lower by 9,915 in April of 2020 compared to April 2019 but began trending back to normal in May and June 2020.

Exhibit 5.2: Percentage of Reports by Source by Month for 2020

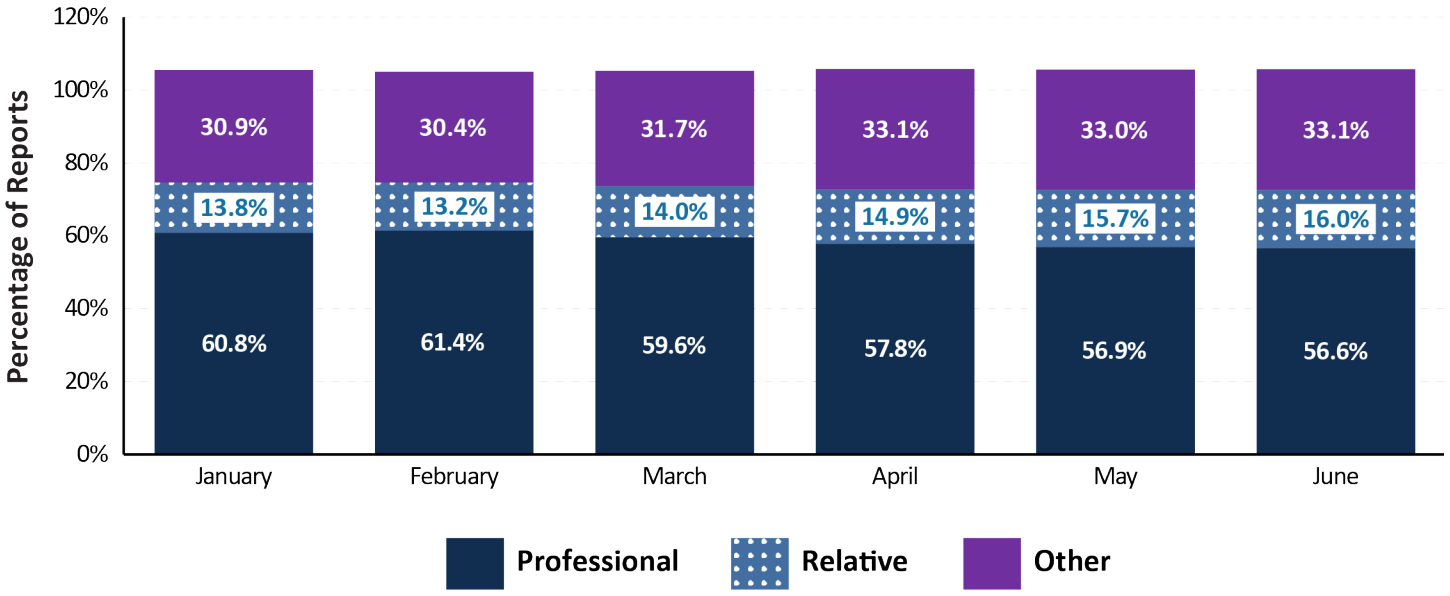
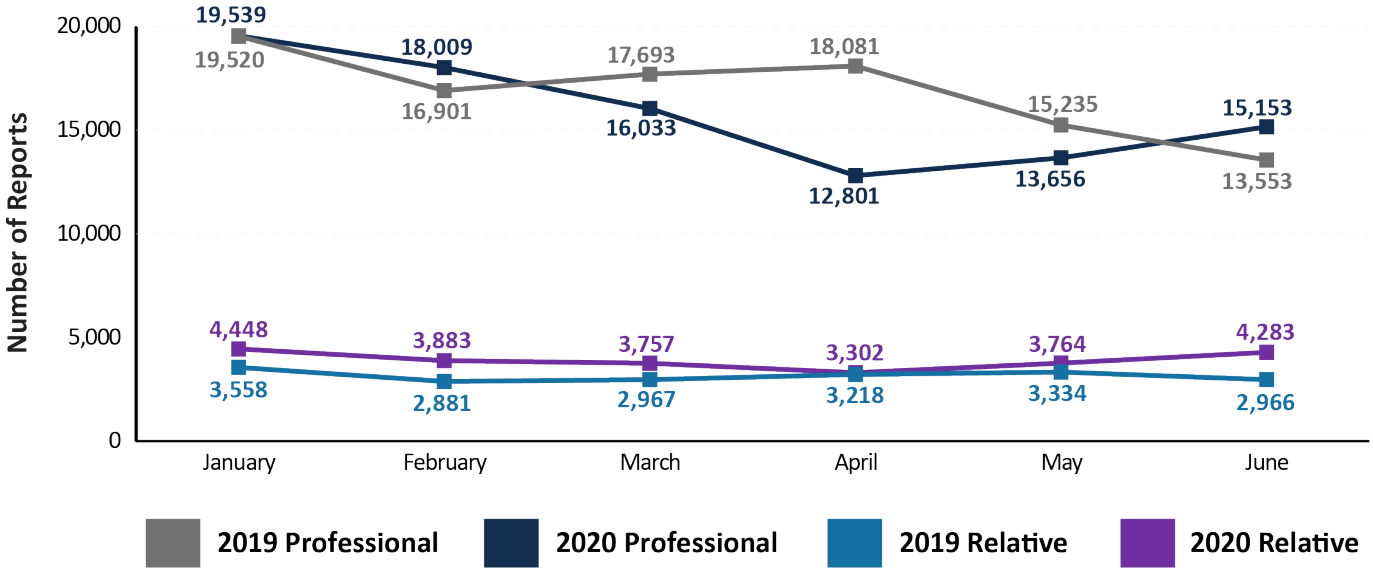


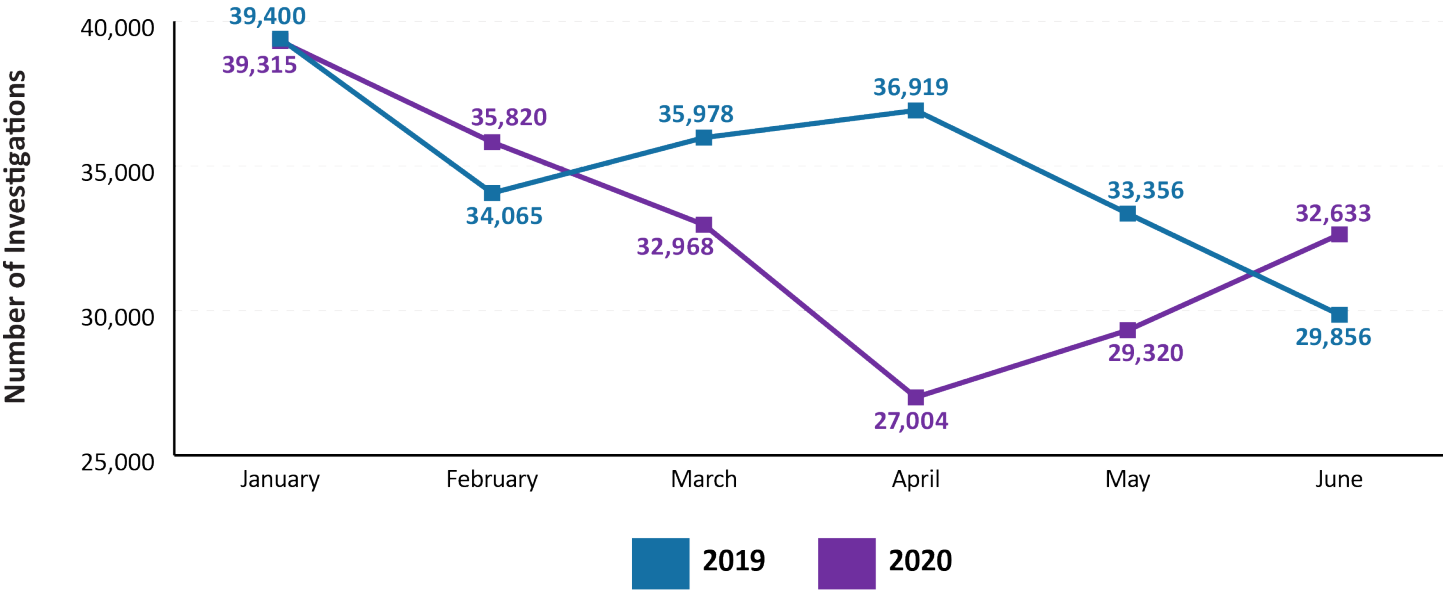
Exhibit 5.3: Number of Reports from Professionals and Relatives by Month for 2019 and 2020



Note: Report source data is based on submission from 25 states. An allegation may have more than one report source.

Chapter 5: Potential Impact of COVID-19

Exhibit 5.4: Number of Investigations by Month for 2019 and 2020



Notes: Number of investigations is based on NAMRS data submitted by 32 states.

Impact on the Nature of Investigations and Clients

The impact of COVID-19 pandemic on the nature of investigations is unclear, as measured by duration and case closure reason.

Duration

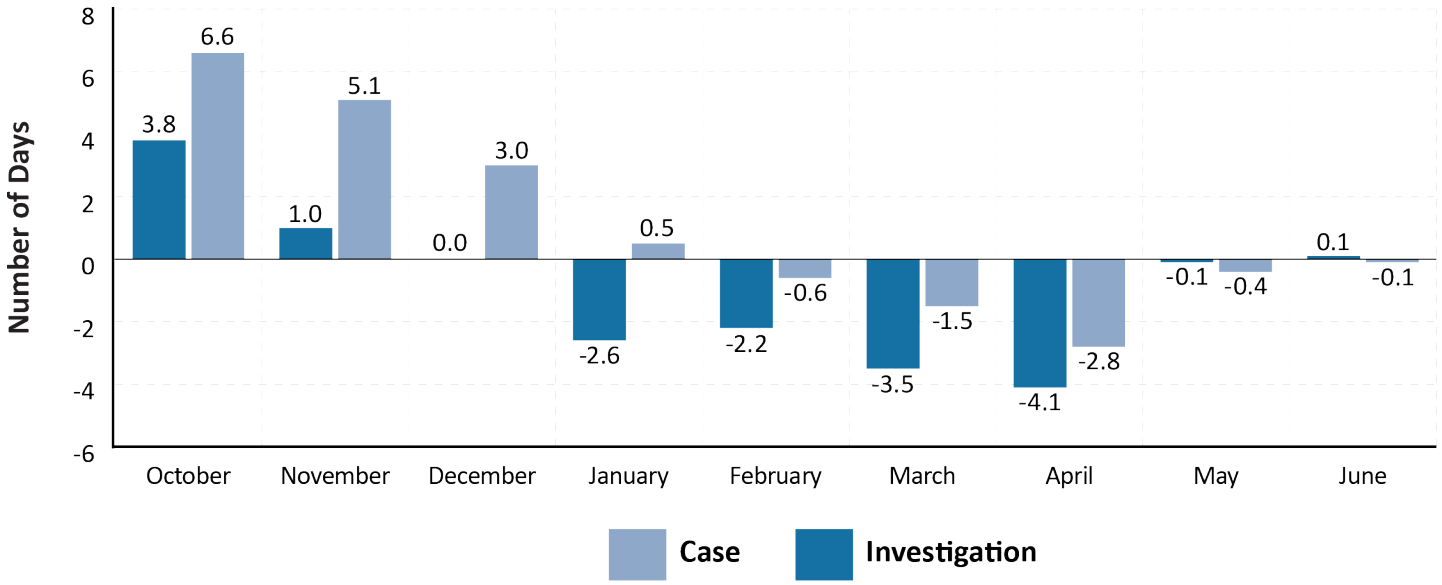
NAMRS data indicate the length of time to complete an investigation and the overall length of time a case is opened (durations) was shorter during April–June 2020 compared to April–June 2019. However, it is not clear if this decrease in durations was associated with COVID-19 since the decrease in durations started well before COVID-19 became a factor. Exhibit 5.5 shows the *difference* in the average length of durations between 2019 and 2020 by month.[2] Specifically, the average number of days of an investigation/case in a given month in 2019 is subtracted from the average number of days for the same month in 2020.

Causes for change in durations are not known and the pattern throughout the entire year makes it difficult to determine if COVID-19 had an impact. Durations were notably higher during October–December of 2020 compared to 2019. In October 2019, for example, case durations were 61.8 days in 2020 compared to 55.2 days in 2019, for the difference of 6.6 days as shown. The difference in both case and investigation durations drop steadily from October 2019 to April 2020. Since the difference was trending down in all of FFY 2020 (October 2019 through April 2020), it is not possible to say the change in durations were due to change in policy or practice related to COVID-19. Teaster, et al. (2020) found that very few states changed their policies regarding timeframes in investigations. Further analysis, with a more complete set of data, is needed to better understand how the pandemic affected duration of investigations and cases.

[2] The trend lines in the average length of duration are not shown because actual durations are distorted since cases not closed during the fiscal year are not included.

Chapter 5: Potential Impact of COVID-19

Exhibit 5.5: Change in Investigation and Case Duration by Month Between 2019 and 2020



Note: Duration data is based on NAMRS data submitted by 27 states. The number is calculated by subtracting the 2020 average number of days in a given month from the average number of days in the same month for 2019.

Case Closure

In addition to duration, the APS TARC reviewed NAMRS data to see if COVID-19 impacted case closure reasons. It is hard to discern an impact. Exhibit 5.6 shows 2020 case closure reasons by percentage and there is little to no change during the March and April 2020. Exhibit 5.7 shows a comparison of 2019 and 2020 for the case closure reason of Investigation Completed (i.e., no protective services case was opened). There was a slightly higher percentage of cases that were Investigation Completed cases for March and April 2020, offset by drops in all the other case closure reasons in those months. In March 2020, Investigation Completed was 44.2% and for March 2019, it was 42.9%, compared to 45.5% and 43.4% in April 2020.[3] Given this data, the early months of the pandemic do not appear to have had a significant impact on case closure reason.

[3] In addition, a few states changed categories they mapped to and this may account for some of the change.

Chapter 5: Potential Impact of COVID-19

Exhibit 5.6: Percentage of Case Closure Reasons by Month for 2020

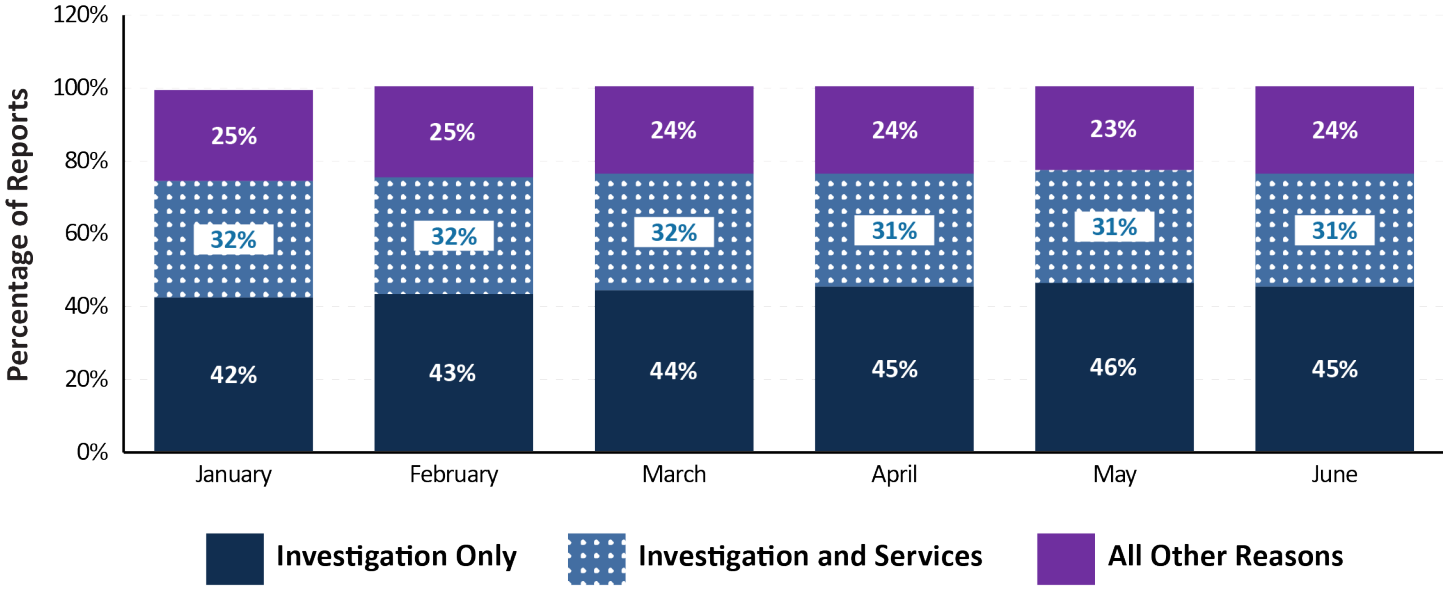
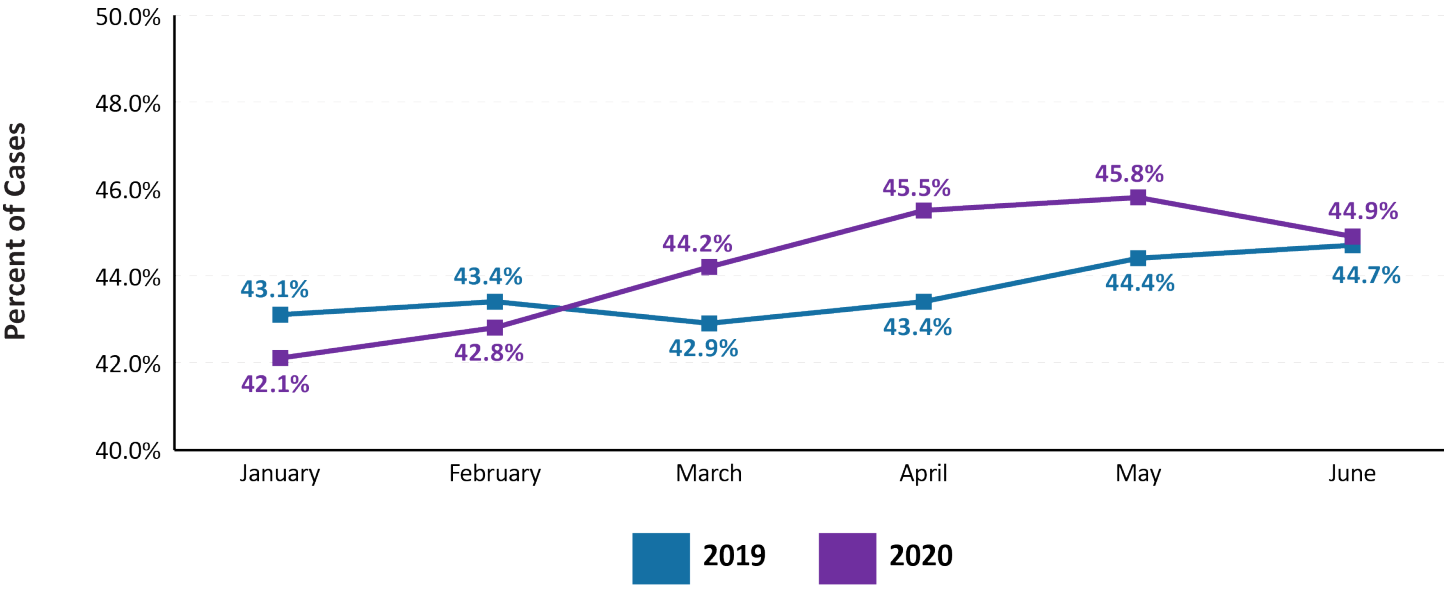


Exhibit 5.7: Percentage of Case Closure Reasons for Investigation Only by Month for 2019 and 2020



Note: Case closure data is based on data submitted by 27 states.

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Impact on the APS Population

A review of NAMRS data (not shown) indicated that there were no differences in the demographic characteristics of victims—age, race, and ethnicity did not change from 2019 to 2020 overall nor during the early months of the pandemic. There was, however, a change in substantiation rates and the types of maltreatment.

As shown in Exhibits 5.8–5.10, NAMRS data indicate a slight increase in substantiation and inconclusive rates during the early pandemic months and compared to 2019. The substantiation rate increased in 2020 from 30.5% in February 2020 to 33.1% in May 2020. The substantiation rate in April of 2020 was 32.3% compared to 29.6% in April of 2019. In 2020, the change in the inconclusive rate did not drop during May and June as it did in 2019.

Exhibit 5.8: Percentage of Allegations by Disposition by Month for 2020

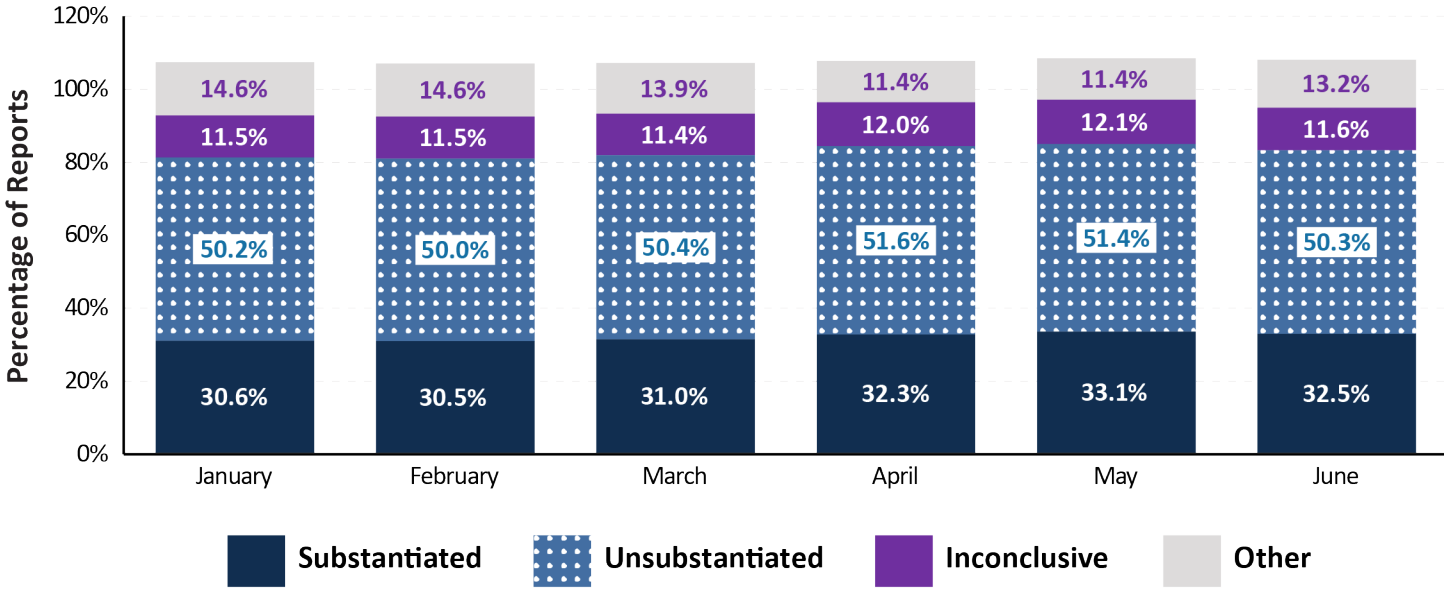

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Exhibit 5.9: Percentage of Substantiated Allegation by Month for 2019 and 2020

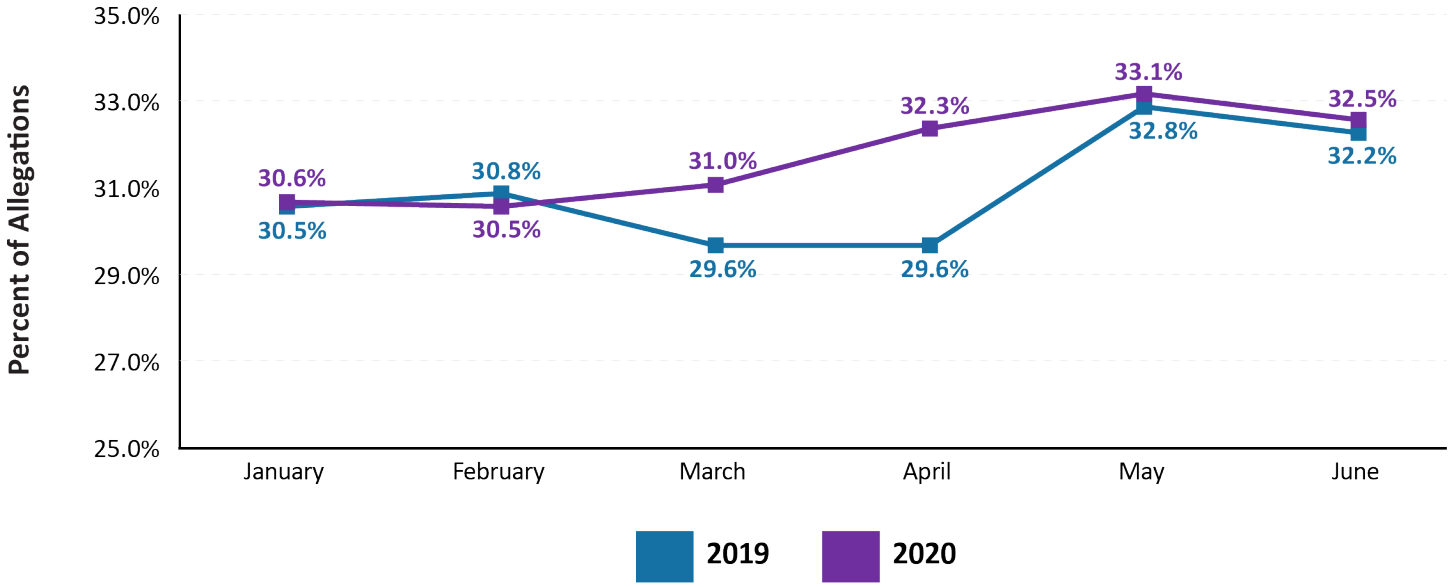
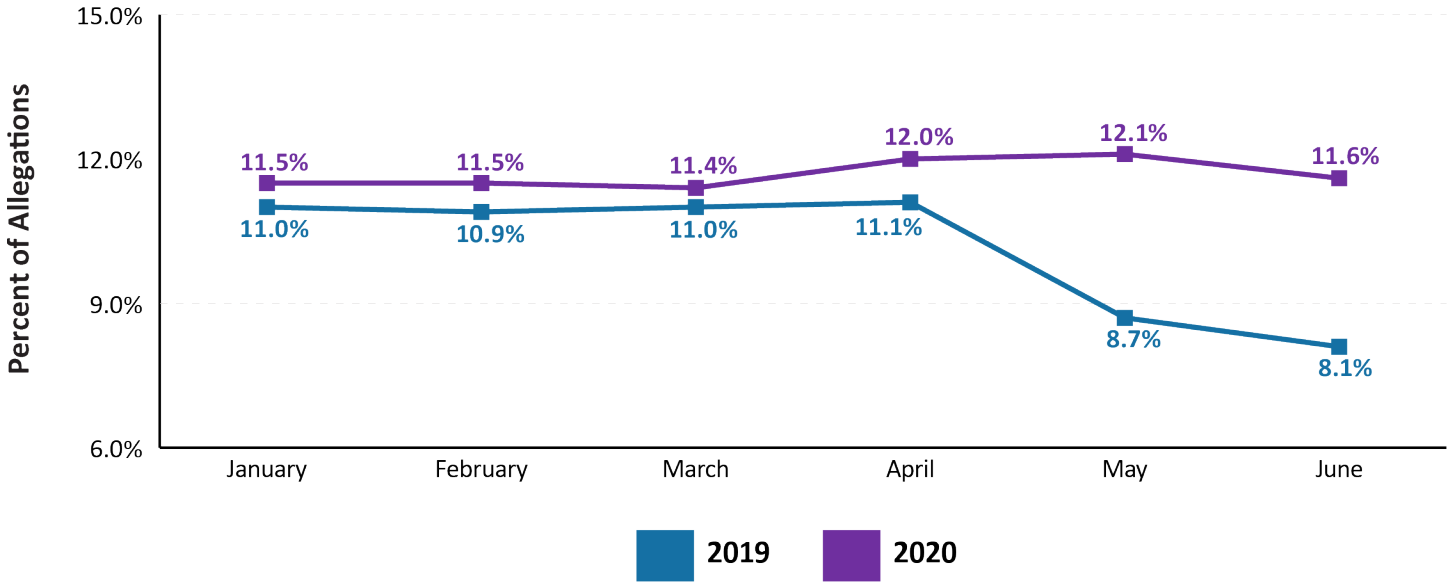


Exhibit 5.10: Percentage of Inconclusive Allegations by Month for 2020 and 2019



Note: Disposition data is based on submission by 32 states.

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One potential reason for the slight increase in substantiation rates could be the increase in neglect/self-neglect maltreatment types during this period. Exhibits 5.11 and 5.12 show that during the early months of the pandemic, cases of self-neglect increased as a percentage of adult maltreatment types and were considerably higher in 2020 than 2019. The difference between 2019 and 2020 was consistently around four percentage points in April, May, and June 2020. While the overall percentage increased, there was a decrease in the number of self-neglect allegations, which is consistent with the Teaster, et al (2020) finding that about a third of the programs believed they were seeing a small increase in cases of self-neglect and a quarter of the programs saw a large increase in cases of self-neglect. Teaster, et al (2020) also found some programs believed there was an increase in financial exploitation cases, but NAMRS data indicated there was actually a small decrease compared to 2019 and a decrease from prior months during the pandemic.

Exhibit 5.11: Percent of Allegations by Type of Maltreatment by Month for 2020

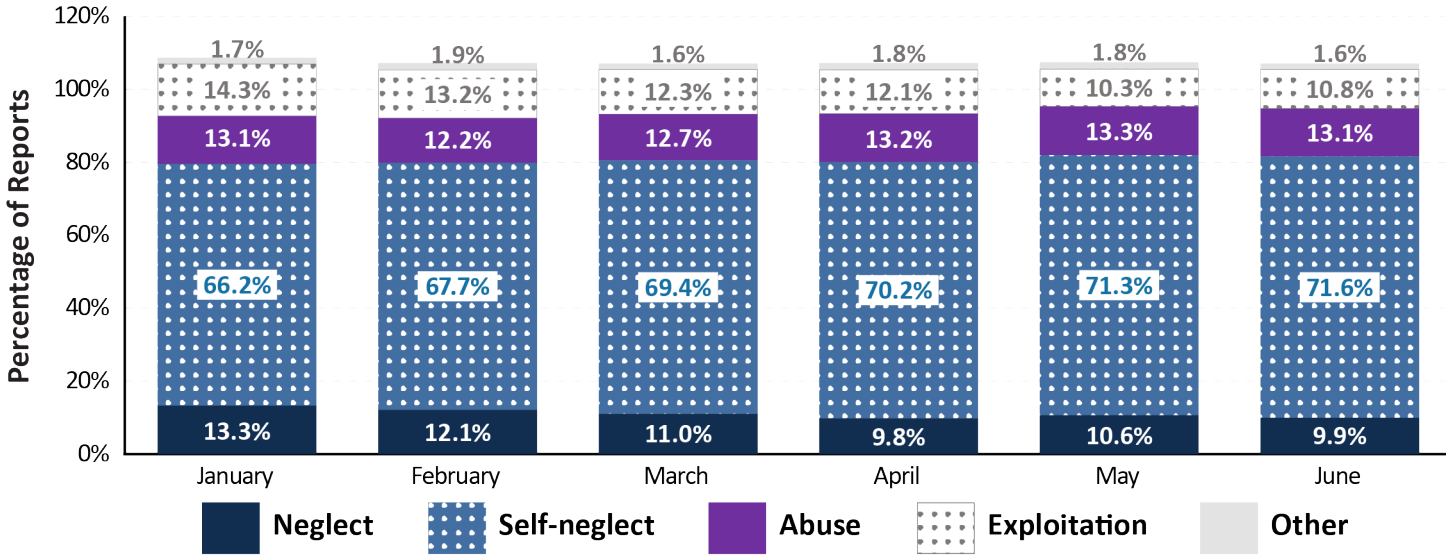
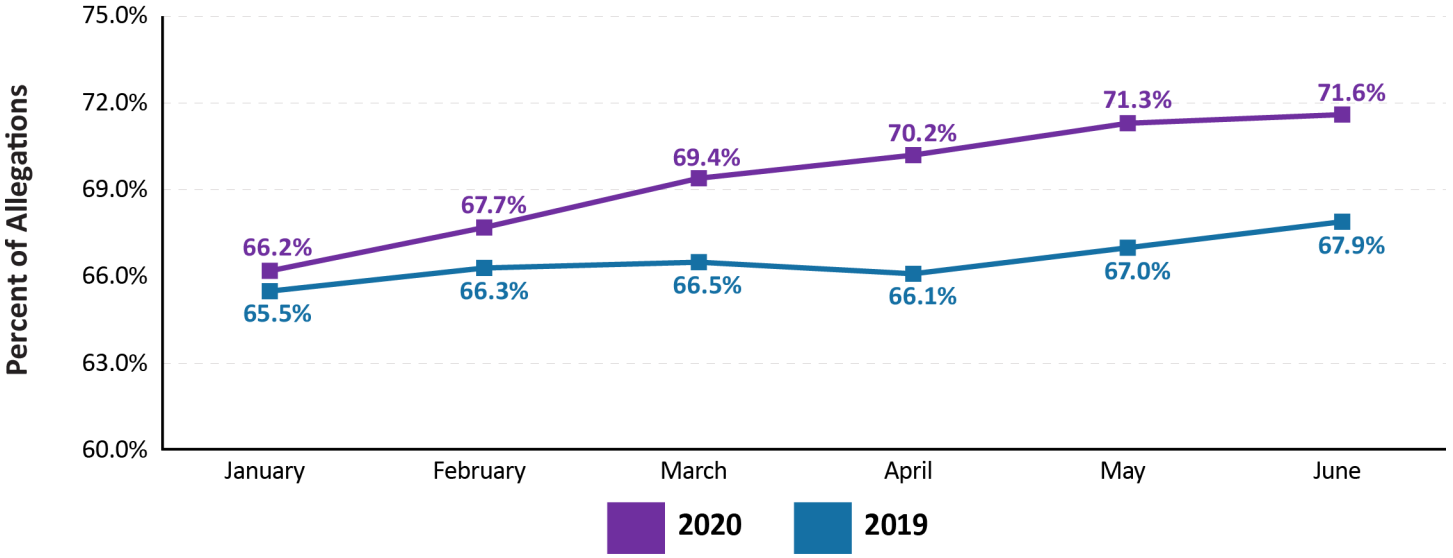


Exhibit 5.12: Percentage of Self-Neglect Allegations by Month for 2019 and 2020



Note: Maltreatment data based on submission from 32 states. There can be more than one allegation per investigation.

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Conclusion

To summarize the overall findings,

1) The number of reports to APS remained about the same in FFY 2020 as FFY 2019 and reports accepted decreased slightly.
2) For FFY 2020 overall, the total number of investigations decreased slightly. The number of investigations decreased in the early stage of the pandemic. Of particular note was a decrease in the percentage of reports from professionals.
3) While there are some changes in the data for case closure reason and durations, it is hard to separate the changes in the data during the pandemic from the longer-term trends and individual state changes.
4) The percentage of self-neglect cases increased during the early months of the pandemic.
5) There was also a short-term increase in substantiation rates during the early months of the pandemic, potentially associated with the increased percentage of self-neglect cases.
6) There was no change in the demographic characteristics of APS clients during the early months of the pandemic.

These changes were mild and occurred only during the early months of the pandemic, with most trends leveling back out to historical levels by June 2020. These findings were generally consistent with the APS TARC qualitative research conducted during the early stages of the pandemic.

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Appendix

The following exhibits provide expanded data tables for the information discussed in this report.

Exhibit A.1: Victim Maltreatment by Case Closure Reason

Close Reason	Abandonment	Emotional abuse	Exploitation	Neglect	Other	Physical abuse	Self-neglect	Sexual abuse	All Victims
Investigation completed	46.9%	40.5%	52.8%	50.4%	55.4%	47.7%	29.9%	40.8%	37.8%
Investigation completed and protective services case completed	17.9%	30.1%	25.8%	29.3%	9.0%	32.9%	49.6%	37.3%	41.8%
Investigation unable to be completed (non-specific)	5.1%	0.6%	0.7%	0.4%	2.0%	0.4%	1.2%	0.2%	1.0%
Investigation unable to be completed due to death of client during investigation	1.3%	0.4%	0.7%	1.4%	1.8%	0.4%	2.3%	0.0%	1.8%
Investigation unable to be completed due to refusal of client	2.2%	1.5%	0.9%	0.3%	1.0%	1.2%	3.7%	0.0%	2.7%
Other	20.1%	11.3%	7.8%	8.7%	19.1%	7.2%	5.4%	13.0%	6.4%
Protective services case closed due to client decision to not continue	0.9%	11.4%	5.7%	3.4%	4.0%	6.7%	3.8%	5.6%	4.2%
Protective services case closed due to death of client	2.0%	0.7%	0.8%	2.7%	0.0%	0.7%	1.3%	0.6%	1.3%
Protective services case opened but not completed (non-specific)	0.7%	0.6%	0.4%	0.8%	3.5%	0.4%	0.5%	0.4%	0.5%
Unknown	2.9%	2.9%	4.5%	2.5%	4.4%	2.6%	2.3%	2.0%	2.5%
Total	452	8,189	19,034	16,316	2,578	9,909	94,530	852	140,260

Source: Case Component

Appendix

Exhibit A.2: Victim Maltreatment by Age

Age	Abandonment	Emotional abuse	Exploitation	Neglect	Other	Physical abuse	Self-neglect	Sexual abuse	All Victims
Age 18-29	11.5%	5.0%	2.4%	7.0%	9.2%	8.6%	2.2%	34.7%	3.4%
Age 30-39	7.5%	3.6%	2.0%	4.3%	4.8%	5.0%	2.4%	12.7%	2.8%
Age 40-49	9.5%	4.2%	2.2%	4.3%	6.4%	4.6%	4.0%	9.0%	3.9%
Age 50-59	15.9%	9.5%	5.0%	7.7%	10.6%	8.4%	10.8%	9.4%	9.5%
Age 60-69	16.2%	22.6%	19.7%	15.4%	19.8%	22.3%	26.5%	10.9%	23.9%
Age 70-74	11.5%	14.6%	16.5%	11.2%	11.9%	13.7%	15.9%	4.9%	15.3%
Age 75 through 84	16.4%	25.2%	31.0%	24.8%	23.9%	22.5%	24.9%	10.3%	25.4%
Age 85 and older	10.6%	13.1%	19.4%	23.6%	12.7%	13.2%	12.1%	6.8%	14.4%
Unknown	0.9%	2.2%	1.7%	1.8%	0.8%	1.8%	1.1%	1.3%	1.3%
Total	452	8,405	19,995	17,639	2,733	10,318	100,724	901	149,058

Source: Case Component.

Exhibit A.3: Victim Maltreatment by Gender

Race	Abandonment	Emotional abuse	Exploitation	Neglect	Other	Physical abuse	Self-neglect	Sexual abuse	All Victims
Female	50.9%	68.8%	57.0%	59.2%	58.8%	62.5%	55.2%	81.6%	56.8%
Male	48.5%	27.8%	38.7%	38.7%	40.5%	35.5%	43.9%	17.4%	41.5%
Transgender	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.0%
Unknown	0.7%	3.3%	4.2%	2.1%	0.6%	1.9%	0.9%	0.9%	1.7%
Total	452	8,405	19,995	17,639	2,733	10,318	100,724	901	149,058

Source: Case Component.

Appendix

Exhibit A.4: Victim Maltreatment by Race

Race	Abandonment	Emotional abuse	Exploitation	Neglect	Other	Physical abuse	Self-neglect	Sexual abuse	All Victims
White	70.6%	62.1%	50.7%	56.0%	63.4%	64.9%	64.7%	66.7%	61.4%
Black/African American	11.3%	11.6%	10.9%	15.2%	6.0%	12.8%	15.0%	15.2%	13.8%
Other	5.3%	12.2%	7.6%	14.4%	4.9%	6.7%	0.9%	2.7%	4.5%
Asian	0.2%	0.8%	0.6%	0.8%	0.4%	1.1%	0.7%	1.3%	0.7%
Hawaiian/Pacific Islander	0.4%	0.1%	0.1%	0.2%	0.0%	0.2%	0.1%	0.1%	0.1%
Native American/ Alaskan Native	1.1%	0.5%	0.6%	0.7%	0.4%	0.8%	0.6%	0.7%	0.6%
Unknown	11.7%	13.0%	29.7%	13.1%	25.0%	13.9%	18.3%	14.4%	19.1%
Total	452	8,396	19,950	17,622	2,733	10,306	100,724	901	148,994

Source: Case Component. States may select multiple values for each individual.

Exhibit A.5: Victim Maltreatment by Ethnicity

Ethnicity	Abandonment	Emotional abuse	Exploitation	Neglect	Other	Physical abuse	Self-neglect	Sexual abuse	All Victims
Hispanic, Latino/a, or Spanish	4.0%	5.4%	2.8%	5.0%	1.0%	8.0%	13.2%	6.3%	10.6%
Not Hispanic, Latino/a, or Spanish	62.0%	64.7%	51.0%	65.8%	48.0%	66.4%	66.1%	65.6%	64.0%
Unknown	34.0%	29.8%	46.2%	29.2%	51.0%	25.5%	20.7%	28.1%	25.4%
Total	424	6,989	16,922	13,390	2,440	9,164	95,015	814	133,696

Source: Case Component. States may select multiple values for each individual.

Appendix

Exhibit A.6: Victim Maltreatment by Disability

Disability	Abandonment	Emotional abuse	Exploitation	Neglect	Other	Physical abuse	Self-neglect	Sexual abuse	All Victims
Ambulatory Issues	54.5%	23.6%	22.7%	37.0%	13.1%	24.2%	39.2%	13.7%	35.2%
Cognitive Issues	81.8%	20.2%	27.3%	38.2%	19.2%	21.7%	19.0%	41.9%	20.8%
Communication Issues	18.2%	5.8%	5.9%	13.8%	4.0%	6.1%	3.8%	9.0%	4.8%
Hearing Issues	0.0%	5.5%	5.5%	6.9%	3.4%	3.6%	3.5%	2.3%	3.9%
Independent Living Issues	84.8%	23.2%	25.8%	37.2%	18.9%	24.0%	13.1%	21.7%	16.2%
No Disability Identified	3.0%	7.1%	9.6%	1.4%	4.0%	10.2%	1.3%	4.4%	2.7%
Other Issues	30.3%	27.5%	20.4%	21.1%	38.4%	16.3%	7.2%	25.8%	10.4%
Self-Care Issues	90.9%	18.7%	20.1%	33.4%	21.5%	18.3%	11.6%	16.8%	14.0%
Vision Issues	3.0%	7.2%	5.5%	6.8%	2.4%	4.1%	4.6%	3.1%	4.7%
Unknown	15.2%	39.2%	38.2%	32.2%	36.7%	35.2%	44.8%	23.5%	41.6%
Total	33	3,661	9,240	8,578	97	5,790	71,474	387	94,860

Source: Case Component. States may select multiple disabilities for each individual.

Exhibit A.7: Victim Maltreatment by Prior Report

Previous Report	Abandonment	Emotional abuse	Exploitation	Neglect	Other	Physical abuse	Self-neglect	Sexual abuse	All Victims
No	37.9%	54.0%	59.4%	49.8%	44.5%	54.0%	52.2%	50.1%	53.0%
Yes	62.1%	43.1%	38.2%	47.0%	55.4%	43.2%	47.1%	44.4%	45.8%
Unknown	0.0%	2.9%	2.4%	3.2%	0.2%	2.8%	0.7%	5.5%	1.2%
Total	401	5,887	12,336	11,205	1,815	8,112	86,207	673	117,169

Source: Case Component.

Appendix

Exhibit A.8: Substantiated Maltreatment Type by Perpetrator Age Group

Age	Abandonment	Emotional abuse	Exploitation	Neglect	Other	Physical abuse	Sexual abuse	All Perpetrators
17 and younger	0.0%	1.0%	0.2%	0.1%	0.0%	2.4%	1.2%	0.7%
18-29	6.6%	6.9%	5.0%	3.9%	9.8%	8.7%	7.3%	5.9%
30-39	6.9%	8.3%	8.0%	4.6%	6.6%	9.1%	7.1%	7.1%
40-49	14.5%	10.5%	9.6%	6.9%	7.4%	9.5%	9.1%	8.8%
50-59	17.4%	10.7%	9.5%	8.5%	10.8%	9.7%	10.7%	9.6%
60-69	15.8%	8.5%	4.8%	7.0%	16.6%	7.6%	9.5%	7.3%
70-74	8.5%	2.4%	1.1%	2.3%	9.5%	2.8%	3.0%	2.5%
75-84	7.9%	3.7%	0.8%	3.1%	14.9%	4.5%	2.6%	3.4%
85 and older	2.8%	1.3%	0.5%	1.7%	7.3%	1.9%	1.2%	1.7%
Unknown	19.6%	46.7%	60.4%	61.8%	17.1%	43.9%	48.4%	53.1%
Total	317	5,939	14,784	13,108	2,296	7,564	506	40,050

Source: Case Component.

Exhibit A.9: Substantiated Maltreatment Type by Perpetrator Gender

Gender Identity	Abandonment	Emotional abuse	Exploitation	Neglect	Other	Physical abuse	Sexual abuse	All Perpetrators
Female	44.1%	32.0%	37.9%	38.2%	56.4%	33.3%	12.5%	36.4%
Male	36.3%	44.7%	28.9%	26.3%	35.0%	46.4%	62.7%	33.3%
Transgender	0.0%	0.3%	0.2%	0.3%	0.0%	0.2%	0.0%	0.3%
Unknown	19.6%	23.1%	33.0%	35.2%	8.6%	20.1%	24.8%	30.0%
Total	438	8,096	17,941	16,504	2,303	9,945	839	50,082

Source: Case Component.

Appendix

Exhibit A.10: Perpetrator Relationship

Relationship Type	Count	Percentage of Relationships
Child	8,317	19.5%
Domestic partner, including civil union	354	0.8%
Grandchild	1,606	3.8%
Grandparent	44	0.1%
None	14,282	33.4%
Other relative	4,084	9.6%
Parent	1,441	3.4%
Sibling	840	2.0%
Spouse	3,458	8.1%
Unknown	6,750	15.8%
Yes (not specific)	1,545	3.6%
Total	42,721	

Source: Case Component.