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Motivations for Elder Abuse Legislation: Interviews with Advocates and Family Members of Elder Abuse Victims

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ABSTRACT

Elder abuse within long-term care facilities continues to be a major concern. Along with it, camera legislation has been enacted to decrease abuse rates and increase accountability. Camera legislation in nursing homes has continuously spread across the states, with many individuals seeking to enact policies to help their loved ones. Still, little research has examined how families and caregivers describe how witnessing elder abuse motivated advocacy for better long-term care. Understanding how advocates seek to protect loved ones in long-term care facilities can illuminate what causes advocacy for policy change.

This study investigates how firsthand experiences with elder abuse have compelled individuals to pursue advocacy for better treatment in U.S. long-term care facilities. To answer this question, I conducted ten semi-structured qualitative interviews with individuals across the U.S. involved in advocacy on elder abuse and analyzed the interviews using thematic coding to identify recurring themes across participants' experiences. The findings show that witnessing abuse or neglect of an elderly loved one can drive individuals to advocate for legislative reform within long-term care facilities. Despite resistance from policymakers and facility administrators, individuals exposed the realities of long-term care by means of documentation, media exposure, and public advocacy. These findings demonstrate that personal experiences with elder abuse can convert private suffering into public advocacy and that emotionally compelling evidence plays a crucial role in advancing legislation for long-term care facilities.

INTRODUCTION

As the United States' elderly population continues to rise, the need for long-term care is becoming increasingly prevalent. It can be difficult to devote the time required to care for someone with significant needs, especially when family members feel unequipped to provide that care to their loved ones. Nursing homes offer the elderly a place where they are cared for while still accommodating their individual preferences and routines: these facilities are a second home that allows them to rest and maintain connections with family and peers. While many facilities provide adequate care, complaints of abuse have raised questions about the safety of residents. Family members often lack the resources to

investigate a facility's quality of care and struggle to obtain legal recourse. Because of this concern, many states have proposed camera legislation for nursing homes to provide accountability for staff who assist elderly residents. In fact, documentation of abuse has served as evidence of the need for greater oversight in long-term care facilities.

While past research has documented rising rates of elder abuse and drawn attention to surveillance cameras in care facilities, less attention has been paid to the personal experiences that inspire individuals to pursue reform. This paper examines the processes of passing camera legislation in nursing homes and the experiences that led individuals to expose the realities their loved ones endured. It also analyzes what motivated these families to become advocates for camera legislation and long-term care reform (Connecticut General Assembly, 2002). Specifically, this paper answers the question: How do family members and caregivers describe the path from witnessing elder abuse to advocating for camera legislation in U.S. long-term care facilities?

In the early 2000s, Texas was the first state to legalize electronic monitoring in nursing homes and other long-term care facilities, giving residents the right to install their personal electronic devices for their protection and well-being (Texas Health and Human Services Commission, 2024). This act, Senate Bill 177, encouraged many other granny cam policies to be installed in various states. Legislation for camera usage accelerated when the number of elder abuse cases rose.

BACKGROUND:

Few laws govern elderly care, and most people are unaware of what they entail. The Nursing Home Reform Act of 1987 established the standards for nursing home care; it contains country-wide federal laws regarding the care of the elderly and sets nationwide federal requirements for the care of the elderly (Nursing Home Abuse Center Team, 2018). It includes the mandate to meet the needs of every resident and to maintain adequate staffing. The Act also requires regular inspections. Every resident has the right to be treated with respect, to be free from abuse, and to receive quality care that ensures the resident's well-being. The Act requires that all nursing homes "provide services and activities to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident in accordance with a written plan of care that … is initially prepared, with participation, to the extent practicable, of the resident, the resident's family, or legal representative" (42 U.S.C. § 1396r(b)(2)). This provision implies that facilities should respect residents' and their legal guardians' preferences to the fullest extent possible.

Although the Nursing Home Reform Act of 1987 set the expectations for federal standards in long-term care, enforcement of the requirements is primarily upheld by state survey agencies that operate under the authority of the Centers for Medicare and Medicaid Services (CMS). CMS enforces the federal standards and conducts regular inspections to ensure optimal care and compliance from staff (Virginia Department of Health, Office of Licensure and Certification [VDH], n.d.); staff who violate the standards upheld by CMS could receive financial penalties or various forms of sanctions (Centers for Medicare & Medicaid Services, n.d.). Complaints from residents or caretakers can potentially invoke a spontaneous inspection

when abuse is in question. However, inspections from CMS are periodic; many situations go unnoticed and unreported because CMS does not have constant surveillance. Incidents of abuse can remain unnoticed and unresolved unless they are documented or otherwise formally reported.

States are required to adhere to the law. Despite these federal standards, many families believe that these protections are not enforced in practice. Abuse takes place behind closed doors and often goes undocumented. Residents with cognitive impairments or communication difficulties cannot advocate for themselves, and staff members fear retaliation for speaking out. As a result, families struggle to obtain evidence of neglect that occurs when they are not present. This gap between legal protection and actual care has led advocates to push for measures that increase transparency in long-term care facilities. One of the most prominent proposals is placing cameras, or "granny cams," in residents' rooms (Protect Seniors Online, n.d.). Advocates argue that cameras provide accountability, deterring abuse and reassuring families that their loved ones are protected.

Elder abuse takes many forms and is often silent, underreported, and misunderstood. It can include physical, emotional, financial, and psychological mistreatment; this includes the neglect of millions of older adults every year. As the United States' population ages, the number of residents in long-term care facilities grows, raising concerns about their safety and well-being. Families often have limited access to their loved ones and feel restricted from making major decisions. In 2024, about 1.2 million individuals resided in a nursing home (Hur & Lee, 2025). The number of people aged 60 and over is projected to more than double its 2013 level by 2050 (Easton et al., 2016). This growth may help explain the rise in camera legislation.

Staffing shortages contribute to neglect and mistreatment, prompting families to seek accountability (Jehl Law Group, n.d.) Because several facilities do not function with the proper number of workers to ensure a safe and beneficial environment, the nurses and caregivers are preoccupied with more than they can handle, causing them to do tasks inadequately. Furthermore, the workers in the facilities are often untrained or unfamiliar with caring for an elderly person, leaving their care to be harmful or insufficient. Because these workers are either unfamiliar with their task or overwhelmed with the number of tasks they must complete, they can become burnt out, resulting in decreased patience and irritation, leading to abuse (Jehl Law Group, n.d.).

In the United States, an estimated 10% of adults aged 65 and older experience some form of elder abuse in a given year. In some cases, the trauma of abuse contributes to an early death (U.S. Department of Justice, n.d.). Furthermore, the restrictive regulations during the COVID-19 pandemic reduced staffing and oversight. When the pandemic began, families were more isolated from their loved ones than ever. Visits were limited and often monitored by staff. As the pandemic worsened, communication with elderly relatives became increasingly difficult. Some families turned to cameras to stay in contact despite the physical separation. The cameras were often confiscated shortly after they were activated, indicating that no legal protection constrained the facilities. This isolation spurred many families to advocate for legislation.

Existing research documents the rise in elder abuse. Little research, however, has examined personal experience with elder abuse as a motivator for legislative advocacy. Therefore, understanding this process will reveal how private experiences of abuse become public advocacy. Additionally, examining how participants' accounts of unsuccessful complaints, detailed documentation, and advocacy gives context for how they fought for reform. This study investigates how family members and caregivers describe the path from witnessing elder abuse to advocating for camera legislation in U.S. long-term care facilities.

METHODS:

To assess personal experiences with elder abuse and subsequent advocacy for camera legislation, I conducted ten semi-structured qualitative interviews with individuals involved in elder abuse legislation. Each interview was conducted via phone call and lasted for approximately 45 minutes to an hour. The interviewees were asked a common set of questions, with follow-up questions allowing room to document differences across participants' perspectives. The interviews were held from April through June. Every call was recorded, and I transcribed outstanding details and notes as the interviewee shared their story. All coding was conducted by the author. To check reliability, I completed a second pass through the interview data after the initial coding, comparing coded excerpts across interviews to confirm consistent application of each theme and adjusting codes where needed.

Of the ten interviewees, two were men, and eight were women. Their ages ranged from 50 to 80, and all had witnessed abuse, either of a family member or in their workplace. They came from six states: three in Ohio, two in Florida, one in New York, two in Iowa, one in California, and one in Massachusetts.

Participants were selected based on their involvement with elder-abuse legislation. The focus was on people advocating for camera rights in long-term care facilities. My starting point was Esther's Law, a bipartisan Ohio law enacted in 2022 that gives long-term care residents and families the legal right to install cameras in their rooms to document abuse (Ohio Department of Aging, n.d.). The law originated when a hidden camera was installed in a patient's nursing home room; the footage confirmed the suspicions of abuse, and the evidence was used to advocate successfully for the law's passage with the support of other families who had witnessed elder abuse. Following this discovery, I identified individuals who had supported Esther's Law, then scanned internet groups, websites, YouTube channels, and news articles to find others who had faced the same issue: witnessing a family member or friend endure abuse and attempting to legislate change through advocacy work. At the end of each interview, I asked for suggestions of others I should speak with, thus creating a snowball sample.

Interviews were conducted individually and virtually, using a consistent protocol focused on camera legislation in long-term care facilities. The guide moved from broad questions to more specific ones. I began by asking about each interviewee's background and what led them to advocate against elder abuse, then asked about their loved one's condition and how it pushed them to advocate, how their efforts to pass legislation began, what obstacles they encountered, and finally what they would have done differently.

Because the interviews were semi-structured, personal experiences became a strong thread in each interviewee's account and provided opportunities for follow-up questions.

I recorded each interview, reviewed my notes, transcribed important details, and organized significant quotes in a spreadsheet. As each interview was completed, I compared emerging ideas against the earlier interview data. I then coded the interviews into nine recurring themes gathered from each interview: physical abuse, neglect of basic care, retaliation from staff, business and profit-driven motives, deception by facilities, advocacy from personal experience, COVID worsening conditions, importance of documentation, and resistance from visiting family members.

ETHICS:

I obtained verbal consent from each participant to record our conversations. Before the phone calls, I informed each participant that my intent was to publish my data. Participants consented to their stories being used, and identifying details were removed where possible. One participant's advocacy is a matter of public record and was included with consent. The participants were willing to provide personal information about their story to publicize the work they have done in advocacy. To ensure privacy and minimize the risk of exposing the participants, I anonymized their identities and genders. I was the only person who had access to the recordings and files.

RESULTS:

My research revealed several consistent themes across the interviews. Many participants described how witnessing a loved one's abuse pushed them to become advocates for reform. These experiences illustrate how personal experiences with elder abuse can drive advocacy for accountability, camera legislation, and transparency.

TABLE OF THEMES:

The participants can contribute to multiple themes.

Theme	Evidence from Interviews	Participants	Quotes
Neglect of Basic Care	Residents found unclean, undressed, left in waste, dehydrated, and hungry.	10	"The attorneys were just going back and forth, and Mom's health continued to decline...she was hospitalized twice in the same month for malnutrition, dehydration, and bed sores."

Physical abuse	Family members saw evidence of hitting and sexual assault and also witnessed broken bones and amputations.	10	When family members noticed their loved one's broken teeth, the nurse's response: "She took too long to chew."
Business or profit-driven motives	Family members theorized that LTC facilities were reducing staff to save money.	2	The Iowa Healthcare Association is very well-funded. They have powerful lobbyists; they have even gone on record as saying, 'we are going to kill these bills…Nursing homes do not want cameras."
Retaliation when reporting abuse to institution	A nurse was fired for speaking; family members were banned from homes and told to cease documentation of abuse.	3	"If you don't take this video to the back…and watch this video, I'm gonna get on that phone behind the wall and call the media up, and they're gonna be here with a camera in your face asking you why you didn't watch that video…'"
Resistance to visiting family members	Staff claimed family members were not able to visit loved ones, resisting frequent visits and attempts to stay in touch with loved ones, e.g., Echo Dots, cameras, FaceTime.	4	"If you don't have someone advocating for you, then you're going to be stepped over."
Deception	Staff denied bedsores, gave false explanations for injuries, and misled families	3	"There is no state or federal law against a camera in a resident's room when privacy or consent issues are addressed. If you have a roommate, you would have to get their permission. But my mom was in a single room."
Importance of documentation	Hidden cameras, photos of injuries, and copying records help uncover abuse.	4	"I videotaped [the scars]. She definitely had been raped."

Advocacy emerging from personal experience	Family members become activists after abuse cases.	7	"If I bring footage....something's going to get done."
COVID worsening conditions	Isolation during COVID led to more neglect and fewer staff to care for patients.	3	"Her care got worse during COVID because there were no eyes or ears in that facility."

EXPERIENCES THAT PROMPTED ADVOCACY

Neglect of basic care: Neglect of patients and their basic needs was a prevalent theme across the interviews. All ten interviewees said that the care provided at their facilities was neglectful. Several of the residents went without basic care, including being left uncleaned, undressed, to lie in their own waste, and dehydrated or unfed. Families described their shock at the condition they found on visits. One interviewee recalled, “The attorneys were just going back and forth, and Mom’s health continued to decline...she was hospitalized twice in the same month for malnutrition, dehydration, and bed sores." Though the individual repeatedly attempted to bring these conditions to light, the state would not intervene. Another interviewee pointed to unexplained injuries: “They said she had fallen, that she had bruises...I looked at her head, her shoulder, her elbow, her thumb....and the bruises were there.” The participant interpreted these injuries as evidence of ongoing neglect within the facility.

Physical abuse: Physical abuse was a very common theme across interviews, with all ten interviewees having closely encountered abuse in the residencies, where the victims were assaulted, hit, beaten, or raped. Because many of the residents suffered from cognitive difficulties like dementia or late-stage Parkinson’s disease, they were unable to advocate for themselves.

Many claims made against the center were dismissed as unsubstantiated. For instance, one interviewee discovered serious and traumatic injuries when visiting her mother with dementia; beyond bruising on her head, her small toe had been ripped off. Her mother’s teeth were broken by the nurse’s forceful method of feeding. The nurse justified her methods, despite the injuries, by saying “she took too long to chew.” Another interviewee, whose mother was also diagnosed with dementia, shed further light on the abusive physical neglect behind closed doors. When the interviewee attempted to set up a camera in their mother’s room, the administration objected, claiming, “the employer’s privacy would be violated.” Soon after their mother’s removal, the interviewee was bathing her mother when they noticed unmistakable signs of sexual abuse, saying, “she definitely had been raped.”

COVID worsening conditions: During COVID, many families were unable to regularly visit their loved ones. Three of the ten interviewees were restricted from visiting their family members during COVID because of the restrictive regulations. One interviewee said that during the visitation restrictions, their

mother's health declined significantly, becoming "half the person" she had been before. The isolation made it difficult for families to monitor care and identify mistreatment. With limited oversight, many families requested permission to put a camera in the room, unaware that it was their right. Facilities often denied these requests, which further limited families' ability to observe care. Facilities also faced significant staffing instability: CNA staff levels fell between roughly six percent and thirteen percent from April to December 2020 relative to 2019 (University of California, San Francisco, n.d.). The remaining staff absorbed additional responsibilities, contributing to increased neglect.

FAILED ATTEMPTS TO ADDRESS ABUSE

Retaliation and conflict among staff: The response from staff to their patients was a contributing theme to why the interviewees could not obtain satisfactory care for their loved ones. Because there is generally not enough staff to create a healthy working environment, many small but essential tasks go forgotten, and the facility refuses to take ownership, even when threatened with legal action. Three interviewees attested to retaliation and deception from the staff in the long-term care facilities. One interviewee, who had been a nurse for many years, was overwhelmed by the ill treatment of the residents in the Alzheimer's department and tried to draw attention to their coworkers' conduct. They worked at a facility in Ohio where their father-in-law also lived. They realized that the neglect he and other residents experienced was a consistent problem at the facility, driven by many of the nurses. They repeatedly approached the aides to encourage better treatment of the residents. The participant's peers made excuses and denied the allegations of abuse. They copied medical records and tried to show the Director of Nursing the abuse and neglect, but were fired. Leadership remained shielded from the mistreatment. The participant claimed that the facility will tell families they cannot place cameras in residents' rooms, but that the policy serves to protect the facility. Another interviewee who advocates for camera legislation had to force their video footage of their mother's abuse onto the staff at the home, threatening to share it with the news: "If you don't take this video to the back…and watch this video, I'm gonna get on that phone behind the wall and call the media up, and they're gonna be here with a camera in your face asking you why you didn't watch that video." The facility refused to engage; consequently, the video went viral, drawing public attention to the mistreatment the facility had concealed.

Deception by facilities: Seven of the ten interviewees reported that the facilities had misrepresented the care of their loved ones. One of the interviewees' mothers was diagnosed with Alzheimer's and would often leave the facility because she was unaware of her surroundings. The interviewee requested a camera in her room out of concern for her safety, but the facility denied it, claiming "the employer's privacy would be violated." The refusal prompted the interviewee to begin advocating for a resident's right to place a camera in a private room. They noted, "There is no state or federal law against a camera in a resident's room when privacy or consent issues are addressed. If you have a roommate, you would have to get their permission. But my mom was in a single room." By citing privacy to refuse camera requests, facilities limited oversight of staff conduct. In one instance, another interviewee's mother was diagnosed with Alzheimer's, and the staff chemically sedated her, administering Depakote without the family's consent or knowledge. The interviewee described her sedation as a substitute for individualized care. One

interviewee explained that staff at one facility may fail to report concerns for fear of losing their jobs: "When I called the front desk, somebody whispered to me…I knew her whispering meant that she was trying to…let me know what was going on."

Resistance towards visiting family: Four interviewees described that staff resisted cameras or family oversight. In one case, the staff attempted to transfer their mother when the video went public. Another interviewee was threatened with kidnapping charges for removing their mother from the facility. One interviewee was not permitted to see their mother except through Zoom calls during 2020 and could not monitor her health via recording devices. One individual was able to make occasional visits, but was not allowed to check in on their spouse through an Echo Dot that the interviewee placed in the room, which was confiscated within 24 hours.

LEGISLATIVE ADVOCACY AND RESISTANCE

Business and profit-driven motives: Two of the interviewees attributed the continuation of abuse to the relationship between elected legislators and care providers. One participant described the dynamic: "The Iowa Healthcare Association is very well funded. They have powerful lobbyists; they have even gone on record as saying, 'we are going to kill these bills…Nursing homes do not want cameras." In their view, political contributions large enough to defeat the bills leave facilities with little external accountability. Several interviewees attributed this gap partly to the facilities' legal resources. As another participant put it, "the nursing home's attorney did a good job." Interviewees also pointed to political contributions as an incentive for legislators to block reform bills.

CAMERAS AND DOCUMENTATION

Advocacy from personal experience: After repeated encounters with abuse of their loved ones, seven of the ten interviewees joined or founded an advocacy group to promote camera legislation and expose abuse. By hiding cameras or bringing documentation to administrators, these individuals pushed for reform. As one put it, "If I bring footage... something's going to get done." One interviewee placed a secret camera in their mother's room out of concern about the care she was receiving. When reviewing the footage, they found that three nurses had thrown her onto the bed while laughing, shouting profanity, and belittling her. They brought the video to the administration but were turned away; the interviewee then showed it to the police, after which the video went viral, establishing their public role in elder-abuse prevention and camera legislation: "My idea was to stop abuse, not to watch it." Social media played a crucial role in propelling advocacy and public awareness. Many of the individuals interviewed started social media accounts, publicly describing and exposing the abuse and neglect their loved ones encountered. These accounts documented the realities of the individuals' care and appealed to the viewers to contribute to protecting elderly people in long-term care facilities.

Importance of documentation: Taking careful notes of the signs of abuse played a major role in 4 participants' accounts. One of the interviewees observed that sharing personal videos and documentation

gave the legislative effort emotional weight. The disturbing video of their mother's abuse circulated widely online and pressed authorities to address the problem. Not all officials responded this way. Another interviewee described meeting workers in the Aging and Health Department, where they were "laughed at" after showing pictures from "the day [their] mom died." This interviewee documented every instance of abuse and neglect they observed, writing on whatever was at hand, including a candy wrapper, to preserve precise details. The interviewee repeatedly challenged the facility when unexplained injuries appeared. The resident experienced severe abuse, including an amputated foot, a bleeding artery in her head, a broken hip, and being choked while being fed. After the interviewee compiled their documentation, the home banned them from visiting their mother. Eight of the ten interviewees documented unexplained injuries with cameras or written records.

Summary of less common themes: There were a few other themes across the interviews that highlighted the long-term physical and emotional consequences of insufficient care in nursing homes. Residents developed preventable conditions: bedsores, dehydration, malnutrition, and untreated trauma. This care affected residents' quality of life and, in some cases, hastened their decline; in one account, one interviewee's mother choked while the staff filled her mouth with water when she couldn't swallow, essentially waterboarding her. One facility used Depakote to sedate a resident instead of addressing her physical and psychological needs. One patient was found with her small toe ripped off; when her family questioned the staff, they claimed they had never noticed it before. As neglect continued, the residents' emotional and physical deterioration accelerated. Several families relocated their loved ones multiple times near the end of life, causing disorientation. All interviewees contended that policymakers do not grasp the scope of abuse in nursing homes, which they linked to weak oversight and ineffective legislation. These accounts illustrate how deficient care harms residents' health and well-being, particularly when the harm is not visible.

DISCUSSION:

The treatment of the elderly spurred all of my interviewees to pursue a change, whether through legislation or through an advocacy program. The abuse left many families feeling desperate, knowing that no one could change the abuse unless they voiced the truth. The common motivator for the interviewees to begin work in awareness is due to a personal experience. These experiences displayed how prevalent documented abuse is and became a drive for advocacy. Many of the interviewees advocated for camera legislation and abuse reform through social media platforms. Social media plays a major role in how people identify with one another; maintaining an online presence was a key element that propelled the interviewees' advocacy. Cameras are evidently important in protecting those who don't have a voice; they can provide constant surveillance when a family member is unable to supervise their loved one and can reveal how the homes treated the residents when they believed no one was watching. Ultimately, cameras can provide accountability for staff and comfort to the resident and family.

The interviewees' social media presence encouraged them to pursue advocacy and official recognition. Only one interviewee, located in Ohio, was successful in passing the law, thereby reinforcing residents'

freedom to maintain a camera in their rooms for personal protection. Most of the individuals interviewed pursued public advocacy and attempted to pass laws regarding cameras in nursing homes. Their advocacy journey included public social presence and charity groups centered on pursuing Long-term care reform. The individuals maintained an online presence and exposed the abuse their loved ones endured to further the claim that camera usage would ultimately protect the residents. The remaining interviewees who are advocating for camera legislation have not been successful. They claim that the senators in their state are resistant to enacting legislation against nursing homes because of their business ties to the nursing home industry. In fact, they assert that many politicians own the nursing homes, the nursing homes donate money to the politicians, and the result is a transaction of loyalty between the two parties.

LIMITATIONS:

Because I used a snowball sample drawn from advocacy networks, similar perspectives and results are drawn from the data. In addition, the study reflects only the perspectives of family members and caregivers who became advocates. I did not interview facility staff, administrators, legislators, or opponents of camera laws, whose accounts might complicate the patterns described here. Finally, only one participant's advocacy resulted in enacted legislation, so the findings describe how advocacy emerges rather than what makes it succeed.

CONCLUSION:

This paper explores how personal experiences with elder abuse have driven advocacy for camera legislation among family members through documentation, public awareness, and media presence, demanding accountability and protection in long-term care facilities. Through semi-structured qualitative interviews, participants described their experiences with long-term care facilities, the abuse their loved ones encountered, and how they came to focus on camera legislation. I identified recurring themes of abuse, neglect, retaliation from staff, dissatisfaction with facilities, and difficulties passing camera legislation. Participants consistently credited personal experiences and meticulous documentation as essential elements of their advocacy. These factors indicate that personal experiences, detailed documentation, and vocal advocacy raise public awareness, ultimately seeking more accountability for long-term care workers. Systematic challenges within nursing homes call for legal intervention and greater accountability to ensure adequate care for residents. Future research should examine whether enacted camera legislation has increased accountability among staff and how this change has affected the quality of care.

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