

DOMESTIC VIOLENCE AGAINST THE ELDERLY

HEARING
BEFORE THE
SUBCOMMITTEE ON HUMAN SERVICES
OF THE
SELECT COMMITTEE ON AGING
HOUSE OF REPRESENTATIVES
NINETY-SIXTH CONGRESS
SECOND SESSION

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ACQUISITIONS

DOMESTIC VIOLENCE AGAINST THE ELDERLY

MONDAY, APRIL 21, 1980

**U.S. HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON AGING,
SUBCOMMITTEE ON HUMAN SERVICES,
New York, N.Y.**

The subcommittee met, pursuant to notice, at 9:30 a.m., in room 305-C, 26 Federal Plaza, New York, N.Y., Hon. Mario Biaggi (chairman of the subcommittee) presiding.

Members present: Representatives Biaggi of New York, Luken of Ohio, Ferraro of New York, and Rinaldo of New Jersey.

Staff present: Robert B. Blancato, staff director, Mary Ann Sciarra, research assistant, and Clementine Anthony, staff assistant.

The CHAIRMAN. The hearing is called to order.

This is a hearing by the Subcommittee on Human Services of the House Select Committee on Aging, an oversight hearing on domestic violence against the elderly.

Now, our first witness is a member of this panel and a very deeply concerned member of the committee, Geraldine Ferraro.

STATEMENT OF REPRESENTATIVE GERALDINE A. FERRARO

Ms. FERRARO. Thank you, Mr. Chairman. I will make my comments brief because I am anxious to join the committee and hear the testimony that is to be presented this morning. I do, however, have some comments which I think are better made from this table and I appreciate your allowing me to participate in this hearing from both angles.

Prior to my election to Congress, I served as an assistant district attorney in the Queens County District Attorney's office. In that position, I founded and served as the chief of the special victims bureau. I called it the special victims bureau because we handled people who came into the criminal justice system most traumatized by criminal offenses. We attempted to carry them vertically through each step with the same attorney handling the case and eliminating the delays and unnecessary anxieties which surround a criminal justice system as large as ours.

Among the cases under the jurisdiction of the bureau were those involving crimes against senior citizens, as well as those relating to intrafamilial violence. My comments this morning are based on my experiences in the bureau and are from the perspective of both those types of cases.

There are few victims as helpless and afraid as senior citizens. The fear that any victim has, compounded by an understanding of their

vulnerability and isolation, makes senior citizens particularly reluctant to come forward and aid in prosecution. When young people are the victims of sex crimes or physical abuse there is the hope of counseling and rehabilitation. While it is difficult to impress upon a young child that it is important for him or her to come forth and assist in the prosecution, you generally can do so comfortably with the belief that subsequent assistance and time will heal their wounds. While it may be temporarily difficult for them to relive their experience, it probably will not cause permanent psychological damage.

This is not the case with senior citizens who are the victims of violent crime. Elderly crime victims are ashamed and afraid, ashamed of the vulnerability and isolation which makes them easy prey and afraid that their abusers will retaliate. The problem is complex enough when the perpetrator of the violence is an unknown and unrelated defendant. But, the problems posed by that situation become almost insurmountable when the crime is one involving domestic violence.

Parents never cease being parents. They continue to protect their children and shield them from the outside world. That outside world is a particularly threatening one when it is the criminal justice system. Among the victims I interviewed in the district attorneys office was an elderly couple whose daughter and her boyfriend had physically abused them. The abuse included beating them and robbing them at knife point yet they wanted the charges against their daughter dropped. Evidently their fear of repeated abuse was not as great as the embarrassment caused by admitting that their own daughter was abusing them and by actively encouraging the criminal prosecution. Moreover, this couple may have felt that were they to cut off ties with their daughter they would leave themselves without alternatives for living arrangements as they grew older.

Too often in our society our senior citizens are made to feel even more vulnerable and isolated than they are. In order to combat this, the recent trend has been toward the deinstitutionalization of the elderly. Efforts have been made to insure that nursing home beds are not filled with those senior citizens whose families no longer want to care for them or with those who are still able to meet their own needs in their own homes. While great strides have been made toward ending the wholesale institutionalization of America's elderly, statistics still indicate that a large percentage of those in nursing homes are inappropriately placed. I believe that part of the problem can be solved once we face the horrifying fact of intrafamilial abuse against the family. Once we address the needs of those who are being abused and those who are abusing them, we will see more families willing to retain responsibility for elderly relatives.

Maggie Kuhn, the convener of the Gray Panthers, has recalled the frustrations she felt while caring for her elderly mother. Ms. Kuhn, however, was far more enlightened about the needs of senior citizens than most adult children are. When we transfer Ms. Kuhn's frustrations to the average adult son or daughter or younger grandchild, we are left with the situation ripe for abuse.

Mr. Chairman, I believe that the cases of intrafamilial violence against the elderly fall into two categories: those that reflect the type of consistent abuse which cannot be explained through rationalizing

the stress situations and pressures put on families caring for older relatives and those which are produced by that tension.

Frankly, as a former prosecutor my concerns here are divided. The first type, the pathological abuse, should be controlled, in part, through the criminal justice system.

The second type, the random abuse stemming from the pressures brought on by caring for an elderly relative are easier to solve. Last week my office was in contact with the Jamaica service program for older adults, a crisis intervention program in Queens dealing with elderly crime victims. We were informed by JSPOA that oftentimes the problem of abuse against grandparents can be solved by merely having a third person visit the home and remove the senior citizen from it for a short period. The brief respite allows for ebbing of tensions and makes it easier for both the younger members of the family and the senior citizen to cope with the stressful situation brought about by intergenerational living arrangements. It's too bad we don't have a foster care system for the elderly.

Of course, this easily given assistance will not halt all cases of domestic violence against senior citizens. Many abuses will not stop merely because their parents or grandparents are removed from the home for a short period each day. Yet some abuse, according to the staff of this program, will be halted by this very easy solution. That conclusion is supported by experts who recommend senior day-care centers as a means of relieving these measures by allowing younger family members the opportunity to work and, at the same time, avoiding the institutionalization of the elderly.

Mr. Chairman, as this committee knows, domestic violence legislation in Congress and programs across the Nation have centered on the problems surrounding the battered spouse and abused child. Unfortunately the issue of intrafamilial violence against the elderly has been largely forgotten in these discussions and in the formulation of national policy. Having implemented the battered spouse legislation and prosecuting cases of child abuse while in the district attorney's office, I share the concerns raised by those issues.

At the same time, I urge the Congress, the social service providers, and American families not to overlook this serious problem. Statistics indicate that domestic violence against senior citizens is occurring with alarming frequency and that it is increasing. I am concerned that the failure to improve services for these victims will only increase our nursing home population and increase the numbers of senior citizens who are physically and mentally damaged. I commend you for calling these hearings in recognition of the problem and the need for solutions.

Thank you, Mr. Chairman, for this opportunity.

The CHAIRMAN. Thank you, Ms. Ferraro.

STATEMENT OF CHAIRMAN MARIO BIAGGI

The CHAIRMAN. The purpose of the hearing today is to look into a rather recent disclosure and phenomenon in our country, the incidents we referred to have been referred to as "granny bashing" or the King Lear syndrome, where the two greedy and abusive daughters

of King Lear some 475 years ago, as William Shakespeare wrote, were subjected to the same type of conditions that many of the grandparents are being subjected to today.

Several studies throughout the country indicate that we may have as many as 500,000 such incidents. The unfortunate part of it is that rarely do they report these incidents to the authorities, for any number of reasons.

One, there is a general tendency to protect the abuser. There is a family relationship, and the other might be just general apprehension of being maltreated even further or being removed from the home or the possibility of being put into a nursing home, which is oftentimes used as a threat.

The question is, how does this develop in light of the close familial relationship? It could be the pressures of economics in that particular family and also emotional pressures of the elderly living in that close unit.

Although the 500,000 incidents involve people 65 years or over, the typical case is age 75, a woman, and frail. The unfortunate part of all this is that they are reluctant to protect themselves.

Today we have witnesses who have been the victims of these assaults and these robberies—repeated assaults and repeated robberies—for the simple purpose of obtaining material gain and who have not reported the events to the authorities. They will be here, they will testify, but they choose not to be identified to the public. Of course we have the right to have it for the record, but even at this point, notwithstanding all of the difficult conditions they have been subjected to—the abuse and threat of life and loss of limb—they are still reluctant to prosecute.

Now, what we hope to do in the Congress is perhaps amend the Domestic Violence Act which was passed by the House last year. Another suggestion to deal with the economic stress in the family is a tax credit for those families who house the senior grandparents. The argument may be made that it would be very costly. I suggest that it may be less costly than we contemplate.

Many grandparents would be kept at home rather than be put into nursing homes, and the moral value and the moral cost in my judgment would outweigh the fiscal expenditure. But it is a problem that is coming to light and to the knowledge of us in public life. We are hoping by virtue of these hearings—and this is the second of a series of hearings, the first of which was held in Boston—raise the consciousness of the population throughout our country to the depth and gravity of the problem, in the same fashion that we did with child abuse.

Some 10 years ago child abuse was a relatively unknown development in our country. Today it has attracted the attention of professionals, social workers, legislators, and administrators in every walk of life, and it has been addressed in some fashion with obvious gains. Hopefully, we will be able to produce the same kinds of benefits and correction by virtue of our hearings today and hereafter in Congress.

If there are no objections, I will insert my prepared statement in the record at this point. Hearing none, so ordered.

[The prepared statement of Chairman Mario Biaggi follows:]

PREPARED STATEMENT OF CHAIRMAN MARIO BIAGGI

It has been referred to by such terms as granny bashing, gramslamming, parent abuse, and recently Newsweek magazine called it "the King Lear Syndrome"—but no matter which term is used, domestic violence against the elderly is a burgeoning national scandal. Today the House Select Committee on Aging conducts the second in a series of national hearings to examine this abominable phenomenon. The first hearing was held last year on June 23 in Boston, Massachusetts.

My involvement in the area of domestic violence prevention has been of the lifetime variety. Prior to being elected to Congress, I served as a police officer on the streets of this great city where I witnessed numerous cases involving acts of domestic violence. I felt then, as I do now as a national legislator, that when these types of crimes involve the elderly, they are especially disturbing. Traditionally, the elderly are the least likely to report being victimized, yet at the same time are the most vulnerable to being physically harmed by an act of domestic violence.

Since coming to Congress in 1969, I have been deeply involved in various legislative efforts aimed at the prevention of domestic violence. One of the first bills I introduced in Congress was the National Child Abuse and Neglect Prevention and Treatment Act which eventually became law in 1974. I also serve as a member of the House Education and Labor Committee which authored the Domestic Violence Prevention and Treatment Act which passed the House last year. Today as an original Member of the House Select Committee on Aging, I hope we can address the issue of elder abuse and take steps to speed its reduction.

A national study conducted by a University of Rhode Island sociologist, Richard Gelles, estimated that each year at least 500,000 persons age 65 and over who live with younger members of their families are physically abused by them. Other studies have indicated that the true figure is closer to one million cases a year of abuse and neglect. Almost all study results concur with the finding that these numbers are conservative because as many as thousands of cases go unreported each year.

What I am saying this morning is that a large number of older Americans are as vulnerable to physical harm and abuse by members of their own families as they are to criminal acts committed in the streets by strangers.

This issue has received an increasing amount of attention in recent months. Major newspapers such as the New York Daily News and the Christian Science Monitor as well as Newsweek and Parade Magazine have published feature articles on the subject. Recently, the NBC network show Quincy dedicated an entire episode to the problem.

Up to now, abuse in nursing homes has received the lion's share of publicity. As a result of public awareness, the problem has diminished in scope. Similarly if prevention of further cases of elderly abuse is to take prominence, then it is imperative that sufficient attention be focused on this topic.

One of the most important studies on domestic violence against the elderly was conducted by Elizabeth D. Lau and Jordan I. Kosberg of the Chronic Illness Center of Cleveland. They identified four major forms of domestic violence against the elderly. They include the following:

Physical abuse—This includes direct beating and the withholding of care, food, medicine, and supervision.

Psychological abuse—Including verbal abuse and threats.

Material abuse—Theft of money or personal property.

Violation of rights—Forcing older persons into nursing homes.

Based on interviews the Christian Science Monitor conducted with several dozen social service professionals and government officials, they concluded that "Most commonly abuse occurs when younger family members feel burdened by financial or emotional demands on them from the elder family member living with them." Costs associated with housing and medical care are soaring due to the persistent inflation of the past few years. The strain on the family income creates the tension which is often manifested in acts of abuse.

Who are the most frequent victims? A study conducted in Boston by the Legal Research and Services for the Elderly indicated that the typical victim of domestic violence was 75 years old and over, a woman and frail. Furthermore, 84 percent of the abusers were relatives and 75 percent of the victims lived with their abusers. A University of Maryland study concluded that domestic violence is more likely to occur among low and middle income families.

What has been the federal response to this problem? At best, I could describe it as inadequate and at worst I would say that it is non-existent. In fact certain federal policies today are contributing to those factors which lead to domestic violence against the elderly. A prime example is the absence of any program to provide tax credits for families who care for a relative over the age of 65. Further, existing Medicare and Medicaid laws exhibit a pronounced bias against providing funds for home health care or respite services. This contributes not only to the financial strain on family budgets, but it can also lead to the inadequate provision of necessary care for an older person in the home.

I consider it imperative that we address this issue here and now. We would be shortsighted and even derelict in our responsibilities if we did not try to arrest the growth of domestic violence against the elderly. From the standpoint of numbers, our nation is rapidly growing old. In the 1970's alone, there was a 16 percent increase in the number of persons over the age of 65. By the end of this century, the total population of those 65 and over will have increased by 8 million. If current trends continue, an overwhelming majority (as many as 80 percent) of all older persons will continue to rely on their families to provide care services. The future will prove ominous unless we are prepared to act today.

I propose the following for consideration:

(1) Amend the Domestic Violence Prevention and Treatment Act to insure that provisions are included to help elderly victims of domestic violence. I will be a member of the House-Senate Conference which will consider this legislation later in 1980 and I pledge to do all in my power to have this included.

(2) Mandate expanded research efforts to compile definitive data on the extent of the problem. Agencies such as the National Institute on Aging, the Administration on Aging and the Law Enforcement Assistance Administration should be directed to undertake this research during Fiscal Year 1980.

(3) The consideration of legislation to amend the Internal Revenue Code to provide a meaningful tax credit for all individuals providing a home for persons over the age of 65.

(4) Early passage of legislation to expand home health care benefits under Medicare.

(5) The upcoming White House Conference on Aging and Families place the issue on their agendas for discussion and to offer policy recommendations.

Today, the House Select Committee on Aging may be involved in a pioneer effort. However, we can no longer consider the issue of domestic violence against the elderly to be a "private" matter. It is a public policy issue of great concern and we should pledge our most determined efforts to end the scourge of domestic violence against the elderly.

Our first witness today is Ms. Leora Magier, New York State Coalition of the Concerned for Older Americans. Please proceed.

STATEMENT OF LEORA MAGIER, DIRECTOR, NEW YORK STATE COALITION OF THE CONCERNED FOR OLDER AMERICANS (COCOA), NEW YORK, N.Y.

Ms. MAGIER. Thank you for inviting me to testify today.

My name is Leora Magier, and I am the director of the New York State Coalition of the Concerned for Older Americans, COCOA. COCOA is a coalition of more than 350 organizations throughout New York State concerned with legislation and programs that affect the elderly. Cooperators with the coalition include elderly advocacy groups, religious and labor organizations, and health and welfare agencies. COCOA maintains close ties with and is funded in part by the State communities aid association. COCOA has offices in both New York City and Albany.

The shame and fear associated with domestic violence often prevent victims and abusers from seeking help. In holding this hearing this committee is taking an important step forward toward eradicating

domestic violence by bringing out into the open the problems of the battered elderly. Battered elderly persons are very much alone. Those closest to them are frequently their abusers. Concerned public officials, such as the members of this committee, may be the only friends on which battered elderly persons can rely.

Recently, in a New York State county a physician was called to the home of an elderly woman who lived with her son. After examining this woman the physician arranged for her immediate admission to the local hospital. This woman had bruises and various stages of healing all over her body, and the physician directed the hospital social worker to report this admission as an abuse case. The social worker contacted the local department of social services and was referred to "Hot Line," operated by the New York State Office for the Aging. Social services stated that they did not handle problems of this sort. The "Hot Line" referred the social worker back to social services with instructions to request protective services for adults. The social worker again contacted social services and this time was referred to the county office for the aging. The county office for the aging then called the department of social services and was informed that social services did not handle this sort of problem.

Next the director of the county office for the aging called the local commissioner of the department of social services, who explained that although he was concerned, that the department of social services' mandate in such cases was hazy, and that more specifically in this case because the woman was hospitalized, social services had no jurisdiction.

Within 1 week of the initial examination by the physician this woman died in the hospital. Upon her death the case was referred to the district attorney. No action was taken by the district attorney, because the physician refused continued involvement.

The director of the county office for the aging believes that increased public education, a system of mandatory reporting, and the provision of appropriate social services, including preventive services, could prevent in the future similar incidents of violence.

There was no government agency ready to assume formal responsibility for assisting the woman we have just described. Services to protect vulnerable elderly are frequently insufficient and inadequate. Protective services for adults is extremely underfunded in New York State.

In fiscal 1979-80, New York State allocated only 7.07 million dollars of its title XX allocation for protective services for adults. In New York City, where services, due to limited resources, are limited to emergency involuntary clients, it is estimated that funds will provide services for only 15 percent of the involuntary clients obviously desperately in need of such service.

Domestic violence programs funded under title XX are allocated at only \$447,000 and do not provide for and are not geared for elderly persons. Inflation, the title XX ceiling, New York State's aging population and the State's handling of special title XX allocations such as the Mondale-Packwood moneys has meant the shrinking of social services at the local level. Instead of passing through to counties such special increases in title XX funds, New York State since 1978 has replaced State purposes moneys with these title XX funds.

In one instance New York State used title XX dollars to pick up the cost of what was previously the local share of the supplementary security income, SSI, program. We believe such practices to be contrary to the law and the intent of Congress. Efforts to clarify this matter by a statewide coalition that includes every local social services commissioner and many voluntary nonprofit organizations have been unsuccessful. We ask for your assistance in this matter.

Recognition of the need for protective services for adults is relatively new. The scarcity of title XX dollars, already captured by previously recognized services, has hampered the development of these critical services needed to protect the battered elderly. Additional sources of funding are vital if we really mean to protect older persons from domestic violence.

We understand that the House has passed and the Senate is now considering the Domestic Violence Prevention and Services Act. We urge that funds be earmarked to develop social programs for the elderly. An 80-year-old man being abused by his son would not be best served in a shelter occupied primarily by women and young children. Additionally, the National Institute on Aging should be represented on the Federal Interagency Council provided for by the Act. This innovative legislation is designed to strengthen the American family.

Grandparents are full members of this family. Battering affects not only the victim, it also affects the abuser and those close to him or her. The abuser is not only a child but is typically also someone's parent or spouse. If the needs of the elderly are not adequately addressed by this legislation we urge the introduction of a bill geared specifically to assist the battered elderly.

Even in these times of budget cuts and fiscal restraint we must not fail to make assistance to elderly victims of domestic violence a national priority. The fabric of our country rests on the integrity of caring family relationships. We know from the literature that financial strain can precipitate domestic violence. Recent proposed cutbacks in Older Americans Act programs, social security, housing for the elderly and the unavailability of home care can only increase family pressures, exacerbate the problems of the battered elderly and increase the numbers of those at risk.

We know from the experience of Connecticut, where services for the battered elderly include mandatory reporting, that intervention is successful in eliminating continuing abuse. Arguments against mandatory reporting which include the absence of sufficient staff and reliable service linkages, the raising of false hopes, and creating a large backlog of cases, we find ridiculous. Having worked in child protective services I know from personal experiences that mandatory reporting saves lives.

We cannot afford to hide our heads in the sand and hope that this problem will disappear; it won't. It is fiscally shortsighted to believe that services to the battered elderly are more costly than the overall cost to our health care and social-service-delivery systems of picking up the pieces. Programs for battered women gain public acceptance in part because we faced up to the existence of spouse abuse. We acknowledged its presence in everybody's family; rich, poor, black, white. Pub-

lic acceptance of spouse abuse is a key factor in beginning to reduce the stigma attached to this violence and in freeing victims to seek help.

This Subcommittee on Human Services tender your leadership, Congressman Biaggi, has done much to better the lives of our older citizens. Today's hearing is another example of your commitment and compassion. Thank you.

The CHAIRMAN. Thank you very much.

The subcommittee will operate under the 5-minute rule in order to maintain its schedule.

You might like to know that when the Senate finishes with domestic violence it will go into conference and of course I am one of the conferees. We will try to take advantage of that fact in order to implement some of the findings or suggestions that come out of these hearings. Hopefully we will be doing this in the next month or so. So, it isn't that far down the road.

I have several questions.

Would a possible merger of the Older American's Act and senior services under title XX help in terms of funding for elderly protective services?

Ms. MAGIER. You are talking about merging the Older American's Act programs under the umbrella of title XX or the opposite way around?

The CHAIRMAN. The other way around.

Ms. MAGIER. The other way around.

I think that that would certainly provide more of a focus for the kind of special attention that this problem really requires. I think that the older people throughout the country have not had the opportunity to really take a fair share of the title XX dollars. I think we would begin to see then really how much money is being spent on older people in this State. For example, age-specific data is not collected so we really cannot tell how many dollars are being spent on programs that help older people.

The CHAIRMAN. Well, this is one of the purposes of the hearing. There will be an assessment of the data available at this point.

It has taken us some 15 to 20 years to determine—well, to make some progress with child abuse. My own feeling is that since that was the foundation, if you will, of this whole abuse area—and especially now with domestic violence coming into prominence, that it would take less time to elevate the consciousness of the public to elder abuse as we are viewing it today.

You concur with that?

Ms. MAGIER. I certainly support that, Congressman.

The CHAIRMAN. I intend to propose the following for consideration and I would appreciate your initial response.

To amend the Domestic Violence Prevention and Treatment Act to assure that provisions are included to aid elderly victims. I think that the answer is self-evident.

The mandate begins with Federal research efforts to compile definitive data on the extent of the problem.

Ms. MAGIER. Greatly needed.

The CHAIRMAN. It also includes passage of legislation to provide meaningful tax credit for individuals providing for persons 65 and over a home and care.

Ms. MAGIER. I think that with the increased numbers of women in the job market and the increased financial pressures on families that could only serve to help. I think that would be a very interesting, key, and vital piece of legislation and I would like to see it happen.

The CHAIRMAN. How do you respond to the comment that it would be another one of those Federal spending programs?

Ms. MAGIER. Well, you know, I think the mood of the country and the whole question of fiscal restraints and the proliferation of categorical grants, I think those are important questions. However, I really don't think that we are talking dollars and cents in a sensible way. This country is aging rapidly and the expenditure of dollars for aging services, unless we begin to provide those services, and unless we expend seed money in that sort of direction, is going to overwhelm us in the near future. I think it is humane and a solid way of spending money as opposed to wasting it in long-term care institutions that are not providing the best services.

The CHAIRMAN. Well, how about the observation that there are millions of families that have an elderly person in their home and they don't have that abuse? Why should they benefit by virtue of a tax credit?

Ms. MAGIER. I think there has been discussion on whether there should be a tax credit like a children's allowance in this country and I see that as a similar mechanism to provide support for the American family. I believe that it is time that we began to move in that direction.

I think that's really an innovative and creative step and that we have to begin with those sorts of actions by the Government.

The CHAIRMAN. What about extended day care programs for the elderly as an effort to diminish the constant tension in the family?

Ms. MAGIER. I think that anything we can do to alleviate the stress on family members, be they caring daughters or the elderly persons themselves, can only begin to help older persons remain at home and prevent unnecessary and costly inhumane institutions.

The CHAIRMAN. You made one comment in the first page of your testimony where the death of an elderly woman was referred to the district attorney and no action was taken by the district attorney.

Ms. MAGIER. That's correct.

The CHAIRMAN. Because the physician refused continued involvement?

Ms. MAGIER. Yes.

The CHAIRMAN. Well, with my understanding of the justice system, that district attorney had the right of subpoena and could have subpoenaed the physician to testify before a grand jury. Are you familiar with the details of that matter?

Ms. MAGIER. I am not totally familiar with the details of that matter and it was shared with us in confidence.

However, I think it does reflect the opinion that when an older person dies sometimes the public is not as concerned because they think, well, this person was going to die anyway and the response is not—the outrage is not there, where it might be with a younger person.

The CHAIRMAN. So, it is a question of a crime?

Ms. MAGIER. I think this is a crime and when we raise awareness this sort of thing will cease to happen. I think it is a lack of awareness.

The CHAIRMAN. That is kind of callous.

We are happy to tell you that we have been joined by a Member of the House from Ohio, Congressman Thomas Luken who has clearly established his interest in this matter and the matter of domestic violence during his entire term in Congress.

Ms. Ferraro?

Ms. FERRARO. Yes; thank you. I just want to follow up on that case up in New York State. I didn't get the impression from what you told us that she died from the abuse. She was brought into the hospital for something else; is that correct?

Ms. MAGIER. No; she was admitted to the hospital because of the physician's examination and his belief that—he was not clear what the problem was, but when he took one look at this lady in her house it was clear that she was abused.

Ms. FERRARO. What was the cause of death?

Ms. MAGIER. We don't have the autopsy results.

Ms. FERRARO. You mentioned mandatory reporting and New York State does have that for child abuse?

Ms. MAGIER. Right.

Ms. FERRARO. Have you made any effort through the State legislature to get a mandatory reporting statute passed for the older abused person?

Ms. MAGIER. We did pass a protective services for adults piece of legislation in the State and it did not contain mandatory reporting.

I think the response of the State has been that they are afraid that they will be overwhelmed by the number of cases and that workers will be out there simply doing mandatory reporting instead of providing services. We have been told that this will simply bring more cases out of the woodwork and we happen to believe that this is a good thing.

Now, I understand the pressure that they are under to provide services, but we think this is a critical need and that it needs to be addressed. The same argument was made with domestic violence and spouse abuse. No one believed it was really there until we started to count the numbers and develop some sort of system to look at it. Then the money was there to provide services.

Ms. FERRARO. But, I think it went further than that with the battered spouse legislation and I implemented that in my bureau. The question had always been whether or not the Government had any right to come into a family where spouses were beating up on each other. I think that may extend to this as well where you have a situation where the child is taking care of the parent and perhaps the State feels that it's easier.

I also wanted to speak to you about mandatory reporting and the provision of additional money to alleviate some of the tensions.

What about criminal prosecution? Does that seem like a feasible alternative where you have the elderly involved?

Ms. MAGIER. Well, there is a problem, as with spouse abuse, where quite often a family member is unwilling to prosecute another family member. I do think that is an option that we have to consider. I think it must be included and it is a very difficult and very sensitive area to get into. However, I think criminal prosecution is certainly part of this.

Ms. FERRARO. The people that you have been dealing with, the people that have been abused, have you ever asked them, "Would you go to the district attorney?" Because right now under the statute there is no provision for an assault prosecution.

Have you ever asked them? If so, what has been their reaction?

Ms. MAGIER. Generally people are not willing to do so. Because this issue has been in the closet for so long there is greater hesitation. I hope there will be less in the future if we begin to make the public more aware of this problem and begin to take away some of the shame and stigma associated with it.

Assault is assault.

Ms. FERRARO. Thank you very much.

The CHAIRMAN. Oftentimes a victim, given the state of mind, the state of physical health, the age and position in a family setting, is torn between survival and affection for the abuser—notwithstanding that it may not be deserved. In addition, there is the apprehension of being ousted from the home or the possibility of exacerbating the assaults and robberies. This has to play havoc with the mental status of the abused person.

Ms. FERRARO. Also, I think that the threat of ending up in a nursing home—the thought of being, if I don't take care of you, who is going to take care of you? Go to a nursing home. I don't know, but that is probably a real threat to these people.

Ms. MAGIER. There is not a sense, on the part of many older people, that they are independent in this world; that they can make it on their own. They know that they need support and they know that they need help, especially the frail person and they are not sure that the help is there and if their daughter isn't there or their family member isn't there, they don't know where they are going to get it from.

The CHAIRMAN. That is one of the reasons why we eliminated mandatory retirement, really, to continue that sense of independence.

Once they cease being gainful breadwinners or employees of the community, something happens with their psyche; a whole psychology of dependency develops almost overnight. At least it commences and chances of it occurring to people who are continuing in employment is less, substantially less.

Mr. Luken?

STATEMENT OF REPRESENTATIVE THOMAS A. LUKEN

Mr. LUKEN. Mr. Chairman, thank you for allowing me to join the panel. I congratulate the chairman and have recognized for some time that Chairman Biaggi has been exercising leadership in this field in his concern for older Americans and the subject of battering older Americans.

I think that he and the witness, Ms. Magier, have demonstrated that this is a problem which needs some recognition, that the recognition for the protection of adults is a relatively new concept in light of the fact that the country is aging rapidly, it is something that just holding these hearings and bringing this to the attention of the public is going to have a very salutary effect.

Just over the weekend, Mr. Chairman, I attended a portion of a conference on the family at a university in my home district and they

touched upon these concerns. But, I am afraid that they probably didn't really give it the recognition that it deserves and that is one of the aspects of these particular hearings and the testimony of this witness.

I think we should consider legislative response such as a mandatory reporting.

Ms. Ferraro just stated that the particular causes have to be determined. Now that we recognize it as a phenomenon which is occurring—and it is occurring widely in this country—it certainly is something for us as a matter of national policy to determine what the causes are. And until we find this out and until we conduct some studies recognizing that this new aspect of protecting adults is something that is a civic responsibility—until we do this, we really haven't gotten to the root of the whole matter. I thank the witness for her testimony.

I have nothing further to add. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you.

Ms. MAGIER. Thank you.

The CHAIRMAN. The committee is grateful to you, Ms. Magier.

You are still within hearing distance, so let me take this opportunity to thank you for your testimony today but more importantly for your commitment to all of these cases and your willingness to cooperate and be ever present. We are not unmindful of the successful file sometime, but we would like to take this opportunity to thank you.

Ms. MAGIER. Thank you.

The CHAIRMAN. Dr. Vincent Fontana, medical director of New York Foundling Hospital.

Before Dr. Fontana testifies, I would like the record to indicate that he is probably the foremost authority on child abuse and abused parents and I think it follows as a natural extension that his interest runs into the elderly. My own relationship with Dr. Fontana precedes my entry into the Congress some 12 years ago.

As a police officer I was a witness to countless cases of abused children, abused parents, and abused grandparents and during that period I had the pleasure of meeting Dr. Fontana. I have been at the altar of Dr. Fontana's lectures and preachings ever since and it heartens me, and I am sure it heartens him to know that after all these years so much progress has been made. But, also we recognize from a practical perspective that the challenge still remains.

STATEMENT OF DR. VINCENT FONTANA, MEDICAL DIRECTOR, NEW YORK FOUNDLING HOSPITAL, NEW YORK, N.Y.

Dr. FONTANA. Thank you very much Mario, and I am grateful for the subcommittee's invitation to testify.

We have been involved, as Congressman Biaggi stated, in the problem of child abuse for the past 20 years and I feel that testifying before the subcommittee perhaps can give some information that we have gathered over the years because child abuse and elderly abuse are very, very similar. They are populations that are at both ends of our spectrum of life.

Child abuse is brought about by families, elderly abuse is brought about and inflicted by families—more so than we have ever seen be-

fore. Child abuse is inflicted by institutions, elderly abuse is also inflicted by institutions. And last but not least, child abuse is inflicted oftentimes by strangers and juvenile delinquents and those responsible for the crime being perpetrated in our society, and so the elderly suffer the same.

I would hope that the Congressman and the subcommittee could do for elderly abuse what was done for child abuse. I think we made great progress in the establishment of not only public awareness that child abuse does exist, but the fact that we have gotten moneys appropriated by the National Government under the Treatment and Prevention Act. We have also developed model programs for treatment and prevention and last but not least we have given children the priority that they deserve although we have not completely accomplished that.

I think that the children of this Nation and the elderly of this Nation are not getting their due, they are not getting the amount of moneys that are responsible for keeping them viable, for keeping them alive, for keeping them comfortable and allowing them to enjoy the pleasures of everyday living. What is happening in our society today is that the defenseless, namely the children and elderly, are becoming the prey of the crime and violence that we are seeing in our communities. I feel that in any large city such as New York many people are found to be ill with a sickness that is often associated with the environment in which they live. The unbelievable strains created by poverty, hunger, alcoholism, drug addiction, and marital problems often result in unisolated human despair and perhaps in this case the elderly enter into depths of depression, anger and loneliness and oftentimes they become the prey of their violent environment.

Our urban neighborhoods are no longer neighborhoods in the true sense of the word. The extended family is gone, the grandparents have disappeared; the aunts and uncles disappeared and we have lost any kind of kinship, relationship, or network. This again puts the elderly into a situation with little or no human support and of course they become the victims again of many of the misbehaviors on the part of the families, on the part of society, and on the part of our institution.

It is difficult to predict what will happen in New York City or in this Nation in the future with the existing threatened crises, of cries of fiscal crisis, and budget change. This is an unfortunate situation. When I read about budget restriction and budget changes and budget deficits, they usually fall to the category of children services and services for the elderly. This is a sad commentary on our society.

When any city or State or the Nation arrives at the brink of any fiscal disaster, a wide range of medical and social programs supported by Federal, State, and city funding will necessarily suffer and be adversely affected. I think this unfortunately will lead to more child abuse, to more elderly abuse and to more conflicts within our society which will lead to the crime and violence which we are now experiencing. The mental and physical health of the elderly will be jeopardized. Stressful factors created in such a society can evolve reactions of rage, frustrations, insecurities, and erosion of the self-esteem leading to a variety of abhorrent behaviors that are highly likely to create the vulnerability within the elderly population, this explosive incom-

prehensible crime against the elderly which generates a faceless type of violence typical of the assaults and murders of the elderly: a sudden wholly unpredictable outburst of violence against unknown and innocent persons. Many of these perpetrators of violence have never learned to cope with the stresses and strains of everyday living. They have been taught violence just as an abused child is taught to abuse and usually strikes out in a senseless violent manner at anyone out of provocation.

The same commentary again, that the child abuse which we have been working with over the past 20 years is also the cause of the juvenile delinquency and the crime and violence that we are seeing in our streets on the murders and assaults perpetrated on the elderly. This is not to say that violence against the defenseless, namely the young and the elderly, is only a problem of the poor or problem of the underprivileged. Whether they be black or Puerto Rican or white, but certainly with poverty, all stressful situations surrounding the lives of an individual become more critical.

Youngsters engaged in violence and senseless crimes usually have no feelings of guilt or remorse as though they had no connection whatsoever to the cultural values, the norm or morality of our times. A perpetrator may come from an affluent or severely depressed environment, but what they appear to have in common is severe emotional deprivation suffered during early childhood and the lack of belonging. Many of these violent crimes are committed by juveniles. These children for whom the system fails most seriously are the most deprived, most disturbed, those from the most severely damaged families and those usually from minority groups that inflict pain and suffering upon the elderly. These are the children who most often end up committing these violent crimes and foremost act to graduate into adult criminal behavior.

The failures result from racial discrimination, from jealousies between public and private institutions, from inability to spot children in trouble early enough to provide them and their family with effective supports while they are still in their homes. Needed services are often denied them and thus the cycle of human destruction, instead of being interrupted, is perpetrated and extends and finally finds itself within the group of the elderly.

If the crime problem is to be attacked realistically, life patterns which develop into hardened criminality must be spotted and diverted at an early stage. What is required is persistence, systematic approaches, and the willingness to invest our money, our talent and time in humanics more than in institutions.

I would like to recommend to the subcommittee that we follow the course we did with child abuse problem: to establish, No. 1, a public awareness within the communities and make the communities sensitive to the needs of the elderly.

The second suggestion is that we develop protective services for the elderly that can be supported, that can be extended just as we did in child protective services and although these services perhaps may be available under title XX, I don't think that the elderly are making use of them and I think, by some kind of public awareness campaign on the part of the Nation, city, and State, would indicate to the elderly

yes, indeed, there are services that we can offer you for your protection. We need more elderly protectors within the community developing human support systems in the community and as we have child advocates, we should have advocates for the elderly.

The CHAIRMAN. Would you expand on that, Doctor?

Dr. FONTANA. Well, I feel that when we first began in child abuse, Congressman, there were very few people that were willing to believe the fact that child abuse did indeed exist. I think we are at about the same stage at this point that perhaps the abuse that the elderly are suffering or the neglect that the elderly are suffering at the hands of not only the community, but at the hands of their own families as well as the hands of institutions, that this is a minimal problem and therefore doesn't need much recognition.

What we have to do as we did in child abuse is allow the people out there to know what the statistics are, statistics such as that from now to 2030, the years 2030, the number of persons over 65 is projected to increase at an average of a half a million a year. This means that if we don't do something to develop human support systems that will protect the elderly from the community, from their own families, and from strangers, we are going to not only have a community filled with child abuse and elderly abuse, but this will lead to the crime and violence which I think is nothing more than a symptom of the society that we have created within ourselves because we have not developed the necessary awareness that will bring forth governmental funds, city and State funds.

It is a sad commentary, again, in our society that when there are cuts in fiscal budgets the cuts first come in child services and services for the elderly because they have no word, they can't talk, and perhaps many of them don't have a vote. Most important, they don't have the advocates that we have established in the field of child abuse. When I keep talking about child abuse and trying to relate it to elderly abuse, it is because they are very much the same.

Child abuse and elderly abuse are caused by, and result in, the same kind of figures that we are creating as far as statistics are concerned. They certainly involve human beings, they involve the defenseless, and they are being abused and neglected. As I mentioned, and I think it has to be stressed, not only by strangers, but families are abusing their elderly when there are no human support systems. We have to develop more human support systems not only with mechanical support, but we have to develop systems of housing, medical, and social services to deal with the loneliness and depression that is suffered by the elderly who become prey to the crime and violence in our society.

I think it can be done in stages. The stages are, No. 1: public awareness; No. 2: to develop programs; No. 3: to get the Government to recognize that this problem is indeed severe and it does kill elderly just as it kills children, psychologically and also physically.

The CHAIRMAN. You made reference to a lack of advocates. You can be sure that one of the most important advocates in dealing with the elderly is this very committee. The Select Committee on the Aging is a funded committee and consists of 45 Members of the House and has its influence in every committee. It has been extraordinarily productive by virtue of the strategic places that each member enjoys on the various committees. So, when we make recommendations, our ex-

perience has been that we respond en masse and are able to get amendments passed, legislation passed, and at far greater quantity than ever before.

In my judgment, the most significant thing that has happened with relation to the elderly has been the creation of the Select Committee on the Aging. Of course, we don't do it alone. If we didn't have the aging network out there to work with us, our job would be certainly much more difficult.

Dr. FONTANA. I came in on the subway and this little old lady sat next to me. Someone had given her their seat and she said to me, "this is one of the few graces of growing old." She said, "I thought that when I grew old that I would grow old gracefully, but I find everyday I am complaining and groaning about my aches and pains and my loneliness and my depression, but I still have the humor of my senility."

I think it was just a godsend that the little old lady sat next to me as I was writing down notes. I decided to write down her statements, but I think that is where it all is. I think we have to really care for them because it is the old expression, you know, one mother and father can take care of 10 children; 10 children can't take care of one mother and father. I think that is where it is and if children can't do it, I think the society has the responsibility of providing the elderly what will give them a bit of happiness and comfort in the last years of their life.

Thank you very much for inviting me to testify. I do hope that it is a successful subcommittee because there is so much bad around us that if something good can come out of taking care of the elderly, I think we have done an awful lot.

Thank you once again.

Ms. FERRARO. Doctor, if I might before you leave, I would like to ask a couple of questions, too.

I appreciate your coming.

The difference I think, and I think when you mentioned you had been working on this thing for 20 years and only as recently as 5 years ago did Queens County come up with some kind of interdisciplinary council to handle child abuse cases, this to me seems as if it is going to take a very long time as well. Perhaps because society feels parents are required to take care of their children, but there doesn't seem to be an equal requirement by society to take care of the elderly.

Dr. FONTANA. Well, I think there is no question that there is a commitment and we have to make that commitment to take care of the elderly. They are defenseless; they are the unprotected.

Ms. FERRARO. Are you saying that it should be by law?

Dr. FONTANA. By law. We should have stronger laws. There is nothing in title XX that tells us that we should have protective services for the elderly, but that isn't enough. We should have laws just as we have child abuse laws in every State of the Union to strengthen, to make it mandatory that these people get the help and support that they need rather than requesting it.

Ms. FERRARO. Well, the step further than, though, is the jurisdiction of the family court. The child abuse cases are such that the family court can come in, can take jurisdiction. They can remove the child from the home, can give psychological counseling and other services to

the abusers, and then return their child home. We don't have the equivalent of that for the elderly.

Dr. FONTANA. I know we don't, but you see, you said it took us 20 years to get where we are, to get to the interdisciplinary approach. I think the fact that we work to the end, all of the things that we have done to child abuse can be used for elderly abuse because it is the same kind of situation. These are people in need.

Ms. FERRARO. So, you see an expansion of the family jurisdiction?

Dr. FONTANA. I see State laws coming out to make it necessary for the elderly to be protected, not on the "I want it" or "need it," but the fact that someone reports them as being in distress, and getting support systems established immediately.

Ms. FERRARO. On the question of reporting I should think that in many instances there are family members as there are in child abuse, who see this going on and who are depressed by it but will not report it because of fear that it will get back to the other members.

Dr. FONTANA. I don't think it is a critical point. I think what is important is that there should be a law indicating that elderly suffering from whatever cause, neglect or abuse should be reported to an established agency who in turn will send someone out within 24 hours, as they do with child abuse, to establish what the needs are of the elderly and make it mandatory that the needs be provided.

Many of these are lifesaving, that is where it is. But, the important thing is what Congressmen and all of you do, to focus in, on, and highlight the fact that the elderly in this State, city, and country are suffering. We turn our backs on them just as we have turned our back on children. If it weren't for people like yourself and Congressman Biaggi, who 20 years ago decided that it was a problem not for political expediency, that this is going to put the United States in the headlines, the fact is that we are concerned about humanity, we are concerned about children's lives, we are concerned about the lives of the elderly because they are unprotected and they need help.

What is very discouraging to me is to see what is happening to them within their own families. I know of an individual who was in his eighties and had a home. The children sold the home. Instead of putting it in his name, they put it in their own name and left him without a cent.

Now, this sort of thing is criminal in one sense but at the same time someone has to step in, society or the community has to step in. I think that if you can get strong laws on a national level, you do approximately the same reporting of them, go out and investigate them, provide services and make moneys available for that, I think you have done it. It wouldn't take 20 years, it shouldn't take anymore than 2 or 3 years.

Ms. FERRARO. I just want to ask one other question that is with reference to the profile of the abuser of the elderly. They say that where a child is abused by abusers that it is or was an abused child. Is the same thing—

Dr. FONTANA. We are talking about crime and violence on the elderly. Practically everything that you read in the newspapers, robberies and murders are within that segment of the population which has been brought up in an atmosphere of intrafamilial violence, they have been taught violence and they act violent.

Ms. FERRARO. So the abuser in this instance is someone who has been abused in life?

Dr. FONTANA. Because the terrible thing that we are doing now is that we have created this mass of children who have been brought up that we have turned our backs on as they were being violated, abused, and neglected. Now they are rejecting us in a sense that they are considering us a hostile community and taking out this violence on a part of the defenseless and the defenseless in this case are the elderly.

Ms. FERRARO. I appreciate your testimony. Thank you, Doctor.

Mr. LUKEN. Doctor Fontana, I am fascinated. You are the medical director of the Foundling Hospital?

Dr. FONTANA. That's right.

Mr. LUKEN. You are testifying here today on abuse of the battered parents and the elderly.

How did you come into that field?

Dr. FONTANA. Well, first of all we have a marvelous foster grandparents program at New York Foundling and that is a federally funded program whereby the grandparents come in and they take care of our children. There is a one-to-one establishment. They take them to Central Park and feed them and develop love, affection, and togetherness. It does more equally as much for the grandparents that are brought in as it does for the children. It is one of the great programs that the Federal Government has sponsored for the elderly. Thank God they haven't cut funds on it and I hope they don't.

In speaking to many of those foster grandparents, I have become aware of the fact that many of them are there because of loneliness. They have no extended families. Although they have children living, they are not available. They are also frightened people. They have to come into the Foundling Home to do something, afraid to stay in their own apartments.

I have been doing an awful lot of reading. I read the daily papers. I have called up HEW and gotten statistics and then when going through our child abuse cases where parents are brought in, they give the history of being abused themselves. But, they also give a history of the fact that they are now abusing, they are now abusing not only their children but abusing their own families, abusing their parents.

Mr. LUKEN. You found a direct relationship with your experience in child abuse and the elderly abuse?

Dr. FONTANA. Absolutely. A direct relationship.

Mr. LUKEN. Psychologically, medically are the causes the same, that the child who abuses a parent or grandparent for the same problems, inward problems of that—

Dr. FONTANA. The professional—

Mr. LUKEN. Is an abused child; is that right?

Dr. FONTANA. The potential abuser is the person who has suffered abuse and neglect and is brought up in a violent situation.

Mr. LUKEN. That is not what I am exactly saying.

Dr. FONTANA. The unemployment, the poverty, the drug addiction, the alcoholism, the business of young adolescents who are now getting out and oftentimes of killing their own parents based on the fact that they themselves had been abused as children and are now carrying out this kind of reaction against their own parents but it is also lubricated

by alcoholism, drug addiction and this is a fact of a lack of morality and disrespect for human life.

Mr. LUKEN. You have got the whole "magilla" in there. You mentioned many causes and you have hardly left any out and I am just wondering, trying to narrow it down medically and psychologically.

Are we talking about exactly the same causes? A child who abuses a parent because of frustration, because of that unrelenting responsibility of having to care for that aging parent who has become dependent? It seems to me it is a similar thing as to what causes the parent to go off the deep end for one reason and abuse a child. Is that what you find?

Dr. FONTANA. True, but then there is that other category of the psychotic behavior of young people who have been institutionalized and their personalities have been fractured in many ways by social abuse and social neglect, institutional abuse. These are the psychotic youngsters who go out and beat up defenseless people such as the elderly without any rhyme or reason.

In other words, there is a psychosis that is involved there, a faceless—as I mentioned, a faceless violence. In other words, created within themselves throughout many years. This is not the normal person who would strike out as a parent at a moment of crisis. One is willful, the other is not willful. The nonwillful is the one we are talking about in child abuse and elderly abuse which stems from families during times of crises. They strike out during a moment of a crisis at what is closest to them, namely their families.

Mr. LUKEN. Especially one that is dependent?

Dr. FONTANA. Exactly, the handicapped or elderly frail.

Mr. LUKEN. The child or parent who has come to treat a dependent in that dependent fashion and then they psychologically are—

Dr. FONTANA. Unable to deal with it because of unemployment, stressful situations or sickness in the family. The other group is just an attack on the unprotected or the defenseless. It is just a psychotic reaction.

Mr. LUKEN. Not the same thing as attacking an equal partner in the family?

Dr. FONTANA. No.

Mr. LUKEN. Someone who is capable of—even husbands and wives, they have differences in strengths but they can fight, is this not the same thing?

Dr. FONTANA. One comes on in the moment of crisis, in the moment of craziness. They strike out oftentimes to someone who is closest to them, someone they love. The other is the case of a complete stranger out to kill for whatever reason.

Mr. LUKEN. Thank you, Doctor.

The CHAIRMAN. Thank you very much, Doctor.

We will have about a 5 minute recess.

[Whereupon, a short recess was taken.]

The CHAIRMAN. The hearing is called to order.

We have several witnesses here today. Hopefully they will testify. They have been the victims of crime, and the kind of violence that we are addressing today deals with physical abuse which includes direct beating, withholding of care, food, medicine, and supervision as well as psychological abuse including verbal abuse and threats and material

abuse which deals with theft of money or personal property in violation of rights forcing older persons into nursing homes.

These two witnesses will appear today and we are grateful, I can't tell you just how grateful we are to you because one of the major problems is the reluctance of witnesses to come forward and testify. When you testify today you testify more than just for yourself and I know that is not your concern. You are testifying for some one-half million people that have been in your position throughout our country and who have not reported crimes to public authorities so authorities don't have the full grasp of the gravity and depth of the situation and hence cannot respond in productive fashion. So, your testimony today will place hundreds of thousands of Americans in your debt and I can't emphasize again how grateful we are for your appearance and your contributions. We will proceed.

Mr. Ralph Brewster, director of the Brooklyn senior citizens crime victims assistance and prevention program will introduce the witnesses.

STATEMENT OF RALPH BREWSTER, DIRECTOR, BROOKLYN SENIOR CITIZENS CRIME VICTIMS ASSISTANCE AND PREVENTION PROGRAM, BROOKLYN, N.Y.

Mr. BREWSTER. First of all, Ms. Blum and I would like to thank the committee for inviting us to participate in this endeavor.

I have a statement that I would like to read later on, but I feel that it is appropriate and beneficial to the committee if the victims themselves tell what happened.

I would like to state that the crimes are reported to us by the police precinct in our target area and the age that we service are senior citizens 60 and over. We were able to service them and were able to bring them to this committee hearing. I would appreciate it very much if you listen attentively because lots of things are coming out here. We usually don't get them in the newspaper or on the air and it might bring some awareness to us to do something about these conditions. Thank you.

First, Mrs. C. will state her case.

STATEMENT OF MRS. C.

Mrs. C. I went to the police, that is how I happened to try to get some help and they referred me to senior citizens crime—I forget the name of it—the program, yes. My sister and my nephew were stealing from me and they threw me out of the house and I had to get back in to it. It was my home and they had no right to be there, really.

How they happened to come there was because my mother wasn't feeling well and I let my mother into the house, and my brothers to help her. My brother let my sister in to help my mother. My sister came in and she started stealing from me and she started abusing me but on account of my mother being sick I couldn't do anything about it. She helped out a little bit, but not much; but then later on when my mother died she stayed there and started robbing me and was going to kill me if I didn't give her money. They threw me out of the house and I had

to get the police in there and they broke walls in the house and stole rugs that I had and different things.

My sister hit me and her son hit me and they were trying to get my property and they really came there not to help my mother, they came there to rob me because they had spent all their money and my sister has a lot of money. I mean, she gets about three times more than I have in a month. She spends her money and then she wants to live on me. She lived on my mother most of her life and they should have helped my mother. I didn't live with her, but my mother asked me if she could come in and she happened to be there and my place is very small. It is not very big and there was no room. My mother came in and she had a lot of stuff with moving and everything and the house was so crowded. But then my sister, she was stealing everything I had.

I worked in a hotel and she would steal gifts. She stole my gifts and she wouldn't reimburse me for them, you know. I couldn't get them back. She stole money and they threatened me that they were going to kill me. They threw me out of the house and they were going to kill me if I stayed there. They wanted money out of me and her son twisted my arm and she hit me. I have a fractured finger because of it. It will never be all right because I didn't know it was fractured.

She hit me quite a few times and I never hit her, only once did I ever hit her. She threatened to throw me out so I got the police to get back into the house because they wouldn't let me in. They said they were going to keep all of my things, they wouldn't let me take my things out of there, even wouldn't let me take my things out of the house and that is why I called the police.

My sister and her son were throwing me out and I wasn't prepared to go out in the cold.

The CHAIRMAN. This was your home?

Mrs. C. Yes.

The CHAIRMAN. You were thrown out of your house?

Mrs. C. Yes; many things they did, but they went back in and one time I went back to sleep and I snuck in.

Many times—

The CHAIRMAN. You sneaked into your own home while they were asleep?

Mrs. C. While her son was asleep because he was telling me he was going to throw me out. He didn't care if I owned the house or not.

The CHAIRMAN. How many times were you physically assaulted?

Mrs. C. Oh, many times. He pushed me out the door. Luckily, I knew he was carrying on and making a lot of noise and I put on my coat. Otherwise, he—I would say I had to put on my boots because it was snowing out and he wouldn't let me and he said no, you are going out the way you are but luckily I had my stuff on because I heard him coming after me. He came up the stairs after me and then they had a cat and he threw the cat on my head. The poor cat, I felt sorry for the cat. He pushed me and threw himself on me down the stairs but I side-stepped him and I only got hurt a little bit. He went downstairs and the poor cat got hurt, I think and I don't know, the cat is gone now because they went out and the cat disappeared.

The CHAIRMAN. How many times did they take your money or personal property?

Mrs. C. Oh, lots of times and my sister was stealing everything. I would buy things and they would take it and I would have to keep buying and buying all the time.

The CHAIRMAN. How many times did you report it to the police?

Mrs. C. Oh, I reported it many times. The police were there almost every day. I tried to get help from Legal Aid but they told me because I own the house that they don't help people unless you are a dependent. So, I couldn't get help from them. So, I had to hire a lawyer in the end—and the house is a very inexpensive place, it was only \$2,500. I used to pay on time because I worked. I paid \$27.50 a month and I got some help from my husband because the Government had taken over the house from people for not paying their taxes.

The CHAIRMAN. Do you still live there?

Mrs. C. Yes.

The CHAIRMAN. Do they still live with you?

Mrs. C. No; they are gone now because the lawyer told them that they had to get out.

But, my sister still comes in to get some of the things and I wish she would take her stuff out because there is the danger of her fighting because they still want to get what I have.

The CHAIRMAN. Over what period of time did this occur?

Mrs. C. This happened now since last September.

The CHAIRMAN. You say you have some fractured bones?

Mrs. C. Yes, finger. He twisted my arm and my arm was hurting for such a long time. I had a big lump on my elbow because one day I told her that she was in the kitchen all the time and she was taking over in the house. She wouldn't get out of the kitchen and I couldn't even use my own place. So, I told her to, you know, she can't stay in there so she came in smiling because she is a strange person. You don't know if she is mad or not and she kicked me in the elbow and I had a big lump on my elbow for almost 2 years because I didn't go to the doctor because my mother was sick at the time and I had to help my mother.

I worked in a hotel and I had many gifts and she stole my gifts, most of them.

The CHAIRMAN. Mr. Brewster, introduce Mrs. R.

Mr. BREWSTER. Mrs. R.—

Mrs. C. And they threatened to kill me if I didn't give them the money.

The CHAIRMAN. OK, thank you very much.

Mrs. C. That is about it, I guess.

The CHAIRMAN. I want to thank you.

Mr. BREWSTER. Mrs. R is a recent abuse, within 2 weeks. I would say she is still suffering from the pains of the abuse. This is a husband-wife abuse.

The CHAIRMAN. Apparently Mrs. R was interviewed at length next door by members of the panel. At this point she is emotionally drained and she is reluctant or unable to testify which is unfortunate for our purposes but in the absence of that we have some witnesses who are familiar with all of the facts and circumstances. So, if you will, would you please—

Mr. BREWSTER. We have a social worker, Ms. Charlene Washington.

STATEMENT OF CHARLENE WASHINGTON ON BEHALF OF MRS. R.

Ms. WASHINGTON. Mrs. R is a third-degree assault referred to us from the 71st precinct. About 2 Saturdays ago she was hit in the head with an instrument by her husband. As a result, she was taken to the hospital and she has 10 stitches.

About a week ago the stitches were removed but she still suffers severe headaches as a result of the injury. She is still in the home and the husband is in the home. Now, this isn't the first incident. Back in 1966 there was an incident where she wound up with about 26 stitches in the foot and then about 5 years after that she wound up in the hospital with about 6 stitches in her back. So, it is not a continuous thing, it is a periodic-type thing.

She doesn't know what causes these incidents but one of the things she mentioned to me was that her husband has been retired from work since 1970 as a result of a heart condition and stroke and he used to be a heavy drinker. She said that he seems to be in need of some counseling.

Now, she suggested that when he was a patient in the hospital at that time the doctor didn't think it was severe enough for counseling. And, as I said, the police when she reported the assault, she asked them about having him arrested and they told her that it wouldn't do any good because he would just be out. So, what they did was they took the key from the husband and gave it to Mrs. R and said when he came to the house if he looked all right she could let him in. But after this incident he apologized which he has never done before and she hasn't had any more problems from him.

He is usually away during the day and when he comes home in the evening he just goes to his room. He hasn't bothered her any more since then.

Ms. FERRARO. Mrs. R, with reference to the assault by your husband in the last couple of weeks the police told you—what did they say?

Ms. WASHINGTON. It wouldn't do any good to arrest him because he would get out.

Ms. FERRARO. Did they mention the possibility of an order of protection for you? They did not? Well, that is available and it is available now since the battered spouse legislation was passed in 1977. There is currently the ability to get an order of protection from the court and a criminal court proceeding as well as family court.

Let me ask you something else. If the police had said OK, we will go ahead with the prosecution, would you have continued to prosecute him once he said I am sorry or would you have dropped the charges?

Ms. WASHINGTON. She doesn't know. She said the thing that most concerns her is some kind of counseling for her husband because she has a 17-year-old daughter in the home and it seemed that he had never hit the daughter before. But this time when he attacked her he slapped the daughter. She is more concerned for counseling or for some sort of help for the husband.

Ms. FERRARO. Mrs. C., I just want to go back a little bit over your testimony.

How long ago did your mother and your sister move into your house?

Mrs. C. Well, my sister moved in when my mother died. In 1964 to help my mother she came in.

Ms. FERRARO. Since 1964, this is 26 years ago and this has been going on—16 years ago, my math isn't as good as it should be.

Mrs. C. I am sorry, what was your question?

Ms. FERRARO. Has this been going on since that time?

Mrs. C. Yeah, practically but before that—see my mother, I made a deal with my mother and I used to give her—we use to put it together.

Ms. FERRARO. How old was your nephew in 1964?

Mrs. C. I think he is about—

Ms. FERRARO. How old is he now?

Mrs. C. I think he is 40 now.

Ms. FERRARO. So; he was a young man?

Mrs. C. Yeah, it wasn't at that time. It was after my mother died 6 years ago, in 1973.

Ms. FERRARO. So he moved in in 1973?

Mrs. C. Yes; 7 years ago.

Ms. FERRARO. He is not married?

Mrs. C. Yes; he was married and he has a wife and children and I don't know, they broke up and they are not together. I think he has four or five kids.

Ms. FERRARO. So he has moved back into your house alone without his wife and children?

Mrs. C. Yes; with his mother.

Ms. FERRARO. All right. How old is your sister?

Mrs. C. She is about 65, I think. Maybe not quite that old.

Ms. FERRARO. Is she younger than you?

Mrs. C. Yes; she was terrible, she never gave me any money.

Ms. FERRARO. When you reported it to the police, what did they do?

Mrs. C. Well, they told me that I had to go to the crime assistance, you know. I went to 436 Broadway and they told them to, you know, to stop and—

Ms. FERRARO. Did you tell them that you had had your finger broken and that you had been beaten up?

Mrs. C. Well at the time I didn't know my finger was broken because that happened on Christmas last year, a year ago.

Ms. FERRARO. OK. What I am saying to you—

Mrs. C. Because my finger was hurting and I didn't know it was fractured until later on because it kept bothering me and it was too late—

Ms. FERRARO. What I am saying to you is that over the period of time you told the police that you were being beat—

Mrs. C. Yes, and they told me—

Ms. FERRARO [continuing]. Did they ever suggest to arrest—

Mrs. C. Yes—

Ms. FERRARO. Let me ask the question first.

Did they ever say to you that they could arrest the person who was doing it, your nephew or your sister?

Mrs. C. Yes, but they said that I would have to go to court, family court.

Ms. FERRARO. Or you would have to go to criminal court?

Mrs. C. Yes; I went to family court with the criminal court and then they figured I should go to family court. The person helping me said I should go to family court but then the order of protection was given that they can't bother me because she was still in the house but I wanted her out—

Ms. FERRARO. When you had the order of protection—

Mrs. C. Yes.

Ms. FERRARO [continuing]. Were you abused after that? Did they hit you?

Mrs. C. No; it was before.

Ms. FERRARO. OK. Is that order of protection still in effect?

Mrs. C. No; it was only for a certain length of time because—

Ms. FERRARO. And during that period of time the order of protection was there, you were all right?

Mrs. C. Well, not really because they threatened—my nephew threatened—he didn't care if I owned the house or not; he was going to throw me out and even kill me. They threatened to kill me.

Ms. FERRARO. Let me ask you this.

If you were told that you could start a criminal action against your sister and her son, your nephew, for what they did to you, and there is a possibility that they could go to jail for doing that, would you have proceeded, would you have gone ahead with that?

Mrs. C. If they kept on I would, but if they had stopped, maybe I would let it go. I had intended to sue them in some way or another but I didn't feel well so I didn't do it because I figured maybe I will drop dead trying to get some help and what good is that?

The CHAIRMAN. If when it came down to the final stage and you were asked to press charges against them, in your own mind and heart is it very probable that you wouldn't have done it?

Mrs. C. No, I would have if I thought it would continue, but if they had stopped I would forgive them. If they would stop—

Ms. FERRARO. You see, that is the problem, Mr. Chairman, is that as much as—

Mrs. C. And you don't always know if it will continue or not so you give them a break and it keeps on but finally—eventually I would have because they did go and I didn't go through with it. I did go over to—where they had to appear in court and I didn't feel well so I didn't bother because they were getting ready to get out anyway. I didn't know if they would or not because she said that she would and she wasn't going; she was stalling and everything.

Ms. FERRARO. The problem, Mr. Chairman, as I see it, is a combination of things: patience by the elderly to put up with this type of abuse, concern about the abuser, but in addition to the concern is the need to go through the criminal justice system and to go back and forth and testify and whether or not that is effectively—comes to an effective solution is something that they are not quite sure about and so the whole system seems to fall apart.

I appreciate your testimony, Mrs. C. and Mrs. R.

Mrs. C. Another thing I want to tell you, they broke the glass in, broke walls. My sister—her son broke in the door because I was upset, I wanted to keep away from him. He came up after me to get money, broke in the door, he knocked the whole door off and I mean it is still

like that to some extent except I tried to fix the door. He broke the whole thing off the door.

Ms. FERRARO. Are they still there?

Mrs. C. No; they are gone now. They are gone since about September but they still come in to get some things they have in there and I don't like them there because I would like to get it out of there if it was possible because I think that they will always be a threat to me because you cannot trust them, they cannot be trusted. That is the main thing.

Ms. FERRARO. It is a good thing you have a unit to work with like Mr. Brewster, and I am sure they will look out after you. Thank you very much.

Mrs. C. They are liars, too. They don't tell the truth.

Mr. LUKEN. Mrs. C, one thing I wonder listening to your testimony. This is your sister and nephew and this was your house, they had no interest in the house; is that right?

Mrs. C. They were trying to grab the house.

Mr. LUKEN. They were trying to get it but they didn't have any ownership; you were the sole owner; right?

Mrs. C. Yes; but she said the possession was nine-tenths of the law and she was going to throw me out and try to keep it.

Mr. LUKEN. That is exactly what I am getting to.

I am just wondering listening to this, did it ever come up that you would just want to evict them or move them?

Mrs. C. Yes; I did. I tried to get them out but I couldn't do it.

Mr. LUKEN. Did you want them out?

Mrs. C. Yes.

Mr. LUKEN. Didn't the police advise you that you could have them arrested for trespassing?

Mrs. C. Yes; and I had an order for that but they wouldn't go and I was after them for the longest time. At first I didn't want to appear in court because I don't like that, it is just too upsetting for me and I am not a rich person that I can hang around and waste my time. I have things to do myself.

Mr. LUKEN. One question that I think has particular relevance to this inquiry.

You said at the outset that you received help from the senior citizens—crime counseling; is that right?

Mrs. C. Yes; only about a couple of weeks ago. I just started.

Mr. LUKEN. Well, was that very significant; was that significant help to you?

Mrs. C. Yes. Yes, it helped me a lot.

Mr. LUKEN. How did you get to the—

Mrs. C. Because I called the police and the police advised me to go to that.

Mr. LUKEN. So they came and talked to you about it or you went and talked to them?

Mrs. C. I called—

Mr. LUKEN. No; I mean the senior citizens crime counseling; just what did they do for you?

Mrs. C. Well, he went to court with me and advised me on different things and told me about what I should do and this and that.

Mr. LUKEN. Do you think they were helpful; were they effective in helping you?

Mrs. C. Oh, yes. I wouldn't be able to manage without them. I would have collapsed a long time ago if it wasn't for them. It gave me a great help.

Mr. LUKEN. Things started to clear up when they got into it?

Mrs. C. Oh, yes. Even, you know, I can feel on top of everything else and they chased my daughter out of the house—my sister—my daughter—now my daughter is afraid to be there because she said they can come in at any time and start fighting. So you see, my daughter is affected by my sister too because my daughter was married and she is divorced and she was staying with me and she was working in different places and she wasn't working at the time and I had to help her financially because she wouldn't—I didn't know—she said she went to welfare but they wouldn't help her.

Mr. LUKEN. Well, you have been very helpful to us and we thank you very much for coming here and honestly and straight forwardly telling us what happened. I think one thing—many things that you have said, you have given intelligent testimony that an organization like the one you are involved with which is available to counsel with you has been a tremendous help to you, and that is important to us as legislators to understand that that kind of help, when it is offered, is really of an assistance.

Mrs. C. Yes, yes.

Mr. LUKEN. So, we thank you very much.

Mrs. C. I would have been lost if they didn't help me because I wouldn't have been able to go through it and they helped me. The crime thing helped me so much that I used to call her to ask her what to do. It was a great help to me; otherwise I would have been lost.

Mr. LUKEN. Well, you have been a great help to us.

The CHAIRMAN. Thank you, Mr. Luken.

We have only gone slightly out of order. I want Mrs. R and Mrs. C to stay there and Mr. Brewster to stay there and Mrs. Washington, you can leave and I will need those two chairs, but everyone else stay in place, if you will.

We have a Sgt. Joseph Fornabaio who has testified with relation to a grandmother who was being robbed and assaulted by her nephew over a period of a year. She was reluctant to testify and physically unable to, but the police unit is here and will do so.

Sergeant, you are accompanied by Police Officer Dennis O'Sullivan and this is Patricia Crosby and she is a witness.

Sergeant, would you give us the details of the case in question?

STATEMENT OF SGT. JOSEPH FORNABAIO, NORTH MANHATTAN POLICE PRECINCTS' SENIOR CITIZEN ROBBERY UNIT, NEW YORK, N.Y.

Sergeant FORNABAIO. These cases occurred over a 2-year period from 1977 until the beginning of 1979.

It was a situation where a 78-year-old woman had been repeatedly assaulted and robbed by her 36-year-old grandson. As a result of these assaults she was hospitalized on seven occasions. There were 12

cases that we know of and on 7 of those occasions she was hospitalized from injuries that occurred as the result of the assaults.

The hospitals that she had been taken to had reported the incidents to the police regarding the assaults and when the police responded the woman refused to testify against the grandson and said she didn't want him arrested. So as a result, there was no criminal action taken against him.

The robbery unit was notified at the end of 1978 by residents in the building who feared for the woman's life and the police officer—Officer O'Sullivan was assigned to the investigation. He spoke to the woman and she again refused to have her grandson arrested, but fortunately we secured witnesses in the building who were present some of the times when the assaults and robberies took place. So, using them as witnesses we eventually arrested the individual. He was charged with six counts of assault and robbery and while the cases were pending he got out on bail and went immediately back to the woman's house, forced his way in and beat her again. We arrested him a second time and fortunately he was convicted and he is sentenced to 3 to 7 years. He is presently in custody now.

The unfortunate thing here was the fact that there was no way we could convince this woman that her life was in danger by him.

The CHAIRMAN. Would it be a case of her knowing but unwilling to prosecute?

Sergeant FORNABAIO. Yes. For the simple reason that he was her only family and no matter what he did to her she didn't want him arrested. In fact, she called our office now wanting to know where he is and wanting to know when he is coming home. But, through the cooperation of the people in the building we were able to arrest him. Without them we would have been powerless to do anything.

The CHAIRMAN. One of the people is Ms. Patricia Crosby?

Sergeant FORNABAIO. Yes.

The CHAIRMAN. Do you care to make comments on this case? What you did, what you observed and the extent of the injuries?

Ms. CROSBY. Over a 2 year period of time I got very friendly with her daughter. She was very sick at the time, had cancer. So about 6 months before the daughter passed she made me her mother's legal guardian and also hers because she was unable to take care of things for herself. During this time I had a fight with the grandson because I walked in and he was beating her and I tried to part it and he bopped me in the head. So we started fighting and so many different times that he would come in—he would show up at social security check time and he would take her money and she was on the verge of being evicted from the apartment because she had no way of paying the rent.

He beat her at one time and he fractured her hips and she had to go into Harlem Hospital. The last time when I finally got in touch with the detective, she still didn't want to press charges but being that I had become her legal guardian I could go forward with it.

He beat her and I happened to come in from work and she was laying in there on her pillow with blood soaked all the way through the pillow from him beating her.

The CHAIRMAN. What did he beat her with?

Ms. COSBY. Part of the wheelchair. She was in a wheelchair.

The CHAIRMAN. She was in a wheelchair?

Ms. CROSBY. Yes. She is paralyzed on the whole right side, she had a stroke. The leg part that comes apart from the wheelchair, that is what he hit her in the head with. I came in from work and went in to check on her and she was laying there bleeding from the beating that he had given her and he was tearing up the house looking for her money. But, I had become her representative and the way I was working I was unable to be home every day. So, the next door neighbor had left money there for her to see that she ate and things, that she had everything that she wanted. Well, during the process of this beating he—she told him that Phoebe had the money. He took her in the hall with nothing on, this was in the winter, she was bleeding, took her to Phoebe's door and she begged Phoebe to give her the money. When Phoebe went to hand Lydia the \$60 he just snatched it and went out the door and left her sitting there with no clothes on and on wheelchair, bleeding.

There were a number of times that he beat her in my presence and neighbors next door presence and I just got fed up with it.

The CHAIRMAN. It is amazing that she survived. Contemplate that picture if you would, an elderly woman with a stroke in a wheelchair assaulted by a 36-year-old grandson with part of the chair. She could easily have died—it is remarkable that she survived, just remarkable.

Ms. CROSBY. He beat her up with her cane.

The CHAIRMAN. Well, I am just—Detective O'Sullivan, do you have anything else to add?

Detective O'SULLIVAN. Yes. During the investigations she had been admitted to Harlem Hospital on several occasions. The investigation uncovered the fact that not only had he assaulted her but he assaulted her sexually on occasions and this had been noted.

The CHAIRMAN. Is he emotionally or psychologically disturbed?

Sergeant FORNABAIO. He wasn't adjudged—

Detective O'SULLIVAN. He was reported by the hospital but they failed to notify the police at that time that she had been assaulted sexually again because she said she didn't want the police involved.

The CHAIRMAN. Did the hospital ever notify you?

Sergeant FORNABAIO. Yes. Many of these cases were reported by the hospital and when uniformed officers went to respond she would indicate to them that she wanted no police action taken. She wouldn't identify him.

Ms. CROSBY. May I make a statement?

The uniformed officers came four times to my knowledge and each time they would come she would deny anything had happened. So I spoke with one of the officers and he told me to go to the precinct and talk with the desk sergeant. I went and talked with the desk sergeant and I took the papers that the daughter had signed for me and they in turn put me in touch with Officer O'Sullivan. This was the only way that we could get any protection for her. She would not, even to today she will deny the fact that he did anything to her.

The CHAIRMAN. That unfortunately represents the general picture, the general attitudes of the victims. They are torn between their affection and the relationships with the assailant is such that they just will not put themselves in a position of prosecuting. That is what seems

to be our experience, that is the tragic part of this whole thing which leaves them vulnerable to repeated attacks.

How they survive these attacks is beyond me. This is a rather gruesome illustration of a point that we are making. The more you listen the worse it gets. But, what heartens me is that he is in prison for 3 to 7 years. Is this correct sergeant?

Sergeant FORNABAIO. Yes.

The CHAIRMAN. Well, this is better than has been customary. He is deserving of more and I am sure everyone would agree on that but at least he is in prison. We have seen illustrations where such an assailant is released and put into the streets almost immediately.

Sergeant FORNABAIO. I believe in this case that the judge recommended that he not be paroled. So, there is a chance that he will do the whole 7.

Ms. FERRARO. What was he convicted of?

Detective O'SULLIVAN. After the initial conviction he was placed on probation. He wasn't on probation longer than 2 or 3 days when he again returned to her residence and broke in through her window at night. What I would like to say is that if it wasn't for people like Ms. Crosby here it would have been like—uniformed personnel—we would have had no where to go with this case. On Ms. Crosby's testimony in the grand jury, that is the one and only case we were able to convict him of.

The CHAIRMAN. I would like to take this opportunity to commend you, Ms. Crosby. This subcommittee appreciates your testimony and your presentation. I think there is a lawful obligation to general conduct. It is witnesses like yourself and citizens like yourself who come forward and who are willing to demonstrate that they care and give a little bit more and not continue their routine living as most others are inclined to do. You should serve as an example and I hope the press reports are proper and extensive so that they will give heart to those who have heretofore remained quiet.

Ms. Ferraro?

Ms. FERRARO. I would like to add to this, Ms. Crosby.

I think that, you know, we have got to start caring about each other and the fact that you reported it, the fact that you went out of your way to participate in the prosecution, as a former assistant district attorney, I know it can be inconvenient but on behalf of this committee and on behalf of any of those old people out there, I thank you for that because I think it is an incredible thing to do and something that is not done today usually by people who see things happen. They don't want to get involved.

I would just like to ask you, Sergeant, how many instances do you have of the same type of assault being committed against elderly people that are reported, say, on an annual basis in your precinct?

Sergeant FORNABAIO. During 1979 our unit investigated 500 robbery complaints and possibly less than 10 involved immediate members of the family.

Ms. FERRARO. Does your unit only move in on robberies or simple assaults?

Sergeant FORNABAIO. No, we don't. Just robberies and confidence game complaints. Those are the only cases that we handle.

Ms. FERRARO. So the assault charges that might exist between family members, you will not handle that, that will go through the normal—

Sergeant FORNABAIO. Probably most of these cases don't get reported but the few that we do investigate usually get reported by other sources than the victim.

The CHAIRMAN. I think in many cases the victim is totally embarrassed about the incident and that is one of the reasons they don't report it.

Ms. FERRARO. The 10 that were reported and that you did investigate 10 of the 500—

Sergeant FORNABAIO. Approximately, yes.

Ms. FERRARO. How many of those were prosecuted?

Sergeant FORNABAIO. Well, there were arrests made in all cases. I don't know the final disposition of each one.

Generally when a case like that is reported and the person committing a crime is identified we will always make an arrest.

Now, somewhere along the line in some cases the complainant will withdraw the complaint especially if it is not a vicious crime. In this particular case, fortunately the district attorney sought—recognized the importance of it and pursued the thing thoroughly and was able to get a conviction without the victim's testimony. That is not usually done.

Ms. FERRARO. Well, you have a good eyewitness to the incident that really helped.

I appreciate your testimony. I think the work that the senior citizens robbery units are doing in this city is incredible. I know that you are moving the people who are doing the confidence games outside of New York City and moving them up to Canada or someplace which is not good for our relations between countries but I know that you are protecting our senior citizens. Again, I want to congratulate you people because I know the kind of job that you do and I know the attention that you do give to seniors. They actually pick up witnesses and bring them back and forth to court and almost sit there and hold their hands as they testify and I think it is an incredible job that you are doing and I want to thank you.

The CHAIRMAN. Well, the fact of the matter is the units that were created especially for the elderly came as a result of some hearings that this committee had a number of years ago. We focused—another one of the benefits of hearings, those units were not in existence and we focused attention on the problem. The police commissioner responded by creating the units and focused his attention to the elderly segment. They have been productive and they pursue with diligence every possible problem, every possible crime to its successful completion and of course my own personal experience with the police department makes me a little partial to them.

I have always maintained that they do an excellent job and they are real professionals.

Mr. Luken?

Mr. LUKEN. Ms. Crosby, just one note on the reluctance of the victim in this case to prosecute. Did you feel that that was primarily because of the relationship with some continuing affection for the grandson or was it out of fear?

Ms. CROSBY. Well, this is the only one that would ever come around and as time went on, I personally felt it was fear more than anything else. She wouldn't sleep. He used to come in and take her food. She was literally afraid to eat or sleep. She couldn't even sleep at night.

Mr. LUKEN. I am talking about the reluctance to prosecute.

She was reluctant to prosecute?

Ms. CROSBY. Yes.

Mr. LUKEN. And she knew that she could prosecute?

Ms. CROSBY. Yes, she did.

Mr. LUKEN. Do you think eventually her reluctance, refusal to prosecute was due to the fact that she was afraid of further reprisals if she did?

Ms. CROSBY. Yes.

Mr. LUKEN. Thank you.

The CHAIRMAN. Mr. Brewster, I would like to announce the arrival of Congressman Matthew Rinaldo from New Jersey, another member of this committee.

Mr. RINALDO. Thank you, Mr. Chairman.

The CHAIRMAN. The police officers find it necessary to leave, feel free to leave and Ms. Crosby, we would like to thank you very much.

Mr. Brewster?

I would like to thank you, Mr. Brewster, for your cooperation this morning. It was invaluable.

Mr. BREWSTER. These remarks are entitled "Domestic Violence against the Elderly," a call for action by Fred Yaeger, SCCAPP project director and Ralph E. Brewster, SCCAPP Brooklyn director, New York State-Wide Senior Action Counsel, Inc., senior citizen's crime-victims assistance and prevention program at the U.S. House of Representatives, Select Committee on Aging, Subcommittee on Human Services, April 21, 1980.

If we were in fact to label the 1960's as a decade of interest in child abuse and the 1970's as a decade of wife abuse studies, then I predict, given the generally increasing concern for the elderly and more specifically the concern of abuse of the elderly in public institutions, that the 1980's shall surely be the decade of our concern over the battered parent.

The senior citizens crime victims assistance and prevention program "SCCAPP" is a special demonstration and research project funded by the Federal Community Services Administration and administered by the New York State-Wide Senior Action Council, Inc. through a contract with the Community Development Agency of the City of New York.

During the last 2½ years we have confronted directly the tragic problem of elderly abuse. Such behavior as actual battering, inflicting of mental anguish, confinement or deliberate deprivation by a caretaker has been cited in approximately 1 out of 8 cases "62 of 500 for a 6 month period" expressed in overt and covert manners.

Members of the immediate family, mostly children but often siblings, nieces, and nephews have been identified as the abusive agent. Complex legal technicalities centering around property rights in the endless maze of criminal court combined with the nonexistence of any type of emergency shelter suited to the needs of the elderly leave these

victims of domestic violence in an escapeless situation. Numerous attempts by SCCAPP staff to refer elderly victims into nonprofit battered women shelters have proved fruitless. Such responses as "we do not like to turn anyone away, however, an elderly woman would not fit into this milieu of younger women—"

The CHAIRMAN. Where is this, Mr. Brewster?

Mr. BREWSTER. Page 2.

The CHAIRMAN. Where do you find this experience?

Mr. BREWSTER. Well, in our referral—it is coming, it is in here.

The CHAIRMAN. Let me ask you one question before I forget.

Do you believe that the elderly victim would leave the home and go to a sheltered institution?

Mr. BREWSTER. In some cases we believe that they do but for example, whether the husband who is retired is receiving the social security benefits and other benefits and the wife does not have these benefits or any means of income, you see, there is a reluctance there for the wife to leave the situation because she becomes more and more dependent. Then with the maze of eligibility requirements and so on, it is a little difficult.

Ms. FERRARO. Can I just interrupt you for 1 minute? Isn't there also a psychological problem removing an elderly person from familiar surroundings and placing them into a shelter? That to me would be a highly traumatic situation.

Mr. BREWSTER. From a familiar situation, yes. It would be.

Ms. FERRARO. Thank you.

Mr. BREWSTER. In the cases of elderly battered men which comprise approximately 25 percent of SCCAPP's abuse cases, there is neither designated emergency assistance nor shelters available.

Even in the case of the battered elderly female, welfare centers use discretionary policies relating to the allocations of these funds, interpreting battering to mean spousal violence only. In approximately 65 percent, 40, of the SCCAPP abuse cases, removal of the elderly person from the home was recommended. However, in only 4 of the 40 cases was removal possible and this involved referral for nursing home placement. Lack of alternative housing both on emergency and long-term basis was the most frequently reported barrier to removal.

From our experience there exists no organization in New York City that deals exclusively and comprehensively with the problem of elderly abuse. The New York City Department of Social Services Division of Protective Services appears to deal primarily with those elderly living alone. However, consider the fact that 69,271 persons live in their own household with other relatives besides spouses. Consider the fact that 130,988 65-years-plus live in a household owned by children or relatives or relatives with children.

Utilizing the 10-percent elderly family abuse rate found in studies conducted by Prof. Susan Steinmetz at the University of Delaware, we can predict that more than 20,000 elderly are at risk of being victimized in New York City. An additional 19,878 persons of 65-years-plus live in households owned by nonrelatives with nonrelatives. Although these coresidents are not related, due to their dependent position they are also vulnerable to abuse, bringing the population at risk to approximately 23,000 elderly.

Some of the factors that should be considered in studying the increasing incident of elderly family abuse have been identified as:

First: The increased life span and the constantly growing number of elderly living in a deteriorated emotional, physical, and financial condition and therefore placed in a dependent position. By the year 2025 the elderly will comprise 25 percent of the population. At present they comprise 10 percent.

Second: The possible growing guilt of children in placing their parents in nursing homes due to the recent exposure of exploitation in these institutions. However, because of the lack of knowledge of how to deal with the elderly family member, benign or intentional neglect occurs.

That, the changing role of the middle-aged woman, the most typically assigned elderly caretaker, to performing jobs outside the home and her resentment toward domestic confinement.

Although the problem of elderly family abuse will only get larger, society has for the most part ignored the phenomenon. However, the elderly victimized in this brutal way, whether in the form of starvation, withholding of medication, being kept captive in a bedroom or being robbed of their social security check, have not activated the public conscience, due to their fear or shame.

Battered women's groups have displayed little concern for the plight of the elderly woman since they, for the most part, do not espouse feminist concepts.

As far as systematic research on the subject is concerned, the problem is relatively unexplored even on a national basis. However, a recent survey conducted in Boston attempting to measure the incidence of elderly family abuse revealed that 55 percent of all social service personnel returning questionnaires had contact with at least one case of elderly family abuse within the preceding 18 months.

We at NYSW/SCCAPP are grateful for the opportunity to speak and to share our experience with you. There are no easy solutions to the crime problem in general or to the specific problem of domestic violence against the elderly. It is our hope that the members of this committee, together with your colleagues in Congress and with those of us testifying today can design and develop legislative remedies to improve domestic relations laws, can provide funding for research, can provide funding for comprehensive intervention and prevention programs, and restore a measure of justice for this long-overlooked group of victims.

I just want to give five instances of cases of elderly abuse that have come into us.

Mrs. C., a 73-year-old woman reported being beaten and threatened by her alcoholic nephew who was residing with her in her home.

Mrs. R., an 84-year-old Harlem resident resides with her two sons who are both alcoholics and deprive her of her social security check on a monthly basis.

Mrs. P., an 84-year-old Bronx resident reports that her nephew from Florida removed \$30,000 of her savings from the bank and there is no way she can retrieve it.

Mrs. H., a 74-year-old woman, recently arrived in New York after being removed from her nephew's home in Florida with no notice. She is left homeless and penniless.

Mrs. J., age 88, was missing her social security check for over 3 months. When she confronted her son who resides with her about the problem, he proceeded to break her right arm.

Thank you, Mr. Chairman.

The CHAIRMAN. I have no questions, Mr. Brewster, but I would like to commend you for an excellent statement. It seems to be quite comprehensive and we appreciate your testimony as well as your cooperation with the victims that appeared here this morning.

Ms. Ferraro?

Ms. FERRARO. I have no questions either and I too want to thank you, Mr. Brewster, for your testimony.

However, I couldn't let your testimony on page 4 go by without comment and allow it to sit in the record as it is. Your comments on battered women's groups; that they "have displayed little concern for the plight of the elderly women since they, for the most part, do not espouse feminist concepts." I believe that is a nonsequitur. I don't believe that it is why battered women's groups haven't gotten involved in this particular issue. It would mean groups who represent battered spouses are more concerned about getting shelters, are more concerned about removing the women and children from the home, are more concerned about giving counseling to the abusers. We don't have a similar set of circumstances with an abused spouse as we do with an elderly person who is a victim of abuse and I think probably the main reason brought out in the hearing so far this morning has been the lack of cooperation in the reporting procedures by the victims who are elderly. I just didn't want, for that reason, to remain quiet here because I don't agree with it.

Thank you for your testimony.

The CHAIRMAN. Mr. Luken?

Mr. LUKEN. I have nothing. Thank you.

Mr. RINALDO. I have no questions, Mr. Chairman. Thank you.

The CHAIRMAN Thank you very much.

Mrs. Lou Glasse, director, New York State Office for the Aging, Albany, N.Y.

I would like to take this occasion to welcome you back to New York State.

**STATEMENT OF LOU GLASSE, DIRECTOR, NEW YORK STATE
OFFICE FOR THE AGING, ALBANY, N.Y.**

Mrs. GLASSE. Thank you very much. I am delighted to be back in New York State and I hope that I may be effective in serving those constituents about whom you and I are both concerned.

I bring with me this morning William Koester who is on my staff of the State office for the aging, a specialist in crime prevention for the elderly and I thought that if questions arose that he might be helpful to you.

I would like to thank Chairman Mario Biaggi and the members and staff of the Select Committee on Aging for their attention to the subject of domestic violence against the elderly and for the opportunity to testify on this area of great concern. I wish to talk this morning:

First: On the frequency of elder abuse in the home because I believe that it is a growing phenomenon;

Second: On the problems in reporting cases of domestic violence against the elderly;

Third: On the need for increased resources for services and programs which serve families involved in elder abuse; and

Fourth: On the need to have specific provisions for the elderly in the Domestic Violence Prevention and Services Act, H.R. 2977.

The New York State Office for the Aging has for the past several years been working with local law enforcement agencies and the State division of criminal justice services to address the problem of criminal victimization of the elderly. Much progress has been made in developing programs to reduce both the incidence of crime and the fear of crime experienced by older New Yorkers.

However, it is only recently that we have begun to learn about incidents of physical abuse and violence against the elderly in their own homes by members of their own families. It would seem that the same savagery shown the elderly on the streets by criminals who prey on the vulnerable has permeated into the home.

The home, conceived as a place of refuge, turns out to be a very dangerous place for some older persons. Researchers estimate that 10 to 20 percent of families in the United States suffer some incident of family violence and the elderly, once respected and venerated do not escape victimization.

Outside of anecdotal information on the phenomenon of what some call "granny battering," very little is known of the nature and frequency of domestic violence against the elderly.

The researchers who have studied the problem differ in their projections of how extensive it may be. In a study done by Elizabeth Lau and Jordan I. Kosberg, 9.6 percent of all elderly clients "60 years of age and older" seen by the Chronic Illness Center of the county hospital system in Cleveland, Ohio, had been victims of some form of abuse.

Richard J. Gelles of the University of Rhode Island estimates that at least one-half million persons age 65 and over are physically abused by younger members of their families. Marilyn R. Block and Jan D. Sinnott, in a study done under a grant from the Administration on Aging, projects as many as 1 million cases of elder abuse nationwide. While elder abuse appears less frequent than spouse abuse according to Block and Sinnott, it seems to be at least as high as child abuse.

By projecting current census data into the 1980's and beyond, we do know that both the number of elderly "60 years of age and older" and the percentage of elderly in our population are growing. The frail elderly, that is those elderly who are 70 years of age and older, are especially growing in numbers and it is the frail elderly who are most vulnerable. According to the few studies done in this area, the group most frequently abused in the home is the frail elderly. With the cost of living rising, with the problem of care of older family members becoming more difficult and with the resultant frustration felt within the household, it is reasonable to expect that abuse of the elderly in their homes will be a growing phenomenon.

The problem of domestic violence against the elderly is complicated by confusion over what actually constitutes abuse within the family. Overt physical abuse may be the most serious instance of domestic

violence. For an elderly person even a push of a slap may result in bruises, fractures, or worse. However, other more subtle forms of abuse are also serious. Verbal abuse, psychological abuse, the abuse of neglect, and overmedication, are all acts which result in serious infringements on the basic human rights of the elderly.

The lack of clarity concerning what actually constitutes a case of domestic violence against an older person, compounded by a reluctance of both professionals and the elderly themselves to admit to its occurrence has made accurate reporting almost impossible.

Very often an elderly person will see the abuser as the only barrier between home and a nursing home, often perceived as being worse than the abuse. Also, the elder person may feel a sense of guilt over being a burden as well as the guilt over how he or she reared the person who is now the abuser; that is, the child.

Sometimes the elderly may be prevented from reporting any incident of physical abuse by threat or reprisal. Professionals, often unable to assess accurately the legitimacy of a reported incident, and also frustrated in their efforts to resolve cases of elder abuse, are hesitant to discuss the problem.

Mr. RINALDO. Mr. Chairman, may I ask a question at this point that I would like brought out into the record?

You mentioned verbal abuse, psychological abuse, and neglect, different types of abuse other than physical abuse. We have a case in our district office that I think almost ties into this type of abuse. One of the problems seems to be the concerted effort to place an individual somewhere to get them out of the home environment. If a person is over 65 and really doesn't belong in a nursing home because he is in pretty good physical condition and has enough funds to go into a private home, we couldn't find one single private home or institution that would take what is called a roamer. That is, a person that they described as a roamer is a person over 65 who generally goes on long walks.

I have spoken to this person myself. The person seems very intelligent. He is a former attorney. His only problem is that he just takes long walks and sometimes someone has to go looking for him. On the other hand, long walks apparently are contributing to his good health, but it shocked me to find out that there is not a place that will take someone who is classified as a roamer, and there is really nowhere you can put an individual of that type, unless you put them into a nursing home, and a person who is in good physical and mental health really doesn't belong in a nursing home.

Is that situation the same in New York State?

Mrs. GLASSE. Well, I am unsure about your definition of a roamer. Are you suggesting that this person might be a victim of arteriosclerosis? A person who is confused and often doesn't know where he is? A person who starts walking and who may get lost?

Mr. RINALDO. This person—the case history indicates—generally knows where he is going. He has gone to places he frequented as a young man and walks for miles and miles. He is in good health; every few months he might get lost and what surprised me is that once this is brought out no one will take him.

Mrs. GLASSE. I understand.

Mr. RINALDO. Is that typical?

Mrs. GLASSE. I don't believe it is at all unusual and this is certainly one of the problems a family must face in caring for an older person who might roam off.

Now, again I am uncertain about this specific case. Does this person go walking and know how to get back, or does this person not know how to get back?

Mr. RINALDO. No, he goes walking and in the greatest majority of instances apparently does know how to get back.

Mrs. GLASSE. Well, if they are able to assume responsibility for themselves, it seems to me strange that it would be a problem. But, if they are not able to assume responsibility for themselves and get lost and confused, I can understand that it is a problem. An institution would be reluctant to take on that kind of responsibility. This is certainly one of the major problems that families have in caring for an older person who is beginning to experience arteriosclerosis and wanders off. Foster care homes and adult homes all have limitations of course in providing that kind of supervision once the person goes out the door.

Mr. LUKEN. Can I ask a question?

Do you believe it is important that we distinguish between abuse—domestic violence and criminal violence in these areas in approaching the problem of the programs and funding?

Should that line of demarcation be sharp?

Mrs. GLASSE. I am not going to answer you yes or no. I am going to try to equivocate a bit, because this is a difficult question.

Mr. LUKEN. I didn't think it was that black and white.

Mrs. GLASSE. It seems to me that it may depend upon how to correct the problem.

If we want to prevent the problem or correct the problem, then we might use a different approach. If it is a domestic violence situation that grows out of a family problem, an acute family problem, then obviously our primary purpose would be to solve the problem that the family has.

If the problem cannot be solved by counseling or guidance, by temporarily having the person out of the home or by providing adult day care services, then a nursing home placement might be considered. These are the kinds of protective services that are often times remedial and helpful.

However, if these kinds of measures are not helpful, then we have to take more extreme measures. It seems to me the next step—and this must be evaluated carefully—would be to consider criminal intent.

Mr. LUKEN. Thank you.

Mrs. GLASSE. Some researchers and professionals have advocated that States adopt mandatory reporting of cases of domestic violence against the elderly, while others are hesitant to adopt such a system without adequate resources to investigate, assess, and coordinate treatment plans in cases of elder abuse. Resources available to address the problem are already scarce and stretched to the breaking point. Mr. Patrick Wahl, director of the protective services for older adults project in Erie County, a model project administered by the Erie County Department of Senior Services under a special grant from the Department of Social Services, discusses the potential role of title XX protective services for adults in New York State:

Although the problem of physical abuse represents a small percentage of our overall caseload, it is perhaps one of the most difficult to resolve. Very often the victim, because of fear of being taken out of the home and away from family, or because of total confusion, is unable to assist in helping himself/herself. An aggressive protective services program can have a significant positive effect toward the resolution of these abuse situations. However, I would have to oppose a mandatory reporting law for domestic violence against the elderly cases in New York State at this time, only because our program is stretched to its limit now. Unless we had significant additional funds, mandatory reporting of cases of domestic violence against the elderly would likely result in a flood of cases which we would be unable to assess and resolve. Our program would come to a halt as a result of the overload.

I have agonized over this issue of mandatory reporting of cases of domestic violence against the elderly. While I understand the position of those who, like Mr. Wahl, are concerned that policymakers will require reporting without allocating the necessary resources to provide services, I am compelled to support and advocate for mandatory reporting of cases of elderly abuse. A strong message must be sent to the public: Abuse of the elderly is not acceptable. It is not acceptable on the streets, it is not acceptable in institutions, and it is not acceptable in the home. We must document the extent of the abuse, and at the same time sensitize those who may come in contact with the problem—such as police, emergency room personnel, protective services professionals and others—so that they may prevent further abuse. At the very least, we must provide older persons themselves with a means for reporting and a means to escape these dreadful situations.

I am troubled, however, by the difficulties of responding to reports of domestic violence against the elderly. In order to deal adequately with reported cases, assessment and intensive casework coordination—including counseling for both abused and abuser, legal services, emergency shelter, home-care services, and long-term care placement when appropriate—need to be available.

It must be realized that protective services for adults are services provided to anyone 18 years of age or older who, because of mental and/or physical impairments, have a diminished capacity to care for themselves. The current level of Federal funding available under title XX for protective services for adults in New York State is woefully inadequate to meet even the most basic needs of elderly victims of domestic violence. Only 2 percent of the total title XX, Social Security Act funding in New York State in 1980 is being used for protective services for adults, compared to 14 percent used for protective services for children. You may recall that I mentioned that the research done by Marilyn R. Block and Jan D. Sinnott under a grant from the Administration on Aging indicates that elderly abuse seems to be at least as high as child abuse. Protective services for adults in New York State in 1980 will serve 15,189 recipients, compared to 102,542 recipients of protective services for children. Only 13 percent of the total number of recipients of protective services are adults as compared to 87 percent being children. What shocks me even more is that only one-half of the protective services for adults budget will be spent on the elderly—those 60 years of age and older—the other half being spent on younger mentally disabled clients.

Other sources of Federal funds which might be brought to bear on the problem of domestic violence against the elderly are also shrinking.

Law Enforcement Assistance Administration—LEAA—funding, once available to develop creative programs for addressing problems such as domestic and criminal violence against the elderly, sustained a drastic cut in the last Federal fiscal year. HUD policy under section 8 has been to deemphasize housing for the elderly. Funding for employment programs for the elderly is inadequate to meet the needs of seniors who wish to live on their own in the community. As the elderly population grows in numbers and in relation to the rest of the population, the Federal Government must be prepared to support efforts designed to address problems such as domestic violence against the elderly.

The Federal Government can assist States in developing an adequate response for elderly victims of domestic violence by providing adequate funding for protective services for adults under title XX. Further, by changing Federal matching requirements from 75-25 percent (Federal-State/local) to 90-10 percent for projects which address domestic violence against the elderly, States will be encouraged to adopt programs that require mandatory reporting and provide adequate services for those abused elderly in need.

In New York State, under article VI of the State social services law, cases of child abuse have been mandatorily reported since September 1, 1973. This program, which provides for investigation of all cases reported within 24 hours, and for emergency intervention by the police in the most serious of cases, has been encouraged by the adoption of the National Child Abuse Prevention and Treatment Act of 1974 (Public Law 93-247). I would recommend that the House Committee on Aging request the Government Accounting Office—GAO—to carefully study the programs developed under this law. We should be able to learn from the experience of the States which have dealt with child abuse, a problem similar to the one we are discussing today. The next step would be to provide funding to the States for demonstration projects that require reporting of cases of elderly abuse, set standards and procedures for assessing those cases, and most importantly, which provide enhanced services and alternatives to the elderly victims of abuse. As we have seen here today, once a case of domestic abuse of the elderly is reported, the real work only then begins.

The New York State Office for the Aging was encouraged to learn that Congress is considering funding grants to States to help prevent domestic violence and assist victims of domestic violence. As the phenomenon increases in frequency, at least for older people, there is a growing need to coordinate the private and public resources already available and to supplement these existing resources in order that needs of families be adequately met. Also, I think that it is appropriate to address domestic violence as an intergenerational, family problem, the causes of which are deeply rooted in our culture.

You recall the shock that we all experienced when we began to read about the reports of criminal attacks upon the elderly. I don't think we realized at that time that perhaps we were only seeing a physical manifestation of something that was much broader and that only now are we beginning to see this manifested within the home. I suspect that we really do not know the full extent of abuse of the elderly.

To treat domestic violence directed against only one age group is to disregard the overwhelming evidence that violent behavior is passed

on to other generations. The abused child becomes the abusive parent and, as we are now discovering, the abusing child who mistreats his/her elderly parents.

I am compelled, however, to point out that nowhere in the Domestic Violence Prevention and Services Act are the special problems of elderly victims of domestic violence addressed. I am particularly concerned about this omission at a time when the highest levels of government are questioning whether or not we can afford the elderly in our society. It is my experience that when programs are planned and developed without taking into consideration the needs of older persons, those programs tend to subtly exclude the elderly.

I wish to recommend the following to help insure that the Domestic Violence Prevention and Services Act has a positive impact on elderly victims and potential victims of domestic violence.

1. The Congress should recognize and point out the growing awareness of domestic violence committed against older Americans and require that research funded under this act include an examination of the problem of elderly abuse.

2. The national media campaign to be developed under the act should show all age groups that are potential victims of domestic violence.

3. The Federal Interagency Domestic Violence Council to be established under the act should require representation from the Administration on Aging.

4. Assurances should be provided that any project for which a grant is made will be administered and operated by personnel with appropriate skill and that particular attention be given to the provision of services which respect the age of the victims. Regarding this last recommendation I wish to call your attention to section 3(a)(2)(K) of the Domestic Violence Prevention and Services Act wherein I noted an appreciation for the cultural differences of those individuals with limited English-speaking proficiency. I see an equally pressing need for a sensitivity to the special needs of the elderly.

The New York State Office for the Aging is working closely with members of Governor Hugh Carey's Task Force on Domestic Violence to develop a coordinated effort to address the problem of domestic violence against persons of all ages. As part of the Governor's total effort the New York State Office for the Aging is developing a special research project in order to learn more about the nature, causes and treatment of cases of domestic violence against the elderly. We look to the Federal Government to recognize and support these efforts on behalf of older people in New York State.

Once again, I wish to thank you all for the opportunity to be here this morning and to thank Chairman Biaggi and this committee for its insight into the problems of older persons and its special effort to seek solutions to those problems by calling this hearing today.

Thank you.

The CHAIRMAN. Thank you, Mrs. Glasse. I have been advised that we have 12 States in the Union with adult protective laws and New York is not among them.

Mrs. GLASSE. Oh, we do have adult protective services in New York State, yes. There is adult protection. Yes, absolutely, sir. I think you have been misinformed on that one.

The CHAIRMAN. Well, then someone should take—someone should answer the statistical—

Mrs. GLASSE. I will check that because I know you are so seldom wrong that I must feel that I am wrong, but I know that we have adult protective services.

The CHAIRMAN. I am seldom wrong; my staff is never wrong.

Mrs. GLASSE. Maybe Mr. Koester has some clarification for that.

Mr. KOESTER. Chairman Biaggi, there is not a mandatory reporting law in New York State—for emergency room personnel or police officers or others to mandatorily report cases of domestic violence against the elderly. There is such a law in some States in the Nation.

The CHAIRMAN. While we are dealing with mandatory reporting, what is your reaction to it?

I have some questions about it.

Mr. KOESTER. I think that we have some concerns also.

The CHAIRMAN. About the inability to deal with it now?

Mr. KOESTER. Exactly.

The CHAIRMAN. If you had the whole mechanism in place, you would agree to mandatory reporting?

Mrs. GLASSE. Yes.

Mr. KOESTER. Yes.

Ms. FERRARO. Unless you can do total followup you see no necessity for mandatory reporting; is that correct?

I mean, you see our reason for mandatory reporting. I see the building of statistical data for one thing; we know that governmental agencies don't move unless you have a massive problem and that should be a way to find out whether you have a massive problem. I see also the fact that an abuser who is—and it is the same thing with an abuser of a child—these are not people who do things in the open, they are not proud of their acts but once it becomes obvious that at least someone is going to find out about it, sometimes they think twice about doing it. So, I see it as a possible deterrent, and I also see it as a possibility of preventing a further and more destructive abuse where you have a very, very severe case. By not reporting that at all you might be jeopardizing that person's life.

I would say that I would feel more comfortable with knowing more and moving as far as I can with the funds that I have available rather than ignoring the other aspects of what is outside.

Mrs. GLASSE. But obviously we are really talking about which is the lesser of evils.

Ms. FERRARO. That's right.

Mrs. GLASSE. And we are not talking about what is the most desirable way of dealing with the problem and is that not always a matter of judgment? Being an advocate for the elderly, I am often very fearful of adopting legislation which gives the appearance of solving a problem but which doesn't because you don't have the resources available to solve them. For example, the 1978 amendments to the Older Americans Act of 1966 require that State agencies for aging establish and operate a long-term-care ombudsman program which will investigate and resolve complaints made by or on behalf of those elderly individuals who are residents of long-term-care facilities.

In addition, the law requires that each State's long-term-care ombudsman program monitor policies and practices related to long-term-

care facilities, provide information on the problems of those elderly residing in long-term-care facilities, and train volunteers and citizen organizations to participate in the ombudsman program. In order to fund these activities, however, the law requires that the State agency use funds allotted under title III-B of the Older Americans Act in an amount of 1 percent of the total title III-B allocation for the State—or at least \$20,000 for the smaller States. In New York State, that means that only \$203,618 are available to fund the important ombudsman activities which provide services to the 126,275 elderly individuals residing in long-term-care facilities on any given day. That \$203,618 is clearly inadequate to carry out all of the activities required for the ombudsman program. The funding is not adequate to support the 44,473 patient contacts and friendly visits made last year by the New York State Office for the Aging ombudsman program; nor does it provide the necessary resources to expand the program, beyond the 12 localities now served, to other areas of the State. I urge you to carefully consider the implications of the setting of mandates without adequate fresh resources to truly carry them out.

Let me say that another major problem is illustrated by the comment that came out this morning in the earlier testimony. A policeman reported a case of abuse of an older woman, who herself was fearful to report it. But here and in earlier testimony by Leora Magier of COCOA, you will note the fact that social services were called and declined to get involved. This should help us to realize that one of the major problems is providing protective services for older persons. Becoming a guardian for someone who doesn't want to be guarded raises the whole question of a person's civil rights. When that older person declines or resists protection, it is not easy to decide when and how to react. Certainly I think we should move quickly on these kinds of situations. And yet, Congressman Biaggi, as an attorney you must understand the problems of insuring civil rights in these situations. We must proceed very slowly; we must push very cautiously.

The CHAIRMAN. I agree.

Ms. FERRARO. Aren't those precisely the same arguments that were raised 5 or 10 years ago?

Mrs. GLASSE. Absolutely.

Ms. FERRARO. About battered spouses, it is the exact same argument and then once the legislation was passed and once it became a matter of national focus, women who before would never, ever, say anything started to come forward saying, Hey, I have had enough, I have had enough and that might be where this might be a direction that it would take as well.

Mrs. GLASSE. I would certainly hope so.

The CHAIRMAN. On that same principle lies the question of rape reporting. All of that, what Mrs. Ferraro says with her comment about mandatory reporting, I think is well taken. You are talking about utopia. You want to get it all in place at one time. Frankly, I don't know, in a practical perspective, that it would happen. I think the presence of substantial authoritative data could make our job, yours and mine, easy and you can build up a statistical base. We don't expect the Government response en masse, at one time, but the stronger case

you have the more certain you are to have at least an accelerated involvement of programs that would be responsive.

Regarding the argument against mandatory reporting, we suggest that you apply it to the reporting of a homicide. It is mandatory to report a homicide.

Mrs. GLASSE. Obviously.

The CHAIRMAN. It is the principle. It is a very graphic and dramatic illustration but it is a principle. I believe that you must, as Ms. Ferraro stated, be buttressed in your argument for legislative programs by an abundance of material. Most important of which would be statistical data as the incidence of crime, the frequency of crime, especially when you are talking about a relatively unknown, and new phenomenon.

Mrs. GLASSE. Congressman, I know from your own records that you are lending every effort you can to helping us to gather that kind of data. I refer to the amendment that you submitted and that was passed this past winter as part of the Justice System Improvement Act, requiring that statistics on crime against the elderly be maintained in order to better understand victimization of the elderly.

The CHAIRMAN. Thanks for calling it to mind.

Mrs. GLASSE. I know that is a concern of yours and you support us in that. I think we certainly have the same common goal. May I respectfully request that should you decide that it is wise to go with mandatory reporting, that you, at the same time, also support measures for additional funding to provide expanded protective services for the elderly.

The CHAIRMAN. We have always wanted that and we certainly do in this connection. The problem is what would be the universal response of the Congress in light of the fiscal atmosphere that exists in the Nation today.

Ms. Ferraro?

Ms. FERRARO. I have no further questions. Thank you very much.

The CHAIRMAN. Mr. Rinaldo?

Mr. RINALDO. Yes, just one comment.

I would like to point out that by your own testimony I think you build a case for at least an initiation into mandatory reporting so that we do have a valid body of data upon which to project future needs and services.

For example, on page 1 you point out that researchers estimate that 10 to 20 percent of families in the United States suffer some incidence of family violence. The study done by Lau and Kosberg states that it is 9.6 percent of all elderly clients.

Gelles estimates a half a million persons aged 65 or over and Block and Sinnott estimate 1,000,000 cases.

Mrs. GLASSE. There is a lot of confusion.

Mr. RINALDO. I think there is really a need for some hard data. In fact, I believe that some data—once it is in the hands of Congress—would motivate the proper committee to legislate specific programs. With the wide divergence of opinion we do not now know what violent acts occur and more importantly, exactly what they consist of.

Mrs. GLASSE. Well, I certainly would agree that there is much confusion. That is why we had recommended additional research as well as services. Certainly we want to know what the true picture is.

Mr. RINALDO. Thank you.

Mrs. GLASSE. Thank you.

The CHAIRMAN. How do you respond directly to the suggestion that some people make about directing title XX funds to the elderly?

Mrs. GLASSE. I am not sure I understand your question.

The CHAIRMAN. Some of those funds from title XX.

Mrs. GLASSE. Certainly we believe that there ought to be direction at the Federal level—

The CHAIRMAN. Yes.

Mrs. GLASSE [continuing]. The intention originally of title XX was that it would be a local planning process. However, I am sure Congress intended that these moneys serve the needy elderly. I would support Federal direction to insure that.

The CHAIRMAN. Thank you very much, Mrs. Glasse. Thank you for your testimony and we appreciate your taking time to testify here today.

Thank you very much.

[Whereupon, a short recess was taken.]

Ms. FERRARO. I just want to tell the respective witnesses who are in the audience as well as those seated in the audience that although three quarters of the subcommittee have moved out, it is because they did have other appointments. However, they do read the record and we will proceed with the testimony and do it any way you want. If you want, you can read the whole statement into the record or if you like, you can summarize it. It is up to you.

STATEMENT OF ROBERT TROBE, DEPUTY ADMINISTRATOR, FAMILY AND ADULT SERVICES, HUMAN RESOURCES ADMINISTRATION, NEW YORK, N.Y.

Mr. TROBE. In light of certain time constraints that we are facing, I am going to summarize my testimony.

I am Robert Trobe and I am the deputy administrator of the New York City Human Resources Administration for Family and Adult Services. My agency provides a variety of services to seniors including protective services for adults, home care and some services which are in some ways related to battered women shelters and so forth.

I would like to first of all thank the committee for holding these hearings. I think it is very valuable and has helped to focus attention on something that has been neglected for too long.

We are currently at work at trying to develop some mechanisms for dealing with the problem of abuse in the city. Presently we do get very few reports in my agency that would be good. However, I suspect that prior to the establishment of programs for battered women there were probably very few reports of incidence of battering and therefore, although there are few reports, it in no way indicates that the problem is small because the availability of services. When one provides services then one finds that the frequency of the incidents are quite extensive.

We are contemplating doing a number of things which I would like to tell you about. My testimony deals with some of the problems that we have experienced, but I would rather focus my verbal testimony on what can be done.

First of all, although it may not be an appropriate solution for some abused elderly, we have talked to one of the new battered women's shelters that will be opening in Rockaway where they will be having an apartment type of situation rather than a resident situation. They are prepared to take the abused elderly and we will fund them with emergency assistance funds and that will provide, I think, for the first time in New York City a place that the abused elderly can go for shelter.

Second, Lucy Friedman on my right, head of victim services agency, spoke recently about establishing a program which might be more appropriate for more abused elderly and it should be with respect to utilizing the foster home for adults program which we currently run. We run a program that serves about 1,000 people that are placed in private homes throughout the city. Presently we are serving discharged mental patients, people who are in institutions for the mentally retarded and our frail elderly. We feel this could be a very useful model for serving victims, particularly victims of various kinds of domestic violence, particularly the elderly because it puts them into a family setting rather than into a residential setting and we think that they might find that more appealing.

We were in discussion recently with victim services agency about negotiating a contract which they would assume responsibility for the delivery of those services and in effect hire or arrange for foster homes to be available for the abused elderly person and then that would be paid for out of the same funding source, particularly emergency assistance to adults that we are using for battered women. We think that this might be a useful remedy to the problem at least on a small scale and we hope that we would be able to do something notwithstanding the serious natural restrictions that we are all under in the coming fiscal year.

Let me just end it with that.

[The prepared statement of Robert Trobe follows:]

PREPARED STATEMENT OF ROBERT TROBE, DEPUTY ADMINISTRATOR, FAMILY AND ADULT SERVICES, HUMAN RESOURCES ADMINISTRATION, NEW YORK, N.Y.

My name is Robert Trobe. I am Deputy Administrator of Family and Adult Services of the Human Resources Administration, the city of New York. I should first like to express our gratitude to Congressman Biaggi and the Subcommittee on Human Services of the House Select Committee on Aging for focusing attention on an important issue—that of the abused elderly—and enabling us to see it in a new perspective. I appreciate the opportunity to appear before the committee as it considers this neglected area.

Several divisions of Family and Adult Services (FAS) are likely places for receipt of complaints about abuse and battering of the elderly. One of these is Protective Services for Adults (PSA). PSA reports that it receives a small number of referrals of abused elderly. However, it has never been able to substantiate such abuse. This is an indication of the great difficulty in dealing with family (or same household) situations. Often when the PSA representative arrives, the person who has been accused is in the same room as the prospective client, and even if not, the client expects to go on living with the alleged abuser. The elderly may be even more afraid of breaking up a household than a battered woman, particularly with increased public attention and support for the problems of battered women. For an older person, the abuser may be the only one left of a circle of relatives and friends; the person faces isolation, perhaps destitution, and fears there is nowhere else to go. (The shortage of low-income housing emphasizes this in the long run, even if emergency shelter is provided.)

Typical examples of cases in which PSA has been involved are these:

(1) A 52-year-old blind woman was unable to cash checks, shop, or cook for herself. Her only known relative was a drug-addict son who cashed her SSI checks and let her nearly starve on a few cans of soup and loaves of bread a week. She admitted that he physically abused her—hitting, beating, burning with cigarettes. But she loved him and would not either press charges against him or accept relocation into a protective setting.

(2) The wife in a 73-year-old couple was deteriorating rapidly, and the husband who still functioned marginally would not accept help or pay for it, or assume financial responsibility for her placement in a skilled nursing facility. They lived in filth and stench, although the man had clean rooms upstairs, out of her reach. A son (who has moved out of town) reported that his father had been abusive for years and his mother's obvious fear was chronic. She was virtually starved and had been observed eating the cats' food and milk. Several social agencies had tried to help over the years, but in vain. PSA finally went to court and in 8 months secured a committee that could place the woman in a nursing home. That a life-threatening situation could not be handled in less time is another indication of difficulties encountered.

The specific protective service for adults program of FAS is a small program, and in addition various protective services are also given by other divisions of FAS and by general social services. The protective service program takes the hard cases, involuntary clients and helpless people like the frightened wife above. It needs more case workers, more time from legal and medical consultants, and help in financing emergency shelter. Additional Federal funding, both through an increase in title XX appropriations and through other channels, would make a difference.

The battered women's program receives complaints only about spouse abuse, but it reports that some clients are in their fifties and sixties. Since usually this is a life-long pattern, it is logical to suppose that it persists into later years if the relationship continues. But as years pass less resources are available to the battered person and the reluctance to break ties grows.

Sometimes our senior centers hear of abused elderly, either because there is a program to assist victims of crime which encourages reporting, or because the elderly confide in each other although they would not make a public complaint, and staff members get to hear about it. The centers may become a resource for uncovering hidden abuse.

We believe that this may be only the tip of the iceberg and we hope that this hearing will shed light on the extent of the problem and ways to identify it. Few elderly-abuse studies are available, but one conducted by Elizabeth E. Lau and Jordan I. Kosberg at the Chronic Illness Center of Cleveland's county hospital system found that nearly 1 of every 10 (9.6) elderly persons accepted at the clinic in a 12-month period had been subject to abuse. Three-fourths of the cases included physical abuse and almost half, verbal assaults and threats provoking fear. In nearly every case, there was violation of rights, such as forcing a person out of the home, usually into a nursing home.

Suzanne Steinmetz, professor at the University of Delaware, who has published many studies on family violence, also uses the 10-percent figure, but in a population of dependent elderly living with a relative who is not a spouse. She points out that the care of more than 22 million Americans older than 65, of whom about 5 percent are institutionalized, is left to chance.

In New York City, the senior citizen's crime victims assistance and prevention (SCCAP) program found physical and mental abuse and confinement in 62 of 500 situations over a 6-month period in 1978; I believe that SCCAP will present detailed testimony before this committee. We have met with the SCCAP and discussed with them the kind of cases they encounter and what can be done about them. Using shelters created for battered spouses is one possible resource though some clients indicate they want to remain in the home. We are endeavoring to make arrangements for shelter in cases of need. We have discussed with one agency which will be providing shelter services under contract with the city that they be prepared to take in such cases where necessary and they have indicated they would be receptive.

The major problem seems to me to be the identification of the elderly who are suffering abuse. Connecticut made reporting of all cases of suspected abuse of those older than 65 mandatory, effective January 1978. About 1,700 cases have been reported, of which 400 involved physical abuse. New York State does not have such a law.

The creation of a climate of public opinion which will encourage the abused to come forward is the first step; to this your committee is contributing greatly. The second is the knowledge that support and assistance are available. Here family and adult services can help and will work with other concerned agencies to increase the assistance available. Where cases can be identified, we can offer the kind of emergency shelter, medical assistance, and advice on legal action now given to battered women. New structures are not needed, only new awareness and new emphasis.

We should be particularly interested in the possibility of demonstration projects which would enable us and others to experiment with the best ways of defining the problem and offering solutions.

We would like to see the Office on Domestic Violence in HEW given the authority to enter into such demonstrations. Since this problem is closely related to other forms of domestic violence, we should like to see them given the discretion to work this into an overall program rather than being mandated to fund specialized demonstrations. We support H.R. 2977, the Domestic Violence Prevention Act. Our concern about the addition of specific provisions dealing with elderly victims is that, if appropriations are not increased, as is likely where a 3-year budget has already been passed, the funds will be spread so thin as to be of real help to few.

If the Law Enforcement Assistance Administration's programs are continued they should also play a role in developing program approaches. The Administration on Aging should be involved and might be asked to develop demonstration projects. Generally, we think that program approaches need to be developed which sensitize family and aging services agencies to these problems and bring them into the mainstream of a comprehensive social services system. Thus, there would be needs in the area of training, outreach, and the integration of services to this group with existing programs, including adult protective services programs, social services to the aging, legal services, victim services, and family services.

Professor Steinmetz comments that the sixties was the decade in which child abuse demanded and received attention, and the seventies the time when spouse abuse was recognized and challenged. In the eighties it should be the turn of the elderly. They have had to wait too long, but now that you and others are at work, we can hope that together we can put an end to this intolerable abuse of the elderly.

Ms. FERRARO. Do you want to give testimony and then I will ask because I do have several questions and you have time constraints.

Are you then in favor of a broadening of the family court's jurisdiction to encompass the elderly because their jurisdiction extends to children and it doesn't really envision the removal of the elderly from homes and placing them into foster care and that type of supervision.

Mr. TROBE. Let me answer one part of that and refer Lucy to the criminal justice as she is more familiar with criminal justice than I am for family court members.

Where a court process is required, any kind of court process, there is a serious need about expediting those processes. We have terrible problems. Frequently you can't have an abused elderly person who is not able to testify himself, you need to have some kind of court intervention either against the abuser or on behalf of the committee or elderly person. I know I am not answering your question directly but I believe that all court processes have to be expedited in order to be able to address it properly and refer it to Lucy.

Ms. FERRARO. Because he is really referring to people who are not capable of looking after their own affairs. But, suppose you have an older person who is as sharp as someone who is younger but is being physically abused and that is where the jurisdiction seems to be lacking to me.

Ms. FRIEDMAN. It is my understanding you have the same problem that you now have with domestic violence. In New York State a woman has an option of going either to criminal court or family court and although I think there are problems with it, my preference is that if it could be extended to work also for the abused elderly, that a person that is competent and can understand the choices—and, you know, anybody can understand the choices or the ramifications of going either through family court or criminal court—but it seems to me the more options we open up the more likely the people will be willing to reach out to them.

Our experience with domestic violence is that when a woman is very frightened, sort of as a last resort we will use a criminal court. The family court is preferable in that it is an effort to prevent.

Ms. FERRARO. But, you are talking about Rockaway. I think it is great that it, again, is not forefront at the moment. Would it require court action in order to get the person into that home?

Mr. TROBE. Well—

Ms. FERRARO. Would it require action in either family court or criminal court for her to take advantage of that?

Mr. TROBE. No. It depends on circumstances. We have had circumstances in which an elderly person was in effect held captive by their son or daughter. In such cases it may be necessary—you may hear of complaints about this occurring and then you are not able to get into the home because they don't let you in the home and you are there and maybe you will have to go to court to get a court order to go in.

We have in fact proposed and we are in support of some legislation which we hope to be forthcoming from the Governor's office regarding getting involuntary protective orders so that those cases can be acted upon properly. But where we don't have a situation like that, we can make the placements.

Ms. FERRARO. What will be the psychological effect of an elderly person being removed and placed temporarily in a shelter such as you are describing or in foster care? It has to be different from, you know, a child removal and placement.

Mr. TROBE. Frankly, I don't know. This would be a voluntary situation and we have a lot to see. We believe that the Rockaway setting was very, very impressive and we believe that the foster homes that we are going to select through Lucy Friedman's agency and my own will be well trained and sensitive to handle these problems.

Frankly, I don't think we have any idea what kind of problems they will have by virtue of this dislocation and we will just have to wait and see.

Ms. FERRARO. Now, just one final thing.

What is your comment about mandatory reporting? How do you feel about it?

Mr. TROBE. Frankly, I haven't given it much thought. I do share, as a government official, the concern about mandates without funding. That is a general concern I have because there are a number of areas where I have mandates and I have a hard time living up to them.

Ms. FERRARO. The mandates wouldn't be to provide the services but that you report. Those are two totally separate things, it is not like you were telling them to provide access for the handicapped and then not give you the money which the Federal Government has done as well. But, this would be two totally different things.

Mr. TROBE. I am going to pass on that because frankly I have not really thought it through. I do understand the desire to do that. Certainly there is a need to know about these cases and in the cases of battered women we have found by making the services known, making it available and creating sheltered care, that at least some of the people come forward. Now, maybe—I don't know how many people are not coming forward because of the mandatory reporting situation in battered women and how much that would be alleviated. I think that would have to be carefully examined. Certainly there is a need to focus on getting services available so that we would have these instances and you can deal with them.

Ms. FERRARO. I appreciate your time and testimony and thank you very much.

**STATEMENT OF LUCY N. FRIEDMAN, EXECUTIVE DIRECTOR,
VICTIM SERVICES AGENCY, NEW YORK, N.Y.**

Ms. FRIEDMAN. I am also going to summarize my testimony. I am the director of the victim services agency which is—

Ms. FERRARO. Excuse me. Your entire testimony will be made part of the record.

Ms. FRIEDMAN [continuing]. Which is an agency as you may know that was created by Mayor Koch in 1978 to provide services to all types of crime victims in New York City. While we do offer services to all sorts of crime victims, we have developed particular services to those victims that we feel are most needy and we have special services both for the elderly and domestic violence victims. I think we are very aware of the acute necessity of that group and we applaud you for holding these hearings and bringing this to the attention of others.

Among the services we offer are an around-the-clock hotline. We have staff in police precincts and communities offices as well as in court and we offer a range of services from emergency to counseling crisis intervention. Through these different programs we are reaching out to the abused elderly. Among the about 3,000 crime victims that we see each month, at this moment only about 15 are identified as abused elderly. Although this is a small proportion it is increasing.

I think the other speakers have pointed out—I think we see the issue—the two issues. One is to get such people to seek out help or people who are aware of the problem and then even when the problem comes to our attention we are confronting lots of issues. One of our cases has been an 82-year-old woman who was living with her 56-year-old son who was harassing and abusing her and taking her SSI checks but not sharing the funds with her. In our efforts to help this person we were stymied because we had a hard time getting protective services to go in because they were reluctant to go and do so without a court order and no action was taken on the police reports.

What's more, we couldn't find anyone who was willing to take care of the woman. It had been reported to us by her granddaughter but she was not old enough to care for her. That case illustrates a lot of the problems that we see and which have also been mentioned here today: The reluctance to report, the fragmented services that then become available when somebody has reported it, the reluctance both by the abused and abuser to admit what is going on and I think also

a difficulty of bring to bear legal remedies—the great reluctance when two people are related to want to bring in all of the legal remedies that exist.

While we see—in terms of recommendation, I guess our thoughts are that although the problem of elderly abuse has some distinguishing characteristics from other kinds, we don't see the need for new programs. I think partly because we are concerned about funding and see that the likelihood of programs continuing is greater than part of a larger issue as opposed to distinct programs. I think that we have particularly been frustrated by the kinds of funding and enthusiasm that went on for rape programs that we now see disappearing because there is no longer that interest. I think when Federal programs—once the attention is brought to them, if they can be built onto existing programs, aging programs, victim programs, the likeliness of their enduring is greater.

One of the thoughts that we have had is that by training emergency room staff, criminal justice staff, social services staff to the problems and how to identify elderly abuse, that would be very useful in bringing those victims to the attention of the authorities and getting them services and then also coordinating the services that we would provide to them. I think that, as it has always been pointed out today, a first step is public education about the problem and the availability of services. I think that has worked with domestic violence and could work for this group. As people know there are services available they also become less ashamed by being a victim of such abuse because they understand that other people are victims also, and they are more likely to seek out help. Thank you.

[The prepared statement of Lucy Friedman follows:]

PREPARED STATEMENT OF LUCY N. FRIEDMAN, EXECUTIVE DIRECTOR, VICTIM SERVICES AGENCY, NEW YORK, N.Y.

Good morning. My name is Lucy N. Friedman. I am Executive Director of the Victim Services Agency, a not-for-profit agency established by Mayor Edward Koch in 1978 to reduce the trauma, cost, and inconvenience associated with being a crime victim in New York City. While we offer services to all crime victims, in response to their particular problems we have developed special services for elderly victims and victims of domestic violence. We are thus acutely aware of the problems of elderly victims of abuse and applaud the Subcommittee on Human Services of the House Select Committee on Aging for conducting these hearings to highlight the need of this vulnerable and fragile group of victims.

The Victim Services Agency operates an around-the-clock hotline, an emergency lock repair program for the elderly, and court and community services. Our services include crisis intervention, counseling, emergency financial assistance, transportation, food, help with obtaining shelter and medical care, and assistance in negotiating the criminal justice system.

Through these different programs, we are reaching out to elderly victims of domestic violence. We estimate that of the 2800 victims who use our services each month, approximately 15 are abused elderly. While this number is small, representing less than half of one percent, it is increasing. Most typically, the abusers are the children of elderly parents. However, we also see wives who have been battered, presumably for years.

Statistical studies, cited by some of the other speakers, confirm what our counselors have observed—the problem of elderly abuse is sorely underreported. As was the case with child abuse in the 1960s and spouse abuse in the 1970s, the more that professionals and the public look into the problem of domestic violence against the elderly, the more serious and extensive they find the problem to be.

While probably the largest problem facing us as service providers is encouraging victims of elderly abuse to seek help, when they do, they are a source of

frustration for our counselors. Generally, such victims are brought to the attention of the Victim Services Agency by an interested third party—such as a homemaker, visiting nurse, the police, or a relative—usually in cases involving a chronic pattern of psychological harassment.

One such active case was called into our hotline by the granddaughter of the victim. The victim is an 82 year old woman who is being abused by her 54 year old son with whom she lives. According to the granddaughter, the victim's son severely abuses and neglects his mother by not feeding or clothing her properly, by leaving her alone in the apartment for long periods of time even though she is physically unable to care for herself, and by threatening to commit her to a nursing home. He cashes her monthly SSI checks, but apparently does not use the money for her care.

The hotline worker has so far been stymied in her effort to intervene in this case. The abuser refuses to accept social service assistance, and had convinced a Family Court judge that he does not mistreat or abuse the victim. Protective services, however, was reluctant to intervene without a court order. The police submitted a report alleging abuse, but no action has been taken. Moreover, none of the victim's immediate relatives wish to assume responsibility for addressing this situation of abuse, and the granddaughter is too young to do so.

This case is not isolated. The problems that it presents illustrate recurring themes in cases of elderly abuse. First, we often find the victim is unwilling to admit that he or she is being victimized. This reluctance seems to stem from fear of retaliation or further abuse from the abuser, (a subject which our research staff is currently studying), fear of being isolated from the abuser, who may be the victim's sole source of care and shelter, and embarrassment and guilt about being a victim. Shame is particularly evident when the victim is the parent of the abuser.

Second, in many cases, the abuser refuses to admit that he or she has been abusing the elderly person or that there is stress in the home situation, and consequently, declines to accept services. On occasion, the abuser removes the victim from the home so that the elderly victim is out of reach of the concerned third party.

Third, sometimes our efforts are hindered by the inadequacy and fragmentation of existing services. In some cases, the only solution available involves placement in a nursing home or shelter facility; a solution which may be more emotionally damaging to the older person than the original problem.

Finally, we often encounter legal difficulties that inhibit or prevent the delivery of services. On occasion, the legal alternatives of conservatorship, guardianship, or civil commitment become necessary in order to extricate the abused person from the harmful situation. However, each of these choices has drawbacks in terms of possibly violating the rights and privacy of the victim, overcoming the resistance to court action by the abuser and other family members, and disrupting the normal course of affairs and psychological stability of the victim. Moreover, in situations in which the victim is isolated from family and friends, it may be difficult to find a suitable person to take on any position of legal responsibility. However, if the abuser refuses to cooperate with service providers or admit culpability, recourse to the above legal remedies may be necessary.

While the problems of elderly victims of domestic violence reveal a pattern of needs distinct from other crime victims, we do not believe that a new separate program to address the problem of elderly abuse need be established. Rather, existing agencies with appropriate attention, training, and coordination could provide adequate services. Such an effort might involve training service providers, hospital emergency room staff, and criminal justice personnel who have regular contact with families or deal directly with victims. Such training would include helping the staff be sensitive to the special problems of victims of elderly abuse, recognize the symptoms of it, and be aware of available services.

Social services, protective services, senior citizen programs, victims' services, and criminal justice agencies should be made aware of each other's services. The goal of such a network would be early identification of family situations which may lead to abuse, and identification of actual cases of abuse. Service providers could then offer support services (such as homemakers, visiting nurses, day care centers for the elderly, volunteer caretakers, temporary shelters, and counseling) to the family and victim in order to relieve the stress-producing burden of caring for an elderly person. The goal of early intervention would be to avoid recourse to legal remedies.

The structure of the Victim Services Agency which includes community offices, a hotline, police precinct programs, and Criminal and Family Court offices makes it a possible base for such a coordinated intervention model. We have established working relationships with the police, the courts, the Human Resources Administration, the Department for the Aging, and other agencies. Moreover, the variety of entry points into our Agency offers flexibility to victims and identifiers of abuse.

The success of an intervention program depends upon public awareness about the sensitivity to the problem of elderly abuse. Hearings such as these are an important first step. In view of the reluctance of elderly abuse victims to identify themselves, intervention often depends on the willingness of relatives, neighbors, friends, and ministers to refer the elderly for services. Thus, there needs to be a program of public education so that senior citizens and their families know that help is available and are encouraged to seek it.

I thank you for the opportunity to share with you our experiences and I offer our assistance in developing strategies for responding to the problems of the abused elderly. As professionals and public officials we have ignored the problem of elderly abuse for too long.

Ms. FERRARO. I appreciate your testimony. It is interesting that you mentioned the rape programs. I think part of the success has been your borough working in the hospitals than with the victims as they come in and I think the attitude of the prosecuting offices removing those cases has been part of the reason that not so much attention is being focused on rape victims. I think most of us feel that they are being taken care of and then you move to the next. The next was child abuse and battered spouses and with the implementation of legislation that was passed 3 years ago, we have that going and now we are ending up with the situation where we have the same problems with the elderly.

I almost feel when you indicate that you don't see a need for new programs that you viewed implementing the programs that exist, that we are doing in this situation what we have tried not to do in others and that is almost covering our eyes to the problem.

Ms. FRIEDMAN. Well, I guess what I think is not necessary is setting up a whole new agency to deal with this group. We may be wrong but as we see the needs of this group, some of them are very similar to the needs of domestic violence victims, some of them are very similar to the needs of the elderly and I guess what I think makes more sense in terms of limited public resources is to strengthen and expand on the services that exist with a lot of attention and concern of the abused elderly but not to create new agencies. The numbers are much larger than we now know and I guess it is going to be awhile before they come in in such a volume and I guess one of my concerns is that money gets dedicated to it—the numbers may not then justify the numbers according to the actual situations and then there are problems in refunding. So, I think it is more likely to have it permanent by making everybody really conscious of it, of the problem.

Ms. FERRARO. What is your feeling on mandatory reporting?

Ms. FRIEDMAN. I guess I am not quite sure either. I think the point that Mr. Trobe was making was not that one thing be funded and one thing versus mandatory reporting but the feeling that its the State legislature saying we are going to require mandatory reporting, they can now feel that we have now done something about the problem. It is not one versus the other but it almost becomes a copout for legislatures. I think too—I don't feel that we have seen enough of the problem to know the best result although I think it would raise the consciousness of people and service providers and therefore help keep the problem in view.

Ms. FERRARO. I appreciate your testimony, Ms. Friedman. Thank you for coming today.

Perhaps we can take Mrs. Walsh and Mrs. Rutkowski together.

I want to thank you for coming here and again, your entire testimony will be made part of the record. If you would like to summarize, you may do so, it is up to you.

STATEMENT OF ELAINE M. WALSH, MEMBER, BOARD OF DIRECTORS, NEW YORK CITY CHAPTER, NATIONAL ASSOCIATION OF SOCIAL WORKERS, NEW YORK, N.Y.

Ms. WALSH. I will omit some of the research and data that other speakers have given and will read the remaining parts of my statement.

My name is Elaine Walsh and I am speaking to you as a member of the board of director of the New York City chapter of the National Association of Social Workers and co-chairman, Women's Issues Committee. We are a professional association with 7,000 New York City members.

Our purposes include advancing the quality of human services. In the area of elderly abuse and negligence have been defined as the willful infliction of physical pain, injury, or debilitating mental anguish, unreasonable confinement or willful deprivation by caretaker of services which are necessary to maintain the mental or physical health. Elderly being defined as any person 60 years or over and residing in a noninstitutional setting. As such, abuse and neglect can take on many forms including physical beatings and other inflicted injury, sexual abuse, malnutrition, unreasonable forced confinement, psychological and emotional harassment and intimidation, intentional over-sedation and financial exploitation.

Preliminary researchers found that most cases of elderly abuse, the age is usually 75 years or older and is a female as with child and spousal abuse. The majority of elderly abuse live with their abusers who are generally relatives such as children, grandchildren, and siblings upon whom the elderly depend upon for personal care, shelter, and financial support. According to the results of the survey of professional and paraprofessional conducted in 1979 by the Legal Research and Services for Elderly, Boston, Mass., more than 70 percent of the elderly abuse cases brought to the attention of service providers were identified by a third party such as a homemaker, visiting nurse, another relative or the police. The elderly victims themselves are reluctant to report or substantiate abuse because of fear of reprisal from the abuser, the lack of any alternative living or care management and affection and from shame associated with being a victim.

As a result of these factors, the vast majority of abuse situations currently remain undetected and therefore under serviced. Researchers have found that the studies—have begun to study the phenomenon of elderly abuse and have suggested that a major precipitating factor is the stress produced by the emotional and financial burden of caring for an older person, especially when the family or abuser lacks sufficient internal and external supports. Abuse can be created whether chronic stress is compounded by any other chronic problem or crisis as with child and spousal abuse but there were several other factors which may cause the abuser to react in a violent and abusive manner.

Statistical data refute the popular myth that most elderly people are abandoned by their children to live in institutions or alone. In fact, current research indicates that 75 percent of elderly who have living children reside either in the same household with them or within 30 minutes travel time from them. Moreover, it is estimated that 80 percent of home care to the aging is given by family members residing in the same household. About one-third of these elderly require constant care of a medical and personal nature. It is likely that all the children and other family members will be providing a significant amount of care to an increasing older and larger population.

We may therefore anticipate, unless we provide adequate services to support care-giving families, the amount of abuse will escalate. The connection between stress and elderly abuse suggest the need for intervention strategies to alleviate the burden of caring for an elderly person or relative. Direct support services such as homemaker and assistant nurses should be available to assist the families in caring for the elderly. These services should be provided to all families, not just low-income households as is currently the case. Along the same lines, day care center and other facilities could be used to offer periodic respite help. Moreover, timely provision of services to help caretakers with their own problems such as alcoholism, emotional instability, unemployment—these are essential. In view of the reluctance of abused elderly to identify them or to report a potentially troublesome problem within the family—the family should become more sensitive to the possibility of abuse and the need for service.

These agencies should attempt to provide services and education to family caretakers before a situation has deteriorated so as to avoid the need for institutionalization, emergency shelter or the recourse to legal action. The principle of the less restrictive alternative should apply in situations of actual or potential abuse, for removing an elderly person from the home may in the long run be more emotionally and psychologically damaging than the original problem. Those agencies and service providers which have access to abuse victims such as hospital staff, the police, visiting nurses, and victims assistance agency should coordinate their services with existing community resources. Again, the goals should be to identify the problem areas within the family and provide its members with support and guidance to the extent that it is possible so as to avoid the necessity for more drastic alternatives.

In conclusion, the problem of elderly abuse can no longer be ignored. The researchers must assume responsibility for more thoroughly analyzing underlying causes of the problem and designing and implementing the appropriate intervention strategy.

[The prepared statement of Elaine Walsh follows:]

PREPARED STATEMENT OF ELAINE M. WALSH, MEMBER, BOARD OF DIRECTORS, NEW YORK CITY CHAPTER, NATIONAL ASSOCIATION OF SOCIAL WORKERS

My name is Elaine M. Walsh. I am speaking to you as a member of the Board of Directors of the New York City Chapter of the National Association of Social Workers, and co-chairperson of the Chapter's Women's Issues Committee. NASW is a professional association with 7000 NYC members. Our purposes include advancing the quality of human services and our members' professional skills and assessing social policy issues of concern to our profession.

The problem of abuse and neglect of the elderly has only recently become a subject of professional and public concern. Although work of such noted research-

ers and authors as Richard Gelles, Suzanne Steinmetz and Del Martin has drawn national attention to the issue of domestic violence, victimization of the elderly by family members has been largely ignored to date. Consequently, accurate statistics on the extent and nature of elderly abuse are unavailable. However, the more that researchers, service providers, public officials and others examine this problem, the more serious and extensive they are finding it to be.

Elderly abuse and neglect has been defined as "the willful infliction of physical pain, injury or debilitating mental anguish, unreasonable confinement or willful deprivation by a caretaker of services which are necessary to maintain mental or physical health". Elder is defined as "any person 60 years or over and residing in a non-institutional setting". As such, abuse and neglect can take on many forms, including: physical beating and other inflicted injury, sexual abuse malnutrition, unreasonable forced confinement, psychological and emotional harassment and intimidation, intentional oversedation, and financial exploitation.

Preliminary research has found that in most cases of elderly abuse the victim is 75 years or older and female. As with child and spouse abuse, this phenomena cuts across class and socio-economic lines. The majority of elderly victims live with their abusers, who are generally relatives (such as children, grandchildren, siblings) upon whom the elderly depend for personal care, shelter and financial support.

According to the results of a survey of professionals and para-professionals conducted in 1979 by Legal Research and Services for the Elderly in Boston, Massachusetts, more than 70 percent of elderly abuse cases brought to the attention of service providers were identified by a third party—such as a homemaker, visiting nurse, another relative or the police. The elderly victims themselves are reluctant to report or substantiate abuse because of fear of reprisal from the abuser, the lack of any alternative living or care arrangement, and feelings of shame and guilt associated with being a victim. As a result of these factors the vast majority of abuse situations currently remain undetected and therefore unserved.

Researchers who have begun to study the phenomenon of elderly abuse have suggested that a major precipitating factor is the stress produced by the emotional and financial burden of caring for an older person, especially when the family or abuser lack sufficient internal and external supports. Abuse can be triggered when this chronic stress is compounded by any other chronic problem or crisis. As with child and spouse abuse, there are several intervening variables which may cause the abuser to react to the stressful situation in a violent and abusive manner. These include: A family history or pattern of violence; the abuser's loss of a job or other personal loss; an alcoholism or drug addiction problem; or an emotional or mental health problem which makes it difficult for the caretaker to accept or cope with this role of responsibility.

Statistical data refute the popular myth that most older people are abandoned by their children to live in institutions or alone. In fact, current research indicates that 75 percent of the elderly who have living children reside either in the same household with them or within 30 minutes travel time from them. Moreover, it is estimated that 80 percent of home care to the aged is given by family members residing in the same household. About one-third of these elderly require constant care of a medical and personal nature.

As the national population continues to age and as more of the elderly suffer from chronic illnesses, it is likely that adult children and other family members will be providing a significant amount of care to an increasingly older and larger population. We may therefore anticipate that, unless we provide adequate services to support care-giving families, the amount of abuse will escalate.

The connection between stress and elderly abuse suggests the need for intervention strategies to alleviate the burden of caring for an older parent or relative. Direct support services, such as homemakers and visiting nurses, should be available to assist the family to care for the elderly. In view of the "classless" nature of elderly abuse, these services should be provided to all families, not just low income households, as is currently the case. Along the same lines, day centers and other facilities could be used to offer families periodic respite help.

Moreover, timely provision of service to help the caretakers with their own problems (alcoholism, emotional instability, unemployment) are essential. In view of the reluctance of abused elderly to identify themselves or to report a potentially troublesome problem within the family, agencies which have regular contact with families should become more sensitive to the possibility of abuse

and the need for service. These agencies should attempt to provide services and education to family caretakers *before* a situation has deteriorated so as to avoid the need for institutionalization, emergency shelter or the recourse to legal action. The principle of the "least restrictive alternative" should apply in situations of actual or potential abuse; for removing an elderly person from the home may in the long run be more emotionally and psychologically damaging than the original problem.

Those agencies and service providers which have access to abuse victims (such as hospital staff, the police, visiting nurses and victim assistance agencies) should coordinate their services with existing community resources. Again the goals should be to identify the problem areas within the family and provide its members with support and guidance, to the extent possible, so as to avoid the need for more drastic alternatives.

In conclusion, the problem of elderly abuse can no longer be ignored. Human service providers, public officials and researchers must assume responsibility for more thoroughly analyzing the underlying causes of the problem and designing and implementing appropriate intervention strategies. We as a society have the human and material resources for helping the abused elderly and their families. However, in order to effectively mobilize, develop and enhance these resources each of us must make a commitment to act.

Thank you.

Ms. FERRARO. Thank you very much.

Why don't you go ahead with your testimony, Ms. Rutkowsky?

**STATEMENT OF KATHRYN RUTKOWSKY, NURSING SUPERVISOR,
VISITING NURSE SERVICE, NEW YORK, N.Y.**

Ms. RUTKOWSKY. My name is Kathryn Rutkowsky and I am a nursing supervisor with the Visiting Nurse Service of New York.

Last year on May 4 a testimony on adult protective services was held in New York City. One of the outcomes from the testimony was an organization of a statewide taskforce which would address different issues within the program and make recommendations to the Governor by March 1, 1980. This report has been completed and there seems to be no doubt that the issue of the abused elderly belongs in the realm of adult protective services. To give you a concrete example I would like to share with you a recent case within my agency.

On December 10, 1979, I received a call from Queens Legal Services. Reportedly a man of 84 had been beaten up by his 49-year-old son. The father, who related this had happened previously, refused to press charges against his son. I was asked to see what other available means existed to help the father. I called the father and advised him of the referral. He refused a home visit but stated he would come to my office which he did within 2 hours.

This elderly man looked younger than his dated age. He appeared about 20 pounds underweight. His cheeks were sunken. He was neatly dressed. He was examined for bruises on his arms and chest, none were noted. Mr. M. was tearful, expressing guilt over his son's condition. He related that his son had been pushing him and that similar past problems existed. After further history taking and after talking with his daughter on the phone who related that her brother had a long psychiatric history, I convinced the father to stay with his daughter. Further plans were to be made on gaining access into the home to try to see the son.

Mr. M. stayed one week and then came home, as he was worried about his son. On December 18 the case was called into adult protec-

tive services. On December 28 I sent Mr. M. a letter, as I had received no further word from him. There was no response until January 16 when the father came to my office in the afternoon. He stated he had another encounter with his son. The result was that the son pushed his father from the hall into the bathroom. The father hit his head on the windowsill and he then slid down on the floor. The father denied losing consciousness. He had a lump the size of an egg on the right occipital head area.

At this point he agreed to have the police and I go to the home and try to get his son taken to the hospital for psychiatric help. We found the son sitting in a totally dark apartment except for a lighted bulb slung over his shoulder, reading a textbook. He was aware of the incident and voluntarily went to the psychiatric emergency room. His father concomitantly went to the medical emergency room. I was with the psychiatrist and family when the decision was made. Even though the son had minimal eye contact, kept shielding his eyes while waiting in the emergency room, and had a long history of psychiatric hospitalization with no kept followup appointments, the case was dismissed as being a "social problem." The son was taken home and his father once again went to stay with his daughter.

The following day and 2 weeks later the son came to my office. He came a second time because he said he was hungry, had no money, and wanted to sell me a bucketful of used items for \$4. He was taking his psychotropic medication as prescribed by the psychiatrist in the emergency room erratically, failed to keep his appointments and had recently ripped the phone off the wall in his home.

On January 18, 1980 the case was re-referred to protective services as no satisfaction was received whether the case had originally been accepted. Early the following week protective services was actively working on the case. The psychiatric evaluation was done on January 26 and the results of the evaluation were sent to the office of legal affairs on February 18 for immediate action. On March 1 a copy of the father's statement requesting hospitalization for the son was sent to the office of legal affairs. As of April 17 no action had yet been taken as the office is now requesting an updated psychiatric examination.

When you ask what systems are needed to deal with this problem I will state some of the recommendations already made by the task force.

One, a proposed legislative intent to establish a short-term involuntary order for an endangered adult. This is delineated extensively in the recommendation.

Two, a service coordination model for an interdisciplinary system of care for people with multiproblems who cannot handle their personal or financial affairs. This too is extensively delineated.

There are several physician papers on the New York City problem alone, temporary emergency bed space, transportation, and housing in this report.

It concerns me that the disfunction of the city's office of legal affairs for the human resources administration still regularly persists on an urgent case. It also concerns me that with all of the similar issues that have been recently addressed and pursued with clear recommen-

dations, we still seek more testimony when instead we should be working on analyzing, passing, and implementing the already existing recommendations.

Ms. FERRARO. I am sorry, I am a little confused because you say that the recommendations have already been made by the task force. Which task force are you referring to?

Ms. RUTKOWSKY. There were hearings last year on adult protective services as adult protective services was not functioning well.

Ms. FERRARO. Who did those hearings?

Ms. RUTKOWSKY. They were held by the House of Representatives, New York City, New York State, and as a result five committees were started on a statewide basis. One was involuntary intervening. There was a committee for just the delineation of what is adult protective services, what are the definitions? And there were three other committees within that.

A report to the Governor was due by March 1 and a report on these problems had been, I think, just thought through and recommendations came and they are already in print.

Ms. FERRARO. So this is a State task force?

Ms. RUTKOWSKY. Yes; a State task force. We are trying to define protective services, trying to define models for protective services.

The New York City problem was a huge one which was very different than other areas of the State and there were physician papers on the problem.

Ms. FERRARO. All right. We will take a look at that because we don't have those as part of the record yet we will get them.

You refer here in your first recommendation to "proposed legislative intent to establish a short-term involuntary order for an endangered adult."

Ms. RUTKOWSKY. Well, it could be—the wording that I had meant was for protection in the sense of if the son in this case was hurting the father, which he was, that the son could be taken for a psychiatric evaluation.

Ms. FERRARO. Order of removal?

Ms. RUTKOWSKY. To see if the hospital would hospitalize him. It is not being done now. What happens is that the people go to the emergency room—this was a municipal hospital, it was Elmhurst Hospital, there is a very, very bad lack of bedspace. The person himself was not acting out so if you are not acting out when you are brought into the emergency room, unless someone is really astute about the social problem—about the problem—the person will not be admitted. So if there was a means to get a very short-term involuntary intervention, that might eliminate some of this problem.

Ms. FERRARO. But, actually what you are looking for is what is done in criminal cases where a person has been arrested. You have an arrest warrant for an individual and they are sent to MSH for an examination but you have to have some sort of complaint and what you are lacking here is you are lacking a complainant. Obviously this father is not going to move ahead to have his son arrested or an arrest warrant issued and the courts are not willing to do this on their own.

Ms. RUTKOWSKY. Initially the father did say he would not—the father was very afraid. The father on March 11 did send the legal office

a full documentation of what had happened over many, many years of, I am sure, disfunction, and they have not yet moved on that. And, the first psychiatric evaluation of the son was completed, I think, about 2 weeks before the father's statement and the psychiatrist did recommend that this man be brought in for an evaluation. But, there has just been a tremendous holdup and now the office wants another psychiatric evaluation.

Ms. FERRARO. So the father is currently at home with the son?

Ms. RUTKOWSKY. No. He has stayed away. He is living with his daughter temporarily but it is his apartment and he wants to go back home and he could manage himself in the community if he was not fearful of living in the same environment. That is where the case stands right now.

Ms. FERRARO. Thank you very much.

I just wanted to ask Ms. Walsh; does Boston, do they have mandatory reporting?

Ms. WALSH. Yes. They are one of the 12 States.

Ms. FERRARO. What you said is that there are so many—"there are so many undetected and therefore unserved."

Do you know if anything is achieved by detection if we don't have the funds to service?

Ms. WALSH. No. I think that if we are going to do anything we have to get into the preventive realms in the beginning to look at the problem in totality. To have mandatory reporting of elderly abuse would to me be somewhat difficult to manage from the point of view that where—what I can see happening within some of the families would be when there was additional stress or problems with siblings or relatives, that one member of the family may call it in as an abuse on another relative and we had this fear in child abuse years ago and then what would happen, we would be looking at these cases rather than looking at what can we do to lessen the stress.

I think it is an examination of public education that there are services available and then looking at what systems would work to implement those services and how do you get people there. But, I don't think the idea of just ordering that people report can be done.

Ms. FERRARO. What about eliminating—the elimination of the family reporting and let's put it on hospitals and police?

Ms. WALSH. My question to that would be, what would happen after you made the report.

Ms. FERRARO. Well, we provide a certain amount of the services but not in all cases. We obviously wouldn't have enough under all circumstances, but suppose you had a case where it was a very severe case of abuse. Don't you think that we should at least know about that?

I mean, isn't there some way, perhaps a bit more restrictive than just mandatory reporting by everyone and don't really have mandatory reporting by family and friends. We have mandatory reporting by police and by hospitals and doctors.

Ms. WALSH. And social services?

Ms. FERRARO. Yes. And, that would not be an instance where it would be family operating as family.

Ms. WALSH. But, you see you could get an anonymous call in for child abuse cases and it has to be investigated and I think that causes us some problems.

Ms. FERRARO. You are saying that if you can't go all the way you shouldn't go at all?

Ms. WALSH. I have some questions about big brothers and big sisters coming in and saying we have an abused situation because people may not be looking at the totality of the situation.

At this point I would not want to see mandatory reporting at this time unless other resources are in there. I mean, even in protective services there is screening out of which are priority cases and I think that would start to happen also. You know, what are we going to accomplish by having mandatory reporting other than to know that it exist? I don't think we need clerical data to say that we do have a problem with elderly abuse. What the proportions are, we don't know but it is there. How do we deal with what we already know about is my concern and I think that is the education and professionals, of people to look at if an older person say comes into the hospital and you see that they are abused, physical marks and you say to them, gee, what happened and they say oh, I fell down. Well, if you have bruises all the way down the side of your body it is not just that you fell down, there are more things to look for and I think we have to learn a protocol and then begin to more directly ask questions and we may be able to get it out.

Ms. FERRARO. You also mentioned services for care giving families. Other than psychological help or help to relieve tensions and that type of thing, do you think that should include some kind of tax credit for care of the elderly?

Ms. WALSH. Yes. I think if they are going to do it themselves that they should get some credit for taking care of the elderly parent.

Ms. FERRARO. That seems to be obviously only a problem where you have a low-income family, that the financial problems—the financial concerns of taking care of that elderly person is concern of someone who is just not making it. What about in a well-to-do family?

Ms. WALSH. Even in a well-to-do family it could be a problem. I think one of the problems would be say with a woman and for the most part the caretakers are women. This has been historically what happened in the family and I think one of the problems there, and time goes on, women have raised all of the children and now she has to take care of the older parent. This could be a daughter or daughter-in-law or other female relative and they may want to go back and do something for themselves but because of guilt or responsibility they will care for this older person and they can begin to get very angry and frustrated because they can't do what they want to do in life. They have a responsibility to take care of this older person and I think some kind of recognition of that would alleviate some of the problems.

Ms. FERRARO. So you see the financial incentive as a method to relieve tension?

Ms. WALSH. It would mean to the female that it is worth while and—

Ms. FERRARO. You also mentioned day care centers and carekeepers conducted hearings in Washington, Wednesday, into that fact on the situation.

Ms. WALSH. I think it is very important as a young woman who cares for her young children. It is the same thing. She needs a break,

she needs a babysitter. I think for the elderly person to care for an elderly adult it is the same feeling of frustration and they need some time away and then they can come back with more objectivity and deal with the person.

Ms. FERRARO. I appreciate your testimony and as I said, your entire statement will be made part of the record.

Commissioner Barbara Blum was unable to attend and we have Phyllis Baritz.

We appreciate your coming here today and we will make Dr. Blum's testimony, entire testimony, part of the record. You may do as you wish and read it or you may comment on it, whatever you choose to.

STATEMENT OF BARBARA B. BLUM, COMMISSIONER, NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES, ALBANY, N.Y., READ FOR THE RECORD BY PHYLLIS BARITZ, DIRECTOR, ADULT PROTECTIVE SERVICES, NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES, ALBANY, N.Y.

Ms. BARITZ. I think I better read it and then I have some comments to make on the task force for protective services which I coordinated and a report—

Ms. FERRARO. That is that to which we just referred?

Ms. BARITZ. Yes.

Commissioner Blum regrets that she was not able to be here and I will deliver her written testimony for her.

Crime against the elderly has been a major concern for some time now. We know that many older people are literally imprisoned in their homes by fear. All too often the press tells us about one of those prisoners of fear whose home was invaded. On those occasions there is a tendency to look at the multigenerational family as a panacea. If those people weren't alone, we argue, they would have been safe. That isn't necessarily so.

We are beginning to realize that a substantial number of older people are the victims of familial abuse and maltreatment. There are few reliable statistics but occasional reports from social services districts prove that it does occur. The available evidence has enabled us to identify four broad categories of familial abuse and neglect of the elderly. They are:

Physical abuse—beatings and the denial of adequate personal or medical care;

Financial abuse—theft or misuse of money or property;

Psychological abuse—it generally involves threats, verbal abuse and isolation; and

Actions which force older people out of their homes.

A recent study conducted by an organization which serves the ill and frail elderly suggests that abuse of the elderly generally involves more than one category. Physical abuse, present in 74 percent of the cases studied, was most prevalent. It was followed by psychological abuse, 51 percent of the cases; financial abuse, 31 percent, and actions which force people out of their homes, 18 percent.

Before we can deal with this problem we must identify the social factors which result in the abuse of the elderly by family members.

While evidence is limited, some social theorists feel that the abused children become parent abusers. Other probably causative factors are the financial and emotional strains associated with caring for an elderly person. Those stresses, which appear to be directly related to the elderly person's degree of disability, may cause caretaker relatives to perceive the elderly family member as a burden. That may lead to resentment and abuse.

Understanding the cause of the problem is, however, not enough. Our social services system cannot intervene without concrete evidence. That is distressingly hard to obtain.

Abused elderly people rarely ask for help. The most likely reasons for this are embarrassment and fear of retaliation by the abusing relative. Most reports are made by third parties. Investigation is frustrating. Elderly people usually refuse to acknowledge that they were abused when a caseworker or law enforcement official calls. That generally closes the case. Interfering in the lives of adults against their wishes may result in substantial legal liabilities.

The department's efforts to address the problem of family abuse of elderly persons are part of the larger efforts in the areas of protective service for adults and domestic violence.

Protective services for adults are services provided to persons at least 18 years of age who because of mental and/or physical impairments have a diminished capacity to care for themselves and whose well being is threatened because of their actions or the actions of others. Protective services for adults are available in all 58 of the State's social services districts with out regard to income. Services include counseling, personal care services, legal services, financial management services and arranging for other essential services including alternative living arrangements.

Case management is an important part of the department's protective services for adults program. Services needs often cross agency jurisdiction on boundaries, case management coordinates services to assure that the client's needs are met.

Protective services for adults have been provided by local social service districts since the early 1960's. The passage of the Older Americans Act in 1965 stimulated interest and activity in this area. In the early 1970's the need for PSA grew rapidly but the available resources could not keep pace with the increased demand.

Protective services are principally funded by title XX of the Social Security Act which provides 75 percent Federal funding up to a ceiling level, based on population, matched by equal 12½ percent State and local shares. For those districts that exceed their title XX ceiling, additional State funding is available on a 50-percent matching basis.

During the current title XX program the State's social service districts plan to spend over \$7 million in title XX funds on PSA for an estimated 15,000 clients. Most of this expenditure will be for case management services with other programs absorbing most of the other service costs.

The allocation is clearly less than adequate. A number of factors combined to produce this situation. Among them were the imposition of funding ceilings on the title XX services; mandates for competing

child welfare services; philosophical uncertainties with regard to the extent of intervention and the protection of the civil rights of individuals; the separation of service delivery from the income maintenance; the passage of the supplemental security income legislation; and the growth of the long-term-care bed industry which made it more convenient simply to institutionalize persons who could not function on their own rather than to try to provide alternatives in the community.

Next year the situation will be, if anything, worse. Title XX funds are distributed on the basis of State population. Funds for the current Federal fiscal year were distributed on the basis of the 1970 census. New York received a little more than \$216 million. Next year funds will be distributed on the basis of the census which is now being taken. Projected decreases in the State's population indicated that the Federal title XX contribution would drop to \$210.6 million.

Naturally that would increase competition for available funds. Since adult protective services is a small program, it would be especially hard hit by any reduction. The department had hoped that the title XX appropriation would be increased to maintain and if at all possible raise funding levels. The present demand for a balanced Federal budget has virtually eliminated that possibility.

Now since experience has shown that social programs are a favorite target of budget reducers, we must hope to receive the projected \$210.6 million. We must also be prepared to get by with less.

While I don't want to be melodramatic, those reductions will hurt the State's most helpless residents. Abused elderly people are surely among our neediest clients.

I hope that you will remind your colleagues that the advantages of saving money should be weighed against disadvantages of hurting people who cannot protect their own interests.

In 1976 the department responded to the needs of the growing frail elderly population by undertaking a major effort to stimulate the expansion of PSA at the State and local levels. It encouraged each social service district to create a reliable network with other public human service agencies including mental health, mental retardation, health, aging, law enforcement and the courts as well as voluntary service agencies in their community.

Although these efforts have resulted in the development of inter-agency linkages within some social service districts, these structures are not yet, for the most part, adequate to meet the needs of this vulnerable population in most countries.

In the fall of 1978 a cooperative effort between the legislature and the department of social services resulted in the passage of legislation designed to improve PSA throughout New York State. The law established a task force to examine the adult protective services system and recommended improvements.

The task force which consisted of representatives from State and local human services and law enforcement agencies and representatives from private agencies involved in the PSA program submitted its report to the Governor and the legislature last month. Its recommendations include consideration of additional procedures and statutes to protect elderly persons from neglect and exploitation by members of their own family.

We plan to strengthen our effort to respond to the problem of abuse of the elderly by utilizing the resources of its domestic violence program. This unit has primarily been concerned with spousal abuse and its efforts have had a positive impact on this problem.

Since the domestic violence program's inception in 1978, a total of 18 programs have been established in New York State. Eleven special care homes, five community service coordination programs, and four demonstration projects including a batterer's rehabilitation services, hospital emergency response, couples counseling, and legal assistance to victims of family abuse.

The department has emphasized development of emergency services for victims such as shelter. Through a cooperative effort by the PSA unit and the domestic violence program, we hope to identify measures which will assist us in improving our capacity to detect and effectively investigate instances of elderly abuse by family members; providing protective care settings for abused elderly persons and providing preventive and rehabilitative counseling programs designed to prevent abuses of the elderly from occurring or reoccurring.

That, in capsule, is what the State is doing. What should the Federal Government do to assist our efforts?

Passage of the Domestic Violence Prevention Act would, of course, be a great help. As I indicated, New York regards familial violence against the elderly as an integral element of its adult protective services and its domestic violence programs. Consequently, I feel it would be more desirable for the proposed legislation to contain language which specifically opens the Federal program to elderly individuals. Since the problem of familial violence against the elderly is just emerging, there is no established structure for dealing with it. Therefore, I believe that H.R. 2977 should designate a single agency to coordinate research, policy development, and program operations. The Department of Health and Human Services might be given this responsibility.

While we need to learn more, much more before we can adequately respond to the problem of familial violence against the elderly, we should consider the following interim measures.

One: The establishment of a mandatory reporting system for protective services for adults.

Such a system would be similar to the Child Protective Services Reporting System. It would require certain social work and medical professionals and paraprofessionals to report suspected instances of abuse and neglect. Persons making these reports would also be given immunity from any legal liability presuming their report was made in good faith. However, it must be stressed that such system requires considerable resources to build and staff the reporting system and to provide staff resources to investigate these reports. The need for additional PSA staff resources at the local district level cannot be over-emphasized. Local PSA staff are already overburdened and it would be impossible for them to respond to the increased number of cases generated by a mandatory reporting system. Also, before a mandatory reporting system is established, considerable thought should be given to the civil liberty issues involved.

Two: Arrangement for protective shelter for abused elderly persons. These programs would provide advocacy in support of services

to elderly persons who have been abused by family members. These would involve removal from the abusive household, provision of appropriate emergency shelter, and other services and assistance in making permanent living arrangements.

Three: The expansion of adult day services programs. Adult day service provides medical, supportive, therapeutic and other services as well as social opportunities for frail elderly persons with some mental and/or physical impairments but who do not require institutional care. These services are currently available on a limited basis in NYS. The expansion of such programs would provide necessary services to the frail elderly and also relieve family members of their full-time responsibilities, therefore helping to alleviate stressful situations.

Four: Increased financial support to families who care for elderly relatives. In this area measures that should be studied include tax incentives for families that provide in-home care to elderly relatives and increased SSI payments for those recipients who reside with family members. Federal law now provides one-third reduction in the Federal share of a person's SSI benefits if they live with others and receive in-kind support. Also a review of Federal SSI regulations concerning the counting of in-kind benefits as income should be pursued.

Five: The establishment of preventive and rehabilitative counseling programs for family members who care for elderly relatives.

These types of programs would serve to reduce family tensions and promote a better understanding between caretaker relatives and their elderly family members and hopefully prevent the occurrence or re-occurrence of abuse.

These measures will certainly not eliminate the problem of familial abuse of the elderly but they will provide the tools needed to begin addressing it.

The last 10 of our biblical span of three score and 10 years are sometimes called the golden years. There is little glitter in the lives of parents who are beaten or abused by the children. They are as helpless as the children they once nurtured. We owe it to them to assure that they come to the end of their days unbattered and unbowed. Thank you.

Ms. FERRARO. I appreciate that and if you wanted to add anything with reference to the task force, I would appreciate that as much.

Ms. BARITZ. The task force dealt with five major areas. A task force was, by the way, created by legislation. We don't have mandatory reporting in New York State. We do have a law on the books which was established 1979. That law created the task force and the task force has prepared legislative proposals which are now up at the legislature for consideration which deals with involuntary intervention. At this moment we don't even have legal authority to intervene in these cases although the civil libertarians argue that we do. But as I said, it is very loosely interpreted and is not uniformly applied. So, we are dealing with the issue of who indeed are the protective services for. All of the statements that were made today about the funding and the small piece of pie that we have are true. In addition to that, when we created this program, fully aware that abused elderly victims of domestic violence would be part of it, we would aim that program at the frail elderly living on their own in the community. On the assump-

tion that anybody who has been in an institution or the mentally impaired or was known to some other system of care and who would be taken care of, we learned very quickly in the first year of this program that more than 50 percent of the protective services recipients are mentally impaired people discharged from institutions. That takes away more than half and they are the most physical, they are the most critical and the ones who annoy the public most. So, a great deal of the caseworker's time is aimed at those people because they are the people who are potentially dangerous and destructive, again cutting our resources for the frail elderly more than in half.

So, I don't want to hit too hard, but really the question is money. Ms. FERRARO. That seems to be the question everywhere.

Ms. BARITZ. We are dealing with how to define the protective services clients. Is it everybody, alcoholics, elderly, the definition of protective services is 18 and/or over, mentally and physically impaired and who can't handle their own affairs of daily living. That is a very, very big population.

Ms. FERRARO. But, a lot of your abused are not mentally and physically impaired, not unable to handle their own affairs.

Ms. BARITZ. Definition says danger so they clearly fall within the legal definition of it.

We haven't been able to do much partly because of limited resources and partly because what happened here, they will not prosecute, they will not even report. We have all kinds of civil restrictions against invading people's privacy and we have enough trouble with people who are medically so endangered and are refusing help and we really don't have the laws to intervene on their behalf. I think if this law passes it will have some effect on those people but I want to repeat what has been said all morning. So, we did try to deal with the issue of the definition of a population to create a legislative proposal for involuntary intervention, to deal with the issue of mandatory reporting, to establish some models for local services coordinating which personally I feel is the only way. Those counties which manage to put together the service need do a much better job than the counties that don't have it. We are required now by law to do this as part of—

Ms. FERRARO. That seems to be the answer as well with child abuse so that you don't have people falling between the cracks, you have agencies working for them.

Ms. BARITZ. I have to say the one on mandatory reporting, the committee struggled with that for several sessions and this was a subcommittee that was represented by public and private, State, and local agencies and we had more consensus on that issue than anything we struggled with. There was universal and fairly quick consensus that we are not ready to do that. We are not against it but we have the moral dilemma of how do we—should we do that as opposed to can we serve it and also be counterproductive and it seemed very easily resolved in favor of not doing it now.

Ms. FERRARO. I appreciate your testimony. I appreciate the fact that you have that report and I will look through that as well and we will make it part of the record. I thank you for coming today and your patience.

The hearing is adjourned.
[Whereupon, at 1:45 p.m., the hearing was adjourned.]

APPENDIX

PREPARED STATEMENT OF MARGERY E. AMES AND ROBERT L. POPPER, FEDERATION OF PROTESTANT WELFARE AGENCIES, INC., NEW YORK, N.Y.

The Federation of Protestant Welfare Agencies, a planning and coordinating organization for approximately 300 voluntary non-profit social service agencies providing services to one and one-half million New Yorkers, is pleased to have this opportunity to submit comments on the growing problem of abuse to our elderly.

Within the Federation membership, more than 100 agencies provide services to the elderly, either in residential care, residential health care, community service programs, or home care programs. In recent months, these agencies have noticed an increased incidence of abuse to the elderly which is clearly not confined to those programs providing residential care. This growing problem, horrifyingly termed "granny bashing", has been highlighted in our local media, on television, and in research studies conducted in Boston, Maryland, and Rhode Island; all attest to the growing awareness on the part of professionals of this hidden problem.

The potential for abuse in residential settings such as adult homes and nursing homes has, for some time, been recognized, and many states (such as New York) have made first attempts at combatting elderly abuse in those settings. However, we believe that the potential, and actual, abuse of the elderly in the community and in their own homes is just as real but less well recognized. As our population lives longer due to the medical advances of our society, and as the segment of the population over 60 becomes a larger percentage of the total, it can be expected that there will be an increasing incidence of domestic violence, or physical and psychological abuse and exploitation of the elderly by relatives and friends.

Following this Committee's hearing in New York City on April 21, 1980, Federation staff conducted an informal survey of some of our community-based agencies serving the elderly. The response to our questions is telling.

1. In senior centers where numerous activities and services are provided for the well elderly, the directors identified very few cases of domestic violence or abuse. Yet during the discussion which ensued regarding one's individual perception of the term "abuse", and the intent of the Select Committee in soliciting this information, several issues became obvious. First, the elderly abused client comes to the attention of center staff not due to a report about a physically abusive or exploitative relative or friend but because of a stated need for a concrete service such as financial management, counseling, help with an alcoholic grandchild, employment guidance, etc. Second, directors of senior centers recognize that abuse is not readily disclosed by the elderly victim. Staff members who have developed a close relationship with the individual may not be aware of the problem. It is not acceptable among older people to talk about the fact that one's own family or a friend is exploitative or physically abusive.

2. In some of our agencies which provide services to the physically and mentally frail elderly, directors estimate that approximately 5 percent of their total caseload are abused. Again, the clients usually come to staff attention through a referral by a neighbor or friend for a general case assessment and support services, rather than as a referral directly mentioning physical abuse or exploitation. The agency directors felt there was a single identifying factor which characterized the abused person: i.e. the abused client tends to display an inordinate degree of vulnerability. This may be the cause of loneliness and isolation, since they are in the words of one director, "not very friendly or pleasant people".

3. In those agencies where abused elderly came to the attention of staff, an estimated 50 percent lived with family. By and large, the abusive relatives reject intervention, feel threatened by inquiries of concern, and seek approval from

agency staff of their behavior. In cases of neighbor or friend abuse, the abusive individual tends to reject all attempts of help from agencies, and refusing to recognize his/her own role in the elderly person's victimization.

4. The agencies surveyed indicated that they would refer the abused elderly client to another agency or organization for help, depending on the severity of the situation. Among those referrals mentioned were police, hospital, protective service for adults, youth services agencies, and geriatric mental health teams. Directors often find the referrals are rejected. What is clearly seen as abuse or exploitation by the professional is often seen as a "trade-off" by the elderly client, even if the client admits to the facts of the situation.

5. Our survey also noted that an overwhelming percentage of the abused clients are female (75 percent), with the exception of a program which has a large alcoholic male population, where 75 percent of the cases were male.

This informal survey is certainly not conclusive of the actual incidence of violence and/or victimization of the elderly. We include our findings here to highlight several factors:

1. Elderly who have been victimized, abused, or exploited by relatives and/or friends are coming to the attention of professional social workers in community-based settings, in increasing numbers.

2. The incidence of abuse may not be exorbitantly high, but it is significant enough to warrant attention from our federal, state and local governments.

3. Abuse of the elderly is not limited to family members, but may include neighbors, friends, care-givers such as home attendants, and any other individual who may use the physical and/or mental impairment of the elderly person as justification for his/her own actions.

4. Compiling the necessary facts of the specific situation for court intervention is a slow, tedious task made extremely difficult by all partners to the battering, including the victim. If the victim will not testify, although s/he is competent and knows the consequences of the decision not to pursue a legal course, the dilemma for professionals in the fields of social work, medicine, and law is acute, since none of the professionals could or would violate the individual rights to privacy or to self-determination. If these situations, alternatives to legal process should be made available; i.e. a safe environment in which to live, medical care which is sympathetic to the special needs of this population, and services which are made easily available to those too timid to negotiate complex "service delivery systems".

Based upon the experiences of our member agencies providing community-based services to the elderly in New York, we would like to make the following recommendations to this Committee.

First: Mandatory reporting should be implemented. As previously mentioned, the membership of the Federation includes many agencies which provide services to children, youth and families. Our child welfare staff notes that reports of elderly abuse seem very similar to those of child abuse, and that the general situation is reminiscent of the hidden tragedies which existed before mandatory child abuse reporting was implemented. Great strides have been made in the protection of children by the passage of mandatory reporting laws; we believe that the same beneficial affects could be achieved by mandating reporting of abuse of the elderly.

Second: Increased reporting necessitates increased funding for protective services. A campaign to seek out the abused elderly will have no effect if there are insufficient funds to aid the victim once s/he is identified. In New York, and we assume in most states, funding for adult protective services will always take second place to child protective services as long as the latter is mandated and the former is not. (In New York, while the service itself must be included in the Title XX plan, the level of service capacity and funding is not specified and is wholly insufficient for the current demand, much less the potential population in need.) We strongly recommend that the threatened retrenchment of social service funding at the federal level must be vigorously resisted, and that block grant programs which are most conducive to the funding of this type of service, such as Title XX, must be expanded rather than cut.

Third: Any attempt to deal with the problem of elderly abuse should not focus solely on family abuse. We are extremely concerned about the potential for abuse of the elderly by aides in the growing home care industry and of the incidence of physical, psychological and material abuse by neighbors and friends as well as that by family members.

Fourth: Rather than a continued focus on discrete research projects, we recommend an analysis of gross figures nationwide. For instance, an analysis of overall crime figures against the elderly, hospital emergency room data, and information available from those organizations which are frequent contact points for the elderly (such as senior centers) would help differentiate between real danger spots and perceived danger spots. With the vulnerable elderly, self-victimization often results from fears which are not borne out by facts. An overall analysis of gross statistics may also help to isolate specific problems indigenous to certain areas and lifestyles, such as urban/rural, live-alones/withs, male/female, second generations Americans/immigrant Americans, etc.

Fifth: For the many elderly who are abused or victimized but unable or unwilling to take legal recourse, alternatives for living must be made available. Safe housing arrangements, job opportunities, easily accessible and affordable medical care and other services, all are factors which can help the vulnerable elderly continue to live independently in the community without fear of exploitation or victimization.

We applaud the pioneering efforts of the Select Committee on Aging in delving into this area, and we welcome this opportunity to work with you in developing a sound public policy which will benefit the elderly now, as well as all of us who are aging each day. Thank you for this opportunity to comment.

PREPARED STATEMENT OF PASQUALE GILBERTO, BROOKDALE CENTER ON AGING OF HUNTER COLLEGE

My name is Pat Gilberto and I am on the staff of the Brookdale Center on Aging of Hunter College. Let me begin by congratulating you for convening this hearing on domestic violence against the elderly.

To begin: We are talking about a wide range of behavior within families. Abuse does not have to be physical to be cruel: it may be the silent exclusion of an aged grandparent from the daily life and conversation of the family with whom she/he lives. It may be abusive language directed toward the old person. Negligence—not providing for the old person's needs for proper food, adequate clothing, clean living quarters—is a form of abusive behavior. The violence may, in fact, be physical. Cases have been reported of daily beatings over extended periods of time; there have also been reports of sudden bursts of violence in the heat of anger or in the depths of family despair. And abuse within the family group may also be acts of exploitation: the assets, income, or property of the old person systematically looted by relatives so that the aged grandparent is left penniless.

The range of behaviors we are talking about is, therefore, wide and we need to be clear about the variety which is subsumed under the rubric of abuse. Second, we must be clear that there are simply no hard data on the prevalence of abuse of older person. We know that it does exist. Practitioners in the field—social workers, Visiting Nurse Association staff, physicians, ministers, Senior Center and Nutrition Program administrators, Information and Referral workers—these are the professionals who work with older people in the community and who characteristically are most likely to know about older people who have been abused by family members, and almost all report that they know of cases of abuse.

There have been a few studies on the abuse of older people: one done by the Legal Research and Services for the Elderly organization of Massachusetts,¹ another by the Center on Aging of the University of Maryland.² The Massachusetts study was based on a survey of professionals in an effort to secure preliminary data on the extent and type of elder abuse which came to the attention of professionals. The Maryland study, on the other hand, was designed to determine the state of the knowledge about maltreatment and to develop models which would yield data about incidence, types of abuse, and situations and individual factors leading to abuse.

¹ Bergman, James, et. al., *Elder Abuse in Massachusetts: A Survey of Professionals and Paraprofessionals*, Legal Research and Services for the Elderly; Boston, June 1, 1979.

² Block, Marilyn and Sinotte, Jan, Editors, *The Battered Elder Syndrome: An Exploratory Study*, Center on Aging, University of Maryland; College Park, November 1979.

These two studies—one funded by the Administration on Aging and the other by the Massachusetts Department of Elder Affairs—I cite because they are among the most recent studies and because of their excellence. A careful reading of both reinforces my earlier statement: We know that the problem of abuse of older people exists, but we do not know how widespread the problem is.

Sadly, however, it is unlikely that we can dismiss the problem as being one of rare frequency, and we must also assume that the frequency will increase. It is the very old, mentally impaired and physically disabled who are most likely to be victims of abuse, and as their numbers increase, frequency of abuse is also likely to increase.

We are in a situation, therefore, of uncertain and incomplete knowledge, yet at the same time a situation which, because of the pain of the abused elderly, demands public action.

What can we do? The lessons from our experience with child and spouse abuse are instructive, we think. First, regulations which both require reporting of suspected cases of abuse and protect the reporter have been important in prevention of child abuse, and we recommend similar regulations with respect to the abuse of older people.

Second, there is evidence that self-help groups for abusive parents, "hot lines" to professionals' help in times of emergency, and other service strategies have met with some success, and we think similar service models merit testing.

Third, this committee has been in the forefront of the development of community-based services for older people. Clearly, the availability of services like Senior Centers and Nutrition Programs, Legal Services, Income Maintenance, family and individual counseling, respite services, among others are critical. It is the case that the abuse of the aged parent by the adult child is often a reflection of the abuser's feeling of being trapped in a cage of responsibility—without end, or relief or recognition. The availability of people who understand and can offer help and services which ease the burden can sometimes rescue both the abuser and the abused from this trap.

Fourth, despite this necessity to act now, we strongly recommend also that research efforts in this area be supported. We need to know more about the incidences of abuse, about what in the individual and in the situation leads to abuse, about how to protect the aged against it, and how to prevent reoccurrence. It may turn out that the problem is not widespread—despite the fears of practitioners that the known cases represent only the tip of an iceberg of family cruelty to aged members. But even isolated cases of such cruelty to the aged are more than should be tolerated in a humane and civilized society.

One last word: I have spoken only of abuse which occurs within families. But it should be noted that many of us in the field are deeply concerned about the potential for abuse of older people which exists in the rapidly expanding home care programs. These programs are exceedingly difficult to administer and supervise because of the dispersal of the aged clients in the community. In our effort to make these services widely available and to keep costs down, monies for training and supervision of the home care aides are scarce. The work of the aides is often hard; their pay is low and they receive little recognition for their efforts. Thus, the aide—no less than the adult child—may feel trapped and burdened and may vent her anger and frustration on the old person entrusted to her care. We urge, therefore, attention by this committee to efforts both to monitor the quality of home care services and to reward appropriately the thousands of dedicated, compassionate aides and homemakers who are caring for older people in the community.

Thank you.

PREPARED STATEMENT OF MARY YANKAUER, EXECUTIVE DIRECTOR, BURDEN CENTER FOR THE AGING, NEW YORK, N.Y.

I wish to make this statement before the Committee since our office has the opportunity to see the results of violence against the aging in several forms.

We have seldom been confronted with intra-family physical violence, but violence can be psychological and is sometimes due to ignorance and lack of education. When a family member is responsible for an older person, they often are over worked and over burdened. They seldom are educated as to the normal process of aging and the closeness of one family member to another makes it very difficult to recognize that certain habits may be perfectly normal for the older person, but can be intensely irritating when constantly repeated and when close quarters can exacerbate the irritation.

We also have been faced with the purposeful neglect or failure to act because of greed on the part of younger members of the family. Older people are particularly subject to victimization by any form of rip-off artist and certainly a relative can be the most insidious and harmful of rip-off artists.

The Burden Center for the Aging has, for two years, had a Program of Crime Victims/Witness Assistance and there we witness the violence against the elderly by younger members of society in the form of muggings, rapes, burglaries and robberies. The Center has had its share of witnessing con games and rip-off artists. We have been fortunate in several cases to rescue the victims before their lifetime savings were completely gone. Since we monitor many cases where home care is provided by other organizations, both governmental and private, we have become privy to abuses by homemakers and home attendants. The effect of violence, whether it be physical or psychological, is to injure the already frail elderly and cause them to become more reclusive and more secretive about what little they may possess.

We have seen the results of neglect, lack of care and improper care as well as violence in nursing homes. This is why we try to monitor our cases that are placed in nursing homes, since much of the poor care or violence is inflicted on the elderly who have no one to watch over them. Unless the families are educated, no matter how good-hearted they may be, they cannot be expected to overcome the neglect that is practiced.

The Protective Services, supposedly set up by the Department of Social Services, we have found to be of little value. By the time a case is found to be in need of Protective Services by DSS, the client might be dead. We have found that New York State's Conservator Law can go very far in preventing abuses, provided that the conservators picked are knowledgeable, caring and willing to let Social Service Agencies do their job properly. However, the idea that conservator cases are not crisis cases or that time can be wasted in handling them is false. It must be remembered that the elderly are not children. While an abused child can be picked up and taken out of a home where violence of some kind or another is practiced, this is not true of the elderly. The elderly themselves have an intense loyalty to family and maintain that loyalty in the face of overwhelming odds. Furthermore, unless a person is deemed incompetent to handle his affairs or make life-preserving decisions, there is no way to compel an older person to change his or her environment. The process of granting conservatorships and committees is long and tortuous and can be fought by family and supposed friends. Most private agencies do not have the funds for possible law-suits and, therefore, think carefully before starting the procedure. Even the obtaining of Conservator is sometimes difficult since many judges do not realize that so many of the clients lack ability to make proper life-preserving decisions, aside from their ability to pay rent, etc. It would appear to me that there should be some carefully thought-out changes in the law to try to prevent both intra-family violence and the violence of outside forces. When it comes to the crimes of rape, burglary, robbery with or without physical force, then consideration must be taken that violence of this sort against any member of society is wrong, not just violence against the elderly, in spite of the fact that the possible injuries caused might be more severe.

With respect to violence inflicted by persons hired to care for the elderly, there must be a much stricter investigation into their backgrounds and abilities. Caring for the aged with regard to their personal needs is not an easy task and one that takes an enormous amount of dedication and patience. The results can be indeed rewarding but the work is also physically hard.

In the Burden Center we have seen psychological violence practiced against the elderly by landlords, tradesmen, etc., and this perhaps is more easily handled than that practiced by a person masquerading as a friend. We could in fact, give you some horror stories concerning neighborhood rip-off artists, some of whom have profited very well, but whose prosecution is impossible.

I wanted to testify on this subject because I think it is most important that responsible social service agencies be given the funding to do their job. This Agency is presently supported by a grant from the Older Americans Act, Title III-B and this section of the OAA is in danger of having its funding cut. It should be obvious to the committee that this overall problem of violence and attendant ills is not endemic only to the cities, but is practiced in the rural and suburban areas. I would, therefore, hope that the funding for this Act will be increased so that agencies will be able to do the job they want to do, in view of the fact that each year, the population of the frail elderly increases.

Proper funding for the Agencies to help them is more than necessary. It is essential.

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"PROTECTIVE SERVICES FOR ADULTS"
by Mary Sciarra

Report to the Governor and the Legislature by the
State Task Force on Protective Services for Adults

March 1, 1980

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Addenda A

Chapter 446 of the Laws of 1979

Protective Services for Adults

STATE OF NEW YORK

4362-A SIGNED INTO LAW AS CHAPTER
446 of the LAWS OF 1979
1979-1980 Regular Sessions - (JULY, 1979)

IN ASSEMBLY

March 1, 1979

Introduced by M. of A. EVE, LEWIS, MONTANO, NEWBURGER,
LIPSCHUTZ—Multi-Sponsored by—M. of A. FORTUNE, G. W. MILLER,
SEMINERIO, TALLON, WILSON—read once and referred to the Committee
on Social Services—reported and referred to the Committee on Ways and
Means—committee discharged, bill amended, ordered reprinted as amended and
recommitted to said committee

AN ACT to amend the social services law, in relation to providing protective
services for adults

*The People of the State of New York, represented in Senate and Assembly, do
enact as follows:*

- 1 Section 1. Section one hundred thirty-one-l of the social services law, as added
2 by chapter eight hundred forty-one of the laws of nineteen hundred seventy-
3 five, is amended to read as follows:
4 § 131-l. Protective services. 1. In addition to services provided by social
5 services officials pursuant to other provisions of this chapter, such officials shall
6 provide protective services in accordance with federal and state regulations to or
7 for individuals [who are recipients of or applicants for benefits under the
8 supplemental security income and additional state payments program, and]
9 without regard to income who, because of mental or [physical] physical
10 dysfunction, are unable to manage their own resources, carry out the activities
11 of daily living, or protect themselves from neglect or hazardous situations
12 without assistance from others and have no one available who is willing and able
13 to assist them responsibly. Such services shall include [but not be limited to]:
14 (a) receiving and investigating reports of seriously impaired individuals who
15 may be in need of protection;
16 (b) arranging for medical and psychiatric services to evaluate and whenever
17 possible to safeguard and improve the circumstances of those with serious
18 impairments;
19 (c) arranging, when necessary, for commitment, guardianship, conservator-
20 ship or other protective placement of such individuals either directly or through
21 referral to another appropriate agency, provided, however, that where possible,
22 the least restrictive of these measures shall be employed before more restrictive
23 controls are imposed;

EXPLANATION — Matter in italics is new; matter in brackets [] is old law to be omitted.

LHD 25-851XA

1 (d) providing services to assist such individuals to move from situations which
2 are, or are likely to become, hazardous to their health and well-being; [and]

3 (e) cooperating and planning with the courts as necessary on behalf of
4 individuals with serious mental impairments; and

5 (f) other protective services for adults included in the state's comprehensive annual
6 social services plan, as required by title XX of the Federal Social Security Act.

7 E. (a) In that the effective delivery of protective services for adults requires a
8 network of professional consultants and services providers, local social services
9 districts shall plan with other public, private and voluntary agencies including but
10 not limited to health, mental health, aging, legal and law enforcement agencies, for
11 the purpose of assuring maximum local understanding, coordination and cooperative
12 action in the provision of appropriate services.

13 (b) Each local department of social services shall prepare and submit to the
14 commissioner, with the approval of the chief executive officer, or the legislative body
15 in those counties without a chief executive officer, after consultation with
16 appropriate, public, private and voluntary agencies, an annual plan for the
17 provision of adult protective services which shall describe the local implementation of
18 this section including the organization, staffing, mode of operations and financing of
19 the adult protective services as well as the provisions made for purchase of services,
20 inter-agency relations, inter-agency agreements, service referral mechanisms, and
21 locus of responsibility for cases with multi-agency services needs. Local protective
22 services for adults plans shall be an integral component of a district's comprehensive
23 annual social services program plan, as required by title XX of the Federal Social
24 Security Act. The department shall establish a schedule for the submission of such
25 plans. Within thirty days the commissioner shall certify whether or not the local plan
26 fulfills the purposes of and meets the requirements set forth in this section. If he
27 certifies that the local plan does not do so, he shall state the reasons therefor and he
28 may withhold state reimbursement for all or part of the local department's protective
29 services for adults activities. Any social services district aggrieved by a decision of the
30 commissioner under this section shall have the right to a fair hearing in accordance
31 with the appropriate provisions of this chapter. In the event of an adverse fair
32 hearing decision a social services district shall be entitled to judicial review pursuant
33 to section twenty-two of this chapter, provided, however, that the withholding of
34 reimbursement for expenditures incurred pursuant to disapproved portions of the
35 protective services for adults plan shall remain operative pending final resolution of
36 such review.

37 3. Any social services official or his designee authorized or required to determine
38 the need for and/or provide or arrange for the provision of protective services to
39 adults in accordance with the provision of this section, shall have immunity from any
40 civil liability that might otherwise result by reason of providing such services,
41 provided such official or his designee was acting in the discharge of his duties and
42 within the scope of his employment, and that such liability did not result from the
43 willful act or gross negligence of such official or his designee.

44 4. For the purpose of developing improved methods for the delivery of protective
45 services for adults, the department with the approval of the director of the budget,
46 shall authorize a maximum of five demonstration projects in selected social services
47 districts. Such projects may serve a social services district, part of a district or more
48 than one district. These demonstration projects shall seek to determine the most
49 effective methods of providing the financial management component of protective
50 services for adults. These methods shall include but not be limited to: having a social
51 services district directly provide financial management services; having a social
52 services district contract with another public and/or private agency for the provision
53 of such services; utilizing relatives and/or friends to provide such services under the
54 direction of a social services district or another public and/or private agency and
55 establishing a separate public office to provide financial management services for

1 indigent persons. The duration of these projects shall not exceed eighteen months.
 2 Furthermore, local social services districts shall not be responsible for any part of the
 3 cost of these demonstration projects which would not have otherwise accrued in the
 4 provision of protective services for adults. The total amount of state funds available
 5 for such financial management services demonstration projects, exclusive of any
 6 federal funds shall not exceed three hundred thousand dollars. The commissioner
 7 shall require that a final independent evaluation by a not-for-profit corporation be
 8 made of the demonstration projects approved and conducted hereunder, and shall
 9 provide copies of such report to the governor and the legislature.

10 § 2. In that the effective delivery of protective services for adults requires a
 11 network of professional consultants and services providers, an inter-agency task
 12 force on protective services for adults is hereby established. The task force shall
 13 recommend inter-agency agreements, jurisdictional guidelines and make other
 14 recommendations for the provision of adult protective services at the local and
 15 county level. Such agreements, guidelines and recommendations shall include
 16 but not be limited to: the appropriate role of public, private and voluntary
 17 agencies in the provision of protective services for adults; the need for mandated
 18 reporting requirements for certain persons, officials and/or agencies; interven-
 19 tions on behalf of involuntary clients; the appropriateness of establishing
 20 procedures for the appointment of temporary conservators; and the circum-
 21 stances in which it is appropriate for social services officials to initiate
 22 conservatorship proceedings.

23 Members of the task force shall be appointed by the Governor and shall
 24 include but not be limited to representatives from the department of social
 25 services, the three offices of the department of mental hygiene, the mental
 26 health information service, the department of health, the office for the aging,
 27 the office of court administration, the public service commission and the
 28 division of criminal justice services. The task force shall also include representa-
 29 tives of local and county governments, and from the private and voluntary
 30 sectors who are involved in the provision of protective services for adults. The
 31 maximum number of persons who may be appointed to serve on the task force
 32 shall be limited to twenty-one. This task force shall expire on the first day of
 33 March, nineteen hundred eighty.

34 § 3. The task force shall submit its recommendations to the governor and the
 35 legislature by the first day of March nineteen hundred eighty. This report shall
 36 also include the measures undertaken and/or which will be undertaken to
 37 implement these recommendations at the state and local levels and any other
 38 recommendations of the task force. The department shall submit another report
 39 to the governor and the legislature by the first day of March nineteen hundred
 40 eighty-one, on the progress made in improving the delivery of protective
 41 services for adults in the social services districts throughout New York state, the
 42 results of any demonstration projects conducted by the department, continuing
 43 problems which impair the delivery of adult protective services and any other
 44 comments and recommendations the department deems appropriate.

45 § 4. This act shall take effect immediately.
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Addenda B

Legislative Proposal

Short Term Involuntary Protective Service Order

Short Term Involuntary Protective Services OrderI. Legislative Intent

It is the intent of the legislature to establish a special proceeding for the issuance of a short-term involuntary protective order for an endangered adult.

Further, it is the intent of the legislature that short-term involuntary protective orders issued pursuant to this statute shall constitute the least restrictive interference possible with the person, property, and civil liberties of such endangered adult. It is intended that such orders be the product of a judicial balancing of the risks and benefits of intervention against the risks and benefits of non-intervention. Short-term involuntary protective orders should deviate as little as possible from the endangered adult's own choices about his or her life.

Finally, the legislature does not intend, by establishing this special proceeding, to overrule or inhibit the development of the common law.

II. Definitions

A. An endangered adult is a person, age eighteen or over who is judicially found to be:

(1) in a situation or condition which poses a substantial risk of death or serious physical harm to such person; and

(2) lacking capacity to comprehend the nature and consequences of remaining in said situation or condition, provided that:

(a) refusal to accept the services proposed

by petitioner or others, shall not in

itself be conclusive evidence of such incapacity;

(b) mental illness shall not in itself be conclusive

evidence of such incapacity;

B. Short-term involuntary protective services are those services which are judicially determined to be essential to remedy the situation or condition in Section II(A)(2)(a) herein and only that situation or condition.

III. Venue

A. A petition for an order authorizing the provision of short-term involuntary protective services shall be made to:

1. a special term of the Supreme Court, held in the judicial district in which the allegedly endangered person resides, or
2. the appellate division in the department in which the person resides, or
3. any justice of the Supreme Court, or
4. a county court judge being or residing within the county in which the person resides; where there is no judge within the county capable of issuing the order authorizing the provision of short term involuntary protective services the petition may be made to a county court judge being or residing within an adjoining county.

B. If the allegedly endangered person's residence cannot be ascertained, his residence shall be deemed to be in the county within which he is found.

IV. Petition

A. This special proceeding may be initiated by any person having concern for the well-being of the allegedly endangered adult. This may include a relative, friend, neighbor, corporate body, social services agency, public agency or a social services official, regardless of whether the allegedly endangered adult is a recipient of public assistance or care.

B. The petition shall be verified. It shall contain:

- (1) the name and physical description of the allegedly endangered adult; and
- (2) the address or other location where the allegedly endangered adult can be found; and
- (3) allegation of all the findings required in Section VIII herein; and
- (4) allegations of the findings to be made in Section VIII (A) herein must be based upon petitioner's personal knowledge or supported by affidavits alleging personal knowledge; and
- (5) the relationship of the petitioner to the allegedly endangered adult, and disclosure of any personal or pecuniary interest which the petitioner has in the physical well-being or financial condition of the allegedly endangered adult.

V. Counsel

A. The allegedly endangered adult shall be entitled to counsel at all stages of this special proceeding.

B. Such counsel shall be provided at public expense by the Office of Court Administration directly or through contracts with not-for-profit corporations. The following criteria shall guide said Office in providing counsel:

1. ability to provide free legal services to disadvantaged or other select groups;
2. ability to respond on a 24-hour a day basis, seven days a week, including but not limited to personal interview of the endangered adult; counselling such person with respect to this

statute; arranging for investigations, and for expert examination and testimony subject to the allegedly endangered adult's consent;

3. access to professionals for investigations and expert examination and testimony;
4. sufficient independence from possible petitioner herein to insure the absence of a conflict of interest or the appearance thereof.

C. Upon the consent of the allegedly endangered adult, such counsel shall represent such adult unless or until private counsel is substituted or assigned counsel is discharged by such adult. If the latter occurs or if for any reason during the proceedings herein such adult is unrepresented by counsel, the court shall appoint a guardian ad litem for the allegedly endangered adult if for any reason during the proceedings herein such adult is unrepresented by counsel. Such guardian ad litem shall be paid for at public expense.

VI. Notice

A. A special proceeding to obtain an order authorizing the provision of short term involuntary protective services shall be commenced by order to show cause, which shall require that a copy of said order to show cause, the petition, and annexed documents shall be served upon both the allegedly endangered adult and his counsel assigned by the court at least 24 hours prior to the hearing for an order authorizing the provision of short-term involuntary protective services not excluding Sundays or holidays.

B. Diligent efforts shall be made to provide personal service prior to the hearing upon any individual who would be a distributee under the EPTL of the allegedly endangered adult, and upon any other interested persons.

C. Service of the order to show cause and the petition herein shall be made by personal delivery upon the assigned counsel and the allegedly endangered adult, provided that the court may order alternative service reasonably calculated to assure personal notice upon the allegedly endangered adult upon a showing by the petitioner that personal delivery upon such adult is not possible. Sunday service shall be permitted.

D. Notice of the final order shall be given to all persons served pursuant to (A) and (B) of this section, in the same manner as such service was made.

VII. Hearing

A. The allegedly endangered adult shall be entitled to a hearing before a Judge in a Court of appropriate jurisdiction at which the allegedly endangered adult shall be present in person, by counsel, or by guardian ad litem. Such appearance shall not be waived.

B. The allegedly endangered adult may employ experts for investigation, examination and testimony, expenses for which shall be met in the same manner as for counsel in Section V-B herein.

C. No adjournments will be permitted on the request of the petitioner. The allegedly endangered adult shall be permitted one adjournment of up to 48 hours for the purpose of securing counsel, investigation, or expert examination and testimony.

D. The court shall issue for the record a statement of its findings for or against the authorization of an order providing short term involuntary protective services.

E. If allegedly endangered adult does not appear personally at the hearing, the Court, prior to issuing a short term order for Protective Services shall determine that the allegedly endangered adult was properly served in accordance with VI C herein.

VIII. Findings

After a hearing, the court must find, in order to authorize the provision of short term involuntary protective services:

- A. That the allegedly endangered adult is an endangered adult as defined in Section II A herein; and
- B. That the ordered short term involuntary protective services are designed to remedy the dangerous situation or condition in Section II A(1) herein and are not overbroad as to extent or duration; and
- C. That other less restrictive and voluntary protective services have been tried and have failed to remedy the situation, and why a future, voluntary, less restrictive alternative would not be successful; and
- D. That if removal to a hospital or other residence change is to be ordered, that remedy of the dangerous situation or condition in Section II A(1) is not possible in existing physical surroundings of the allegedly endangered adult; and
- E. That the relief contemplated by the courts is necessitated by the situation or condition in Section II A(1) of the endangered adult, not the personal or pecuniary interests of petitioner.

IX. Order

- A. An order for short term involuntary protective services shall prescribe:
 1. The specific protective services which are to be provided and what person or persons are authorized or ordered to provide them; and
 2. Shall not provide for any forcible entry unless the persons so entering are accompanied by a police officer; and
 3. Shall require persons acting under A (1) and (2) herein to submit a written report to the court within one week following the provision of the ordered protective services, except that

the police officers shall not be required to submit such a report.

- B. Such order shall not include removal to a psychiatric facility.
 - C. No order issued pursuant to this statute shall extend for more than 72 hours. An original order may be renewed once for up to another 72 hour period upon showing by petitioner to the court that continuation is necessary to remedy the original situation or condition. No further renewals are permitted.
 - D. The issuance of such an order shall not deprive the endangered adult of any rights except to the extent provided for in the order.
- X. Appeal
- Appeals of orders issued under this statute shall be expedited.

Addenda C

SERVICE COORDINATION MODEL

Protective Services for Adults can best be viewed as an inter-disciplinary system of care for individuals who usually have multi-dimensional problems which make them unable to handle their own personal and/or financial affairs. These problems may interact and compound each other, reflecting either a crisis or chronic situation.

Although Protective Services for Adults is a Title XX service which is mandated in New York State and must be provided without regard to income by all local Departments of Social Services to all who fit the service definitions, it has long been recognized by human service professionals that local DSS cannot effectively provide this service without the reliable participation of many other service systems and resources in each community.

But before a local DSS can effectively build or even participate in a network of integrated services to PSA clients, it is essential that the internal linkages within its own agency be firmly established.

The service coordination model presented here is based on several levels of organization including Federal, State and local, and within those levels it includes intra agency and inter agency linkages where appropriate.

FEDERAL AGENCIES INVOLVED

- Office of Human Development Services
- Administration on Aging
- Social Security Administration
- Veteran's Administration
- Postal Service
- Health Care Financing Administration
- Housing and Urban Development
- National Institute of Mental Health

The implications of service coordination as it relates to the Federal level are in the nature of mutual policy and legislative review, coordination of funding and planning cycles; creative joint use of demonstration project funds and sharing of information on program direction between different states.

STATE AGENCIES INVOLVED

- Department of Social Services
- Offices of Mental Health, Retardation, Alcoholism and Alcohol Abuse
- Office for Aging
- Office of Court Administration
- Department of Criminal Justice Services
- State Police
- Public Service Commission
- Office of Energy
- Mental Health Information Service
- Housing Authority
- Legislature
- Department of Health

Service coordination at the State level requires formal mutual policy review and regular joint planning sessions, definition of roles and responsibilities with regard to specific client populations, formal agreements to implement these responsibilities, joint training programs, joint demonstration projects, active attempts to insure cooperation of local counterparts, and joint monitoring and evaluation of local service networks.

LOCAL INTRA-AGENCY COORDINATION OF DEPARTMENTS OF SOCIAL SERVICES

To insure that each PSA client receives the maximum service and protection needed, it is necessary for the local DSS to coordinate the skills and experience of its Income Maintenance, Medical Assistance and Social Service Divisions and to establish the appropriate communication and procedures

required. The following are minimal suggested guidelines for improving intra-agency linkages:

A. PROGRAM AREAS

1. Intake-Receiptionists

The initial point of entry, especially in crisis and/or emergency situations may be crucial and indicate the need for PSA. Whether the agency has a single Intake Unit, or each program area has their own Intake, the staff responsible for this contact need to be made aware of factors and/or characteristics which indicate the need for PSA, and to make appropriate referrals. Thus, page 11 of the Application Form for Public Assistance (DSS-1994), the Request for service should be reviewed for the purpose of identification of potential PSA situation.

2. Income Maintenance

This includes all program areas but particularly concerned with PSA clients will be staff responsible for Home Relief (HR), Emergency Assistance to Adults (EAA), Emergency Assistance to Families (EAF), Supplemental Security Income (SSI), Utility Disconnect Procedures (UDP), Fuel Programs and the Food Stamp Program. Staff with these responsibilities must be alert to symptoms and behavior typical of PSA clients and must be familiar with procedures for referring these clients for services and medical assistance.

3. Medical Assistance

Staff whose responsibilities include intake, recertification, personal in-home care, discharge planning,

and applications for catastrophic illness provisions should be knowledgeable about the PSA programs and client characteristics, and should be skilled in making appropriate referrals.

4. Social Services

Service staff in general including staff responsible for particular service areas must be alert to client needs which suggest the need for PSA. Included will be:

- a. Staff responsible for evaluating the need for homemaker/housekeeper service will often be in a position to evaluate the need for PSA and must therefore be knowledgeable of the characteristics of the program.
- b. Children Services - staff need to relate to and understand special needs of adults needing PSA for purpose of identification and referral.
- c. Those agencies which have a functioning Information and Referral System should sensitize staff to the characteristics of the PSA program so that appropriate referrals may be made.

5. Legal Affairs

- a. Legal consultation and services are essential to the PSA program. Legal staff must be aware of the PSA program components if effective linkages are to be maintained.

- b. Staff involved with Fair Hearings should be alert to the needs of such clients for PSA. The denial of services or public assistance may indicate the need for referral to PSA.

B. METHODS OF ESTABLISHING LINKAGES

Depending upon its size, organizational structure, and estimated needs, the local districts will employ various methods to strengthen these linkages. This is seen as a joint responsibility of the Director of Social Services and Staff Development in conjunction with appropriate supervisory staff from Income Maintenance and Medical Assistance. Methods to be used may include:

1. Planning at supervisory and line staff level or administrative and casework level with appropriate needs assessment.
2. Joint program planning with legal, medical and income maintenance staff.
3. Staff meeting with agenda planned to cover essential program components.
4. Use of printed materials for distribution to appropriate staff. Guidelines (Jul. 1964) summarized to meet individual agency needs.
5. Use of appropriate visual aids.
6. Joint attendance at training programs.
7. Case consultation on individual situations involving Services, IM, MA, Legal staff as appropriate.

CONTINUED

1 OF 2

C. SUGGESTED AGENDA FOR JOINT STAFF MEETING AND/OR TRAINING SESSION

1. Summary of PSA Program guideline (Bul. 194)
2. PSA Client characteristics
3. Identification of service needs: social; fiscal; medical; psychiatric; legal; and housing
4. Social Protective Services
5. Legal Protective Services
 - symptoms
 - characteristics indicating need to consider specific legal procedures
 - familiarity with current legislation
6. Working with Legal
 - How caseworker can help staff attorney
 - How staff attorney may assist caseworker
7. Identification of specific areas of responsibility
 - MA
 - IM
 - Social Services
 - PSA Worker

LOCAL INTER-AGENCY NETWORK BUILDING

It is beyond the scope of this model to attempt to prepare guidelines for internal organizational coordination of the agencies, other than local Department of Social Services, which play a necessary role in the delivery of PSA. However, if all these agencies can agree locally on their respective roles and responsibilities in an accountable way before crises occur, most of the tragedies which now come to our attention can be avoided. That is not to say that local service coordination will suffice to extend services to the entire PSA population at risk without the substantial addition of new

financial resources. But it will avoid wasting of resources that do exist and will allow communities to do a more responsible job of serving the population already known to the service delivery system.

LOCAL AGENCIES AND INDIVIDUALS INVOLVED

- Social Service Agencies - public and private
- Health and Mental Health Agencies - public and private
- Physicians and Psychiatrists
- Services for the Elderly Agencies - public and private (Including Senior Citizen Centers and Clubs)
- Legal Community
- Law Enforcement Community
- Court Personnel
- Advocacy Groups and Volunteers
- Utility Companies and Fuel Dealer Associations
- Housing Agencies
- Hospitals (Including Veteran's Administration)
- Social Security District Office Managers
- County Legislators and Elected Officials
- Clergy
- Postal Carriers
- Employment Services
- Merchants
- Universities and Colleges (Departments of Social Work, Law, Gerontology, Criminal Justice)
- Planning Boards, Advisory Boards, Councils of Agencies
- Transportation Services

BUILDING INTER-AGENCY LINKAGES

Contact and coordination between agencies may occur in an informal or increasingly formal way, depending upon the level of staff involved and the

nature of the working agreements arrived at. At all of the levels and in all the activities described here the establishment of a paid position for a service coordinator will greatly enhance the likelihood of building a reliable service delivery system.

A. Direct Service Staff

At the direct service level effective working relationships may be established between agencies when workers know who to contact at the various agencies involved, what this staff is responsible for and authorized to do, and a knowledge of the procedures required to accomplish specific service tasks. This is the most informal type of linkage and may lead to the next level of inter-agency contact at the supervisor level in response to requests from the direct service staff for a more formally authorized linkage.

B. Supervisor and/or Director of Social Services

The role of supervisor and/or Directors of Social Services in establishing inter-agency linkages may take the form of:

1. Planning and calling case conferences
2. Initiating and arranging for community meetings
3. Participating in cross training of DSS Staff and Staff of other agencies
4. Developing and issuing joint public information releases
5. Initiating new local regulations or changes in local regulations

C. Commissioners and Directors

Formal inter-agency agreements outlining the roles, responsibilities and tasks which are accepted by each agency may be signed by the top level administrators of the key agencies.

Policy and planning for coordination of services with the local legislature, county board, etc. should be the responsibility of this level.

D. Advisory Councils

Local Advisory Councils may, in the performance of their designated advisory function of policy development and program planning, undertake to coordinate the related PSA services and might initiate a community meeting to involve others in the community besides their own members. A public education campaign to be aired via the public service access channels could be prepared by these councils.

PROTECTIVE SERVICES FOR ADULTS AS A SHARED COMMUNITY RESPONSIBILITY

Efforts to involve the community at large in the network of service delivery to PSA clients is a necessary development once the linkages within DSS and with other social agencies and resources are firmly established.

OUTREACH AND CASE FINDING

A. Social Agencies or Volunteers

Attempts should be made to involve other social agencies, advocacy groups or volunteers in a systematic outreach and case finding effort. These groups should be fully cognizant of the identifying characteristics of potential PSA clients, according to the Title XX definition; and the referral procedures necessary for them to enter the service system. Fully developed information and referral systems are an essential part of this process.

B. Publicizing Availability of PSA to Community as a Whole

The availability of PSA should be publicized via public television, radio, neighborhood newspapers, posters, etc.,

to insure that persons in need of this service will know how to enter the service system; or so that others in the community who become aware of someone in need of PSA will know how to refer the person for services as quickly, directly and appropriately as possible.

Position Paper on Services to Neglected, Abused and Frail Adults in New York City

Position Paper on Services to Neglected, Abused and Frail Adults in New York City

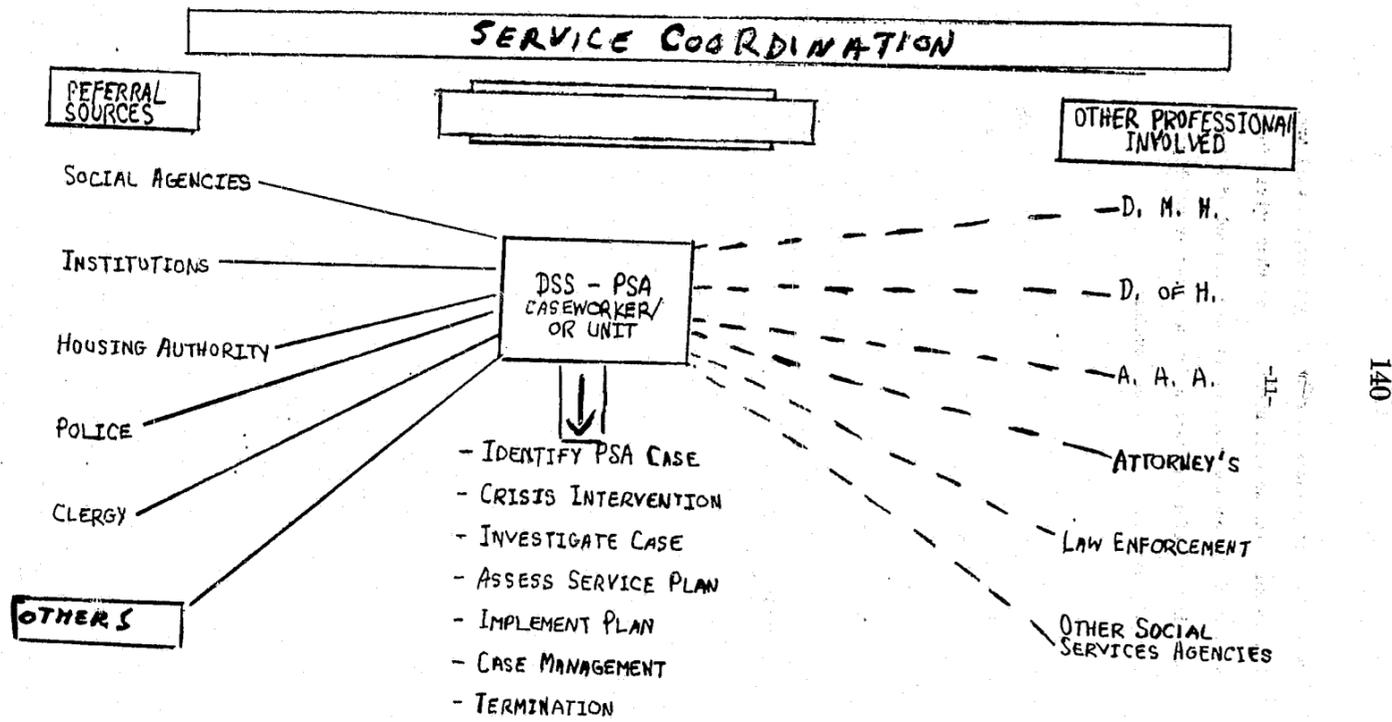
I. Background and Current Scope of New York City Problem

A program of Protective Services for neglected, abused and frail adults must be an interdisciplinary collaboration which provides comprehensive assistance to persons with physical and mental disabilities who can no longer take care of their basic needs and require community support.

The Adult Protective Services population at risk in New York City includes the frail and impaired elderly, the developmentally disabled adults, the mentally disabled, including state hospital discharges, persons suffering from alcohol and substance abuse, and the homeless, many of whom require intervention at the point of crisis and for whom planning and services must take place over a protracted period of time.

The need to provide Adult Protective Services is growing in New York City. Senior Center directors are finding their membership significantly older and more frail; more individuals are homeless or live in dangerously inadequate housing in the wake of the worsening New York City housing crisis; and hospital personnel and social workers are increasingly confronted by the difficult problems presented by the growing numbers of deinstitutionalized mental patients and developmentally disabled adults.

There are close to 100,000 frail and impaired elderly living alone in the community in New York City according to the New York City Department for the Aging. Living in Manhattan alone, there are estimated to be 20,000 ex residents of state mental institutions. These persons represent but a portion of the current Adult Protective Services population seriously at risk in New York City.



II. Available Resources

Many resources required in an Adult Protective Services case plan are already in place to a limited degree in New York City. Resources include: case management; home care; medical services; mental health services; visiting nurse services; legal services; entitlement advocacy services; code enforcement; income maintenance; senior centers; and meals on wheels. Providers include the Human Resources Administration (HRA) and other City agencies including the police, the courts, and public and private health, mental health, aging and social services programs. In addition to inadequate funding and resources, services are fragmented. Often one agency does not know that another is involved in a case and frequently is unaware of the other agency's existence.

Limited resources resulting from funding limitations in itself prevents timely and convenient deployment of available services in Adult Protective Services cases. All too often there are unreasonable time delays or impossible travel requirements necessary to obtain needed services in a case plan.

HRA established a Protective Services for Adults program to satisfy the Title XX mandate for the service. An Adult Protective Services unit was created in Family and Adult Services (FAS) in 1976. Due to funding limitations, staffing for the unit has been minimal when compared to the potential population at risk as defined in State Social Services bulletin 194 on PSA. Full time administrative, clerical and casework staff currently number 24, including only 11 caseworkers with active caseloads. The PSA Unit provides services to about 400 individuals per year.

The PSA Unit in FAS has limited its program focus to the most isolated and functionally impaired involuntary clients who are in need of immediate emergency services due to limited program resources. This was done with the expectation that other public and private service providers will meet the needs of the remaining population at risk.

The Department of General Social Services (GSS) provides a range of Adult Protective Services. Case assessment and development of service plans are provided for adults unable to protect themselves or their own interests. On-going casemanagement is provided for individuals accepting services voluntarily. GSS units provide services to approximately 1,000 individuals annually.

In the voluntary sector, a variety of agencies provide a wide range of Protective Services to their clients often parallel to the services provided by HRA. Both citywide and neighborhood agencies provide financial management services to involuntary clients. Many voluntary aging, mental health and social services agencies provide casemanagement to Adult Protective Services clients. These programs are funded by a variety of public and private sources.

III. Barriers to Service Delivery

New York City shares many of the barriers which have hindered service delivery elsewhere in the State. Missing elements in the PSA case plan in New York City include funded emergency alternative housing and a public fiduciary agency. In addition, there are two significant barriers to service delivery which have evolved in a manner unique to New York City. These are: A) structural barriers, and B) inadequate funding.

A. Structural Barriers

Adult Protective Services has evolved into parallel self-contained service delivery systems within and without the public sector in New York City. Consequently, there has been inadequate interorganizational coordination, cooperation and support in the delivery of services. No agency has assumed overall responsibility for Adult Protective Services in New York City. In the absence of an effective high level Protective Services coordinating agency, attempts to establish linkages both within HRA and between HRA and other service providers have been largely unsuccessful. The results have been unclear and thoroughly unclear.

access pathways for services for clients and their advocates, duplication of resources, and separate informal agreements between individual service providers and the courts, police and other agencies. All of this has led to confusion around individual agency responsibilities which has resulted in counter-productive interagency tensions.

B. Inadequate Funding

Adult Protective Services cannot seriously impact on the New York City population at risk at current funding levels. New York City has been limited in its ability to provide the necessary funds to effectively respond to the Title XX PSA mandate due to prior commitments of limited Title XX funds and an inability of the City to provide additional funds due to the financial crisis. The PSA Unit in FAS has an annual budget of less than \$500,000, which is 1/4 of 1% of the local Title XX budget. The average expenditure for similar services in other counties in New York State is proportionately 25 times as great. FAS and GSS are currently able to impact on only 1500 PSA cases annually.

Insufficient funding has resulted in a shortage of caseworkers, psychiatrists, physicians, attorneys and other professional and non professional PSA support staff in HRA. As a result, HRA has not been able to fully achieve its mission as defined in bulletin 194. The service is not visible and is only available to those in extreme need.

IV. Recommendations

An effective New York City PSA plan must respond to these problems. The subcommittee makes the following recommendations as components of a comprehensive response to the difficult problems raised above:

A. Declaration of Mayoral Priority

The Governor in his 1980 State of the State message has officially declared services to mentally and physically impaired adults to be a priority of New York State. Chapter 446 requires executives of local government in New York

State to sign off on an annual Title XX plan for Adult Protective Services after consultation with appropriate public, private and voluntary agencies. The magnitude of the problem in New York City, in addition to the inter-organizational complexities of a required comprehensive service delivery plan, require the active prestige and authority of the Office of the Mayor. In line with the Governor's commitment, the subcommittee recommends an Official Mayoral declaration of program priority, an official commitment of necessary local resources to the program, and the designation of a New York City Adult Protective Services Task Force.

The New York City Task Force should be coordinated by the Commissioner of Social Services with a purpose of participation in the essential tasks of PSA program development and implementation, including consultation in the development of the local Title XX PSA plan as set forth in Chapter 446. The Task Force should serve as a forum for discussion and formal interorganizational agreements detailing agency PSA program responsibilities. The Task Force should include impacted City, State and federal agencies, the courts, elected officials, local schools of law and social work, and voluntary and private service providers.

B. City Wide PSA Procedure

The subcommittee recommends that a comprehensive PSA procedure be developed by HRA inclusive of the service definition in bulletin 194 which sets forth in detail the PSA responsibilities of each impacted unit in HRA and details the responsibilities of all other affected agencies of city, state and federal government, plus the responsibilities of all local voluntary service providers. All of these individual agency responsibilities should be established in formal interagency agreements. In addition to the New York City PSA Task Force, existing intergovernmental bodies, such as the Interagency Policy Group on Aging and Community Planning Boards, should be utilized as vehicles for the necessary interagency agreements.

The implementation of an inclusive city wide PSA procedure will provide for maximum utilization of PSA resources by the parallel service delivery systems by elimination of duplication of effort, providing a valuable resource document to service providers and by eliminating wasteful interagency tensions currently resulting from unclear interagency responsibilities. Public access to PSA would be greatly enhanced by the procedure.

C. Increased Funding

A significant infusion of new funds must be forthcoming if the PSA mandate is to be met in New York City. Adult Protective services resources are currently taxed to their limit in New York City. FAS and GSS have no increased caseload capacity unless there are funds for increased staff. The City is not in a position to allocate additional funds for PSA.

The subcommittee recommends that the New York City Title XX ceiling be raised in direct proportion to documented need for additional funds for Adult Protective Services. The subcommittee further recommends that Title XX regulations be amended to provide for 100% reimbursement for Adult Protective Services. Finally, the subcommittee recommends that legislative action be taken which authorizes demonstration funds which provide for the development of effective projects in the areas of financial management, alternative housing and service coordination. Specifically the subcommittee recommends immediate action by the State Legislature to appropriate to New York City a significant portion of the \$300,000 previously authorized for financial management.

HRA should explore various means of deploying new funds for service delivery including direct provision of services and purchase of services. Appropriate methods of service provision should be utilized based on a thorough evaluation of the results of the programs.

D. Development of Community Service Delivery Capacity

New York City neighborhoods are complex and diverse as are their social problems and service delivery structures. Local residents are often alienated by City social workers from "downtown" offices. An effective PSA plan often requires an intimate knowledge of community based services and informal neighborhood support systems involving merchants, neighbors and assorted neighborhood characters who can be counted on to provide essential services to adults in need. A PSA unit must have a neighborhood base in addition to a centralized base as required by non neighborhood institutions such as: the courts, institutional services, medical services and entitlement services.

Legally mandated coterminality of City services within Community planning board areas affords a unique opportunity for effective neighborhood service coordination as required in a PSA case plan. The Community Services Act and its implementation by the City Department for the Aging, with an emphasis on centralized neighborhood access points for services to the elderly, provides the potential for effective community access points for Adult Protective Services. Coterminous GSS offices, Community Planning Boards, and senior centers can provide equally effective community access points.

Addenda E

Position Papers on Service Gaps

1. Housing 2. Transportation 3. Temporary Emergency Bed Space

1. Housing

Housing is a major problem in the network of PSA Service delivery. Serious initiatives must be undertaken to increase the availability of safe, affordable housing for the elderly and the disabled, and to provide at-home support services to minimize the frustration which often results in the premature institutionalization of persons who might remain in a relatively independent status in the community for longer periods. A position paper on housing prepared by the New York State Department of Social Services in November 1979 concluded that "special housing and related service needs of disabled persons have not received adequate attention. In addition, community resistance to the development of housing for the aged, mentally retarded and multiply-handicapped persons restricts residential opportunities for dependent persons." The following solutions are recommended, recognizing, however, that these solutions require a major commitment to the investment of new resources:

Expand supply and quality of housing stock through:

- increasing or creating new tax incentives to encourage private investment in low-income housing improvement;
- increasing code enforcement activities to encourage housing improvement;
- expanding federal subsidy and loan programs construction and rehabilitation;

Assure funds to maintain standard housing that exists or is developed through:

- increased payments to low income persons, either through direct housing subsidies, or increases in benefit levels;

- expanded use of Section 8 housing assistance programs to provide rent subsidies to a greater number of recipients and disabled and dependent persons;
- creation and enforcement of minimum housing standards with payment of public funds dependent upon maintenance of these standards;
- development of mechanisms to ensure adequate cash flow to landlords.

This approach is dependent upon strict enforcement of standards. Without such enforcement, additional dollars will not assure improvement in housing stock for low income and disabled persons.

Increase special housing and services for the disabled and elderly.

- creation of supplemental SSI programs to permit disabled and dependent persons to live in community-based residences with supportive services;
- development of special financing programs for the disabled

While the issues of access to housing and the adequacy of public assistance payments to meet housing needs are of great importance, it is recommended that issues of housing supply receive priority attention.

Efforts to address related issues cannot be successful if limited resources are available to promote construction and rehabilitation of housing. Therefore, the following minimum strategy is recommended.

- Federal funding should be increased for construction and rehabilitation programs. This should include expanded funds for direct subsidies, as well as reexamination of the scope and effectiveness of loan programs.
- Tax incentives should be provided for owners of buildings which are developed for housing low income and disabled persons.

2. Transportation

Inadequate transportation often denies the elderly or disabled access to the very programs which are designed to keep them in the mainstream of community life. Without these programs deterioration and disengagement accelerates and the progress toward the need for institutionalization also accelerates. The following are various ways in which communities have tried to deal with this and it is strongly recommended that a state agency or consortium of state agencies be assigned the responsibility of facilitating and coordinating these efforts:

- Offices for the Aging throughout the state have developed demand-response door-to-door van transportation systems for the elderly. These systems vary in terms of their comprehensiveness and effectiveness. For the younger disabled population, the demand-response availability is very limited. In each locality, where available, it is comprised of wheelchair vans made available by agencies specifically working with the disabled. Their availability is certainly not adequate.

- Urban Mass Transit Authority (UMTA) 16 B2 federal funding is available to assist local non-profit organizations in funding vans on a shared-funding basis.

- Regulations 504 of the Rehabilitation Act of 1973 (Federal) mandate local public transportation authorities to make their systems accessible to the frail elderly and disabled. This will involve the adaptation of their vehicles to make them wheelchair accessible. However, it does not deal with the problem of mobility, i.e., the difficulty and elderly/disabled person may have in getting to the bus stop.

- The State should address the need for demand-response door-to-door transportation and coordinate this existing system with the public transportation system to develop a more comprehensive plan to meet the transportation needs of the elderly/disabled. This is not to say the public transit authorities

should enter the demand-response system directly. However, Public transit authorities could make available their expertise in planning a comprehensive system and share their knowledge of available resources. They could also assist by advocating for Federal funding for the demand-response component.

- The State Department of Transportation should provide assistance and incentives for localities through the funding of demonstration projects which would be developed through the joint efforts of local service providers and transit authorities. These projects would be designed to enhance the mobility capabilities of the elderly/disabled.

- The burden of responsibility should be shared by transit authorities and local service agencies. All local service agencies should review the accessibility of their services. Attention should be given to location and wheelchair access of buildings where services are provided. There should be multiple and convenient entry points to the various service systems.

3. Temporary Emergency Bed Space

Very few counties have the availability of reserved or even assured bed or room space to accommodate clients in emergencies who have no place to go until a more permanent plan can be developed. The following are alternative methods proposed to remedy this gap in resources:

- Developing and maintaining a registry of available placement or housing accommodations;
- Identify one or two providers in the community who will give first priority to PSA referrals. This may be accomplished by contracting with Title XIX facilities for health related services for MA eligible clients (Nursing Homes, etc.) and with Title XX or SSI funded facilities for non-health related housing (Adult Homes), payment being made on a case by case basis.
- Where Housing Assistance Services already exist as private non-profit, government, etc. contracting or signing agreements for them to provide bed or room location;
- Developing agreements with Municipal Housing Authorities or Section 8 providers to allow use of vacant apartments on temporary basis;
- Establishing a furnished Hostel arrangement in a supervised setting, (like transitional housing);
- Using demonstration money to develop models for large urban communities to secure emergency services, particularly for the "hard to fit" PSA individual;
- Developing agreements with traditional emergency services, such as Red Cross and Salvation Army;
- Entering into agreements with providers of special problem concerns - i.e. alcoholism, drug abuse and mental health, for use of transitional, halfway house and other similar facilities.

Addenda F

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END