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

APRIL 21, 1980, NEW YORK, N.Y.

Printed for the use of the Select Committee on Aging

Comm. Pub. No. 96-233

U.S. GOVERNMENT PRINTING OFFICE
WASHINGTON: 1980
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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 experience 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 intrafamilial.

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 attorney's 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 elderly. When 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, is 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 JSPQA 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 those involving domestic violence.

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. 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, avoid 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 that 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 abused. I remain Concerned 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 MARCO 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 here 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 as 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 abusers. 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 66 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 witnessed 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 there, 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 bringing 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:]
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 330 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 it 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 to continue 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. Preventive services for adults is extremely underfunded in New York State.

In fiscal 1979-80, New York State allocated only 7.67 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 services.

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 allocation of the Mosedale-Packwood moneys has meant the shrinking of social services at the local level. Instead of passing through to counties such special increases in the XX funds, New York State since 1978 has replaced State purposes moneys with these title XX funds.
lie 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 conference. 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 the umbrella 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 like to see really how much money is being spent on elderly protective services 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 for the legislation, if we are now thinking 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 assume that the 50 percent increase I have 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. MAHIER. 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, joy, 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 the job of these Federal spending programs?

Ms. MAHIER. 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 these 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 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 the home and they don't have that abuse? Why should they benefit by virtue of a tax credit?

Ms. MAHIER. I think there has been discussion on whether there should be a tax credit like a child'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. MAHIER. I think that anything we can do to alleviate the stress on elderly 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 institutionalizations.

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. MAHIER. That's correct.

The CHAIRMAN. Because the physician refused continued involvement?

Ms. MAHIER. 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. MAHIER. 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. MAHIER. 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.
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?

Mr. Master. 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. Occasionally 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 bread winners 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 it 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.

Ms. Magier. Thank you.

Mr. 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 sometimes, 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 follow, as a natural extension that his interest runs into the elderly. My own relationship with Dr. Fontana precedes my entry into the Congress some 19 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 and you as an audience that 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 inflamed 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 monies 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 monies 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 streets. 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 becomes more critical.

Youthful engagement in violence and senseless crimes usually have no feelings of guilt or remorse as though they had no connection whatsoever to the culture, the norms, or the moralities of our times. The 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 adjust, from seeing in trouble early enough to provide them and their family with effective supports while they are still in their homes. Necessity services are often denied them and thus the cycle of human destruction, instead of being interrupted, is perpetuated 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 humanities more than in institutions.

I would like to recommend to the subcommittee that we follow the course we did with child abuse, that is, 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, Congressmen 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 1930 the years 1930, 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 advocating 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 on mass 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 grains 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 statement, but I think that is where it all is. I think we have to really care for these people. I think if we ask them to express, 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 too 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 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 strong 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 services that they need. Then, I am asking for something.

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 that 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 backs 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 seeing what is happening to them in their own families. I know of an individual who was in his eighties and had a home. The children sold the home.

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

Dr. Fontana. That’s right.

Mr. Lukens. 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 our children 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 these 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 reading an awful lot of reading. I read the daily papers. I have called up HSW 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. Lukens. You found a direct relationship with your experience in child abuse and the elderly abuse?

Dr. Fontana. Absolutely. A direct relationship.

Mr. Lukens. 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. Lukens. 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. Lukens. 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 cause the parent to go off the deep end and 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—honest 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 greatful 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 get 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 because 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 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 times 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 coat on so he 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 exactly 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. BREWER. 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 1960 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 having too much to drink. Since he started drinking heavily, she mentioned to me was that her husband has been a heavy drinker.

The doctor treated her and gave her about 6 stitches in her back. She told me that he used to be married to the woman who gave birth to their daughter. She mentioned to me was that her husband has been used to giving her about 6 stitches in her back. She mentioned to me was that her husband has been used to giving her a heavy drink. She mentioned to me was that her husband has been a heavy drinker.

Now, it is a periodic-type thing. 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 66, 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, 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 you 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 and 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. 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. 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
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 want 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 forward 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 is available to counsel with you have 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. Luten.

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 SOT. JOSEPH FORNAIBIAO, 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 1978. 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 in 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 checks 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 she beat her with?

Ms. Crosby. 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 stroke. The leg part that comes apart from the wheelchair. I went in to what he hit her in the back with. I came in from work and went in to what he hit her in the back with. I was unable to be home every day. So, the next door neighbor had what I was unable to be home every day. So, the next door neighbor had her, bleeding. There were a number of times that he beat her in my presence and the neighbors next door had pictures of her in a wheelchair assaulted by a 36-year-old "grandson with part of the chair."

It could easily have died—it is remarkable that she survived, uncovered the fact that she was sexually assaulted on occasions and this had been noted.

The Chairman. It is amazing that she survived. Contemplate that picture if you would, an elderly woman with a stroke in a wheelchair sealed by a 36-year-old granddaughter with part of the chair. She was assaulted by a 36-year-old grandson with part of the chair. She was assaulted by a 36-year-old grandson with part of the chair. She was bleeding. She was bleeding. She was bleeding. She was bleeding. When Phoebe's door and she begged Phoebe to give her the money. When Phoebe's door and she begged Phoebe to give her the money. When Phoebe's door and she begged Phoebe to give her the money. When Phoebe's door and she begged Phoebe to give her the money. When Phoebe's door and she begged Phoebe to give her the money. When Phoebe's door and she begged Phoebe to give her the money. When Phoebe's door and she begged Phoebe to give her the money. When Phoebe's door and she begged Phoebe to give her the money.

There were a number of times that he beat her in my presence and the neighbors next door had pictures if you would, an elderly woman with a stroke in a wheelchair assaulted by a 36-year-old "grandson with part of the chair."

The Chairman. The Sergeant FORNABAIO. He wasn't on probation. He wasn't on probation. He wasn't on probation. He wasn't on probation. He wasn't on probation. He wasn't on probation.

The Sergeant FORNABAIO. Yes. During the investigations she had been admitted to Harlem Hospital on several occasions. The investigation revealed the fact that not only he had assaulted her but he assaulted her sexually on occasions and this had been noted.

The Chairman. Is he emotionally or psychologically disturbed?

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

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

The Chairman. Did the hospital ever notify you?

Detective O'Sullivan. Yes. Many of these cases were reported by the Sergeant FORNABAIO. Yes. Many of these cases were reported by the Sergeant FORNABAIO. Yes. Many of these cases were reported by the Sergeant FORNABAIO. Yes. Many of these cases were reported by the Sergeant FORNABAIO.

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?

Detective O'Sullivan. 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 an assailant is released and put into the streets almost immediately.

Detective O'Sullivan. 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 was not on probation longer than 2 or 3 days when he again returned to her residence and broke in although he returned to his home 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. 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. 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?

Detective O'Sullivan. During 1971 our unit investigated 506 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.
Mr. FERRARO. So the assault charges that might exist between family members, you will not handle that, that will go through the normal—

Sergeant FORNARABO. 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.

Mr. FERRARO. The 10 that were reported and that you did investigate 10 of the 900—

Sergeant FORNARABO. Approximately, yes.

Ms. FERRARO. How many of those were prosecuted?

Sergeant FORNARABO. 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.

Mr. 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 somewhere 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. He created especially for the elderly came as a result of some hearings that this committee had many years ago.

The fact is the units that were created for the elderly came as a result of some hearings that this committee had in the mid-1970's. As a result of a decade of wife abuse studies, then I predict, given the generally increasing concern for the elderly and more specifically concern of abuse of the elderly in public institutions, that the 1980's will surely be the decade of concern over the battered parent.

The senior citizens crime victims assistance and prevention program "SCAPP" 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 21/2 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 of "29 of 400 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 abusers.

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 9.

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. 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, interesting 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 thus 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 692,271 persons live in their own household with other relatives besides spouses. Consider the fact that 130,686 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 Stinnett 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 19,578 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 30,000 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 2000 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 expose 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 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 testing 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. O., a 75-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 has left her with $5,000 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. Brewer, 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!

Mr. Ferraro. I have no questions either and I too want to thank you, Mr. Brewer, 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 it is that battered women's groups haven't gotten involved in this particular issue. It would mean groups who represent battered women and also groups who 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 well as 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 it is a question 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;
Mrs. Glass: 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 department.

Now, again I am uncertain about this specific case. But this person is walking and knows 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. Glass: 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 wander off. Foster care homes and adult homes all have limitations of the door.

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

Mrs. Glass. 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, a acute family problem, then 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. Lefkow. Thank you.

Mrs. Glass. 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 case of older abuse. A bill 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.

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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 the abuser, because of total control, is unable to assist in helping himself/herself. As a result of this, protective services can have a significant positive effect toward preventing domestic violence in the elderly. This protective services program has a significant positive effect toward preventing domestic violence against the elderly.

We have reported cases of domestic violence against the elderly. In order to deal with the overload, we have been encouraged to learn from the government. The Department of the Elderly was encouraged to learn from the government and to adapt programs that require mandatory reporting and provide adequate services for those abused elderly in need.

In New York, the State social services law requires an elderly victim of abuse to have been mandated 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 cases of abuse, has been encouraged by the adoption of the National Child Abuse Prevention and Treatment Act of 1974 (Public Law 93-247). I 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 developed child abuse, a problem similar to the one we are discussing today.

The next stop would be to provide funding to the States for demonstration projects that require mandatory abuse reporting, and to develop 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 public and private 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 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 we were not looking at. If I were you, and I am now, I would be afraid to see this manifested within the home. I suspect that we really do not know the full extent of abuse.

To treat domestic violence directly against only one age group is to disregard the overwhelming evidence that violent behavior is passed from one generation to another.
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 skills 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 these problems by calling this hearing today.

Thank you.

The CHAIRMAN. Thank you, Mrs. Glass. I have been advised that we have 42 States in the Union with adult protective laws and New York is not among them.

Mrs. GLASS. 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. GLASS. 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. GLASS. 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 vulnerability 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. GLASS. 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, and when 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. GLASS. But obviously we are really talking about which is the lesser of evils.

Ms. FERRARO. That's right.

Mrs. GLASS. 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 these 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 allocated 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 $205,015 are available to fund the important ombudsman activities which provide services to the 129,275 elderly individuals residing in long-term-care facilities on any given day. That $205,015 is clearly inadequate to carry out all of the activities required for the ombudsman program. The funding is not adequate to support the 44,478 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 19 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 himself was fearful to report it. But here and in earlier testimony by Lora 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. GLASSÉ. 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 a child that might be where this might be a direction that it would take as well.

Mrs. GLASSÉ. I would certainly hope so.

The CHAIRMAN. On that same principle lies the question of rape reporting. All of that, of what, Ms. Ferraro says with her argument 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
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 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 this committee and to discuss 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 (PFA). PFA 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 identifying family (or some household) situations. Often when the PFA representative arrives, the abused person is in the same room as the alleged abuser, 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 the elderly person, the abuse may be the only last of a circle of relatives and friends; the person fears isolation, perhaps destitution.

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

1. A 25-year-old blind woman was unable to check herself. Her only known relative was a drug-addict son who crashed her SS checks and let her nearly starve on a few cases of soap and tea and coffee. She admitted that he physically abused her—kicking, beating, burning with cigarettes. But she loved him and would not either press charges against him, or accept social security payments.

2. The wife of a 75-year-old woman 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 roam up at night, out of her reach. An 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 services provided by the adult programs of PSA is a small program, and in addition various protective services are also given by other divisions of the social services system. The most obvious are legal, in that PSA is the court. It is hard to serve in law, involuntary clients and helpless people like the frightened wife above. It needs more case workers, more time from legal and medical contacts, fire. In nearly every case, there were violations of rights, such as forcing a person into the home, usually 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 25 million Americans older than 65, of whom about 5 percent are institutionalized, is left to others.

In New York City, the senior citizen's crime victims assistance and prevention program had been running for nearly 2 years. The number of cases handled was almost 2,000, of which 60 percent were handled by the court and 40 percent were handled by other agencies. The courts were gives more casework in order to handle the number of cases.

The creation of a climate of public opinion which will encourage the abused to come forward is the first step; the second is to do something about it. 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 dealing with the problem and offering solutions.

We would like to see the Office on Domestic Violence in HUD give the authority to enter such demonstrations. Since this problem is closely related to other stress of domestic violence, I would like to see them given the direction to work into this overall program rather than being mandated to fund specialized demonstration projects. As supposed B.J.R. 1977, 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 fiscal year's budget has already been passed, the funds will be spread too thin to be of real help to few.

If the law, the services program takes the responsibility, it is hard to serve in law, involuntary clients and helpless people like the frightened wife above. It needs more case workers, more time from legal and medical contacts, fire. In nearly every case, there were violations of rights, such as forcing a person into the home, usually a nursing home.

The battered women's program receives complaints only about spouse abuse, but it reports that some clients are in their fifties and sixties. This usually 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 are in each other although they would not make a public complaint, and staff members get to hear about it. The centers become a resource for uncovering hidden abuses.

We believe that this may be the top tip of the iceberg and we hope that this lightning will shed light on the extent of the problem and ways to identify it.

The advocacy of elderly abuse and the study of various service programs found that nearly 1% of every 10 (16) elderly persons accepted at the clinic in a 12-month period had been subject to abuse. Three-fourths of the cases involved physical abuse and almost half, verbal assaults and threats provoking chronic physical and mental abuse. In nearly every case, there was violation of rights, such as forcing a person to stay in the home, usually a nursing home.

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

We would like to see the Office on Domestic Violence in HUD give the authority to enter such demonstrations. Since this problem is closely related to other stress of domestic violence, I would like to see them given the direction to work into this overall program rather than being mandated to fund specialized demonstration projects. Generally, we think that program approaches need to be developed which will assist in training elderly and aging services agencies to the program 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 service programs, social services to the aging, legal services, victim 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.

Mr. Ferraro. Do you want to give testimony and then I'll 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 I presume the removal of the elderly from homes and placing them into foster care and that type of supervision.

Mr. Troem. 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 for any kind of court process, you have time constraints.

Frequently you can have an abused elderly person who is not able to testify himself, you have to have some kind of court intervention either against the abuser or on behalf of the commission or elderly person.

I know I am not answering your question directly but I believe that all court programs have to be expedited in order to be able to address it properly and refer it to Lucy.

Mr. 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 it could be extended to work also for the abused elderly, 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 is far better to have the more options we open up the more likely the people will be willing to reach out to us.

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 be possible in instances 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 which would create a need to know about these cases and in the future there would never be a need to know about these cases and in the future there would never be an instances where we don't have the 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. Yes, 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 applied yet 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 over 5,000 crime victims that we serve each month in this moment only about 15 as mentioned are identified as abused elderly. Although this is a small proportion it is increasing.

I think the 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 85-year-old woman who was living with her 56-year-old son who was harassing and abusing her and her daughter for the 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 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 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 by both the abused and abuser to admit what is going on and I think also
a difficulty of bringing 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.

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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 41 year old son with whom she lives. According to the granddaughter, the victim's son aggressively abuses 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 has convinced a Family Court judge that he does not mistrust or abuse the victim. Protective services, however, have been able to remove her without a court order; the abuser 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 problem that it illustrates recurring themes in cases of elder abuse. First, we often find that the victim is not even aware that she is being abused, that there is stress in the home situation, and that there is little coordination of the services that we would provide to them. I think that, as it has always pointed out today, 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 1976 to reduce the trauma, cost, and inconvenience associated with being a crime victim in New York City. In response to their particular problems we have developed special services for elderly victims and victims of domestic violence. We are particularly 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 hearings to highlight the need of this vulnerable and fragile group of victims.

The Victim Services Agency operates around-the-clock hotlines, an emergency help 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 3,000 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 either 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 abuse among the elderly, more and 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 home maker, visiting nurse, the police, or a relative—usually in cases involving a chronic pattern of psychological harrasment.

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 41 year old son with whom she lives. According to the granddaughter, the victim's son aggressively abuses 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.

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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 abuse among the elderly, more and 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
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 seniors 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 working relationships with the police, the courts, and other agencies. Moreover, the Department for the Aging, the Human Resources Administration, and other agencies have been working together to address the needs of elderly abuse victims. I think the attitude of the prosecuting offices has changed, and I think the numbers of cases have increased.

Mr. 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 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?

Mr. FRIEDMAN. I guess I am not quite sure either. I think the vast majority of abuse situations currently remain undetected and therefore under served. Research­ers have found that the studies—have begun to study the phenomena of elderly abuse have suggested that a major precipitating factor is the stress produced by the emotional and financial burden of caring for another 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.

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

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

I want to thank you for coming here and again, your entire testi­mony will be made a 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 CHA­PTEER, 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, which is 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, it has been defined as "the inflicting 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 beating and other inflicted injury, sexual abuse, malnutrition, unreasonable forced confinement, psychological and emotional harassment and intimidation, intentional over­nutrition 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 abuse itself can be with their relatives or nonrelatives 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 surveys of professional and paraprofessional conducted in 1979 by the Legal Re­search and Service 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 the 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, the elderly abuse is often undetected and therefore under served. It is my belief that the stress produced by the emotional and financial burden of caring for another 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 traveling 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 and a medical professional. 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 with this, day-care center and other facilities could be used to provide some 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 services.

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 even 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, 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 to 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 M. 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 whose purposes are advancing the quality of human services and our members’ professional skills and assessing social policy issues. 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 researchers...
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vative services. On December 38 I sent Mr. M., a letter, as I had received no further word from him. There was no response until January 18 when the father came to my office in the afternoon. He stated that his father had his father from the hall into the bathroom. The father hit his head on the window sill and then slid down on the floor. The father 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 to the hospital for psychiatric help. We found the son slung across the floor with a lighted bulb on the shoulder, reading a textbook. He was aware of the incident and voluntarily went to the psychiatric emergency room, was with the psychiatrist and family when the decision was made. Even though the son had minimal eye contact, kept shielding his eyes, the psychiatrist was the only person with no kept follow up appointments, the case, and his son was taken home. 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, his psychotropic medication as prescribed..., and wanted to sell me a bucketful of used items for $4. He was taking his Psychotropic medication as prescribed... as of April 17 no action had yet been taken as the office is now requesting an updated psychiatric examination.

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-
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, etc. Emergency room, unless someone is acting out in a way that 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
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 in 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 care keepers—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. BARRITZ. 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 to which we just referred?

Ms. BARRITZ. 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 family 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, 31 percent of the cases; financial abuse, 31 percent, and actions which force people out of their homes, 15 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'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 officer 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 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 25 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 reallocation 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 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 will be 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. 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 $310.6 million. 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 $310.6 million. We must also be prepared to get by with less. While I don't want to be melodramatic, these 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 service district to create a reliable network with other public human service agencies including mental health, mental retardation, health, agencies in their community.

Although these efforts have resulted in the development of interagency 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 counties.

In the fall of 1976 a cooperative effort between the legislature and the department of social service 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 programs. 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 1975, a total of 18 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. 397 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 overstated. 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...
tion that anybody who has been in an institution or the mentally impaired was known to other some 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 that 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.

**APPENDIX**

**PREPARED STATEMENT OF MARGARET E. ANSCH AND ROBERT L. FOSTER, FEDERATION OF PROTESTANT WELFARE AGENCIES, INC., NEW YORK, N.Y.**

The Federation of Protestant Welfare Agencies, a planning and coordinating organization for approximately 500 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, community service programs, or home care programs. In recent months, these agencies have noticed an increased incidence of abuse to the elderly who is clearly differentiated from the so-called caseworker’s time is aimed at those programs providing residential care. This growing problem, horrifyingly termed “granny bashing”, has been highlighted in our local media, 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 combating 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 and 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 in a 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, we were shocked to find very few cases of domestic violence or abuse. Yet during the discussion which ensued regarding our 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 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. Other centers recognized 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 of their clientele, the physical abuse rates are far different. Again, the clients usually come to staff attention through a referral from a neighbor or a relative. The agency staff and director reports that they are more likely to be aware of the situation, rather than as a referral directly mentioning physical abuse or exploitation. The agency directors feel there was a single identifying factor which characterizes 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 come to the attention of the clients, the estimated 50 percent lived with family, By 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 children, youth service agencies, and psychiatric mental health teams. Directors often did refer 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 (70 percent), with the exception of a program which has a large alcoholic male population, where 70 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 as startlingly 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 parties to the battering, including the victim. If the victim will not testify, although a/so 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 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 situations. 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 the

First: Mandatory reporting should be implemented. As previously mentioned, the membership of the Federation includes many agencies which provide services to children, youth and adults. 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 the elderly.

Second: Increased reporting necessitates increased funding for protective services. A campaign to seek out the abused elderly will have an effect if there are insufficient funds to aid the victim once she 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 spelled out and is wholly insufficient for the current demand, much less the potential population in need.) We strongly recommend that the threatened reenforcement of social services funding at the federal level must be vigorously resisted, and that block grant programs which are most constructive 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 others in the growing home care industry and of the incidence of physical, psychological and material abuse by neighbors and friends as well as by the family members.
among the most recent likely mandates public action. Expected by the abuser and the abuse about how incidences of search efforts in this area should because of the dispersal of the aged clients in the STATEMENT OF Old Age Centers. We have seldom been confronted with intra-family violence, but violence can be psychological and is sometimes due to ignorance and lack of knowledge. These two studies—one funded by the Administration on Aging and the other by the Center has been in the forefront of the development of community-based services for older people. Clearly, Senior Centers and Nutrition Programs, Legal Services, Income Maintenance, family and individual counseling, respite services, among others are critical. It is because of the dispersed 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 recurrence. 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 seniors. But even isolated cases of such cruelty to the aged are more than should be tolerated in a humane and civilized society.

One of the questions I have spoken only of abuse which weighs within families. But it should be noted that many of us in the field [are] deeply concerned about public programs that focus on the issue 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 efforts 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 to the extent of anger and frustration on the old person entreated to her care. We urge, therefore, attention by this committee to efforts both to move more seniors in a home care and to reward appropriately the thousands of home care aides who are caring for older people in the community. Thank you.

Prepared Statement of Mary Tannaus, Executive Director, BURDEN CENTER FOR THE AGING, NEW YORK STATE. I wish to make this statement before the Committee since our office has the opportunity to see the results of violence on the aged in several forms. We have been called upon to deal 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 not responsible for an older person, they often are over worked and over burdened. They seldom are educated as to the normal processes of aging and the closeness of one family member to another. It is difficult to recognize that certain behavior 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 the abuser. Older persons are particularly subject to victimization by any form of rip-off artist and certain rip-off artists can be the most dangerous to the elderly. 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, break-ins, and thefts, the Burden Center has had its share of witnessing such crimes and rip-off artists. We have been fortunate in several cases to reach the victims before their life-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 abuse by homemakers and home attendants. The effect of violence, whether it be physical or psychological, is to cause the individual elderly and cause them to become more reclusive and more secretive about what little they may see or say.

We have seen the results of neglect, lack of care and improper care as well as violence in many 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 older who are on modes of testing. This committee has been in the forefront of the development of community-based services for older people. Clearly, Senior Centers and Nutrition Programs, Legal Services, Income Maintenance, family and individual counseling, respite services, among others are critical. It is because of the dispersed 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.

In the Burden Center we have seen psychological violence practiced against the elderly by landladies, tradesmen, etc., and this phần is more easily hidden than that practiced by a person masquerading as a friend. We could in fact, give you some horror stories concerning neighborhood rip-off artists—people of whom have profited very well, but whose prosecution is impossible. I wanted to point out that there is no crime committed or problem of violence that one of the professional is not endemic only to the cities, but is practiced in the rural and suburban areas. I could, therefore, hope that if we fund for this purpose will 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 older people increases.

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

Section 1. Section one hundred thirty-one of the social services law, as added by chapter eighty-four of the laws of nineteen hundred seventy-nine, is amended by adding a new paragraph (a) to read as follows:

(a) receiving and investigating reports of seriously injured individuals who may be in need of protection;

(b) arranging for medical and psychiatric services to evaluate and oversee

Inasmuch as required, for rehabilitation, guardianship, conservatorship

in other protective placement of such individuals either directly or through

referral to another appropriate agency, provided, however, that where possible,

the least restrictive of these measures shall be employed before more restrictive

measures are required.

EXPLANATION—State legislators are urged to endorse.

March 1, 1980
(d) providing services to assist such individuals to move from situations which are, or are likely to become, hazardous to their health and well-being; and,
(e) cooperating and planning with the courts as necessary on behalf of individuals with serious mental impairments; and
(f) after protective services for adults included in the state's comprehensive annual social services plan, as required by 42 U.S.C. 605(10) of the Federal Social Security Act.

2. (c) In that the effective delivery of protective services for adults requires a network of professional consultants and service providers, local social service districts shall plan with other public, private, and voluntary agencies including but not limited to, health, mental health, injury, legal and law enforcement agencies, for the purpose of ensuring maximum local understanding, cooperation, and execution actions in the process of appropriate a review.

3. (b) Each department of social service shall prepare and submit to the commissioner, with the approval of the local executive officer, or the legislature body in those instances without a local executive officer, a report in consultation with appropriate, public, private, and voluntary agencies, a social plan for the provisions of adult protective services which shall describe the local implementation of this section including the organization, staffing, modes of operations and financing of the adult protective services as well as the respective needs for the purchase of services, inter-agency relations, inter-agency agreements, service referral mechanisms, and basis of responsibility for cases with multi-agency service needs. Local protective service for adults plans shall be an integral component of a district's comprehensive annual social services program plan, as required by title XX of the Federal Social Security Act. The department shall establish a schedule for the submission of such plans. Within thirty days the commissioner shall certify whether or not the local plan fulfills the purpose and meets the requirements set forth in this section. If he certifies that the local plans does not do so, he shall issue the reasons therefore and he may withhold state reimbursement for all or part of the local department's protective services for adult activities. Any social services district aggrieved by a decision of the commissioner under this section shall have the right to a fair hearing in accordance with the appropriate procedures of this chapter. In the event of an adverse fair hearing decision a social services district shall be entitled to judicial review pursuant to section 469-29 of this chapter, provided, however, that the withholding of reimbursement for expenditures incurred pursuant to disapproved portion of the protective services for adults plan shall remain operative pending final resolution of such notice.

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

4. For the purpose of developing uniform methods for the delivery of protective services for adults, the department with the approval of the director of the budget, shall authorize a maximum of five demonstration projects in selected social services districts. Such projects may serve a social services district, part of a district or more than one district. These demonstration projects shall seek to determine the most effective methods of providing the financial management component of protective services for adults. These methods shall include but not be limited to: issuing a serial

2. Each department of social service shall arrange for other public, private, and voluntary agencies for the provision of such services, utilizing relatives and/or friends to provide such services, under the direction of a social service district or another public and/or private agency and

3. Establishing a separate public office to provide financial management services for
1. Legislative Intent

An endangered adult is a person, age eighteen or over who is judicially found to be:

1. (a) lacking capacity to comprehend the nature and consequences of a situation or condition; or
2. (b) in a situation or condition which poses a substantial risk of death or serious physical harm to such person and

(d) refusal to accept the services proposed by petitioner or others, shall not increase the amount of protective services and any other

(e) evidence of such incapacity.

(f) Petitioner or others shall not in itself be conclusive evidence of such incapacity;

(g) mental illness shall not in itself be conclusive evidence of such incapacity.

II. Definitions

A. An endangered adult is a person, age eighteen or over who is judicially found to be:

1. (1) in a situation or condition which poses a substantial risk of death or serious physical harm to such person and
2. (2) lacking capacity to comprehend the nature and consequences of a situation or condition, provided that:

(a) refusal to accept the services proposed by petitioner or others, shall not increase the amount of protective services and any other

(b) evidence of such incapacity.

(c) Petitioner or others shall not in itself be conclusive evidence of such incapacity;

(d) mental illness shall not in itself be conclusive evidence of such incapacity;

III. Statutory Provisions

A. Short Term Involuntary Protective Services Order

1. 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 override or disturb the development of the common law.

2. Definitions

A. An endangered adult is a person, age eighteen or over who is judicially found to be:

1. (1) in a situation or condition which poses a substantial risk of death or serious physical harm to such person and
2. (2) lacking capacity to comprehend the nature and consequences of a situation or condition, provided that:

(a) refusal to accept the services proposed by petitioner or others, shall not increase the amount of protective services and any other

(b) evidence of such incapacity.

(c) Petitioner or others shall not in itself be conclusive evidence of such incapacity;

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IV. Protective Services

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Finally, the legislature does not intend, by establishing this special proceeding, to override or disturb the development of the common law.

2. Definitions

A. An endangered adult is a person, age eighteen or over who is judicially found to be:

1. (1) in a situation or condition which poses a substantial risk of death or serious physical harm to such person and
2. (2) lacking capacity to comprehend the nature and consequences of a situation or condition, provided that:

(a) refusal to accept the services proposed by petitioner or others, shall not increase the amount of protective services and any other

(b) evidence of such incapacity.

(c) Petitioner or others shall not in itself be conclusive evidence of such incapacity;

(d) 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 ensure 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 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 paid in the same manner as for counsel in Section V-B herein.
C. No adjournment 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 person or persons 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.

E. Appeal

Appeals of orders issued pursuant to 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 the 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 these 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
- Veterans' 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, Substance Abuse, 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 inter-agency linkages:

4. PROGRAM AREAS

1. Intake Recepti-case
   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 Direct Relief (DR), Emergency Assistance to Adults (EAA), Emergency Assistance to Families (EAF), Supplemental Security Income (SSI), Utility Disconnection 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,

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 (Sec. 185) 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, SN, MA, Legal staff as appropriate.
C. SUGGESTED AGENDA FOR JOINT STAFF MEETING AND/OR TRAINING SESSION

1. Summary of PSA Program guidelines (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
   - IN
   - 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 Citizens 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 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 Director 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 published via public television, radio, neighborhood newspapers, posters, etc.,

...
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 are no longer able to care for 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 ongoing New York City housing crisis; and hospital personnel and social workers are increasingly confronted by the difficult problems presented by the growing numbers of developmentally disabled and institutionalized elderly 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 of the Aging. Living in Manhattan alone, there are estimated to be 50,000 or 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; license 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 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 FAS, full time administrative, clerical and casework staff currently number 24, including only 11 caseworkers with active caseloads. The FAS Unit provides services to about 400 individuals per year.

The FAS 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.
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 counterproductive interagency tensions.

2. Inadequate Funding

Adult Protective Services cannot seriously impact 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 PSA 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. PSA and GSS are currently able to impact on only 1200 PSA cases annually.

Inadequate 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 the 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 difficulty problems raised above:

A. Declaration of Program 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 problems 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 development 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 Procedures

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 limits 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.

PSA 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 interrelatedness 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.
1. Housing

Housing is a major problem in the network of PIA 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 for 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;

- 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.

- 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.
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) 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 an 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;
- Identifying 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 ensure 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 concern - i.e. alcoholics, drug abusers and mental health, for use of transitional, half-way house and other similar facilities.
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Special thanks are expressed to Ellie Ismaels who taped the meetings and transcribed the notes and to Anna May Engel who assisted in the typing of the meeting notes and typed the final report.
END