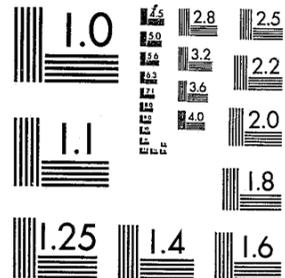


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ELDER ABUSE
(An Examination of a Hidden Problem)

A REPORT
(With Additional Views)

BY THE
SELECT COMMITTEE ON AGING
U.S. HOUSE OF REPRESENTATIVES
NINETY-SEVENTH CONGRESS
FIRST SESSION



APRIL 3, 1981

Comm. Pub. No. 97-277

Printed for the use of the Select Committee on Aging

U.S. GOVERNMENT PRINTING OFFICE
WASHINGTON: 1981

by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402

77973

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PREFACE ACQUISITIONS

The subject of elder abuse has been of great interest to the Members of the House Select Committee on Aging from the time the Committee was created in 1974. There has been growing interest in the subject ever since, however, there is one event which proved to be the catalyst which resulted in our Committee hearings and ultimately in this report.

During a hearing before a subcommittee of the House of Representatives on the subject of domestic violence, Dr. Suzanne Steinmetz of the University of Delaware, a noted researcher on family violence, gave graphic evidence of the abuse of the elderly by their loved ones. She provided the example of a son who tied his 89-year-old father to a chair whenever the old man refused to turn over his social security check. Another case involved a 13-year-old girl who beat up her 78-year-old grandmother. A third example described a son who threatened his invalid mother at gunpoint. Dr. Steinmetz said the growing problem ranges from assault and battery and fraud to benign neglect and poor bookkeeping. She said:

... If we were to label the 60's as the decade of interest on child abuse, and the 70's as the decade of wife abuse studies, then I predict, given the generally increasing concern for the elderly in public institutions, that the 80's will be the decade of the battered parent.

This report is the first comprehensive analysis of the subject we have chosen to call elder abuse. It is significant that the problem has come to the attention of other countries. The British, for example, employ the term "granny-bashing" to describe this growing phenomenon. This report concludes that elder abuse is an extremely serious, widespread and until now, largely hidden problem in the United States. It concludes that the States have paid little attention to the problem, choosing to employ all of their resources in dealing with child abuse. Since the problem of elder abuse appears to be almost as large and important as child abuse, the failure to deal with the problem at the State level appears to be one more example of "ageism"—the insidious discrimination against the aged in American society.

This report concludes that there is immediate need for action at both the State and the Federal level to prevent the problem from occurring in the future.

I wish to commend the staff who have produced this landmark document, especially Ms. Kathleen Gardner who had overall responsibility for the project. This report was written by Ms. Gardner and Senior Counsel Val J. Halamandaris. Research assistance was provided by Investigative Researcher Nancy Smythe and by Committee interns Elizabeth Baum, Christie Myers, Marjorie Epple and Evelyn Mosher. Carol Miller, a staff member in the Office of Congresswoman Mary Rose

(III)

IV

Oakar and Suzie Bridges, formerly of the staff of Congressman Don Bonker, also provided help in drafting sections of this report. This report was produced and edited by Nancy Smythe with some assistance from Chief Investigator David Holton and Yosef Riemer, Deputy Chief of Staff and Charles Edwards, Chief of Staff.

It is my fervent hope that this report will result in the immediate enactment of legislation to implement the Committee's policy affirmatives.

CLAUDE PEPPER, *Chairman,*
Select Committee on Aging.

FOREWORDS

The serious problem of abuse of our older Americans has been a great concern of mine, both as a member of the Select Committee on Aging and as a representative of the city of Cleveland, Ohio, where one of the early studies of Elder Abuse was carried out by the Cleveland Chronic Illness Center and Case Western Reserve University.

I was pleased to review the staff study on Elder Abuse, and I feel that the wealth of information in this report will be a big step in educating all Americans about the widespread incidence and the seriousness of abuse of our older Americans. Once the public is aware of this national problem, I'm sure we will find the support we need to pass our "Prevention, Identification, and Treatment of Elder Abuse Act of 1981."

I offer my commendation to the staff who have worked for several years in collecting the materials for this important report and have done such an outstanding job of putting this information together along with our recommendations. Particularly, I wish to thank and commend Carol Miller of my own staff and Kathleen Gardner of the Committee staff for their hard work and dedicated interest in this subject.

It is my sincere hope that Congress will soon act to implement the recommendations in this report so that older Americans who are the victims of abuse may have the protection which they need and the services which they deserve.

Submitted by:

MARY ROSE OAKAR,
Member of Congress.

(v)

The House Select Committee on Aging today releases a landmark report on the national tragedy known as elder abuse. It is one of our most significant actions in our six-year history.

We know that demographically, America as a society is maturing. Tragically, so too is the problem of domestic violence. In the early 1970's, Congress focused its attention on the problems of child abuse and rightfully so. By the middle of the 1970's, our concerns were centered around domestic violence as it occurs between spouses. As we enter into the 1980's, we have sadly discovered that elder abuse is now emerging as another major concern.

Mere outrage and righteous indignation does not solve a problem of the magnitude of elder abuse. Sensible policies which combine punishment for criminality, counseling for deterrence and shelter and treatment for family victims must be pursued with increased vigor. Our Committee report should be considered a blueprint for developing a national program to eliminate this national disgrace known as elder abuse.

MARIO BIAGGI, *Chairman,*
Subcommittee on Human Services.

(VI)

With the release of this report, the Select Committee on Aging completes an extensive investigation of the incidence and scope of elder abuse in the United States. By describing actual cases of the types of elder abuse, we have hoped to illustrate the severity of the problem and gain public support to begin addressing solutions.

However, the problem of elder abuse, whether physical, psychological or financial is often a hidden problem and, consequently, difficult to investigate. Even more likely than in cases of child abuse is the possibility that the abuse will not come to light because of the isolation of the victim. We found that although one out of three child abuse cases is reported, only one out of every six cases of elder abuse is reported.

In addition, our study of the magnitude of the problem was hampered by the lack of a common definition of what constitutes elder abuse. While in general the Committee has used a definition similar to that employed in child abuse cases, we expect that even among law enforcement officials in a single state, there are differences in case selection criteria. In general, the Committee believes that elder abuse is the repeated physical, psychological or financial abuse of an elderly person by a relative or someone in a care-taking role. Thus, our definition would exclude the isolated incident of an adult child striking an elderly parent, or, for example, the extortion of money from an elderly person by strangers or acquaintances even if done repeatedly as through a "con game."

In conclusion, while we have proposed several Federal approaches to the problem, we have not attempted to explore other important attempts to describe the problem of elder abuse and other approaches to address the problem. Primarily we have not explored potential causes of abuse and therapeutic modes available to counselors and social service providers solving the problem. We hope that our report will spur others to help us alleviate the suffering of the elderly victims of abuse.

JOHN L. BURTON, *Chairman,*
Subcommittee on Retirement Income and Employment.

(VII)

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ELDER ABUSE

(An Examination of a Hidden Problem)

INTRODUCTION

Since the beginning of time, no law has been etched in the mind of man with the force of the command: Honor Thy Father and Thy Mother. It is also true, as the historian Arnold Toynbee observed, that there is a positive correlation between care and respect to the elderly and the greatness of a civilization. Novelist and social critic Simone de Beauvoir expanded upon this observation in "The Coming of Age," when she noted, "The manner in which a society behaves with its older people unequivocally reveals the truth . . . of its principles and its ends."

Among the Ancient Greeks, for example, the best thing that could be done to win the favor of the Gods and the respect of fellow citizens was to care for one's father and mother in their old age. Under the laws of Solon, a legitimate son who failed to care for his parents, upon trial and conviction lost that item most precious to any Greek: his citizenship. Striking a parent, refusal to maintain an indigent parent or the neglect of the duty of burial were all high crimes punishable by stiff prison penalties.

In modern America just as in Ancient Greece, respect and veneration of one's parents is still the expected norm. Most Americans do respect and honor their parents although there are disquieting signs of erosion of this great moral value.

From time to time there have been stories in the public press about children who have neglected their parents. There have also been occasional references to individuals who purposely assault or abuse their loved ones. From the increasing volume of such stories and from the growing numbers of letters the Committee receives on the subject, the House Select Committee on Aging perceived this was an important problem.

Chairman Claude Pepper asked the Committee staff to begin to examine the problem. Preliminary investigations confirmed earlier suspicions. Chairman Pepper scheduled a series of hearings by the House Select Committee on Aging to further test this premise and directed the staff to conduct an in-depth investigation. This report is the result of that effort.

This report is the first intensive national investigation ever undertaken of the topic which has come to be known as "Elder Abuse." It explores a shameful and hidden problem which has tremendous and far-reaching consequences for all Americans.

Section I of this report describes the nature of elder abuse and provides numerous shocking examples of physical, financial, psychological and sexual abuse of the elderly by their family members and caretakers.

Section II attempts to measure the dimension of the problem based on evidence collected from many quarters concluding that the problem of elder abuse is widespread and serious.

Section III explores the current theories as to why the problem exists. Section IV explores the experiences of the States with respect to the problem and Section V is a comparison of State statutory approaches, concluding that few of them have given the problem the attention that it deserves.

Section VI explores the Federal interest in this issue and suggests ways in which the Federal government can help the States in their efforts.

Section VII summarizes this report's primary conclusion that the incidence of physical, financial, psychological and even sexual abuse of the elderly exists in America in dimensions that few have realized; that the incidence of such familial violence and abuse is escalating rapidly; and that apparently a parallel can be drawn from child abuse where a measurable increase in abuse can be found in hard economic times.

Lastly, Section VIII provides the Congress and the States with a number of policy options which might be adopted to deal with this pervasive problem.

It is hoped that this report will lead not only to additional discussion and research on this important question but also to a heightened awareness on the part of the media and the public to a problem which has too long been swept under the rug of complacency. It is also hoped this report will result in legislative reforms at both the State and Federal levels.

EXECUTIVE SUMMARY

The current roadblock to understanding the nature and incidence of family violence, in general, and elder abuse, in particular, is that the topic is so emotionally charged. Many would prefer not to acknowledge that such abuse exists—it is alien to the American ideal. Even abused elderly are reluctant to admit their children, loved ones, and those entrusted with their care have assaulted them. For this reason, the abuse of the elderly at the hands of their children until recent times has remained a shameful and hidden problem, largely ignored.

This report was an attempt to explore what is known about elder abuse. How much is there in America? Is it increasing? What causes children and caregivers to abuse their parents and wards? And, can we prevent it?

To answer these questions, the Committee undertook the following steps:

- Collected, reviewed and tabulated letters and case histories received by the Committee over the past five years as well as letters received by Congressional offices.
- Reviewed all State studies including those prepared by experts in academic settings, and interviewed these experts.
- Interviewed experts with the U.S. General Accounting Office who are involved in an investigation of one aspect of financial abuse of the elderly by their relatives and/or caretakers.
- Reviewed indictments, Grand Jury presentments and other public Court records in several States.
- Prepared and sent a questionnaire to all State Human Service Departments at the Chairman's request. The responses to these questions were tabulated and appear in Section IV of this report. The questionnaire can be found in Appendix I.
- Conducted follow-up telephone interviews with over one-third of the State Human Service Departments. A Directory of Offices responsible for Adult Protective Services appears in Appendix VII.
- Reviewed all books, periodicals, and newspaper references relating to elder abuse and family violence in the possession of the Library of Congress.
- Reviewed all hearings and reports on abuse of the elderly by Congressional Committees and administrative agencies.
- Prepared and sent a questionnaire to police chiefs of major metropolitan cities across the United States at the Chairman's request. The responses to these questions were tabulated and appear in Section II of this report. The questionnaire can be found in Appendix V.

- Prepared and sent a questionnaire to staff of Visiting Nurses' Associations in the District of Columbia, Maryland, and New Jersey. The answers to these questionnaires were tabulated and appear in Section II of this report. The questionnaire can be found in Appendix VI.
- Reviewed and summarized case histories of abuse forwarded to the Committee by the States, the police chiefs, visiting nurses, and abused elderly. These case histories can be found in Section I of this report.
- Prepared and sent a letter, under the signature of the Chairman, to a number of notable and respected authorities on elder abuse to ascertain their views with respect to the nature and extent of such abuse.
- Communicated with numerous organizations and service providers representing the elderly to ascertain their views on the problem of elder abuse.
- Contacted the Emergency Nurse Associations to determine their experience with elder abuse.
- Held hearings in Massachusetts, New York, New Jersey and Washington, D.C. for the purpose of gathering information on the issue of elder abuse, including a joint hearing with the Senate Committee on Aging.

This report, which culminates more than a year of work for the House Select Committee on Aging, is the first full-scale national investigation of the subject of elder abuse ever undertaken. As such, it is not and cannot be the final and definitive study in this area. The Committee found that many States had no data with which to answer its questionnaires. It is fair to say that all of the States now realize that the problem of elder abuse exists in sizeable proportions and that they need to take steps to deal with it. It is also fair to say that, with the exception of a few States, most local jurisdictions do not have effective programs underway at present and that there are tremendous gaps in State legislation as it relates to protection of the aged from abuse.

Notwithstanding the limitations on data from the States, the Committee was able to reach a number of conclusions which were supportable beyond doubt. They were as follows:

- The Committee found that elder abuse is far from an isolated and localized problem involving a few frail elderly and their pathological offspring. The problem is a full-scale national problem which exists with a frequency that few have dared to imagine. In fact, abuse of the elderly by their loved ones and caretakers exists with a frequency and rate only slightly less than child abuse on the basis of data supplied by the States.
- The Committee learned that abuse of the elderly is far less likely to be reported than the abuse of children. While one out of three child abuse cases is reported, only one out of six cases of adult abuse comes to the attention of authorities.
- The Committee concluded that some 4 percent of the nation's elderly may be victims of some sort of abuse from moderate to severe. In other words, one out of every 25 older Americans, or

roughly one million older Americans may be victims of such abuse each year.

Section I of this report provides hundreds of examples of elder abuse from virtually every part of the United States. These recent examples range from what may seem a trivial theft of the social security check of the elderly by their relatives all the way to murder, mayhem, assault, fraud, larceny and rape. It should be pointed out that the expropriation of social security monies can have devastating consequences for the elderly. It deprives them of their livelihood, of their identity and their sense of security. It may put them at the complete mercy of those who wish to control their every action. The theft of the income of the elderly along with occasional use of violence are two tools with which some family members enforce a reign of terror against their seniors.

- Physical violence including negligence is the most common form of abuse, followed by financial abuse, the abrogation of basic constitutional rights, and psychological abuse. However, there are numerous examples in the Committee's files in which all four of these abuses are perpetrated simultaneously. In most cases, the abuse was active and involved acts of commission by children who are placed in a caretaking role although there are numerous examples of passive abuse or negligence which have come to the Committee's attention.
- Most instances of elder abuse are recurring events rather than single incidents. Cases are included in Section I which involve the aged who have been physically or financially abused over a 5-year period or more.

From the hundreds of cases included in Section I and from similar examples in the Committee's files, it is possible to draw a profile of the most likely victims of elder abuse and those most likely to perpetrate it.

- The victims are likely to be very old, age 75 or older. Women are more likely to be abused than men. The victims are generally in a position of dependency—that is, they are relying on others (and generally on those who abuse them) for care and protection.

As to why they do not report cases of abuse, it appears that the elderly who are abused are often ashamed or may not want to bring trouble to their children or they may fear reprisals if they complain. Some seniors do not have the physical ability or sometimes have been deprived of the opportunity to register complaints by one means or another even if they wished to do so. Even with the limited resources at their disposal, the States have confirmed that at least 50 percent of the complaints about elder abuse are substantiated, while 30 percent were not and the remainder were inconclusive. This suggests that complaints of a frivolous nature are not a common phenomenon.

- The likely abuser will undoubtedly be experiencing great stress. Alcoholism, drug addiction, marital problems and long-term financial difficulties all play a part in bringing a person to abuse his or her parents. The son of the victim is the most likely abuser accounting for about 21 percent of all instances, followed by the

daughter of the victim in about 17 percent of all cases. Third in line was the spouse of the victim when acting in a caregiving role, with the male spouse slightly more likely to be the abuser than the abused. It is also interesting to note that those who were abused by their parents as children are more likely to abuse their aged parents.

Section II of this report provides the reader with at least 14 different categories of support for the Committee's conclusion that elder abuse is a widespread, serious and growing problem. The Committee's hearings, of course, are a prime source of support for the conclusions which are stated in this report. The hundreds of letters and cases received by Members of Congress and referred to the Committee on Aging are another source. The Committee's questionnaires to police chiefs, to home health agencies and to State Protective Service Departments add reinforcement, as do newspaper exposes and numerous studies by universities. The testimony and hearings before the State legislative committees, Grand Jury investigations and investigations by the U.S. Postal Service taken together all help to create the picture of a desperate problem which can no longer be ignored.

As noted in Section III, no one theory provides the entire explanation for the cause of elder abuse. Any one or a combination of any of the following factors may explain why our elders are abused: the abuser may lack community resources to assist them in their caregiving role; the abuser may have been abused as a child and returns to abuse the parent; the abuser may be suffering from psychological, alcoholic or drug-related problems; the abuser may resent caring for a dependent relative or may be frustrated in their inability to assume the additional financial responsibilities which accompany such care; the abuser may accept violence as a way of life or lack close family ties—the love and friendship accumulated over time which are necessary to counteract the hardships in caring for a dependent family member; or the abuser may be experiencing some major stress-producing event which triggers abusive behavior. On the other hand, the abused may be too demanding or simply ungrateful and thus initiate abusive situations.

Section IV describes data received from the States and supports the following conclusions:

- There are 2½ times as many children as seniors in the population. By this measure, 40 percent of all State protective service budgets should be devoted to the elderly. While the incidence of elder abuse per 1,000 rivals child abuse, there are numerically four times as many child abuse cases which suggests that at least 25 percent of State budgets should be devoted to the elderly. Despite this 25-40 percent need range, the States are on the average committing only 6.6 percent of their protective service budgets to the elderly. Some 86.7 percent is spent on protective service for children with the remainder being spent to protect adults age 18 to 64.
- Twenty-six States have what they consider to be adult protective service laws, which vary widely in scope. Only 16 of the States with adult protective service laws also require the mandatory reporting of elder abuse cases. There is, however, little consistency among these States as to whom is required to report and

what penalties will apply when there is a failure to do so. Of the States without adult protective services laws or mandatory reporting provisions, 20 have sponsored bills in their State legislatures. Only 10 States do not have adult protective service laws, mandatory reporting provisions, or legislation pending consideration.

- The majority of States agreed that their statutes relating to adult protective services are ineffective and the needs of the abused elderly are currently not being met through these existing laws.
- The overwhelming majority of the States reported that they would favor legislation to establish model mandatory reporting requirements for elder abuse to be adopted by the States.
- The overwhelming majority of the States support the passage of legislation which would provide incentives to the States to develop adult protective service programs with mandatory reporting provisions, as incorporated in H.R. 769.

Section VIII includes a number of policy options for consideration of the Congress and States:

- The Congress may wish to enact H.R. 769, the Prevention, Identification, and Treatment of Elder Abuse Act of 1981. This bill would provide for the financial assistance for programs of prevention, identification, and treatment of elder abuse, neglect and exploitation, and establish a National Center for Elder Abuse with the task of developing a model State elder abuse statute. The bill would provide Federal funds to States which had mandatory reporting laws and provided for immunity from prosecution for persons reporting incidences of abuse, neglect and exploitation. Additionally, States should have trained personnel and services available to abused, neglected and exploited elders.
- Congress may wish to amend Title XX, Medicare, Medicaid and SSI to provide for more social services to families who are caring for an older person, such as respite care, home health services, personal services, homemaker services, home-delivered meals, and adult day care.
- The States may wish to consider strengthening their own laws along the lines suggested in H.R. 769, the proposed "Prevention, Identification, and Treatment of Elder Abuse Act of 1981," as introduced in the U.S. Congress.
- Additional recommendations can be found in Section VIII.

SECTION I

THE NATURE OF ELDER ABUSE: CASE HISTORIES

The notion that many sons and daughters are purposely and repeatedly abusing their parents is something which is alien to the American spirit. Most people in the United States would be skeptical that the practice exists on anything but an extremely limited scale. Over the past few years, however, there have been an increasing number of studies within the academic community which suggest that the problem is far more important and widespread than has been realized to date.

It was these reports and studies which caused the House Select Committee on Aging to begin holding hearings on the subject of elder abuse. Elder abuse is defined simply as the physical, sexual, psychological or financial abuse of the elderly or otherwise causing the deprivation of their human rights by their relatives or caretakers.

Early hearings by the Committee were for the purpose of exploring the parameters of the problem. It was assumed that to the extent that there was a problem, it would be handled by the States. This assumption was wrong.

The Committee hearings quickly served to reinforce the findings of Committee surveys which concluded elder abuse was a hidden and serious problem. Evidence was received which indicated elder abuse was a matter of growing social importance and that most of the States have not acted to protect the best interests of the elderly. Indeed, in the face of the assertion that elder abuse cases may be equal in size and scope with child abuse cases, the States continue, with rare exceptions, to concentrate their funds almost exclusively to deal with child abuse. Moreover, it is obvious that there is a void in State statutes with respect to protections and services for the abused elderly.

This section of the report makes difficult reading. Hundreds of examples are provided from the Committee files. As noted, the examples are meant to be illustrative, not exhaustive. These shocking examples of the abuse of the elderly by their loved ones are current and virtually all the States are represented. The States which have given the matter of elder abuse the most attention are overrepresented in these examples. State officials predicted to the Committee that as they begin to devote more of their resources to the problem they will undoubtedly uncover hundreds and thousands of additional examples.

The examples which are set forth in this section are entered because this is a way to prove the depth and scope of this serious problem. The Committee does not mean to suggest in this report that the States should cut back on their protection to children; rather, it is suggested that they increase their protection to elders.

Some of the examples below are classics in the history of man's inhumanity to man. The fact that the perpetrators are most often tied

to the abused by blood makes the examples all the more horrible. Some of these abuses which took place in the privacy of the homes of the elderly rival horrors which have come to the public eye from nursing homes. Sometimes, as will be seen below, nursing homes provide the refuge for battered and abused elderly. This is not to excuse nursing home abuses which still happen all too frequently but it is enlightening to learn that nursing home operators are sometimes part of the solution instead of always the culprits in this very real human drama concerning the care of the aged.

What follows are examples of abuse which the Committee has received from a number of different sources. Most of the examples come in response to the Committee's several questionnaires to police chiefs, protective service workers, visiting nurse associations and the like. Many examples were received from the states and in correspondence sent to individual members of the Committee.

It should be understood that there is no uniform state definition for the series of abuses the Committee has termed elder abuse. As noted above, these abuses are suffered by senior citizens at the hands of their relatives or caretakers. Caretakers are unrelated individuals placed in a role of providing care and services to the aged usually because the seniors have no other relatives living or who will accept this responsibility. By definition elder abuse involves a pattern or practice of abuse rather than a single isolated incident.

The categories of abuse which are set forth below include physical abuse which consists of two sub-categories, deliberate physical violence and negligence, sexual abuse, financial abuse, and psychological abuse. A separate category—abuse or abrogation of rights is included to show the extent to which older Americans are being deprived of the basic rights which are secured for all citizens by the Constitution and the Bill of Rights. Finally, there is a section on self-abuse which may seem out of place in the context of a report on elder abuse as defined above. However, the examples which are included are by way of recognizing that all of the above abuses combined and perpetrated on the elderly can have a destructive effect on personality. Individuals with a diminished sense of self-worth may not take proper care of themselves or may take active means to end their lives. The high incidence of suicide among the elderly is testimony to what the consequences of familial abuse may become. Obviously, there are other motives for suicide among the elderly than elder abuse and most old people who do not look after their needs cannot do so because of physical infirmities; however, the chapter seeks to identify cases where elder abuse is the precipitating factor triggering either active or passive self abuse.

It is difficult to know just how many horrible examples to include in this report to make the point that the problem is widespread and needs attention. The Committee decided upon a compromise which involves limiting the number in the text which follows below but including additional examples in footnotes at the end of this chapter for those who desire more case histories.

A number of commonalities quickly emerge from the abuses cases reprinted below. Many of the abusers had alcohol or drug-related problems. The son and son-in-law was the most likely abuser and women of advanced age were the most likely victims. Even though the

abuses were protracted in nature, they were seldom reported by the victims and their family members. As noted above, the following cases are merely illustrative of the general problem; they are typical of those found in Committee files.

PHYSICAL ABUSE

Physical abuse is conduct of violence which results in bodily harm, or mental distress. It can include assault—putting the elderly in fear of violence—at one end of the spectrum all the way to murder and mayhem at the other end of the spectrum. Physical abuse can be either active or passive. Passive abuse is known as negligence; active abuse includes all manner of aggression against a loved one.

DELIBERATE PHYSICAL INJURY

The Committee received hundreds of examples of the deliberate physical injury of senior citizens perpetrated by their relatives. This intentional effort to cause harm to another includes beatings, murder, mayhem and false imprisonment—the unjustified denial of another's freedom of movement. Examples include:

- An elder District of Columbia person, who lived with a daughter-in-law, was often found with injuries which could not result from falls. The older person was not given medication and was sometimes found dehydrated. She was sent to the hospital on one such occasion where death resulted.
- Another District of Columbia woman 80-years-old was found beaten to death and her acting caregiver was charged with the homicide. Detectives said the motive was robbery.
- A complete bed-care patient in D.C. was murdered, by the son when the patient's wife was admitted to the hospital with mental problems.
- A 70-year-old woman from the District of Columbia was routinely victimized by her caretaker who started work as her maid. The caretaker forced the woman to turn over all of her money, opened all her mail, removed the phone from her room and denied her any contact with the outside world. The woman was repeatedly tied to the bed with wire and left alone for long periods of time. The caretaker beat her and pushed the woman at reckless speeds in her wheel chair causing serious injury to her. The woman twice suffered a broken hip and once a broken clavicle in this manner. The caretaker took the woman's car, personal possessions and about \$5,000 in cash. Eventually, the former maid was indicted for extortion, false imprisonment, first degree grand theft and misrepresenting herself as a licensed nurse.
- The Atlanta police also reported that an older woman was attacked by her 30-year-old son with a butcher knife. He lives in her home, is capable of working but will not. She therefore continues to support him.

- Florida also reported an incident where an elderly woman with a heart condition was being routinely abused by her 15-year-old grandson. On one occasion, he threw a suitcase at her, hitting her head. She also had bruises on her arms from beating. He hit her only in places where it would do no damage according to the grandmother. The grandson did not really know why he hit his grandmother except that she made him angry.
- A 73-year-old Florida man was indicted for assault and battery of his 78-year-old sister. Repeatedly, he abused her and tied her to a straight back chair in his back yard where she sat in all kinds of weather. Neighbors and the police intervened time after time but the events were repeated. Once they placed the sister in a nursing home but the brother removed her threatening to kill anyone who would separate him from his sister. Since the brother had just completed a jail sentence for manslaughter, his threats were taken seriously. Eventually, the woman was removed to an emergency shelter to prevent the brother from continuing the conduct described above or of killing his sister which he had threatened.
- Illinois supplied the Committee with a number of physical abuse cases which had come to their attention:
 - A 19-year-old woman confessed to torturing her 81-year-old father and chaining him to a toilet for 7 days. She also hit him with a hammer when he was asleep. After she made him weak enough, she chained his legs together.
 - An 81-year-old woman was repeatedly beaten by her 8-year-old grandson until there were black and blue marks across her face and entire body. The boy apparently had encouragement from other family members.
- An 80-year-old Indianapolis female was struck on the forehead with a telephone by her 15-year-old grandson, after he had ripped it out of the wall. He had struck his grandmother several times before.
- The Indianapolis police reported that an elderly male was stabbed by his 23-year-old son. The son had been locked up three times for this same type of incident, and when the elderly victim did not show up for court appearances, the cases were dismissed.
- A widow in Iowa, living with her son, was hospitalized for hypothermia and pneumonia. She was found to have bruises on her left pubic region, right hip, face, shoulders and upper abdomen. She had scar-like lesions on her arms, hands and an open ulcer on her shin. A relative confirmed parent abuse by the son and indicated a pattern of abuse over the years. A visit to the home revealed that it was very old, inadequately heated, dirty, and unsafe. The toilet was inaccessible to the client because of unsafe stairs.
- An 81-year-old woman in Ohio was brought to the emergency room by her daughter and son-in-law with whom she had lived for the past 5 years. They said that she had fallen and sustained injuries. Physicians diagnosed severe head injuries including a fractured skull which could not have been caused by a fall.

- Caseworkers confirmed a pattern of abuse noting that the family had experienced much stress in caring for the needs of this demanding 81-year-old woman.
- A 92-year-old Massachusetts woman was admitted to a hospital emergency room severely beaten, severely bruised, and with a skull fracture. She died a week later. A son and daughter-in-law, with whom the bedridden woman lived, are considered suspects in her death.
 - A Massachusetts grandmother's death resulted when her grandson allegedly shot her then apparently burned the house down to cover up the crime. It was only when the medical examiner examined the victim that the gunshot wound was discovered. The case is being prosecuted under a criminal indictment. It was later learned that the grandmother had been physically assaulted by her grandson on several occasions in past years.
 - A Massachusetts physician reported a case in which a badly bruised woman was accompanied by her middle-age daughter who pleaded, "Please help me doctor; I'm beating my mother."
 - In Massachusetts, a 95-year-old woman living with her grandchildren complained to a visiting nurse that when she asked for help in getting to the bathroom during the night, her granddaughter's husband responds by putting a pillow over her face or chaining her to the bedpost.
 - Missouri reported that a 71-year-old woman lived with her 36-year-old son and 39-year-old daughter, both of whom were retarded. There was documentation of several minor physical attacks by the son. The third attack was major and required that the mother be hospitalized because of her critical condition. She remained in the hospital for four weeks and was then transferred to a foster home placement. Her absence from the household led to the eventual institutionalization of these two adult children.
 - In Michigan, a 73-year-old woman complained to the police that her 35-year-old son had been beating her for 2 years since her husband had died. Eventually, the elderly woman contacted a social service worker. She was in bad physical shape—her arms and face were bruised, her wrist was broken and she required several stitches in her head. Her son was found to be mentally ill and was committed.
 - Mrs. M. was dependent on her slightly retarded son. Occasionally, he became annoyed with her and took his revenge. He would step on her catheter, pulling it out. Once he ran a wheelchair over her foot and fractured a bone. Another time he dropped her and broke her hip.
 - An elderly woman from New Hampshire was brought to a hospital emergency room by her caregiver boyfriend. She had a fractured shoulder, had been punched in the face and knocked unconscious, and her upper ribs were black and blue. The house where the patient, caregiver boyfriend and a second male lived was filthy and alcohol bottles were scattered throughout the residence.

- In New York, an elderly woman was assaulted by her caretaker who hit her in the head with an instrument, causing a laceration which required 10 sutures. She had in the past received serious injuries, one of which required 26 sutures and the other required hospitalization and 6 sutures.
- A 78-year-old New York woman in a wheelchair was repeatedly assaulted by her 36-year-old grandson. As a result of 12 assaults, she was hospitalized 7 times for injuries which included hip fractures. When police responded to assault reports, the woman refused to testify against her grandson and did not want him arrested. However, witnesses were secured and the grandson was jailed on 6 counts of assault and robbery of his grandmother. Released on bail pending trial, he returned home and beat her again. He was then convicted and sentenced to 3 to 7 years in prison.
- A deteriorating 73-year-old New York female, living in stench and filth, was observed eating the cat's food and milk. Her marginally functioning husband stayed in a clean room upstairs out of her reach. He would not accept help or pay for it, nor would he assume financial responsibility for her placement in a nursing home. Following a court hearing, she was placed in a nursing home.
- In New York, a woman who was caring for her mother reported that her sister and nephew moved into her house, then the sister began stealing from her mother, abusing her and threatening to kill her if she did not give her money. They threw the elderly woman out of the house and police were called to get her back in. At one time, the grandson threw a cat at his grandmother's head. At times when she was thrown out of the house, she would wait until the daughter and grandson were asleep, then would sneak back in. Once when she was forced out of the house, it was snowing and she was not allowed to put on boots, but already had on her coat. She obtained the services of a lawyer who required the daughter and grandson to get out of the house.
- A 52-year-old blind New York woman, unable to cash checks, shop, or cook for herself, was abused by her drug-addict son who hit, beat, and burned her with cigarettes. He cashed her SSI checks and left her only a few cans of soup and loaves of bread per week. She would not press charges nor accept protective placement.
- An elderly New York patient was forced to eat leftovers by her caregiver. She was covered with bruises and sores all over her body as a result of repeated beating by the caregiver, and finally was forced into a hospital.
- New Jersey supplied these examples:
 - An elderly man was living with his elderly wife. The man was a stroke victim, bedridden and unable to speak. The wife refused to feed him and help him with the use of a bedpan. She was known to assault him with the bedpan and other items when he was unable to control himself. He was made to stay in his damp and filthy bed for days at a time.

- An elderly man, aged 87, was being abused by his daughter. He, in turn, took out his anger on his senile and incontinent wife. In periodic rages over her inability to care for herself, and for wetting the bed and dirtying herself, he would physically attack her.
- An elderly arthritic woman was found to be routinely physically abused by one of her sons. The woman eventually suffered a stroke but refused any intervention although she admitted abusive contact on the part of her son.
- The North Carolina County Department of Social Services reported finding a 91-year-old widow lying on her bed. She had multiple severe bruises on her face, hands, arms and chest. She was incoherent and very confused. She was assessed to have been beaten by her grandson. The daughter of the elderly woman had also been beaten by her own son, and that was why she had not reported her mother's condition. The elderly woman was transported to an emergency room where she eventually died. Her grandson is being held on charges of murder.
- An elderly female in Memphis, Tennessee, who did not want the incident reported to the police, called a social worker who went to her home and found that she had been beaten on the head and body with a 2 x 4 board. A family member had done this but she would not reveal who it was. She was treated and released at a local hospital, removed from the family home and taken to a home for the aged.
- The Memphis police department reported that a 66-year-old man's son fatally shot the elderly man's wife. The couple had experienced prior abuse by the son, who, after the shooting, committed suicide.
- The Dallas police cited a case of a 90-year-old woman who was reportedly beaten and verbally harassed by her 65-year-old son. He was overburdened, in bad health, and admitted to loss of patience because of his inability to obtain assistance for her. Finally, he was able to place her in a nursing home.
- In Virginia, a 79-year-old female was abused by her son who lived with her in a trailer. The report was filed by a physician who had seen the woman's swollen and bruised eye. Later, the son attempted to strangle her. She was eventually removed from the trailer.
- Wisconsin papers reported the arrest of a 65-year-old woman who had seriously beaten her mother in the home where they lived together. Police reported that the mother, aged 87, was found with her entire face swollen, black and blue. She required hospitalization.

NEGLIGENCE

Negligence can be defined as conduct which is careless; it is the breach of a duty which results in injury to a person or in a violation of rights. There is ample evidence of negligence by relatives and caretakers with devastating consequences to the helpless elderly. This section of this report details a few of these examples collected by the

Committee from across the country. These abuses took place within the past few years. The list below is meant to be illustrative rather than comprehensive.

- In South Carolina, a 79-year-old woman who was recuperating from a stroke was kept in an unheated porch attached to her daughter's \$90,000 house. The family refused to buy soft foods and to otherwise accept responsibility for the victim who became dehydrated and required hospitalization.
- In the same State, a 68-year-old woman living with her daughter was found by a caseworker in conditions of unspeakable squalor. The woman was kept in an unheated portion of the house where the temperature was measured at less than 20 degrees. When found, the woman had eight soiled blankets piled over her head to keep her warm and the urine from her catheter was frozen. She was also found to be malnourished. She developed pneumonia and was hospitalized. Upon discharge, authorities had her placed in a nursing home.
- Washington State reported that they were alerted by concerned neighbors who noticed social security checks being delivered monthly and yet they had not seen a woman they knew as "granny" for over a year. Caseworkers arrived at the home where the woman lived with her daughter and grandsons but could not approach the home because of vicious dogs. They returned with the police and representatives of the humane society. The elderly woman was found locked in an upstairs room, dirty, disheveled, incontinent and malnourished. The victim requested that she be relocated to a nursing home.
- An elderly woman in New Jersey living with her daughter and son-in-law was systematically neglected. She was left at home all day without food. At night her potty chair and walker were removed so that she could not get up and go to the bathroom. Her personal correspondence was withheld and her telephone calls intercepted. One day the woman fell and was left alone to lie for about eight hours on the floor with a broken hip. When interviewed, the daughter said that she wanted her mother dead so that there would be no more problems. The woman was placed in a nursing home by authorities.
- An elderly paraplegic Arkansas woman had been hospitalized three times for surgery. Her husband refused to place her in a nursing home because he wanted continued access to his wife's Federal Supplementary Security Income check. The man was an alcoholic and used the proceeds to support his habit. It was learned by investigators that during the day he would load his wife into the back of his pickup truck and leave her there while he would go to drink beer at a local poolhall. During the woman's subsequent fourth hospital stay, the husband died in a fire which broke out in the couple's house trailer. The woman was then placed in a long-term care facility.
- In Washington, an 84-year-old woman, terminally ill with cancer, was refused proper medical attention by her grandson who did not want the woman's property and income dissipated by doctor and hospital payments. The woman was found in tre-

mendous pain, living in truly wretched conditions. The victim was transferred to a nursing home where she died a few weeks later.

- Caseworkers in West Virginia were alerted that an 80-year-old couple might be having problems. Upon investigation they found the husband ill to the point of being comatose. The man was described as "unable to respond, barely breathing with eyes glazed." The wife was exhausted and distraught from trying to care for her husband to the point where her mental condition was unstable. The wife would not allow authorities to remove the man to a hospital for treatment. She charged them with engaging in a plot to take her husband away from her. Caseworkers contacted the couple's daughter to assist them in persuading the wife that the man needed attention. They were unsuccessful and the husband died two days thereafter.
- An 83-year-old Ohio woman, in the care of her daughter, was bitten by a dog. The daughter neglected to seek appropriate attention but simply bandaged her mother's arm. No effort was made to locate the dog or to learn if it had rabies. Three days later, a nurse in a day care center noticed that the arm was badly swollen and infected and called the daughter for permission to institute treatment or take the woman to a physician. The daughter was resistant. The nurse was insistent and sometime later, the daughter agreed to have her mother treated at the emergency room of the local hospital. The attending physician gave her a tetanus shot and ordered antibiotics and antiseptic dressings. The woman died one week thereafter and it is believed by authorities that initial neglect of the dog bite wound was a contributing factor in her death.
- Social workers in North Carolina found a 70-year-old woman lying in her own urine and feces in a house with a horrendous, stinging odor. It was clear that the woman had been neglected by her daughter. The mother was malnourished and suffered 2nd and 3rd degree burns on her knees and thighs which were uncared for. Caseworkers commented the daughter "showed absolutely no desire to care for her mother."
- An Ohio woman with severe rheumatoid arthritis was found suffering from severe malnutrition and dehydration. On several occasions, she required hospitalization as a consequence of neglect. During one admission, maggots were found over the woman's entire body. No relative would accept responsibility for her; however, when social services workers tried to remove her to a nursing home they were blocked from doing so by the family.
- In Iowa, an elderly man suffered two strokes and was left totally dependent on his wife for his care. The elderly wife suffered from arthritis and diabetes. Under the burden of the couple's financial problems, she became easily fatigued and soon became depressed. She admitted to caseworkers that she deliberately withheld therapy and medication needed by her husband. She stated that she spent little time in his room because she could not bear to look at him in his present condition. The woman said that because of guilt feelings and the likely depletion of the cou-

- ple's few assets, she did not want to place her husband in a nursing home. She stated that she wished her husband would die.
- A 67-year-old West Virginia woman living with her alcoholic son suffered a stroke which left her paralyzed on her right side. The woman also suffered from cancer. After hospitalization, she was returned to the care of her son. The woman slept on an old cot with no bed linens and had no way to bathe. Caseworkers said the woman seemed afraid to talk in front of her son, who answered all of her questions for her. The woman would not agree to a nursing home even though she had acquired two huge bedsores. Several weeks later, caseworkers were finally successful in removing her from these deplorable conditions to a nursing home.
 - An 80-year-old South Carolina woman, crippled with arthritis and too obese to get around, was left in the care of her 50-year-old son. The son cashed her social security checks and tied her to the bed and padlocked the bedroom door every day before he went out. He would leave a few saltines and water within reach when he left.
 - Another mother in South Carolina, age 76, was left in the care of her son. The woman suffered from senility, arthritis, and could not stand up alone. The son would leave her alone for two and three days at a time with only a baby bottle full of water at her bedside. When caseworkers investigated, the son resisted their efforts to place her in a home. He said he would do better by his mother. A month later caseworkers returned to find the woman in the same condition as before: malnourished, bedridden, filthy and ill. She was placed in a nursing home.
 - In Iowa, caseworkers found an elderly woman seriously ill, delirious with fever, in a urine-soaked bed. The Sheriff's Department arranged hospitalization against the spouse's will. The husband refused nursing home placement following the hospital stay and the woman returned to the unsanitary conditions, improper diet, poor medication supervision and improper catheter care.
 - In West Virginia, an 82-year-old widow with a broken hip, poor circulation and a heart condition was left in the care of her 52-year-old son. The son was a former mental patient who left his mother for several days at a time without food or medication. The son kept loaded guns in the house and would not allow neighbors to visit. The son was finally placed in a State mental institution with the help of neighbors who expressed the fear that they and the 82-year-old woman would be in great danger when the son is released.
 - Caseworkers in Colorado were called in to investigate reports that an elderly man was not properly caring for his wife. It was learned that the woman had terminal cancer and that the husband at times would withhold medication and medical treatments as prescribed by physicians and institute a regimen of over-the-counter medications. Caseworkers had the woman placed in a hospital but the man would have her discharged back

to his care at home. Finally, the Department of Social Services was given guardianship responsibilities for the woman and saw to her care with appropriate medical and nursing services until her death.

- North Carolina investigators found that a woman was keeping her elderly husband and mother-in-law captive in the upstairs of the couple's home. The upstairs portion of the house was described as laden with feces while the downstairs, where the wife lived, was clean smelling and fresh. The man was found to have developed bedsores from lying in his own waste.
- An elderly Washington, D.C. woman was tied in bed, deprived of food and stripped of her financial assets by a granddaughter with whom she was living. Pressures among the family members prevented any action from taking place. Finally, the woman was hospitalized for dehydration and malnutrition.
- Louisiana officials reported finding a 92-year-old woman neglected by her niece and nephew with whom she lived. The woman was frequently left alone without food and water, not given a bath for a month and suffered from fleas. Caseworkers reported the woman was tricked into changing her will so that upon her death, her home and all her property would go to the niece and nephew.
- A South Carolina woman, age 72, suffering from chronic brain syndrome, was left in the care of her son who gave her a room in the rear of his rented house. Caseworkers reported finding her dehydrated from time to time usually lying on a wet mattress with a chicken leg or a half of a banana in her hand. Apparently, the woman was incapable of raising her hand to her mouth without help. The son resisted efforts to place the woman in a nursing home until ordered to do so by a physician. The woman died within one week of the transfer.
- A 71-year-old Missouri woman was brought into the hospital emergency room in filthy condition: hair matted and covered with feces, bedsores over her body and in a comatose condition. Hospital officials said that neglect was the cause of the woman's condition. The woman had been hospitalized previously for "suspect incidences" and there was evidence of head injuries of "unknown origin." The husband claimed he did not know how sick his wife was. Caseworkers learned that the man was reluctant to seek nursing home placement because his wife's income would be lost to him. The patient was admitted to a nursing home because of the assistance of social workers.
- Another woman in Missouri, age 77, who had suffered a recent stroke and was bedridden was left in the care of her only son who was in his early 40's and on welfare. The son was a diabetic and suffered from asthma. The two people lived in a rowhouse confining themselves to the top floor bedrooms, cooking on a hot plate, and washing dishes in the bathtub. Since the son had 20 to 30 cats, the house was extremely filthy and filled with cat feces. Although many agencies tried to intervene the occupants would permit no one to clean the house. The son was married about four or five years, although he intimated that the marriage was never

- consummated. The daughter-in-law, who had since remarried, still visited her mother-in-law. The son owned two or three motorcycles and had an extensive gun collection plus a room full of World War II mementos. Occasionally, he worked as a drummer in a nightclub and was frequently known to become drunk and violent. He had often beaten his mother who contacted the police when he did so. The police, aware of the problem, were often able to calm the son. At other times, he threatened to kill her and stated he wished she were dead. Although she was frequently ill and required constant health care, health aides sent to the house were threatened by physical violence by the son and were afraid to return.
- Louisiana officials verified that a 73-year-old woman was neglected and exploited by her granddaughter. The victim was blind and yet she was left alone, not fed, allowed to lie in her own urine and feces on a dirty mattress. The victim's money was taken by the granddaughter who convinced the elderly woman that if she entered a nursing home she would starve.
 - An elderly Maryland woman was confined to a cellar by her daughter-in-law who was charged with her care and supervision. The woman received little care and had evidence of cuts and bruises when visited by caseworkers. The daughter stated that she did not want her mother to mess up the house.
 - A 70-year-old woman in the District of Columbia was admitted to the hospital for malnutrition and dehydration. She had been living alone, cared for by a neighbor who was paid by a goddaughter of the elderly woman. When the goddaughter stopped paying, the care stopped as well.
 - An 88-year-old woman with mental problems was the source of support for her stepgrandson and his girlfriend. At times, she was locked out of the house for extended periods. The stepgrandson refused to cook or clean. Neighbors brought food for her but the man would eat it himself and not share it with the old woman. On several occasions when she was ill, he abandoned the old woman and left her alone. The stepgrandson had purchased only one light bulb for the entire house and yet social workers learned that he sometimes left the front door open, letting in the cold and letting the heat escape.
 - In Massachusetts, an 86-year-old woman was on three separate occasions found wandering the neighborhood in a confused state during the winter. She was wearing only nightclothes and slippers. She was totally disoriented. When contacted by authorities, her sons could not agree even on a home health care plan for her. She died six months later.
 - An elderly Oklahoma woman who was bedfast was found to be the victim of gross neglect by her grandson. Caseworkers found her bedfast, emaciated, and lying in feces. Attempts to improve conditions failed. Finally, the court was petitioned to authorize involuntary protective services and the woman was relocated to a nursing home.
 - A weak, frail elderly New Jersey woman on a salt-free diet was being left alone by her working daughter. The mother was unable

to dress herself and was left with only stale bread and canned soup to eat. She was placed in a day care center so she could have daytime activities and care, and remained with the family at night.

- An elderly woman in Massachusetts cared for her schizophrenic son until she fractured her hip. The son then became her caretaker. The house became increasingly disorderly with broken plumbing which was not repaired and excrement was dumped in the yard. Two months after the protective service agency took the case, the woman died. The son then cleaned, repaired and sold the home.

SEXUAL ABUSE

Sexual abuse of the elderly by their relatives is a gruesome subject. It needs no further definition and a few examples are sufficient to make the point.

- In the District of Columbia, an 80-year-old woman, a paraplegic, had been sexually abused over a 6-year period by her son-in-law, who beat her with a hammer when she refused his advances.
- A 69-year-old woman from Iowa in day care complained of abdominal pain and vaginal bleeding. She revealed she had been raped by her brother-in-law, with whom she and her husband had been living after being evicted from their home. After reporting the problem, she filed charges against her brother-in-law who was jailed and is awaiting trial.
- Iowa also reported that an arthritic, slightly obese but otherwise healthy woman lived with her daughter and 22-year-old grandson who reportedly physically and sexually abused her. The daughter admitted there was familial conflict and wanted her mother to move. The mother was turning over \$300 of her \$320 monthly Social Security check to the daughter.
- New Jersey reported that a lady of about 74 was assaulted physically and sexually by her son-in-law. The daughter was fully aware of the ongoing situation, and warned her mother not to say anything for if she did she would be made homeless. Neighbors and relatives reported the case to protective services.

FINANCIAL EXPLOITATION

Financial exploitation involves the theft or conversion of money or anything of value belonging to the elderly by their relatives or caretakers. Sometimes, this theft or misappropriation is accomplished by force—sometimes at gun point. In other cases, it is accomplished by stealth through deceit, misrepresentation and fraud. In most instances, the loss of property by the elderly is immediate but in a few instances involving undue influence in the writing of wills, greedy family members have been willing to wait a few months or even years to acquire the property of a loved one.

In its inquiry, the Committee developed literally thousands of examples which fall into the category of financial exploitation. As is noted from other parts of this report, financial abuse usually is accompanied by physical and psychological abuse. The examples provided

below are merely illustrative of the problem. They range from armed robbery of the elderly by their loved ones to larceny of their personal possessions to exotic schemes to defraud them of literally anything of value.

One of the most heartbreaking series of examples involves the elderly who lived independently until an injury or illness necessitated a stay in the hospital. Upon discharge from the hospital, many older Americans have learned to their chagrin that their families have literally sold their homes out from under them. Equally heartbreaking are cases where family members have their loved ones committed to a public institution as a means of obtaining their property.

It became apparent to the Committee that to some extent, Federal policy under Medicare/Medicaid and the Supplementary Security Income program encourage the financial exploitation of the elderly. Generally, the exploitation revolves around the decision to place an older person in a nursing home or related institution. Since Medicare pays for only about 2 percent of the nation's total \$17 billion nursing home bill, the elderly must pay these expenses themselves or look to their families. With average charges in American nursing homes running in excess of \$12,000 a year and given the fact that no insurance can be found which will pay more than a modest amount of this bill, more and more families have been looking for ways to qualify their loved ones for Medicaid, the welfare nursing home program which is available without limit to the poor. Families have learned that if the elderly divest themselves of their resources and income, they will become eligible for Medicaid.

Many family members rationalize that it is a pity to waste money (even if it belongs to the elderly) on old people near death and that it is somehow compounding the problem to give this money to what they call greedy nursing home owners. For this reason, family members have taken money or property belonging to the elderly and then represented to State Medicaid workers with a straight face that the senior has no property, thus qualifying for Medicaid.

With respect to SSI—a program of cash grants to the poor elderly from the Federal government, the problem is caused by a provision in the law which reduces SSI payments by one-third if the senior lives with related individuals. There is also a provision which bars the receipt of SSI funds for most individuals housed in public institutions. What this means is that more and more old people are being entered in the Federal SSI rolls instead of being taken care of at home. The fact that public institutions are generally unavailable means the elderly are increasingly being placed in private for-profit boarding homes. While the subject of boarding homes was incidental to this study, the Committee could not help but be moved by the tremendous number of abuses which were reported in boarding homes. While the matter merits further study, it would appear that boarding homes have replaced nursing homes as the premier havens for institutionalized abuse of the elderly in America. Indeed, a number of victims of boarding home abuse and of abuse at home by loved ones have found nursing homes a pleasant change by comparison. Examples of financial exploitation of the elderly follow:

- In Arizona, an 88-year-old bedridden, mentally incompetent woman who was being cared for by a young relative was placed in the cheapest available boarding home. Her stay at the home was paid for with the woman's social security check of \$300 a month. Thereafter, the young relative began to spend the victim's \$20,000 life savings. When caseworkers investigated, the victim was found suffering from bedsores and dehydration. In fact, the woman was so dehydrated according to official reports, that her lips were stuck together. Employees of the boarding home would not give the woman fluids because they didn't want her wetting the bedsheets. After an investigation, the victim was removed to a nursing home where she received proper nursing and medical care.
- In the same State, a woman who had worked for over 30 years and who enjoyed a liberal pension, suffered two broken hips at the age of 88. An acquaintance arranged for her to be placed in an unlicensed boarding home. Within two weeks, the owners had either forged the victim's name to checks or had forced her to sign over \$2,300 in checks to them. The investigation revealed that the woman was purposely overmedicated in order to keep her in a stupor. The woman had numerous stocks and bonds which apparently had been misappropriated. Social workers hired an attorney to institute legal proceedings to recover funds inappropriately taken and moved the victim to a licensed nursing home where she is reportedly receiving excellent care.
- Also in Arizona, an 84-year-old World War I veteran with a diagnosis of congestive heart failure came under the influence of a "friend" who obtained the old man's power of attorney and opened joint bank accounts with him. The "friend" represented that the man had no relatives. Investigators learned of the case when the man was brought to the emergency room of a local hospital. The old man was malnourished, dehydrated and maggots had infested under his skin. Investigators learned that approximately \$20,000 had been taken. Relatives were located in Florida and Michigan but they refused to accept responsibility for the man so a guardian was appointed by the court to revoke the power of attorney and recover the man's assets. Both the old man and State social workers were physically threatened but ultimately they were successful in recovering an automobile and much of the other financial assets. The man was placed in a county nursing home.
- California officials report that an 87-year-old widow in frail health and generally confined to a wheelchair, unable to care for her day-to-day needs, was allegedly the victim of physical and financial abuse from 1974 through 1980. A nurse companion who was also her conservator and three children depleted her financial resources by more than \$300,000 while depriving the woman of proper medical attention, food or clothing. Caseworkers helped the woman to institute legal proceedings.
- Mrs. Z, then age 86, lived with her sister, age 84, in a home they shared in California. After a stroke, she was hospitalized and

- comatose for 6 months. Part of her convalescence was in a nursing home. Prior to recovery, her sister was placed in another nursing home by a former caretaker, Sue, representing herself as probate conservator for both sisters. She had filed copies of conservatorship petitions in the sisters medical records, then had withdrawn the original petitions from the court calendar before they were legally recorded. She also got title to the sisters home with a quit claim deed signed by both sisters, had wills signed by the sisters naming her as heir in case either sister pre-deceased the other. Both wills named her as executor. Mrs. Z's signatures on the documents were dated during her comatose period. When Mrs. Z regained consciousness, and fully recovered her mental and physical faculties, she began asking questions about her affairs and possessions, including jewelry Sue was wearing. She was told Sue was in charge with full legal authority. Mrs. Z was not to contact her sister, who was also angry at Sue. The sister lapsed into total mental confusion and died 3 years after nursing home placement. Before her death, the case was referred to adult protective services because of a Medicaid-pension problem and subsequent checking of court records revealed Sue had no legal authority or conservatorship. Mrs. Z denied ever having made a will, signing over her house, giving power of attorney, or giving her possessions to Sue. At this time, her memory was unimpaired except for the comatose period. After 6 years of legal procedures, Mrs. Z, at age 92, recovered partial possession of her home and a few personal possessions. A public guardian was correctly appointed for her and was also conservator for her sister until the latter's death.
- California officials also report that they discovered that a number of elderly men had been extorted by an attractive young woman. They discovered the scheme following the death of a 72-year-old retired man who had loaned the woman about \$2,000. It was learned that there was no repayment of the loan, that the woman was an alcoholic and an opportunist who employed various methods of getting money from lonely elderly men.
 - An elderly man from the District of Columbia, living with his son, was unable to handle his financial affairs because of debilitating illness. Believing his bank balance to be \$10,000, he wrote a check for a couple hundred dollars and was overdrawn. He later learned that his son had withdrawn money without telling him.
 - Officials in the District of Columbia report several cases where relatives, including daughters, granddaughters, and nephews, entered the homes of the ill elderly when they were being hospitalized, and removed cash and possessions in anticipation of the senior citizen's death. In a similar case, a 90-year-old woman who lived independently in her own home until she fractured her hip and was hospitalized, had her home sold out from under her by her family who then had her placed in a nursing home.
 - In Atlanta an elderly woman was financially abused by her 30-year-old daughter. The daughter would leave her five children with her mother and disappear for months. She took money from her mother and assaulted her when her mother took exception to

- her actions. The mother was fearful and too afraid to take action against her daughter.
- Florida investigators report that they discovered that an 82-year-old woman had been fooled into signing a quit claim deed to her property by a daughter whom she trusted. The woman did not know that the papers she signed had the effect of conveying her house and property to her daughter. In addition, the woman was neglected or abused and mistreated by her daughter until case-workers intervened last year.
 - In Florida, a 64-year-old man in poor health was swindled out of his 40 acre orange grove and all his other possessions by a relative he trusted. The relative misrepresented the purpose of the papers and the effect of the man's signature. The man was left with only his social security. He was threatened and abused and given liquor with his medication. "I signed too many papers. I still fear for my life," he told protective service workers.
 - Florida protective service workers report a number of incidents which involve family members helping themselves to the possessions of relatives who had been hospitalized. In one case, more than \$3,000 was withdrawn from the senior citizen's account by relatives who had obtained the bank book when the victim was too sick to move. In another instance, a 46-year-old daughter, together with the 5-year-old granddaughter, ransacked the home of a senior. In another instance, a son was spending his mother's veterans check to buy drugs and alcohol. A poignant letter to the State from a senior citizen captures the essence of this problem: "Some of us cannot run and hide . . . some of us are very vulnerable to legal trickery. Some of us are too poor to hire a lawyer. The prevailing attitude is why spend the effort on an old person because he or she is going to kick off soon anyway and through that excuse they deny relief or justice. Older people are more afraid to talk back to corrupt bureaucracy because that monolithic conspiracy can very easily tamper with the (income) of the more vulnerable. We must remember older people sometimes own property that other people want without paying for it."
 - Florida reports that there are instances where attorneys, by themselves or in collusion with family members, have defrauded the elderly. In one instance, an 80-year-old man lost \$50,000 in a confidence scheme then was allegedly tricked into assigning some \$11,000 in cash and real estate to an attorney with the hope of recovering the lost funds. The client had to hire a second attorney who withdrew from the case a year and one half later. A judgment was finally obtained against the operators of the confidence scheme who could not be located.
 - Florida also reports that a 93-year-old former college professor was kept captive in his own home by his "housekeeper" who brought her family to live in the home. The professor's money was used to pay all the bills, including the cost of a sports car and other luxuries. The man was left alone and neglected. Neighbors intervened after the old man fell and hurt himself. Subsequent investigation proved that his funds had been rapidly depleted.

Three lots had been sold without his knowledge. Eventually, a conservator was appointed and he voluntarily entered a nursing home.

- Louisiana reports a 92-year-old woman was mistreated by her niece and nephew. The woman was left alone without food or water, at times going a month or more without a bath. She suffered from fleas and flea bites which were left untreated. It was alleged that she was tricked into giving all of her property, including her home, to her niece and nephew. It is clear they were using the senior's money for their own personal benefit.
- Louisiana also reports several instances where relatives have converted the income of their elderly to their own use. In one case, an adopted son, age 22, helped himself to all of the senior's income, including social security, and used the proceeds to buy alcohol. In another case, a 73-year-old blind woman was neglected by her granddaughter who left her living in squalor while converting the old woman's funds to her own use.
- In Maine, caseworkers had to persuade a reluctant old man to bring suit against his daughter to recover some \$24,000 taken from two of his savings accounts.
- Caseworkers in Maryland told the Committee about a 67-year-old widow who was regularly beaten by her 35-year-old son. The widow was forced to turn over all her property and assets to the son who stopped working. When the income money from property had been exhausted, the two subsisted on her \$80 a month social security check. The widow did some babysitting to supplement this income.
- The daughter and husband of an elderly nursing home patient were discovered not having told Maryland authorities about the patient's income from social security. The patient had her care paid for by Medicaid which is required by law to be offset by any income which the person may have. When they were required to turn the checks over to the nursing home, they pulled the woman out of the home saying they would care for her at home. The woman is a diabetic and cannot care for her personal needs and yet it is assumed that she is left alone all day since both the husband and daughter work. They were using the social security checks to make their automobile payments.
- In Massachusetts, family members sought a court order to have a nursing home patient's life support systems taken away despite evidence that the man wanted to live. Caseworkers said that financial holdings were at the bottom of the family's efforts to have the man's dialysis treatments ended.
- In the same State, a 68-year-old widow with a heart condition and crippled with arthritis was physically and financially abused by her heroin-addict son. An investigation revealed that the son stole money and sold the woman's property, such as her color television and stereo system. The son also ran up huge bills on the woman's credit cards and incurred other indebtedness. Caseworkers intervened and got the son to move out but the widow refused to press charges or to bring any action to recover her property.

- The Minneapolis Tribune in 1978 reported a number of abuses which involved for-profit estate management corporations who are appointed to sell off the assets of the elderly, usually to allow the proceeds to be applied toward nursing home placement. Following the death of the elderly*, the purpose is usually to convert assets into cash which can be divided among the family members:

—One case involved Mrs. L., an elderly nursing home patient. The conservator, an estate management corporation, sold her home for \$8,400 although it had been appraised for \$10,250 earlier that year. The substantially identical home of a neighbor had sold for \$17,500 four years earlier. Six months after the sale, Mrs. L.'s house was resold for \$19,500. The corporation obtained a generous commission and legal fees for its trouble. Collusion was suspected but never proven between the corporation and the initial purchaser.

—Mrs. R., age 102 and in a nursing home, was under the conservatorship of an estate management corporation which set the value of her home at \$7,800, the sale price of the house which had been appraised at \$9,500. The buyer then sold the house for \$16,200, more than twice what he paid for it. Mrs. R.'s conservator filed for welfare assistance for his client.

—A niece of Mrs. M., an 89-year-old woman, learned that the aunt had been placed in a nursing home and enrolled in Medicaid by a conservator estate management corporation, ostensibly because she had no assets. The niece visited the old woman and found her tied to a chair. The administrator offered the excuse that the aunt could not sit in a chair without support, stating she was uncooperative with therapy. The niece decided to investigate further. She visited the home which had been vacant since her aunt's admission to the nursing home. The house was unlocked. It appeared to have been ransacked. Food was still in the pots. The insurance had lapsed. The niece found about \$5,000 in checks and cash that had been hidden in the house. She learned that the conservator had not filed an inventory and appraisal of the estate nor an accounting for assets and expenditures during the term of the conservatorship which was almost 18 months at that point. The niece was able to pay \$11,000 in nursing home charges incurred prior to her aunt's being placed on Medicaid. The conservator accused the niece of meddling, insisting that the house would bring only \$12,000. The niece sold it for \$18,500. The niece paid the conservator legal fees; the corporation resigned and the niece was appointed guardian. In her first accounting, the niece listed her aunt's assets at \$53,140 after payment of all bills. The aunt will therefore be able to support herself from this income for several years instead of becoming a ward of the State.

—Mrs. V. who had an estate of approximately \$73,000, much of it in stocks and bonds, was placed in a nursing home and a

*Similar cases were reported to the Committee by Daphne Krause, Executive Director of the excellent Minneapolis Age and Opportunity Center of Minneapolis, Minn.

corporation was appointed as her guardian. Following a stroke, the guardian began preparing to sell the home on the rationale that she would never be able to live by herself or otherwise occupy the house again. The house was sold for \$12,000, even though it had been appraised for \$13,500 a year earlier. Three months later, the house was resold for \$17,700 and three years later, it brought \$31,600. The original buyer of the home had also bought two other homes of nursing home patients under the conservatorship of the same corporation.

—Mrs. O. was also placed under a conservatorship because she could no longer manage her own affairs. Her son was appointed her guardian in 1975. In March of 1976, he signed a purchase agreement to purchase his mother's home for \$26,200. He asked the court to release him as conservator and to appoint a for-profit estate management corporation. The son bought the house, rented it for a few months, and then sold it for \$37,000. A Minnesota newspaper investigation showed that this corporation had sold a number of homes belonging to the aged at prices below market value. The study noted that the sale prices are further diminished by closing costs which reduced the owner's benefit from \$2,000 to \$11,000 per house. In this case, Mrs. O. received only \$72.75 from her \$30,000 estate and became a welfare (Medicaid) client before her death in 1979.

- An elderly New Jersey man with a monthly pension of \$950 and \$200,000 savings became ill, was hospitalized with seizures that left him brain injured and partially paralyzed. His caretakers obtained legal power of attorney. Although it was believed by his sisters that he did receive some care, the caretakers took his pension and social security checks, stripped him of his savings and denied him visits from his sisters. The caretakers also sold his car.
- An elderly woman from New Jersey gave her lawyer power of attorney when he told her she was signing something related to the sale of her house. He later tried to borrow money on the woman's bank account while she was still alive. Fifteen months after her death, nothing had been done about the estate and the attorney was still collecting monthly fees as co-executor and legal counsel as stated in her will.
- New Jersey reported a situation where an elderly woman asked a man considered a "pillar of the community" to manage her estate and gave him power of attorney. When she became ill, a home health aide who came to assist her had to buy food out of her own funds for her. The pharmacists were balking at delivering more medication until their long-overdue bills were paid. The aide learned that the woman had sufficient funds to pay her expenses. In fact, she was extremely well-off, but this fact was not known because her conservator was not acting in her best interests.
- New Jersey officials also reported a case where title to a woman's home had been turned over to her son, an attorney, apparently without the woman's knowledge or permission. Caseworkers

were unsuccessful in their efforts to restore title of the home because of the unavailability of legal assistance.

- New York reported the case of a 75-year-old woman, widowed, who was in failing health. For this reason, she chose to move into a home where she could receive appropriate care and be close to relatives. Her net worth was \$160,000. Instead of moving into the home, she was asked to move into the private residence of a couple in the vicinity as a paying guest. During the next few months, the cancer for which she was being treated, worsened. She also had cataracts and had suffered several strokes. In October 1977, one of the caretakers bought a new foreign automobile with cashier's checks totalling slightly less than \$21,000 purchased by the 75-year-old woman. The caretaker claimed the older woman bought it for her as a gift. During the following 9 months that she lived with the caretaker, approximately \$89,000 found its way directly to the caretaker and approximately \$35,000 disappeared from her estate altogether. Her assets at the time of death were only \$40,000.
- In New York, a 79-year-old woman was found missing by a friend. She was discovered to be residing in a boarding home. The older woman was suffering from "chronic brain disease, heart problems, and thyrotoxicosis." During the period of time she resided in the home, her caretaker had her withdraw \$3500 from her bank account with which she purchased \$3400 worth of travelers checks which were endorsed by the caretaker and an additional \$100 check was made payable to the caretaker's husband. Later, substantial amounts of money were withdrawn from her savings account by the caretaker. Approximately \$80,000 of the older woman's money was sent to Ireland and deposited there in trust for two of the caretaker's children. Prior to the older woman's death, the caretaker and her husband became the proponents of a will drawn during the time the older woman was living with them, revoking a will made approximately a year earlier, leaving the bulk of her estate to them instead of to various relatives. She was apparently acutely ill for days before her death, but received no specific medical treatment for her last illness. The court has voided her last will as the product of fraud and undue influence.
- Also in New York, an attorney was contacted by Mr. and Mrs. X. who claimed to be friends of Mr. C. who was sick and wanted to have his affairs prepared and that a niece wanted to steal all his money. Mrs. X. requested that the attorney see Mr. C. at the hospital and draw up a will. Mr. C. told him he wished to bequeath three-fourths of his estate to his sister, one fourth to his niece and because he was afraid Mr. and Mrs. X. would put him out in the street if they found out he left nothing to them, decided to leave \$2,000 to Mrs. X. Mr. C. denied any knowledge of a recently opened savings account he had opened in trust for Mrs. X. and wanted it changed back into his name alone. The attorney drew up the will pursuant to Mr. C.'s instructions, requested the hospital refrain from putting Mr. C. under sedation so he could sign with a clear mind. Mrs. X. learned Mr. C. had made provi-

sions for his own family and had made a specific bequest for the X's. When the attorney returned to the hospital with the proposed will and a letter directing the name change on the account, he was barred entrance to Mr. C.'s room by personnel who claimed Mr. C. was under heavy sedation and was asked to leave. Mr. C. died 2 days later while under the care of the doctor who serviced the residents of the adult home. A Surrogate Court eventually returned the money to Mr. C.'s estate.

- New York supplied numerous other cases of abuse which took place in boarding homes, also known as adult care homes in New York. In one instance, the boarding home operator withdrew some \$22,000 in checks payable to a senior citizen and had them endorsed over to him. When confronted, the operator protested that the money had been used to take the woman and his wife on a brief trip to Florida. The woman died without recovering her money. Another woman claimed that some \$3,000 in silver and personal items was taken by the operator of another home. Authorities discovered this theft and the operator restored about half of the items to her. She said she tolerated the practice because the operator said he would tell the authorities she was crazy and no one would believe her. In a third case noted above, another boarding home owner took about \$3,400 from a 79-year-old woman who suffered from chronic brain syndrome and confusion. He wrote a will leaving the woman's estate to himself and his wife. Following the woman's death from a pulmonary embolism, a Westchester Surrogate Court voided this will as a product of fraud and undue influence.
- A 76-year-old North Carolina woman, who could no longer manage her own affairs or care for herself refused to allow her daughter to sell her property (mother's). However, the daughter soon did so against her mother's will and would not turn over the proceeds from the sale of the property to her mother.
- Also in North Carolina, an elderly woman in ill health required hospitalization. Following her convalescence, family members would not allow her to return home. They placed her in a boarding home where she felt she did not need to be. She learned that a guardian had been appointed to manage her affairs and that checks were being written on her behalf to pay for her care in the boarding home. She found herself unable to get access to her checking account or any of her funds. She did not have money enough to have her hair done or even to buy a soft drink. Her pleas to see an eye doctor, along with her plea to be allowed to return home where she could have some semblance of dignity and privacy, went unheeded.
- Pennsylvania reported a case where authorities have attempted to get an 89-year-old father to file charges against an alcoholic son who forces him to turn over his monthly social security check. When the father refuses, he is tied to a chair so he can't leave the house.
- A Pennsylvania attorney submitted the following case which involved an elderly man, "Mike," who was financially abused by his daughter, "Barbara." Mike was an ill-educated man who had

been a teamster driver and dock loader until his retirement in 1972. He had twice served in the U.S. Army for a total of seven years. He and his wife, from whom he separated in 1953, had 3 children of whom Barbara was the oldest. She was in her mid-forties when problems began.

On March 2, 1975, as Mike was driving home from a party, he was hit broadside by an uninsured motorist and suffered three fractured ribs, ankle fracture and a fracture and dislocation of his left hip. Particularly because of the broken hip, he went through an extensive hospital course. After the hip was set in the hospital, Mike was transferred to a nursing home. While there, the hip was dislocated and he was readmitted to the hospital for a total hip replacement. His daughter was dissatisfied with treatment there and had him transferred to another hospital where the hip dislocated again and corrective surgery was performed. He was then discharged to a nursing home for further recuperation, then returned to the hospital for final evaluation, then discharged. A week later, another hip dislocation necessitated an operation to replace an artificial component of the hip joint. After his release, dislocation again recurred, but relocation of the hip was successful and no additional dislocation occurred. His treatment period extended from March 3, 1975 through October 18, 1975.

During hospitalization periods, Mike was receiving his teamster pension, social security, and uninsured motorist benefits, all of which he instructed his daughter Barbara to put in his bank account, with her name on his checking account to pay his bills. She was given permission to keep his teamster pension checks for her "trouble." Hospitalization insurance policies paid him benefits for days in hospitals or nursing homes. After final discharge, Mike moved into Barbara's home. He was bedfast for a 3-month period, but by June of 1976, was able to walk with the help of a cane and eventually made a full recovery.

During his hospitalization, Mike was asked by Barbara's husband to pay off a \$5,500 mortgage on their home. This was deducted from his bank account for "services." In March 1976, Mike wanted to buy a car and learned his bank account had \$3,000 less than it should have. He moved to his brother's home and Barbara petitioned the court to be made guardian of his person and his estate on the grounds he was incompetent. Her requested emergency hearing was dismissed.

Mike obtained the services of an attorney whose investigation revealed that Mike had received retirement and insurance benefits totalling more than \$42,000, of which less than \$6,000 could be accounted for. A suit for a total of \$36,000 plus interest was filed against Barbara who had deposited most of her father's money in a joint bank account of her and her husband. Prior to the trial, Mike wanted to drop the case and when her attorney offered to settle the case for \$10,000, Mike wanted to take the offer because he did not want to testify in court against his daughter. The day before the case was to be heard in court, Barbara's attorney made a final offer which Mike accepted.

From the amount of \$36,000, the sum of \$8,000 for documented expenses paid for Mike's benefit by Barbara was to be deducted; \$5,000 was to be deducted as compensation for her services and his room and board. For the remaining \$17,500, Mike was to have a mortgage to Barbara's house in the amount of \$15,500 plus 6% interest and Barbara would give Mike \$2,000 cash at the time of settlement execution. The mortgage has been paid timely in monthly installments to Mike, but Barbara, in her court deposition, berated her father for his ingratitude and proclaimed she deserved the entire amount of money. Ironically, she would have inherited his entire estate as per his will, which was redrawn after the financial abuse.

- In South Carolina, caseworkers found an 80-year-old woman who was bedfast and neglected by her son who tied her to the bed and locked the bedroom door, leaving her all alone during the day and much of the night. The son expropriated her social security check and other financial assets.
- Texas caseworkers reported that a 102-year-old woman who was almost blind, lived independently in her own home along with an adopted son and granddaughter. One of the elderly woman's other granddaughters moved into the home along with her teenage children who proceeded to demolish the home and to steal their great grandmother's money. The old woman and her adopted son and granddaughter asked the newcomers to leave. They refused. As a result of the conflict, the elderly woman was thrown out of her own home into the street.
- In Washington, a grandson refused to provide medical attention for his dependent grandmother who suffered from terminal cancer. He stated he did not want the woman's income and property needlessly depleted.

PSYCHOLOGICAL ABUSE

In addition to being abused physically and financially, the elderly can also suffer emotional or psychological abuse at the hands of their relatives. At one end of the spectrum, psychological abuse includes simple name calling and verbal assaults. At the other end, it is a protracted and systematic effort to dehumanize the elderly, sometimes with the goal of driving a person to insanity or suicide. There are few things more pernicious in life than the constant threat by caretakers to throw the elderly into the street or have them committed to mental institutions. The most common weapon used in this warfare is the threat of nursing home placement. This kind of activity is associated more with concentration camps than with private homes where the elderly reside. However, several examples of these almost unspeakable offenses have come to the attention of the Committee. By definition, psychological abuse usually exists in combination with one or more other abuses. Following are some examples:

- In Massachusetts, an immigrant woman in her 70's with visual problems and minor infirmities moved into her niece's home and shared expenses. The niece began to misappropriate her aunt's checks, locked up the food and starved her. On one occasion, she

started deportation proceedings against her aunt and constantly threatened her with nursing home placement.

- In Massachusetts, a daughter-in-law harbored great resentment of her mother-in-law for whose care she was responsible. The daughter-in-law refused to contribute to the woman's support. The daughter-in-law converted her mother-in-law's social security checks to her own use—often to buy alcohol. Over a long period of time, the elderly woman was verbally abused, threatened, and in fact, the daughter-in-law did periodically beat the woman. When this matter came to the attention of the police, they discovered that the daughter-in-law put the woman's food on the floor, telling her she was an animal and that she would be required to eat like one.
- A report from Delaware tells of a daughter-in-law who would keep her husband's widowed mother confined in the basement without social contacts. Any time the widow tried to leave this captivity, she was verbally assaulted. After the widow broke her arm in a fall, the daughter-in-law added physical force, severely twisting the woman's broken arm on several occasions.
- An 87-year-old woman in Massachusetts was psychologically abused by her middle-aged son. On a visit to her on a day when she was not feeling well, he proceeded to discuss what monies she had, what insurance, and what brothers or sisters of his were to get her property in the event of her death. The conversation disturbed her greatly and the day after the discussion she went to bed, and never got out of it. One month later, she was dead.
- In California, an 87-year-old woman in ill-health, confined to a wheelchair, and unable to care for her daily needs, was repeatedly and systematically abused by her family and nurse-companion. The mental and physical torture lasted six years. During this time, the woman was threatened, held prisoner, deprived of all contact with the outside world, not permitted to see friends and family, and battered. Her nurse-companion (conservator) and three children with the knowledge of the victim's bank and attorney, depleted her assets by \$292,000 as well as 200 shares of Caterpillar Tractor stock.
- In New Jersey, a young man threatened his grandmother for months in order to extort money with which to buy drugs. The boy's mother (the victim's daughter) was also a drug addict.
- In a mid-Western State, an 85-year-old woman was allowed to lay covered with urine and feces for so long that bedsores developed which became infested with maggots. The granddaughter, apparently oblivious of her responsibility toward the old woman, frequently abandoned her charge, in one instance flying to Hawaii with a friend. The weapon with which the granddaughter enforced her will, was the threat of nursing home placement. The old woman was terrified at the prospect.
- Social workers in West Virginia recently received a telephone call telling them that a 92-year-old woman was being confined in a trailer behind her children's home against her will. Upon investigation, the daughter and son-in-law admitted that they

had locked the woman in the trailer when "she got out of hand—she just wants to go out all the time, you can't do anything with her," said the daughter. When the workers suggested that the woman could be cared for in a day care center, they were rebuffed by the family who refused them further access to the victim. At last report, the woman had fallen, broken her arm, and had been hospitalized.

- In a Delaware case, an elderly woman reported she had been repeatedly threatened by her son. The threats were verbal at first but later the son purchased a gun and used it to terrorize his mother. Several violent episodes had taken place before the invalid woman, who suffered from an amputated foot, signed a warrant for her son's arrest. The woman did not show up in Court for the hearing which was scheduled. The reason she did not do so is unclear. The reason offered was that her physical condition did not allow her to make the appearance.
- In Michigan, a 79-year-old man was reportedly threatened by his 28-year-old son. The son was alleged to have a drug dependency problem and converted his father's social security checks to supply his habit. The father admitted he was intimidated by and lived in fear of his son. Social services workers helped the reluctant father initiate eviction proceedings against the son. During this process the father had to be relocated temporarily in other living accommodations for his own protection.
- An elderly woman living in the District of Columbia was confined to the cellar by her daughter-in-law who verbally abused her on a daily basis. Predictably, there were outbursts of physical abuse to enforce this confinement.
- Another elderly woman in the District of Columbia was recently found to have been held a virtual prisoner against her will. This time the abuser was her husband who was caring for her.
- In the District of Columbia, caseworkers found a severely underfed 86-year-old man lying in a filthy, roach-infested apartment. The man told them that his son had threatened to shoot him if he let anyone in the house. He said he was fed noodles with maggots in them and that his son had threatened to put embalming fluid in his food.

VIOLATION OF RIGHTS

All Americans, whether young or old, rich or poor, well or sick, are invested with certain inalienable rights by the United States Constitution. In addition, further rights are conferred by Federal statutes and the interpretation of them (and the Constitution) by Federal Courts. In addition, there are other rights which have been granted to citizens by the respective States through their legislatures and preserved through their courts.

This section of this report sets forth only a few of those enumerated rights along with examples of how these rights have been breached or violated by family members who are placed in the position of providing care and assistance to their elders.

1. *The right to personal liberty.*—The right to move freely, the right not to be imprisoned in one's home, the right to be free from physical

restraints, are at the very essence of American democracy. However, there have been numerous examples in the preceding pages of older Americans being held captive against their will, virtual prisoners in their own homes. There have also been numerous cases of individuals who have been restrained with ropes and wire, tied to their bed as well as locked in their rooms or homes:

. . . A 19-year-old Illinois woman confessed to torturing her 81-year-old father and chaining him to a toilet for 7 days. She also hit him with a hammer when he was asleep. After she made him weak enough, she chained his legs together. . . .

2. *The right to adequate appropriate medical treatment.*—The right to prompt quality medical care and the right to some participation in medical decisions are no less basic to Americans. The preceding pages, however, provide numerous examples where the elderly have been deprived of medical care by relatives who did not want to deplete the senior's assets, spend money of their own or lose the use of the senior's income. The case histories throughout this section confirm the hypothesis that a great number of America's seniors are not receiving the medical care they need. For example:

. . . In Washington, an 84-year-old woman terminally ill with cancer was refused proper medical attention by her grandson who did not want the woman's property and income dissipated by doctor and hospital payments. The woman was found in tremendous pain living in truly wretched conditions. The victim was transferred to a nursing home where she died a few weeks later. . . .

3. *The right not to have one's property taken without due process of law.*—The preceding pages are replete with examples of relatives who have taken the property of the elderly and converted it to their own use. Sometimes this has been accomplished by force or through the use of weapons, in other instances, it has been accomplished by stealth through deceit and fraud. As the subsection on financial abuse indicates, the elderly are all too often easy victims of schemes to deprive them of their property. For example:

. . . New Jersey officials reported a case where title to a woman's home had been turned over to her son, an attorney, apparently without the woman's knowledge or permission. Caseworkers were unsuccessful in their efforts to restore title of the home because of the unavailability of legal assistance. . . .

4. *The right to freedom of assembly, speech, and religion.*—These protections specifically enumerated in the Bill of Rights have also been abridged and vitiated. Older Americans in many instances have been prevented from communicating with neighbors or friends. They have been prevented from having others in their home. In several instances, they have been denied access to the telephone and not allowed to receive mail unopened. In a number of cases reported heretofore, the elderly have been afraid to speak in front of their caretakers. No specific cases were received relating to breaching the right to practice religion, however, it is likely that this right has been abridged by some

relatives of some senior citizens somewhere in America. The following is an example of an abrogation of this particular right:

. . . In California, an 87-year-old woman in ill-health, confined to a wheelchair and unable to care for her daily needs was repeatedly and systematically abused by her family and nurse companion. The mental and physical torture lasted six years. During this time, the woman was threatened, held prisoner, deprived of all contact with the outside world, not permitted to see friends and family, and battered. Her nurse-companion (conservator) and three children with the knowledge of the victim's bank and attorney, depleted her assets by \$292,000 as well as 200 shares of Caterpillar Tractor stock.

5. *The right to freedom from forced labor.*—The United States Supreme Court has upheld this right and yet many older Americans, as can be seen from the following example, have been forced to work to support indolent sons and daughters who collect the paychecks received by many of the elderly.

. . . Caseworkers in Maryland told the Committee about a 67-year-old widow who was regularly beaten by her 35-year-old son. The widow was forced to turn all her property and assets over to the son who stopped working. When the income and money from property had been exhausted, the two subsisted on her \$80 a month social security check. The widow did some babysitting to supplement this income.

6. *The right to freedom from sexual abuse.*—As noted from the preceding examples, some seniors are not free from sexual abuse by their relatives and in-laws. In some cases, such abuse is carried out by force, sometimes enforced through the use of weapons. For example:

. . . In the District of Columbia, an 80-year-old woman, a paraplegic, had been sexually abused over a 6-year period by her son-in-law, who beat her with a hammer when she refused his advances. . . .

7. *The right to freedom from verbal abuse.*—Many senior citizens are being verbally abused on a daily basis by their relatives. The seniors often feel that they have little choice but to put up with such abuse. They believe that they are powerless to stop it and should they try, it would mean that care or food would be denied to them or that they would be forced out into the street or into a nursing home. For example:

. . . In Michigan, a 79-year-old man was reportedly threatened by his 28-year-old son. The son was alleged to have a drug dependency problem and converted his father's social security checks to supply his habit. The father admitted he was intimidated by and lived in fear of his son who showered the old man with profanity on a daily basis. Social service workers helped the reluctant father initiate eviction proceedings against the son. During this process, the father had to be relocated temporarily in other living accommodations for his own protection.

8. *The right to privacy.*—The U.S. Constitution and related laws recognize a right of all citizens to a certain sphere of privacy. Unfortunately, as can be seen from the examples in the preceding pages, privacy is very often denied to the elderly by their relatives. Quite often the denial of privacy is used as a weapon in the psychological war against the elderly carried out by their caretakers. For example:

. . . A woman in Missouri, age 77, who had suffered a recent stroke and was bedridden was left in the care of her only son who was in his early 40's and on welfare. The son was a diabetic and suffered from asthma. The two people lived in a rowhouse confining themselves to the top floor bedrooms, cooking on a hot plate, and washing dishes in the bathtub. Since the son had 20 to 30 cats, the house was extremely filthy and filled with cat feces. Although many agencies tried to intervene, the occupants would permit no one to visit or clean the house. The son was married about four or five years although he intimated that the marriage was never consummated. The daughter-in-law who had since remarried still visited her mother-in-law. The son owned two or three motorcycles and had an extensive gun collection plus a room full of World War II mementos. Occasionally, he worked as a drummer in a nightclub and was frequently known to become drunk and violent. He had often beaten his mother who would contact the police when he did so. The police, aware of the problem, were often able to calm the son. At other times, he threatened to kill her and stated he wished she were dead. Although she was frequently ill and required constant health care, and had virtually no privacy, health aides sent to the house were threatened by physical violence by the son and were afraid to return. . . .

9. *The right to a clean, safe living environment.*—This right is another which is frequently breached with far-ranging consequences to the elderly. One result from the lack of clean living conditions can be illness, and another can be death. The following example is a violation of this right:

. . . In South Carolina, a 68-year-old woman living with her daughter was found by a caseworker in conditions of unspeakable squalor. The woman was kept in an unheated portion of the house where the temperature was measured at less than 20 degrees. When found, the woman had eight soiled blankets piled over her head to keep her warm and the urine from her catheter was frozen. She was also found to be malnourished. She developed pneumonia and was hospitalized. Upon discharge, authorities had her placed in a nursing home.

10. *The right not to be declared incompetent and committed to a mental institution without due process of law.*—State laws which allow family members to commit their elderly relatives vary widely. In some States, it is a fairly easy matter to effect such commitment, in others it is more difficult. As noted, some elderly people are adjudged incompetent upon affidavits from family members who have

their own motives, usually related to obtaining possession of the financial resources of the aged person. For example:

A 74-year-old Florida woman claims to have been taken to a mental hospital in the middle of the night, committed without the examination of two doctors. Her daughter, and a psychiatrist she claims never examined or questioned her, signed commitment papers. Her home was then sold. She states her hospital papers diagnose her as having chronic brain syndrome and her attorney has termed her incompetent.

11. *The right to complain and seek redress of grievances.*—The case histories in this section show that oftentimes seniors are not allowed to complain or to seek redress of their grievances from other agencies. Attempts to do so have been met with threats of violence or with reprisals of all kinds, including further loss of rights and privileges. For example:

. . . An anonymous caller reported to the Michigan Department of Human Services that a 65-year-old woman was being beaten by her children with whom she lived. On the first visit, the woman denied the beatings, since the children were in the home at the time. On subsequent visits, however, when the children were absent, she freely admitted to the beatings and wanted help.

12. *The right to vote and exercise all the rights of citizens.*—As can be seen from the cases in this section, these rights are not always protected. Senior Americans, under the domination of their younger relatives and caretakers, all too often find they are on the outside of the American participatory democracy. It is obvious from the aforementioned cases that the rights of the elderly are often abridged by their own relatives.

13. *The right to be treated with courtesy, dignity, and respect.*—It goes without saying from all the above that far too many elderly are not being protected in this basic right. For example:

. . . In Massachusetts, a daughter-in-law harbored great resentment of her mother-in-law for whose care she was responsible. The daughter-in-law refused to contribute to the woman's support. The daughter-in-law converted her mother-in-law's social security check to her own use, often to buy alcohol. Over a long period of time, the elderly woman was verbally abused, threatened, and in fact, the daughter-in-law periodically beat the woman. When this matter came to the attention of the police, they discovered that the daughter-in-law put the woman's food on the floor, telling her she was an animal and that she would be required to eat like one.

SELF NEGLECT

It should be no surprise to most people to learn that many older Americans neglect their personal needs or that they sometimes abuse themselves. Generally, neglect is a function of diminished physical or mental ability. Self abuse can sometimes be associated with senility

or other forms of mental disability brought on by old age. Self abuse and self neglect are also brought on in some cases by external forces which cause a conscious or unconscious indifference to one's personal welfare and well being. In the extreme, such cases may end in suicide; it is no secret that suicide rates are very high among the aged in American society.

Within the context of this report, self-neglect is considered to the extent that such neglect is brought on or exacerbated by the actions of relatives and their attitudes towards their loved ones. Most of the cases received by the Committee involved older people living alone and abandoned by their families. In old age, the social distances between them and their friends and loved ones have grown wider. According to experts such as Dr. Robert Butler, Director of the National Institute on Aging, and Dr. Carl Eisendorfer of the University of Washington, loneliness, despair, and rejection by one's loved ones can often give rise to feelings of worthlessness and serve to snuff out the will to live.

A number of cases are provided below which illustrate this point. Several examples related to elderly people living with loved ones where one or both parties are physically or mentally incapable of providing the care, food, and attention that is necessary to sustain life.

- In Louisiana, a 90-year-old man was living in an isolated area abandoned by relatives. He was found with his legs covered with open ulcers. He had 20 to 25 dogs which he slept with to keep warm. Even though his windows were boarded up, a terrible odor permeated outdoors. He would allow no one entrance to his home. It was later discovered that he had not had a bath in over a year; he went only once a month to buy groceries; and the groceries he did buy with his meager income and food stamps was spent on food for the dogs. The older man was eventually convinced to temporarily relocate to a nursing home where it took three scrub-downs to clean the patient.
- Connecticut reported that an elderly woman was living alone in a decaying house which had a putrid odor. She was found to be obese with a grossly swollen, infected and ulcerated leg with deep lesions exposing the bone and pustules extending to her foot. A cousin who had been appointed her conservator three years before did little except pay her bills. Food was delivered, but there was no working refrigerator. Her bed was a filthy, stained, torn couch. Her floors and carpet were stained with blood and drainage from her foot. She denied the need for and refused medical help. The case was finally referred to protective services and the woman was taken to a hospital on probate court order to examine the need for leg amputation.
- An 80-year-old Nebraska woman, abandoned by her family, was reported by a neighbor to be wandering about her yard and clinging to her fence for support—not appearing to know what she was doing. It was discovered by social workers that the woman had not seen a doctor since July 1977, but was having a prescription filled at several pharmacies. The prescription was to be filled once a month, but at one time it was filled six times in two months at one pharmacy and six times in two months at

- a second pharmacy. Her medication regimen has since been corrected after consultation with her doctor and family.
- An elderly New Jersey woman living in an apartment building for older persons was reported by a friend to have been wandering about in the building and out in the cold streets for a long time. The friend said the police regularly brought her back when they found her barefoot on the street. A month previously, she was found sitting on the top landing of the fourth floor of her building with her money spread all around her.
 - Louisiana reported an elderly client with diabetes and an amputation living alone in a house with no screens. Neighbors would periodically feed the client and attempt to keep flies off the wounds. The client's son was out of town but refused to have the client placed in a nursing home where proper care could be given because he was fearful the nursing home would use the older client's life insurance for payment and the son wouldn't get it.
 - The same State also reported an 85-year-old woman living in a burned house with no utilities. She was known in the community as a "beggar" and would not use her income for necessities. She would cook on an open fire in her yard. Social workers verified that the older woman had no income—she gave all her savings to her children who refused to care for her.
 - Maine advised the Committee of an abandoned elderly woman who was threatened with eviction due to drinking excessively and causing disturbances. Workers found the older woman in a debilitating state from alcoholism. She would not allow anyone entrance into her apartment. Because she was not doing or threatening harm to others, admittance could not be forced. Two days later, she was found dead in her apartment.
 - An 85-year-old Arizona woman, living alone, ignored by relatives, was referred to the Department of Human Services by a nurse who was contacted by an individual concerned about the older woman's well-being. A home visit found the house infested with fleas, roaches, ticks, black widows, cats, dogs, etc. The elderly woman had not had a change of clothing or a bath in several years. Her clothes were encrusted with food, urine and feces. Her toenails had grown so much that they were curled under. Further investigation indicated that the older woman was wealthy, but unable to take care of her own affairs. She was feeding the dogs, but not herself. In-home care and services were finally provided.
 - In the District of Columbia, a 90-year-old woman, confused and hallucinating, was moved from her home to a general hospital as a social emergency. She had been found in a basement apartment, without food or care, and with the body of her son who had died three days prior. Neighborhood youths were robbing her at will.
 - The District also reported a case of an elderly man whose mother had recently died. He was found lying on a urine-soaked sofa in an incoherent state. He had not eaten in 10 days. He was hospitalized for medical treatment.

- In Nebraska, an 80-year-old woman and her husband could not care for themselves. She was in a wheelchair suffering from diabetes, heart failure and hypertension. Her leg was badly swollen and the visiting nurse often found rubber bands around it. The house was filthy, cluttered with dog and chicken waste throughout the rooms. The family finally conceded to put the elderly woman in a nursing home where care could be delivered.
- In Connecticut, an elderly couple was found in what had once been a lovely home. It was now scattered with dirt, debris, mail and magazines, and was bug-infested. There was a foul odor in the home and the refrigerator was filled with rotten and moldy food. Both were disoriented, confused, dirty, malnourished, and had sores on their legs and bodies. The couple was removed for medical and nutritional care during which time the house was exterminated.
- The following case history was supplied to the Committee by a social worker in Texas. Her summarized story is as follows:
I made a visit to a mobile home (8' x 40') which was totally closed in with absolutely no windows open. Even outdoors there was a strong odor of various types of waste. I knocked at the door and introduced myself. An elderly man hesitantly opened the door (merely a crack) and asked what I wanted. I explained that we had received a report about his elderly wife and we wanted to help. At that time, he opened the door ajar and asked that I find myself a way into the house through all the rubbish. As he opened the door, I observed him as being an extremely obese individual, about 70-years of age, who was wearing clothing on his body which actually shined from the accumulation of grease and grime. His clothes also appeared to be stained with feces and urine. As I poked my head through the door, I noticed a thin, frail old lady sitting in a corner on the couch. She was totally nude from the waist up and was wearing filthy jeans which appeared to be twenty sizes too big for her. They were obviously the older man's jeans. She was totally confused and abusively demanded that I go away. She kept complaining of a sharp, stabbing pain in her back and kept insisting that the older man rub her back. She was sitting on the living room couch in her own waste (for several days) and had feces underneath her long fingernails and on her shoes and feet. Her hair, which appeared to be an original grey, was matted together with natural oils as well as food and possibly feces. There were two pots underneath the dining table full of urine and pieces of clothing scattered everywhere which appeared to have been used as diapers (for bowel movements) several days or weeks before. The home was definitely in a state of shambles. The trash, clothing, etc. prohibited anyone from gaining entrance. The floor which was an original gold carpet was completely full of small pebble-like particles. Later, the older man revealed that he would pour cat litter on the spilled urine. He was using the cat litter as a disinfectant. The elderly woman was eventually hospitalized and it was determined that she had a broken 5th vertebrae. Later, both were placed in a nursing home.

SUMMARY

It should be clear from the hundreds of examples in this chapter that abuse of the elderly by their loved ones and caretakers is a widespread problem. The Committee received examples from every State. Only a few of these are reprinted here. The examples are illustrative and typical; they are not the most horrible cases that can be found. The examples of physical, sexual, financial and psychological abuse of the elderly by their loved ones are truly repugnant. It is hard to accept the fact that these listed abuses are not isolated incidents but part of a continuing pattern of abuse perpetrated by sons and daughters against their parents. Since it is clear that elder abuse is a major American problem which has yet to be recognized, it remains for other chapters to provide additional documentation of the size of the problem, to develop what the states are doing about it and to suggest what to do about it.

ADDITIONAL CASE HISTORIES

The Committee decided to place additional examples of abuse in this footnote for those who are looking for additional documentation rather than burdening all readers with more cases than they would care to study. These case histories follow:

- An 85-year-old Arizona man, partially crippled by a stroke, lived with his daughter and her husband. He was senile and tended to wander and therefore required supervision. The husband, in recurring drunken rages, would physically abuse the client. The case was brought to the Arizona Human Service Department's attention when a nurse became suspicious when she noticed the patient badly bruised.
- In Connecticut, an elderly couple lived in an apartment with their 22-year-old son who had been physically abusing them for years, usually over money. During one recent incident, he struck his mother in the back with a frying pan and clubbed his father with a stick. The elderly man had a heart attack following the incident.
- An 83-year-old D.C. woman was forced to live with her alcoholic, brain damaged daughter, who neglected and physically and verbally attacked her.
- A bedridden elderly man from the District was brutally beaten by his grandson when he reportedly was under the influence of alcohol.
- An alcoholic caregiver in D.C. beat his elderly client, leaving the patient lying in urine on wrinkled bed linen.
- A 90-year-old bedridden D.C. patient lived with her alcoholic daughter and son-in-law in an unsafe apartment with no door lock. The patient, when found, was covered with bedsores and multiple facial wounds.
- A 78-year-old wealthy D.C. woman was beaten with a phone receiver by her 17-year-old adopted son. She declined to press charges or to sign a petition for a protective order. The son continues to live with her, receiving a large allowance and driving fancy sports cars. He is suspected of taking drugs.
- The District of Columbia provided the Committee with numerous abuse care histories. Among some of these were the following:
 - A patient with chronic brain syndrome is victimized by his caregiver who deliberately pushed the elderly disabled man to the ground on numerous occasions.
 - An elderly woman living with her two daughters and granddaughter was found to be routinely physically abused by her working daughter.
 - An elderly woman received broken bones as a result of beatings from her husband and children. She was later moved out of her house and into a senior citizen building.

- An 83-year-old woman, who had suffered a stroke and was confined to a wheelchair, was beaten by her sister for incontinence and disobedience.
- A 90-year-old bedridden patient lived with her alcoholic daughter and son-in-law in an unsafe apartment with no door lock. The patient had bedsores and reportedly had multiple facial bruises. The daughter was found to be abusing her mother.
- An elderly lady with senile dementia was cared for by her granddaughter, who on occasion would pull out the older woman's catheter allowing her to urinate all over the house. Eventually, the elderly woman was admitted to a hospital with a fractured elbow and reported her granddaughter pushed her and injured her.
- In Atlanta, the police reported that a 78-year-old woman was physically abused by her daughter, who also destroyed her mother's belongings and furniture. The daughter was declared incompetent by the probate court and her sister was appointed guardian. At present, no placement has been arranged that will relieve the mother from the situation.
- Georgia reported the case of a 27-year-old son who repeatedly beat his 60-year-old mother and was ultimately prosecuted.
- An Atlanta woman in her late 60's who has been bedridden for 8 years from a stroke, and who is cared for by her husband, was physically hurt by their 42-year-old retarded daughter. The daughter has also been physically abusive to her father. The family has had very little assistance in dealing with her.
- A 78-year-old Atlanta woman had to support her 47-year-old son from a small fixed income. He had a chronic mental problem, and at times physically abused her when he did not take his psychiatric medicine.
- The Atlanta police reported the case of an older woman who was physically and verbally abused by her 35-year-old son when he was under the influence of alcohol.
- An 85-year-old Atlanta woman was physically abused by her 43-year-old alcoholic son, whom she supported. She was afraid of him and would not prosecute him. When intoxicated, he cut his own throat.
- A 74-year-old Indianapolis female who had a recent operation and had been living alone, allowed her 34-year-old grandson to come to live with her. He began to smoke marijuana and reportedly became abusive. When asked to leave, he refused, beat her, pushed her and knocked her down. There were injuries to her back. The grandmother would not prosecute but just "wanted the police to know."
- A 78-year-old female in Indianapolis was beaten by her 20-year-old adopted son. He also stole her money. She has had her finger broken when refusing money and a place to stay. In the past, she has prosecuted the adopted son.
- An elderly diabetic with a history of high blood pressure, strokes, heart trouble, and chronic arthritis was brought to the attention of the Iowa Human Services Department. She was legally blind and in danger of losing her right leg due to diabetes. Her children lived in the area and would steal her food, food stamps, medications and would physically abuse her. She was forced to relocate residences on numerous occasions as her children would take her money.
- An elderly woman in Springfield, Maryland, was financially abused by a young man who got power of attorney when she was in the State hospital and in no condition to understand what was going on. The man had her property deeded in his name and hers, and made himself joint owner on her bank accounts. This was brought to the attention of the Baltimore Legal Services by a social worker who obtained redress for her.
- In Massachusetts, Mrs. A., aged 75, became senile and her health declined. Her husband left her alone all day in a tiny basement room crawling with insects although their income was such they could have afforded good housing. She had frequent accidents with multiple fractures and was repeatedly hospitalized. Placed in a nursing home, she was removed by her husband. He had a gun and threatened everyone who would keep his wife from him. A family service worker worked extensively with Mr. A. about alternatives for his wife's care, but got no cooperation. When she was again hos-

pitalized, the hospital instituted temporary and later permanent guardianship to place Mrs. S. in a nursing home where she did well and appeared more mentally alert.

- An elderly Massachusetts woman, emotionally disturbed and confined to her bed, was discovered by a visiting nurse unclad, hungry, and incontinent. Her refrigerator door was padlocked; her room poorly lit, and no one had attempted to feed or clean her for at least 4 days. Her husband and son, who did not live with his parents, were well aware of the condition. She was hospitalized, suffering malnutrition. It was found that her husband and son showed signs of emotional disturbances.
- An elderly Massachusetts gentleman was admitted to a Boston hospital with double leg fractures, claiming to have fallen down a flight of steps, yet pleading to go to a nursing home. It was determined he had been pushed by his alcoholic grandson whom he had denied a small loan.
- In Massachusetts, an elderly woman, was kicked, pushed, and thrown down the stairs by her mentally disabled daughter.
- Mrs. K, a 75-year-old widow, lived with her 42-year-old son who was diagnosed as a schizophrenic. He threatened her and all the neighbors with bodily harm. She developed high blood pressure and was afraid of what would happen to her if she stayed with her son but was also afraid of what might happen to him if she left. With social work intervention, she was able to move to senior housing as protection. Her son was at first barred from visiting her but later learned to behave and came to see his mother peacefully. He received mental health services; his mother received social worker counseling and emotional support.
- An anonymous caller reported to the Michigan Department of Human Services that a 65-year-old woman was being beaten by her children with whom she lived. On the first visit, the woman denied the beatings, since the children were in the home at the time. On subsequent visits, however, when the children were absent, she freely admitted to the beatings and wanted help.
- In Missouri, an 80-year-old woman who owned her own home preferred to spend a great deal of her time at the home of her sister. A nephew who had been living with her kicked her in the abdomen. A week later, she was admitted to the hospital through the emergency room and became progressively weaker and anorexic. The Department of Social Services was aware of the problem. The nephew drank a great deal and when inebriated had, on several occasions, beaten the aunt. The older woman refused to enter into legal action against her nephew for fear of a reprisal at home.
- A 67-year-old woman from Missouri lived with her husband and stepson. The stepson, during a drinking spree, seriously beat the woman with a metal pitcher to the point of unconsciousness. The woman was taken to the emergency room and admitted for a month's stay in the hospital. She required transfusion, multiple suturing of lacerations, numerous X-rays, orthopedic and neurosurgical attention.
- A 72-year-old Missouri widow lived with her daughter and son-in-law. The daughter told her mother she could live with them. The daughter and son-in-law were part owners of the mother's house with all three names on the deed. The daughter maliciously hit her mother on the right hand with a telephone, causing the hand to become swollen as well as black and blue. Another daughter explained that the abuse was exacerbated by her sister's alcohol problems.
- An elderly New York man of 84 was reportedly beaten by his 49-year-old son and related this had happened previously but refused to press charges although he did go to the home of a daughter for a week. When he returned home, the son pushed him from the hall into the bathroom where the father hit his head on a windowsill then slid to the floor. When police and a visiting nurse investigated the home, they found the son sitting on the floor in a totally dark room with a lighted bulb slung over his shoulder, reading a textbook. He agreed to a psychiatric emergency room evaluation, where he revealed a long history of psychiatric hospitalizations with no follow-up appointments kept. His case was dismissed as being a "social problem" and he was given psychotropic medication which he took erratically. The elderly

- man returned to his daughter's home and attempted to get his son admitted to a psychiatric hospital.
- A blind New Jersey woman in her eighties, who was a stroke victim and bedridden, was being cared for by her 45-year-old daughter who had a history of emotional problems and was mildly retarded. The daughter was anxious to care for her mother, but was unable to provide the needed specialized care. When visiting nurses and homemakers were provided, they began to see bruises on the mother. The daughter was fearful her mother would be placed outside the home, leaving her financially unable to keep her apartment. Both mother and daughter entered a nursing home where they could maintain their family ties.
- In New Jersey, a 70-year-old terminally ill woman, whose doctor had suggested hospitalization, was kept at home by the family who were thought to be desirous of getting her money and not wanting to spend it on medical care. They said it was more appropriate for her to die in her own bed in her own home.
- Caseworkers in Ohio investigated reports of mistreatment of an 86-year-old woman who lived with her son. The son protested that he had given his mother "wonderful" care, that he fed her daily, brushed her hair and bathed her. The woman was found living in filthy conditions. It was learned that the son had left the victim naked in bed all day and because of malnourishment, she had lost considerable weight. She weighed only 80 pounds when discovered by caseworkers. The sister of the victim who alerted authorities was unwilling to press charges. The woman died a month later.
- In Ohio, an 83-year-old lady with expressive aphasia was beaten with a hairbrush by her caregiving sister to punish her for incontinence and disobedience. The older woman finally died of a stroke.
- The Committee was told at a hearing of an elderly woman who was living with her 37-year-old retarded daughter who was the mother of a 13-year-old daughter. The grandchild would physically abuse the elderly woman.
- A 66-year-old widow was reported by the Dallas police to have been physically abused and verbally threatened by her retarded daughter of 32. The mother called the police many times to quiet the daughter. Resolution of the situation came about after intervention by Dallas Police Department's Social Services and Dallas County Mental Retardation Services who assisted the mother in appropriate residential placement for the daughter.
- A 72-year-old Texas woman, hospitalized as a result of a beating she received from her caretaker who had been beating her twice a month for the past few months. The caretaker had drinking problems.
- Washington State concurred that alcohol problems often are involved in physical abuse cases. For example, an 85-year-old woman living with her upper-middle income daughter and son-in-law was admitted into a hospital for heart problems, but was observed to have bruises on her face and upper body. The daughter was soon discovered to be an alcoholic and could not care for the bedridden, often incontinent mother.
- An elderly Washingtonian had begun to deteriorate four or five years previously and his caregiver could not adjust to his progressive illness. It was claimed that she was an alcoholic. She became angry at the elderly man, pulled him from his bed and left him on the floor on repeated occasions.

SECTION II

DIMENSIONS OF THE PROBLEM

The obvious questions from the foregoing examples are: How widespread is the abuse of our elderly? Is the incidence of elder abuse increasing, or is it decreasing? And, what are the consequences for individuals and for society?

In attempting to answer these questions, the Committee reviewed all State studies on the subject undertaken to date; heard testimony from experts in hearings held in Massachusetts, New York, New Jersey, and Washington, D.C.; sent questionnaires to police chiefs from the major metropolitan cities in the United States; interviewed over 200 visiting nurses, home health aides, physical therapists, and social workers, in Maryland, the District of Columbia, New Jersey, and Virginia; surveyed all 50 State Human Service Departments; and solicited the views of the Emergency Department Nurse Association and other organizations representing providers of home health care with respect to abuse of our elderly.

The evidence gathered from all these quarters confirmed the Committee's suspicions: that abuse of our elderly is not a localized problem, but one that occurs nationwide; that cases of such abuse are not just isolated incidents, but occur on a scale almost parallel to that of child abuse; and, that the incidence of elder abuse has not been decreasing, but rather, has been increasing over the past five years.

Support for the Committee's judgement that elder abuse is a large and growing national problem can first be found in the hundreds of letters it received from abused seniors and concerned citizens from literally all 50 States.

A second source of support is the testimony received from domestic violence experts, abused elders, intervention program directors, social workers, and many others who testified before the Committee during the last Congress.¹

At the June 1979 hearing by the Committee in Boston, Massachusetts on "Elder Abuse: The Hidden Problem," Dr. Thomas H. D. Mahoney, Secretary of the Department of Elder Affairs for the State of Massachusetts, remarked:

We are only at the tip of the iceberg and there is so much we can learn. The findings of our survey indicate that elder abuse is a very serious problem.

At the same hearing, James A. Bergman, Regional Director of the Legal Research and Services for the Elderly, stated:

¹The testimonials summarized here are merely illustrative. A great many more can be found in the following hearing records of the House Select Committee on Aging: "Elder Abuse: The Hidden Problem," Boston, Massachusetts, June 23, 1979; "Domestic Violence Against the Elderly," New York, New York, April 21, 1980; "Domestic Abuse of the Elderly," Union, New Jersey, April 28, 1980; and in the joint hearing with the Senate Special Committee on Aging, "Elder Abuse," Washington, D.C., June 11, 1980.

Elder abuse is much more extensive than any of us have thought.

A statement submitted by Marilyn R. Block, Director of the Project on the Battered Elder Syndrome at the Center on Aging, University of Maryland, supported Mr. Bergman's observation:

Despite the various labels, the grim truth is that there is increasing evidence that middle-aged adult children are physically and psychologically abusing their aging parents in a manner analogous to child abuse. Situations where the older person is victimized by family members will, in all probability, increase as greater numbers of parents live into old age and require care from their children.

Meredith Savage, the Regional Ombudsman at the Connecticut Department on Aging, reported at the Boston hearing:

I don't think that any of us realized the enormity of the elder abuse problem until we really started getting into it. What we are finding is that the more people who become aware of protective services for the elderly, the more phone calls we are getting.

Jacqueline Walker, State Nursing Home Ombudsman for the Connecticut Department on Aging, added:

Since (our) program has been in effect, there has been an overload of cases reported to our office. More cases than we ever anticipated and more serious than ever anticipated. The ombudsmen have been astounded, sickened and shocked to see the severity of the problems in situations which abound in the community. Problems which until this time, have been unnoticed by agencies and community officials.

Mrs. Walker later added to her testimony:

As I indicated before, the ombudsmen have been astounded at the severity of the cases that have been running rampant in the community. There is no question in our minds as to the importance of the program. We realize fully that there are endless numbers which are still hidden away waiting to be uncovered. From our brief experience, we can readily say that abuse and neglect are prevalent in all walks of life. There are equally as many problems in affluent neighborhoods as there are in poverty stricken areas, in rural as well as urban areas. The problems are found in all ethnic groups. Women over 75 were more frequently reported than any other age.

A caseworker, Meg Harari, with the Family Services Association of Greater Boston, reported:

We are concerned that we are seeing only the tip of the iceberg as someone put it before. With more publicity we may uncover more cases.

Thelma Bailey, Associate Director of the New England Resource Center for Protective Services in Boston stated, "We know that we only see the tip of the iceberg."

Margery E. Ames, Esq., consultant on Public Social Policy, and Robert L. Popper, Chairman of the Committee on Public Social Policy at the Federation of Protestant Welfare Agencies, Inc., testified at the April 1980 New York hearing on "Domestic Violence Against the Elderly." Highlights of their remarks follow:

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

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

Congressman Mario Biaggi, who chaired the New York hearing, remarked:

Domestic violence against the elderly is a burgeoning national scandal.

Congressman Thomas A. Luken, who also attended the hearing in New York, expressed his concern:

Now that we have recognized (elder abuse) as a phenomenon which is occurring—and it is occurring widely in this country—it certainly is something for us—a matter of national policy to determine what the cases are.

The Director of the Brooklyn Senior Citizens Crime Assistance and Prevention Program added, "Although the problem of elder abuse will only get larger, society has for the most part ignored the problem."

Lou Glasse, Director of the New York State Office of Aging, agreed:

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

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

In the Washington, D.C. June 1980 joint Senate and House Aging Committee hearing on Elder Abuse, Senator Lawton Chiles stated in his opening remarks, "We know there is a problem and it seems to be a growing one."

Senator Pete Domenici supported Senator Chiles' observation:

The syndrome of "the battered elder" appears to be quite prevalent—some studies reveal that it rivals child abuse in frequency where statistics indicate 600,000 cases a year on the average.

And, Senator David Pryor noted, "A recent study suggests that elder abuse may occur as frequently as child abuse."

Dr. Suzanne Steinmetz of the University of Delaware, tried to quantify the incidence of such abuse, "... between 500,000 and 1 million parents are abused in any given year and that number may increase threefold as inflation drives more people to move in with their families."

Marcia K. Standley, an adult protective service worker in San Jose, California, reported at the Washington, D.C. hearing that "finding the key to effective prosecution is essential because senior abuse is now so easy to get away with that it is now becoming epidemic."

A third source of support is found in the responses to a May 13, 1980 questionnaire the Committee sent to 30 police chiefs representing major U.S. metropolitan cities² asking them to report their experiences with elder abuse. (The questionnaire can be found in Appendix V of this report). Twenty-two, or about 75% of the police chiefs, who represent approximately 27 million United States citizens, responded to the Committee's questionnaire.

The police chiefs who responded to the Committee were extremely cooperative in supplying the Committee with the requested information in a timely fashion and many expressed their concerns with respect to the abuse of the elderly. For example, the police chief of the City of Buffalo stated in his correspondence to the Committee, "Thank you for your interest in the Buffalo Police Department, by contacting us for information on this important social problem." The police chief from the City of New York stated, "Be assured of our continued cooperation in this and other matters of mutual concern." The Dallas, Texas police chief even offered a recommendation with respect to needed action in this area, "As noted in the summaries, financial and physical abuse are often inseparable. In order to care for elderly parents, and to alleviate the problem, community resources will have to increase."

Question 1 of the survey asked the police chiefs if they or their officers encountered situations where family members have physically abused or grossly neglected their elder relatives. The majority of the police chiefs, 64 percent, said they had encountered such cases of abuse. Another 18 percent said they did not know whether such abuse

² Police Chiefs from the following metropolitan cities responded to the Committee's questionnaire: San Antonio, Texas; Columbus, Ohio; Minneapolis, Minnesota; Kansas City, Missouri; Pittsburgh, Pennsylvania; Chicago, Illinois; The District of Columbia; Denver, Colorado; Detroit, Michigan; Phoenix, Arizona; San Francisco, California; Milwaukee, Wisconsin; Buffalo, New York; New York, New York; Los Angeles, California; Newark, New Jersey; Honolulu, Hawaii; Indianapolis, Indiana; Lansing, Michigan; Atlanta, Georgia; Dallas, Texas; and, Memphis, Tennessee.

is encountered, and the remaining, only 18 percent, said they did not believe so.

Question 2 sought to determine how frequently such abuse occurs in the police chief's particular jurisdiction. About two-thirds of the police chiefs reported that such abuse occurs, with over half that number agreeing that it occurs frequently. About one-fourth, or 28 percent, of the police chiefs who responded said they simply did not know how frequently such abuse occurs, either because they do not gather such statistics, are not equipped to gather and analyze such statistics, or because older abused victims are less likely to report they have been victimized. For example, the New York Police Department advised the Committee that:

Unfortunately, the New York City Police Department, in recording its crime statistics, does not gather information required in your questionnaire . . .

Lansing, Michigan Police Department stated that although they do not have such data available, there is a need for such data:

There needs to be a formal mechanism for data collection as well as a viable referral service for those of us in law enforcement . . .

Kansas City, Missouri, Police Department added:

The Kansas City, Missouri Police Department does not gather statistics regarding crimes against the elderly that were committed by members of their families.

Pittsburgh police indicated the same situation: "Statistics on these types of incidents are not maintained in a specific category." And, the Detroit Police Department stated: "There is a lack of empirical data to make accurate conclusions regarding the abuse of the elderly by family members."

The San Francisco Police Department also does not keep such statistics:

The San Francisco Police Department does not keep statistics on victims of aggravated assault by age and/or relation of the suspect. There were 3,571 aggravated assault cases reported in 1979 and there have been 1,302 aggravated assaults reported for the first four months of 1980. The Officer-in-Charge of the investigators assigned to aggravated assault cases has told me that such incidents do occur but at a rate that would cause a separate statistical study to be made.

The Phoenix Police Department reported:

We are not able to respond to your questionnaire as the information requested is not readily available from our information-gathering systems. Although it is almost certain that the type of abuse you are seeking to identify exists in our area, our lack of data on the subject would not permit us to furnish valid information for your study.

A number of police departments indicated that they felt that many elder abuse cases are not brought to their attention, as older victims are less likely to report they have been abused. For example, the City of Memphis, Tennessee, Police Department wrote the Committee:

My opinion is that the real danger of abuse of the elderly by family members is that it is so seldom reported. Without question, we are sure that much more of it goes on than ever comes to our attention.

Honolulu agreed that elder abuse goes unreported in their jurisdiction:

These ethnic groups (Japanese, Chinese, Filipinos, Portuguese, Samoans, Koreans, Hawaiians, etc.) would be very hesitant to report family difficulties of any kind, rather preferring to explore personal problems in private and take care of such matters themselves.

Columbus, Ohio police noted:

While we do feel as though these problems occur but are not reported due to the fact that parents do not want to implicate their children or do not know who to turn to for assistance.

Minneapolis Police Department agreed with the Columbus police observation:

A common comment made by many police officers regards an attitude of many elderly persons and the reporting of abuse. The problem is in the reporting, or more specifically, the lack thereof. Other family members and neighbors are reticent and the elderly would appear to be either unaware of the extent of the abuse, unable to report the situation, or simply resigned to a situation because of senility, fear, or embarrassment.

Question 3 asked police chiefs if they would say the incidence of this problem has increased over the last five years. One-third of the police chiefs reported that abuse of the elderly by family members has increased over the last five years. Almost half of the police chiefs could not tell the Committee whether such abuse was increasing even though they indicated that it does occur. Only one-fourth responded in the negative.

Question 4 of the questionnaire asked the police chiefs to provide the Committee with examples of physical abuse and Question 8 asked them to provide the Committee with examples of financial abuse of the elderly which had come to the Department's attention. The following examples are illustrative of cases frequently brought to the attention of police departments nationwide³:

- An Atlanta police report notes that, "Mrs. M is 60. Mr. B, her son, is 27. She has prosecuted him four times for simple battery on her. He does not work. She is terrified of him and does not let him know where she lives. She also is very worried and concerned that he cannot get on-going in-patient treatment."
- The Dallas, Texas Police Chief reported: "We had a case of an elderly, ill woman who shared a duplex with her middle-aged son. The man was an alcoholic and often opened the house up to neighborhood winos. He also sexually abused his mother and

³ A number of the cases supplied by the Police Chiefs were cited in Section I of this report. The majority can be found in files maintained by the House Select Committee on Aging.

drained her bank account. We secured legal assistance and the situation was resolved when the mother was placed in a nursing home and the son died shortly thereafter.

- The Memphis, Tennessee Police Chief gave numerous incidences of elder abuse, including: "On May 9, 1980, the Memphis Police Department responded to an armed robbery complaint. The investigation revealed that two elderly males, Mr. X, 71 years of age, and Mr. Y, 82 years of age, lived at this address. The son of Mr. X, accompanied by a companion, had forced his way into the home and robbed both of the elderly men." And, "In December of 1979, a 70-year-old male and his 65-year-old wife were fatally attacked by a nephew. Fatal injuries were inflicted with a knife."

About the same time the Committee sought case histories from police departments, "Parade Magazine" quoted Chicago homicide investigator, Victor Tosello, as mentioning:

... cases involving a grown child beating up on parents happen all the time. It's not at all unusual for these kinds to beat up on their elders, who are at a disadvantage. Parents are terrified of their children.

Question 5 asked the police departments if they had ever encountered situations where family members have financially abused their loved ones. Over 50 percent of the police chiefs said that they have encountered such abuse. Hawaii reported that "most cases are probably financial and mental abuse," and San Francisco added, "... undoubtedly, mental and financial abuses occur, however, those areas of abuse probably come to our (police) attention less often than they would come to the attention of family doctors, mental health clinics, or the District Attorney's Family Affairs Office." Another one-fourth of the police departments indicated they did not have the data available to determine whether such abuse occurs and the remainder indicated they had not encountered situations which involved financial abuse.

Question 6 asked the police chiefs how frequently situations involving the financial abuse of the elderly occur in their jurisdiction. Although a number of police chiefs felt that such abuse occurs on a widespread scale, the majority agreed that such situations are not likely to be brought to their attention, but rather to the attention of other city authorities. Question 7 sought to determine whether the police believe that financial abuse has been increasing over the past five years. It is interesting to note that even though the police are not likely to encounter such abuse, over one-third felt that it was increasing, one-fourth felt it was not, and the remainder simply did not know.

The fourth source of support was provided by studies undertaken in a number of States across the country over the past two years on the subject of elder abuse.⁴ Although researchers have increasingly turned their attention to this issue, the sample sizes used in these studies cannot be generalized on a national scale.

⁴ "Recent studies of elder abuse differ from one another in their categorization of types of abuse, but all included a category for physical abuse (hitting, slapping, burning, etc.) and another for psychological abuse (shouting, threatening, intimidating). Other types of maltreatment assessed withholding food or medicine; extorting money or property; and sexual abuse. Some researchers have attempted to distinguish between abuse and neglect while others consider all forms of maltreatment to be abuse." Fowler, Jan, "Domestic Violence: Elder Abuse," Library of Congress, Congressional Research Service, February 6, 1981, page 2.

MASSACHUSETTS

In 1979, the Massachusetts Legal Research and Services for the Elderly, headquartered in Boston, conducted a State-wide mail survey of about 1,000 social and protective service workers, hospital and legal personnel, police officers, and other professionals likely to encounter abuse of the elderly. The survey uncovered 183 cases, or citings, of abuse.

Professionals and paraprofessionals in the survey cited bruises and welts in about half of the cases, and debilitating mental anguish in 40 percent of the cases. Thirty-four percent of the injuries reported involved minor trauma, while 7 percent were major, including skull or other fractures and/or dislocations. Neglect was sometimes of a serious nature, but more often than not was left unclarified by the respondent. Twenty cases reflected primarily verbal harassment, 16 involved malnutrition, 8 were of financial mismanagement, such as the withholding of rent or food money, and 7 involved unreasonable confinement. One case of oversedation was reported as well as one case of sexual abuse.

Survey results indicated that the largest single age group represented in the cases were elders over 80 years of age. The least likely to be abused were those 65 and under. In general, the data tended to support the conclusion that victims of abuse are more likely to be very old, 75 and over, female, and suffering from a mental or physical disability which prevented him or her from meeting daily needs.

In the majority of the cases, the abused elder lived with someone else, usually the abuser who, in the majority of the cases, was a close relative.

Twenty-eight percent of the abuses cited indicated the abuser was suffering from either alcoholism or drug addiction at the time of the abusive act or acts. However, in the majority of the abuse cases, stress associated with caring for the elderly was the major factor precipitating the abusive conduct.

Researchers felt that many cases of such abuse go unreported because the elder victim is reluctant to acknowledge the problem, either out of fear of retaliation from the abuser, feelings of kinship and love for the abuser, or simply as a refusal to accept services.

MARYLAND

A similar mail survey of the State of Maryland was undertaken by Marilyn Block at the University of Maryland Center on Aging in 1979.

The Maryland study was aimed at determining the feasibility of implementing a variety of approaches to investigating the nature and incidence of the maltreatment of the elderly including neglect, physical and mental abuse. Victims of abuse were defined as those individuals who had sustained physical, psychological, material or medical abuse in the home; had a repeat history of such injury; were at least 60 years of age; and resided in the home of a son or daughter, other relative, or with a caretaker. Physical abuse was defined in terms of malnutrition or injuries such as bruises, welts, sprains, dislocations, abrasions or lacerations. Psychological abuse was defined in terms of

verbal assault, threat, fear, and isolation. Material abuse involved theft or misuse of money or property. Medical abuse was defined as the withholding of medications or aids required by the victim, such as false teeth, glasses, or a hearing aid.

Three populations were surveyed: (1) agencies which interfaced with elders in greater Washington, D.C., Standard Metropolitan Statistical Area, and Baltimore, including county police departments, adult protective services agencies, senior centers and home care programs; (2) nurses, doctors, social workers, and senior program personnel in the greater Washington, D.C. area and the Standard Metropolitan Statistical Area; and (3) elderly persons in the same areas. (The social agencies and elderly individuals contacted for this survey had very low response rates and the investigator did not recommend these two sources for studying abuse). Bruises and welts were present in 31 percent of the cases of abuse reported, bone fractures in 8 percent, verbal assault in 58 percent, and misuse of money and property in 46 percent. In this analysis, categories of abuse were not mutually exclusive, reflecting the fact that victims often suffer more than one type of abuse.

The survey suggested that if the rate of elder abuse nationwide was similar to the rate in Maryland, then the incidence of about 4 percent, or nearly a million cases, could be expected to occur nationwide each year.

MICHIGAN

A different approach was taken by researchers, including Richard Douglass, at the University of Michigan's Institute of Gerontology in 1979. They interviewed more than 250 professionals in 5 Michigan study sites, representatives of metropolitan, suburban, agricultural and isolated areas, heterogeneous ethnic and varied socioeconomic sub-populations. The following professionals were asked about their perceptions of the quality of care of elder people in the home: police officers, physicians, nurses, clergy, social workers, mental health workers, direct service providers to the aging, morticians, lawyers, judges and coroners as well as nursing home administrators, nurses and aides. The majority of the respondents felt that the older person's needs were being adequately met in the home. But about 10 percent of those surveyed indicated that the needs of elders at home were not being met by their caretakers. When questioned about specific forms of maltreatment, one-fourth of the respondents felt that homebound elderly are frequently or always ignored and isolated by their caretakers, many also felt that verbal and emotional abuse occurs frequently or always, and 8 respondents felt that physical abuse occurs frequently or always.

It is interesting to note that interviews with nursing home officials elicited virtually no admission of any form of neglect or abuse of nursing home patients. This survey finding is in sharp contrast to numerous hearings held by the House and Senate Committees on Aging.⁵

The Michigan report on the survey concluded:

While widespread neglect or abuse of dependent and vulnerable adults is not suspected on the basis of this study, the prevalence of such maltreatment is expected to be sub-

⁵ For supporting documentation, consult House and Senate Committees on Aging hearing records relating to abuses in nursing homes, on file with the Committee.

stantially greater than is commonly thought to be true. Certainly the prevalence suggested by the respondents in this study is large enough to justify serious social and governmental concern, including immediate action and considerably more research. (Emphasis added).

OHIO

Another study of elder abuse was undertaken by the Cleveland, Ohio Chronic Illness Center to determine the incidence and nature of abuse situations in cases accepted for direct service by the Center of the Cuyahoga Hospital System serving aged and chronically ill clients in the Cleveland community. The study, conducted jointly by Elizabeth Lau and Jordan Kosberg in a 1-year period in 1977-78, found that 9.6 percent of the 404 patients aged 60 and over seen by the Center in that one year period showed symptoms of abuse.

In the Ohio study, the abuse of the elderly was broken down into physical (experienced by 29 persons); psychological (experienced by 20 persons); material, i.e., theft or misuse of property or money (experienced by 21 persons); and violation of rights, e.g., being forced from their residence (experienced by 7 persons). Most patients had experienced more than one kind of abuse.

It should be noted that the Chronic Illness Center's caseload consists mainly of seriously ill or disabled individuals and thus is not representative of the over-60 population as a whole. Therefore, it would not be advisable to apply the 9.6 percent abuse rate to the entire senior population.

In concluding their survey findings, the researchers noted:

The problem of the abuse of the elderly by informal care providers is a neglected and hidden one which requires attention sufficient to initiate large scale action in legislation and effective programming. (Emphasis added).

FLORIDA

The Department of Health and Rehabilitative Services in Florida gathered statistics on elder abuse cases in Duval County for a period of six months, November 1979 to April 1980.

Of the total reported cases during the six month period, 49 percent were considered to be physical abuse cases; 36 percent were exploitation; and 14 percent were neglect cases.

Seventy-five percent reportedly involved relatives as the perpetrators; 14 percent involved caretakers; 10 percent were acquaintances; and 1 percent was unknown.

In providing the Committee with these statistics, William A. Frye, Jr., added these comments:

I am glad that abuse against the elderly is recognized. The interest shown by the Committee will make the public more aware of abuse against the elderly. The major problem of those involved in abuse is the fact that the public is not aware enough to report such incidents. Until the reporting becomes more substantial it will be difficult to establish preventive measures. As a worker in this field I am constantly made

aware of individuals who have never been aware that abuse of the elderly exists. It is hoped that the Committee will establish public awareness of this problem and help set up preventive measures. (Emphasis added).

MAINE AND NEW HAMPSHIRE

In 1979, researchers in Southern Maine and New Hampshire, Judith McLaughlin, Joan Nickell, and Linda Gill, conducted a telephone interview survey of 31 Maine and New Hampshire health, social service, legal, and civil rights agencies to determine whether abuse and neglect of the elderly was perceived as a health problem in these two States.

The study revealed that 4.5 percent of all clients over 65 years of age were known to have sustained some degree of abuse or neglect over an 18-month period. The existence of all 5 types of abuse was indicated: physical abuse, physical neglect, psychological neglect, material and financial exploitation and violation of human and civil rights.

Findings were that recognition of the elder abuse problem in Southern Maine and New Hampshire had increased, but further diagnosis and documentation is needed to establish incidence or prevalence with certainty, but the investigators believe from their study data and literature reviewed that the problem can be generalized to some extent to the entire population in the United States. The elderly victim was more than 65 years old, and more often over 75, functionally disabled, roleless, dependent for at least some basic survival needs, lonely, and fearful. She resided in a home setting of varying resources with or near one or more of her adult children, who may themselves be over 60 years of age. The study concluded that the time of abusive or neglectful actions remained unclear, but appeared cyclical, precipitated by intolerable stress, often expressed in substance abuse as well as violence and neglect of others.

The study found a need for intra-agency coordination of supportive services already present in the areas surveyed, and that community health agencies can contribute to the detection and prevention of elderly abuse and neglect in the populations they serve.

In summarizing their report on elder abuse, the Maine and New Hampshire researchers concluded:

Results of the telephone interview survey of 31 Maine and New Hampshire health, social service, legal, and civil agencies revealed a developing consciousness of the problem. The sense among all contacted was that the problem of elderly abuse and neglect has not had sufficient definition or attention, and that cooperation among health workers, social service, advocacy, and law enforcement agencies with official arms of the executive branch of government was possible and desirable. (Italic added).

Newspaper investigative exposes provide a fifth source of support,⁶ such as the "Minneapolis Tribune" investigatory series by Cammy Wilson, which ran from June 1978 through August 1979.

⁶ The "Minneapolis Tribune" investigatory series on elder abuse is merely illustrative of the numerous exposes that have appeared in major newspapers in the past few years. Exposes by the "San Francisco Chronicle," the "Boston Globe," the "New York Times," etc., are available for review in the Committee's files.

This "Tribune" series describes the findings of a six-month long newspaper investigation into probate procedures in Hennepin County. The articles examined the disposition of estates of individuals who, in the opinion of the probate court, could no longer manage their affairs, necessitating the appointment of a guardian or conservator to manage the elderly individual's estate. The series described how the elderly person's estates were sold for relatively low prices, at least lower than the assessed value, and resold for over twice their sale prices shortly thereafter. The gains realized from these transactions were not passed on to the elderly but were kept by the conservator, while publicly funded programs continued to pay for the care of the elderly person. Several examples were revealed in the series which were described as typical of a larger national problem.

Mrs. O was a nursing home patient whose son was first appointed as her conservator; later an estate management corporation was appointed. The latter sold the patient's home to the son for \$26,200. The son rented it out for a year, then sold it for \$37,000. Mrs. O received \$72 from her estate of \$30,000, which included the house, social security and veteran's benefits, after expenses and closing costs were paid. She became a welfare client before her death in 1979.

A sixth source of support was provided by the U.S. Postal Inspection Service which conducted an investigation into abuse of the elderly by boarding home owners who were serving as caregivers for their elderly residents, at the request of the Hon. S. William Green who formerly served on the House Select Committee on Aging.⁷

The Postal Service investigation began in 1979 after Congressman Green voiced concern regarding the possible financial exploitation of elderly in various unlicensed adult homes in Queens, New York and elsewhere in New York City.

The Postal Service's investigation confirmed Congressman Green's suspicions. In 1980, a Queens couple was charged with operating a group of unlicensed substandard homes for former mental patients and systematically forging and stealing government old-age or disability checks sent monthly to their tenants. The couple was alleged to have unlawfully cashed checks that might have totalled as much as several hundred thousand dollars since the early 1970's.

A review of the case by the Committee revealed that the owners had exercised financial control over the tenants in these homes by placing padlocks on the houses' mailboxes and collecting the tenants' social security, SSI and other public assistance checks. In some instances, on the mailboxes were printed instructions to the postman NOT to give mail to the house residents.

In other instances, checks were found to be forged and cashed long after the elderly resident of the home had died. For example:

On May 9, 1979, the deceased body of Mr. X was found in his room at one of the owner's homes. From May through

⁷ The U.S. Postal Inspection Service advised the House Committee on Aging that this particular example of widespread financial exploitation of the elderly is far from unusual. Their files contain other cases involving the forgery of government checks, including social security, SSI, disability and other old age benefits. Frequently older persons are deprived of necessary income by their caregivers and loved ones and those entrusted with their care.

August, 1979, check's payable to Mr. X continued to be endorsed and cashed by the owners.

In his letter to the Postmaster General requesting the investigation, Congressman Green stated:

If the allegations are true, they represent a cruel violation of the rights of individuals who are attempting to overcome difficult hurdles in their return to normal social life. I believe it is the responsibility of appropriate Federal agencies to assist local authorities in the investigation of such circumstances and to prosecute offenders whenever Federal laws are violated.

Testimony presented to State Legislatures on the subject of elder abuse is a seventh source of support.⁸

In a hearing on elder abuse conducted by the Illinois House Human Resources Committee on January 29, 1981, the Task Force on Adult Abuse of that Committee heard testimony from Idelle Goode, the Director of the City of Chicago Office for Senior Citizens and Handicapped, on the subject of elder abuse.

In her testimony, Ms. Goode noted that her office encountered situations involving the abuse of elderly by their loved ones and indicated this abuse takes the following forms: exploitation, intentional overuse of drugs to pacify older persons, psychological and emotional cruelties, and actual physical mistreatment.

She urged the Committee to focus on abuse prevention. Social service agencies, community colleges and other educational institutions, she felt, should conduct public awareness campaigns on the elder abuse problem. Agencies serving the elderly, she added, should recognize the need to provide counseling to caretakers of the elderly, ranging from intensive individual sessions to more informal non-threatening discussion groups on coping with the stress of caring for a sick older relative.

In concluding her testimony, Goode stated:

... the delicate nature of the family unit and complexity of relationships hamper public authorities in their efforts to address the abuse problem, and stiff penalties may or may not be appropriate depending on the situation. The lack of data stemming from the fact there is no mandatory reporting requirement in Illinois prevents a systematic survey of the scope of elderly abuse in Chicago. However, a study of adult abuse has recently been commissioned by the Illinois Department on Aging.

Grand Jury reports and/or presentments have provided the Committee with an eighth source of support.⁹

During the August 1980 term of the Westchester County Grand Jury, White Plains, New York, a report was submitted containing

⁸ Testimony before the Illinois State Legislature is merely illustrative of numerous hearings which have been held across the country to ascertain the extent and nature of the problem as well as to gather information with respect to a recommended course of action for the States to undertake. Such testimony has been retained and is available for viewing in Committee files.

⁹ Numerous Grand Jury reports and presentments have been reviewed by the Committee involving abusive situations encountered by older Americans at the hands of their caretakers. The Westchester County Grand Jury Report, discussed here is illustrative of many other Grand Jury findings.

findings of fact, conclusions and recommendations with respect to an investigation, over a period of four months, which centered around the activities of a woman resident of the County of Westchester, referred to as Mrs. X. The Grand Jury, in its report, found Mrs. X and those with whom she associated to be engaged in long-standing and repeated wrongful activity, involving the taking of assets from elderly and incompetent persons. Mrs. X was a caretaker of elderly residents living in her adult home. The following is an example of the financial abuse encountered by Mrs. X's elderly residents:

Ms. D was an over-80-year-old woman who had for some years been senile, but had assets of approximately \$500,000 controlled by a midwestern bank. She lived as a "paying guest" in the home of a sister of Mr. and Mrs. X, operators of an adult home. Mr. X approached "Mike," the 46-year-old boyfriend of his sister-in-law and advised him of Ms. D's assets, told him he was "sitting on a golden egg" and that a way must be arranged to get Ms. D's money. The method was for "Mike" to marry Ms. D which he agreed to do, and also agreed to split her estate with Mr. X and Mrs. X's two sisters. They told Ms. D her deceased brother, to whom she had been close, wanted the marriage to occur.

The marriage took place in March 1976, and approximately one month later, Mrs. X's sister (Mike's girlfriend) contacted a local attorney suggesting Ms. D wished to draw up a will. The attorney met Ms. D twice; a will was drawn up, signed and witnessed. Seventy-five percent of Ms. D's estate was left to Mike, and eight and one-third percent to each of three children of a woman with whom Ms. D had previously lived. She died less than 2 years later from generalized arteriosclerosis. The death certificate was signed by the doctor who serviced the X's Adult Home.

The Grand Jury commented in its conclusions:

Old age is, for some of us, a time to reap the benefits of our years of productivity, to enjoy one's family, and to expand our experience at a time when the constraints of the work-a-day world and family responsibilities are lifted from us; a time to enjoy the dignity and freedom this time of life affords. For others of us, not so fortunate, these last years will find us ravaged by illness and debilitated of mind, though, hopefully, not spirit. It is these last of us, especially those without close family members to care for us or supervise others in caring for us, who may fall prey to the predatory activities of individuals like those whom we have been investigating.

Independent studies provide a ninth source of support, such as the University of Iowa and Washington University-based studies of elder abuse.¹⁰

The University of Iowa Gerontology Center's Iowa Gerontology Model Project was funded in 1978 by AoA to develop a system to

¹⁰ Numerous other experts from institutions of higher learning have undertaken similar research projects relating to elder abuse, but could not be summarized here. See Committee files for further information.

assure that the functionally dependent have the most appropriate level of care with support services and to live as independently as possible. In attempting to accomplish this task, the project director, Dr. Helen Hageboeck, uncovered previously unknown abuse problems. During the first 6 months of 1980, the Project discovered that 20% of the 105 in-home assessments they conducted involved physical abuse or severe neglect. Of the abused elderly, they reported that 90 percent lived with the abusers. Forty percent of the abusers were spouses, 50 percent were their children or grandchildren, and 10 percent were caretakers hired by family members. Eighteen percent of the elderly abused were assaulted by more than one relative. *The Iowa Project has experienced an increase in number of abuse cases referred to it since it began.*

Hageboeck reported to Iowa papers which covered the preliminary findings of the Project's study, that "the project questionnaire originally wasn't designed to detect cases of abuse, but after incidents of such abuse were discovered during the first months of interviews, the questionnaire was revised." She further stated:

We found abuse quite frequently, so we had to revise our questionnaire. Since that revision, we have determined 22 of 105 cases where abuse cases.

An example of the abuse the project encountered follows:

An elderly woman was found to be living with her son who was unemployed because of disability. The elderly woman, when hospitalized for hypothermia and pneumonia, was found to be acutely ill, have little stamina, totally dependent for all daily living requirements, had swelling of the hands and legs, bruises on her left pubic region, right hip, face, shoulders, upper abdomen and scarlike lesions on her arms and hands, and an open leg ulcer on her shin. At first she refused to discuss the bruises saying they were the result of a fall. A relative later confirmed suspected abuse and indicated repeated abuse was sustained by the elderly woman over the years at the hands of her son.

At the George Warren Brown School of Social Work at the Washington University in St. Louis, Missouri, Dr. Eloise Rathbone-McCuan undertook a study of intra-family violence which included a discussion of geriatric abuse. The study described several cases of elderly and/or disabled persons from ages 51 years to 82 years whose family members had abused or neglected them.

In concluding her report, Dr. Rathbone-McCuan commented that it is important to further investigate the possibility that the aged are victims of abuse and their situations similar to wives and children who are abused and/or neglected.

A tenth source of support came from adult protective service officials themselves. The comments from the following officials are illustrative of many others who have expressed similar concerns to the Committee.

Phyllis Thompson, Supervisor of the Adult Protective Services in Richmond County, Georgia, wrote the Committee in June 1980:

Your recent comments and interest in abuse of the elderly were especially meaningful to me as a supervisor of adult protective services in Richmond County, Georgia. Even though referrals for this service are continuously increasing, *I believe we are barely touching the surface in identifying and protecting abused elderly.*

We have found incidents of elderly being locked in closets, utility sheds, and chicken coops, deprived of food and clothing, sexually abused, and deprived of medical care and financial aid. One particularly heinous report concerned an elderly cancer patient whose daughter-in-law forced her face into her own excrement.

Those of us involved in adult protective services are hampered by many obstacles. Some of these obstacles require Federal legislation to ameliorate. Some of the problems we encounter are:

1. Lack of public awareness of the scope of the problem or who to call for help;
2. Funding for services to the elderly is channeled through several different Titles of the Social Security Act and administered through many different agencies. I believe greater impact could be realized by unifying funding and administration. For example, in the District of Columbia, on K Street alone, there are three different agencies serving the elderly;
3. I believe elderly abuse should be a felony as is cruelty to children. Failure to report elderly abuse to a protective service agency should be a misdemeanor;
4. In many States, and Georgia is one of these, abused elderly cannot be removed from a dangerous environment without having them declared incompetent. Like the old cliché, this is indeed adding insult to injury.

Karel Cornwell, Adult Protective Service supervisor for the District of Columbia wrote the Committee in June 1980:

Of the 153 clients served by our agency during the first six months of fiscal year 1980, 112 were 65 years of age or older, including . . . a sexually abused and exploited mother-in-law in her 70's and a 106-year-old woman bilked of \$2,450 by her church deacon. The typical senior citizen in need of protective services is frail, friendless or forgotten, sometimes showing signs of senility.

Doreen Getsinger with the Department of Social Services Assessment Center in Montgomery County, Maryland offered this observation:

I would stress that our service is for all adults, 18 or above. We do not separate out those over 65 or over 60, and we provide the services to all age levels. However, 75% of our clientele is over 65.

An eleventh source of support came from the Emergency Department Nurses Association, headquartered in Chicago, Illinois.

In a June 1980 letter to the Committee, Nadine A. Davis, Director of the Member and Chapter Services of the Emergency Department Nurses Association, stated:

The coordinator of our July Packet on Elderly Abuse has asked that I contact you specifically to express EDNA's willingness to assist in collecting data about the incidence of elderly abuse. It has become clear during the development of our materials that the lack of information and statistics in this area is appalling—making the task of increasing public awareness much more difficult. Since it is a problem which is not a stranger to the emergency departments in which our members work, we would like to offer the services of the EDNA members in the collection of data needed in this important area.

Associations representing in-home service providers, visiting nurses, physical therapists, social workers, and home health aides provided the Committee with a twelfth source of support.

In October 1980, Ms. Dorothy Nelson, Director of the Visiting Nurses Association for the District of Columbia and Maryland, and Mrs. Libby Gittenstein, a mental health consultant for the Visiting Nurses Association in the same area, offered to assist the Committee in collecting data on the incidence of abuse encountered in the area served by their Association. In addition, the Director of the Visiting Nurses in a New Jersey County also assisted the Committee in this effort.

In all, over 200 visiting nurses, home health aides, social workers and physical therapists were asked to answer a questionnaire (see Appendix VI of this report) and to provide the Committee with case histories of abuses they had personally encountered. The majority of those responding to the questionnaire felt that abuse of the elderly does occur and at an increasing rate. The visiting nurses staff provided the Committee with numerous descriptions of elder abuse cases they had personally encountered ranging from abusive situations resulting in the death of the older victim to obvious neglect of the elderly by their relatives and caretakers. Many of these cases were summarized and incorporated into Section I of this report.

William Halamandaris, Executive Director of the National Association of Home Health Agencies, which represents visiting nurses and in-home care providers for the elderly nationally, provided the Committee with a statement of his views on the problem of elder abuse:

. . . Abuse of the elderly has been continually reported by members of our Association, and these cases appear to be not localized, but are occurring nationwide. We hear, time and time again, of older persons who are victimized by their family members and those entrusted with their care. . . . Typically, we encounter situations where older persons are living with their family members and creating stressful situations. The older person has numerous needs which must be continuously met creating a burden on their children in many instances. The frustration created by their inability to adequately meet their older family member's needs often turns into violence. Unfortunately, these situations are happening with frightening frequency. . . .

A thirteenth source of support came from local organizations and associations providing services to senior citizens across the United States.

In June 1980, Michael Gilfix, Director of the San Jose, California Senior Adults Legal Assistance project, contacted the Committee regarding his concern about elder abuse:

We have, for example, some clients (or family members) who may be interested in testifying about their own experiences. One person—a son—literally watched his mother die in a home while the staff refused to do anything . . . more generally, we encounter numerous examples of abuse. In addition to examples of physical abuse and neglect in nursing homes, we see examples of financial exploitation by persons entrusted with the care of elders. . . .

The Aroostook Regional Task Force of Older Citizens, Inc., of Presque Isle, Maine, wrote the Committee in June of 1980:

I want to extend my appreciation to you and other House Select Committee on Aging members for holding hearings and calling national attention to the unrecognized social problem of abuse of older people. Those of us working directly in the field have been trying to get recognition of this apparently growing problem and, until the Committee hearing, little public response has been heard.

Our nation has recognized and reacted to the reality of child abuse with protective legislation, educational programs and millions of dollars. Yet, abuse of older people seems to be unrecognized and falls into the lowest of priorities at both the Federal and State levels. In fact, here in Maine, the Department of Human Services plans to increase available Title XX funds for child abuse and protective services while decreasing currently inadequate funds for adult protective service.

Please continue your work on behalf of those older adults who suffer torture and abuse on a daily basis. We see the problem but, because of insufficient funds, lack of public interest, and no legal support, can do little. We need a Federal legal initiative to combat this problem.

In Manhattan, the Committee was advised that a parents' group has opened a "Parents' Center" where abused parents can meet to discuss their problems.

John Von Glahn, Executive Director for the Family Service Association of Orange County, California, specializes in family-abuse problems. He stated in an interview with "Newsweek":

Even a battered child is more protected. During the course of their activities they come in contact with all kinds of people—school teachers, nurses and doctors. About the only place many of the elderly can call for help is the police department, and few will sign an arrest warrant for their own son or daughter.

The Missouri Association of Prevention of Abuse to Adults (MAPAA) wrote to the Committee in June of 1980:

MAPAA grew out of a deep sense of frustration experienced by both professional members of the St. Louis community (social workers, priests, ministers, police, and others) as well as citizens of the larger community immediately involved in trying to help a small group of incapacitated aged. The target group consists of elderly people who are being abused, neglected (includes self-abuse/neglect) and/or exploited by others or themselves and who have no one to assist them. It is estimated that there are about 5% of the over-65 age group who fall into this category and the State of Missouri has little in terms of services for them except placement in a nursing home. There are 25 million over-64 in the country and Missouri ranks 7th in the nation in this age bracket.

It became the unhappy custom of social agencies, churches, et al., to "peddle" requests for service for this group to other social institutions as no one seemed to be able to coordinate the services needed. As a result, it was never fully known if the individual in need actually got serviced and frequently the friend, neighbor, or relatives requesting help became frustrated, discontinued interest and the aged individual was often abandoned.

The fourteenth and definitive source of support was provided by the State Human Services Departments who, in responding to the Committee questionnaire (see Appendix I of this report) confirmed the Committee's initial findings that the problem of elder abuse was increasing dramatically, that such abuse is not localized, but is occurring nationwide, and that the problem is as significant as child abuse. The State responses to the Committee's questionnaire have been tabulated and analyzed and are discussed in greater detail in Chapter IV of this report.

SECTION III

THEORIES FOR WHY ELDER ABUSE OCCURS

As is the case with most social problems, it is difficult to determine the specific cause or causes of elder abuse. Most experts do appear to believe, however, that a major precipitating factor is family stress. Meeting the daily needs of a frail, dependent elderly relative may be an intolerable burden for family members. The resulting frustration may sometimes be expressed in violent behavior.¹

Americans live in a violent society. In "Behind Closed Doors," a recently published book on family violence, it was noted that every second house in America is the scene of family violence at least once a year. Author Richard Gelles states:

We have always known that America is a violent society. A war in Vietnam, a riot in Watts, a gangland slaying, a political assassination or a rape in an alley are all types of violence familiar to Americans. What is new and surprising is that the American family and the American home are perhaps as or more violent than any other single American institution or setting.

That family violence occurs, in whatever form—child battering, wife beating, or elder abuse—is so shocking and repulsive that many are reluctant to believe it or understand what brings such behavior to pass. No one theory provides the entire explanation for the cause of family violence. Experts generally agree, however, that any one or a combination of any of the following factors may explain why our elders are abused by their loved ones:

RETALIATION

Some experts surmise that elder abuse is a form of retaliation, or revenge, in which the abuser was mistreated as a child and returns to abuse the parent. For example, in a University of Michigan study at the Institute of Gerontology, investigators hypothesized that abusers are often the "battered child grown old." Mistreated as children, they become abusive parents themselves, both of their children, and later on, of their older parents.

In some cases, the elderly are reaping what they sowed. According to a study conducted by Dr. Suzanne Steinmetz, University of Delaware professor, children treated non-violently as they grow up attack their parents later on by 1 in 400; however, if a child is mistreated violently by the parent, the chance they'll attack their parents later on is 1 in 2.

¹ Fowler, Jan, "Domestic Violence: Elder Abuse," Library of Congress, Congressional Research Service, Education and Public Welfare Division, February 6, 1981, page 4.

Chicago psychiatrist Mitchell Messer, whose clients include adults caring for elderly parents, stated: "We find parent beating when the parents set for example of solving problems through brutality when the children were growing up. If a child did something the parent didn't like, he got whacked. The adult child is simply following the example his parents set."

There are often unresolved conflicts and resentments existing between the generations. Some adult children appear almost castrated emotionally from a history of parent abuse. Their reaction is to strike back. This may be compounded if the elderly parent continues to bait their vulnerable child. The response is violent aggression. Former social worker, Agnes McRoberts of Houston, in an article in "Dynamic Years," states that battered parent cases she has seen follow a typical pattern, involving a "symbiotic relationship" in which an alcoholic daughter or son and an aging mother are mutually dependent on one another. The mother is indulgent, compulsive and clinging. She suddenly cuts off money to her adult child which triggers anger, resentment and abuse, particularly when the adult child has been drinking.

AGEISM AND VIOLENCE AS A WAY OF LIFE

Another rationale for elder abuse is thought by some to be the widespread acceptance of violence in American society, which fosters a climate in which it is acceptable to express frustration and stress in violent ways. In some families, patterns of violence exist from generation to generation, as a normal response to stress. In a study of Inter-generational Family Violence, Dr. Elizabeth Rathbone-McCuan of Washington University in St. Louis sees the family as an excellent breeding ground of violence and a social unit subject to interpersonal stresses, internal and external strains and experiences which create conflict among family members. She reported, "Since violence can and does occur within the family setting, and since the society in general holds predominantly negative attitudes toward the aged person, the likelihood of physical attack or other abuses of the aged person by family members is worthy of additional consideration." Elder abuse thus may be a consequence of ageism in America.

Researchers in a Cleveland-based study² also believe there are family patterns of violence which continue from generation to generation: "Violence is the normative response to stress in some families, and patterns of long-term family conflict, bickering and intentional generation of negative responses can pre-exist the current abuse by many years." Also, unresolved conflict, from childhood or mid-life, can cause an elderly relative to become a burden carried with great stress and ambivalence which increases the risk of abuse.

LACK OF CLOSE FAMILY TIES

In some families where there is little or no closeness of a relationship between the adult children and their parents, a sudden appearance of a dependent elderly parent can precipitate stress and frustration without the love and friendship necessary to counteract the new responsibilities of the adult children. For a large part of their lives,

² Lau, Elizabeth and Kosberg, Jordan I. "Abuse of the Elderly by Informal Care Providers: Practices and Research Issues," Chronic Illness Center, Cleveland, Ohio, 1978.

many elderly are not able to integrate themselves with the lives of their children. Sometimes, this is due to geographical distance or sometimes emotional distance. Thus, when such an elderly person is unable to live independently they may reunite with their children after many years of separation. The elderly parent can become resented as an intruder, and abuse may follow. For example, a counselor reported that a son was determined he and his wife would care for his elderly father. However, the burden of the care fell on the wife who had never gotten along with her father-in-law. She felt the pressure of caring for the older man, the pressure of caring for her own family. She began to beat the father-in-law. He was finally removed from the home, after counselors convinced the family it had to be done.

LACK OF FINANCIAL RESOURCES

"Under such circumstances as lack of money and the stress of dealing with a dependent older person, normal people often lash out against their elders," stated Dr. Steinmetz of the University of Delaware. The pressure and frustrations of family and financial problems is often cited by experts as a factor which drives family members to abusive behavior.

Many families caring for elderly parents or grandparents live on either fixed incomes or strict budgets during these times of increasing inflation, rising unemployment and skyrocketing fuel costs. Also, the increasing medical costs associated with the care of an older family member can often go beyond the depleted savings of the elderly parent and the penny-pinched resources of their children. The stresses associated with insufficient income combined with the inherent stress of providing daily care for an individual who requires a considerable amount of assistance with daily living tasks, can often become overwhelming and precipitate physical abuse and neglect.

Adding to an already tense financial situation is the factor that women, the primary caregivers in families, are increasingly entering the work force. Should this daughter or daughter-in-law quit her job and stay home to care for her elderly parent, thus losing her sense of freedom, independence, as well as financial reward, or should she stay at home to care full-time for the dependent parent? The dilemma is that she will be financially strapped either way. If she works, she must find someone else to care for the parent during the day, and if she does not work she loses the additional income needed by the family, for basic necessities as well as the increased medical bills for the care of the elderly parent.

Unfortunately, this overtaxing of a family's resources is sometimes exacerbated by Federal and State government policies that limit or reduce benefits and services to elderly people when they live with their families. For example, the Federal Supplemental Security Income (SSI) program provides a minimum income floor to low-income aged, blind and disabled individuals. However, when an eligible individual is living in the household of another individual and receiving support or in-kind maintenance from that person, the monthly SSI benefit is reduced by one-third. Another example is the Medicare program, the Federal health insurance program for persons over the age of 65. The Medicare program provides home health services, but they are contin-

gent on numerous requirements and do not cover the ongoing non-medical care and services that a dependent elderly person often needs to assist him or her to remain at home.

On the other hand, the Medicaid program, a Federal-State matching program that provides medical assistance for certain low-income persons, including the elderly, is structured to extensively subsidize nursing home care but offers less assistance to elderly individuals who wish to remain in their own homes.

Services such as homemaker and chore services, adult day care, and adult protective services are provided by the States under the social services program authorized by Title XX of the Social Security Act. This title provides federally matched funds to the States for a wide variety of social services, including many services for the elderly. Eligibility for those programs, excluding adult protective services, is limited to SSI and Aid to Families with Dependent Children (AFDC) recipients and individuals and families who have incomes less than 115 percent of the State's median income, adjusted for family size. This criterion alone excludes many families who, despite their ineligibility, may not be able to afford these services on their own.

Many experts believe that it is this inability to obtain needed services coupled with the lack of financial resources which can build resentment and foster abusive conduct in even the most loving family.

RESENTMENT OF DEPENDENCY

Caring for a frail elderly parent, who requires a considerable amount of assistance can be a very draining experience. Oftentimes, the caregiver can become overwhelmed with the infringement this places on his/her own time. A child can feel trapped by the burden of caregiving at a time of anticipated independence from child-rearing. This can lead to frustration, anger and resentment, precipitating some form of abuse.

Many middle-aged family members feel resentment with the sudden intrusion of dependent parents. An example cited in a University of Michigan study³ is a common one:

... a family situation in which the grandparents either gradually or quite suddenly become dependent on their own middle-aged children who are simultaneously experiencing the dependencies of their own teenage or young adult children... similarly, middle-aged adults who have just emerged from the parental role with a new sense of freedom and independence, may also find themselves burdened by the dependencies of their own parents.

The resentment of having to care for their frail, bedridden, often incontinent parent, which ties them to the home pushes many to the breaking point. Often these adult children want to do the right thing, but are unable to cope with the financial and emotional stress required to do so.

Even more frustrating for the adult child can be the hopelessness and despair experienced by their elderly parent as they become more

³ Douglas, Richard, Hickey, Tom, and Nell, Catherine, "A Study of Maltreatment of the Elderly and other Vulnerable Adults," University of Michigan, Institute of Gerontology, 1980.

and more dependent and vulnerable. The elderly parent may begin to feel a loss of control over the basic tasks of daily living. This feeling of helplessness can result in a demanding or totally withdrawn patient. Either behavior can be intolerable for the caregiver and lead to frustration and abuse.

A number of letters which came to the attention of the Committee expressed the resentment which can result from caring for a dependent relative. For example, one individual wrote:

We made many sacrifices for my mother—not being able to go away for week-ends and vacations when we wanted to because she could not be left alone. Fetching and running for her—taking her where she had to go, fixing the house for her—the list is endless. And all the while she occupied an apartment which was worth hundreds of dollars, for free. In the end, her lawyer gets everything—and we were abused by her because the lies she told everyone about us were believed by many.

Another echoed these sentiments:

Here, the number of our elderly population exceeds the national average, I believe; and thus, there are many aged parents and relatives being cared for by their families, presumably uncounted in any survey on the subject. When this confining situation calls for one person to put his or her own life 'on hold' because it is necessary to spend all day and every day as the sole companion of a demented senile patient, the unrelieved tension is bound to take its toll on even the most loving and gentle custodian.

And, another commented:

I think you should explore the child's side of taking care of the aging parent. The child, sometimes in their 50's or 60's also has medical problems and diminishing strength to cope with the care of aging parents on a 24-hour basis... I had to cope with increasing medical problems of my mother for seven years, plus my inability to work and lack of any personal life because of these demands. I experienced this over a year ago and I still feel emotionally and physically drained. While giving the care, I often pushed myself beyond my limits and this affected my personality and influenced my ability to give the type of care I would have liked.

INCREASED LIFE EXPECTANCY

Associated with dependency is the dramatic increase in life expectancy, with more people reaching age 75 and over than ever before in history. At the same time, the fertility rate has dropped considerably. This means the dependency period of old age has been extended, leaving caretakers to provide extensive home care for a longer length of time. It also means there will be fewer middle-aged adult children to care for their elderly parents and grandparents. An Institute of Gerontology study at the University of Michigan⁴ stated:

⁴ Ibid.

It may be that the increasing presence of the elderly and their rolelessness is a likely contributor to their own vulnerability. It is now likely that in old age, people will be dependent upon their own children or grandchildren longer than their children were dependent upon them.

LACK OF COMMUNITY RESOURCES

According to Maggie Kuhn, convenor of the Gray Panthers—an organization designed to bridge the gap between young and old populations—even the best of parent-child relationships can deteriorate as the burden of care persists over a long period of time, as noted earlier. Those children who are financially equipped to maintain their dependent relatives in their homes oftentimes are unable to find the services in their communities to assist them to do so. Numerous witnesses have testified that few support systems currently exist in local communities for caregivers to draw upon and those that do exist are virtually unknown to the average citizen.

Work responsibilities, lack of training and sensitivity, renders the average child helpless to meet their older relative's specific dietary and physical requirements. Many children can become overwhelmed by the emotional and financial responsibility and are simply unable to find the social and health in-home services they need. Some experts see battering of the elderly as a natural consequence of inadequate services to families caring for a frail elderly relative.

STRESS AND OTHER LIFE CRISES

The dramatic change that can occur when a frail elderly parent moves in with a family already struggling in several areas of family relationships produces intense stress. For some elderly people, constant nursing supervision is necessary. The care of a dependent person can be physically and emotionally exhausting and a caregiver can deal with only a certain amount of stress before reaching the breaking point. According to Dr. Steinmetz, "the bottom line is that if you increase the stress on family members without adding supports to help them cope with it, you increase the likelihood of violence because a person and a family can handle only so much."

Most experts tend to agree with Dr. Steinmetz that family stress is a major precipitating factor in elder abuse. One study found that the elderly person was a significant source of stress to the family in 63 percent of the reported abuse cases. Other life crises also have this effect as noted below:

HISTORY OF PERSONAL OR MENTAL PROBLEMS

In families where the adult child has a history of personal or pathological problems, a potential for abuse exists. In numerous cases reviewed by the Committee, mentally impaired children were responsible for abusing their parents. Family members appear to become the objects of such abusive behavior because of their proximity to the abuser. Some crisis triggers the abuser, who strikes out at the nearest person or object.

UNEMPLOYMENT

Unemployment is a major stress-producing experience for most individuals. It is even more stress-producing if unemployment occurs at middle age. Dr. Steinmetz reports that intra-family violence occurs much more frequently when the major income-producing member (generally the male-adult-husband) is unemployed. This theory has proven to be true in many cases of spouse and child abuse and appears to be a significant problem triggering elder abuse.

HISTORY OF ALCOHOL AND DRUG ABUSE PROBLEMS

The Committee found many instances of abuse wherein the abuser was experiencing alcohol and drug consumption problems. Consistent consumption of alcohol and drugs are readily identifiable as contributing to family violence. Because alcohol acts as a depressant, the effect seems to depress aggression inhibition systems, thus making aggressive behavior much more likely. The following is one such case reported to the Committee in which alcohol appeared to be a precipitating factor:

A young woman and her husband separated and got a divorce. The couple was living with the husband's mother and one child of their own. When the couple separated, the husband left home while the wife and child stayed with the mother-in-law. She would beat her, cash her social security checks, and feed her like an animal. The daughter-in-law used alcohol frequently.

And, another case:

In a drunken rage, a middle-aged man beat his 67-year-old stepmother into unconsciousness with a metal pitcher resulting in a one-month hospital stay.

ENVIRONMENTAL CONDITIONS

Certain environmental factors can precipitate stress which may then lead to neglectful or abusive behavior of family members, especially the frail elderly persons forced to seek assistance in the basic tasks of daily living. Quality of housing, unemployment, intra-family conflict, alcohol and drug abuse, neighborhood and crowded living conditions can by themselves or in combination with other factors encourage mistreatment of a dependent elderly person.

Such an example is found in a case study in Lee, New Hampshire in 1978 where a combination of environmental factors precipitated abuse: A 48-year-old son was found guilty of manslaughter, by beating, in the death of his 78-year-old mother. The son lived with his mother in a trailer. The mother was incontinent, unstable on her feet, and required extensive personal care. Health, living conditions and the quality of the mother-son relationship all contributed to the son's frustration, anger and finally physical violence.

SUMMARY

As noted above, several of the factors may be present and the combination is likely to precipitate abuse of the elderly. In a number of other cases, abusive behavior toward the aged is inexplicable. Because so little is known about elder abuse compared with child abuse, it is likely that social scientists will discern still other factors when the subject is studied in detail. Such studies are now underway at several universities.

SECTION IV

SURVEY OF STATE HUMAN SERVICE DEPARTMENTS

Under the present interpretation of the U.S. Constitution, the right to make and enforce criminal laws and other so-called "police powers" rests almost exclusively with the States. Accordingly, the States have the primary responsibility for protecting the rights of all their citizens, young and old alike. It is clear even from a cursory review of the literature that all States have active programs underway to protect the rights of juveniles and more recently, many States are making an effort to protect battered wives. However, it is also clear that the States have just begun to recognize the problem of elder abuse and are beginning to do something about it.

In order to learn to what extent the States have anticipated this long-hidden and increasingly more serious problem, Chairman Pepper together with Congresswoman Mary Rose Oaker, a senior Member of the Committee, directed questionnaires to each of the States on July 17, 1980. The questionnaires for the most part were directed to State Human Service Departments. However, a few States were found to have invested authority for protective services in other agencies.

The questionnaire was warmly received by the States. The overwhelming majority of the States responding were supportive of the proposed legislation to establish Federal model mandatory reporting requirements for elder abuse which would be recommended for the consideration of the States. A few States remain undecided, none were opposed.

Most of the States were apologetic about the quality of the data they were providing to the Committee. They noted that while they recognize the growing importance of elder abuse, the topic has been given little attention in the past, in the sense that few statistics have been kept relating to abuse of adults by their loved ones and even less data is available with respect to abused senior citizens.

This section summarizes the responses received from the States. Even though the data is less than comprehensive, what emerges is a national picture of a desperate problem which only recently has tumbled from the shelf of taboos which could not be discussed in public. The results of the questionnaire reinforce the conclusion that the problem is both serious and widespread and that action must be taken immediately to deal with it.

OVERVIEW

In beginning this section, the Committee believes the interested reader would benefit from having some of the comments made by the State officials in their cover letters.

The State of Alabama noted that the requested "information is not on the computer, therefore some information provided in the questionnaire was taken from random sampling." Arizona made a special point

of saying they were "pleased with the proposed Federal legislation which would deal with an issue of national concern: the abuse, neglect or exploitation of the elderly population." California noted its "serious concern about abuse of the elderly" noting that its adult protective services are available to all adults over 18 and that "data maintained at the State level are not categorized by age or age group."

Delaware said it does not have an adult protective service law; although one had been introduced in the last session of the legislature, it did not pass. The District of Columbia said that it was pleased to report that outreach and crisis-intervention services to the vulnerable elderly were being provided to elderly citizens even though such services were not mandated by law.

Hawaii commended the Committee for looking into this problem which it said "needs more emphasis especially in light of the growing elderly population nationally as well as in Hawaii." Hawaii called the proposed legislation introduced by Chairman Pepper and Congresswoman Mary Rose Oakar "very desirable."

Illinois said that it has taken a lead role in addressing the needs of "victims of domestic violence, specifically as they relate to spouse abuse."

They continued:

The area of elder abuse, while recognized as a societal problem, has not yet been addressed through the development of specific programs or delineation of absolute agency responsibility within Illinois. As such, a single, precise response to the attached questionnaire is impossible due to the multi-agency service delivery mechanisms and lack of specific budget lines which are directly related to this service area.

Missouri said a recently enacted statute would now give them the authority to begin to collect data on elder abuse. New Jersey noted that it does not have in place a Statewide computer system for providing the data the Committee requested; however, in order to be helpful the State Department of Human Services was kind enough to send out their own questionnaires to collect data with which to be responsive to the Committee's request.

New Mexico said that it is "deeply concerned with the increasing incidence of adult abuse," adding, "the Department is currently preparing draft legislation establishing an Adult Protective Services Act which may be introduced in the next session of the New Mexico Legislature."

North Carolina told the Committee that its legislature had enacted a law in 1973 to authorize the county departments of social service to provide protective services to individuals aged 65 or over who were abused or neglected. As such, this law is one of the first specific elder abuse laws in the nation. In 1975, the law was expanded to include all abused or neglected adults age 18 or over.

North Dakota told the Committee: "As you can tell from the way in which (the questionnaire) is completed, we do not have an adult abuse program in North Dakota. There are currently no protective services, no designated agency to investigate reports or provide services and no staff or budget within our agency to do the work." The State said it was working on legislation in the area of adult protective services.

Oklahoma offered these comments:

We were most pleased to have had the opportunity to participate in the Select Committee on Aging's survey of elder abuse. The abuse of the elderly is progressively becoming a more serious problem in the State of Oklahoma. The increase in the number of cases reported to our Department each year is partially due to the public becoming more aware of the needs of the elderly and knowledge of the laws to protect them. Your interest and concern in this area is shared by this Department.

Ohio noted that data on a Statewide basis was not available for many of the questions asked but expressed the hope that the Committee's study be made widely available to stimulate State reform efforts and prevent or reduce the incidence of elder abuse. Puerto Rico informed the Committee that it was unable to fill out the questionnaire saying that there is no formal legislation regarding protective services for the elderly although consideration is being given to expanding existing services within the confines of existing fiscal constraints.

South Carolina noted that in 1974 it became "one of the first States in the nation to enact an adult protective services law and this program area has grown rapidly since that time."

Texas noted that although several protective services bills have been introduced in the legislature, it does not have a protective service law for adults. Thus, "since there is no legal authority which permits an investigation without the individual's consent, the Department has placed major emphasis on training staff to work with both voluntary and involuntary clients." Texas said the following by way of endorsing the Pepper/Oakar legislative approach also known as the Elder Abuse Prevention and Treatment Act:

The Act addresses the most critical need in the delivery of protective services, which is ready access to and awareness of a network of medical, social, legal, and psychiatric resources equipped to handle the multiple problems of abused, neglected, or exploited individuals. Total community awareness and cooperation is essential to the resolution of problems of this nature.

Utah is another State which said its computer system does not allow for information to be broken out with the specificity requested. However, it said:

Utah data shows that of the cases receiving protective intervention in behalf of adults, 33.6 percent were listed as elderly, 50.5 percent were listed as exploited neglected adults, while 12.8 percent were physically handicapped. The remaining 3 percent of this population were listed under various other target grouping. Actually, and it is believed with considerable assurity, that the target population of exploited neglected adults and the physically handicapped are, for the most part, elderly persons.

Vermont noted the enactment of a new law effective July 1, 1980, which obligates the Department of Health to investigate all reports of "suspected abuse, neglect, or exploitation of Older Vermont-

ers." Wisconsin reported that it has a Task Force examining the subject of protective services and guardianship laws with an eye to the enactment of new legislation. Washington is another State which reported working on legislation since its protective service statutes do not currently contain an abuse reporting requirement. Wyoming, likewise, included draft legislation to be introduced in the 1981 legislature.

As noted, the primary tone of the responses was positive. The issue is increasingly being recognized as an important matter of mutual concern.

All the States, in one way or another, noted that they had an office with responsibility to provide protective services to some segment of the adult population. As noted, many States such as Delaware, the District of Columbia, New Mexico, North Dakota, Texas, Washington and Wyoming said that they were providing such services to the needy even in the absence of authorizing legislation. For the most part, the States responded that such services were available to all those over the age of 18. However, there were a few peculiarities: Connecticut and Vermont told the Committee their protections extended only to adults over age 60. Florida, on the other hand, offers protection to those 18-64 if disabled and to those over 65 under all conditions. Wyoming protects all adults over 19, while Wisconsin sets the age at 14. Oklahoma limits its protections to adults over 65.

The Committee wanted to know if the services which were offered to adults were provided without reference to income. The answer for the most part was in the affirmative. The exceptions were as follows: Missouri and South Dakota both reported applying the Title XX income test to determine eligibility. Virginia offers optional service components free for 10 days and thereafter, the services are based on income eligibility criteria. Massachusetts and Wisconsin reported having sliding fee scales which were keyed to income. Maine has no income criteria but clients must be in the care or custody of the Department of Human Services, at risk. New Hampshire reported providing services regardless of income when the victim is incapacitated as well as abused.

The following section describes the States' specific responses to the Committee's questionnaire.

BUDGET AND RESOURCES

The first section of the questionnaire asked the State Human Service Departments how much money was allotted for all protective services, for adult protective services, and for child protective services. It also asked the respondents to estimate the portion of the budget of adult protective services which went toward providing protective services to the elderly. Moreover, the States were asked for the number of State Adult Protective Service employees, their qualifications and salaries, and the salary of the chief of the Adult Protective Services office. By compiling the replies, a profile of the average State department which offers protective services has been created.

Question 1 under this section asked the States to compare as best they could what their budget was for all protective services in their State over the past two years. Most States responded with calendar figures in 1979 and 1980, although a few provided numbers on a fiscal

year basis. Table I displays State budgets for all protective services for 1980. The average State budget was about \$14 million. California reported spending the most at \$129 million, followed by New York and Texas with \$52 million and \$48 million respectively. Utah reported spending the least with \$835 thousand followed by Montana with \$1.2 million.

Question 2 asked approximately what was the States' budget for *adult* protective services in the same two years. The States spending the most money in 1980 were California with \$14.8 million followed by New York with \$10 million and Ohio with \$5 million. Several States such as Utah and South Dakota reported spending very little money and a number of others did not answer the question. The average State budget was about \$1.9 million. See Table I for 1980 State budgets for adult protective services. Pennsylvania spent the highest percentage of its protective service dollars for adults, 28 percent, Nebraska and Ohio were next with 25 and 21 percent respectively.

Question 3 asked the States to estimate the portion of their adult protective service budget which went to the *elderly*. As Table II indicates, Florida's response was 87 percent in 1980 or something like \$900,000 of the \$1.2 million the State reported spending on adult protections. Of interest are States like Connecticut and Vermont whose laws limit jurisdiction to those over 60 and who therefore allocate about 100 percent of their monies to the elderly. Utah and Wyoming said that of the money earmarked for adult protections, some 90 percent went to the elderly. As could be expected, many States did not answer this question. Some States indicated that they spent few if any dollars specifically to provide protective services to senior citizens. Others said they could compile the data only after extensive allocation of time and resources; others said they did not have the information available; and other States said they did not have the raw data, not to mention the manpower and the know-how necessary to compile such information.

Question 4 asked the States to provide their budgets for *child* protective services over the past two years. Table I, which displays State budgets for 1980, confirms that the States are spending most of their protective service monies for children. A quick glance at Table I, for example, shows that of Florida's total budget for protective services, \$17.3 million went for child protective services, whereas, only about \$1.2 million of Florida's budget was allocated for adult protective services although 87 percent of the adult protective service monies was relegated to the elderly. The remainder of the States reported an experience similar to the State of Florida in their allocation of protective service resources. On average, the States spend about \$12.6 million for child protective services.

Table II applies the percentages reported by the States in answer to question 3 to the dollar amount reportedly spent to provide protective services for adults as indicated in Table I. While it is assumed that some States spent close to nothing and thus did not respond to the questions, the 32 States which did reply to this question spent from a low of \$4,950 in Utah to a high of \$5,088,399 in New York to provide protective services to senior citizens. The nationwide average is a very modest \$679,254 per State.

It should be obvious that if every Human Service Department in the Nation would compile and publish this protective service data on a uniform basis, it would be a tremendous aid to State, local and Federal policymakers when analyzing allocation of resources with respect to populations in need.

Table III shows the percentage of State protective services devoted to senior citizens in 1980 using the same 32 States (absent Massachusetts). Arizona led the list with fully 15 percent of its entire protective service budget going toward the elderly. Kentucky and Nebraska were in second and third position with 14.72 and 13.61 percent respectively. Ironically, Texas and Maine, with heavy concentrations of senior citizens, were ranked at the bottom with .35 and .45 percent of their entire protective service budgets going toward senior citizens. The nationwide average was 6.60 percent.

The obvious question is how do these figures compare with what is spent on providing protective services to children, that is, those under age 18?

As is seen in Table III, the States are spending the great majority of their protective service dollars on children. Hawaii, South Dakota, and Maine lead the list in allocating the greatest percentage of such dollars to youth with 97.18, 96.91 and 94.39 percent of their funds going to children respectively. California was the low with only 68.84 percent of their total protective service budget going to those 17 or younger. The nationwide average is 86.77 percent.

Since there are two and a half times the number of children under 18 as there are senior citizens, there is obviously a tremendous disparity in the funds that are committed to prevent elder abuse. As can be seen from Section I of this report and indeed, from responses received from the States themselves, the problem of elder abuse exists in epidemic proportions. The incidence of such abuse appears to be growing and few States have allocated the kind of resources they need to meet the problem.

By adding together the average figure the States spend on children, 86.77 percent, and the average they spend on senior citizens, 6.60 percent, it is apparent that the remainder, or only 6.63 percent of State protective service budgets are spent to provide services to adults between the ages of 18 and 64. This figure should be of interest to those concerned about the increasing incidence of battery between married individuals.

The next question asked the States for the total number of employees involved with adult protective services. As could be expected, many States had nothing to report. Of those States that did answer, New York topped the list with a total of 360 full-time employees and Minnesota was at the bottom claiming that one half of one full-time employee per year is allocated to adult abuse problems.

Question 6 asked for the salary of the Chief of the State Adult Protective Service Office. Alaska paid the most at \$40,068 per annum plus 25.5 percent fringe benefits followed by Florida at \$34,900. Once again, many States did not answer, probably because they did not have such an officer. Among those that did reply, West Virginia was the lowest with \$13,416. The nationwide average was \$24,500.

Asked what was the average salary for professional adult protective service workers, the States responded in a range from Alaska's

\$25,584 plus 25 percent benefits, down to \$11,000 in Ohio. The nationwide average was about \$14,000.

Question 8 asked what requirements an individual must meet before he or she can qualify as an adult protective worker. Of the States which responded, only three States required these individuals to be licensed, Utah, Idaho, and Indiana. Some 20 required that the individuals must have good moral character. Half of the States reported requiring such workers to pass an examination. Only 15 required prior experience, and the same number required minimum training. Some two-thirds of the States require that the adult protective service workers meet minimum education requirements. Obviously, these statistics can be read to suggest that most of the States require little of the people they hire to the unusually sensitive position of providing protective services to abused adults.

POWERS AND DUTIES

In the second part of the questionnaire, the Committee made an effort to learn about the exact authority conferred by State statutes. The States were asked to send a copy of their laws and to send copies of any pending legislation. As could be expected, the States have greatly varying powers. Many States have virtually no authority in this area as spelled out above. However, even those States which claimed to have authority proved to have little when analyzed critically.

For example, the majority of State adult protective service divisions under the State Human Service Departments had the authority to receive complaints and investigate them. Virginia, New Mexico and Missouri, however, reported that while they could receive reports, they could not conduct follow-up investigations without the consent of the abused adult or the guardian. The same is true in the District of Columbia, but the caseworkers in the Department have been aggressive and have, in fact, gone beyond their legislative authority to help people in need.

Numerous States, such as Hawaii and South Dakota, have limited their authority to supervise the recipients of Title XX services. In some States, like Iowa and Louisiana, services must wait until there is a request from the victim or his/her guardian. Alaska, Montana and Pennsylvania also join Iowa and Louisiana as States which have so-called voluntary adult protective services available.

On the other side of the spectrum, Oklahoma, Kentucky, Nebraska, and Colorado reported having statutory authorities not only to receive complaints but to open investigations on their own as well as following up on complaints without prior consent of any party.

Some States, such as Nevada, Tennessee and New York outline their authority in very broad language. New York, for example, responded that the Department:

Shall provide protective services in accordance with Federal and State regulations to or for individuals without regard to income, who, because of mental or physical disfunction are unable to manage their own resources, carry out their daily living or protect themselves from neglect or hazardous situations without assistance from others and have

no one available who is willing and able to assist them responsibly.

The Maine statute keys on the word "incapacitated." The Department deals only with people found to be in this state and there are elaborate guidelines to determine if individuals fall within it. Maine has the power of subpoena and access to court to enforce them. The law mandates that complaints be investigated within 72 hours. The statute confers the power of emergency intervention as well as the power of public guardianship and/or conservatorship.

If a generalization can be drawn from a review of the authority conferred to adult protective service agencies by State law it would be that such powers appear to be more on paper than real with the exception of a few States. More discussion of this topic is found later in Section V of this report. Nevertheless, it is gratifying that 21 States and Puerto Rico and the District of Columbia reported to the Committee that they are in the process of considering the enactment of stronger or more specific elder abuse laws (Section V provides more details).

ABUSES

The third section of the questionnaire was an effort to collect data on the number of elder abuse complaints received by the States over the past few years, to see if the incidence of such complaints is increasing, to compare it with the incidence of child abuse cases reported and to quantify the kinds of elder abuse by type, perpetrator, and victim.

Question 1 asked for the number of adult abuse complaints received. Half of the States responded with Florida and Washington leading the list at about 11,000 and 10,000 respectively.

Question 2 asked the States to estimate the percentage of adult abuse complaints which involved the elderly. Again, about half of the States responded. Among those who answered, the average was 60.8 percent. This is yet another indication of the growing importance of the elder abuse question.

Question 3 in this section asked for the number of child abuse cases. Washington and New York led the list in 1980 with about 50,000 complaints; Montana and North Dakota reported the lowest numbers, both around 1,200. The average for the nation was 10,957.

In question 4, the States were asked if they had recent examples of various kinds of abuses perpetrated against the elderly. All of the States responding reported having recent evidence of physical abuse of the elderly by their loved ones or guardians. Only three States, Vermont, Montana, and Mississippi, had no recent examples of psychological abuse. Minnesota is the only State reporting no recent examples of material or financial abuse. Vermont and Nevada were the only two States who said they had no recent experience with the violation of the rights of the elderly. A number of States wrote in other kinds of abuse, including sexual abuse, self neglect, and self abuse. (See Table IV).

When asked in question 5 to give a breakdown of the number of each type of elder abuse, most States said they had insufficient data to do so. However, the national average among those who did reply is as follows: Physical abuse and neglect accounts for about one-third of the

cases and financial abuse for about one-quarter of the total. Psychological abuse accounts for about 15 percent more and the category of violation of rights accounts for about 9 percent more. The residual 9 percent constitutes a category of "other" abuses of which the largest number appear to be sexual abuse.

The Committee asked the States for a percentage of the elder abuse complaints which were subsequently substantiated. Once again, given the limitations of the data, with 20 States responding to this question, it appears that about 50 percent of all complaints in these States were substantiated while 30 percent were not and 20 percent were inconclusive. Many States responded that they were unable to investigate many cases for a variety of reasons.

In Question 7, the States were asked if they were of the opinion that a significant number of elder abuse cases go unreported each year. Every State with the exception of Ohio answered in the affirmative. Florida said that 50,000 cases or more probably go unreported within its boundaries each year. This compares with an estimated 9,570 cases of elder abuse which were reported to the State in 1980. Florida indicates that there were approximately 11,000 adult abuse cases reported in 1980 and that about 87 percent of its adult abuse funds went to dealing with problems of the elderly. Assuming 87 percent of the cases involved the elderly, approximately 9,570 would have related to seniors. Also, in Question 7, the States were asked what number of cases of elder abuse would they say went unreported in 1980.

With the information provided to the Committee by the States on the rate of elder abuse cases reported and unreported annually, and on the rate of child abuse cases reported annually, a comparison of the probable incidence of abuse among the two segments of the population was derived. By contrast with the data on elder abuse, most of the States submitted fairly specific information as to the incidence of child abuse cases. However, because the Committee failed to ask the States to provide data on the estimated unreported incidence of child abuse, these figures for States which did not volunteer the data were derived from the national estimate that 3.4 per 1,000 child abuse cases are reported and an additional 7.1 per 1,000 cases go unreported, as estimated by the National Center on Child Abuse and Neglect, Department of Health and Human Services. In other words, of total estimated cases, only about one-third of child abuse cases are reported.

To begin with, there are about 62 million individuals under the age of 18 in the United States, or 27.9 percent of the total population according to the U.S. Census Bureau. By contrast, there are 25 million senior citizens who make up 11.2 percent of the population. Since there are 2½ times as many young people as senior citizens, one might expect that there would be more than triple the amount of abuse cases. This turns out to be about what the data suggests.

The questionnaire asked the States to provide actual and estimated elder abuse cases in each instance. To make a comparison, the Committee chose the ten States which provided the most complete data. These States included Connecticut, Florida, Georgia, Iowa, Nebraska, Oklahoma, South Carolina, Tennessee, Vermont, and Washington.

These States had approximately 10,000,000 children under 18 and 4,340,500 individuals over the age of 65 in 1980. The ten selected States reported 23,869 actual cases of elder abuse in 1979 and estimated that

an additional 146,182 cases of such abuse went unreported. In other words, the States which had such data said that roughly one out of every six cases of elder abuse gets reported. These same States reported 227,813 actual cases of child abuse involving individuals under the age of 18 in 1979 while estimating that about 455,665 cases of this same nature went unreported. In other words, roughly two-thirds of all child abuse cases are not reported. The combined total of reported and unreported elder abuse cases was 170,051 and the combined total of reported and unreported child abuse cases was 683,478.

Even this data, as straightforward as it seems, has its problems. For example, States exhibited some confusion over the definition of the word "case." Some States counted any complaint as a case. Others appeared to count only those where a file was opened and an investigation was underway. Other States pointed out that they counted separate episodes involving the same individual as a case. Some reported the number of children served.

With these limitations understood, the Committee divided the number of reported and estimated unreported elder abuse cases in these selected ten States (170,051) by the number of senior citizens in the States (4,340,500). The conclusion is that approximately 4 percent of the elderly in these States may be victims of some form of elder abuse from moderate to severe. Dividing the total number of reported and estimated child abuse cases by the total population in the selected States (683,478 divided by 10 million), the Committee estimates that approximately 6.8 percent of the under 18 population are similarly abused.

Assuming that these figures can be applied nationally, it would appear that the incidence of elder abuse is not as great as that of child abuse but the level is still significant. If it is true that 4 percent of the elderly are victims of such abuse as these figures suggest, the consequences are staggering. It must be recalled, for example, that approximately 5 percent of the senior citizen population is housed in American nursing homes on any given day although 1 out of 5 will spend some time in a long-term care facility prior to their death. Four percent can be translated to suggest that one out of every 25 or roughly one million older Americans may be victims of such abuse each year. This figure tends to reinforce a number of studies conducted in other States, which have put the estimate at one million cases a year.

Assuming the accuracy of the four percent figure and the fact that numerically there are four times as many child abuse cases as adult abuse cases (170,051 vs. 683,478 in the ten States), it would seem that the States should be devoting at least 25 percent if not more of their protective service budgets to senior citizens abuses. Measured another way, since there are 2½ times the number of children as senior adults, the States should be spending 40 percent of their protective service for senior citizens. Unfortunately, as pointed out in this section, the States are spending the great bulk of their limited funds to combat child abuse. As noted in Table III, the States on the average committed only 6.60 percent of their protective service budgets to the elderly, with 86.77 percent going to children and the remainder being spent on adults age 18 to 64.

These figures outline the disparity that exists and suggests the need for the States either to increase their funding or to reallocate their resources.

When asked in question 8 for the source of their complaints, the States gave widely varying answers. Some States said family members of the victims were the prime source of complaints, others said hospitals or clinics, still others stressed police, lawyers or public service agencies. It is apparent the data is too incomplete to be able to draw definitive conclusions beyond saying that all of the above play a significant role in bringing examples of elder abuse to the attention of State Protective Service Departments.

Asked if their State had standardized forms for reporting elder abuse, 23 States said yes. (See Table V.) Asked for the average time it took them to resolve elder abuse complaints, the States gave widely varying answers. Four States said one week and the same number said up to a year. The greatest number of those replying said two to six months on the average.

The next series of questions was designed to identify the abusers and the abused as well as to isolate the underlying causes.

In sifting the admittedly incomplete data received from the States, one pattern emerges. When only related individuals are tallied, the consensus is that the son of the victim is the most likely abuser in about 21 percent of all instances followed by the daughter of the victim in about 17 percent of all cases. Third in line was the spouse of the elderly person when acting in a caregiving role, with the male spouse slightly more likely to be the abuser than the abused. Other relatives such as daughters-in-law and sons-in-law and grandchildren followed in descending order of frequency although most of the States also mentioned nieces, nephews, siblings, and cousins as prominent potential abusers. Unrelated caretakers who live with the elderly including those appointed as guardians or conservators were also listed as abusers of the elderly.

The most common root cause for elder abuse is stress, accounting for about 36 percent of all cases, reported the States. Psychological problems is next with 24 percent, followed by excessive use of alcohol, revenge, illness, and poverty, with differing ethnic beliefs also being mentioned.

The questionnaire completed by the District of Columbia, however, provided this insight:

In almost all cases, multiple factors can be discerned as the causes of abuse. Consequently, our figures exceed 100 percent. Physical abuse correlates highly with stress and psychological problems (ranging from low self-esteem to psychosis) as well as alcoholism and drug abuse by the abuser.

The final question asked in this section was: Would you say the incidence of elder abuse is increasing? Only seven States said no. They were: Hawaii, Illinois, Indiana, Nevada, New Mexico, Rhode Island and Wyoming. (See Table VI.) Several States noted that public awareness has increased recently. They said this inevitably leads to new protective services programs by the States. The larger and more efficient the State program, the greater the number of abuses that will be found, contended these States. This may be true, however, most of the States said outright that the absolute number of elder abuse incidents was increasing dramatically.

The next section of the questionnaire attempted to learn what methods of intervention the States employed and found effective in elder abuse cases.

CONTINUED

1 OF 3

INTERVENTION

In tabulating the questionnaires, the Committee learned that slightly over half of the States have specific written instructions or procedures concerning intervention when elder abuse is found to have occurred. (See Table VII).

Asked what was the most common course of action, the States said to call a law enforcement officer or to relocate the individual in a different setting giving them the needed supportive services. Ironically, the States said the methods most used were the least effective. Asked what was the most effective, the States said counseling and provision of services. While these methods are used they have not been used with the frequency of other interventions. (See Table VIII).

Asked what was the greatest hindrance to their ability to help the abused elderly, 63 percent of the States said lack of appropriate statutory authority. Many cited their specific lack of authority to begin investigations unless requested to do so by the abused or their family—which often means the abuser. Obviously, this provides the protective service worker with a classic Catch 22 situation. Cited next most often by the States was the lack of properly trained staff and other resources. (Table IX).

When asked what could be done to improve things, the States again said that new statutory authority was a must. (Table X).

Asked about the need to increase public awareness, the States said this was a good idea, concluding that one-third of the public is generally "unaware" of the issue. No State said it felt the public was "very aware" of the issue while the majority of the States said they felt the public was "moderately aware" of the problem.

STATE AND FEDERAL REGULATIONS

The final section of the questionnaire asked the States whether their statutes require the mandatory reporting of elder abuse cases; whether they thought the needs of the elderly were being met through existing law and regulations; whether they would favor Federal legislation to establish model mandatory reporting laws, and finally, whether they would support H.R. 7551 (reintroduced as H.R. 769 in the 97th Congress) as introduced in the 96th Congress, otherwise known as the Prevention, Identification and Treatment of Adult Abuse Act of 1980.

Only 16 States indicated that their current State law requires the mandatory reporting of elder abuse cases (See Section V). Kansas and Massachusetts have laws which require such reporting only if it takes place in nursing homes. South Carolina has a "failure to report" law which carries a penalty of six months in jail and/or \$1,000 fine for persons found not to have reported a case. The South Carolina law also provides for legal immunity as well as anonymity for the reporter if that party so desires. Thus, a person with information merely needs to make an anonymous call or send an unsigned letter to the Protective Service Agency in order to trigger a full investigation. Several States commented that this kind of mandatory reporting law is crucial to alleviating the problem of elder abuse which involves family members who quite often keep a case from coming to the attention of the authorities.

Asked to what extent the elder abuse problems were solved in their States, 35 percent selected the word "occasionally"; 19 percent more said they were simply unsure how often the needs were being met; no State said the needs of the elderly were always being met; a few did not respond and the remainder chose the word "frequently" to describe the response in their States.

The final two questions were posed to determine the State's feeling about proposed Federal legislation to establish model mandatory reporting laws. The overwhelming majority of the States, fully 83 percent, reported that they were in favor of such legislation. Only seven States reported they were not in favor, including: Alaska, Connecticut, New York, Oklahoma, South Dakota, Utah and Washington. (See Section V) The States which said no raised questions about who should be required to report incidents of elder abuse. They suggested that some categories could be easily agreed upon such as physicians, social workers and law enforcement officials but others such as private citizens unrelated to the abused, town officials, outreach workers, local welfare workers, the clergy, etc., could themselves face criminal sanctions. Other States cast these concerns aside by spelling out that similar fears had been raised but that their laws are seemingly working well.

With respect to the support of H.R. 7551 (now H.R. 769) fully 75 percent of the States responded in the affirmative with 25 percent undecided. Interestingly, no State said it was opposed. (See Section V). Those who were undecided echoed the sentiments of North Dakota which said: "To implement the legislation (our State) would need an allocation of approximately \$300,000 per year and I can't imagine an appropriation that size passing Congress."

In summary, it is clear that elder abuse is a significant problem of growing importance to the State Human Service Departments. It seems just as clear that State statutes are, with singular exceptions, inadequate to fully meet the needs of the elderly. It is also apparent that States are concentrating most of their funds and resources in providing protective services to children.

TABLE I

1. What is the budget for all protective services in your State this year?
2. Approximately what was the budget for adult protective services provided by the Department this year?
3. Approximately what was the budget for child protective services provided by the Department this year?

STATE	1980 Protective Services Budget	1980 Adult Protective Services Budget	1980 Child Protective Services Budget
Alabama	14,558,889	1,149,541	13,409,348
Alaska	15,541,000	3,052,900	12,531,400
Arizona	4,764,619	925,000	3,668,192
Arkansas	1,808,000	108,000	1,700,000
California	129,124,251	14,875,245	88,886,541
Colorado	13,333,978	1,307,729	12,026,249
Connecticut	---	---	---
Delaware	---	---	---
Florida	18,551,166	1,194,268	17,356,898
Georgia	10,125,011	1,764,288	8,360,723
Hawaii	2,139,800	60,300	2,079,500
Idaho	3,291,543	845,051	2,446,492
Illinois	---	---	---
Indiana	15,524,000	3,839,000	11,685,000
Iowa	7,303,316	382,927	6,920,389
Kansas	---	---	---
Kentucky	5,999,764	1,358,799	4,640,965
Louisiana	8,414,349	---	---
Maine	2,867,461	160,769	2,706,692
Maryland	9,105,039	800,000	8,305,039
Massachusetts	---	2,360,000	12,137,000
Michigan	16,822,037	1,169,637	15,652,400
Minnesota	26,282,000	2,628,837	23,653,173
Mississippi	---	---	---
Missouri	---	---	47,000,000
Montana	1,284,279	86,646	1,197,633
Nebraska	2,453,945	629,958	1,823,987
Nevada	---	---	---
New Hampshire	---	---	---
New Jersey	11,075,664	2,511,841	8,463,823
New Mexico	1,902,031	201,605	1,702,426
New York	52,796,798	10,176,798	42,620,000
North Carolina	3,400,721	400,721	3,000,000
North Dakota	---	---	---
Ohio	23,000,000	5,263,512	17,186,202
Oklahoma	11,000,000	663,000	10,337,000
Oregon	---	---	---
Pennsylvania	18,641,352	5,141,406	8,690,831
Rhode Island	---	---	---
South Carolina	6,462,378	971,653	5,490,725
South Dakota	1,335,579	41,287	1,294,292
Tennessee	9,540,966	1,683,087	7,857,879
Texas	48,230,190	2,795,138	45,435,052
Utah	835,104	5,500	662,829
Vermont	---	---	---
Virginia	9,472,242	1,377,023	8,095,219
Washington	4,801,057	---	---
West Virginia	3,943,158	573,919	3,369,239
Wisconsin	---	---	---
Wyoming	1,755,124	225,718	1,529,406
District of Columbia	2,408,700	190,000	2,218,700
Puerto Rico	---	---	---
AVERAGE PER STATE	14,051,230	1,972,808	12,598,412

Note: The States of Minnesota and Tennessee did not have 1980 figures available and thus reported 1979 budget figures.

TABLE II

3. Can you estimate what portion of your budget for adult protective services went toward providing protective services to the elderly in your State this year?

STATE	1980 Adult Protective Services Budget	Percent of Adult Protective Services Budget Toward Elderly	Aggregate Amounts Spent for Protective Services to Elderly
	\$	%	\$
Alabama	1,149,541	80	919,632
Alaska	3,052,900	16	488,464
Arizona	925,000	80	740,000
Arkansas	108,000	60	64,800
California	14,875,245	---	---
Colorado	1,307,729	52	680,019
Connecticut	---	---	---
Delaware	---	---	---
Florida	1,194,268	87	1,039,013
Georgia	1,764,288	30	529,286
Hawaii	60,300	---	---
Idaho	845,051	6	50,703
Illinois	---	---	---
Indiana	3,839,000	---	---
Iowa	382,927	55	210,610
Kansas	---	---	---
Kentucky	1,358,799	65	883,219
Louisiana	---	---	---
Maine	160,769	8	12,862
Maryland	800,000	60	480,000
Massachusetts	2,360,000	51	1,203,600
Michigan	1,169,637	56	654,997
Minnesota	2,628,837	85	2,234,511
Mississippi	---	---	---
Missouri	---	---	---
Montana	86,646	85	73,649
Nebraska	629,958	53	333,878
Nevada	---	---	---
New Hampshire	---	---	---
New Jersey	2,511,841	52	1,358,157
New Mexico	201,605	84	169,348
New York	10,176,798	50	5,088,399
North Carolina	400,721	65	260,469
North Dakota	---	---	---
Ohio	5,263,512	3	157,905
Oklahoma	663,000	65	430,950
Oregon	---	---	---
Pennsylvania	5,141,406	---	---
Rhode Island	---	---	---
South Carolina	971,653	60	582,992
South Dakota	41,287	32	13,212
Tennessee	1,683,087	70	1,178,161
Texas	2,795,138	6	167,708
Utah	5,500	90	4,950
Vermont	---	---	---
Virginia	1,377,023	75	1,032,767
Washington	---	---	---
West Virginia	573,919	60	344,351
Wisconsin	---	---	---
Wyoming	225,718	90	203,146
District of Columbia	190,000	76	144,400
Puerto Rico	---	---	---
AVERAGE PER STATE	\$1,972,808	56.5%	\$679,254

TABLE III

STATE	Aggregate Amount Spent for Protective Services to Elderly, 1980	Percent of Total Protective Services Budget to Elderly	Child Protective Services Budget 1980	Percent of Total Protective Services Budget to Children
Alabama	919,632	6.32	13,409,348	92.10
Alaska	488,464	3.14	12,531,400	80.63
Arizona	740,000	15.53	3,668,192	76.99
Arkansas	64,800	3.58	1,700,000	94.03
California	680,019	5.10	88,886,541	68.84
Colorado	---	---	12,026,249	90.19
Connecticut	---	---	---	---
Delaware	---	---	17,356,898	93.56
Florida	1,039,013	5.60	8,360,723	82.57
Georgia	529,286	5.23	2,079,500	97.18
Hawaii	---	---	2,446,492	74.33
Idaho	50,703	1.54	---	---
Illinois	---	---	11,685,000	---
Indiana	---	2.88	6,920,389	94.76
Iowa	210,610	---	---	---
Kansas	---	14.72	4,640,965	77.35
Kentucky	883,219	---	---	---
Louisiana	---	0.45	2,706,692	94.39
Maine	12,862	5.27	8,305,039	91.21
Maryland	480,000	---	12,137,000	---
Massachusetts	1,203,600	3.89	15,652,400	93.05
Michigan	654,997	8.50	23,653,173	89.99
Minnesota	2,234,511	---	---	---
Mississippi	---	---	47,000,000	---
Missouri	73,649	5.73	1,197,633	93.25
Montana	333,878	13.61	1,823,987	74.33
Nebraska	---	---	---	---
Nevada	---	---	---	---
New Hampshire	---	12.26	8,463,823	76.42
New Jersey	1,358,157	8.90	1,702,426	89.50
New Mexico	169,348	9.64	42,620,000	80.72
New York	5,088,399	7.66	3,000,000	88.22
North Carolina	260,469	---	---	---
North Dakota	---	.69	17,186,202	74.72
Ohio	157,905	3.92	10,337,000	93.97
Oklahoma	430,950	---	---	---
Oregon	---	---	8,690,831	---
Pennsylvania	---	---	---	---
Rhode Island	---	9.02	5,490,725	84.96
South Carolina	582,992	0.99	1,294,292	96.91
South Dakota	13,212	12.35	7,857,879	82.36
Tennessee	1,178,161	0.35	45,435,052	94.20
Texas	167,708	0.59	662,829	79.37
Utah	4,950	---	---	---
Vermont	---	10.90	8,095,219	85.46
Virginia	1,032,767	---	---	---
Washington	---	8.73	3,369,239	85.44
West Virginia	344,351	---	---	---
Wisconsin	---	11.57	1,529,406	87.14
Wyoming	203,146	5.99	2,218,700	92.11
District of Columbia	144,400	---	---	---
Puerto Rico	---	---	---	---
AVERAGE PER STATE	\$679,254	6.60%	\$12,598,412	86.77

TABLE IV

III.4. Experts have indicated that many elderly are abused by their children, relatives or caretakers in obvious as well as subtle ways. The following section of this questionnaire is to ask if you have ever received complaints of any of the following practices:

STATE	Physical Abuse	Psychological Abuse	Material or Financial Abuse	Violation of Rights	Other
Alabama	X	X	X	X	
Alaska	X	X	X	X	
Arizona	X	X	X	X	
Arkansas	X	X	X	X	
California	X	X	X	X	
Colorado	X	X	X	X	
Connecticut	X	X	X	X	
Delaware	---	---	---	---	
Florida	X	X	X	X	
Georgia	X	X	X	X	Sexual abuse
Hawaii	X	X	X	X	
Idaho	X	X	X	X	Self-neglect
Illinois	X	X	X	X	
Indiana	X	X	X	X	
Iowa	X	X	X	X	
Kansas	X	X	X	X	
Kentucky	X	X	X	X	
Louisiana	X	X	X	X	Exploitation
Maine	X	X	X	X	
Maryland	X	X	X	X	
Massachusetts	X	X	X	X	
Michigan	X	X	X	X	
Minnesota	X	X	NO	X	
Mississippi	X	NO	X	X	
Missouri	X	X	X	X	
Montana	X	NO	X	X	
Nebraska	X	X	X	X	
Nevada	X	X	X	NO	Self-neglect
New Hampshire	X	X	X	X	Haz. living cond.
New Jersey	X	X	X	X	
New Mexico	X	X	X	X	
New York	X	X	X	X	
North Carolina	X	X	X	X	Self-neglect
North Dakota	---	---	---	---	
Ohio	---	---	---	---	
Oklahoma	X	X	X	X	
Oregon	---	---	---	---	
Pennsylvania	X	X	X	X	
Rhode Island	X	X	X	X	
South Carolina	X	X	X	X	
South Dakota	X	X	X	X	
Tennessee	X	X	X	X	Self-neglect
Texas	X	X	X	X	
Utah	X	X	X	X	
Vermont	X	NO	X	NO	
Virginia	X	X	X	X	
Washington	X	X	X	X	
West Virginia	X	X	X	X	
Wisconsin	X	X	X	X	Self-abuse
Wyoming	X	X	X	X	Benign neglect
District of Columbia	X	X	X	X	
Puerto Rico	---	---	---	---	

TABLE V

III.11. Does your Department have standardized forms for reporting elder abuse?

STATE	YES	NO
Alabama	X	
Alaska		X
Arizona	X	
Arkansas	X	
California		X
Colorado		X
Connecticut	X	
Delaware	---	---
Florida	X	
Georgia	X	
Hawaii		X
Idaho		X
Illinois	---	---
Indiana	X	
Iowa		X
Kansas	X	
Kentucky	X	
Louisiana		X
Maine		X
Maryland	---	---
Massachusetts	X	
Michigan		X
Minnesota		X
Mississippi		X
Missouri		X
Montana		X
Nebraska	X	
Nevada	X	
New Hampshire	X	
New Jersey	X	
New Mexico		X
New York		X
North Carolina	X	
North Dakota		X
Ohio		X
Oklahoma	X	
Oregon		X
Pennsylvania		X
Rhode Island	X	
South Carolina	X	
South Dakota		X
Tennessee	X	
Texas	---	---
Utah	X	
Vermont	X	
Virginia	X	
Washington		X
West Virginia	X	
Wisconsin		X
Wyoming		X
District of Columbia		X
Puerto Rico	---	---
TOTAL	23	24

TABLE VI

III.10. Would you say the incidence of elder abuse is increasing?

STATE	YES	NO
Alabama	X	
Alaska	X	
Arizona	X	
Arkansas	X	
California	---	---
Colorado	X	
Connecticut	X	
Delaware	---	---
Florida	X	
Georgia	X	
Hawaii		X
Idaho	X	X
Illinois		X
Indiana		X
Iowa	X	X
Kansas	X	
Kentucky	X	
Louisiana	X	
Maine	X	
Maryland	X	
Massachusetts	---	---
Michigan	X	
Minnesota	X	
Mississippi	X	
Missouri	X	
Montana	X	
Nebraska	X	
Nevada		X
New Hampshire	---	---
New Jersey	X	
New Mexico		X
New York	X	X
North Carolina	X	
North Dakota	---	---
Ohio	---	---
Oklahoma	X	
Oregon	---	---
Pennsylvania	X	
Rhode Island	X	
South Carolina	X	X
South Dakota	X	
Tennessee	---	---
Texas	X	
Utah	X	
Vermont	X	
Virginia	X	
Washington	X	
West Virginia	X	
Wisconsin	---	---
Wyoming		X
District of Columbia	X	
Puerto Rico	---	---
TOTAL	35	7

Note: The following States indicated that the awareness of elder abuse is increasing: Kansas, Maine, Maryland, Minnesota, New York, and Vermont.

TABLE VII

IV.3. Does your agency have written instructions or procedures concerning intervention?

STATE	YES	NO
Alabama	X	
Alaska		X
Arizona	X	
Arkansas	X	
California	---	---
Colorado		X
Connecticut	X	
Delaware	---	---
Florida		X
Georgia	---	---
Hawaii	X	
Idaho		X
Illinois		X
Indiana	X	
Iowa	X	
Kansas	---	---
Kentucky	X	
Louisiana	X	
Maine	---	---
Maryland	---	---
Massachusetts	X	
Michigan	X	
Minnesota		X
Mississippi		X
Missouri		X
Montana	X	
Nebraska	X	
Nevada	X	
New Hampshire	X	
New Jersey	X	
New Mexico	X	
New York	X	
North Carolina	X	
North Dakota	---	---
Ohio		X
Oklahoma	X	
Oregon	---	---
Pennsylvania		X
Rhode Island	---	---
South Carolina	X	
South Dakota		X
Tennessee	X	
Texas	X	
Utah	X	
Vermont	---	---
Virginia	X	
Washington	X	
West Virginia	X	
Wisconsin		X
Wyoming		X
District of Columbia		X
Puerto Rico	---	---
TOTAL	27	14

Note: New Jersey has written instructions for intervention only for rooming and boarding home residents.

TABLE VIII

IV.2. What is the most effective means of intervention, in your opinion?

STATE	
Alabama	Family Counseling
Alaska	---
Arizona	Crisis intervention with supportive services, i.e., shelter
Arkansas	Short-term protective custody
California	Relocation, financial and legal services
Colorado	Counseling
Connecticut	---
Delaware	---
Florida	Multi-disciplined crisis team approach
Georgia	Multi-disciplined crisis team approach
Hawaii	Counseling with supportive services
Idaho	Counseling and relocation
Illinois	Treatment & counseling of individual & family plus legal action
Indiana	Counseling
Iowa	Legally mandated intervention
Kansas	---
Kentucky	Provision of in-home services, relocation, medical services
Louisiana	Mobilize community resources
Maine	---
Maryland	Counseling, temporary relocation
Massachusetts	---
Michigan	Provision of services
Minnesota	---
Mississippi	---
Missouri	---
Montana	Provision of services (voluntary)
Nebraska	Counseling
Nevada	Multi-disciplined crisis team approach
New Hampshire	Provision of services, utilizing family members/significant others
New Jersey	Counseling, relocation, linkage and provision of services
New Mexico	Provision of in-home services involving relatives
New York	---
North Carolina	Counseling and provision of services
North Dakota	---
Ohio	Investigation
Oklahoma	Utilizing family members and significant others
Oregon	---
Pennsylvania	Counseling and provision of services
Rhode Island	---
South Carolina	Live-in caretaker/homemaker or relocation
South Dakota	Utilizing family members
Tennessee	Counseling
Texas	Intervention and provision of services
Utah	Counseling and provision of services
Vermont	---
Virginia	Counseling
Washington	Provision of services
West Virginia	Counseling
Wisconsin	---
Wyoming	Personal contact by a social service agency
District of Columbia	Counseling and provision of services
Puerto Rico	---

TABLE IX

IV.4. What barriers make it difficult for you to provide assistance to victims of suspected or substantiated abuse?

STATE -- LACK OF:

Alabama	Staff and resources
Alaska	Statutory authority to provide assistance
Arizona	Denial on the victims part, lack of adequate resources
Arkansas	Prosecution of offenders
California	Statutory authority
Colorado	Staff and statutory authority
Connecticut	Resources, staff
Delaware	---
Florida	Staff (especially 24-hour on call), resources for support services
Georgia	Emergency shelters, statutory authority
Hawaii	Statutory authority; resources
Idaho	Statutory authority
Illinois	Obtaining factual information
Indiana	Cohesive agency with authority; too much red tape
Iowa	Statutory authority
Kansas	---
Kentucky	Staff; sufficient support from judicial system
Louisiana	Statutory authority (especially to intervene in involuntary cases)
Maine	---
Maryland	Statutory authority
Massachusetts	---
Michigan	Resources; statutory authority to intervene in involuntary cases
Minnesota	Statutory authority
Mississippi	Statutory authority
Missouri	Access to victims; statutory authority
Montana	Statutory authority
Nebraska	Statutory authority (especially to remove victim to safe situation)
Nevada	Finances
New Hampshire	Staff & public education; guardianship law too complex
New Jersey	Funding, statutory authority, legal mechanism for emer. interventio
New Mexico	Resources to provide supportive services
New York	Statutory authority to intervene in involuntary cases
North Carolina	Public awareness of adult protective service laws
North Dakota	Statutory authority
Ohio	Statutory authority; finances
Oklahoma	Community resources
Oregon	---
Pennsylvania	Statutory authority; authority to intervene in involuntary cases
Rhode Island	---
South Carolina	Emergency shelters; funds; training of social workers
South Dakota	Statutory authority to intervene in involuntary cases
Tennessee	Resources
Texas	Statutory authority to intervene in involuntary cases
Utah	Agency cooperation
Vermont	---
Virginia	Statutory authority to effect change
Washington	Staff recognition of problems and programs
West Virginia	Statutory authority; emergency shelters
Wisconsin	---
Wyoming	Statutory authority to investigate/intervene
District of Columbia	Statutory authority to investigate/intervene
Puerto Rico	---

TABLE X

IV.5. What must be done to make it possible for you to provide assistance to victims of suspected or substantiated abuse?

STATE

Alabama	More emergency shelters; more available approved foster homes
Alaska	Statutory authority to intervene
Arizona	Development of emergency shelters; preventive & supportive services
Arkansas	Staff increase; funding; prosecuting staff
California	Prompt investigation
Colorado	Statutory authority; funding
Connecticut	Assistance is already provided
Delaware	---
Florida	Public education; initiation of reporting must be increased
Georgia	Funding; community based services; ability to respond to emer case
Hawaii	Establish resources (emergency shelters); statutory authority
Idaho	Statutory authority; funding; more specific program
Illinois	Non-public awareness of problems, including info referral for help
Indiana	Statutory authority
Iowa	Statutory authority
Kansas	---
Kentucky	Public support, sufficient staff, support from court system
Louisiana	Staff increase; public education & support; court support
Maine	Statutory authority
Maryland	Mandatory reporting laws
Massachusetts	---
Michigan	Public support; statutory authority; court support; victim coop.
Minnesota	---
Mississippi	Statutory authority
Missouri	Consent of victim or guardian if victim is incompetent
Montana	Revoke current guardianship laws
Nebraska	Stat. auth. for involuntary cases; funding; emer. shelters; pub. edu
Nevada	---
New Hampshire	Improve statutes, especially re: mandatory reporting, ident. of pro
New Jersey	Statutory authority; funding
New Mexico	Statutory authority to intervene
New York	Statutory authority to intervene in invol. cases; designate agency
North Carolina	Funding; public education; services; training staff
North Dakota	Statutory authority; funding
Ohio	Statutory authority; funding
Oklahoma	Local resources (guardianship/conservatorship)
Oregon	---
Pennsylvania	Funding; emergency shelters; worker protection
Rhode Island	---
South Carolina	Funding
South Dakota	Statutory authority
Tennessee	Alternatives to aging institutions
Texas	Statutory authority to investigate
Utah	Public awareness, cooperation and participation
Vermont	---
Virginia	Public awareness to increase reportings
Washington	Staff and training of staff
West Virginia	Client must consent to aid
Wisconsin	---
Wyoming	State adult abuse law must be enacted
District of Columbia	Statutory authority to intervene in involuntary cases
Puerto Rico	---

SECTION V

A SURVEY OF STATE STATUTES

The logical question to pose at this point is: "What are the States doing about abuse of our elderly?" In order to find the answer to this question, the Committee formulated a survey, discussed briefly in Section IV of this report which seeks to determine whether the States have enacted laws providing protective services for adults; whether existing State statutes require the mandatory reporting of adult abuse cases; whether the States are considering legislation to provide for adult protective services and for the mandatory reporting of such abuse; whether the States would favor Federal legislation to establish a model mandatory reporting law; and whether the States would favor the passage of H.R. 7551 (H.R. 769 in the 97th Congress), also referred to as the "Prevention, Identification and Treatment of Elder Abuse Act." More detail on State statutes is provided below.

Before discussing the responses of the States, it must be pointed out that adult protective service laws vary tremendously in scope. There is no clear guideline establishing what must be contained in a statute, or statutes, before a State can say it has an "adult protective services law."¹ For example, some States have laws authorizing the provision of services to abused adults, but do not require that abuse cases be reported. Other States with adult protective service laws require the reporting of abuse, but do not provide for the delivery of services after the abuse has been cited. In reading this section of the report, therefore, it should be kept in mind that there is little uniformity with regard to the manner in which the States have chosen to approach this issue.

The responses to the questionnaire relating to State activities to protect abused elders have been tabulated and the results appear in Table XI. A list of the agencies in each State which are responsible for dealing with elder abuse is provided in Appendix VII. What is presented is a very mixed picture but it is evident that the States have just begun to recognize the growing importance of this issue. Only one State reported having an adult protective service law in place prior to 1973. The remainder of the State laws were passed after 1973. The majority of the laws were passed in the last five years.

As indicated in Table XI, 26 States, about half, have what they consider to be an adult protective service law.

Different States, it should be noted, protect different individuals. Kansas and Massachusetts, for example, limit the provision of services

¹ The Senate Special Committee on Aging also found this to be true after reviewing the responses they received from the States on a similar survey they concluded relating to adult protective services. The findings of the Senate survey are found in "Elder Abuse," Joint Hearing before the Special Committee on Aging and the Select Committee on Aging, 96th Congress, Washington, D.C., June 11, 1980, page 95.

to people in nursing homes or in medical facilities operated by the State or Federal government. Other States provide protective services only on the basis of age or physical condition. For example, Connecticut, Missouri, Vermont and Virginia provide protective services only to adults over the age of 60. Montana and Oklahoma protect those 65 years of age and over and the physically impaired between the ages of 18 and 65. Although Indiana does not have an adult protective service law, it will provide services to those over the age of 55. The rest of the States provide services to those 18 and over.

The Committee found that many of the States which do not have laws are providing protective services on a voluntary basis for adults under funds they receive under Title XX of Social Security. These States include Alaska, California, Colorado, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maryland, Massachusetts, Mississippi, Nevada, New Jersey, New Mexico, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Texas and the District of Columbia.

Delaware does not have an adult protective service law or mandatory reporting provisions, and does not provide services for abused adults with the Title XX funds it receives. But Delaware is aware of the problem and is anxious to enact needed legislation. The Delaware Department of Health and Social Services reported to the Committee:

Delaware does not have an Adult Protective Services Law, and thus we have no answers for your questionnaire. A bill was drafted by the Department of Health and Social Services for this past session of the General Assembly. It was introduced but was not passed. One of the Department's priorities for the next legislative year will be to have the attached bill reintroduced and hopefully passed.

Delaware does have an Office of Public Guardian under the Court of Chancery. This office has documented the need for an Adult Protective Services Law and a unit within the Department. It is the hope of this administration that this law will be passed.

As Table XI indicates, only 16 of the 26 States with adult protective service laws, (Alabama, Arkansas, Connecticut, Florida, Kentucky, Minnesota, Missouri, Nebraska, New Hampshire, North Carolina, Oklahoma, South Carolina, Tennessee, Utah, Vermont, and Virginia,) indicated that they also require the mandatory reporting of elder abuse cases. However, there is little consistency among these States as to who is required to report such abuse and what penalties will apply when they fail to do so. For example, whereas Alabama requires only medical doctors, osteopaths, chiropractors and other practitioners of the healing arts to report and imposes a \$500 fine or 6 months in jail for the failure to report suspected abuse, the State

of South Carolina requires numerous individuals to report suspected abuse, including physicians, nurses, dentists, optometrists, medical examiners, coroners or any other medical, mental health or allied health professional, Christian Scientist practitioner, religious healer, school teacher, counsellor, psychologist, mental health or mental retardation specialist, social and public assistance worker, or law enforcement officer, and for failure to report, the State of South Carolina imposes a penalty of six months in jail and/or a \$1,000 fine.

On the other hand, 10 States have adult protective service laws enacted, but do not require individuals who suspect abuse has occurred to report the incident. These ten States include Arizona, Kansas, Maine, Maryland, Massachusetts, Michigan, Montana, New York, Rhode Island, and Wisconsin.

Of the States (including the District of Columbia and Puerto Rico) without adult protective service bills and/or mandatory reporting requirements, 20 have sponsored bills in their State legislatures including California, Colorado, Delaware, Georgia, Maine, Massachusetts, Michigan, Mississippi, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Pennsylvania, Washington, West Virginia, and Wyoming. Three States, Minnesota, Missouri, and Virginia, all of which have adult protective service statutes and mandatory reporting requirements, have introduced additional measures relating to adult abuse.

Ten States, Alaska, Hawaii, Idaho, Illinois, Indiana, Iowa, Louisiana, Nevada, South Dakota, and Texas do not have either adult protective service statutes or mandatory reporting requirements, nor any legislation pending consideration before their State legislatures.

Aside from determining the content of State laws with respect to protecting the victims of elder abuse, the Committee sought to determine what role the Federal government might assume in assisting the States in protecting older persons.

In its questionnaire, the Committee asked the States if they would favor federal legislation to establish model mandatory reporting requirements for elder abuse to be adopted by the States. As Table XII indicates, the overwhelming majority of the States, fully 84 percent, reported that they would favor such legislation. Only seven States, Alaska, Connecticut, New York, Oklahoma, South Dakota, Utah and Washington reported that they would not be in favor of such legislation. The States which said no, raised questions about who should be required to report incidents of elder abuse. They suggested that some categories could be easily agreed upon such as physicians, social workers and law enforcement officials but others such as private citizens unrelated to the abused, town officials, outreach workers, local welfare workers, the clergy, etc., could find themselves facing criminal sanctions. Other States, such as South Carolina, cast these concerns aside by spelling out that similar fears had been raised but that their laws are seemingly working well. For example, the State of South Caro-

lina's statute provides for legal immunity as well as anonymity for the reporter if that party so desires. Thus, a person with information merely needs to make an anonymous call or send an unsigned letter to the Protective Service Agency in order to trigger a full investigation. Several States commented that this kind of a mandatory reporting law is crucial to alleviating the problem of elder abuse which involves family members who quite often keep a case from coming to the attention of the authorities.

The Committee found that many of the advocates of Federal involvement in the area of adult protective services suggest that one way to encourage States to make necessary statutory and administrative changes would be to make Federal funding for elder abuse-related programs contingent on certain State level requirements. The Child Abuse Prevention and Treatment Act uses this approach in distributing funds to the States for child abuse-related programs, and almost every State has come into compliance with the requirements. North Dakota indicated that Federal assistance would be necessary to encourage the States to implement elder abuse statutes: "To implement the legislation (our State) would need an allocation of approximately \$300,000 per year and I can't imagine an appropriation that size passing Congress."

Legislation was introduced during the 96th Congress which uses this "child protective services method" to encourage States to modify their elderly abuse-related law and procedures. This legislation was reintroduced in the 97th Congress as H.R. 769 (H.R. 7551 during the 96th Congress), the Prevention, Identification and Treatment of Adult Abuse Act of 1981. This bill, if passed, would establish a National Center on Elder Abuse in the Department of Health and Human Services, to develop and disseminate information and materials, conduct research, and provide technical assistance for the prevention and treatment of elder abuse. The bill would also authorize (1) direct grants to public agencies and private nonprofit organizations, and (2) State grants to qualifying States, for projects related to preventing, identifying and treating elder abuse. The bill further provides that, in order for States to qualify for Federal funds, they must fulfill certain requirements, including provisions for mandatory reporting of elder abuse, prompt investigation of such reports, and immunity from prosecution for those who report suspected abuse; assurances of cooperation between State agencies, law enforcement officials, and the courts with respect to abuse cases; and assurances that the abused elder will participate in decisions regarding his or her welfare.

The Committee asked the States if they could support H.R. 769. Fully 74 percent of the responding States answered in the affirmative with 26 percent undecided. Interestingly, no State indicated they would be opposed to the measure. See Table XIII.

The New Jersey Department of Human Services commented that they supported the intent of H.R. 7551, and additional Federal funds for adult protective services program development. However, "we are

concerned about one of the prerequisites for Federal funding, a mandatory reporting system. If creation of a reporting system precedes program development, crises and abuses will be reported without the concrete support services to remedy them, thus misleading the public and frustrating agencies."

It is apparent that the States are anxious to begin working with the Federal government to develop programs geared toward protecting abused elderly. It is also clear that the majority of State statutes are ineffective. Asked to what extent the needs of the abused elderly are met through existing State laws or regulations, 35 percent of the States selected the word "occasionally." Nineteen percent more said they were simply unsure how often the needs were being met. No State said the needs of the elderly were always being met. A few States did not respond and the remainder chose the word "frequently" to describe their experience.

As is the case with most family problems, there is a minority view which says that the Federal government should not get involved in trying to solve the elder abuse problem. Some feel that family matters should be left to States and local jurisdictions, or that families should be encouraged to solve their own problems without any government intervention or expenditures. The strong majority view however, is that strong healthy families are an important national resource, and that the government should provide assistance and support when necessary, to enable the family to function optimally.²

Family violence of any kind—parent-to-child, spouse-to-spouse, or child-to-parent—is particularly abhorrent to many, and it is likely that public pressure for a Federal solution to these problems will continue.³

In summary, it is clear that elder abuse is a significant problem of growing importance to the State Human Service Departments. It seems just as clear that State statutes are, with singular exceptions, inadequate to fully meet the needs of the elderly. It is also apparent that States are concentrating most of their funds and resources in providing protective services to children, as 46 States require the mandatory reporting of child abuse.⁴ What appears just as obvious is that the States and the Federal government must work together to improve the protections available to the aged and prevent them from being abused financially, physically or psychologically. The States which have successful programs are lasting reminders that such abuse is not an inevitable consequence of events woven into the American fabric of life late in the 20th century. Elder abuse can be prevented and citizens can be protected from abuse if there is but the will to do so in the form of forthright legislation effectively enforced.

The next section of this report will provide an overview of Congressional interest in family violence over the years.

² Fowler, Jan, "Domestic Violence: Elder Abuse," Education and Public Welfare Division, Library of Congress, Congressional Research Service, February 6, 1981, pages 6-7.
³ Ibid., page 7.
⁴ Although all 50 States have adult protective service laws, only 46 States require the mandatory reporting of such abuse.

TABLE XI

State	Adult protective service law?	Year passed	Mandatory reporting provisions	Legislation pending
Alabama	Yes	1977	Yes	No.
Alaska	No		No	No.
Arizona	Yes	1980	No	No.
Arkansas	Yes	1977	Yes	No.
California	No		No	Yes.
Colorado	No		No	Yes.
Connecticut	Yes	1978	Yes	No.
Delaware	No		No	Yes.
Florida	Yes	1977	Yes	No.
Georgia	No		No	Yes.
Hawaii	No		No	No.
Idaho	No		No	No.
Illinois	No		No	No.
Indiana	No		No	No.
Iowa	No		No	No.
Kansas	Yes	1980	No	No.
Kentucky	Yes	1976	Yes	No.
Louisiana	No		No	No.
Maine	Yes	1964	No	Yes.
Maryland	Yes	1977	No	No.
Massachusetts	Yes	1980	No	Yes.
Michigan	Yes	1976	No	Yes.
Minnesota	Yes	1980	Yes	Yes.
Mississippi	No		No	Yes.
Missouri	Yes	1980	Yes	Yes.
Montana	Yes	1975	No	No.
Nebraska	Yes	1978	Yes	No.
Nevada	No		No	No.
New Hampshire	Yes	1977	Yes	No.
New Jersey	No		No	Yes.
New Mexico	No		No	Yes.
New York	Yes	1979	No	Yes.
North Carolina	Yes	1973	Yes	No.
North Dakota	No		No	Yes.
Ohio	No		No	Yes.
Oklahoma	Yes	1977	Yes	No.
Oregon	No		No	Yes.
Pennsylvania	No		No	Yes.
Rhode Island	Yes	1980	No	No.
South Carolina	Yes	1974	Yes	No.
South Dakota	No		No	No.
Tennessee	Yes	1978	Yes	No.
Texas	No		No	No.
Utah	Yes	1977	Yes	No.
Vermont	Yes	1980	Yes	No.
Virginia	Yes	1977	Yes	Yes.
Washington	No		No	Yes.
West Virginia	No		No	Yes.
Wisconsin	Yes	1973	No	No.
Wyoming	No		No	Yes.
District of Columbia	No		No	Yes.
Puerto Rico	No		No	Yes.

TABLE XII

V.3. Would you favor Federal legislation to establish model mandatory reporting requirements for elder abuse to be adopted by the States? If yes, who should be required to report?

STATE	YES	NO	If yes, who would be required to report?
Alabama	X		Social wkrs., law enforcement & health personnel
Alaska		X	
Arizona	X		Phys., social workers, others working w/ elderly
Arkansas	X		
California	X		Cty Wel/Soc.Ser.Dept.,law enf., hospitals, phys.
Colorado	X		Health personnel, soc. workers, law enforcement
Connecticut		X	
Delaware	---	---	
Florida	X		Any person suspecting/having knowledge of abuse
Georgia	X		
Hawaii	X		Health personnel, soc. workers, law enforcement
Idaho	X		Any person suspecting/having knowledge of abuse
Illinois	X		Any person suspecting/having knowledge of abuse
Indiana	X		Any person suspecting/having knowledge of abuse
Iowa	X		Those required to report child abuse
Kansas	---	---	
Kentucky	---	---	
Louisiana	X		Health personnel, soc. workers, law enf. off. :
Maine	X		Health & legal professionals, State & local off.
Maryland	---	---	
Massachusetts	X		Health personnel, soc.wkrs.,law enf.officers
Michigan	X		Health personnel, soc. wkrs.,law enf. officers
Minnesota	X		
Mississippi	X		Health personnel, soc.wkrs.,law enf. officers
Missouri	X		Doctors, accountants, nurses
Montana	X		Police, investigators, doctors
Nebraska	X		Any person suspecting/having knowledge of abuse
Nevada	X		Any person suspecting/having knowledge of abuse
New Hampshire	X		Doctors, public in general
New Jersey	X		Any person suspecting/having knowledge of abuse
New Mexico	X		Staff of Human Services Department
New York		X	
North Carolina	X		Any person suspecting/having knowledge of abuse
North Dakota	---	---	
Ohio	X		Any person suspecting/having knowledge of abuse
Oklahoma	X		
Oregon	X	X	Area agencies on aging staff
Pennsylvania	X		Should be decided by States
Rhode Island	---	---	
South Carolina	X		Any person suspecting/having knowledge of abuse
South Dakota		X	
Tennessee	X		Any person suspecting/having knowledge of abuse
Texas	X		
Utah		X	
Vermont	---	---	
Virginia	X		
Washington		X	
West Virginia	X		All Social Service agencies
Wisconsin	X		All health, social service & outreach workers
Wyoming	X		All Social Service agencies
District of Columbia	X		Health personnel, soc.wkrs., law enf. officers
Puerto Rico	---	---	
TOTAL	38	7	

TABLE XIII

V.4. Would you support the passage of H.R. 7551, the "Prevention, Identification and Treatment of Adult Abuse Act of 1980?"

STATE	YES	NO	UNDECIDED
Alabama			X
Alaska			X
Arizona	X		
Arkansas	X		
California	X		
Colorado	X		
Connecticut	X		
Delaware	---	---	---
Florida	X		
Georgia			X
Hawaii	X		
Idaho	X		
Illinois	X		
Indiana	X		
Iowa			X
Kansas	---	---	---
Kentucky	X		
Louisiana	X		
Maine	X		
Maryland	X		
Massachusetts	X		
Michigan	X		
Minnesota	X		
Mississippi	---	---	---
Missouri			X
Montana	X		
Nebraska	X		
Nevada			X
New Hampshire	X		
New Jersey	X		
New Mexico	X		
New York			X
North Carolina	X		
North Dakota			X
Ohio	X		
Oklahoma			X
Oregon			X
Pennsylvania			X
Rhode Island	---	---	---
South Carolina	X		
South Dakota	X		
Tennessee	X		
Texas	X		
Utah	X		
Vermont			X
Virginia	X		
Washington	X		
West Virginia	X		
Wisconsin	X		
Wyoming	X		
District of Columbia	X		
Puerto Rico	---	---	---
TOTAL	35	0	12

SECTION VI

FEDERAL INTEREST IN FAMILY VIOLENCE¹

CHILD ABUSE

The first aspect of family violence to come to the attention of the American public was child abuse. In 1874, child abuse surfaced as a problem when a concerned neighbor of an abused 8-year-old child named Mary Ellen Wilson pleaded with Mr. Henry Bergh, the founder and president of the American Society for the Prevention of Cruelty to Animals (ASPCA), to come to the child's aid. This concerned neighbor sought the help of the ASPCA because there were laws to protect animals from mistreatment but there were no laws to protect children from abuse.

Mary Ellen Wilson had been cruelly beaten and rigidly confined for the six years she had lived with her adoptive parents, the Connollys. Her report of the abusive treatment she sustained as it appeared in the "New York Times," April 10, 1874, follows:

... My father and mother are both dead. I don't know how old I am. I have no recollection of a time when I did not live with the Connollys. I call Mrs. Connolly mamma. I have never had but one pair of shoes, but I cannot recollect when that was. I have had no shoes or stockings on this winter. I have never been allowed to go out of the room where the Connollys were, except in the night time, and then only in the yard. I have never had on a particle of flannel. My bed at night has been only a piece of carpet stretched on the floor underneath a window, and I sleep in my little undergarments, with a quilt over me. I am never allowed to play with any children, or to have any company whatever. Mamma (Mrs. Connolly) has been in the habit of whipping and beating me almost every day. She used to whip me with a twisted whip—a raw hide. The whip always left a black and blue mark on my body. I have now the black and blue marks on my head which were made by mamma, and also a cut on the left side of my forehead which was made by a pair of scissors. (Scissors produced in court). She struck me with the scissors and cut me; I have no recollection of ever having been kissed by anyone—have never been kissed by mamma. I have never been taken on my mamma's lap and caressed or petted. I never dared to speak to anybody, because if I did I would

¹ For the purposes of this report, "family violence" would include child abuse, spouse abuse, and any cases of non-institutional violence against members of a household, regardless of ages. "child abuse" would be limited to persons up to 18 years of age; "adult abuse" would include all those not presently covered by "child abuse," i.e., all cases including people over 18 years old; "domestic violence" as used in the legislation of 1980 is limited to married persons, or persons living in the same residence and is generally thought of as spouse-abuse, especially wife-beating.

get whipped. I have never had, to my recollection, any more clothing than I have at present—a calico dress and skirt. I have seen stockings and other clothes in our room, but was not allowed to put them on. Whenever mamma went out I was locked up in the bedroom. I do not know for what I was whipped—mamma never said anything to me when she whipped me. I do not want to go back to live with mamma, because she beats me so. I have no recollection of ever being on the street in my life.

Mr. Eldridge T. Gerry, the lawyer who represented the ASPCA on behalf of the child, took the case to the Supreme Court and argued that a child was a member of the animal kingdom and therefore entitled to the same protections afforded to animals under the law. Mr. Bergh and Mr. Gerry were successful in winning the case of Mary Ellen Wilson, and the child's legal custodian was found guilty of assault and battery and sentenced to one year's imprisonment at hard labor. It was the case of little Mary Ellen which led Mr. Eldridge Gerry to form the Society for the Prevention of Cruelty to Children. As a result of the publicity generated by the Wilson case, (see "New York Times," April 10, 11, 14, and 22, 1874 and December 27, 1875 in Appendix II of this report) the State of New York enacted this country's first child abuse law. The law authorized "cruelty societies" to file complaints for the violation of any laws related to children and required law enforcement and court officials to aid the societies. Other cities followed the lead of New York, and by 1922, there were 56 Societies for the Prevention of Cruelty to Children. Because of the gradually increasing involvement of government into child welfare, the number of these private organizations has now declined.

Not only publicity but advances in medical technology contributed to the recognition of child abuse as a widespread and increasing problem. Prior to the 1900's, one of the main factors which prevented the prosecution of suspected child abusers was the lack of scientific evidence to determine whether physical injuries were in fact deliberately caused or accidental. However, in the early 20th century, the development of more sophisticated techniques in pediatric radiology allowed the detection of abnormal fractures and other injuries which are caused by deliberate assault. As a result of the heightened awareness of incidences of child abuse, public reaction gradually increased and led to the enactment of State laws to protect children from deliberate assault.

In December 1963, child abuse was first brought to the attention of national legislators by an important broadcasting company in Washington, D.C. A public affairs documentary and editorial by WMAL radio and television stations emphasized the "dire need to protect children against willful physical abuse." Further, the editorial encouraged the introduction of legislation which would mandate reporting of suspected cases of child abuse and grant immunity for doctors who reported cases in the city of Washington, D.C. On January 16, 1964, Representative Multer (N.Y.), a member of the U.S. House District Committee, responded to this public plea by introducing a bill (H.R. 9652) "to provide for the mandatory reporting by physicians and institutions in the District of Columbia of certain physical abuses of children."

The Washington television and radio station (WMAL) continued their editorial support of this legislation and in May 1964 demanded that "Congress should promptly hold hearings and expedite passage of corrective legislation."

Although this bill was not passed during the 88th session of Congress, it was reintroduced in both the House (Multer, H.R. 3394) and Senate (S. 1318) in 1965. On September 30, 1965, a bill similar to the original Multer bill was finally approved by both Houses and signed into law.

Between 1963 and 1969, all 50 States passed some form of child abuse statute, and all but 4 included mandatory reporting requirements. Although laws existed in all the States to prevent or treat those children in need of protective services, few services were available to do so. As incidences of child abuse became more widely recognized as a serious and widespread national problem, the need for Federal legislation and funding became more apparent.

Recognizing the need for Federal financial support of programs to provide protection and rehabilitation services for abused children and their parents, Congressman Mario Biaggi (N.Y.) introduced the first National Child Abuse Act (H.R. 11584) in 1969. This bill provided for the protection of children under 16 years of age who were physically injured or threatened with physical injury by those responsible for their care. Additionally, the bill: (1) required mandatory reporting by doctors, teachers, social workers, and welfare workers; (2) made failure to report a misdemeanor; (3) granted immunity to any person filing a report in good faith; and, (4) provided for a child identification system through the issuance of a Social Security number to infants at birth.

The media continued to be influenced in focusing attention on the problems of child abuse and the need for additional services and legislation to deal with this serious national problem. (See series of articles from "Detroit News," "Congressional Record," May 22, 1969, in Appendix III of this report). A May 1969 "New York Times" article reported a 30% increase in the number of cases of child abuse reported to the New York State Department of Social Welfare. (See Appendix IV of this report). In November 1969, syndicated columnist Jack Anderson wrote an article describing child abuse as a "national scandal that has been kept in the shadows." He cited statistics of the American Humane Society estimating that "10,000 children are beaten, burned, boiled, and deliberately starved in the United States each year by parents, relatives and guardians."

Despite the continued public attention to the problem of child abuse, no floor action was taken on the National Child Abuse Act, which was reintroduced in each session of the Congress. On March 16, 1972, Congressman Biaggi and 26 cosponsors again reintroduced the bill and stated:

... the insidious crime of child abuse and neglect by persons responsible for a child's care is the number one cause of death among children under the age of 5 In New York City alone . . . the incidence of child abuse rose 549 percent from 1969 to 1970. This is only a fraction of the total, however, since the majority of these cases go unreported.

In March and April 1973, Senate hearings were held before the Subcommittee on Children and Youth of the Committee on Labor and Public Welfare. These hearings emphasized the need for Federal funds for comprehensive programs to provide protective services for thousands of abused and neglected children. Several Members of Congress and expert witnesses at the hearings testified that the legislation was too narrow. One Member of Congress pointed out that "there are lots of horrible crimes committed against persons above the age of 18. There are lots of old folks being abused."²

On January 31, 1974, the Child Abuse Prevention and Treatment Act (Public Law 93-247) was enacted to provide Federal financial assistance for the identification, prevention, and treatment of child abuse and neglect. The Act was amended by Public Law 95-266 on April 24, 1978, and reauthorization was extended until 1982. The original Act provided for the establishment of a National Center on Child Abuse and Neglect to collect and disseminate information on the subject as well as the incidence of child abuse and neglect. Additionally, it mandated the creation of an advisory Board on Child Abuse and Neglect to assist the Secretary in coordinating Federal programs relating to child abuse and neglect and in developing Federal standards for child abuse programs.

In the 1977 Congressional hearings on the "Extension of the Child Abuse Prevention Act," the question of the narrow scope of the legislation was again raised. Testimony from expert witnesses recommended that the program consider the entire scope of violence in the family.

SPOUSE ABUSE

As American society began to recognize and deal with the problem of child abuse, it became increasingly more evident that abuse of children was not the only aspect of family violence. Research and attention to the problem of family violence uncovered statistics such as the following:

Over one million children are abused each year, physically, sexually, or through neglect. About 240,000 children are victims of physical abuse and at least 2,000 of them die of their injuries.³

In any one year, approximately 1.8 million wives are beaten by their husbands. Over 25 percent of all American couples engage in at least one violent episode during their relationship.⁴

In 1977, nearly 20 percent of all murder victims in the U.S. were related to the assailants. About half of these intrafamily murders were husband-wife killings.⁵

In addition to recent research on family violence, issues related to child abuse and wife beating were brought to the public's attention by the media. This growing awareness of the prevalence of family violence prompted Federal action.

² Representative Treen, Congressional Record, December 8, 1973, H-39231.
³ "New Light on an Old Problem," U.S. Department of Health, Education and Welfare, 1978, p. 5.
⁴ Straus, Murray A., "Wife Beating: How Common and Why?" in "Victimology: An International Journal", November, 1977, p. 445.
⁵ "FBI Uniform Crime Reports: Crime in the United States, 1977," U.S. Department of Justice, October 18, 1978, p. 9.

In 1977, during the 95th Congress, bills were introduced in both the House and the Senate to establish a Federal office on "domestic violence" and to make grants for shelters and other projects to assist "domestic violence" victims. (As noted earlier, "domestic violence" as used in this legislation is limited to married persons, or persons living in the same residence; "domestic violence" is generally thought of as spouse-abuse, especially wife-beating.) The Senate passed their version of the bill but the House failed to act during the session, and the measure died.

In the 96th Congress, bills were again introduced in both the House and the Senate to provide Federal funds for programs to prevent domestic violence, assist victims of domestic violence, and to provide for the coordination of Federal programs pertaining to domestic violence. Domestic violence bills were passed in both the House and the Senate in December 1979 and September 1980 respectively. However, the final conference report was never acted on by the Senate and the measure again died at the end of the 96th Congress.

At the beginning of the 97th Congress, in January 1981, Congressman Mario Biaggi introduced the "Domestic Violence Prevention and Services Act," H.R. 1007, which essentially contained the provisions of the final conference report from the bills acted on in the 96th Congress. The purpose of this Act is to: (1) increase participation by States, local public agencies, local communities, nonprofit private organizations, and individual citizens in efforts to prevent domestic violence and to provide immediate shelter and other assistance for victims and dependents of victims of domestic violence; (2) to provide technical assistance and training relating to domestic violence programs; (3) to establish a Federal inter-agency council to coordinate Federal programs and activities relating to domestic violence; and (4) to provide for information gathering and reporting programs relating to domestic violence. Additionally, this bill would mandate that the Secretary of Health and Human Services conduct a study of the nature and incidences of abuse of elderly individuals. Sixty-five million dollars would be authorized over a three-year period to carry out the purposes of this bill.

ADULT ABUSE

Providing services for abused Americans has been approached in a fragmented way as is evidenced by the various legislative solutions which deal with selected populations of vulnerable Americans. A comprehensive legislative solution to the problems of all vulnerable Americans—whether they are women, elderly, mentally or physically handicapped, institutionalized, living alone in the community, or living with others—was proposed by Representative Mary Rose Oakar in June 1980 (H.R. 7551). The intent of "The Prevention, Identification and Treatment of Adult Abuse Bill of 1980" was to provide financial incentives for States to enact appropriate protective services legislation, since the legislative jurisdiction over family matters lies with the State governments rather than with the Federal government.

The purposes of the Adult Abuse Bill of 1980 were: to provide financial assistance for programs of prevention, identification and treatment of adult abuse, neglect, and exploitation; and to establish

a National Center for Adult Abuse. This bill would provide Federal funds to States which had mandatory reporting laws and provided for immunity from prosecution for persons reporting incidences of abuse, neglect and exploitation. Additionally, States must have trained personnel and services available to abused, neglected and exploited adults.

After H.R. 7551 was introduced on June 11, 1980 at a Joint Hearing of the Senate and House Committees on Aging, the bill was referred to the Committees on Interstate and Foreign Commerce, and Education and Labor. No Committee action was taken during the 96th Congress, although 39 Members of Congress had cosponsored the bill.

When the States were asked, in a questionnaire (See Appendix I) if they could support this legislation, the overwhelming majority indicated they could. A number of States were undecided. No State indicated their disapproval of this legislation.

ELDER ABUSE

As noted earlier in this report, the increasing amount of mail received from senior citizens, aging organizations, and others led the House Select Committee on Aging to hold four hearings on the subject of elder abuse. The first was in Boston, Massachusetts, on June 23, 1979 with Congressman Robert F. Drinan presiding. The second was held in New York City on April 21, 1980 with Congressman Mario Biaggi, Chairman of the Subcommittee on Human Services presiding. On April 28, 1980, a third hearing was held in Union, New Jersey, chaired by Congressman Matthew Rinaldo, now ranking minority member of the Committee. A fourth hearing was held in Washington, D.C. sponsored jointly by the House Select and the Senate Special Committee on Aging. Congressman Claude Pepper, Chairman of the House Committee and Senator David Pryor cochaired the hearing. Following are highlights from each of these hearings.

BOSTON, MASS.

Congressman Robert Drinan opened the hearing saying the notion of physical abuse of the elderly by their loved ones shocks us all but recent studies indicate the problem may occur with alarming frequency. He pointed out that there had been little hard data on the topic to date and expressed the hope that this first ever Congressional hearing on the subject would serve to sensitize the public and lead to Congressional reform.

Dr. Thomas H. D. Mahoney, Secretary of the Department of Elder Affairs in the Commonwealth of Massachusetts, concurred that "abuse and neglect of elders is a very serious problem . . . for the abused elders, their families, and for their friends. It is also a matter of great concern to the providers of medical and legal and social services . . . we are in our infancy in our recognition of this problem."

James A. Bergman, regional director of the Legal Research and Services for the Elderly (LRSE) in Boston made the point that until society recognizes elder abuse as a serious problem, no serious reforms will be instituted. He analogized the problem to child abuse and spouse abuse, both of which he said were not generally condoned but they

were not widely condemned either until interest groups began to make the issues matters of national importance. He pointed out the difficulty in getting information about the abused elderly since many of them are ashamed or unwilling to admit they have been abused. He underlined the importance of this, the first Congressional hearing on elder abuse, saying, "If the war against elder abuse is to start, let it start here."

Mr. Bergman reported on the results of his survey which was sent to about 1,000 professionals in Massachusetts. Some 34 percent replied to the survey and of this number 183, or 55 percent, reported coming in contact with an elder abuse case or cases within the past 18 months. Significant findings of the survey include:

- Almost all professions surveyed indicated that they knew of cases of elder abuse, with visiting nurses, hospital social services directors, private social service agencies and home care corporations accounting for the majority of abuse citations.
- Incidents of abuses tended to be recurring events and not single occurrences: 78% of the respondents indicated abuse had occurred twice or more.
- Outside (third-party) observation tended to be the primary means of identifying abuse cases: in at least 70% of the abuse citations, someone other than the victim or his/her family brought the case to the attention of concerned professionals or paraprofessionals.
- Physical trauma constituted over 41% of the reported injuries and included bruises, welts, cuts, punctures, bone fractures, dislocations, and burning. Other types of abuse included verbal harassment, malnutrition, financial mismanagement, unreasonable confinement, oversedation and sexual abuse.
- Victims of abuse were likely to be very old (75 and over) rather than younger (60-75).
- Women were more likely to be abused than men, regardless of age.
- In 75% of the abuse citations, the victim had a mental or physical disability which prevented him or her from meeting daily needs.
- In 75% of the abuse citations, the victim lived with the abuser and in 84% of the citations, the abusing person was a relative of the victim.
- Almost three-quarters of the surveys stated that the abuser was experiencing some form of stress such as alcoholism or drug addiction, a long term medical complaint or long term financial difficulties.
- Often (in 63 percent of the surveys), the elder victim was a source of stress to the abuser, primarily because the elder required a high level of physical or emotional care for the abuser (such as personal care, preparing meals and administering medication) or was financially dependent on the abuser.

- A wide variety of intervention strategies were described by respondents, including referral to social services agencies, counselling, arrangements of in-home services and removal of the victim. Temporary or permanent removal of the victim from the abusive situation was frequently cited.
- Seventy percent of all surveys indicated that some barrier to service provision was experienced by workers. A particular problem was the refusal of the victim to acknowledge the problem or allow corrective action to be taken. Reasons given for this inaction were fear of retaliation or shame. Respondents cited the lack of legal protection for workers who wish to intervene in the abuse situation. Lack of respite care facilities, temporary shelters and protective services for elders were also cited as barriers in dealing with abuse cases.

Mr. Bergman described a dramatic case of a husband and wife who separated and yet the wife continued to live with her mother-in-law. Over time, resentment turned to neglect and finally to violence. The older woman became a virtual prisoner in her home. Only when faced with eviction because conditions in the house had so poorly deteriorated as to be a health hazard did the victim cooperate with protective service workers. Mr. Bergman said the case typified many of the instances which his agency was dealing with:

In this case, as in many others, the older person was not very mobile; she was somewhat dependent upon the person who was abusing her; she was being financially exploited; she was being beaten as well as mentally abused and the abuser herself also had a very serious problem—alcoholism. The abuse continued for a very long period of time. We also see that the victim was not the person who reported the abuse case. It was a third party, a neighbor. The victim did not want to do anything about that abuse situation initially. It took extended time and contacts with workers before the elder agreed to protect herself. Had the workers not been keeping that regular contact, the eviction probably would have occurred and the situation would undoubtedly not have improved at all.

Mr. Bergman said there was room for action at the Federal level. First, he called for more hearings by the Committee and second, for the funding of some research in the area by the Administration on Aging. Third, he suggested that Title XX of the Social Security Act be amended. This program provides 75 percent Federal matching funds to the States for social services provided to low income individuals through State and local agencies under contract. He suggested that the Federal matching for this one purpose be increased to 90 percent as an inducement to the States.

Helen O'Malley, also with LRSE, said in part, "Our findings about the recurrent nature of abuse make it likely that we will be seeing more rather than less of this problem in coming years." She painted the picture of the abused elder as someone quite old (age 75-80) and likely to be a woman. She said that three out of four cases involved people with disabilities who were dependent and could not care for their own needs and that 75 percent of the abused lived with their

abuser. She added that in over 80 percent of the cases found, the abuser was a relative. "It looks like abuse, like charity, begins at home," she said. She stressed the importance of the statistic that three-fourths of the abusers were suffering from severe stress brought on by alcoholism, addiction, medical or long term financial problems. She added that victims seldom report cases—70 percent were reported by third parties. Also, she said it seems that violence can be passed from one generation to another. "If you are an adult and as a child you were battered, you are likely to batter an adult. In families where child abuse is going on, the child is more likely to abuse the parent (when grown)." She closed by pointing out that caseworkers had great difficulty getting access to victims and more difficulty bringing about a successful resolution to the problem if the victim will not register a complaint.

Brian Langdon, Director of Family Services Association of Greater Lawrence, Massachusetts, also began on this same note: how difficult it was to document emotional and physical abuse of the elderly. He shared with the Committee a number of case histories including a case of a woman who had four sons, none of whom would accept responsibility for her care. The sons accused each other of attempting to pilfer their mother's estate. Social workers were unable to get the brothers to agree even on a plan which would have provided a few hours of home health services each week. The woman died for the lack of care and services. In another case, a 68-year-old mother could not bring herself to bring charges against an abusive son who stole her property and ran up huge charges on her credit cards. The son was a heroin addict who had been in prison but embarrassment, shame, and love prevented the woman from pressing charges. He added the case of an 86-year-old woman who was neglected. It was reported the woman became confused and was seen walking around the neighborhood dressed in nightclothes and slippers in the middle of the winter. Asked to differentiate between neglect and abuse, he said: "I think as with children, neglect becomes abuse. Neglect is the first step toward more serious physical abuse."

Meredith Savage, regional ombudsman, Department of Aging, State of Connecticut, provided additional case histories including a story of an 86-year-old woman who was found suffering from multiple bruises, chained to a metal chair. The son-in-law, with whom she lived, was known to be violent and armed most of the time. He had served time in prison for attempted murder. The man threatened police and caseworkers who sought to come to the woman's rescue. Additional cases were provided by Meg Harari, a caseworker with the Family Service Association of greater Boston and by Howard Segars, a psychologist with LRSE, as well as Russ Moran, Director of Elder Services of Merrimack Valley, Inc., Massachusetts. Segars commented:

I have repeatedly seen middle aged children threatening their parents with nursing home placement for whatever the reason, whether it is to gain control of resources or simply to relieve themselves of the tedious task of care. I have seen people overmedicated because physicians have said "when your mother starts to act up, give her two of these." If two are good, four are better, and six more is best.

Moran commented that there was a paradox in that families that try to take care of their relatives are penalized because of lack of supportive services or tax incentives whereas those families that abandon their loved ones are rewarded by having Medicaid take care of them.

Karen Myers, an attorney with LRSE, suggested that the Federal Government could play an important role in developing a model adult protective service law which could be enacted by the States. Jacqueline Walker, State Nursing Home Ombudsman from Connecticut, provided details of the Connecticut law which is generally regarded as the best and most progressive in the Nation. She credited Congressman William Ratchford, a Member of the House Select Committee on Aging, and former Commissioner on Aging in Connecticut, for the enactment of this reform measure. She said:

Since the program has been in effect, there has been an overload of (elder abuse) cases reported to our office. More cases than we ever anticipated. The ombudsmen were astounded, sickened and shocked to see the severity of problems which abound in the community. Problems, which until this time, have been unnoticed by agencies and community officials.

Ms. Walker presented numerous examples of elder abuse which she said were typical. She noted that almost 1,000 cases were reported during the first few months that the statute was in effect.

Ms. Walker highlighted the importance of the State's mandatory reporting law but noted, "we fully realize that there are endless numbers of cases which are still hidden away waiting to be uncovered."

NEW YORK, N.Y.

In his opening statement, Congressman Mario Biaggi, Chairman of the Subcommittee on Human Services, described the problem of domestic violence and the elderly as "a burgeoning national scandal." He said that up to now, "abuse in nursing homes has received the lion's share of publicity. As a result of public awareness, the problem has diminished in scope. Similarly, if prevention of further cases of elder abuse is to take prominence, then it is imperative that sufficient attention be focused on the problem." He cited a national study by Richard Gelles of the University of Rhode Island who estimated that each year at least 500,000 persons age 65 and over who live with younger members of their families are physically abused by them.

Chairman Biaggi then called upon Congresswoman Geraldine Ferraro to be the first witness at the hearing. Prior to her election to Congress, Ms. Ferraro had served as an assistant district attorney in Queens. She founded and was chief of a special victims bureau which handled crimes involving senior citizens and intrafamilial violence. Ms. Ferraro underscored the point of how difficult it is to get victims to step forward and press charges:

Parents never cease being parents. They continue to protect their children and shield them from the outside world. That outside world is a particularly threatening one when it is the criminal justice system. Among the victims I interviewed in the district attorneys office was an elderly couple whose

daughter and her boyfriend had physically abused them. The abuse included beating them and robbing them at knife point yet they wanted the charges against their daughter dropped. Evidently their fear of repeated abuse was not as great as the embarrassment caused by admitting that their own daughter was abusing them and 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.

Ms. Ferraro added, "Unfortunately, the issue of intrafamilial violence against the elderly has been largely forgotten . . . in the formulation of national policy." She suggested amendments to Medicare and Medicaid to allow payment to senior citizen day care centers. She urged that the British idea of respite care be adopted in America. Under that plan, families may place their loved ones in community facilities paid for by the State for a few days each year to allow the caretakers to take a vacation or simply a break from "the stressful situation brought on by intergenerational living arrangements."

Congressman Thomas A. Luken participated in the hearing and began by commending the Chairman for calling the meeting. He said the very fact that the hearing was taking place would have a salutary effect. He said the hearing would help give the problem some recognition. "Now that we recognize that (elder abuse) is a phenomenon, one which is occurring . . . widely in this country" said Mr. Luken, "it is for us a matter of national policy to determine what the causes are." He suggested reforms: "I think we should consider a legislative response such as mandatory reporting."

Ralph Brewster, Director of the Brooklyn Senior Citizen Crime Victims Assistance and Prevention Program, appeared before the Committee with several case histories. One example involved a woman who lived quietly in the house she and her husband had occupied prior to his death. The woman's mother became ill so she permitted her to move into the small house with her. Thereafter, another daughter and her son moved in, uninvited, and carried out a reign of terror which ended in the victim being forced out of her own home into the street. The woman had to sneak into the home in the dead of night. The grandson assaulted the older woman frequently and allegedly stole her possessions. The woman hired an attorney who threatened legal action against the interlopers who finally left.

Sergeant Joseph Fornabaio of the North Manhattan Police Precinct Senior Citizen Robbery Unit told of a 78-year-old woman who was repeatedly assaulted by her 36-year-old grandson which resulted in her hospitalization on seven occasions. Despite the fact that he had even assaulted her sexually on several occasions, the woman would not press charges. On one occasion, the grandson struck her with a cane and on another occasion, he struck her with a metal leg from her wheelchair. Neighbors agreed to press charges and the grandson was charged with six counts of assault and robbery. While the case was pending, he got out of jail on bail, went immediately to the victim's house, forced his way in and beat her up again. He was ultimately convicted and was sentenced to a term of 3 to 7 years in jail.

Lou Glasse, Director, New York State Office for the Aging, testified that elder abuse is an increasingly important problem. She lamented that:

... only recently have we begun to learn about incidents of physical abuse and violence against the elderly by members of their own families. It would seem that the same savagery shown the elderly in the streets by criminals has permeated the home. The home, conceived as a place of refuge, turns out to be a very dangerous place for some older persons. Researchers estimate that 10-20 percent of families in the United States suffer from some incident of family violence and the elderly, once respected and venerated, do not escape victimization.

Mrs. Glasse said she was shocked that 87 percent of New York's protective service funds were being spent on children. She noted that only half of the remaining 13 percent is being spent on the elderly. This disparity was highlighted by figures she quoted earlier, saying: "While elder abuse appears less frequently than spouse abuse according to Block and Sinnott, it seems at least as high as child abuse." Mrs. Glasse said she was "compelled to support and advocate" mandatory reporting laws.

Congressman Matthew Rinaldo, who participated in the hearing, commented: "I think you build a case for at least an initiation into mandatory reporting so that we do have a valid body of data upon which to project future needs and services."

Barbara Blum, Commissioner of the New York State Department of Social Services, also supported the mandatory reporting idea in her statement to the Committee. She also recommended funding adult day care programs, tax and financial incentives for families who care for their loved ones at home, and the establishment of preventive and rehabilitative counseling programs.

UNION, N.J.

One week after the New York City hearing, Congressman Matthew Rinaldo chaired a similar inquiry in Union, New Jersey. He said that while elder abuse is a newly discovered and growing problem, there are few hard figures on the incidence of "this most repugnant of all violence perpetrated against older Americans." He noted estimates run from 500,000 cases of elder abuse to more than 2 million a year.

Meyer Schreiber, Associate Professor of Social Work, Kean College, Union, New Jersey, provided the Committee with some case histories and a series of recommendations. He suggested the Federal government help fashion model legislation to be enacted by the States, that home health care be expanded under Medicare and Medicaid, and that States implement mandatory reporting laws. He said the Department of Health and Human Services is "in the Neanderthal age" as far as the problem of elder abuse is concerned. He urged the Congress to prod the Department with legislation which is justified by the increasing number of cases even though there are no precise figures on the incidence of such abuse.

Bernice Manshell, Director of the New Jersey Division of Youth and Family Services, also provided the Committee with case histories and endorsed the idea of model elder abuse legislation. Dr. Jane Handler, Coordinator of Family Studies at Kean College, stressed the importance of programs such as foster grandparents which allow young people to interact with the aged. She advocated Federal subsidized day care centers for the elderly and any means to reverse and encourage the extended family concept in American life.

Robert Famighetti, Director of Gerontology at Kean College, quoted national studies as well as his personal interviews with colleagues all across New Jersey to suggest that elder abuse was an important and growing problem. He provided several examples and noted that with the cost of living rising and more and more women entering the work force, the problem of parent neglect and abuse is likely to increase.

Irene Salayi, Director, Glen Garden Center for Geriatrics in Union, New Jersey, endorsed the idea of respite care to relieve families temporarily of the burdens which they carry, often beyond the point of endurance. Chairman Rinaldo noted that he had proposed the same idea in his opening statement.

Veronica Kane of the New Jersey Federation of Senior Citizens, who previously worked as a senior intern in the office of Chairman Rinaldo had these comments:

We must now realize that children and battered women are not the only family members who take beatings from their loved ones. The battering of aged parents has joined the ranks for many reasons, first to control their behavior, to force their signature on wills, force them to turn over stocks and bonds or money in the bank.

Improper care or lack of care, both physical and medical, like withholding food or withholding medicine, and general neglect and even isolation at times leading to physical and psychotic behavior which results from prolonged lack of sensory stimulation. Intense verbal abuse, I know one daughter that calls her mother every day on the phone and just annoys her by saying—the woman, by the way, is bedridden and has had a stroke, and she keeps saying to her, "you could do something if you wanted to. You could get up out of bed. You don't need to be a burden to us," and this goes on indefinitely. "You can walk if you want to. You are just looking for help. You are killing all of us. You just don't want to do anything," and I have been in her home when this happened and I have heard it. Then there are threats of putting them in a nursing home, and even threats of turning them out of their house with nowhere to go.

Mrs. Kane said that money had been set aside for protective services for abused children and spouses and now some funds must be made available to aid the elderly. In addition, she talked about the need to fill the gaps in Medicare since increasing health care costs can bankrupt the elderly and put them in a position of depending on loved ones. She said in part:

We must also look to take care of items that are uncovered by Medicare. This is a problem to the people who are taking care of them, like eyeglasses, we give them a paper to read and they can't see it. They need hearing aids. We put a television in front of them and they can't hear it, and we give them nutrition programs, but no teeth to eat the food with, and they also need prescription drugs, which we thank God we have here in New Jersey.

James Pennestri, Director of the New Jersey Division on Aging, recommended the enactment of mandatory reporting laws as well as the creation of a National Center for Elder Abuse modeled on the National Center on Child Abuse. He called for more detailed studies to provide better data on the incidence of elder abuse. Edith Fleshner, Director of Bergen County's Adult Protective Services Program told the Committee that they are confident there are a great many more cases of elder abuse—particularly of financial abuse of the elderly than are reported each year. She said:

We believe this is due to the absence of protective service legislation which would mandate the reporting of suspected abuse; designate an agency to investigate all cases in which abuse was reported; and grant immunity to both the reporters and others involved in the investigatory process. The provision of legal protection and procedures would encourage concerned persons to report suspected abuse.

WASHINGTON, D.C.

In June 1980, the House and Senate Committees on Aging held joint hearings on the topic of elder abuse. Chairman Lawton Chiles of the Senate Aging Committee, said, "I wish this was one hearing we didn't have to conduct." He said he was sure the vast majority of older people are receiving needed help from their families and friends. However, he said, "we still know that there is a problem and it seems to be a growing one." Ranking minority member Pete V. Domenici also expressed regrets in having to deal with the matter. "Unfortunately, though, the syndrome of the battered elder appears to be quite prevalent—some studies reveal that it rivals child abuse in frequency."

Senator David Pryor who co-chaired the hearing also noted that "elder abuse may occur as frequently as child abuse although he said the studies are by no means conclusive on this point." He noted that in times of high unemployment and inflation, experience with child abuse indicates the incidence of abuse increases. He said it was likely the incidence of elder abuse follows a parallel course. He noted that he recognized the problem when he was Governor of Arkansas and was instrumental in having the State enact its adult protective service law.

Chairman Claude Pepper of the House Select Committee on Aging described the results of the Committee's questionnaire to police chiefs in America's major cities. The preliminary conclusion from the study was that the problem of elder abuse was a serious problem and becoming worse all the time. He gave this example which was submitted by the Atlanta Chief of Police:

Mrs. M. is 60. Mr. B, her son, is 27. She has prosecuted him four times for simple battery of her. He does not work, she is

terrified of him and does not let him know where she lives. She also is very worried and concerned that he cannot get on-going care as an in-patient.

Senator John Heinz (now Chairman of the Senate Committee on Aging) said it was indeed shocking to learn what the Committees had uncovered:

When a daughter-in-law locks somebody in a closet or feeds them dog food, it is a shock. When some father is threatened with poisoning by his son, it is a shock. When a caretaker blackmails an elderly person out of all their life savings, it is a terrible abuse. We don't want to know about these things because we don't want to really believe they happen. But they do, and those are the family skeletons in the closet that must see the light of day; otherwise, we will never be able to address the problem.

Congressman John Paul Hammerschmidt said in his opening statement that the Committee should maintain a sense of perspective. He reminded the Committee that instances of elder abuse are the aberration and not the norm.

Congresswoman Mary Rose Oakar called elder abuse a "most serious national problem" noting that she had been working for more than two years to do something about it:

It really is a national disgrace that we have a child abuse law but we do not have an adult abuse law. I am not just talking about the older Americans, I am talking about the handicapped, mentally retarded, battered women, and so forth.

She went on to describe H.R. 7551, the reform legislation which she has authored along with Chairman Pepper.

Congressman Charles E. Grassley (now in the U.S. Senate) said:

Recent data suggests . . . that many of the dependent elderly receive anything but love and compassionate care. The extent of such callous and inhumane treatment is not yet well documented but there are indications that it may be broader in scope than was suspected a few years ago.

Congressman Marc Marks now, ranking minority member of the Subcommittee on Health and Long-Term Care, also suggested that the problem may be far more widespread than originally realized. He suggested that there are currently strong disincentives in Medicare and Supplementary Security Income benefits to having the elderly person live with their children which he said creates tensions which makes some sort of abuse more likely. He suggested that appropriate tax credits be created to encourage multigenerational families.

Congressman William Ratchford told the Committee that Connecticut's elder abuse law evolved almost by accident. He had been named chairman of a blue ribbon commission to investigate nursing home problems. Out of that commission grew a number of recommendations which were implemented in law, including a nursing home ombudsman law which mandates reporting of abuses which take place in nursing homes. The ombudsman is empowered to investigate complaints. "We then discovered that probably there was greater abuse in the community," said Congressman Ratchford. He continued:

One particular case was responsible for the passage of Connecticut's elderly abuse statute. In Middletown, Conn., it was discovered that a grandmother living in a tobacco road situation had been chained to her bed for the better part of 2 years. That was the family's way of coping with senility. In addition to the chaining, she had been physically abused and there was evidence of bruises of long-standing on her body.

As a result of that, Connecticut passed an elderly abuse statute which mandates reporting, which allows the appointment of a conservator, which we did in this particular case, and which obviously allows for prosecution where it is necessary.

The witnesses at the hearing included three victims of elder abuse as well as their counselors or caretakers and a number of experts who have conducted elder abuse studies. Testifying first was Mrs. X of Massachusetts accompanied by Marilyn Collins, a protective service worker from Lexington, Massachusetts and James Bergman, Director, Legal Services for the Elderly, Boston, Massachusetts.

Mrs. X who is 79 years of age, described the pattern of abuse she received from her 45-year-old daughter, the latter being a bright, well educated person with a Master's Degree in social work from Harvard University.

My husband died 10 years ago. The house where we lived became mine, exclusively, furnishings and other materials included. My younger daughter, who had two unfortunate marriages, was welcomed by us and helped in every way we could with her and her children. This began over 18 years ago. The past 3 years, things have gotten steadily worse. My daughter locked me in the garage and left me there for more than an hour. She always parked her car behind mine in the garage so I could not get my car out except by her permission. She insisted upon a weekly time schedule of when I wanted my car in or out of the garage and she would become very upset whenever I changed the schedule.

One morning she told me I could not use the bathroom or the kitchen any more. I called the Mental Health Association immediately and reported this. The doctor there called my daughter, and, whatever transpired, being barred was never mentioned again.

Whenever I tried to cook a meal she would appear and turn the gas off and remove the grills so the only way I could cook was to hold the pan the right distance over the flame. Also, if she found me using the electric toaster oven, my food was thrown on the floor and the toaster oven was removed and hidden for several days. She posted a time schedule on the kitchen door as to when I could use the kitchen and the time allowed me was too short to cook a meal.

During the winter months, the temperature in my bedroom was between 52 and 64 degrees. I had an electric heater, but during freezing temperatures outdoors my room never seemed to get warm enough for any length of time. I had

to keep my room locked at all times for fear of what she would do to the contents if she got in. Once she got in, I would find things missing. Several times she locked me out of the house. One of those times it was very cold and snowing with ice on the ground. I had to get to a pay station to call a friend to come and get me. My daughter's treatment of me kept getting worse. Always hurting me physically and mentally; kicking me, pushing me, grappling with me, telling me to get out, at one time throwing a drawer down the stairs at me, calling me names, telling me I belonged in a nursing home and why didn't I go to one. I was not included in family festivities for any of the holidays. She told me I was senile and paranoid and my brain was all shriveled up.

Next to testify was William Jones from Washington, D.C. He told the Committee that five years after his wife's death, he needed assistance with his financial affairs because he could no longer make out checks. He said his son interfered and entered his name on his father's checking account. The father said that thereafter he was given virtually no money to live off of:

I had only one meal a day and I had to live off greens and turkey wings all week and the next week was chicken wings and noodles, which had maggots in them, they finally got sour. I had to fend for myself. (M)y son shoved me over a chair and told me he wasn't going to do anything for me. I told him I was human and don't be doing that to me. He said he didn't care.

Accompanying Mr. Jones was Delores Roberts, an adult protective service worker in the District of Columbia. She testified as follows:

As Mr. Jones stated, he came to our attention through a cousin of the family who stated that he was being exploited, abused, and neglected. When I went out initially to see Mr. Jones, he was very fearful and was reluctant to let me into his home. When I did enter the home, the home was filthy; it was infested with mice and roaches.

He also showed me the guns. He had seven guns in his house, where his son had threatened to use them on him if he let anyone come into the house. The mail in the house was stacked so high because the son did not allow him to open his mail. Not only that, but he did in fact push his father around.

Also, he would not allow him his monies from a passbook savings account that he had in the bank. The day I was there, he showed me \$7 that he had been saving for months. He said that just in case an emergency would happen to him he would have at least the \$7.

Mr. Jones' retirement checks were mailed directly to his bank and placed into his account, but all the withdrawing was done by the son. What we did, I had the bank put a red tag on his passbook to close off his account until we were able to go down to the corporation counsel's office and take out a protective order on the son. After we did that, we removed Mr. Jones from his home to a relative that kept him for a

short period of time, until we were able to find placement for him.

Mr. Jones went to court. Of course, his son said that he was crazy, that he had hallucinated, he was old and senile, he would run around and wander in the street; but a psychiatric examination proved to the contrary.

We petitioned the court for a conservator and now Mr. Jones does have a conservator. The court ordered Mr. Jones' son out of the home, ordered him to turn over his passbook. At this point, Mr. Jones' problems have been solved, but Mr. Jones is not the only one.

I have worked with the Protective Service for 10 years. I have worked in a nursing home and I worked there 7 years, and I have seen so much abuse to our elderly it is just pathetic. You would not believe some of the things, some of the horror stories . . . I had a case where a lady—a mother-in-law as a matter of fact, 80-some years old, paralyzed—who was sexually abused by her son-in-law for 6 years. It took me a year and a half to get her to admit that to me. He also hit her on the head with a hammer when she would not give him her money or would not want to have sex with him.

This lady would not leave the home; she had not been outside in years, and she was fearful of leaving the home. Finally, when I just insisted—the law said you cannot force anybody to go anywhere—but this was one time that I insisted and made other arrangements, and I moved her into another lady's home, and that is where she died.

Then, the other day, I went out on a case where there was an elderly man who was lying on a mattress with the springs coming through the mattress. His apartment was infested with roaches, so many roaches it looked just like a beehive with the bees on it, and they were just crawling all over him and he was laying in his own waste matter.

This kind of thing, I just cannot see why the community would let human beings live this way, neglect our elderly. It just makes me sick to see things like this and I wonder how I can go on with the cases.

Last year, when Congressman Pepper had his hearings, I did make a statement that I thought there should be a protective service law, there should be a mandatory reporting of anything that you see—without reprisals. I would like to say to you gentlemen today that the faster you can get a law to protect the elderly the better, because I have seen 18 years of abuse and it is on record in my office. Every case that comes into our office is abuse, neglect, exploitation, or all three, and it is not isolated to the poor. It is the rich, the affluent and the poor, the rich and the middle income. It is all the way across-the-board and we cannot get any help.

Also appearing was Mrs. Z, a 92-year-old woman from California, accompanied by Marcia K. Standley of San Jose, California, an adult protective service worker with Santa Clara County.

Mrs. Standley described how Mrs. Z and her elderly sister fell under the influence of a caretaker who abused them physically and

financially. Mrs. Z had had a stroke and was hospitalized. After six months in a coma "she was in a nursing home and she was very fortunate to have recovered fully with all her physical and mental faculties," said Mrs. Standley. Mrs. Z also learned that she was now a pauper. Through trickery and deceit, the caretaker had obtained the power of attorney of the two sisters, changed their wills to make herself the beneficiary, took their jewelry and possessions, and obtained title to their house. Upon investigation by protective service workers, the above facts were uncovered. Mrs. Z denied signing over her home, or signing power of attorney, or giving away her jewelry and other property. Ultimately, the matter was resolved in court with the court appointing a guardian to look after the affairs of Mrs. Z and to recover her property.

Suzanne K. Steinmetz, Ph.D., of the University of Delaware, testified describing her on-going study. Dr. Steinmetz delivered a thoughtful presentation saving her sharpest words for those who seemed to minimize the importance of the elder abuse problem:

It was stated earlier that the family indeed provides very good care to the elderly person, and this is true in most cases, and that those individuals who abuse are psychopathologically ill, mentally ill. May I refresh your memories that this is exactly what we said about parents who abused their children, they were pathologically ill, yet subsequent studies show that while some of them were, most of them were as normal as you and I. We then were told the same thing about the men who beat up their wives. Again, the studies show that, like with child abuse, it is a series of circumstances such as frustration, inability to cope, lack of money, and so forth, that lead to the abuse.

I think it is important that we not label people who abuse other people as pathologically ill. We live in a society where the use of violence is perfectly acceptable in a large number of cases. We grow up being socialized to use violence when we are big, when we are right, when we are older, and when we have the law on our side. I think this acceptance of violence to resolve problems is, in part, the reason why we see so much abuse being used to resolve a problem.

Another point I would like to clear up is the comment, "There is not that much abuse to elderly by their children." Well, how much is that amount? Can you imagine the headlines tomorrow if it were announced that only 7 percent of the people in this hearing slapped, hit, killed, screamed or threw something at each other? I mean surely that would be astonishing. Or better yet, if it came out in the newspaper that in your latest meeting at church last Saturday or Sunday or whatever night, that only 4 percent of the church members hit each other. You would think that was outrageous, and yet when it happens in the family setting it is not looked at as bad.

Jim Bergman again made the point of the importance of mandatory reporting laws which also give immunity from suit to the reporter. He said:

There is no question that we have barely touched the surface of elder abuse cases. South Carolina's experience, and Connecticut's experience, have shown an immediate leap in the number of reports, once mandatory reporting laws have been passed and implemented. I think Connecticut in the first year that it was beginning to get its program underway, had approximately 1,100 cases of neglect, exploitation, abuse, or abandonment. In the second year, the numbers are going up higher. There is no question that more reports will come in. A key to that is public information. Immunity for reporters is important; in fact, it is critical. But, public information, just as in spouse abuse cases is the most critical factor because unless people know there is a remedy available, they do not act to protect themselves.

Professor John J. Regan, Dean of the Hoftra School of Law, Hempstead, New York, testified about the importance of guardianship and protective services for the elderly. He noted that most States lack adult protective service laws and lacked mandatory reporting and immunity provisions. He pointed out that the States and the Federal government must act to help the elderly because they have neither the capacity nor the means to challenge an invasion of rights. He noted that through Title XX of the Social Security Act, the Federal government is already in the business of providing protective services, however, he said it was necessary to adjust regulations under this program to encourage the States to institute adult protective service programs.

R. Bryan Tilley, a legal services developer in the Office on Aging, State of Arkansas, told the Committee about the implementation of Arkansas 1977 adult protective services statute. He said it was expected that his agency would receive about 300 complaints of elder abuse each year but in the first 5 months alone, some 320 cases were received. He estimated that the caseload will run in excess of 1,000 cases each year. Mr. Tilley provided the Committee with several case histories of substantiated abuses.

Elizabeth Lau of the Chronic Illness Center in Cleveland, Ohio also provided case histories. She briefly described the elder abuse study which she completed along with Jordan Kosberg, associate professor of social work at Case Western Reserve University. She noted that initial study was triggered by the revelation that about 10 percent of her adult clients were abused in some way. She said about her study:

We feel that probably our sample was underreported because we were using case workers' memory to identify those abused persons. Only 15 percent of our people were abused in only one way, 72 percent were abused in two to five ways. We included physical abuse, severe neglect, psychological abuse including verbal assaults, threats, isolation, and material abuse which we have heard about today called exploitation, theft, or misuse of money, belongings, or property. Others had their rights violated by being forced to move from their residence to a nursing home or other residence.

Ms. Lau endorsed the same remedies as several other witnesses: mandatory reporting of suspected abuses; immunity from suit for

those persons required to report abuses; and a Statewide system with capability to launch immediate investigations and to provide services to the abused aged.

Mary Hill, assistant administrator of the Century Home in Baltimore, Maryland was the final witness of the day. She described a kind of financial abuse which occurs in nursing homes. Most Medicaid patients receive \$25 a month in a personal spending allowance. Upon entering a nursing home, the patient will decide who is to control this money. In most cases, relatives are asked to do so. In the case where an individual is not competent, his or her money is collected by representative payees. Mrs. Hill described examples of families who unfortunately are not using this money for the benefit of the patient—they are converting the money to their own use.

In summary, these four hearings again emphasized the growing importance of the problem of elder abuse and pointed out that it has not been addressed effectively in all but a few States. The hearings reinforced the need for legislative action at both the State and Federal level and began to provide some consensus as to the shape that such reforms might take.

SECTION VII

SUMMARY AND CONCLUSIONS

The evidence accumulated by the Committee in the course of this first national investigation into the topic of elder abuse leaves little doubt about the nature of the problem. It is widespread and it is serious. The case histories in Section I of this report do not make pleasant reading. No one likes to think that children and caregivers sometimes strike their elderly parents or wards or threaten them at gun point to yield their meager social security checks. No one likes to think that the parents sometimes are being deprived of their basic constitutional rights or that they are being psychologically assaulted by their loved ones. However, the shocking facts must be faced. These and other abuses do occur and with a frequency that few have dared to suggest.

The case histories provided in Section I are shocking in isolation but their accumulated weight is devastating. The effect of these examples is amplified by the fact that hundreds of similar cases can be found in files of the Select Committee on Aging. The suggestion is that the examples contained herein are typical rather than a selection of the most horrible cases which can be found. Further amplification is provided in the statements of adult protective service workers who assert that thousands of additional cases exist in the community waiting to be discovered. The Committee was impressed with the number of such workers who spontaneously and independently used the phrase "the tip of the iceberg" to describe the number of elder abuse cases discovered to date in their States.

As noted in Section II of this report, there are at least 14 different categories of support for the Committee's conclusion that elder abuse is a widespread, serious and growing problem. The Committee's hearings, of course, are a prime source of support for the conclusions which are stated in this report. The hundreds of letters and cases received by Members of Congress and referred to the Committee on Aging are another source. The Committee's questionnaires to police chiefs, to home health agencies and to State Protective Service Departments add reinforcement, as do newspaper exposes and numerous studies by universities. The testimony and hearings before State legislative committees, Grand Jury investigations and investigations by the U.S. Postal Service all help to create the picture of a desperate problem which must be addressed.

While it is not comfortable for Americans to admit that abuse of the elderly by their loved ones exists at any level, the facts cannot be ignored. The data assembled in this report has served to provide a fairly good portrait of the people who are likely victims of elder abuse and of those most likely to perpetrate it. We know, for example, that most incidents of abuse are recurring events rather than single oc-

currences. The victims are likely to be very old, age 75 or older. Women are more likely to be abused than men. The victims are generally in a position of dependency—that is, they are relying on others (and generally on those who abuse them) for care and protection. It appears that physical abuse including negligence is the largest category accounting for one-third of all cases followed by financial abuse which accounted for about one-quarter of all cases. The categories of violation of rights and psychological abuse followed, however, numerous cases were found where all four of these categories were represented.

It seems clear that victims seldom report cases of abuse to the authorities. More than 70 percent of all cases were reported by third parties. The elderly who are abused are often ashamed or may not want to bring trouble to their children or they may fear reprisals if they complain. Some seniors do not have the physical ability or sometimes have been deprived of the opportunity to register complaints by one means or another even if they wished to do so. Even with the limited resources at their disposal, the States have confirmed that at least 50 percent of the complaints about elder abuse are substantiated, while 30 percent were not and the remainder were inconclusive. This suggests that complaints of a frivolous nature are not a common phenomenon.

The likely abuser will undoubtedly be experiencing great stress. Alcoholism, drug addiction, marital problems and long-term financial difficulties all play a part in bringing a person to abuse his or her parents. The son of the victim is the most likely abuser accounting for about 21 percent of all instances, followed by the daughter of the victim in about 17 percent of all cases. Third in line was the spouse of the victim when acting in a caregiving role, with the male spouse slightly more likely to be the abuser than the abused. It is also interesting to note that those who were abused by their parents as children are more likely to abuse their aged parents.

The theories concerning why elder abuse exists are likely to be debated by social scientists for years to come. The Committee could not find any one single answer. However, a few generalizations appear to be possible beyond pointing to stress as a common denominator. To some degree, the problem has been caused by modern antibiotics which have been developed since the Second World War. Modern miracle drugs have had the effect of extending the life span so that more and more people are living longer and longer. However, those who live longer suffer from an increasing number of mental and physical disabilities. Those who would have died twenty years ago are living today but they require tremendous amounts of medical and supportive services.

In other words, the phenomenon of large numbers of disabled, frail individuals of advanced age is a new one on the American scene. Combining this factor with declining birth rates and galloping inflation leads to the conclusion that fewer and fewer people are going to be supporting more and more elderly disabled relatives and having a tough time doing it. This is particularly true in as much as expenses associated with caring for parents in their advanced age generally coincide with the costs of college education for one or more children.

Environmental factors and the lack of community resources both play a part in creating a climate in which the abuse of the elderly

exists. Both factors point to the fact that the United States has developed no consistent, comprehensive policy with respect to the treatment of the infirm elderly. Family members which wish to care for their loved ones at home receive no help from the State or Federal government. Those who neglect their familial duties are rewarded by having the Medicaid program intervene to care for their loved ones. Moreover, the Medicaid program can be indicted on the grounds that it attaches the stigma of social worthlessness to those who accept its benefits and because of the program's bias in favor of institutionalization instead of home health care alternatives.

In addition to all the above there inevitably will be factors of personality which enter into the equation. Some old people are simply not very pleasant to be around. The same can be said for some young people. Through whatever accident of genetics or environment there will always be those who will provide provocation and those that will strike out with or without provocation. There are some old people who continue to treat their middle-aged offspring as infants which sparks resentment and there are some offspring that infantilize or patronize their parents. Inevitably, in many families there will always be individuals interacting at various ages who seem to be on a collision course. When this happens, generally one of the family members eases the tension by leaving home. In the case of young adults, this solution works out fine but there is no similar escape available to the infirm elderly who are in a dependent position; nor is there any escape for the people they depend upon.

From the evidence collected in this report and from the experience in the study of child abuse it would seem safe to offer yet another generalization. Domestic problems in general increases whenever the family experiences financial problems. In times of high unemployment and high inflation, the incidence of elder abuse, like the incidence of child abuse, spouse abuse and violent crime, will continue to increase. It is, therefore, extremely important that measures are undertaken to deal with the problem before it mushrooms.

This leads us to draw some conclusions about the performance of the States. As noted in Section IV, the States are just beginning to recognize the importance of the problem. The average State spent \$679,254 for adult protective services specifically to senior citizens as contrasted with an average of \$12.6 million for child protective services. It is true that there are $2\frac{1}{2}$ times more children in the United States than there are senior citizens which suggests that at least 40 percent of State protective services monies should be allocated to the elderly. In point of fact, the average State has committed 86.77 percent of its budget to children and 6.60 percent to senior citizens with the remainder going to provide protective services to adults between the ages of 18 and 64. This is a serious and unjustified imbalance.

The above comparison between child abuse and adult abuse would not be complete without some effort to compare the incidence of each. As noted in Section IV, the Committee collected the data for 10 States learning that one out of six elder abuse cases are reported as contrasted with one out of every three child abuse cases. In these 10 States, which had approximately 10,000,000 children under age 18 and 4,340,500 over the age of 65, the Committee developed actual reported and estimated unreported cases for both segments of the population in 1980. It was

this computation from 10 States which was projected to the nation in general to reach the supportable conclusion that 4 percent of the elderly population may be victims of some form of elder abuse from moderate to severe. The same computation suggests that the incidence of abuse for children is higher at 6.8 percent. In short, elder abuse does not appear to exist with the numerical frequency of child abuse (nor should it since there are 2½ times more children than seniors) nor is the incidence of abuse as high. Nevertheless, elder abuse is obviously a more hidden problem since fewer cases are reported and there is no one who will quarrel with the statement that the potential abuse of one million people, or 4 percent of the entire senior citizen population, is a problem of staggering dimensions.

The analogy to that much maligned institution, the American nursing home, again provides perspective. If the Committee's figures have validity, the conclusion is that the potential abuse of the elderly by their loved ones in their own homes comes close to equalling the entire census of American nursing homes on any given day in 1981. While turnover of some patients in nursing homes complicates matters, it is enough to say that a level of physical, financial and psychological abuse exists among the elderly who live at home with their caregiving dependents which may equal the levels of real or perceived abuse in nursing homes. It was instructive to note that in case after case the abused elderly either at their own initiative or more likely at the insistence of caseworkers, were removed to the comfort, care and safety of a nursing home. This may suggest either that the quality of nursing home care has greatly improved over the past few years or that by comparison they offer a more therapeutic less punitive atmosphere or perhaps that there are a paucity of alternatives available.

The data in this report also leads to the conclusion that there is some room for the Federal government to act to help the States provide prospective services to their senior citizens. Federal legislation in the area of child abuse has paid handsome dividends compared to the paucity of effort which preceded the enactment of the Child Abuse Prevention and Treatment Act of 1974. It seems obvious that the Federal government could play a similar role in the analogous area of elder abuse.

The Congress must act in order to help the States and stimulate them to improve their own statutes and the protections they offer the infirm and dependent elderly. The alternative is that the number of gross abuses as so graphically reported in Section I of this report will increase at a rapid pace. The decision to take action may have a lot to say about how future generations will judge the greatness, the spirit and the values of American civilization.

SECTION VIII

POLICY ALTERNATIVES

It is apparent that a coordinated attack on several fronts is necessary if there is to be any hope of limiting the number of elder abuse cases in the future. Obviously, the problem is so widespread and runs so deep that it can never fully be eliminated. However, because so little is being done at the present time at either the State or the Federal level, even a modest reform effort can have significant and far-reaching results.

The basic recommendation of this report is that the Federal government should assist the States in their efforts to deal with the pervasive problem of elder abuse. This need not involve tremendous new expenditures of Federal funds. For example, the Child Abuse program after which H.R. 769 is patterned has had a very salutary effect in encouraging the States to deal with child abuse as an expenditure in 1974, when the program first started, of \$4.5 million annually growing to \$22.9 million in 1980. Moreover, it is obvious that the Federal government can do much at no cost by removing technical impediments in the law or by reversing incentives in Federal programs such as Social Security, Supplemental Security Income, Medicare, Medicaid, and Title XX, which presently serve to break down the extended family and create the climate which fosters abuse of the elderly.

A number of different approaches are suggested below. These options are not necessarily mutually exclusive. Federal options are listed first with the goal of creating a national policy with respect to the frail elderly, followed by options for State and local governments, and a third category of recommendations for action in matters tangential to elder abuse.

FEDERAL OPTIONS

State advocates of Federal involvement in the area of protective services for elders suggest that one way to encourage States to make the statutory and administrative changes would be to make Federal funding for elder abuse-related programs contingent on certain State-level requirements. The Child Abuse Prevention and Treatment Act uses this approach in distributing funds to the States for child abuse-related programs, and almost every State has come into compliance with the requirements. The proposed Prevention, Identification, and Treatment of Elder Abuse Act of 1981 uses this method to encourage States to modify their elder abuse-related laws and procedures. This would be an important step in controlling unwarranted violence against the aged. Therefore:

1. The Congress may wish to enact H.R. 769, the Prevention, Identification and Treatment of Elder Abuse Act of 1981. This bill would create a National Center on Elder Abuse under the Secretary of Health and Human Services to compile, publish, and disseminate information about programs and special problems related to elder abuse, neglect, and exploitation; and conduct research into the causes, prevention, treatment, and national incidence of elder abuse, neglect, and exploitation. The bill would also provide assistance to States which provided for the reporting of known and suspected incidences of elder abuse, neglect, and exploitation; have in effect a law which provides for immunity from prosecution for persons reporting incidences of abuse, neglect, and exploitation; provides that upon receipt of such a report an investigation will be initiated and steps taken to protect the abused, neglected or exploited adult; have in effect administrative procedures, trained personnel, institutional and other facilities, and multi-disciplinary programs and services to deal effectively with the special problems of elder abuse, neglect, and exploitation; provides for the confidentiality of records; provide for the cooperation of law enforcement officials, courts, and appropriate agencies providing human services, with respect to special problems of elder abuse, neglect, and exploitation; provides that the least restrictive alternatives are made available to the abused, neglected or exploited adults; and provides that the abused, neglected, or exploited adult participate in decisions regarding his/her welfare.

Experts and State officials almost universally agree that the provision of more social services to families who are caring for an older person is essential. They contend that more home health services, personal services such as bathing and dressing the older persons, home-maker services, home-delivered meals, adult day care, and respite care (short-term total care), would help lessen the family stress that can result from constantly responding to the needs of a dependent family member. To accomplish this, therefore:

2. The Congress may wish to amend Title III of the Older Americans Act to require the States to give priority to families with dependent elderly members when allotting access, legal and in-home services.
3. The Congress may wish to amend Title XX to liberalize the income eligibility level for caretaking families. At the present time, eligibility for a wide variety of social services is limited to SSI and AFDC recipients, individuals, and families who have incomes less than 115% of the State's median income, adjusted for family size. This criterion alone excludes many families who, despite their ineligibility, may not be able to afford these services on their own.
4. The Congress may also wish to amend Title XX to include emergency shelter for elders as a protective service. As the law is now written, protective services can include emergency shelter for children, but neither the law nor the regulations provide for emergency shelter for elders.

5. The Congress may wish to amend the Supplemental Security Income Program (SSI) to require that benefits not be reduced when eligible individuals are living in the household of another individual and receiving support or in-kind maintenance from that person.
6. The Congress may wish to amend the Medicare and Medicaid programs to eliminate the limitations placed on benefits and services to elderly persons who live at home and are cared for by family members. In addition, Congress may wish to amend Medicare so that senior citizens could elect to be covered for expenses of day care in lieu of some of their home health care benefits currently authorized by law.
7. The Congress may wish to consider the enactment of certain tax incentives to encourage families to care for their elderly in their own homes, such as tax credits to those who care for a dependent older family member in their own home, or a tax credit for those who adapt or expand their homes to accommodate a dependent person.
8. The Congress may wish to consider authorizing respite care as reimbursable under the Medicare program. Payment could be authorized for a two-week stay in a nursing home each year for senior citizens who are certified as in need of medical and nursing care, supportive services and 24-hour supervision. This would provide relief for family members who are making the effort to care for their loved ones at home.
9. The Legal Service Corporation Act could be amended to permit legal assistance to be provided for elders who have been physically abused in private homes rather than licensed institutions. At the present time, legal services provided by the corporation are restricted to civil matters.

STATE AND LOCAL OPTIONS

In the area of State law, the most important change, according to many experts, would be provisions for mandatory reporting of suspected abuse, prompt investigation by a designated State agency, and immunity from prosecution for those who report. All 50 States have laws of this type relating to child abuse, but only 16 States have mandatory reporting laws for suspected instances of adult abuse.¹ Therefore:

10. The States may wish to consider enacting mandatory reporting legislation² and otherwise upgrading their statutes to provide specific protections to the elderly equal to those provided to children.

Other needed changes in State laws, according to those familiar with the area, include more specific tailoring of civil remedies, such as restraining orders and vacate orders, and social services such as emergency shelter, to situations involving sometimes frail, nonambulatory elderly persons living with relatives. Better coordination of State-

¹ Fowler, Jan. "Domestic Violence: Elder Abuse." Library of Congress, Congressional Research Service, Education and Public Welfare Division, February 6, 1981, page 6.
² H.R. 769. The proposal contains guidelines for a model State statute.

level programs, including social and protective services, legal aid programs, and senior citizen-oriented programs, is also viewed as important in detecting and intervening in elder abuse cases.

Many advocate family counseling before the decision is made to take an elderly relative into the home. Some families may not realize the extent of the demands that will be placed on them when they assume the care of a dependent, sometimes impaired, older person. They may need to be educated as to the physical, emotional, and medical needs of older people and what community services might assist them. It may also be necessary to teach all family members how to interact and solve disputes in nonviolent ways. Therefore:

11. Families who are considering assuming the responsibility of caring for a dependent older family member may wish to consult with their local area agency on aging to determine what services may be available to assist them in this effort, and thus, reduce many of the stresses associated with caring for an older person unassisted.

RELATED POLICY SUGGESTIONS

A significant number of the abuses perpetrated against the elderly reported by the States occurred in board and care facilities. Boarding homes are a new class of health care facilities that have proliferated following the enactment of the Federal SSI program. Following the enactment in 1972, the States began transferring thousands of mental patients from State mental hospitals to such facilities, placing the residents on the Federal SSI rolls and placing them in boarding homes. One motive was cost savings since it costs the States in excess of \$30,000 to provide for an individual in a State mental hospital. Another motive was Supreme Court decisions which required the States either to provide treatment to those involuntarily committed or to release them. At any rate, the result has been that there are more patients in boarding homes than there are in nursing homes. There may be five times as many boarding homes as there are nursing homes. As seen from several fires over the past two years, in which 130 people have lost their lives, many boarding homes are unsafe.

Most boarding homes are converted facilities which were once hotels or nursing homes which could no longer meet fire safety standards. There is evidence that because there are no Federal minimum standards and only sparse State standards, boarding homes now present far greater public health problems than do nursing homes. The House Select Committee on Aging has conducted four hearings on boarding home problems to date. These hearings, as well as the findings in this report, suggest:

12. That Congress may wish to consider initiating a full-scale national investigation of boarding homes and related problems.

In both boarding homes and nursing homes, thousands of elderly people have social security, veteran's or other pension checks which are used in part to pay for their board and care. In the case of patients on public assistance (Medicaid) all but \$25 a month from these checks is applied to the cost of their stay in the facility. The \$25 is reserved as

a personal spending allowance. In the case of non-public assistance patients, there is often a great deal of money in such checks, which may or may not be turned over to the facility depending on the person's other sources of income. In either case, if a patient cannot manage his or her own money, a representative payee is designated to cash the checks and use the money for the benefit of the patient. Unfortunately, there is abundant evidence that these designated representative payees often do not use the funds for the benefit of the elderly as required by law. Therefore:

13. The Congress may wish to call upon the U.S. General Accounting Office to determine the extent of the representative payee problem and its implications and to report back to the Congress within a year.

The White House Conference on Aging, to be held November 30 through December 5, 1981, will address a variety of issues related to the elderly. One emphasis of the Conference is expected to be the relationship of older Americans to their families and the effectiveness of family and community support systems. Therefore:

14. The Congress may wish to encourage the Conference to include the issue of elderly abuse on their conference agenda, with attention to be given to an overview of what is now known about the problem, its possible causes, and ways to prevent it.

ADDITIONAL VIEWS OF REPRESENTATIVE MATTHEW J. RINALDO, RANKING MINORITY MEMBER, AND SUPPORTED BY REPRESENTATIVES NORMAN D. SHUMWAY, DAN COATS, GEORGE C. WORTLEY, AND BILL HENDON

This Committee Report sheds much needed light on the gruesome facts of elder abuse and on the need for measures, both preventive and corrective, that will protect the elderly from cruelty and degradation in both home settings and multiple care facilities.

The documentation contained in the report suggests that as many as one million of our country's 252 million elderly may suffer from abuse or self-neglect in degrees ranging from mild to extreme. Both the states and the federal government have been slow to discover that the problem is of such magnitude. It is the states, however, which have reacted most positively. Twenty-six states have enacted adult protective services laws, mostly in recent years, and 35 states had an adult protective service budget in 1980 with aggregate funding of about \$2 million.

In reviewing the report, it is apparent that the states are increasingly dealing with the problem of adult abuse on their own. In 1973, only three states had laws to provide protective services. Within the next 4 years, an additional 12 states had enacted such laws, and in the ensuing 3 years, 11 more states had followed suit, including seven in 1980. The rate with which the states are enacting protecting laws gives cause to believe that most, if not all of those now lacking laws to protect the elderly from abuse will soon enact such laws with or without federal assistance.

Such an observation does not suggest that there is no role for the federal government in this area. It would, in fact, be callous of this committee and the Congress to ignore evidence of cruel and inhumane treatment of the helpless elderly. The fact of strong and growing state response to the situation suggests, however, that the response most appropriate to the current circumstances should be technical assistance rather than federal intervention entailing central control mechanisms and high cost remedies that will create state dependence on federally funded programs.

Consistent with such a position, we consider that committee oversight of the present trend in state legislative and administrative measures should be continued for an additional 1 or 2 years in order to determine the necessity of legislation such as H.R. 769. If the remainder of the states do not enact appropriate legislation within that period of time, a federal remedy may then be necessary.

We also note the administration favors amendments to Title XX and the Older Americans Act which will, if enacted, provide states and localities the flexibility needed to supply some of these resources to problems of elder abuse. Pending final action on these proposed

changes, we consider it untimely to indicate support of options that assume no change in the categorical nature of these programs.

Expansion of legal services to elders who suffer abuse in private homes is a viable option if the Legal Service Corporation Act is continued. We recognize, however, that the Administration proposes the rescission of this act and suggest that consideration of this option must await a decision on the act itself.

The options which remain timely (5 through 8) are those associated with Supplemental Security Income, Medicare and Medicaid, and tax incentives for family care of the elderly. Whereas we agree that these are appropriate for congressional consideration, we also note that each, with the exception of the tax incentive proposal, is a potentially high cost outlay item with no price tag attached. Although options are not recommendations, they imply a favorable consideration by the committee which is suggestive of recommendation. We therefore believe that the committee members should know and include the cost estimates of the options that they approve for consideration by the standing committees which will have the legislative responsibility for acting on them.

We reiterate a deep and active concern for the problem of elder abuse. We are joined in commending those states which have taken steps to cope with it and we urge those which have not to enact laws based on the best models currently in effect. We commend the Chairman and the staff for looking into this matter and for exposing the grim details of elder abuse in our country.

We consider it a deep obligation that our committee maintain oversight of this problem and that it promote all feasible measures to assist the states to cope with it.

ADDITIONAL VIEWS OF REPRESENTATIVES JOHN PAUL HAMMER-SCHMIDT, WILLIAM C. WAMPLER, DAN LUNGREN, AND HAL DAUB

We wish to commend the Chairman for addressing the important issue of elder abuse. This report is a compilation of an enormous amount of information. We believe that the preponderance of it, though very moving, is anecdotal and that conclusions about the dimensions of the problem cannot be drawn.

Although it is clear from the vast number of cases cited that elder abuse exists, the report lacks reliable evidence of the proportion of the problem such as the annual rate of elder abuse.

A report issued by the House Select Committee on Aging by its very nature projects the authenticity of an issue. We feel, therefore, that it is vital for the report to establish whether we are dealing with a problem of great dimensions or an aberration. The danger of ignoring a problem is obvious, but there are also dangers in overreacting or acting prematurely. If elder abuse appears far more prevalent than it is, we are adding one more psychological burden to an already heavily burdened population. If we put funds into unnecessary or inappropriate programs of intervention, we are diverting attention and money from other needed programs.

Our own skepticism comes from two directions—hearings held by the Committee last year on the elderly and the family and the material contained in the report itself. On June 4, 1980, this Committee held a hearing entitled, "Families: Aging and Changing." At that hearing Mrs. Elaine Brody, Director of Human Services at the Philadelphia Geriatric Center and President of the Gerontological Society, said that most families are very responsible in their care of elderly family members. She also added that elder abuse is not at all a common condition but instead an example of psychopathology. She believes that it is an aberration in the broad pattern of adequate family care. The vast majority of researchers in sociology and gerontology plus the 1977 GAO Home Health Report state that most of the community support for the elderly is supplied by the family.

The Committee report sets out four goals to determine how much abuse exists, if it is increasing, what the causes of abuse are and methods of prevention. We also believe that reliable answers to those questions would provide the basis for meaningful legislative responses. We feel, however, that none of those questions are answered adequately. We are at an embryonic stage of development in terms of our research and knowledge of elder abuse. Conclusions formed at this time must be considered questionable.

The report refers to a number of supports for the conclusion that elder abuse is a serious national problem—letters and case histories written to the Committee and Members of Congress, research studies, the Committee's own surveys, and testimony from hearings, among

others. We feel compelled to state our difficulty in accepting these supports.

Although the Committee presents dozens of case histories, these are not statistically significant. We have no way of knowing how they correlate to the population as a whole. Even the fact that the numbers of letters have increased over the last five years can be misleading. We cannot ascertain if this reflects an actual increase in cases or if the awareness of elder abuse is increasing and therefore more persons are making complaints than did in the past. In fact, in response to the Committee's survey to state human services departments, question number ten, "Would you say the incidence of elder abuse is increasing?", six states added the note that the awareness of elder abuse is increasing. The response of the six states is even more significant because the survey only provided two options in answering the question—"yes or no." We cannot help but wonder how other states would have responded if this third option had been available.

The surveys conducted by the Committee raise a number of questions. The survey of the human services departments appears to be the foundation of the Committee's statement that 4 percent of the elderly are abused. As a basis for the 4 percent, the states were asked how many cases of adult abuse came to their attention in 1980, what percentage involved persons over 65, and their estimated unreported cases were added. Because the Committee did not ask where the data came from we have no reason to accept these data as reliable. The data could have come from someone's memory or be a "guesstimate." The report itself says that few statistics have been kept by the states and even less on senior citizens. The report says further that "most of the states were apologetic about the quality of the data they were providing to the Committee." The Committee then proceeds to utilize these data in determining the extent of the problem. Unless the human services departments had prior reason to gather this data, it is unlikely that they had it or could retrieve it from their case records.

Another survey is addressed to chiefs of police. This survey also has a problem of reliability. To begin with, it asks if they have encountered elder abuse—but there is no time factor included. They could have encountered abuse this year, last year or in 1970. In another question they ask if "the problem is (1) widespread, (2) occurs often, or (3) occurs rarely." Besides the weakness in defining these words, again, if no data has been kept we cannot accept any response. A further question about the growth of elder abuse over the last five years has the same flaws.

The research studies that are cited in this report cannot be generalized to a national population. Most used a very small sample size. It is not clear that any of the studies used samples that were representative of the elderly population as a whole. Some of these studies had as low as a ten percent response rate making their conclusion not statistically significant. Many of the studies utilized professionals as the subjects who, by the nature of their work, deal with unrepresentative populations—nurses, doctors, lawyers, social workers, mental health workers, etc.

Testimony presented to this Committee or any other state or Federal bodies without reliable data does not establish the scope or the depth

of the problem. It, like letters and cases reported to Congress, just provides evidence that the problem exists.

The report makes a fine effort to uncover the causes of elder abuse and cites at least ten theories including retaliation, increased life expectancy, unemployment and mental illness. Most of these are very serious problems that cause a great deal of social disruption beyond elder abuse. And, it seems evident that society has not achieved consensus on how to resolve these problems.

Without knowledge of the proportions of the problem based on sound research, nor a clear relationship between the theories of causality and abuse, we do not believe that this is an appropriate time to propose legislative solutions. The major recommendation which this report itself compels is for a research study to determine the proportion of the elderly population that is abused by family members. We do not feel that a new National Center on Adult Abuse needs to be created. The National Institute of Mental Health, Center for Studies of the Mental Health of the Aging, has the capability to undertake research on the demographics, and if needed, the cause, prevention and treatment of elder abuse. We would also recommend that before beginning any new research that the Center contact the Bureau of Justice Statistics at the Department of Justice, where data from the National Crime Survey Reports are maintained. The surveys were begun in 1975. They have an enormous amount of excellent data on the types of crimes committed, the incidence of crime, the age of the victim, and the relationship of the victim to the perpetrator. The Center might be able to utilize this existing information to simplify any new research activities.

We would like to add our strong support for the recommendation that all states develop mandatory reporting laws for suspected abuse which includes prompt investigation by a designated state agency and immunity from prosecution for those who report.

In closing, we want to express our concern over the issue no matter what the size of the affected population. We intend to work with the Administration and the standing committees to address this issue in the context of proposals to reauthorize the Older Americans Act and other social service legislation. It is our hope that while we await substantive research, the aging network including the state agencies on aging, area agencies on aging, senior centers and nutrition sites provide outreach to the homebound elderly and train their staff to become aware of the problem and sensitive to any indications of it. The mental health network, comprised primarily of community mental health centers could train their staff to provide counseling to the elderly and their family members, to be alert to these problems and also provide consultation and education programs in the community. The health network probably has the greatest potential to have an impact on this problem and we hope they will increase their involvement in protecting older persons.

As soon as we have the results of the research, we hope we can all work together to develop appropriate legislative proposals.

Appendix I

QUESTIONNAIRE ON PROTECTIVE SERVICES FOR THE ELDERLY

There has been a great deal of publicity in recent months regarding the financial, psychological, and physical abuse encountered by older Americans at the hands of their loved ones -- sons, daughters, relatives and caretakers. Some States have responded to this problem by establishing special units within existing departments to respond to complaints of elder abuse. Other States have expanded the coverage of existing adult protective services to include the elderly as in need of services. The purpose of this questionnaire is to gain a better understanding of State activities with respect to protecting victims of elder abuse.

BACKGROUND INFORMATION

1. Does your Department have an office responsible for providing adult protective services and assisting abused adults? Yes No
If yes, what is the name and address of this office? _____
2. What is the age range of adults that are eligible to receive protective services in your State? _____
3. Are these services available to all regardless of income? Yes No
If no, explain: _____

I. BUDGET AND RESOURCES

1. What is the budget for all protective services in your State this year? \$ _____ What was it in 1979? \$ _____
2. Approximately what was the budget for adult protective services provided by the Department this year? \$ _____ What was it in 1979? \$ _____
3. Can you estimate what portion of your budget for adult protective services went toward providing protective services to the elderly in your State this year? _____ %
In 1979? _____ %
4. Approximately what was the budget for child protective services provided by the Department this year? \$ _____ What was it in 1979? \$ _____
5. What is the total number of adult protective service employees (in full time equivalents) hired by the Department? _____
How many are clerical? _____ Paraprofessional? _____
Professional? _____
6. What is the salary of the chief of the Adult Protective Service office? \$ _____
7. What is the average salary of the professional adult protective service worker? \$ _____
8. What requirements must an individual meet before they can qualify as an adult protective service worker in your State?

Minimum education requirements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Minimum Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prior experience	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pass exam	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Good moral character	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is a license required? Yes No. If yes, which office licenses workers? _____

II. POWER AND DUTIES

1. What are the basic power and duties of the Department with respect to the provision of adult protective services?

Could you please send us a copy of your State statute together with any summary thereof which you may have?

2. Is there any legislation currently pending consideration in your State which would impact on the provision of adult protective services? Yes No. If yes, could you please send us a copy of the proposed legislation?

III. ABUSES

1. How many cases of adult abuse came to the Department's attention in 1980? In 1979?

2. What percentage of these cases involved persons over the age of 65? %.

3. How many cases of child abuse came to the Department's attention in 1980? In 1979?

4. Experts have indicated that many elderly are abused by their children, relatives or caretakers in obvious as well as in subtle ways. The following section of this questionnaire is to ask if you have ever received complaints of any of the following practices:

A. Physical Abuse - This includes deliberate acts leading to injury of the older person, such as beating, withholding medication, food and personal care necessary for their well-being. This also includes "neglect," such as the excessive use of sleeping medication or alcohol to make the older person who needs constant watching more manageable. Yes No

B. Psychological Abuse - This includes verbal assault and threats, provoking fear and isolation. This type of abuse usually precedes physical abuse. It may involve the threat of unnecessary nursing home placement or various other mistreatments. Yes No

C. Material or Financial Abuse - Includes the theft of money or personal property. The appointment of a conservator who does not handle an older person's estate in their best interest. Yes No

D. Violation of Rights - This includes being forced out of one's dwelling or being forced into another setting against the older person's will. Yes No

E. Other - Explain:

5. Of the elder abuse you encountered this year, how many involved:

- Physical Abuse %
Psychological Abuse %
Financial Abuse %
Violation of Rights %
Other %

6. What percentage of the elder abuse cases that came to your attention were substantiated? % Unsubstantiated? % Inconclusive evidence? %.

7. Is it your opinion that a significant number of elder abuse cases go unreported? Yes No. If yes, what number of cases would you say went unreported in 1980? In 1979?

8. Of the elder abuse cases you estimate go unreported, how many would you say involved physical abuse? % Financial Abuse? % Psychological abuse? Violation of Rights? %

9. How are complaints of elder abuse brought to your attention?

- Investigation initiated by protective service worker %
Co-worker %
Member of the family %
Subject (self report) %
Private agencies (Specify) %
Public agencies (Specify) %
Hospital or clinic %
Police %
Lawyer %
Other %

10. Would you say the incidence of elder abuse is increasing? Yes No.

11. Does your Department have standardized forms for reporting elder abuse? Yes No. If yes, may we have a copy?

12. What is the average length of time for resolving elder abuse cases? One week 2 to 4 weeks 5 to 8 weeks 2-6 months Up to a year More than a year.

13. What percentage of elder abuse is perpetrated by relatives? % In cases where family members or relatives commit such abuse, what percent of them would you guess are perpetrated by each of the following:

- Husband %
Wife %
son %
daughter %
daughter-in-law %
son-in-law %
Grandson %
Granddaughter %
Other relatives (Specify) %

14. What percentage of elder abuse is perpetrated by caretakers unrelated to the abused? %

In cases where caretakers unrelated to the victim commit such abuse, what percent of them would you guess are perpetrated by each of the following:

- Unrelated conservator/guardian %
Live in caretaker %
Other (Specify) %

15. In your opinion, what were the underlying causes which resulted in abuse of the elderly?

- Abusive behavior is a response to stress %
Abusive behavior is a form of revenge (abuser was abused as a child) %
Abusive behavior is a response to lack of community services %
Abusive behavior is a response to alcoholic problems %
Abusive behavior is a response to psychological problems %
Other (Specify) %

IV. INTERVENTIONS

1. When an incident of elder abuse is reported, what types of action are most frequently utilized:
- | | Never | Rarely | Frequently | Always |
|--|-------|--------|------------|--------|
| Notification of Police authorities | ___ | ___ | ___ | ___ |
| Relocation (either temporarily or permanently) of abused or abuser from place where abuse took place | ___ | ___ | ___ | ___ |
| Counselling with those involved | ___ | ___ | ___ | ___ |
| Linking those involved with needed services such as: | | | | |
| a) Medical | ___ | ___ | ___ | ___ |
| b) Housing | ___ | ___ | ___ | ___ |
| c) Financial | ___ | ___ | ___ | ___ |
| d) Legal | ___ | ___ | ___ | ___ |
| e) Other social services | ___ | ___ | ___ | ___ |
| Other, specify _____ | ___ | ___ | ___ | ___ |
2. What is the most effective means of intervention, in your opinion? _____
3. Does your agency have written instructions or procedures concerning intervention? _____
If so, may we have a copy of them? _____
4. What barriers make it difficult for you to provide assistance to victims of suspected or substantiated abuse? _____
5. What must be done to make it possible for you to provide assistance to victims of suspected or substantiated abuse? _____
6. To what extent is the general public in your state aware of the problem of elder abuse and the work of your office in this regard?
Very Aware ___ Moderately Aware ___ Unaware ___

V. STATE AND FEDERAL REGULATION

1. Does your state have a law requiring mandatory reporting of elder abuse?
Yes ___ No ___ If so, may we have a copy? Also, could you characterize how effective this law is? _____
2. Based on your experience, to what extent are the needs of the elderly met through existing state laws or regulations?
- | | |
|--------------|------|
| Not at all | ___% |
| Occasionally | ___% |
| Frequently | ___% |
| Always | ___% |
| Do not know | ___% |
3. Would you favor Federal legislation to establish model mandatory reporting requirements for elder abuse to be adopted by the States?
Yes ___ No ___ If yes, who should be required to report? _____

4. Enclosed is a copy of our bill, H.R. 7551, "Prevention, Identification, and Treatment of Adult Abuse Act of 1980," and a statement summarizing its provisions. Would you support the passage of this measure?
Yes ___ No ___ Undecided ___

VI. REQUEST FOR FURTHER INFORMATION

1. Will you please provide the Committee with typical case histories of elder abuse which have come to your Department's attention? Please feel free to delete names of individuals or protective service employees if you so desire.
2. Has your State produced any pamphlets or literature addressed to senior citizens providing guidance with respect to elder abuse? Yes ___ No ___ May we have a copy if such material exists?
3. May we have a copy of your latest annual report?
4. Would you be willing to testify before the House Select Committee on Aging if hearings are once again scheduled on the issue of elder abuse? Yes ___ No ___
5. Is there someone you might suggest we contact for further information on this issue? _____

Please return this questionnaire along with additional information and case histories by August 15, 1980.

House Select Committee on Aging
U.S. House of Representatives
3269 House Office Building Annex II
Washington, D.C. 20515

OUR SINCERE THANKS FOR YOUR ASSISTANCE.

New York Times Articles on the Mary Ellen Wilson Case, April 10, 11, 14, and 22, 1874 and December 27, 1875.

*The case of "Little Mary Ellen,"
New York, 1874*

1. Henry Bergh takes the case to court
New York Times, April 10, 1874

Henry Bergh (1811-1888) was founder (1866) and president of the Society for the Prevention of Cruelty to Animals.

MR. BERGH ENLARGING HIS SPHERE OF
USEFULNESS Inhuman Treatment of a
Little Wail—Her Treatment—A Mystery
To Be Cleared Up

It appears from proceedings had in Supreme Court . . . yesterday, in the case of a child named Mary Ellen, that Mr. Bergh does not confine the humane impulses of his heart to smoothing the pathway of the brute creation toward the grave or elsewhere, but that he embraces within the sphere of his kindly efforts the human species also. On his petition a special warrant was issued by Judge Lawrence, bringing before him yesterday the little girl in question, the object of Mr. Bergh being to have her taken from her present custodians and placed in charge of some person or persons by whom she shall be more kindly treated. In his petition Mr. Bergh states that about six years since Francis and Mary Connolly, residing at No. 315 West Forty-first street, obtained possession of the child from Mr. Kellock, Superintendent of the Department of Charities; that her parents are unknown; that her present custodians have been in the habit of beating her cruelly, the marks of which are now visible on her person; that her punishment was so cruel and frequent as to attract the attention of the residents in the vicinity of the Connolly's dwelling, through whom information of the fact was conveyed to Mr. Bergh; that her custodians had boasted that they had a good fortune for keeping her; that not only was she cruelly beaten, but rigidly confined, and that there was reason to believe that her keepers were about to remove her out of the jurisdiction of the court and beyond the limits of the State.

Upon this petition, Judge Lawrence issued, not an ordinary writ of habeas corpus, but a special warrant, provided for by section 65 of the Habeas Corpus act, whereby the child was at once taken possession of and brought within the control of the court. Under authority of the warrant thus granted, Officer McDougal took the child into custody, and produced her in court yesterday. She is a bright little girl, with features indicating unusual mental capacity, but with a care-worn, stunted, and prematurely old look. Her apparent condition of health, as well as her scanty wardrobe, indicated that no change of custody or condition could be much for the worse.

In his statement of the case to the court Mr. Elbridge T. Gerry, who appeared as counsel for Mr. Bergh, said the child's condition had been discovered by a lady who had been on an errand of mercy to a dying woman in the house adjoining, the latter asserting that she could not die happy until she had made the child's treatment known; that this statement had been corroborated by several of the neighbors; that the charitable lady who made the discovery of these facts had gone to several institutions in the vain hope of having them take the child under their care; that as a last resort she applied to Mr. Bergh, who, though the case was not within the scope of the special act to prevent cruelty to animals, recognized it as being clearly within the general laws of humanity, and promptly gave it his attention. It was urged by counsel that if the child was not committed to the custody of some proper person, she should be placed in some charitable institution; as, if she was to be returned to her present custodians, it would probably result in her being beaten to death.

The Connollys made no appearance in court, and on her examination the child made a statement as follows: My father and mother are both dead. I don't know how old I am. I have no recollection of a time when I did not live with the Connollys. I call Mrs. Connolly mamma. I have never had but one pair of shoes, but I cannot recollect when that was. I have had no shoes or stockings on this Winter. I have never been allowed to go out of the room where the Connollys were, except in the night time, and then only in the yard. I have never had on a particle of flannel. My bed at night has been only a piece of carpet stretched on the floor underneath a window, and I sleep in my little under-garments, with a quilt over me. I am never allowed to play with any children, or to have any company whatever. Mamma (Mrs. Connolly) has been in the habit of whipping and beating me almost every day. She used to whip me with a twisted whip—a raw hide. The whip always left a black and blue mark on my body. I have now the black and blue marks on my head which were made by mamma, and also a cut on the left side of my forehead which was made by a pair of scissors. (Scissors produced in court.) She struck me with the scissors and cut me; I have no recollection of ever having been kissed by any one—have never been kissed by mamma. I have never been taken on my mamma's lap and caressed or petted. I never dared to speak to anybody, because if I did I would get whipped. I have never had, to my recollection, any more clothing than I have at present—a calico dress and skirt. I have seen stockings and other clothes in our room, but was not allowed to put them on. Whenever mamma went out I was locked up in the bedroom. I do not know for what I was whipped—mamma never said anything to me when she whipped me. I do not want to go back to live with mamma, because she beats me so. I have no recollection of ever being on the street in my life.

At this point of the investigation, and adjournment was taken until 10 o'clock A.M., today.

In addition to the foregoing testimony, Messrs. Gerry and Ambrose Monell, counsel on behalf of the application, stated in court that further evidence would be produced corroborating the statement of the child as to the cruelty and neglect which she has sustained; also, as to the mysterious visits of parties to the house of the Connollys, which, taken together with the intelligent and rather refined appearance of the child, tends to the conclusion that she is the child of parents of some prominence in society, who, for some reason have abandoned her to her present undeserved fate.

Before adjournment the child was removed into the Judge's private room, where, apart from all parties to the proceedings, she corroborated before Judge Lawrence her statement as herein given. Counsel on behalf of Mr. Bergh, in his statement to the court, desired it to be clearly understood that the latter's action in the case has been prompted by his feelings and duty as a humane citizen; that in no sense has he acted in his official capacity as President of the Society for Prevention of Cruelty to Animals, but is none the less determined to avail himself of such means as the laws place within his power, to prevent the too frequent cruelties practiced on children.

In ordering the adjournment, Judge Lawrence said he would direct a subpoena to issue for the woman who has the child in charge, as, he said, he had no doubt she could disclose the names of one or both of the child's parents, and he desired to be informed on that point before making a final disposition of the child's custody.

2. How Mrs. Connolly obtained Mary
Ellen Wilson

New York Times, April 11, 1874.

THE MISSION OF HUMANITY
Continuation of the Proceedings Instituted
by Mr. Bergh on Behalf of the Child,
Mary Ellen Wilson

Proceedings in the case of Mary Ellen Wilson, the little girl of eight years, charged to have been cruelly treated by Francis and Mary Connolly, of No. 315 West Forty-first street, an account of which appeared in *The Times* of yesterday, were continued yesterday, before Judge Lawrence, in Supreme Court, Chambers. Quite a number of persons, including several ladies, were attracted to the court by the publicity which had been given to the proceedings had on the previous day, all of them evidently deeply sympathizing with the little neglected wail, whose cause had been espoused by Mr. Bergh. Ten o'clock in the morning, to which the hearing had been adjourned, found the little girl, Mr. Bergh and his counsel, Messrs. Elbridge T. Gerry and Ambrose Monell, and Mrs.

Connolly, the former custodian of the girl, all present in court. The first witness put upon the stand was Mrs. Connolly, who testified as follows: I was formerly married to Thomas McCormack, and had three children by him, all of whom are dead. After Mr. McCormack's death I married Francis Connolly. Before my first husband died he had told me he had three children by another woman, who was alive, but was a good-for-nothing. I went with McCormack to Mr. Kellock, and got out the child, Mary Ellen, my husband signing the paper.

Here the paper referred to was produced, and which proved to be an "indenture" of the child, Mary Ellen Wilson, aged one year and six months, to Thomas McCormack, butcher, and his wife, Mary, in February, 1866, and whereby they undertook to report once a year the condition of the child to the Commissioners of Charities and Correction. This indenture was indorsed by Commissioner Isaac Bell and Secretary Brown.

Witness continued as follows: I know this was one of my husband's illegitimate children. He selected this one. The mother's name, I suppose, is Wilson, because Mr. Kellock, the Superintendent, had the name down. Mr. Kellock asked no questions about my relation to the child. I told him I wanted this child. My husband never told me where the woman Wilson lived. We got the child out on the 2d of January, without any paper being served or any receipt for the child. This was the only paper we signed, and it was not signed until the 15th of February. Sometimes my husband told me the mother of the child lived down town. I learned from several people who knew my husband that the woman is still alive. I could not tell who they were. They were laborers who came from work with him and stopped there drinking. I have no way of knowing if the woman is still alive, or if she has any relatives. I never received a cent for supporting this child. At the time I took the child we were living at No. 866 Third avenue, and my husband said the mother left it there, and he would take it out until such time as she called for it. I have instructed the child according to the undertaking in the indenture—that there is a God, and what it is to lie. I have not instructed her in "the art and mystery of house-keeping," because she is too young. She had a flannel petticoat when she came to me, and I gave her no others.

At this point the witness grew somewhat excited at Mr. Gerry, the examining counsel, whom she assumed to be ignorant of the difficulties of bringing up and governing children, and concluded her testimony by an admission that on but two occasions had she complied with the conditions of the indenture requiring her to report once a year to the Commissioners of Charities and Correction the condition of the child.

New York Times, April 14, 1874.

Mr. Geo. Kellock, Superintendent of Outdoor Poor, testified that a child named Mary Ellen Wilson was indentured from the Depart-

ment of Charities in 1866, being then eighteen months old; that the records show the same to have been left there on the 21st of May, 1864, by a woman named Mary Score, giving her address as No. 235 Mulberry street, and who swore that until within three weeks of that time she had received \$8 per month for the child's support; had no means of knowing who the child's parents were, and nothing was said by either Mr. McCormack or his wife, Mrs. Connolly, at the time, as to any relationship of either of them to the child; the \$8 per month had been paid to Mary Score by the parties leaving the child with her, and it was when that payment stopped that she brought the child to his office. Reference was demanded from Mr. and Mrs. McCormack when they took the child, and they gave their family physician, Dr. Laughlin or McLaughlin, whose statement in reference to them was deemed satisfactory, and an order for the delivery of the child was given accordingly; believes he can find Dr. Laughlin, who lived in the vicinity of Twenty-third street and Third avenue. During the past year about 500 children have passed through the department, and witness has no recollection of this one other than the records of his office record. At this point the further hearing was adjourned to Thursday morning next, at 10 o'clock A.M.

3. Mrs. Connolly found guilty of felonious assault.

New York Times, April 22, 1874.

MARY ELLEN WILSON
Mrs. Connolly, the Guardian, Found Guilty, and Sentenced One Year's Imprisonment at Hard Labor

Mary Connolly, the discovery of whose inhuman treatment of the little waif, Mary Ellen Wilson, caused such excitement and indignation in the community, was placed on trial before Recorder Hackett yesterday, in the Court of General Sessions. The prisoner, whose appearance is anything but prepossessing, sat immovable during the proceedings, never lifting her eyes from the ground, except when the child was first placed on the stand. Little Mary Ellen, an interesting-looking child, was neatly dressed in the new clothes provided for her by the humane ladies who have taken an interest in her, and has so much improved since her first appearance in the courts as to be scarcely recognized as the cowering, half-naked child rescued by Mr. Bergh's officers. The child was brought into court in charge of Mrs. Webb, the matron at Police Headquarters. Mr. Bergh occupied a seat beside District Attorney Rollins, and took an active part in the proceedings. There were two indictments against the prisoner, one for feloniously assaulting Mary Ellen Wilson with a pair of scissors on the 7th of April, and the other for a series of assaults committed during the years 1873 and 1874. The trial yesterday was on the indictment charging felonious assault.

The little child was put upon the stand, and having been instructed by Recorder Hackett in

the nature and responsibility of an oath, was sworn. At first she answered the questions put to her readily, but soon became frightened and gave way to sobs and tears. She was soon reassured, however, by the kind words of the Recorder and District Attorney Rollins, and intelligently detailed the story of her ill-treatment. The scar on her forehead when taken from Mrs. Connolly's house, had been inflicted, she said, by her "mamma" with a pair of scissors. Her "mamma" as she called Mrs. Connolly, had been ripping a quilt, which she held, and struck her with the scissors because she did not like how the quilt was held. The child stated that she had been repeatedly beaten with a long cane by her "mamma" without having done anything wrong. The general cruelty and neglect of Mrs. Connolly were also testified to by the child, as has already been published in the proceedings of the preliminary examinations. Mrs. Webb, Matron at Police Headquarters, Detective McDougall, Alonzo S. Evans, of Mr. Bergh's society, Mrs. Wheeler of St. Luke's Mission, Mrs. Bingham, from whom the prisoner rented apartments, Mrs. States, and Charles Smith, testified to the bruises and filth on the child's body when rescued from Mrs. Connolly's, and to the instances of ill-treatment which had come to their knowledge. After an able argument from District Attorney Rollins and a charge of characteristics clearness from the Recorder, the jury retired, and after twenty minutes deliberation, returned a verdict of guilty of assault and battery.

Recorder Hackett, addressing the prisoner, said that he had no doubt whatever of her guilt. She had been accorded every opportunity to prove her innocence, and the court was fully satisfied that she had been guilty of gross and wanton cruelty. He would have been satisfied if the jury had found her guilty of the higher offense charged. As a punishment to herself, but more as a warning to others, he would sentence her to the extreme penalty of the law — one year in the Penitentiary at hard labor. The prisoner heard her sentence without moving a muscle, and preserved the same hard, cruel expression of countenance displayed by her during the trial, while being conveyed to the Tombs.

A brother of Mrs. Connolly says that the child was legally adopted by the prisoner, who has the legal proofs in her possession, and will seek to gain the custody of the little one at the expiration of her term of punishment.

4. Mary Ellen sent to an asylum
New York Times, Dec. 27, 1875

LITTLE MARY ELLEN FINALLY DISPOSED OF

In the matter of the child Mary Ellen Wilson, rescued from Mary Connolly, and whose grandparents were alleged to be residing in London, Judge Lawrence yesterday decided that the relatives not having been found, the child should be sent to "The Sheltering Arms." It was the case of little Mary Ellen which led to the formation of the Society for the Prevention of Cruelty to Children.

New York Society for the Prevention of Cruelty to Children

1. The Society is organized, December, 1874
New York Times, Dec. 17, 1874

Elbridge T. Gerry (1837-1927), lawyer and philanthropist, was legal advisor to the American Society for the Prevention of Cruelty to Animals and served as president of the New York Society for the Prevention of Cruelty to Children from 1879 to 1901.

The apprehension and subsequent conviction of the persecutors of little Mary Ellen, some time since, suggested to Mr. Elbridge T. Gerry, the counsel engaged in the prosecution of the case, the necessity for the existence of an organized society for the prevention of similar acts of atrocity. Upon expressing his views among his friends he found plenty of sympathizers with the movement, but no one sufficiently interested to attempt the formation of such a society. About this time he met Mr. John D. Wright, to whom he stated his plan. The latter at once became warmly interested, and undertook the necessary steps toward effecting an organization. Invitations were extended to a large number of prominent citizens interested in the welfare of children to meet at Association Hall on Tuesday afternoon and many promptly responded. Mr. Gerry defined the object of the meeting which, he said, was to organize a society for the prevention of cruelty to children. There were in existence in this City and State, he said, many excellent institutions, some as charitable corps, and others as State reformatories and asylums, for receiving and caring for little children. Among these ought to be cited the Children's Aid Society, Society for the Protection of Destitute Children, etc., and in addition each religious denomination had one or more hospitals and similar institutions devoted to the moral and physical culture of helpless children. These societies, however, only assured the care of their inmates after they had been legally placed in their custody. It was not in the province of these excellent institutions to seek out and rescue from the dens and slums of the City the little unfortunates whose lives were rendered miserable by the system of cruelty and abuse which was constantly practiced upon them by the human brutes who happened to possess the custody or control of them; and this was the defect which it was proposed to remedy by the formation of this society. There were plenty of laws existing on the statute books of the State, which provided for all such cases as had been cited but unfortunately no one had heretofore been held responsible for their enforcement. The Police and prosecuting officers were engaged in the prosecution and conviction of offenses of a graver legal character, and, although they were always ready to aid in enforcing the laws when duly called upon to do so, they could not be expected to discover and prosecute those who claimed the right to ill-treat the children over whom they had an apparent legal control. This society proposed to enforce legally, but energetically, the existing laws and to secure the conviction and punish-

ment of every violation of any of those laws. The society would not interfere with the numerous institutions already existing, but would aid them in their work. It did not propose to aid any religious denomination, and would be kept entirely free from any political influences. Its duty toward the children would be discharged when their future custody should be decided by the courts. The counsel for the society volunteers his gratuitous services in the prosecution of cases reported by its officers during the first year. The Secretary will be entitled to a moderate compensation, but no salary will be paid to the remaining officers.

The Secretary will be provided with a book in which all parties who desire to enroll themselves as members may do so at the office of the society, which will be located temporarily in the office of the Society for the Prevention of Cruelty to Animals, No. 100 East Twenty-second Street. The first annual meeting of the society will be held on December 28, 1875.

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EXTENSIONS OF REMARKS

to the vehicle, the driver and a passenger perishing in the flames. Seneca? Probably not, in the Viet Cong view. "The bus was probably owned by a Chinese businessman," says the analyst. "Now every commercial vehicle moving on the roads in Vietnam pays 'taxes' to the VC or to crooks who claim they are VC. The Chinese are pretty fussy; the businessman probably tried to get out of paying off."

Adding to the terror mix are straight forward attacks upon targets such as police stations and military installations in which innocent bystanders are inevitably killed and wounded. Terrorists casually wheeled a cart up to a police station in Cholon at midday last week and fired when suspicious policemen approached. Seconds later, a 40-pound explosive in the cart ripped through the police station, killing one woman and wounding 26 bystanders.

Another heavy terror squad was surprised in the process of setting up a 60mm mortar in a school house within range of the heavily guarded Presidential Palace. National police killed one of the mortar-men and arrested two others.

REGARDLESS OF THE rationale, Westerners find many acts of terrorism "senseless" in view of the extremely heavy toll of innocent persons. Terrorists one recent morning concealed a powerful bomb in a container and placed it on a street corner in front of a coffee shop in the most congested section of the market in Hanoi. A city south of here, the bomb killed 6 persons and wounded 42; among the dead were two 60-year-old women and two girls, aged 3 and 12. Equally horrible in Western eyes, are the indiscriminate rocketings of markets, places, hospitals, and shacks of the poor in cities such as Saigon and Da Nang. Such actions are seen as attempts at mass terrorization. They fall because the enemy is not strong enough to send rockets and mortars over in sufficient quantity to induce this effect. As a result, the rocketings have had a tendency to backfire, infuriating many people who had often as not been indifferent to either the Viet Cong or the government. The rocketings have even converted some opponents of the Thieu government.

"Some militant Buddhists came to me in shocked surprise and righteous indignation," says one U.S. official. "They said, as though they had just discovered a great new truth: 'Why, they are killing innocent people with these rockets here in Saigon!' It was all I could do to keep from replying: 'Yes, you're at least getting a dose of what the people in the villages have been living with for nearly 16 years. Maybe now you'll wake up.'"

By far the most grisly and significant, chapter in the history of Viet Cong and North Vietnamese terrorism in South Vietnam is still unfolding in the city of Hue where, since the end of the Tet offensive last year, more than 2,000 bodies of persons methodically assassinated by the enemy have been dug up from shallow mass graves. Volunteer gravediggers, many of them teen-agers, are still finding bodies, and officials believe that another 1,000 and possibly 2,000 will be uncovered.

"It was the beginning of the 'night of the long knives' that is standard operating procedure after a Communist takeover," says a U.S. State Department man who has made a study of the Hue massacre. "The North Vietnamese held Hue for nearly a month, and they had planned to hold it permanently as an enclave. The assassination squads worked from prepared lists, just as the Nazis and the Redists did. What happened in Hue is just a smattering of what you can expect if the Communists succeed in taking over South Vietnam."

"There is reason to believe that President Nixon had Hue in mind when he said in his Vietnam speech last week: 'When we as-

sumed the burden of helping defend South Vietnam, millions of South Vietnamese men, women, and children placed their trust in us. To abandon them now would just a massacre that would shock and dismay everyone in the world who values human life."

When the enemy was finally dislodged last year from the thick-walled Citadel of Hue where they made their last stand, 10 mass graves were found containing the bodies of 1,200 men, women, and children. Many of the dead were the victims' city and province officials, national policemen, military personnel, others with a reputation for anti-Communism, and Catholic refugees from North Vietnam.

But what came as a shock to many was the fact that the Communists also assassinated militant Buddhists who had been involved in the struggle against the Saigon regime, men who had worked with the Communists toward this end. They eliminated, as well, members of numerous anti-government political parties, foreign missionaries, and medical personnel.

Among the foreigners killed were Father M. Cresson, 59, and Father Pierre Poncelet, 36, of France, who belonged to the Societe des Missions Etrangeres de Paris. Father Cresson had been living in Hue for 15 years. Two other French priests, members of the Benedictine Order, were also assassinated.

Buddhist and faculty of Hue University were appalled at the murder of three German professors of medicine and the wife of one of them. "They were discovered April 2, 1968," says a U.S. Government report. "They had been dumped into a single shallow grave in a freshly plowed potato field behind a rural pagoda not more than 1 1/2 kilometers south of the walled city. All had been shot in the back of the head, their hands trussed behind them with wire. The victims were: Dr. Horst Kralnick, 35, professor of pediatrics, and his wife Elizabeth (whose body had been mutilated); Dr. Raimund Discher, 44, professor of internal medicine; and Dr. Alois Altkoester, 36, professor of general medicine.

"These people had never done anything hostile or harmful to the VC," said Dr. Nguyen The Anh, professor of history and rector of Hue University. "And Frau Kralnick was a gracious lady. We simply don't understand it."

American and South Vietnamese investigating teams report that "almost half of the victims were found in conditions indicating that they had been buried alive. Many were found together in groups of 10 to 15, eyes open, with dirt or cloth in their mouths. Evidence also was discovered of victims having been clubbed unconscious prior to being buried alive."

In one official report of the massacre there appears this item: "Many Quang Tu Pagoda. Coordinates: YD 786-240. Number of graves: 13. Number of bodies: 67. Date discovered: From 3/1/69. Comment: Victims shot. Buddhist monk in pagoda heard nightly executions by pistol and rifle shots in pagoda behind pagoda during first two weeks in February, with victims pleading for mercy. Leader of Vietnam Nationalist Party Nguyen Ngoc Ky, was among victims found here."

In March of this year, a new search for bodies was begun at the instigation of a diminutive 40-year-old widow, Madame Ton That Lang of a neighboring district. Her husband, a school teacher, had been taken from their home by six Viet Cong soldiers six days after the city's occupation. Madame Lang prevailed upon her district chief to ask for volunteers and trucks to begin a search for bodies in the stony marshlands not far from Hue. The search was successful. Other committees were formed, other searches were begun, more bodies were found.

"One set of graves was discovered when someone noticed that the grass in that particular field was greener than it was in the next field," says an American official. Identification, most of the time, has been impossible, for the enemy destroyed the victims' identification cards. One woman obviously had a premonition of her fate: She wrote her name, ID card number, and address in ink on the inside of her underwear.

The first batch of 1,200 bodies found last year was buried in a paddly. But the new finds, totaling 800 bodies so far, are so numerous that it was decided not to waste any more established in sandy scrubland with a cemetery, hence a new burial ground has been established in sandy scrubland.

The bodies are placed in plywood coffins, which are painted red and given numbers. The mass funerals are held. Among the mourners at a recent funeral was Madame Lang, who hasn't found her husband's body yet. But she hasn't given up the search.

MICHIGAN'S BATTERED BABIES HON. MARTHA W. GRIFFITHS

IN THE HOUSE OF REPRESENTATIVES Thursday, May 22, 1969

Mrs. GRIFFITHS. Mr. Speaker, the Detroit News recently carried a series of articles written by Ruth Carleton and Kathleen O'Brien on Michigan's battered babies. The tragedy of child abuse with its unbelievable horrors points to an area where there is great need for new approaches by the courts, welfare agencies, and the entire community toward solving this problem. In Michigan last year the reported number of child abuse cases totaled 766, and for the Nation as a whole it is reported that one or two children are killed by their parents every day.

Indeed, too little attention has been given to the innocent victims involved, many of whom are too young to talk and are forced to bear lifelong emotional and physical scars of this brutality. One of the reasons this problem has been overlooked is that it relates to the family and the personal relationship of its members. But this whole problem affects society and it demands solution.

At this point, I place the series in the Congressional Record for everyone to read: MICHIGAN'S BATTERED BABIES: ARE THEY THE VICTIMS OF THREE PARASITIC FAMILIES OR SOCIAL SOCIETY THAT DOESN'T CARE? (By Ruth Carleton and Kathleen O'Brien)

Two-and-a-half-year old twin girls died last year in Wayne County as a result of burns they suffered when their stepmother poured boiling water on them as they were taking their bath.

A six-month-old baby boy was found weak and close to death in a Detroit home where three other children seemed happy and well-fed. A two-month-old baby was badly bruised when he was brought into a Detroit hospital emergency room. The mother said he had fallen out of his crib. Later, under questioning, she admitted throwing the baby across the room when he would not stop crying.

These are three of the 766 cases of child abuse reported in Michigan last year; 334 came from Wayne County. Four of the Wayne County children died—all under 27 months of age.

Most of the victims are under three... too young to tell what happened to them... too small to run away. Doctors are required by a 1964 state law to report all suspected cases of child abuse to the Michigan Department of Social Services (MDSS). This law also protects the doctor's anonymity.

Bill all authorities agree only a fraction of the abuse cases are reported. Furthermore there is no agreement among authorities about what steps should be taken when a case of abuse is reported. Should the abused child be removed permanently from the parents?

Should the parents be punished by having their child taken from them? Or should an effort be made to rehabilitate the parents through social work counseling?

Should the child remain in the home while his parents go through this emotional re-education? Or should he be temporarily placed with foster parents until his anger and frustration a different way?

There's a struggle in philosophy of how to handle beaten babies," says Judge James H. Lincoln of Wayne County Juvenile Court. "The Department of Social Services seems to feel social work should be carried on with the parent. I object; you wind up with dead kids."

I want the Department of Social Services to offer social work but I want them to bring each case immediately to court. I want an official petition filed to move the child out of the home on every child abuse case."

He says parents will often agree to let children go into boarding homes without the parents. But use the authority of the court to protect the child.

Even if the court leaves the child in the home there is more control if the case has been reviewed by the court. Then the parents have to let the social worker in. It's different than social work visiting on a voluntary basis," Judge Lincoln says.

"I have a baby in the hospital now so savagely beaten he may not live," says Dr. Marilyn Heins, director of pediatrics for Detroit General Hospital.

He is an 18-month-old boy who weighed only 14 pounds when he was brought in. His tiny back is scarred from beating; his belly bloated from near starvation.

Half a dozen burn spots on his cheeks are the size of a cigarette coal. "We (the doctor who examined him, the nurse and social worker who visited the home) all said this is a terrible situation; the children should be removed at once. But nothing happened."

"How many children from that home must suffer before someone takes action to protect the children?" the doctor asks.

A Detroit police woman says: "It is out of our hands. All we can do is report to the MDSS and nothing happens."

A social worker says, "One abused child returned home for lack of proof that his parents were responsible, was dead two months later as a result of an accident."

Another social worker who formerly worked for the Wayne County MDSS says: "There is so much paper work involved with taking a child from his home and placing him in a foster home that the social worker can't possibly offer real service to the parents or the child."

Many cases of child abuse still go unreported, says Dr. Margaret Zollner, director of maternal, child and school health for the City-County Health Department.

"Most doctors in private practice are gun-shy; they won't turn in a case of abuse for fear of being sued," (Even though the law protects their anonymity, a family that takes a child to their family doctor can figure out where the report came from.)

Often the doctor simply cannot believe a patient he knows is capable of beating a child, she says.

"These parents fall into two groups," Judge Zollner says. "Those who know they are doing wrong to break a child's bones and those who think they are following the Bible on spare the rod and spoil the child."

The greatest need in Wayne County is for adequate marriage counseling, family social work, which could shore up these families, Judge Lincoln says.

"With help for the parents many of the 3,000 kids now wards of my court might be in their own homes. We would not need the constant search for boarding homes if we adopted homes if we prevented the break-down of the family—the child's own family."

"Child abuse is just one facet of the larger problem—wounded children," says Dr. Marilyn Heins.

"We should attack it by all methods to prevent unwanted children... I don't want to fight abortion and subsidized adoption. Anything less than unwanted kids."

In the meantime Dr. Heins feels the emphasis should be on preventing the child out of the home on every child abuse case... especially the very young children of 2 or 3 years old.

Dr. Heins says 17 percent of the children coming into Detroit General are there because of neglect or abuse.

In a study of 47 families brought before Wayne County Juvenile Court for child abuse, 27 percent of the 47 abusive parents were under 25 years of age.

Twenty-one of the parents had married before the age of 20.

Half of the parents had failed to graduate from high school.

Many of them were mentally retarded.

But Dr. Zollner stresses that the problem is not confined to the inner city, abuse cuts across all boundaries. It is not limited to any economic group, nationally, race or neighborhood," she says.

Police records show many forms and types of abuse. Children have been beaten with bare fists and baseball bats. They have been burned with open flames, lit cigarettes, electric irons and boiling water.

They have been strangled or suffocated by pillows or plastic bags. And they have been shocked and had pepper forced down their throats.

How does abuse start? A psychiatrist at Wayne County Juvenile Court says abuse frequently begins when a child cries and the parent cannot quiet him, or when the parent begins to toilet train the child and finds it more difficult than he had expected.

In both cases patience runs out and the parent loses control, according to the doctor.

Children who were unwanted pregnancies or children who have health problems are especially likely to be abused, she says.

"After you have seen some of these children you expect to find a huge brute of a parent who indicated the abuse. That is not the case. The parents are usually pathetic

people who you think could hardly lift a beer bottle.

"Usually only one parent is the abuser, and it's as often the mother as the father," this doctor says.

Does the parent restrict his abuse to one child?

"We used to think so. But I find when the court moves the abused child to a foster home, the parents single out another child as their victim," says the psychiatrist.

In checking into the family history we often find another child in the family died mysteriously.

Doctors are not sure how abused children will grow up. Whether they can ever function as citizens after the terror they have experienced. They do know that quite often the abusive parent was himself an abused child.

Will the baby lying in the hospital with the angry whip marks on his back grow up to abuse his children?

Punishing the parent is not the answer, Dr. Heins believes one step might be the formation of an agency that would be able to handle the entire problem of abuse in one facility.

"It is quite difficult to get treatment for parents who abuse their children," says Dr. Heins. "These parents need treatment before the child is returned to the home or we are going to wind up with more dead children."

Ideally such an agency would handle only the problem of child abuse instead of the whole gamut of problems the Department of Social Services handles.

"A child protective work is really being done when everything is closed Saturdays and Sundays," says Rosemary Klug, chief of women's division, Detroit Police Department.

"On weekends we (the police) are the only protection agency," she says.

"Before the law was changed in 1964, child abuse was reported to the police department and investigated by policemen. Now investigation is left to the agency (Department of Social Services) and reporting is required of doctors. They are not reporting."

"We get very few abuse cases now," Miss Klug said. "On one case last week we arrested a mother and placed the child in custody. We felt the child's life was in danger. But we will probably be criticized by Department of Social Services."

The important job now is knowing these cries before they are silenced forever.

ABUSED CHILDREN TALK: BEATING CHILDREN LOCAL FORMER, REPUBLICAN

Detroit is falling in on abused children. They get lost in a mountain of paper work which buries all efforts of the social workers hired to help them.

The social workers really care about what happens to kids or they wouldn't be there, but they can't cut through the red tape.

While I was supervisor of the Wayne County Department of Social Services abuse department, I took on an abuse case myself just to see what was involved. I thought maybe my staff was not coping efficiently. They were—as efficiently as possible under the circumstances.

On my one case I had to fill out some 90 forms—all of them long. I found myself doing hours and hours of paper work, but not doing a good job where the child and his parents were concerned.

And this was ONE case. My four social workers had an average case load of 35 families with some simple documents. When the paper read-book started 15 or 20 years ago with some simple documents. When a hole was discovered in one, a new document

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was written to plug the hole. But no form was ever discarded. Health, Education and Welfare came along and wanted certain information which added more forms—all of them long.

If you care what happens to children and their families, it haunts you. I finally quit. Before leaving, I had asked for a revision, cutting paper work, hiring of clerical help to do essential paper work to free social workers to give service.

I still believe it can be accomplished if the public knows the conditions. The philosophy behind the Department of Social Services approach is sound. Basically it's to try to save the family—to help the parents change so the child can remain with them.

These are the only parents the child has. There is no most of these parents a love-hate relationship toward this child. They do love him. The parents have a great need for maturity, to solve some of their own problems.

We know when we take a child out of his home he does miss his parents even though he's been abused. But the safety of the child is the first consideration. If he seems to be in danger, he is moved promptly to a carefully selected foster home.

Hopefully this foster home will nourish him for a year or more until he can return to his own home. The social worker will work regularly with the parents to help them mature enough by different ways to reacting to this child. (Abusing parents are usually immature and reacting children are usually immature and reacting children.)

The philosophy assumes it will take at least a year for the parents to change. And the social worker would need to see them at least once a week to bring about such a change. In the meantime the social worker is also helping the child adjust to his foster home, arranging for visits with his own parents and after the visit help the child understand his conflicting emotions.

At the end of this ideal year the child is reconciled with his parents and moved back home. That's the philosophy. Would you like to hear how it works? In reality if the social worker visits the parents briefly once in three months she's doing well.

As for that carefully selected foster home—if there is a bed empty in any licensed foster home, the child is put in that bed. Because the child is thrown into the first foster home available, he may be thrown out of it in a couple of weeks.

These children are usually damaged emotionally by the time they are two years old. They are difficult children to handle. They may be bed wetters, fighters, sulky, withdrawn, unreasonable in their demands for attention.

So they are moved from foster home to foster home to foster home, deteriorating on the way. And if a child is returned to his own home at the end of the year, the family probably is no different than at the time the child was removed. Nor is the child.

Before quitting my job as a social worker for abuse cases, I also pleaded that some one set up priorities. You have the hospital demanding that an abandoned baby be removed immediately. You have Healy Home (a temporary shelter for juvenile court) demanding that a child be moved into a foster home, immediately.

You have to calm down a foster mother whose payments haven't arrived for six weeks. You have another foster mother demanding you remove a five-year-old who wets the bed and beats the other kids. What do you do first? Some priorities must be established. Every night I went home haunted by the

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things not done. Praying that the next day's papers wouldn't have a tragedy headline. For when you are dealing with abused children this thing you don't have time to do may mean a child will die . . . a parent commit suicide.

So eventually you give up the battle. BATTERED BABY RESCUED BY SOCIAL WORKER: A 63-HOUR DRAMA (By Ruth Carlton)

Here are the steps one social worker had to take to remove one obviously abused child from the parent's home. We will call her Miss Smith. She works for Wayne County Department of Social Services (DSS).

MONDAY 2:10 p.m. Doctor calls Wayne County Department of Social Services. He has just placed a 10-month-old boy in a private hospital whom he believes to be victim of parental abuse.

2:15 p.m. Miss Smith calls him back for his report. Baby has broken arm, black eye, burns on buttocks and possible internal injuries.

3 p.m. Miss Smith goes to hospital to see child, by coincidence meets parents there. Nurse tries to convince them to talk. The parents deny everything. Miss Smith takes their address, tells them she will call them later this afternoon.

4:30 p.m. To doctor's office, sees correspondence with doctor who had knowledge with child before family moved to Michigan. California doctor had suspected parental abuse.

5 p.m. Social worker drives to child's parents' home. They deny everything. No list of tenants posted, the caretaker not at home. Miss Smith calls it a day.

TUESDAY 9 a.m. Phone caretaker and gets apartment number and telephone number for the parents. 9:30 a.m. Phone parents, explains why she had not kept her appointment the day before, outlines next steps: File a petition with the court (Wayne County Juvenile Court), judge to decide whether child returns to them. Preliminary hearing at Juvenile Court likely within three days. Angry father says he is going to hospital and get his child.

9:45 a.m. Miss Smith calls hospital, asks them to discourage parents about moving child. She assures hospital she is requesting an order of detention from court which she will deliver to hospital later today. Hospital promises nothing. Doctor wants to get in-formation on the case.

10:15 a.m. She calls court to ask if detaining order can be given by phone. The answer is no. Nothing can be done without first having her written petition for the court to review the case.

10:30 a.m. Social worker types a two-page, single-spaced petition (in quadruplicate). 1 p.m. Delivers petition to court, waits for court order of detention to be typed and signed by judge.

2:45 p.m. Takes detention order to hospital. The father had left an hour earlier with the little boy. 4 p.m. Miss Smith calls the prosecutor. He advises her to request writ of apprehension the next morning.

5 p.m. Calls her supervisor and court to report. WEDNESDAY 9 a.m. Applies for writ at Juvenile Court. 1 p.m. Phone California doctor who agrees to affirm his record of his case and 8-rays. These will be filed for the court hearing. 4 p.m. Notified writ is ready. (Here comes a mutual comedy situation of who is to serve writ on the parents. Wayne County Juvenile Court, seeking under repeated requests by the state legislature for adequate

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financial help, refuses to send an officer of the court to get the child. That, in the court's opinion, is the state's responsibility. Miss Smith who weighs 105 pounds seems an unlikely person to take a child away from two belligerent parents. Eventually able-bodied man from another office is asked to accompany her.)

4:30 p.m. Calls police in family's precinct requesting an escort. 5 p.m. Picks up writ of apprehension at Juvenile Court, drives by police station to pick up court.

6 p.m. Arrives at parents' home. As writ is handed to the father, mother picks up the baby and walks into the bedroom. The father follows, closing the door. 6:20 p.m. Father reenters room and announces, "You can take me to jail but you can't take my baby out of here." He returns to bedroom. This scene is repeated several times until the father is persuaded to call his attorney. Attorney advises him to obey court order.

7:15 p.m. The father agrees to allow the child to be taken into care but says he and his wife will go too. 7:40 p.m. They start out . . . the social worker, the man who served the writ, the mother and her two other children in the social worker's car. The baby in the mother's arms. The baby's father drives alone followed by police car.

8 p.m. The child is placed in Detroit General Hospital—33 hours and 50 minutes after the abuse was first reported. THURSDAY 9 a.m. Miss Smith dictates a series of reports on this case to go to the Michigan Department of Social Services in Lansing with carbons to prosecuting attorney and Juvenile Court. Various forms required for this one case fill her day.

11 a.m. She calls home-finder of Department of Social Services to ask for a foster home for the child. Fills out series of papers that set up payment to foster mother. Makes out clothing order. (When parents refuse to bring clothes to the child, new clothes must be bought.)

2 p.m. Calls hospital to arrange to pick up child and take him to foster home. But the doctor wants more tests so the baby is to be kept in hospital a few more days. Monday the social worker will have to appear at the preliminary hearing at Juvenile Court. She is the petitioner asking the court to look into the case.

When the baby is placed in foster home, it will be Miss Smith's job to take him back to the hospital for medical follow-up. She will also offer social work counseling to the parents. The first appointment will be in her office. If she thinks it safe, she will go to their home for subsequent appointments. (This social worker is responsible for 32 child abuse cases at this time.)

MDSB goal is to close each case in 90 days referring the family to some other agency (Lafayette Clinic, Family Service, Child Study Clinic). If the court decides not to return the child to his parents immediately, the child is made a temporary ward of the court and assigned to one of Detroit's child care agencies which will supervise him in a boarding home. All of this is accomplished with due amount of paper work.

With the total tonnage of paper involved in one case of child abuse, it is not hard to understand how the children "get lost" says one experienced social worker.

ABUSED CHILDREN: THEIR PARENTS WERE TRAGICALLY LITTLE SERVICE (By Ruth Carlton)

"Those people! I could kill them myself. When I think of anyone beating a small child until they break his bones . . ."

This explosion, from a gracious, poised

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normally compassionate woman is reflected by most of us. The subject of battered babies strikes raw nerves and we react in anger.

"But these parents need sympathy as well as the child," plead the social workers. "We must see abusive parents as troubled people, as greatly in need of help as is the child they have abused," says Robert Daniels, social work supervisor for Catholic Social Services of Wayne County.

"These parents are like children themselves, hostile because their own needs have been unmet and resentful because of the demands made on them as parents."

They themselves grew up in troubled families. "In fact if one point stands out, it is that problem-families beget problem-families," he says. "Somewhere we must break the cycle."

He and John A. Brown, district supervisor for Catholic Social Services of Wayne County, have followed three sets of parents since 1968 when they were referred to the agency for child abuse. Incidentally, none of these families was on public assistance.

In each case the small victim was moved immediately. With the child safe in a temporary foster home, intensive social work counseling was done with the parents.

Neither of these social workers talks in terms of success. But they are convinced these parents profited by social work. "How they are better able to fulfill their role as mothers and fathers, as wage earners, than they were," says Mr. Daniels.

"Houston is an extremely difficult position. We have no literature which served all their problems. But because of social work they are able to function much more effectively," Mr. Brown says.

The social worker has to set modest goals in dealing with abuse cases, they say. Only one of these three battered babies has been returned to his parents. The other two have been placed in adoptive homes.

Here are the three cases: CASE NO. 1 Danny Stevens, 14 months old, was removed from his home because of repeated abuse by his mother.

Mrs. Stevens was retarded and emotionally disturbed. She had had a troubled childhood centered around an alcoholic father and a disturbed, rejecting mother.

Her relationship to her mother had been hostile but dependent and the mother had exerted constant control over her life. Danny had been born just a week after Mrs. Stevens' mother died. These two events were so closely associated in Mrs. Stevens' mind that she rejected her son from birth, could not bear to hold him. She reacted with rage if the baby cried to be fed or diapered.

After the court took Danny out of this home, Mrs. Stevens talked every week with the social worker. She made enough progress that Danny was returned home after 14 months. There has been no further abuse; Mr. Stevens continues to see the social worker once a month now.

CASE NO. 2 Mr. Carson was brought to court for abusing his infant son. He told the judge he had been angry when his wife left him baby-sitting. The baby cried, and because he could not stop the crying, he picked up the child and flung him across the room.

Mr. Carson was a depressed dependent person. He was still mourning for his father who had died four years before. His mother had recently married a man of whom Mr. Carson disapproved.

Some way Mr. Carson associated the helplessness of his son with his own helplessness which was compounded now by feeling deserted—deserted by his father's death, deserted by his mother's remarriage, deserted by his wife's leaving their baby with him.

The baby was moved to a foster home. Social work counseling began for Mr. Carson.

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Both parents are what the social workers call "limited" . . . more popularly called retarded. The man was willing to give up the child, his wife was not. So the court took custody of the little boy.

Today Mr. Carson is in the process of getting a divorce. Mrs. Carson and her daughter have gone to live with her mother.

An adoptive home is lined up for the son who is now four years old. The little boy has some brain damage from the abuse. But the adoptive parents want him even though the doctors do not know how severe the brain damage is.

CASE NO. 3 The Jones family came to the attention of the Juvenile Court when Mrs. Jones demanded they take her three-year-old son George. She threatened to kill him if they didn't.

Mrs. Jones also had three little girls. She was an inadequate mother, but this did not include abusing them. She could not tolerate her son George. She beat him severely and put him outside in near zero weather to punish him.

She requested the attention paid George by his father and other adults. Mrs. Jones was retarded, came from a home where she was neglected, and had been placed in a state training school for delinquents.

Mrs. Jones gave up her boy to be adopted. He is now thriving in an adopted home and "Houston is an extremely difficult position," the judge continued. "His requests for money from the state legislature are ignored unless some outside group comes up screaming."

"But to get money for a project you have to plan, document, present a five-year plan, and promote it. This SDSS has not done. If anything there has been a decrease in services in Wayne County since the merger (the 1968 merger of state, county and city welfare services under SDSS)."

From court to hospital to social workers there is agreement that the battered baby problem can be solved only with adequate carework for the parent. Helping, unstable, frustrated, immature parents is the best prevention known for battered babies.

Increasingly it is suggested the State of Michigan should set up these services rather than depending on the efforts of Catholic Social Services and Children's Aid Society, both private Torch Drive supported agencies.

"The battered baby is only one part of a broader problem of grossly inadequate care and protection of children in many kinds of situations," says Eben W. Martin, family and child welfare consultant of United Community Services and president of the Detroit chapter of National Association of Social Workers.

"A comprehensive, early, child protective and family strengthening service is greatly needed in Michigan. This kind of program is provided in many states by a public agency," Mr. Martin said.

"What are protective services?" "Catching a family in trouble before tragedy overtakes them . . . working with them before they harm or kill a child," is one social worker's definition.

Actually Detroit has several fragmented, isolated attempts along this line. Five workers here, six workers there, against unknown thousands of families needing such services. Here is what Detroit offers these families: Wayne County Department of Social Services: Five abuse workers who, by plan, would work with the parents for 30 days. (The court calls the 30-day limit "simplistic nonsense.") The social workers say they have no time left for social work if they complete the paper work.) Wayne County Juvenile Court's Child Study Clinic: No long term service offered. Parents are interviewed before the court

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hearing decide whether or not to return their child.

Children's Aid Society: The Torch Drive agency responsible for protective services to Protestant families. The department's caseload decreased from nine workers to five in the last five years.

Catholic Social Services: Provides casework service "that contributes toward a stable and healthy family life" to Catholic families.

Protective Service Unit: Five workers. Set up two and a half years ago with services provided by Catholic Social Services, money by SDSS. Available to any family regardless of religion.

Families are referred by police or schools when children are so blatantly neglected that there is danger to the child.

"We go to their home saying, 'We hear you are having difficulty and we will try to help.'" says Virginia LaPalce, director of the unit. She plans to introduce a new approach later this month: Group counseling for six to eight mothers.

The First Unitarian Church, 4665 Cass, has agreed to house the project, rent free. Miss LaPalce is looking for volunteer drivers who will pick up the mothers and their children.

She also needs volunteers experienced in nursery school techniques for children as well as mothers.

SDSS specifies that services be limited to 90 days.

Can parents be changed in 90 days?

"We try to find the family's most immediate problem related to the child and concentrate on that. In 90 days we know how it's going—whether the family is catching a gleam of hope or whether to refer the case to Juvenile Court," Miss LaPalce says.

"Sometimes in 90 days a parent decides he can't handle it. A man whose wife has died leaving him with young children may ask that they be placed in a foster home temporarily."

"Often we refer the family after our 90 days to other UCC agencies," she says.

Obviously the social combined services offered by these small projects can touch only an infinitesimal fraction of parents of neglected and abused children.

There's no way of knowing their total number but at least three thousand of their children are now wards of the Wayne County Juvenile Court.

The conviction that it is preferable to strengthen the existing family and hopefully return the abused child to it is based on:

The damage to the child when he is uprooted.

The difficulty in finding enough foster homes.

The danger that when a shortage of foster homes exists a child may be put into a home no better than the one he's leaving.

In fact Dr. Paul Y. Woolley Jr., pediatrician-in-chief of Children's Hospital of Michigan, reports three cases of battered babies abused by foster parents.

Dr. Woolley was one of the pioneers in recognizing the battered baby syndrome. When he first published in medical journals a dozen years ago, many doctors were explaining the multiple fractures in infants as some mysterious ailment of bone fragility.

Dr. Woolley has just completed a chapter on battered babies for a new medical text in which he gives data on 63 constructive cases of physical abuse admitted to Children's Hospital.

Age:	Number
Under 6 months.....	12
6 to 9 months.....	13
9 to 12 months.....	14
12 to 18 months.....	7
18 to 24 months.....	7
24 to 36 months.....	6
Over 36 months.....	4

Six of the babies died. Four are known to have permanent damage.

In writing of possible solutions, Dr. Woolley says:

"Sometimes material assistance and moral support for those (parents) where frustration and immaturity are evident suffices.

"In others a close and constant tie to a person skilled in interhuman relations has helped. Some benefit from psychiatric approaches. . . .

As a last resort he lists "long-term removal of the victim through court action."

"Even this is not a cure-all," he writes, adding that three of his 63 cases were battered to foster homes after having been removed from their parents because of abuse or neglect.

"It is self-evident that no amount of legislation can help unless supported by an enlightened concern on the part of the community, the courts and the medical profession," he says.

BATTERED BABIES: VICTIMS OF TANK PARADES OR SOCIETY?
By Ruth Carlsson

In this series on battered babies charges have been made against the State Department of Social Services (SDSS), headed by Bernard Linton.

A former head of the abuse department for one county Department of Social Services says she resigned because a ridiculous amount of routine paperwork prevented her from giving social work services.

Both court and police implied criticism of the handling of abuse cases by the Department of Social Services.

The social worker said she filed out as many as 30 forms on one case.

"Nowhere can we find where as many as 30 forms could possibly have been required," Mr. Houston says in a written statement. "We do have a forms problem but it is not within the battered child program itself."

"Only five forms are actually required for the department workers to carry out the responsibility vested in us through Act 98, which is to

- (1) Determine if intentional injury occurred.
- (2) Refer to proper law enforcement.
- (3) Maintain information registry."

However, Mr. Houston then goes on to list circumstances in which "other forms will be necessary" if additional services are required through another agency "whether these are court forms or the forms of another program in this department."

Also two forms originate with the county board of auditors. And extra forms are necessary for Medicaid, he notes.

The news learned from another social worker that 30 forms is a conservative estimate in abuse cases. One must be filled out on every child in the family, not just on the one abused child.

Four children in the family means the same form must be filled out four times.

And this series of four must be repeated each time the abused child moves—way from hospital to foster home, on to a second foster home.

Mr. Houston says some forms had been discontinued before The Detroit News article, and three others have been combined since.

He says the required forms have not blocked the efficiency of his staff in Wayne County citing that out of 300 referrals in 1968, 177 were confirmed as abuse.

Sixteen children were removed permanently from their parents and 66 temporarily.

Answering the criticism of local police and courts, as reported in Sunday's News, Mr. Houston wrote:

"To our knowledge there simply is no conflict of philosophy between SDSS and the juvenile court. Neither responsibility nor authority is removed from the hands of police and the courts."

To indicate cooperation with the court, Mr. Houston points out 21 of the first 34

abuse cases in April were filed with Wayne County Juvenile Court.

State Department of Social Services has established protective services in 10 counties. Wayne County is not one of them.

Mr. Houston claims "Extremely high priority has been given the battered child program in Wayne County. In January instructions went to start to cut caseloads which had been 90 down to 30."

The abused child program was separated from neglect to form a separate unit, and the most qualified staff assigned to it, he says. Also one staff member was assigned as liaison to each large hospital.

Mr. Houston says, "A series of statewide workshops on battered children are being set up with Probate Judges Association, the Supreme Court, the Prosecutors' Association and the Attorney General's office."

He points out that while a 1965 law gave SDSS broad responsibility to investigate battered baby charges and provide services, sufficient money has never been allotted to carry out this responsibility.

Critics of SDSS agree the state legislature has never come through with the necessary money. But some believe this is as much due to lack of leadership and promoting on the part of SDSS as to any allegedly attitude of the legislators.

What does this all add up to?

Obviously Michigan babies are still being battered around.

Obviously not enough counseling is available to their parents.

Obviously a preventive approach is needed to keep more babies from being abused.

What is the answer?

Transfer responsibility to a separate State Department of Youth as proposed in Senate Bill 1987

Preventing unwanted children by to re-emphasize on planned parenthood and abortion as suggested by Dr. Marilyn Hama, director of pediatrics at Detroit General Hospital.

More funds from the state legislature so State Department of Social Services can do a better job?

Aroused citizens who will demand attention for those too little to run their own protest movement?

As one social worker put it, "It boils down to too little money, too few workers, too few facilities. Only by getting citizens aroused can you ever change the establishment."

INCREASE SOCIAL SECURITY BENEFITS

HON. FERNAND J. ST GERMAIN

OF RHODE ISLAND
IN THE HOUSE OF REPRESENTATIVES
Thursday, May 22, 1969

Mr. ST GERMAIN. Mr. Speaker, the Congress must act this year on substantial social security legislation. Benefits are seriously deficient at the present time, and because of inflation continued delay means that every retired person's social security check, in effect, gets smaller and smaller with each passing month.

I consider it a duty today to cosponsor Representative VAXAS's bill which provides for a 15-percent across the board increase in social security benefits; the bill would also raise the minimum monthly payment from \$55 to \$60, and very importantly, it provides for automatic adjustments in benefits when the cost of living rises. According to an estimate of the U.S. Bureau of Labor Statistics in

New York Times Article, Congressional Record, May 27, 1969

Appendix IV

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EXTENSIONS OF REMARKS

May 27, 1969

3 years. I recommend to him the words of our President—

We cannot learn from one another until we stop shouting at each other—we must speak quietly enough so that our words can be heard as well as our voices."

The tensions on campus cannot be solved by shotguns, rifles, bayonets, aerial tear gas bombing, or rocks and bricks.

Instead there must be a serious examination of the issues, a definition of the problems, and the proposal of new answers to solve these problems.

If we do not find these answers, then Berkeley again will be but the first of a series of ever more violent clashes, which can only end in disaster.

RISE IN CHILD ABUSE

HON. MARTHA W. GRIFFITHS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 27, 1969

Mrs. GRIFFITHS. Mr. Speaker, last week I placed a series of articles from the Detroit News on the subject of Michigan's battered babies in the CONGRESSIONAL RECORD. These articles pointed to the emotional and physical horrors of child abuse where in Michigan alone last year the reported number of cases totaled 768.

However, child abuse is not only a problem in the State of Michigan but in our entire Nation. Recently, the New York State Department of Social Welfare announced that in 1968 there was a 30-percent increase in the number of reported cases of child abuse. This was discussed in a recent New York Times article entitled "Rise in Child Abuse," written by Howard A. Rusk, M.D. This article stated that in the last several weeks five children have been killed at the hands of their parents and that of the 987 cases reported in New York City last year 36 were fatal. Certainly, I cannot stress too much the importance of curbing child abuse and that I feel every citizen has a responsibility to report any suspected case of mistreatment of children. This problem can be found today among people of every educational, religious, socioeconomic, and geographical background in America.

RISE IN CHILD ABUSE: PROBLEM REQUIRES MORE TRAINED HELP, MORE FUNDS AND THE COOPERATION OF ALL

(By Howard A. Rusk, M.D.)

Last week the New York State Department of Social Welfare announced that in 1968 there was a 30 per cent increase in the number of reported cases of child abuse.

Certainly the problem of child abuse in New York City has been highlighted by the fact that in the last several weeks five children have been killed at the hands of their own parents.

New York City is not alone in this problem. Similar increases are being reported throughout the country.

There is also no doubt that there is increased professional concern with the problem and less tolerance of the "rights of parents" for those who practice child abuse.

Ironically the law for the protection of animals was enacted before child protection statutes. In fact the successful use of animal protection statutes in behalf of a cruelly abused little girl in 1974 provided the impetus for the founding of the New York Society for the Prevention of Cruelty to Children in 1876.

BATTERED CHILD SYNDROME

Professional concern among physicians came from the first study of the problem in 1961 by Dr. Henry Kempe at the University of Colorado Medical Center.

It was from this study that the terrifying and ugly new medical disease was developed—the battered child syndrome.

In this study, 71 hospitals reported treatment of 302 such cases in a 10-year period. 33 had been abused so severely they died and 63 others suffered permanent brain damage.

Of the 987 reported cases in New York City last year 36 were fatal.

Before Dr. Kempe's study, California was the only state in which parental abuse of the child was a criminal offense. All states now have such laws. The New York City law was recently amended to attempt to improve reporting.

Effective June 1, hospital personnel, social workers and school officials will be added to the list of those engaged in the healing arts by law to report cases of child abuse.

The state law required that such cases be reported orally as soon as practicable and that a written report be submitted to local social service officials within 48 hours. Presently the major source of reports is from hospitals.

Unfortunately there was a sharp decline last year of 40 per cent in the number of suspected child abuse cases reported by physicians. The number of cases reported by physicians dropped from 16 per cent in 1967 to 9 per cent in 1968.

One of the reasons for the decrease may be that some physicians hesitate to report such cases because of their belief that the right of privileged communication is violated. However, persons and institutions required by law to make such reports are provided immunity from civil and criminal suits brought about as the result of their reports.

AVOIDING INVOLVEMENT

In many instances physicians and other health and social welfare workers simply do not want to get involved in a messy situation. Commissioner George K. Wyman, New York State Department of Social Welfare, pointed out in last week's announcement that "disturbing as this figure is, it tells us an incomplete story because there are many other such cases of child-battering—battered more—that are not reported by persons aware of them."

He stressed that under-reporting is a serious situation especially if the dead or abused child has brothers or sisters living at home but not protected.

This is underlined by the fact that 14 per cent of the children reported last year in suspected abuse cases were siblings. These 135 children were from 56 families in which two or more children were suspected of being abused.

What such an environment of terror means and does to a child is too horrible even to contemplate.

Studies have shown that parents are the offenders in most instances of child abuse. There are some cases, however, of other persons such as baby-sitters, paramours and siblings as the offenders.

Last week this writer discussed the problem with Dr. Vincent J. Fontana, who has been interested in the problem. Dr. Fontana is director of pediatrics, St. Vincent's Hospital and Medical Center, and medical director of the New York Foundling Hospital. He said:

"The child abuse law that we now have in all states in the United States in itself is just the first step that can be taken to protect the abused or neglected child.

"What is more important is what happens after the report.

LACK OF COMMUNICATION

"At the present time, from our experience we have found there has been little or no communication between various disciplines that are responsible for protecting the child and assisting the parents. This applies to the physician who does the reporting, the child protective unit that does the investigating, and the judge who makes the determination as to whether the child is to be returned home or goes to an institution or foster home.

"Unless there is mutual cooperation and communication with follow-up under these various disciplines, the job of protecting the child and helping to assist the parents will not be realized.

"In attempting to solve these tragic problems it is hoped that there will arise a mutual respect between the physician, social worker and judge so that a proper decision may be reached to protect the child from further abuse and possible death."

In reality, Dr. Fontana's hope can only be accomplished if there are adequately trained people in the child protective unit, funds to employ a large enough staff to handle the large number of abused and neglected child problems and an adequate number of judges in the family courts.

The blame is not on any individual but an overwhelming caseload and an inadequate staff.

The reporting of suspected cases of child abuse should not be limited to professional workers in the field of health and welfare. Every citizen has a responsibility to report any suspected case of child abuse.

LESSON OF TVA IS IGNORED BY FLOOD-RAVAGED STATES

HON. JOHN J. DUNCAN

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 27, 1969

Mr. DUNCAN. Mr. Speaker, the Tennessee Valley Authority has been a living classroom for thousands each year—not only from this country but for people around the world—who come to the Tennessee Valley to see how a system of dams and power facilities has brought health to the land and a better livelihood for the people.

Marquis Childs wrote in the May 14, 1969, Washington Post that TVA's lesson is being ignored by many flood-stricken States.

I would include this article in the Record at this time.

LESSON OF TVA IS IGNORED BY FLOOD-RAVAGED STATES
(By Marquis Childs)

The rivulets, the small streams, the great rivers run brown with the precious soil that each spring is lost forever. This is a heedless waste of the capital of a land ravaged by the quick-buck builders and the highway promoters who will not be satisfied until the whole country is covered with concrete. It has been going on for a long time. As predictable as the first crocus, apple-ome disaster act to repair flood damage. The total so far this year is \$12,750,000 which is little enough alongside the vast sums this capital deals in.

Statement of the Hon. Frank J. Horton, Congressional Record, March 5, 1964:

H.R. 9652: In Defense of the Defenseless

**EXTENSION OF REMARKS
OF
HON. FRANK J. HORTON
OF NEW YORK
IN THE HOUSE OF REPRESENTATIVES**

Thursday, March 5, 1964

Mr. HORTON. Mr. Speaker, the 19th century English poetess, Elizabeth Barrett Browning wrote:

The child's sob in the silence curses deeper than the strong man in his wrath. ("The Cry of the Children," 1844, stanza 13.)

All too often in today's society such sobbing may be the indication of injury inflicted by a man's or woman's wrath. I refer to the callous cases of child cruelty.

The physical abuse of children by their parents or others responsible for their care is clearly a crime, and appropriate statutes exist for the punishment of those found guilty of intentionally injuring a minor. However, many instances of child abuse never come to the attention of the authorities.

An editorial in the Rochester (N.Y.) Democrat and Chronicle on February 11 discussed the criminal cases of outright cruelty which go undetected, and the cause of their concealment. I quote an excerpt from this excellent editorial, entitled "Battered Children":

Because of their contacts with families, practicing physicians are closely related to the problem of medical neglect or physical abuse of minors. Yet many physicians do not want to refer such suspected cases to authorities because of the legal restrictions of the physician-patient relationship.

Mr. Speaker, this matter concerns me deeply, because it involves the need to protect those who cannot protect themselves. Further, it is a matter that concerns Congress, since child abuse legislation affecting the District of Columbia is presently pending in the House.

The gentleman from New York (Mr. MULLEN) has introduced H.R. 9652, a bill to provide for the mandatory reporting by physicians and institutions in the District of Columbia of certain physical abuse of children. I solidly support this legislative proposal.

I have the pleasure to serve as a member of Subcommittee No. 3 of the Committee on the District of Columbia, which the gentleman chairs. I know firsthand his dedicated desire to see this Congress enact legislation which would require doctors or hospitals to report suspected child abuse cases to the police. The bill would require such reporting and would guarantee immunity from legal suits for those making the reports.

It should be noted that this measure has gained editorial support from an important broadcasting company in Washington. In early February, WMAL, WMAL-FM, and WMAL-TV offered the following statement of opinion to their viewers and listeners:

Child Abuse
The Commissioners have, quite rightly, ordered the Corporation Counsel's office to draft corrective child abuse legislation. Congressman MULLEN, of New York, has already introduced a bill to provide mandatory medical reports of suspected physical abuse cases.

The Muller bill would require doctors to report suspected cases to police and would grant legal immunity to doctors from any civil or criminal action that resulted from their reports.

The State now has child abuse laws. Children of the District need similar protection.

We have repeatedly urged legislation to cure this repugnant crime. A WMAL news and public affairs documentary last December proved the dire need to protect children against willful physical abuse and led to the proposed legislation.

The House District Committee should receive in the near future a child abuse bill from the Commissioners. We hope the bill is compatible with Congressman MULLEN's bill, so lengthy hearings will be unnecessary. Swift passage of corrective legislation is plainly in the best interest of the community.

Mr. Speaker, I hope that all Members of the House will acquaint themselves with the problem of child abuse in the District of Columbia and pledge their support to the early enactment of H.R. 9652 in order to provide for the protection of children who suffer at the hands of angry adults.

Statement of Hon. Abraham J. Multer, Congressional Record, May 7, 1964:

Support for H.R. 9652

**EXTENSION OF REMARKS
OF
HON. ABRAHAM J. MULTER
OF NEW YORK
IN THE HOUSE OF REPRESENTATIVES**

Wednesday, May 6, 1964

Mr. MULTER. Mr. Speaker, I commend to the attention of our colleagues the following editorial of station WMAL here in Washington in support of legislation to combat child abuse.

On January 16, 1964, I introduced H.R. 9652 to provide for mandatory reporting of child abuse cases and I join with WMAL in urging that hearings be scheduled in the immediate future.

The editorial follows:

Child Abuse

Congressman MULLEN of New York and the District Commissioners have presented Congress with suggested legislation to combat child abuse. To date no public hearings have been scheduled. Congress should promptly hold hearings and expedite passage of corrective legislation.

Until medical reports on suspected abuse cases are mandatory, an accurate count of actual child abuse cases is impossible. However, reliable estimates indicate that 80 percent of the children who suffer physical harm eventually die from repeated abuse.

Proposed legislation would require medical reports on all suspected child abuse cases, grant doctors legal immunity and prescribe punishment for guilty persons.

The apparent high incidence of infant neglect and mistreatment makes enactment of legislation to curb child abuse in the District a matter of utmost urgency.

Appendix V

Sample of Questionnaire sent to Police Chiefs in major metropolitan cities in the United States

CLAUDE PEPPER, FLA.
CHAIRMAN

EDWARD R. HOTTEL, CALIF.
BENJAMIN R. HARRIS, N.Y.
JIM J. HOGAN, N.C.
JOHN L. HURDON, CALIF.
DORIS W. HUNTER, N.Y.
THOMAS J. CONNELLY, N.Y.
JAMES A. FURBER, N.J.
HAROLD C. FORD, TENN.
WILLIAM J. FROST, N.J.
MARGARET L. GIBBS, TEXAS
JIM LAYTON, N.Y.
HEBERT F. SHANNON, MASS.
DAVID W. STANLEY, IND.
HEBERT F. STANLEY, IND.
STANLEY H. LINDBERG, N.Y.
MARTIN R. SHERMAN, OHIO
ELIZABETH M. SHERMAN, N.Y.
JIM LESTER, CALIF.
THOMAS A. LINDEN, OHIO
WEBB WATSON, OHIO
LAWAN SUGGERS, N.C.
GERALDINE A. TERRY, N.Y.
KEVIN R. BYRNE, MD.
WILLIAM A. HATCHER, OHIO
DAN MCLAUGHLIN, FLA.
EDWARD J. STICK, N.J.
HENRY A. WARDMAN, CALIF.
MILK STONE, OHIO
EUGENE W. WATSON, PA.

U.S. House of Representatives
Select Committee on Aging
Washington, D.C. 20515

Telephone: (202) 225-9375

May 13, 1980

Commissioner Lee Brown
Department of Public Safety
175 Decatur Street, S.E.
Atlanta, GA 30303

Dear Commissioner Brown:

Your assistance in a matter of importance to the House Select Committee on Aging would be appreciated.

Our Committee is currently conducting a study on the subject of Elder Abuse. We are trying to learn to what extent family members physically, mentally or financially abuse their elderly loved ones. Obviously, there are endless incidents where the elderly have been abused by their children.

The purpose of this letter is to collect any recent examples of this problem which may have come to your attention and to ask your opinion whether the problem is becoming increasingly serious and what might be done about it.

We are planning joint hearings with the Senate Aging Committee on this subject and would appreciate having your insight as soon as possible. Will you please take a few minutes to complete the questions below and return this letter to me at 3269 House Annex No. 2, Washington, D.C. 20515.

We would be most grateful for your help.

With warm regards, and

Believe me,

Always sincerely,

Claude Pepper
Chairman

1. Have you and/or your officers encountered situations where family members have physically abused or grossly neglected their elderly relatives?
Yes No

2. In your jurisdiction, would you say this problem: ___ is widespread, ___ occurs often, or ___ occurs rarely.
3. Would you say the incidence of this problem has increased over the last five years? ___ Yes ___ No
4. Can you provide our Committee with examples of this kind of physical abuse? If so, please enclose files or summaries of any case histories you may have. You need not identify the parties involved. Please delete or substitute Mr. X, Mrs. Y or Miss Z for actual names, if necessary.
5. Have you encountered situations where family members have financially abused their elderly loved ones? ___ Yes ___ No
6. In your jurisdiction, would you say this problem: ___ is widespread, ___ occurs often, or ___ occurs rarely.
7. Would you say the incidence of this problem has increased over the last five years? ___ Yes ___ No
8. Can you provide our Committee with any examples of financial abuse of the elderly? Again, you may delete names if necessary.
9. Can you suggest anyone else the Committee should contact who is knowledgeable on this issue?
Name _____
Address _____
City _____ State _____ Zip _____
10. Would you be interested in testifying before the Committee? ___ Yes ___ No
Name _____ Phone (____) _____
11. We welcome any additional comments you may have: _____

THANK YOU FOR YOUR ASSISTANCE.

Appendix VI

Sample of Questionnaire sent to Staff of the Visiting Nurses Association of the District of Columbia and Maryland relating to Abuse of the Elderly

CLAUDE PEPPER, FLA. CHAIRMAN
EDWARD R. BORNAL, CALIF.
BARRY BRIGGS, N.Y.
LEE P. ANDREWS, N.C.
JOHN S. BROTTON, CALIF.
DON BOWLER, WASH.
THOMAS J. DONNEY, N.Y.
JAMES J. FLORIO, N.J.
HAROLD E. FORD, TEXAS
WILLIAM J. HUGHES, N.J.
LAWRENCE LLOYD HUGHES, TENN.
JIM KANTON, N.Y.
ROBERT F. OGDEN, MASS.
DAVID W. EVANS, ILL.
SAUITY MEHRA, ILL.
STANLEY H. LAMORSE, N.Y.
MARY ROSE OAKAR, OHIO
ELIZABETH HOLZEMAN, N.Y.
JIM LLOYD, CALIF.
THOMAS A. LARSEN, OHIO
VIEB WATSON, OHIO
LARRY GEORGE, N.C.
GREGG A. FORDHAM, N.Y.
BERNARD B. BYRON, ILL.
WILLIAM R. HAYDON, CONN.
DAN HAGA, FLA.
EDWARD J. STICK, FLA.
HENRY A. WALKER, CALIF.
EUGENE V. ATKINSON, PA.

U.S. House of Representatives
Select Committee on Aging
Washington, D.C. 20515

October 17, 1980

TO ALL STAFF OF THE VISITING NURSES ASSOCIATION OF THE DISTRICT OF COLUMBIA AND MARYLAND

Dear Friends:

You will be interested to learn that the House Select Committee on Aging is in the process of conducting a survey of all staff of the Visiting Nurses Association of the District of Columbia and Maryland to gain a better understanding of your activities with respect to protecting victims of domestic violence. Our specific interest is with elder abuse -- abuse of the elderly by their children, other relatives or caretakers.

There has been a great deal of publicity on this subject in recent months including joint hearings by the House and Senate Committees on Aging. The purpose of this letter and the enclosed questionnaire is to learn from your experience. We welcome any suggestions you would care to make. As you will see, we are interested in what authority you now have to intervene when incidents of elder abuse come to your attention and the number of such cases which you encounter. Most importantly, we look forward to receiving from you case histories which have come to your personal attention during your service with the Visiting Nurses Association.

We hope you will take the time to respond to this inquiry which we regard as a priority issue. We have been advised that Ms. Dorothy Nelson, Director of the Visiting Nurses Association for the District of Columbia and Maryland, and Mrs. Libby Gittenstein, Mental Health Consultant, will be assisting the Committee in this effort.

We are most grateful for your assistance in this important matter. If you have any questions please contact Ms. Kathy Gardner of the Committee staff at (202)225-8077.

With warm regards, and

Very sincerely,

Claude Pepper
CLAUDE PEPPER
Chairman, House Select Committee on Aging

Mary Rose Oakar
MARY ROSE OAKAR
Member, House Select Committee on Aging

CP:ktg

CHARLES E. GRASSLEY, IOWA RANKING MEMBER
WILLIAM C. WAMPLER, VA.
JOHN PAUL BAKER, PENNSYLVANIA, AM.
JAMES J. BROWN, S. CAROL.
MATTHEW J. SHILLON, N.J.
MARC L. MARSH, PA.
RALPH S. BERMAN, OHIO
ROBERT H. JOHNSON, CALIF.
HAROLD C. HOLLENBERG, N.J.
B. WILLIAM OFFICE, N.Y.
ROBERT (BOB) WHITTAKER, KANSAS
DOUGLAS D. BROWN, CALIF.
LARRY J. HOPKINS, N.Y.
CLYDE E. SHOME, MARIANA
DANIEL E. LANGRISH, CALIF.
CHARLES H. EDWARDS III CHIEF OF STAFF
YUSEF J. NEESE DEPUTY CHIEF OF STAFF
VAL J. HALLAMANDERS REGIONAL COUNSEL AND DIRECTOR OF OPERATIONS
JAMES A. BISHMAN ASST. TO THE CHAIRMAN
WALTER A. BENTHAM, FLA. D. MINORITY STAFF DIRECTOR

QUESTIONNAIRE TO ALL STAFF OF THE VISITING NURSES ASSOCIATION OF THE DISTRICT OF COLUMBIA AND MARYLAND RELATING TO ABUSE OF THE ELDERLY

There has been a great deal of publicity in recent months regarding the financial, psychological, and physical abuse encountered by older Americans at the hands of their loved ones -- sons, daughters, relatives and caretakers. Some States have responded to this problem by establishing special units within existing departments to respond to complaints of elder abuse. Other States have expanded the coverage of existing adult protective services to include the elderly as in need of services. The purpose of this questionnaire is to gain a better understanding of your personal experiences with respect to protecting victims of elder abuse.

BACKGROUND INFORMATION

1. Are you employed with the Visiting Nurses Association as a:

- Physical Nurse
Physical Therapist
Social Worker
Home Health Aide
Other (Please Explain)

2. How long have you been employed by the Visiting Nurses Association?

- 0 - 6 months
7 months - 1 year
1 year - 2 years
2 years or more

ABUSES

- 1. How many patients did you visit in 1980? In 1979?
2. Approximately how many of these patients were over the age of 60 in 1980? In 1979?
3. Approximately many of the patients over age 60 that you served had been abused? In 1980? In 1979?

4. Experts have indicated that many elderly persons (over the age of 60) are abused by their children, relatives or caretakers in obvious as well as in subtle ways. The following section of this questionnaire is to ask if you have ever encountered any of the following abuses:

- A. Physical Abuse - This includes deliberate acts leading to injury of the older person, such as beating, withholding medication, food and personal care necessary for their well-being. This also includes "neglect," such as the excessive use of sleeping medication or alcohol to make the older person who needs constant watching, etc. Yes No
B. Psychological Abuse - This includes verbal assault and threats, provoking fear and isolation. This type of abuse usually precedes physical abuse. It may involve the threat of unnecessary nursing home placement or various other mistreatments. Yes No
C. Material or Financial Abuse - Includes the theft of money or personal property. The appointment of a conservator or guardian who does not handle an older person's estate in their best interest. Yes No
D. Violation of Rights - This includes being forced out of one's dwelling or being forced into another setting against the older person's will. Yes No
E. Other - Explain: Yes No

5. In your estimation, of the elder abuse you encountered this year, how many involved:

- Physical Abuse _____%
- Psychological Abuse _____%
- Financial Abuse _____%
- Violation of Rights _____%
- Other _____% Explain: _____

6. What percentage of the elder abuse cases that came to your attention were substantiated? _____% Unsubstantiated? _____% Inconclusive evidence? _____%

7. Would you say the incidence of elder abuse is increasing? _____ Yes
_____ No.

8. What percentage of elder abuse is perpetrated by relatives? _____%

In cases where family members or relatives commit such abuse, what percent of them would you guess are perpetrated by each of the following:

- Husband _____%
- Wife _____%
- Son _____%
- Daughter _____%
- Daughter-in-law _____%
- Son-in-law _____%
- Grandson _____%
- Granddaughter _____%
- Other relatives (Specify) _____%

9. What percentage of elder abuse is perpetrated by caretakers unrelated to the abused? _____%

In cases where caretakers unrelated to the victim commit such abuse, what percent of them would you guess are perpetrated by each of the following:

- Unrelated conservator/guardian _____%
- Live-in caretaker _____%
- Other (Specify) _____%

10. In your opinion, what were the underlying causes which resulted in abuse of the elderly?

- Abusive behavior is a response to stress _____%
- Abusive behavior is a form of revenge (abuser was abused as a child) _____%
- Abusive behavior is a response to lack of community services _____%
- Abusive behavior is a response to alcoholic problems _____%
- Abusive behavior is a response to psychological problems _____%
- Other (Specify) _____%

INTERVENTIONS

1. How would you go about reporting abuse? _____

2. When an incident of elder abuse is encountered, what types of action are most frequently utilized:

	Never	Rarely	Frequently	Always
Notification of Police	_____	_____	_____	_____
Relocation (either temporarily or permanently) of abused or abuser from place where abuse took place	_____	_____	_____	_____

Counseling with those involved _____ Never _____ Rarely _____ Frequently _____ Always _____

Linking those involved with needed services such as:

- a) Medical _____
- b) Housing _____
- c) Financial _____
- d) Legal _____
- e) Other social services _____

Other (Specify) _____

3. What is the most effective means of intervention, in your opinion? _____
4. Does your association have written instructions or procedures concerning intervention? _____
5. What barriers make it difficult for you to provide assistance to victims of suspected or substantiated abuse? _____
6. What must be done to make it possible for you to provide assistance to victims of suspected or substantiated abuse? _____
7. To what extent is the general public aware of the problem of elder abuse and the work of the visiting nurses association in this regard?
_____ Very Aware _____ Moderately Aware _____ Unaware.

STATE AND FEDERAL REGULATION

1. Based on your experience, to what extent are the needs of the elderly met through existing state laws or regulations?

- Not at all _____%
- Occasionally _____%
- Frequently _____%
- Always _____%
- Do not know _____%

2. Would you favor federal legislation to establish model mandatory reporting requirements for elder abuse to be adopted by the States? Yes _____ No. If yes, who should be required to report? _____

3. Enclosed is a copy of our bill, H.R. 7551, "Prevention, Identification, and Treatment of Adult Abuse Act of 1980," and a statement summarizing its provisions. Would you support the passage of this measure? Yes _____ No _____ Undecided.

REQUEST FOR FURTHER INFORMATION

1. Will you please provide the Committee with typical case histories of elder abuse which have come to your attention? Please feel free to delete names of individuals or visiting nurse employees if you so desire.

G. Appendix VII

Directory of State Offices Responsible for Adult Protective Services:

ALABAMA
State Department of Pensions
and Security
Bureau of Adult Services
64 North Union Street
Montgomery, Alabama 36130

ALASKA
Division of Social Services
Department of Health and Social
Services, Pouch H-05
Juneau, Alaska 99811

ARIZONA
Aging and Adult Administration
1400 West Washington
Phoenix, Arizona 85007

ARKANSAS
Adult Protective Services
Donaghey Building, Rm. 1428
Little Rock, Arkansas 72201

CALIFORNIA
Department of Social Services
Adult PROTECTIVE Supportive
Services Bureau
744 P Street, N.S. 5-141
Sacramento, California 95814

COLORADO
Colorado State Department of
Social Services
Adult Programs
1575 Sherman
Denver, Colorado 80203

CONNECTICUT
State of Connecticut
Department on Aging
90 Washington Street
Hartford, Connecticut

DELAWARE
Department of Health and
Social Services
New Castle, Delaware 19720

DISTRICT OF COLUMBIA
Protective Services for Adults
Room 613
122 C Street, N. W.
Washington, D. C. 20001

FLORIDA
Aging and Adult Services Program
Office
1317 Winewood Blvd.
Tallahassee, Florida 32301

GEORGIA
Division of Family and Children's
Services
Social Services Section
618 Innes de Leon Avenue
Atlanta, Georgia 30308

HAWAII
Social Services Intake Unit
1149 Bethel Street, Room 400
Honolulu, Hawaii 96813

IDAHO
State of Idaho
Division of Welfare
Statehouse
Boise, Idaho 83720

ILLINOIS
State Agency on Aging
421 E. Capitol Avenue
Springfield, Ill. 62706

INDIANA
Commission on Aging and Aged
Graphic Arts Building
215 North Senate Avenue
Indianapolis, Indiana 46202

IOWA
Bureau of Adult Services
Hoover State Office Building
Des Moines, Iowa

KANSAS
Adult Services Section
State Department of Social Services
Biddle Building, 1st Floor
2700 West 6th
Topeka, Kansas 66606

KENTUCKY
Department for Human Resources
Division for Aging Services
Alternate Care Branch
275 E. Maine Street, 6th Floor W.
Frankfort, Kentucky 40601

LOUISIANA
Division of Evaluation and Services
P.O. Box 3318
Baton Rouge, Louisiana 70821

MAINE
Adult Protective Services
Department of Human Services Bureau
of Resources Development, Station 11
State House
Augusta, Maine 04333

MARYLAND
State Social Services Administration
Adult Protective Services
11 South Street
Baltimore, Maryland 21212

MASSACHUSETTS
Department of Social Services
11th Floor
150 Causeway Street
Boston, Massachusetts 02114

MICHIGAN
Office of Adult and Family
Community Services
Adult Protective Services Division
300 South Capitol Avenue
P.O. Box 30037, Suite 707
Commerce Center Building
Lansing, Michigan 48910

MINNESOTA
State of Minnesota
Department of Public Welfare
Centennial Office Building
St. Paul, Minnesota 55155

MISSISSIPPI
Department of Public Welfare
Jackson, Mississippi

MISSOURI
Missouri Division of Aging
P.O. Box 570
Broadway Office Building
Jefferson City, Missouri 65102

MONTANA
Dept. of Social and Rehabilitative
Services
Social Services Division
Box 4210
Helena, Montana 59601

NEBRASKA
Division of Social Services
Adult Service Unit
Nebraska Department of Public
Welfare
Lincoln, Nebraska 68509

NEVADA
Nevada State Welfare Division
251 Jeanell Drive
Carson City, Nevada 89710

NEW HAMPSHIRE
Division of Welfare
Bureau of Adult Services
Haven Drive
Concord, New Hampshire

NEW JERSEY
Dept. of Human Services
Div. of Youth and Family Services
Trenton, New Jersey 08625

NEW MEXICO
Field Services Bureau
Social Services Division
Human Services Department
P.O. Box 2348
Santa Fe, New Mexico 87503

NEW YORK
New York State Dept. of Social
Services
Aging Services Section
40 North Pearl St.
Albany, New York 12243

NORTH CAROLINA
North Carolina Division of Social
Services
325 North Salisbury Street
Raleigh, North Carolina 27611

NORTH DAKOTA
County Social Service Boards

OHIO
Bureau of Adult Services
Ohio Department of Public Welfare
30 East Broad Street
Columbus, Ohio 43215

OKLAHOMA
Department of Human Services
Division of Services to Adults and Families
P.O. Box 25352
Oklahoma City, Oklahoma 73125

OREGON
Adult and Family Services
Department of Human Resources
400 Public Services Building
Salem, Oregon

PENNSYLVANIA
Department of Public Welfare
Room 533
Health and Welfare Building
Harrisburg, Pennsylvania 17120

RHODE ISLAND
Family and Adult Services
600 New London Avenue
Cranston, Rhode Island 02920

SOUTH CAROLINA
Adult Services Division
Adult Protective Services Unit
State Department of Social Services
Box 1520
Columbia, South Carolina 29202

SOUTH DAKOTA
Office of Adult Services
Knelp Building, Illinois Street
Pierre, South Dakota 57501

TENNESSEE
Tennessee Department of Human Services
Division of Social Services
Protective Services for Adults
111-19 7th Avenue North
Nashville, Tennessee 37203

TEXAS
Alternate Care for Aged and Disabled
Adults Division
Texas Department of Human Resources
P.O. Box 2960
Austin, Texas 78769

UTAH
State Division of Aging
150 West North Temple #326
P.O. Box 2500
Salt Lake City, Utah 84103

VERMONT
Department of Health
60 Main Street
Burlington, Vermont 05401

VIRGINIA
Virginia State Department of Welfare
8007 Discovery Drive
Richmond, Virginia 23288

WASHINGTON
Bureau of Aging
OB-43G
Olympia, Washington 98504

WEST VIRGINIA
All Welfare Department Area Offices

WISCONSIN
Adult Service Units in 72 counties

WYOMING
Wyoming Department of Health and
Social Services
Division of Public Assistance and
Social Services
Hathaway Building
Cheyenne, Wyoming 82002

Appendix VIII

97TH CONGRESS
1ST SESSION

H. R. 769

To provide financial assistance for programs for the prevention, identification, and treatment of elder abuse, neglect, and exploitation, to establish a National Center on Elder Abuse, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 6, 1981

Ms. OAKAR (for herself and Mr. PEPPER) introduced the following bill; which was referred jointly to the Committees on Education and Labor and Energy and Commerce

A BILL

To provide financial assistance for programs for the prevention, identification, and treatment of elder abuse, neglect, and exploitation, to establish a National Center on Elder Abuse, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SHORT TITLE**
4 **SECTION 1.** This Act may be cited as the "Prevention,
5 Identification, and Treatment of Elder Abuse Act of 1981".

NATIONAL CENTER ON ADULT ABUSE

1 SEC. 2. (a) The Secretary of Health and Human Serv-
2 ices (hereinafter referred to in this Act as "Secretary") shall
3 establish an office to be known as the National Center on
4 Elder Abuse (hereinafter referred to in this Act as the
5 "Center").
6

7 (b) The Secretary, through the Center, shall—

8 (1) compile, publish, and disseminate a summary
9 annually of recently conducted research on elder abuse,
10 neglect, and exploitation;

11 (2) develop and maintain an information clearing-
12 house on all programs, including private programs,
13 showing promise of success, for the prevention, identifi-
14 cation, and treatment of elder abuse, neglect, and
15 exploitation;

16 (3) compile, publish, and disseminate training ma-
17 terials for personnel who are engaged or intend to
18 engage in the prevention, identification, and treatment
19 of elder abuse, neglect, and exploitation;

20 (4) provide technical assistance (directly or
21 through grant or contract) to public and nonprofit pri-
22 vate agencies and organizations to assist them in plan-
23 ning, improving, developing, and carrying out pro-
24 grams and activities relating to the special problems of
25 elder abuse, neglect, and exploitation;

1 (5) conduct research into the causes of elder
2 abuse, neglect, and exploitation, and into the preven-
3 tion, identification, and treatment thereof; and

4 (6) make a complete study and investigation of
5 the national incidence of elder abuse, neglect, and ex-
6 ploitation, including a determination of the extent to
7 which incidents of elder abuse, neglect, and exploita-
8 tion are increasing in number or severity.

9 The Secretary shall establish research priorities for making
10 grants or contracts under paragraph (5) of this subsection
11 and, not less than sixty days before establishing such prior-
12 ities, shall publish in the Federal Register for public comment
13 a statement of such proposed priorities.

14 (c) The Secretary may carry out functions under subsec-
15 tion (b) of this section either directly or by way of grant or
16 contract. The Secretary shall promulgate regulations setting
17 forth criteria for programs receiving funding under this sub-
18 section and shall review programs funded under this subsec-
19 tion to determine whether such programs comply with such
20 criteria. The Secretary shall, within thirty days after any de-
21 termination by the Secretary that a program fails to comply
22 with such criteria, terminate funding for such program.

23 (d) The Secretary shall make available to the Center
24 such staff and resources as are necessary for the Center to
25 carry out effectively its functions under this Act.

DEFINITIONS

SEC. 3. For purposes of this Act—

(1) the term "abuse" means the willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm or pain or mental anguish; or the willful deprivation by a caretaker of goods or services which are necessary to avoid physical harm, mental anguish, or mental illness;

(2) the term "elder" means any person who has attained the age of sixty years;

(3) the term "caretaker" means an individual who has the responsibility for the care of an elder, either voluntarily, by contract, receipt of payment for care as a result of family relationship, or by order of a court of competent jurisdiction;

(4) the term "exploitation" means the illegal or improper act or process of a caretaker using the resources of an elder for monetary or personal benefit, profit, or gain;

(5) the term "neglect" means the failure to provide for oneself the goods or services which are necessary to avoid physical harm, mental anguish or mental illness or the failure of a caretaker to provide such goods or services; and

(6) the term "physical harm" means bodily pain, injury, impairment, or disease.

DEMONSTRATION PROGRAMS AND PROJECTS

SEC. 4. (a) The Secretary, through the Center, is authorized to make grants to, and enter into contracts with, public agencies or nonprofit organizations (or combinations thereof) for demonstration programs and projects designed to prevent, identify, and treat elder abuse, neglect, and exploitation. Grants or contracts under this subsection may be—

(1) for the development and establishment of training programs for professional and paraprofessional personnel, in the fields of health, law, gerontology, social work, and other relevant fields, who are engaged in, or intend to work in, the field of prevention, identification, and treatment of elder abuse, neglect, and exploitation;

(2) for the establishment and maintenance of centers, serving defined geographic areas, staffed by multidisciplinary teams of personnel trained in the special problems of elder abuse, neglect, and exploitation cases, to provide a broad range of services related to elder abuse, neglect, and exploitation, including direct support and supervision of sheltered housing programs, as well as providing advice and consultation to individ-

1 uals, agencies, and organizations which request such
2 services; and

3 (3) for furnishing services of teams of professional
4 and paraprofessional personnel who are trained in the
5 special problems of elder abuse, neglect, and exploita-
6 tion cases, on a consulting basis, to small communities
7 where such services are not available.

8 (b)(1) The Secretary, through the Center, is authorized
9 to make grants to the States for the purpose of assisting the
10 States in developing, strengthening, and carrying out elder
11 abuse, neglect, and exploitation prevention and treatment
12 programs.

13 (2) In order for a State to qualify for assistance under
14 this subsection, such State shall—

15 (A) have in effect a State elder abuse, neglect,
16 and exploitation law which shall include provisions for
17 immunity for persons reporting instances of elder
18 abuse, neglect, and exploitation, from prosecution aris-
19 ing out of such reporting, under any State or local law;

20 (B) provide for the mandatory reporting of known
21 and suspected instances of elder abuse, neglect, and
22 exploitation;

23 (C) provide that upon receipt of a report of known
24 or suspected instances of elder abuse, neglect, or ex-
25 ploitation an investigation shall be initiated promptly to

1 substantiate the accuracy of the report, and, upon a
2 finding of abuse, neglect, or exploitation, steps shall be
3 taken to protect the health and welfare of the abused,
4 neglected, or exploited elder;

5 (D) demonstrate that there are in effect through-
6 out the State, in connection with the enforcement of
7 elder abuse, neglect, and exploitation laws and with
8 the reporting of suspected instances of elder abuse, ne-
9 glect, and exploitation, such administrative procedures,
10 such personnel trained in the special problems of elder
11 abuse, neglect, and exploitation prevention and treat-
12 ment, such training procedures, such institutional and
13 other facilities (public and private), and such related
14 multidisciplinary programs and services as may be nec-
15 essary or appropriate to assure that the State will deal
16 effectively with elder abuse, neglect, and exploitation
17 cases in the State;

18 (E) provide for methods to preserve the confiden-
19 tiality of records in order to protect the rights of the
20 elder;

21 (F) provide for the cooperation of law enforcement
22 officials, courts of competent jurisdiction, and State
23 agencies providing human services with respect to spe-
24 cial problems of elder abuse, neglect, and exploitation;

1 (G) provide that the elder participate in decisions
2 regarding his or her own welfare, and provide that the
3 least restrictive alternatives are available to the elder
4 who is abused, neglected, or exploited;

5 (H) provide that the aggregate of support for pro-
6 grams or projects, related to elder abuse, neglect, and
7 exploitation, assisted by State funds shall not be re-
8 duced below the level provided during the twelve
9 months preceding the date of the enactment of this
10 Act, and set forth policies and procedures designed to
11 assure that Federal funds made available under this
12 Act for any fiscal year will be so used as to supple-
13 ment and, to the extent practicable, increase the level
14 of State funds which would, in the absence of Federal
15 funds, be available for such programs and projects; and

16 (I) provide for dissemination of information to the
17 general public with respect to the problems of elder
18 abuse, neglect, and exploitation, and the facilities and
19 with respect to prevention and treatment methods
20 available to combat instances of elder abuse, neglect,
21 and exploitation.

22 (c) Assistance provided pursuant to this section shall not
23 be available for construction of facilities; however, the Secre-
24 tary is authorized to supply assistance for the lease or rental
25 of facilities where adequate facilities are not otherwise avail-

1 able, and for repair or minor remodeling or alteration of
2 existing facilities.

3 (d) The Secretary shall establish criteria designed to
4 achieve equitable distribution of assistance under this section
5 among the States, among geographic areas of the Nation,
6 and among rural and urban areas. To the extent possible,
7 citizens of each State shall receive assistance from at least
8 one project under this section.

9 AUTHORIZATION

10 SEC. 5. There are hereby authorized to be appropriated
11 such funds as may be necessary to carry out the purposes of
12 this Act.

END