THEIR HIDDEN PAIN:
THE SILENT STRUGGLE OF ABUSED OLDER MEN
IN NEW YORK CITY

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Part One:
Introduction

It is a secret, and a trauma often unspoken. It splits families, depletes life savings, and causes irreparable emotional and physical wounds. It leaves victims blindsided, lost, ashamed, questioning their identity and self-worth, or in the deepest denial. However, despite its gross repercussions, the abuse of older adults (refer to Appendix 1), particularly older men, remains in the background of public scrutiny.

Although the literature on elder abuse focuses primarily on women, female victims suffer no greater than male victims; their scars are no more profound. We will never have a precise knowledge of the number of older Americans of either gender who have been or are currently victims of any type of abuse. Nor do we know the extent of “self neglect” that older persons inflict upon themselves. Elder abuse in general remains largely hidden “under the shroud” of secrecy, shame, and fear and will remain grossly under reported whether it takes place in institutional settings or within the walls of the victim’s home. However, given lack of accurate reporting, sociological constraints, and a societal belief system that this is a “woman’s problem,” abuse of men appears more of a deep secret, which further victimizes these victims. To raise awareness as well as impact this damaging cycle that may serve as a catalyst for further abuse, study of the experiences of men is imperative. The following presents an investigation of the struggle of older male victims of elder abuse.

The major reason for this undertaking was to bring together information currently made available to:

- Document domestic abuse of older men in New York City
- Call attention to further actions that need to be pursued at the city level for the prevention of this form of victimization
- Suggest directions to be placed on the research agenda to enable us to better understand the magnitude and dynamics of this problem

Preventing the victimization of older adults needs to be at the forefront of New York City’s priorities because of the impending demographic surge in its older
population. The number of persons age 65 and more is projected to rise 44.2%, from 938,000 in 2000 to 1.35 million in 2030. As a result, the share of the City’s population that is elderly will have increased from 11.7% in 2000 to 14.8% in 2030 (Department of City Planning, 2006).

A Woman’s Problem

The social gerontology literature has not been as focused on men as it has been on women, thereby creating a certain void in our understanding of gender-related differences and similarities in behavioral patterns and lifestyle experiences during the later years of life. Among the explanations given for the “marginalization” of men in the gerontology research agenda are: the more abundant demographic numbers of women in the older population; their higher public visibility through their participation in institutional settings providing services for older adults (senior citizen centers, employment related training centers, geriatric health services, etc.); and easier access to women due to their willingness to be interviewed.

As noted by Dr. Kosberg abuse is seen as the abuse of women, in large part the result of popular and professional literature, mass media, television, and movies, all of which portray older women as vulnerable to victimization. In contrast, the stereotype of older men is as the “abusers,” living a life of privilege in terms of power and wealth (Kosberg, 2007). A separate but equally important component of the older male stereotype is that it homogenizes men as a collective, failing to recognize that masculinity takes on diverse forms in later years, and adopts different modalities in behavior and self identity, conditioning some to become/remain “abusers” while allowing others to be abused (E. Thompson, personal communication, May 1, 2006).

1 There appears to be some delay in acknowledging the closing of the gender gap in survival rates. Average life expectancy for both sexes has reached new highs. Women now outlive men by 5.3 years; that is down from a peak of 7.8 years in 1979. Since then men’s life expectancy gains have in relative terms outpaced those of women. Women now live to age 80 compared to men’s 74.8, and both of these are new highs (Centers for Disease Control, 2005). Separately it has been suggested that the relative invisibility of older men in the literature is due to lack of advocacy on their behalf in gerontology organizations, associations, and academic settings. The growth of scholarship on women can also be traced to the growth of feminist writings calling attention to women’s greater vulnerability and need for professional protection (Kosberg and Mangum, 2002).
The absence of sex disaggregated information in the statistical profile of reported victims of elder abuse in the federal, state, and city case files only strengthens the belief that this form of victimization is a woman’s problem. Tatara (1993) questions what difference it would make if the ratio of older male victims is calculated against the older male population as a base, rather than as a percentage of the total number of abused older adults.

**Suffering in Silence**

It is, nevertheless, a fact that when the data are disaggregated by sex, the reported abuse of older men accounts for a considerably lower proportion of the total number of incidences inflicted within any one year. Given traditional gender socialization that emphasizes self-reliance, independence, and strength, many men have, over the years, internalized strong social norms against acknowledging or confiding adversities. Robert Rubenstein (1986) expresses it well.

“By and large, men seek to hide those emotions that they feel make them appear weak, needy, vulnerable, or awkward. This demands maintaining an even demeanor, resisting showing unwanted emotions, and of being able to withstand whatever ‘life dishes out’ (page 29).

Other than a greater reticence to admit or report abuse, the reportedly lower prevalence of elder abuse among men is often traced to the exclusion of incidences of self-neglect/self-abuse in the information-gathering process. Older men, more so than women, tend to engage in self-destructive behavior, such as substance/alcohol abuse, as a coping mechanism. Older widowers and divorced and separated men, in particular, encounter more problems and more severe difficulties in facing the single status as compared to women in similar situations (Rubenstein, 1986). Often bereft from the social networks that characterize the life of many older women, when older men become isolated, withdrawn, and depressed, they may become vulnerable to behaviors associated with suicide (Kosberg and Mangum, 2002).
Risk Factors in an Older Man’s Life


- Being alone and lonely. Feelings of loneliness, social isolation, and search for companionship may place older men in potentially harmful situations with those preying upon their loneliness. These may include women predators, prostitutes, friends, neighbors, etc.

- Living in residential care facilities, SROs, or small, congregate housing where older men are subject to abuse by friends, formal caregivers, strangers.2

- Being incarcerated.

- As homosexuals or transsexuals, older men are at risk of violence from homophobes, sexual partners, and younger gay men.

- Residing in female-dominated institutional settings may be psychologically disruptive particularly for older men who prize their independence. Residential placement in nursing homes and other institutions also potentially exposes older men to physical abuse from staff members.

- Being part of a multigenerational household or sharing living quarters, in general, may present a major risk factor due to proximity, conflicts, and building up of tensions.

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2 Those who are homeless are particularly vulnerable. As recently reported in the media, two elderly women (both in their 70’s) allegedly befriended two older homeless men, arranged to pay a life insurance for them, allegedly drugged them, and staged a hit-and-run accident during which they ran over and killed them in order to collect their life insurance (Associated Press Archive. 2006 (August 17)).
Dependency of abuser on the abused often breeds resentment over economic dependence. This may result in attempts to obtain resources from the victim and physical attacks.

Dependency on caregivers with pathological characteristics such as mental illness, substance abuse, and depression, is one of the highest risk factors older people face.

Having a provocative personality, poor health, or functional or cognitive impairment that would potentially arouse rage or impatience on the part of the caregiver, ultimately lead to abusive acts.

At the time of this writing, reported events in the press identified two particular situations that place older men at high risk: medical neglect and financial exploitation. Elaboration on these two emerging concerns follows.

**Medical Neglect**

Medical neglect in veterans geriatric clinics and state nursing homes for veterans is of growing concern. The specific locations cited include: Los Angeles, where public disclosures released details of financial abuses in health care institutions (Moon et al. 2006); Arizona, where serious health and safety violations led to the resignation of the director of the Arizona Department of Veterans Affairs 3; and Minnesota, where the death of three veterans was investigated and attributed to hospital neglect and medical errors. 4 (Giblin and Archibald, 2007).

These incidents are particularly striking given that the institutions cited house veterans suffering from service-related disabilities. In the nation as a whole, of the more than 26 million living veterans of all ages, a total of 2,225,000 suffer from service-related disabilities; among these 40% or close to one million are older than 65 (Disabled Veterans Association, 2007).

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3 There are 119 state veterans homes in 47 states and in Puerto Rico that provide long-term care for elderly veterans, financed by the state and the U.S. Department of Veterans Affairs.

4 Violations included veteran patients left in soiled undergarments and covered in bodily fluids leaking from medical devices; leaving residents in soiled clothing for three to four hours at a time, despite calls for assistance; patients left with oozing bags after being used for intestinal procedures; and patients who burnt their clothing while smoking in unsupervised surroundings.
Financial Exploitation

Unethical long-term care insurers, by instituting procedures that make it difficult — if not impossible — for policy holders to be paid, exploit older men and women, creating another form of elder abuse. Though clearly not the general practice in this industry — tens of thousands of elderly Americans have received life-prolonging care as a result of their long-term care policies — the practice of the few is alarming. With more than 8 million customers, long-term care insurance is one of the many products that companies are pitching to older Americans approaching retirement (Duhigg, 2007).

What Research Reveals

Studies of elder abuse, irrespective of gender, provide valuable insight into the dynamics of elder abuse: the characteristics of the abuser, barriers to accurate reporting, the impact of the victim’s denial, as well as the role of culture on the recognition and acknowledgment of abuse. The breadth of current research underscores the number of variables to consider when evaluating the impact of elder abuse on society, the victim, and families — and the importance of considering all these variables in further research and awareness-building and prevention efforts.

The Abusers

Elder abuse in domestic settings presupposes the offender to be a family member or a person with whom the victim maintains a trusted relationship. Empirically, the findings point to adult sons and spouses as primary abusers, to a much lesser extent other relatives and/or trusted persons, such as a friend, neighbor, home attendant, etc. For example: A 1998 study identified two-thirds of the perpetrators to be adult children and spouses. A 2006 publication confirms the predominance of the victim’s adult children as

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5 Some of the excuses insurers use to deny claims include: “The claim was submitted too late; the proposed nursing home was not approved despite its state license,” “The insured were not sufficiently infirm,” and “The wrong application forms were filled, etc.”

6 It is suggested that “trusted” relations should be divided between those who are family and friends and those who are financially rewarded paid caregivers. While not part of an institutional setting, paid caregivers are not part of the “trusted relationship” category (A. Mason, personal communication, May 15, 2006).
primary offenders, accounting for 47% of all the abusers, followed at a distance by spouses, 19%; grandchildren, 9%; and other relatives (Fryling, Summers & Hoffman, 2006).

Recent research has underlined a number of abuser characteristics and behaviors that show a strong causal relationship to the victimization of elderly persons, specifically substance abuse, health impairment, depression, personality disorder, etc. (National Center on Elder Abuse, 2005). Additional structural factors, such as multiple household composition and the abuser’s dependency on the older victim, to cite a few, have also been found to place an older person at high risk of abuse.

Reference has also been made to changes in the gender of the abuser. Whereas in 1990, the majority of offenders were men, six years later the reported sex distribution was near even across reported estimates of elder abuse. However, there were distinct differences by sex in the particular acts committed. In cases of neglect and abandonment, for example, the gender differences were relatively small (52.4% female offenders as compared with 47.6% male offenders). Male abusers were disproportionately represented in incidences involving abandonment of elders (83.4% vs. 16.6%), but less so in cases involving physical abuse, financial exploitation, and emotional/psychological abuse, where the male/female ratio was 6:4 in all reported incidences (Fryling, et al. 2006).

The Measure of an Immeasurable Crisis

Unfortunately, no overriding or systematic methodology has been devised to establish an interstate comparative methodology or a comprehensive nationwide statistical count of the incidence of elder abuse. In addition to the definitional inconsistency of what constitutes abuse, a number of psychological and cultural forces enter into the arena to further complicate the reporting system as it stands today. Despite the systems in place, the reported rate of incidences reflects only a small slice of the actual occurrence. To illustrate:

- Past data suggest that one in 14 incidents of domestic abuse (excluding cases of self neglect) come to the attention of authorities (Pillemer and Finkelhor, 1988).
Estimates suggest that for every one case of elder abuse, neglect, exploitation or self-neglect reported to authorities, about five more go unreported (National Center on Elder Abuse, 1998).

Estimates from 2000 place the overall reporting of financial exploitation at only one in 25 cases suggesting that there may be at least 5 million financial abuse cases each year (Wasik, 2000).  

Given these limitations, what information can we draw from the 2004 national survey, *The 2004 Survey of State Adult Protective Services: Abuse of Adults 60 Years of Age and Older,* which is considered the most up-to-date, reliable source on the nationwide count of domestic elder abuse, regarding the reported victimization of older people? Below are some of the major highlights:

- Of the total number of 253,426 incidences of elder abuse reported from 32 states, 192,243 (75%) were investigated (29 states). Among these, 88,455 or 45% were substantiated (24 states).
- The number of reports citing self-neglect totaled 84,767 (21 states); of these 46,794 or 55% were investigated (20 states).
- Of the abuse cases investigated, the most frequent types reported were: self neglect, 29.4%; caregiver neglect, 26.1%, and financial exploitation, 18.5%.
- Among the substantiated cases of abuse, the most likely victims were women at 65.7% of the total (15 states); persons 80 years of age and older, 42.8% (20 states). The second largest age group of victims was 70 to 79 years (36%).

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7 Financial exploitation has many disguises, causes, and forms of expression. Commonly, it is an effort by unscrupulous persons to extract money and resources from unsuspected vulnerable individuals. The incidence and impact are difficult to estimate because there is no national reporting mechanism; cases are often not reported; definitions vary; and crimes are difficult to detect. (Johnson & Wiener, 2006)

8 National Committee for the Prevention of Elder Abuse and National Adult Protective Services Association. (2006). *The 2004 Survey of State Adult Protective Services: Abuse of Adults 60 Years of Age and Older.* Boulder, CO: National Adult Protective Services Association. It should be noted that (1) not all states responded to the APS National Survey and (2) that the discrepancy noted on the number of states reporting different incidences of elder abuse is accounted for by considerable variation among states in responding to the different questions posed by the APS Survey.

9 Cases classified as “unsubstantiated” do not necessarily mean that abuse did not take place; it just means there was insufficient evidence to substantiate the incident.
The majority of victims were Caucasian (77%); 21.2% of victims were African American, followed by American Indian and Alaskan natives (6%), and native Hawaiian and Pacific Islanders (5%).

In the abuse cases that were substantiated (in 11 states), the abusers were: adult children (32.6%); other family members (21.5%); unknown family relatives (21.5%); and spouses and intimate partners (11.6%).

The majority of alleged abusers in the substantiated cases of abuse and neglect were women, comprising 52.7% of the population across 11 states. Three in every four alleged abusers (75.1%) were under age 60 (seven states reporting).

*Speak No Evil*

Victim’s Denial

This brief review of research findings does not exhaust all the forces inhibiting an accurate count of elder abuse incidences. Less tangible forces, which are more difficult to quantify, are “at play.” One is the victim’s refusal to report the abuse — one of the most constraining factors in the assessment and intervention in elder abuse cases (Tomita, 1990). The second is the influence of ethnicity-linked cultural forces that can regulate the definition, reporting, societal response, and acceptance of intervention (Lachs and Pillemer, 2004). Aside from affecting the reporting process, the cultural factor can introduce a potential confrontation between legalistically defined statuses regarding acceptable and unacceptable behavior and those that reflect culture-specific norms and values (Mouton, Talamantes, Parker, Espino & Miles, 2001). Kosberg (1998) and Tomita (1990) among others have called attention to some of the forces compelling victims to maintain silence:

- Shame and embarrassment of the abusive acts of family members
- Fear of retaliation taken against the abuser, such as arrest or imprisonment
- Reluctance to admit vulnerability, coupled with fear of being institutionalized
- Dependency on the abuser for assistance with daily living
- In spousal abuse, fear of being financially worse off if spouse/partner were to be arrested or leave
Note being aware of local resources available for the prevention of elder abuse, a strong factor in immigrant communities and neighborhoods where English language skills are lacking.¹⁰

Cultural Perceptions

The impact that cultural factors may have on perceptions of what constitutes abuse and how to respond to it has only recently aroused the interest of researchers. Typically, the bulk of elder mistreatment studies has centered on the nature and scope of the problem and in general focused on the White, non-Hispanic population (Ruf, 2006). Ethnic diversity nationwide coupled with the fast-growing older minority population brought to the surface the importance of exploring the perception of elder abuse held by different subgroups. The response is seen in recent studies that centered their inquiry around the etiology of elder mistreatment and its meaning across different cultural and ethnic groups (Anetzberger, Korbin & Tomita, 1996) and in the number of states that have started to collect race/ethnicity data in incidences involving elder abuse.

Though too few in number and limited in coverage, some studies that address the role of culture in relation to elder abuse show interesting differences. Some examples are:

- Moon and Williams (1993) found Korean Americans to be more tolerant of abusive behaviors than Caucasians; non-Hispanic elderly more tolerant of verbal abuse, while Korean American elderly were more likely to tolerate financial exploitation.
- Hudson and Carlson (1999) noted that Native Americans rated more behaviors as being abusive when compared to African Americans and non-Hispanic whites.

¹⁰ Factors in denial can also be traced to perception of elder abuse as being only physical. Mistreatments that leave no external signs or wound or reveal any particular symptoms — such as psychological abuse, financial exploitation, even neglect — may not be perceived as credible abuse cases worthy of reporting. Consequences of denial are also compounded by outsiders mistaking the symptoms of abuse to be age-related changes or signs of extant disease. Acts associated with age-related discrimination or negative stereotyping of older adults can result in labeling elderly people as demented, a stigma that further lessens the credibility of abuse reports (Koval, 1998).

¹¹ Increases in the numbers of racial and ethnic groups in the nationwide count have significantly changed the composition of the population 65 years and older. In 2000, 16% of the 65+ population were members of racial/ethnic subgroups; projections place the corresponding percentage at 26% by 2030. The largest proportion within this group are Cuban Americans; the lowest are Mexicans. Overall, the number of elderly Hispanics is expected to quadruple by 2020 (Ruf, 2006).
The limited findings on hand, however, do suggest taking a cautionary approach in drawing conclusions from studies linking incidences of reported abuse to ethnicity/culture, because of the probability that some subgroups may differ in their propensity to report abuse when compared to others. One may question, for example, why Caucasians appear in many studies as the largest number of victims. Is this a function of including large numbers of non-Hispanic Caucasians in the study sample? Or the fact that Caucasians are more prone than other ethnic groups to report abuse or accept to have it reported by others?
The Field Study

The basic research question guiding the inquiry has been “What do we know about the abuse of older men residing in New York City?” The study is exploratory and not based on information obtained from the victims themselves. Rather, it has relied on lengthy, open-ended qualitative interviews conducted during 2006 and early 2007, with resource contacts from federal and city-based agencies and organizations.

At the federal level these included research, lobby, and advocacy organizations, which influence national policy and lobby for appropriate legislation to address the problem of elder abuse prevention. At the New York City level, they include judicial and social “report receivers” of abusive acts, to whom this crime is reported, who take action in providing special programs to prevent elder abuse as well as offering various forms of assistance to the victims. Specifically they include: city agencies dealing with aging; community-based social service centers; hospitals and nursing homes; advocacy and monitoring organizations; and district attorney offices. The organizational affiliations of persons interviewed are listed in Appendix 2. Outreach to a larger number of organizations than those cited in this Appendix was made. When contacted, some declined to be interviewed, while others initially agreed to a meeting but declined to sign the Institutional Review Board informed consent form required by the University and therefore could not be interviewed for this report.

Not all the organizations interviewed provided the number of their clients. Data from those that did offer this information yielded a population encompassing 668 male victims of elder abuse in given program years (see Table 1 on the following page) from a total of 2,761 reported victims, with males averaging 24% of the cases reported.12

The information obtained from all of those listed constitutes the foundation for the material presented in the pages that follow. It is important to note that the list does not exhaust the entire spectrum of resources that possess knowledge about the subject matter.

12 The numbers reported by the different agencies cannot be considered as cumulative since they are not in all cases mutually exclusive. Due to the constant flow of interagency referrals, the counts are at times duplicated, leading to multiple listings of single incidences of elder abuse (Tatara, 1993).
### Table 1

*Number of Domestic Elder Abuse Cases Reported by Selected Agencies, by Sex of Victim and Program Year*

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Total</th>
<th>Female</th>
<th>Male</th>
<th>% Male</th>
<th>Program Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offices of the District Attorney</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brooklyn</td>
<td>250</td>
<td>218</td>
<td>32</td>
<td>12.8</td>
<td>2006</td>
</tr>
<tr>
<td>Bronx</td>
<td>87</td>
<td>62</td>
<td>25</td>
<td>28.7</td>
<td>2005</td>
</tr>
<tr>
<td>Bronx</td>
<td>70</td>
<td>48</td>
<td>22</td>
<td>31.4</td>
<td>2006</td>
</tr>
<tr>
<td>New York City Department for the Aging</td>
<td>1,236</td>
<td>927</td>
<td>309</td>
<td>25.0</td>
<td>2004-06</td>
</tr>
<tr>
<td>Jewish Association for Services for the Aged</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Queens Center</td>
<td>400</td>
<td>264</td>
<td>136</td>
<td>34.0</td>
<td>2004-05</td>
</tr>
<tr>
<td>Brooklyn Center</td>
<td>120</td>
<td>108</td>
<td>12</td>
<td>10.0</td>
<td>2004-05</td>
</tr>
<tr>
<td>Brooklyn Center</td>
<td>150</td>
<td>135</td>
<td>15</td>
<td>10.0</td>
<td>2005-06</td>
</tr>
<tr>
<td>Weinberg Center for Elder Abuse Prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total referrals</td>
<td>81</td>
<td>66</td>
<td>15</td>
<td>18.5</td>
<td>2005-06</td>
</tr>
<tr>
<td>Joined Center</td>
<td>17</td>
<td>13</td>
<td>4</td>
<td>23.5</td>
<td>2005-06</td>
</tr>
<tr>
<td>Neighborhood SHOPP Social Agency</td>
<td>233</td>
<td>166</td>
<td>67</td>
<td>28.7</td>
<td>2002-05</td>
</tr>
<tr>
<td>RAIN – One Stop Social Agency</td>
<td>53</td>
<td>39</td>
<td>14</td>
<td>26.4</td>
<td>2004-05</td>
</tr>
<tr>
<td></td>
<td>64</td>
<td>47</td>
<td>17</td>
<td>26.5</td>
<td>2005-06</td>
</tr>
</tbody>
</table>

*Note.* The numbers reported by the different agencies cannot be considered as cumulative since they are not in all cases mutually exclusive. Due to the constant flow of interagency referrals, the counts are at times duplicated, leading to multiple listings of single incidences of elder abuse (Tatara, 1993).

Understandably, gathering information on this topic presented a number of constraints, and the limitations these imposed on the study need to be mentioned at the outset.
- Difficulty in gaining access to information from two major city-level sources: the Adult Protective Services Agency and the New York City Police Department
- Limitations on the level of inquiry due to the sensitivity of the subject matter in that it requires openness and willingness of social service center staff to share information about their program participants
- Awareness that the information obtained reflects only the reported incidences of elder abuse and not the actual occurrences
- Scarcity of information available on the socioeconomic characteristics of the abused and the abuser
- Scarcity of information available on incidences of self-abuse and self-neglect

As an exploratory investigation, this study is meant to provide the reader a general overview of elder abuse perpetrated against men in New York City — an effort, which despite its limitations and gaps, can be seen as an advance over anecdotal accounts.

**Barriers to the Reporting of Elder Abuse**

The discussion in Part 1 pointed to a number of factors contributing to the overall under reporting of elder abuse. In what follows, the same subject matter is pursued with specific reference to New York City, placing particular emphasis on those factors and actors who tend to depress the reported figures of the actual incidences of abuse that take place.

The data on reported domestic elder abuse victims filed in city offices of the resource agencies/organizations contacted followed the federal practice of *not* disaggregating the information by sex. Many of those interviewed expressed astonishment at the study’s focus on men given that the overwhelming number of this form of victimization defined it essentially as a woman’s problem. Consulting the raw data on file enabled some agency staff to single out the male victims from the total count, which only confirmed the predominance of women as victims.

As mentioned earlier it has not been possible to date to obtain parallel information from either the Adult Protective Services Agency or the New York City Police...
Department’s Elder Abuse Unit. Whether or not their data show different results remains to be seen. The findings on hand, however, indicate that anywhere from one-tenth to one-third of all the cases reported involve male victims.

Table 1 (on page 13) lists the total number of domestic elder abuse cases reported by a select number of resource agencies. Viewed in light of the estimates of domestic elder abuse reports in the literature, the reported numbers that come to the attention of New York City-based social service agencies, district attorneys offices, and other organizations are surprisingly small. A recent study sponsored by the National Center on Elder Abuse estimated a nationwide incidence of elder abuse at 1.9% — in itself considered an underestimate. Estimates of gerontological studies range from 3 to 120 incidents per one thousand, or .3% to 12% of the elderly population as victims of elder abuse. Using this estimate New York City’s prevalence of elder abuse could range from 3,900 to 153,000 instances (Department for the Aging, n.d).

Flaws of the Reporting System

New York is among the five states that do not have a mandate to report cases of elder abuse to the Adult Protective Services Agency (APS). The exact kind of cooperation/collaboration existing between APS and the community of social service centers in the city is not clear. Some community-based centers and nursing homes have expressed serious shortcomings regarding the services that APS provides for abused older adults. A few representatives from these centers and nursing homes reported: “APS does not consider elder abuse as part of their mission;” “APS does not follow up on abused patients discharged from hospitals.”

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13 The 1997 Adult Protective Services profile for New York State cites local social services departments receiving about 25,000 adult protective services referrals statewide. Two-thirds of those cases involved adults older than 60; one-third of them involved abuse of an impaired adult by another person; the remainder cases being self-neglect. The figures should be approached with caution since New York is one of the few states not required to report elder abuse cases to APS, though they do have a mandate to report to the police if they believe a crime has been committed. (National Center on Elder Abuse, June 2005, Newsletter, 7(8).

14 The counts of reports received by agencies cannot always be considered as cumulative. Because of a constant flow of interagency referrals, the counts are at times duplicated leading to multiple listings for elder abuse cases (Tatara, 1993).
Clear lines of collaboration appear to exist between community-based social service agencies, the district attorneys offices in Brooklyn and the Bronx, and police precincts in these respective boroughs. Generally, cases of elder abuse reach the district attorneys offices as a result of arrests made by the police; calls from hospitals when there is suspicion of abuse; and information/referrals relayed by community-based agencies. A number of social agencies maintain direct relationships with police precincts in their neighborhood, reviewing police reports pertaining to abuse of persons age 60 and older, which they follow up on with program components.

From the outset, New York City accounts for a minimal number of self-reporting — just 5%. In the majority of cases where male victims will themselves report abuse, it initially involves financial exploitation. Other forms of abuse are often mentioned by men in later sessions with social workers. In general, community-based agencies state that the people who come to their centers for help are not the victims themselves. They are the police, social workers, family members, neighbors, and even doctors. The exception is the city’s Department for the Aging (DFTA), which reports that approximately one-quarter of the total calls it receives as coming from the victims themselves, though no male-specific figures were available. Under its current reorganization, complaints of elder abuse are now transferred to DFTA’s Elder Crime Victim’s Resource Center directly, from APS, the Human Resource Administration and the police, as well as from a variety of report agents from different social and legal sectors (hospitals, social workers, family members, neighbors, etc.)\(^\text{15}\).

**Not Saying a Word**

Hesitancy on the part of male victims to report abuse acts as a deterrent to assessing the magnitude of elder abuse incidences in the city. The chances are that those victims will hide being abused from other people as well, or if they do confide in someone — particularly in a family member — these individuals may, for their own protection, refuse to report the incidence.

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\(^{15}\) The New York City Department for the Aging has a unit that addresses crimes against elderly persons. The number for their Elder Abuse Crime Victims Unit is 212-442-3103.
Social workers report that it may take years to establish a relationship with a client within which the abused will speak of what he or she has endured. Some social service agencies have organized outreach and support programs in their communities to talk openly about the issue and sensitize community members to all types of abuse. Others have introduced the subject into their educational/community programs and been initially successful in having participants confide about incidences of abuse in their neighborhoods. However, older men rarely attend such outreach meetings.

Who’s Who in the Reporting System

The Public

Public perception of elder abuse often prevents the “outsider” from reporting incidents they may have witnessed. Though many are fully aware of child abuse, there is a general lack of understanding or awareness of how abuse can be inflicted on an older person. Even professionals and law enforcement agents often fail to recognize it when they see it. Among some who have never witnessed an actual case, it is hard to believe the problem exists.

People also cannot believe that an older person can be an abuser. In cases of elderly spousal abuse, for example, a policeman might say, “I can’t put handcuffs on this old man/woman and take him/her to jail. He/she is someone’s grandfather/grandmother.”

The general public also hides behind the excuse of family privacy. Outsiders often will not interfere/report abuse on the excuse that, “It’s a family affair; it’s none of anybody’s business except that of the family involved.”

The Abused

Several explanations have been given for why older men will not report being abused; among these is the fear of the consequences for himself, aside from those that could befall upon his abusive children/family members. Fear of being sent to a shelter or a nursing home, being separated from the family home, and losing contact with family members all act as major deterrents as well. For those who are homebound, maltreatment inflicted by family members is given less weight than the fear of being left alone with no
one to care for them. The fear of a backlash from the abuser if the incidence were to be reported is also a factor.

Reporting abuse means contact with the police, and many older men want to avoid such situations — in some cases out of guilt for having themselves abused their children and spouses in earlier years. For gay men, the fear of homophobic responses from the system prevents reporting. Among undocumented immigrants, the apprehension that they will be discovered and deported keeps their secret.

Men are also reported to be more fiercely independent. They recognize the abuse, but feel they can deal with it on their own. These men may be isolated from family and social contacts and are the most unlikely to report abuse. In witnessed cases of mutual spousal abuse among elderly couples, neither the husband nor the wife is willing to report on each other.

The Family

When the abuser is a child or a very close family member, strong family pressures are exerted to prevent the reporting of the incident. In the few cases where the older father is ready to press charges either because he or his wife were abused, a mother may use all her influence to protect her child and prevent the incidence from reaching the police.

But the more typical reaction of the older father who is abused is to blame himself for his son’s or daughter’s actions. If substance abuse is involved, the victim will often feel responsible for causing his children’s alcohol and drug addictions, which is often at the root of their abusive behavior. There is also a sense of shame within their community if the abusive behavior of their son, daughter, or spouse is publicly disclosed, and that also plays a role in not wanting to press charges.

Such pressures are reported to be more symptomatic of Hispanic families in New York City, and although cultural influences operating in other nationality/ethnic groups residing in New York City did not surface in this investigation, one might predict that other resident communities are under similar pressure to “save face,” keeping family problems private and hidden.
Class Differences

Though not pursued as a subject in this study, the influence of class differences in reporting domestic abusive behavior has often been mentioned as a factor to take into account. Elder abuse in New York City is considered to touch families from all races, nationalities, and income brackets, despite what the racial/ethnic profiles may show. There is a perception, however, that high-status/high-income families tend to be more likely to hide abuse, calling upon resources such as therapists, doctors, and lawyers rather than resorting to the police or judicial system. If this is indeed the case, it would further reduce the numbers of incidences entering into the reporting system, and at the same time explain why the public accusations of financial exploitation of Mrs. Brooke Astor by her son caused such great waves of shock in New York.

With access to information pertaining to the socioeconomic backgrounds of victims and abusers, the influence of class differences on the reporting system could be explored. It could also offer a challenging topic to pursue in future research.

Victim’s Profile

A more perceptive profile of male victims could have been drawn if background information on their personalities were available. It would be interesting to uncover, for example, if there were certain personality traits intrinsic to the victim that were more likely to be associated with abusive actions from others (E. Thompson, personal communication, May 1, 2006).

The limited information available describes the victim’s life after abuse and is by no means uniform. The nature and residential location of the agencies interviewed in the city account for some of the differences in the information made available. For example, a community-based social service agency on Manhattan’s Upper West Side services a different clientele compared with the one in the Bronx; in terms of their institutional characteristics and the clients they serve, nursing homes and hospitals differ from a district attorneys’ offices.

Though not representative of all the cases reviewed, the following are some broad generalizations about male victims in New York City that surfaced from the files and interviews.
Some cases run counter to the general assumption that it is the very elderly, frail, and handicapped 80 years and older who are at the greatest risk of abuse. This fact was mentioned during some of the discussions held with agency staff. Where tabulated information was made available on the age composition of male victims, 39 clients of a total of 67 (near 60%) were under age 75; amongst them, 16 were between ages 60 and 64 years.

Conditions of severe frailty, deterioration, and disability among male victims were few. Those reported were more likely to be in hospitals, nursing homes, and in the Weinberg Center for Elder Abuse Prevention. Nonetheless it is reported that there are indications in those institutions that greater weakness and deterioration both physically and mentally is visible in abused men as compared to women who had been abused.

Within the family circle, it is men in their role as fathers, husbands, grandfathers, and, to a lesser extent as current or past lovers, who are the most vulnerable to experience abuse in old age. Nonrelatives, friends, and neighbors appear as abusers far less frequently. The assessment made in one social service agency is that 60 to 70% of elder abuse cases perpetrated by children stem from seeking revenge for having been abused by their parents in earlier life. Elderly men who are married for the second time or living with an intimate partner also appear to be at risk of being abused by their children.

Codependency between father and child as a contributing factor to abuse did not appear in the information available. Older men who were abused were not reported as being deeply enmeshed or intertwined financially with their children compared to women. In fact, in some cases, children were more dependent on their mother for financial support and shelter.

Older Hispanic victims appeared to be more accepting, forgiving, and resigned to bear abuse coming from their children. They search for help to solve their children’s problems, be they addiction, unemployment, or other issues.

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16 The Hebrew Home for the Aged at Riverdale, a geriatric care center, founded the Weinberg Center for Elder Abuse Prevention, one of the nation’s first long-term-care-based elder abuse shelters for older adults living in the community.
Much has been made of the devastating impact of widowhood, separation, and divorce on older men, and how these can lead to isolation, addiction, self-neglect, and in certain cases, suicide. Though such cases undoubtedly exist in New York City, the information obtained presented a very different scenario. Some older single men appeared eager for new experiences, seeking sexual companionship in red-light districts, inviting female “predators” to share their home, marrying/remarrying much younger women, and/or setting up living arrangements with intimate partners.

In a number of cases these actions placed them in harmful situations, resulting in domestic violence. Case files reveal startling and disturbing experiences, for example:

1. An older man is being exploited financially by a predator and her daughter, but refuses to accept this as a form of abuse, least of all to take action against her. In his own words: “This is my life and I choose to live it this way.”

2. An older man responds to an advertisement in a magazine from a sex worker offering to provide sex services. She provides these; at the same time that she abuses him verbally and financially. Yet he refuses to report her.

3. A wealthy man meets a woman in Central Park and invites her to share his apartment, hoping she will take care of him. She becomes abusive and refuses to move out. A medical doctor decides to contact an outside agency to report the abusive relationship.

In a number of cases reviewed, where the abusers were the wives, intimate partners, or former sweethearts of the victim, they were 30 to 40 years younger than the men they abused.

Integral to the information obtained through interviews are two groups of older men with low visibility in New York City’s statistical reporting system: older undocumented immigrants and older gay men. Only anecdotal accounts of abusive behavior exist regarding acts inflicted on older undocumented immigrant men by either their family members and/or employers; and these have not been corroborated with hard facts. If and when they are abused, the abusers will in most cases escape detection because of the victim’s fear of being found out and deported.
The Plight of Older Gay Men

Compelling evidence is available on abuse perpetrated against older gay men, though much of it is in qualitative form and insufficiently documented to qualify as hard facts. As a group, older gay men are particularly vulnerable to victimization on the part of younger gays and younger lovers who may take advantage of them. Attitudes of ageism have also crept in making it difficult for older gay men to find younger gay lovers, whom they may prefer over their own age group. This may lead them to forge relationships with younger “straight men” willing to play the gay partner role as a way of profiting financially from such an arrangement. It is often the case however, that if their demands and expectations are not met, they resort to abusing their older partners emotionally and exploiting them financially (C. Thurston, personal communication, September 28, 2006).

Fear of loneliness and social isolation may keep older gay men in abusive partner relationships. SAGE (Services & Advocacy for Gay, Lesbian, Bisexual and Transgender Elders) reports that near 65% of their clients live alone (C. Thurston, personal communication, September 28, 2006). When alone, symptoms of self-neglect often flourish in the form of ignoring health issues, failing to have regular medical check-ups, and/or disregarding personal self-care. In the words of one of their advocates, such neglect is “just as abusive as physical abuse.” Not surprisingly, these behavioral patterns can be traced to the fear of “being outed” and the expectation of having to confront homophobic attitudes on the part of the police, health professionals, social workers, home care attendants, and staff members in nursing homes and long-term care institutions (C. Thurston, personal communication, September 28, 2006).

The Perpetrators

Until recently, the common misconceptions were that elder abuse was limited to institutions where elderly residents were subjected to abusive in-patient treatment; the primary cause of abuse was caregiver stress, and all abusers were necessarily pathological. Though these factors may still play a role, they no longer appear as the
primary culprits. It is now acknowledged that the major perpetrators against the elderly are family members within the domestic setting.

Since institutional settings require statutory reporting and other government regulations, the assumption now is that elder abuse outside the home is less common. Reliable data to confirm this point are not easily available to researchers, since responsibility for long-term care institutions and nursing homes fall under the jurisdiction of the Department of Health, which is supposed to investigate the incidences and, in turn, report them to the general attorney’s office. Advocacy groups have questioned the department’s power of enforcing rules and whether their investigative surveys are conducted as regularly as mandated. Such claims have not been confirmed.

This investigation of the domestic elder abuser of men in New York City points to the son as the primary perpetrator, followed by the spouse and grandchildren. This is evident in the reports shared by the district attorneys offices, the case files of community-based social agencies, and the observations and second-hand accounts of hospital and nursing home staff.

The conventional explanation in the literature of the role of children in elder abuse has focused on retaliation sought against a father who had in earlier life abused the son and/or his mother — an act of deliberate or unconscious motivation to get even (Kosberg, 1998). Though this may have been at the root of much abusive behavior in New York City, according to field interviews the excuse of intergenerational abuse does not appear to be used in arguments presented by the defense in court proceedings held against the abuser.

What is consistently mentioned in reference to son abusers and to some grandson abusers is that they are chemically addicted to drugs and/or alcohol, and/or suffer from some form of mental illness and, in many cases, are unemployed. Although daughters also appear in the profile of abusers, it is much less frequently than sons, and only in few instances have they been identified as addicted to alcohol and drugs.

Not all the abuse perpetrated by sons and grandsons is physical — at least not at the start. Basically these abusers demand money to finance their habits and threaten to harm their victims if they don’t get it, causing older people considerable emotional and psychological stress. If the fathers/grandfathers do not willingly provide support, the
abusers will steal it, yet never admit to this as an act of abuse, claiming a strong sense of entitlement to any financial possession within the family as belonging rightfully to them.

Abuse by grandchildren is particularly noticeable in situations where they are being raised by their grandparents. At times the abuse may occur when grandchildren feel that excessive demands are made on them to be continuously available to their grandparent(s) to fulfill all their desires and needs. At times grandsons will “act out” by inflicting physical abuse. More frequently they abuse by stealing money and social security checks. Granddaughters play less of a role as physical attackers, but their role in financial abuse is noted.

As abusers, spouses are reported to attack verbally and emotionally, exploit their male partners financially, and even attack them physically. They are also reported as violating court orders of protection. They often become abusers as a reaction to the abuse they were subjected to throughout their marriage. In the aging process, it is said “men grow old; women get even.” Now that the man is frail and old, women seek revenge. Two incidents taken from the case files illustrate this pattern dramatically.

(1) A women at age 86 beats up her 88-year-old husband.

(2) A wife, together with her son from a first marriage, abuses her husband financially and physically; violates court orders barring her from the home; stalks the husband; and murders him.

Potentially harmful behavior on the part of the wife may occur when she is the caregiver to a demanding spouse with great needs related to activities of daily living and/or needs related to instrumental activities of daily living. This is particularly the case if the caregiver is at risk of clinical depression. Single older men are also victims of abuse from prostitutes and female predators who pursue them and are brought into the home by men in hope that they will be cared for.

Where information is available, the profile shows abusers to cross all age groups and both genders. Living arrangements indicate that anywhere between 35% and 60% of the victims were living with their abusers; some of these households included another adult member as well. Women appeared more likely to live with their abusers than men; on average 30% of male victims were living alone, which parallels the living arrangements of the general older population in New York City.
The Ugly Shades of Abuse

Abuse of older adults appears in many forms, none darker than the other. However, some result in more physical, detectible signs of mistreatment. Most elder abuse tends to be multifaceted, multifactorial, and chronic, with several forms of maltreatment occurring simultaneously. Keeping this in mind, the discussion that follows is centered on singular forms of abuse that are reported to be the most frequently inflicted on older men in New York City during 2005 and 2006, namely physical abuse and financial exploitation. Forms of abuse reported less frequently are emotional and psychological ones, with rare instances of neglect.

Physical Acts of Violence

For the most part, harmful physical abuse cases are brought to the attention of the district attorneys offices by the police; this means they are considered to be of a more serious nature and could conceivably lead to criminal action depending on whether the victim presses charges. Acts of physical violence also appear in the case files of community-based social service agencies, either as a singular act or in combination with other forms of abuse, namely psychological and emotional. Physical attacks often follow a cycle of events beginning with emotional threats and/or financial mistreatment, with physical attacks being the last resort.

The most telling outcome of physical abuse against older adults occurred in one of the city’s boroughs in recent years: 18 domestic homicides, 16 of which were parental crimes and 2 involving intimate partners. Separately, a social agency reports a male victim being murdered by his wife after she abused him emotionally and financially. But not all cases of physical abuse had such tragic ends in New York City, though they do differ in levels of intensity. A few examples illustrate the point.

- Physical attacks by the victim’s sons took the form of punching, choking, violently striking, threatening to beat with a sword, hitting in the face (causing concussions and lacerations), forcing themselves physically into the home, and trashing parent’s belongings. A number of sons violated court orders of family protection, while one violent attack was triggered by the father having hit the mother earlier. Physical abusive actions were also inflicted by grandsons and step grandsons; among the latter, one was the primary caretaker of the victim.
Wives and former wives also committed physically aggressive acts by threatening violence, punching, and scratching the victim’s face, causing severe lacerations.

Physical attacks by intimate partners, former girlfriends, and the victim’s fiancée were more intense, involving knife stabbing, punching, and hitting the victim with a box full of CDs.

Daughters threatened to kill their elderly fathers, slapped them persistently, and forcibly took their money; in some cases, they violated family protection orders that prevented them from entering their fathers’ homes.

A granddaughter, sister-in-law, and son-in-law were also cited for threatening behavior and violent assaults.

Mutual physical altercations were reported between elderly spouses and between an older man and his stepson.

Financial Exploitation

Men — expected to have greater access to financial resources than women — are considered to be at greater risk of financial abuse. Reports from one district attorneys office, in fact, indicated that the majority of male abuse cases on file involved financial exploitation traced to greed among family members and trusted friends. Together with similar cases reported in social agencies, these abuses were committed by sons, spouses, grandchildren, and — to a lesser degree — by newly encountered female friends, nephews, and nieces.

They ranged from identity theft, stealing social security checks, lottery scams, sweetheart scams, grand larceny, misuse of parent’s money/funds, robberies/burglaries, forging signatures, and directing their father’s credit cards to their own address without his knowledge.

Even some nursing home staff members could notice different ways in which financial abuse was taking place when family members, friends, and neighbors visited elderly patients. Without sufficient evidence or resources to investigate/report the problem, particularly when the victim himself was unaware or refused to take action, no initiatives were taken by the staff. Reflecting on his professional observations, the medical director of a nursing home called attention to two very unique forms of abuse inflicted on older men, which rarely surface under the conventionally recognized
classifications of financial exploitation. One is preventing demented or seriously ill older men from receiving the care they need by keeping them at home to benefit from their social security checks and other financial assets. The other is the abuse of partially demented men by female predators.

Financial abuse manifests itself in various forms. In certain cases, it occurs as an independent act; in others it is combined with psychological/emotional threats and/or as preceding physical abuse. Men are less prone to report financial abuse if it occurs in combination with emotional, insulting, demeaning, and verbal abusive behavior, as is the case with women\textsuperscript{17}. According to Lifespan’s Elder Abuse Program in the Greater Rochester area, older men initially approach the program to report being exploited financially. It is only much later that they begin to admit to other forms of abuse inflicted on them. As a side issue, it has also been noted that older men generally tend to report financial abuse only when their financial resources are nearly depleted.

\textit{Emotional and Psychological Abuse}

Reports of emotional and psychological abuse rarely rank high on their own, but as mentioned earlier, in many cases appear jointly with physical and financial abuse. Complaints reporting a combination of different forms of abuse taking place may evoke less attention than when the incidence reported stands out as a singular act; i.e., be it either a physical attack or a case of financial abuse.

No information was obtained from the interviews that could shed light on incidences involving self-inflicted abuse, except as it relates to older gay men. Mention was made earlier as to the particular forms that self-abuse is acted out in that community.

\textsuperscript{17} In one nursing home with an attached elder abuse program that reported to have no male clients, 80\% of the abuses inflicted on women were equally divided between the financial and the emotional; the rest were verbal and physical altercations between spouses.
Part Three:
The World Around and Within: Dynamics of Elder Abuse

In its most comprehensive manifestation, elder abuse — particularly when inflicted on men — requires an understanding of the dynamic interaction between: risk factors surrounding the victim; the psychological components that influence how the victim interprets the abuse inflicted on him; and overt responses to elder abuse both by the victim and societal forces. In what follows, some of these forces and the role each plays will be highlighted.

The World Around: Surrounding Circumstances

The field investigation yielded some information regarding the social circumstances that placed older men at risk of abuse. These should not be overshadowed by the overwhelming — at times exclusive — emphasis placed by most resource persons interviewed on the pathological characteristics of the majority of abusers. Admittedly, drug/alcohol addiction and, in certain instances, mental illness of the victims’ children or grandchildren have been risk factors as well as major trigger points leading to abusive behavior. The question remains, however, as to how the abusive acts inflicted on older men may have been facilitated by other existent circumstances in the victim’s life.

- **Privacy of the family unit**: The limited information available on the household composition of abuse victims shows a number of social contexts that correlate with the likelihood of abuse in elder men. These are single-person households; isolated nuclear settings (in some cases inclusive of grandchildren); and two-person households comprised of father and child. These family formations may not be accountable to others for actions taking place in the domestic setting. When cultural values supporting strong family bonds are combined with a degree of privacy of the family unit, violence and consequent secrecy appear to ensue.

- **Responsibility for raising grandchildren** has shown to provoke elder abuse when grandchildren grow to resent what they experience as continual demands made upon them by the elder, whom they see as urging them to fulfill all their needs.
Family history of long-standing parental and spousal abuse has placed older men at risk of pay-back action by sons and, at times, by spouses in their later life. Remarriage or intimate relationships maintained by older divorced men or widowers have also triggered abusive behavior on the part of adult children. Second wives or lovers themselves may engage in abusive acts particularly when placed in the position of caregiver to older men who are in poor physical and mental health conditions.

Unfavorable changes in economic circumstances of the younger generation, in this case unemployment of sons/daughters, prelude to abusive behavior. With the younger generation perpetually asking for financial support, the older men in their lives appear to accept the financial and/or physical abuse because they fear losing the continuation of caregiving services.

New romantic/sexual relationships: Some older single men actively seek out new romantic/sexual relationships with much younger women — some of them prostitutes/predators — or with younger men, in the case of older gay men, opens the door for all forms of sweetheart scams, abusive behavior, and loss of control over their life.

Living alone, loneliness, and social isolation create a fertile ground for abuse. As older men, more so than women, become increasingly estranged from family and disconnected from their community, they are left with fewer opportunities to reach out for companionship and help.

The World Within: The Psychological Component

The internal process that leads an individual to see him or herself as a victim of abuse is rarely referred to in the literature. Yet it is vital to understand: how victims interpret the action; their refusal to take action against the abuser; the reticence to seek intervention; and the absence of proactive steps to end further victimization.

As previously mentioned, many older male victims tend to deny mistreatment. Male victims who might admit to it are reluctant to become involved in services to

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18 I am grateful to Dr. Mildred Ramirez from the Research Division of the Hebrew Home for the Aged for bringing to my attention the importance of the psychological component in understanding the dynamics of elder abuse. Its inclusion has certainly proved to be very important to the analysis here presented.
ameliorate their situation; in essence they may refuse intervention. The most difficult challenge faced by social workers and attorneys counseling victims to take legal action has been getting the victims to acknowledge to themselves that they have been abused.

It is older men, in particular, who remain the most unresolved to take these steps. Aside from possible financial abuse they may have experienced in earlier life, most men’s experience with serious abuse or neglect occurs in their later years. Sadly, in certain cases, abuse occurs after they have developed a disabling condition and have to rely on others for daily assistance. Women, by contrast, are more apt to have suffered many years of emotional, physical, and sexual mistreatment throughout their life. For men, having been socialized to be self reliant and independent, it becomes particularly difficult to internalize the concept of having abuse inflicted on them in later life. While domestic violence among couples has been recognized for some time, abuse against older persons, particularly at the hands of their children, close family members, or even intimate friends has only relatively recently been exposed\textsuperscript{19}.

Consider how far the denial of being victimized can go in the case of some older Hispanic men, who choose to blame themselves for the abusive acts inflicted on them by their children. The field findings reveal how the “mea culpa” syndrome takes the form of evoking their own past behavior as family abusers in earlier years and assuming guilt for not having been a good parent, failing to bring up their children properly, and not providing them with a healthy home life. All combined, this helps them internally justify that they “have to take the abuse.” One may question whether this self-inflicted culpability might also serve as a mechanism to help victims eradicate a hurtful event from their memory, or at least, minimize the gravity of the action inflicted upon them.

For many men, some of the psychological complexity revolving around this issue depends on what is considered appropriate masculine behavior. In other words, will they be judged as less of a man if they admit to abuse? Will admitting to abuse diminish their macho image in the community? The men’s own sense of self esteem and identity, as

\textsuperscript{19} Domestic violence differs from domestic elder abuse. In the case of the former, many victims ultimately leave the abuser. In elder abuse cases, victims may be more dependent, both financially and physically, on the abuser and in some respects “more limited in alternatives” than younger victims of spousal abuse. If abusers become angered by attempts to intervene, victims may have no option for escape (Davis & Medina-Ariza, 2001).
well as the role they played in the family in earlier years as a protagonist in family violence, further complicates the issue. (It is interesting to note that attempts made in one of the social service centers to form a support group among Hispanic men who had difficulty in reporting being abused failed, because only two expressed willingness to participate.)

Sociologists remind us of the need to challenge the concept of homogeneity in aging and instead consider that different masculinities evolve in later life (E. Thompson, personal communication, May 1, 2006). These can lead to different outcomes in relation to becoming/accepting being a victim or continuing to be or turning into an abuser. The patriarchal family model of masculinity is more likely to be found in the domestic abuser, though in institutional settings, the “tough guy” model may become prey for mistreatment and abuse. A “softer,” more emotional mode of masculinity adopted by some may increase their vulnerability to physical, emotional, and financial abuse at the hands of caretakers or family members.

The independent man is more reluctant to confide his problems and unlikely to report abuse. Such men recognize within themselves the abuse inflicted on them, but feel they can deal with it “on their own” (E. Thompson, personal communication, May 1, 2006). Even when they are aware that they are being exploited financially, some men openly refused to acknowledge it as a form of abuse.

On the other extreme, low self-esteem and ‘ageist’ attitudes harbored by the older male victim can lead him to perceive himself as unworthy and deserving of abuse. Often they don’t believe they deserve a better life or can’t imagine there is anything else possible for them — a perception that is one of the primary reasons older men remain in abusive relationships (Kahan and Paris, 2003).

Acceptance followed by admission into an intervention program or a shelter for abused individuals are important steps over and above merely reporting a crime. Voluntarily entering a program involves several steps: acknowledging the abuse; recognizing being a victim; accepting help; and readily facing the stigma (if there be any) of the outside world (M. Ramirez, personal communication, October 18, 2006). For the victim, entering a shelter is not only one way of breaking away from the abuser, but more
importantly, recognition. Not all older men are ready to accept this condition, in part because of the label and lifestyle changes it entails. ²⁰

**Responses to Elder Abuse**

*From Victims*

Both male and female victims of abuse express feelings of shame, hurt, and humiliation at being abused. Yet consideration of their own safety does not appear to outweigh the guilt they would feel as “traitors” to their family were they to report the incident(s) and/or press charges against a family member. Instead, they plead with social agencies to help their abusers, by placing them in rehabilitation programs and/or finding them jobs. Such a response sets the abuser “free,” as well as lays the groundwork for the continuation of further abuse. (It should be noted that there are cases when elderly victims are too weak or too scared to contact the authorities.)

*From Police*

Older gay men’s perceptions of homophobic attitudes among police officers may help explain passive response to abusive behavior. But do these perceptions represent reality? Allegations have been made that reports of abuse filed by gay men against their partners receive much less attention/action since the relationships do not conform to a heterosexual spousal abuse pattern (C. Thurston, personal communication, September 28, 2006). More data is needed about how police react when older gay men lodge complaints against attacks inflicted by homophobes.

*From the Health Care Community*

Though not part of the findings in this study, it is suggested in the literature that the response to patients in health care settings often reflects a certain amount of ageism or systematic devaluation of older people (Baumhover and Beall, 1996). If this is indeed the case, one may question whether such attitudes would elicit less of an aggressive concern

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²⁰ It is interesting to note the experience of the Weinberg Center for Elder Abuse Prevention. In 2005, 15 older abused men had met the stipulated criteria for admission to the shelter; yet only four actually accepted to enter. Among the excuses of the other 11 were that the shelter was located too close to the nursing home. Some, however, may have been overwhelmed by the institutionalized setting.
or medical care when attending to patients who have been victims of elder abuse. In their list of the “dirty dozen barriers” to identifying, reporting, and managing cases of elder abuse, Baumhover and Beall (1996) cite the following three instances involving the health sector:

- Health care professionals are unclear as to how, where, and when to report abuse.
- Health care providers find it difficult to receive feedback on abuse referrals.
- Many clinicians are reluctant to report abuse.

Hospitals that are sensitive to the issue of elder abuse and actually introduce elder abuse programs on their premises also cite reasons as to why the elder abuse problem continues to elude the health care system, independent of possible personal biases that may exist among health care professionals (Kahan and Paris, 2003). These include:

- Practitioners may feel helpless about their inability to “fix” the problem.
- Pressures and/or time constraints of medical practices leave little time to delve into the complex issue of family violence.
- Practitioners may be concerned about the possibility of retaliation on the part of the abuser.
- Practitioners may be concerned about and doubt the patient’s safety if discharged.
- Practitioners may strongly believe in a patient’s right to self determination.

From The Judicial System

If and when charges are pressed and investigations establish the credibility of the complaint, elder abuse cases are usually categorized as misdemeanors and felonies; the majority fall into the former. Restrictive criminal justice codes means that many cases of abuse rarely meet the high standards of the criminal justice system.

According to the elder abuse units of the district attorneys offices interviewed, most defendants in cases of elder abuse that reach court hearings do not have rap sheets. The tendency in most cases is for the court to offer rehabilitation programs as part of a plea bargain; therefore the abuser is not remanded. Elder abuse incidents warranting prosecution are only pursued when the investigation provides sufficient evidence of forgery; grand larceny; or instances where physical aggression is compounded with the
violation of a court order of protection. Criminal courts are the least effective in restoring money in cases of financial abuse/exploitation. Civil courts and legal assistance are the more effective vehicles to tap for restoring lost financial assets.21

**Concluding Remarks**

Before concluding this section, it is critical to discuss two issues that impact the discussion of abuse of elder men: culture and the different experiences of victims residing in cities as compared to rural areas.

**Consequences of Culture**

Much space in the literature has been devoted to the importance of considering cultural norms and values as key drivers of actions and attitudes surrounding intrafamily violence (Ansello, 1996) and to ethnic background in defining what constitutes abuse. The only cultural value emphasized as significant during many interviews in this study was the “sanctity of the family”, with specific reference to Hispanic culture and which calls for the protection of family members. In reviewing the information obtained together with the personal observations made, it would seem that this cultural component has been operative in a very selective manner, by way of shielding younger family abusers from the penalties they deserve, but failing to protect older family members from harm and suffering. Could this in any way be a reflection of a diminished social value ascribed to older people creeping into this rich cultural heritage?

**The Highly Urbanized vs. the Rural Experience in New York State**

It is recognized that, given the limitations resulting from the exploratory nature of this study, it is difficult to draw conclusions or relate the New York City experience to male victims of elder abuse reported in other highly urbanized settings. Within the State

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21 There are cases where accusations of elder abuse are used as weapons of revenge in family and employment conflicts. Two instances come to mind: (1) A daughter accused her stepbrother of emotionally abusing their father by isolating him from family members. Upon further investigation, it was discovered that an ongoing battle between accuser and her stepbrother led to the accusation and the father was used as a pawn in their conflict; (2) A home attendant, fired for stealing an older woman’s money and property, sought revenge by officially reporting the family member who dismissed her of abusing the older woman who had been in her care.
of New York, however, it has been possible to present in a very tentative way a comparison between the State’s most urbanized city and its upstate localities, which are predominantly rural. This has been made possible thanks to the sex disaggregated information made available by Lifespan’s Elder Abuse Program in the Greater Rochester area. Established in 1986, the program covers 10 county areas, mostly in Monroe County. Responsive to the high prevalence of financial exploitation of older persons, the elder abuse program includes an antiscam unit and a financial service department.

The Lifespan Program reports the victimization of older men from abuse to account for anywhere from 26% to 30% of all elderly abuses reported yearly, numbers that are slightly higher than in New York City. In almost all cases, family members report the incidence; only 5% of all reports come from the victims themselves. In contrast to findings about New York City, male victims residing in rural settings appear to be older. On average for the 2003-2005 program years, 80% were older than age 70. More disturbing is the high number of men older than 80, typically accounting for one-third of all reported male victims of abuse yearly.

As is true of New York City, the most intimate family members – the wife and son (less so the daughter) are the major perpetrators, accounting for anywhere between 41.5% and 61.4% of all abusers. Other family members play a minor role in the abuser profile.

One of the most striking findings of the rural study, which contrasts sharply with the findings in New York City, is that the Lifespan program does not report a single incidence of physical abuse for any of the program years examined. In addition to family members, friends and nonrelatives have a relatively high presence in the Lifespan’s abuser profile, accounting for 46% of all perpetrators in 2003. Subsequent profiles show lower visibility: 29.6% in 2004 and 25.1% in 2005. (Refer to Table 2).
Table 2

Information on Male Victims in Lifespan’s Elder Abuse Program, 2003-2005

<table>
<thead>
<tr>
<th></th>
<th>2003 (n=86)</th>
<th>2004 (n=89)</th>
<th>2005 (n=68)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reported Type of Abuse of the Total Inflicted</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial</td>
<td>58.2%</td>
<td>43.6%</td>
<td>64.5%</td>
</tr>
<tr>
<td>Emotional</td>
<td>5.8%</td>
<td>21.7%</td>
<td>15.3%</td>
</tr>
<tr>
<td>Psychological</td>
<td>13.9%</td>
<td>15.9%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Neglect</td>
<td>8.2%</td>
<td>18.8%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Other</td>
<td>13.9%</td>
<td>--</td>
<td>12.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2003 (n=89)*</th>
<th>2004 (n=44)**</th>
<th>2005 (n=48)**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reported Relationship of Abuser to Victim</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wife</td>
<td>10</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Son</td>
<td>19</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>Daughter</td>
<td>8</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Subtotal – number</td>
<td>37</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>– percent</td>
<td>41.6%</td>
<td>61.4%</td>
<td>56.2%</td>
</tr>
<tr>
<td>Sister</td>
<td>3</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Brother</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Son-in-law</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Daughter-in-law</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Other Family Members</td>
<td>8</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Subtotal – number</td>
<td>11</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>– percent</td>
<td>12.4%</td>
<td>9.1%</td>
<td>18.7%</td>
</tr>
<tr>
<td>Unrelated Persons</td>
<td>31</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Friends</td>
<td>10</td>
<td>12</td>
<td>2</td>
</tr>
<tr>
<td>Subtotal – number</td>
<td>41</td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td>– percent</td>
<td>46.1%</td>
<td>29.5%</td>
<td>25.0%</td>
</tr>
</tbody>
</table>

Source: Data obtained from Art Mason, Director of Lifespan’s Elder Abuse Program in the Greater Rochester area (personal communication, May 15, 2006).

* Includes cases of joint abuse.
** Not all abusers or their relationship to the victim were identified.
Financial abuse and exploitation appeared consistently as the most pervasive form of abuse in the rural setting. As a percentage of the total number of elder abuses reported, this category accounted for 58.2% in 2003, 43.0% in 2004 and a high of 64.6% in 2005.

There is no consistent pattern in the reporting of emotional and psychological abuse. When combined, these comprised less than 20% of all incidences reported in 2003 and 2005, in contrast to a high of near 40% in 2004.

**Hope in New York City: Preventing Elder Abuse**

The following is a selected list of agencies and organizations in New York City that offer programs specifically aimed at the prevention of elder abuse and at providing various forms of assistance to victims as reported in 2006.

*The New York City Department for the Aging (DFTA)*

DFTA’s services for elder abuse victims have now been integrated into the agency’s larger Elderly Crime Victim’s Resource Center, (ECVRC) an administrative decision that has strengthened and expanded the support services the agency now provides for this problem.

The Center’s staff take calls from clients and from a variety of referents concerning elder abuse victims, after which cases are assigned to a staff person. Most of the follow up and contact with the referent and client is over the phone. However, walk-in victims are also attended to and staff members make home visits at times. The services provided are counseling, advocacy, information and referral, assistance with crime victim board applications and limited financial assistance for things like changing a lock, paying rent when funds are stolen. ECVRC also funds a community elder abuse program which provides direct services to older abused victims, either by phone, in their office and through home visits, with appropriate referrals made according to specific needs.

These efforts are enhanced by the strong relationship that the agency case workers have developed with the New York City Police Department’s Domestic Violence and Crime Prevention officers, with the five district attorneys offices, the Adult Protection Services Agency, and other organizations. Having funded a number of elder
abuse prevention programs in the city, DFTA can easily draw upon the expertise of these centers to refer clients in need of legal and social intervention.

A significant effort has been extended by DFTA in initiating a number of wide-ranging efforts aimed at raising awareness about elder abuse victimization and avenues for its prevention in a variety of institutions across the five boroughs. These efforts include:

- Working closely with the Mayor’s Office to Combat Domestic Violence and other relevant city agencies and administrations for the purpose of educating the police, judges, district attorneys, and other law enforcement officials, social workers, and staff at senior citizen centers on signs and symptoms of abuse.
- Awarding eight community-based social centers in the city with funds to establish and manage elder abuse prevention programs.
- Annually training more than 100 personal care aides in overall health care, emphasizing sensitivity to elder abuse signs and symptoms.
- Forming the New York City Elder Abuse Network, which brings together city agencies, law enforcement officials, and diverse community-based social centers/organizations for the specific purpose of developing ways to prevent the financial exploitation of older adults. Both the New York State Banking Committee and the New York Stock Exchange are members of this network. A primary goal is to train the banking community, including bank tellers, brokers, and NYSE members, to recognize the ways older persons become victims of financial abuse.
- Developing a financial literacy and financial abuse program titled “It’s My Money,” which will first be piloted at senior citizen centers and initially launched with an English and Spanish version. The final plan is to expand the program to include Russian and Chinese versions as well.

To combat the risk of isolation, DFTA has been planning a series of community-based programs that will connect older persons to their neighbors and staff members of their buildings (superintendents, porters, doormen, etc.) for the purpose of sensitizing
these groups to look for signs and symptoms of abuse among the elderly and report them.

_The Jewish Association for Service for the Aged (JASA)_

JASA has developed a unique model of an elder abuse program that combines social and legal work, Legal Elder Abuse Program (LEAP), led by teams consisting of attorneys and social workers to assist persons older than age 60 cope with issues of abuse.

LEAP’s program components include: counseling, social services, case management, legal services, community outreach, and advocacy, all of which are offered in the five elder abuse centers it administers across the boroughs. Introduced in 1998, the program has been successful in obtaining a large number of court orders of protection for victims suffering abuse. Specifically, LEAP services include:

- Providing individual and family counseling
- Finding emergency shelters;
- Providing payment for installation of safety devices
- Offering immediate financial relief for homeless clients
- Organizing social action/social support groups and emphasizing the concept of self empowerment
- Providing transportation (for the elder’s escort as well as the elder) to access entitlements and benefits; keep medical appointments; keep court appearances to obtain orders of protection, etc.

In its outreach efforts, LEAP organizes presentations dealing with elder abuse to service providers, social workers in hospitals, at community board meetings, and at police precincts, among others.

_Mount Sinai Hospital_

Mount Sinai Hospital is at the forefront of efforts to alert health care professionals about elder abuse, screen for elder abuse and neglect, and provide direct services to victims over age 60 who are patients within the hospital system. This includes patients brought into the Emergency Room, outpatients, resident patients, etc.

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22 Two of JASA’s centers are in Queens, two are in Brooklyn, and one is in Manhattan.
Interventions made by the Mount Sinai Elder Abuse Program include: referrals of victims for follow-up medical care; ongoing social work involvement for continued counseling; reassurance phone calls to monitor victims’ safety in the community; home visits to victims too frail to come to the hospital; referrals of victims to community agencies for more intensive case management; placement of victims in assisted living facilities or nursing homes. The program Coordinator collaborates with medical teams on elder abuse and conducts educational programs to raise awareness among hospital staff, medical students, residents, and new social workers about elder abuse and neglect and ways to identify victims.

**SHOPP — Neighborhood Self Help by Older Persons Project.**

This community-based social service center provides services to persons older than 65 who have been or still are victims of abuse through its Violence Intervention and Prevention Program. In its outreach to victims, it follows different modalities. One is through the close relationship it maintains with three of the 12 police precincts in the neighborhood, which allows the organization to follow up on reports received by the police on elder abuse. In other instances the center responds directly to complaints/reports of abuse received from a variety of community members and families.

The services provided by this project include:

- Individual and family counseling
- Referrals to other agencies/services, when needed
- In cases of financial abuse, referrals to the district attorney’s office
- Providing temporary relocation of victims, whenever possible
- Assistance in securing protective orders from the court
- Assistance in planning the eviction of the abuser, first through voluntary means or, if necessary, by court order

**RAIN–ONE-STOP Senior Services**

A primary program goal of this community-based social service center is to address the immediate needs of elderly persons residing in the Bronx districts 9, 10, 11, and 12 who have been victims of domestic elder abuse. Its activities include emotional
support to victims; information on community resources, such as counseling, legal aide, medical assistance, etc.; and referrals and coordination of services with other community agencies and other RAIN–ONE-STOP programs in the city. The organization operates to:

- Assist in relocating victims when necessary and possible
- Organize home visits to assess victims needs
- Provide escorts to accompany victims to precincts and courts to obtain orders of protection and offer assistance to access various types of entitlements

To counter the common perception that the definition of abuse is restricted to physical aggression, RAIN–ONE-STOP conducts the following outreach programs in the community:

- Presentations raising awareness of the different forms of aggressive actions other than the physical that constitute abuse, and the need to report them
- Formation of 30 annual support groups attended by former and current abuse victims, most of whom have hesitated to take action (The interaction between the two groups has shown to be helpful in helping victims realize the different forms of abuse they have been or are still being subjected to.)

**The AARP Program**

The AARP program addresses the problem of financial abuse of older adults through components that educate members, families, professionals, and potential victims of financial abuse. Examples of the initiatives presented in New York City include:

- AARP’s Daily Money Management, a program that helps older persons who are losing their ability to handle their financial affairs to find someone to help them manage their money
- The Financial Education Project, which expands financial awareness and enables participants to better evaluate the trustworthiness of supposed advisers and experts
The Burden Center for the Aging

The Burden Center for the Aging offers an Elder Mistreatment and Abuse Prevention Program, which is managed jointly in collaboration with the ONE-STOP Senior Services Center. Its services are directed to individuals and families residing between 59th and 96th streets, from Fifth Avenue to the East River, which is considered a high-density area for older city residents.

The center’s program seeks to combat elder abuse by assisting victims and providing community programs. Its specific services include safety planning; court advocacy; legal guidance; coordination with police precincts, and crisis counseling.

Aging in America’s Elder Abuse Program

Aging in America’s Elder Abuse Program maintains a close relationship with the Bronx District Attorney’s Office and police precincts #47 and #49. Its services to victims of elder abuse include family reunification; assistance in obtaining transitional housing; stabilizing relationships within the family; and counseling abused victims.

Its outreach activities are centered on community education programs, which indirectly introduce the subject of abuse, an approach that has often led participants to share incidents of abuse observed in the neighborhood. Hopefully this approach will sensitize participants to take action if and when abuse occurs in their own family.
This section provides an overview of actions and suggestions for future actions for the prevention of elder abuse. It includes an overview of three broad topics. The first traces the evolution of proactive political and legislative progress in acknowledging and addressing the problem of elder abuse. The achievement of these proactive steps are to be credited, in large part, to a number of support organizations and advocacy groups actively dedicated to the cause of elder abuse prevention and fully committed to seeing that action directed against this form of victimization becomes incorporated into political and legislative platforms. (Refer to Appendix 3.)

The second topic calls attention to a number of recommendations for policy and program action related to elder abuse prevention. Some of these have been proposed earlier; others are being newly introduced for incorporation into policy formulation and program development. The section closes with a number of broad themes to be considered in outlining a research agenda that would generate further knowledge and strengthen the capability of action programs to combat this form of victimization of older adults.

Evolution of Policies, Legislation, and Action Agendas

Federal Level

Historically, elder abuse has not been given the political importance and funding extended to child abuse. In fact, of the overall funding given to abuse, less than 2% has been allocated to elder abuse. Until 2006, not one person in the entire federal bureaucracy had been given sole responsibility to oversee elder abuse (R. Blancato, personal communication, May 3, 2006). Several victories occurred since 2000. The major ones among these are briefly mentioned below.23

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23 “On the ground” action preceded policy formulation with the building of an emergency shelter for abused elders in Washington, DC, in the mid 1980’s. This seven-bed transitional shelter provided a safe haven for
2001: Development of the National Policy Summit on Elder Abuse, charged with the task of recommending a national policy agenda. The following priorities were identified:

- Urge Congress to enact a National Elder Abuse Act to articulate a cohesive national policy
- Strengthen elder abuse laws
- Mount a National Educational and Awareness Effort
- Develop and implement a National Elder Abuse Training curriculum
- Ensure availability and access to age-appropriate, specialized mental health services
- Commission a General Accounting Office study
- Increase awareness within the justice system
- Establish a national elder abuse research and program innovation institute
- Invest in a National Center on Adult Protective Services and seek a presidential executive order for government to direct all federal agencies, as well as encourage governors to critically analyze the extent to which policies ensure assistance for abused, exploited, and neglected elders; the order would call for a report with recommendations and findings

2003: Introduction of the Elder Justice Act – S.333 and its referral to the Senate Committee on Finance

2005: White House Conference on Aging, during which “protection from abuse and neglect” emerged as a high priority; a key policy and program recommendation for action that was called for in this meeting was the “prevention and prosecution of elder abusers,” (U.S. Department of Health and Human

DC residents older than age 60 who had been abused, neglected, or financially exploited. The 24-hour emergency shelter founded by a nonsectarian interfaith nonprofit organization was dedicated to helping poor and homeless individuals. In 2004, the program was able to provide 2,439 nights of emergency shelter for 25 elderly and neglected elderly persons. Referrals are received from homeless shelters, hospitals, adult protective service centers, and the Washington, DC Offices on Aging. Clients are allowed to stay up to 90 days in the shelter. (National Center on Elder Abuse. 2005, Newsletter, 7(9).

Services, 2006, Resolution 19, Part 5, Page 10) which called for the following measures: 25

- The enacting and full funding of comprehensive elder justice legislation
- The extension of the power of the adult protective services agency by assigning specific funding levels and responsibilities to fight elder abuse
- The issuing of a first-class postage stamp to encourage/support elder abuse awareness

Senate Approval of a Health and Human Services Appropriation Bill that included a $20,369,000 allocation for the 1965 Older American Act – Title VII, with a proposed allotment of $15,162,000 for the Long-Term Care Ombudsman Program; with the remaining $5,198,000 earmarked for the Prevention of Elder Abuse, Neglect, and Exploitation Program.

Introduction of Senate bill aimed at increasing the detection, prevention, and prosecution of elder abuse

Introduction of the Elder Justice Act – Senate Bill 2010, which created a combined law enforcement and public health approach to study, treat, prosecute, and most importantly, prevent elder abuse, neglect, and exploitation; it calls for: 26

- The funding of the Adult Protective Services Agency, federal offices of Elder Justice; an advisory board on elder abuse, neglect, and exploitation; and an elder justice resource center
- Bestowing grants to the nursing home industry, focused on improving training, recruitment, and employee incentive; providing training, technical assistance, research, and demonstrations aimed at improving

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ombudsman effectiveness in addressing abuse and neglect in nursing homes and assisted-living facilities

- Offering training for nurse’s aides on dementia care and job-related stress reduction
- Establishing a nurse aide registry

**2006:** *Favorable Voting on the Senior Independence Act – HR 5293* by the House Committee on Education and the Workforce; the approved bill includes new language under the Title VII allotments for vulnerable adult protection activities, by way of adding the paragraph to “provide for public education and outreach to promote financial literacy and prevent identity theft and financial exploitation.”27

This legislation reauthorized the 1965 Older American Act to be effective to the year 2011, and includes an important amendment (Section 201 of HR 5293), which highlights the importance of elder abuse prevention and services as an integral component of government organization. The assignment of this duty now becomes delegated to the assistant secretary of the U.S. Administration on Aging, acting through the person designated with the responsibility for older abuse prevention and services, to develop objectives, priorities, policy, and long-term planning to, among others (Older Americans Act of 1965 as amended in 2006):

- Support a coordinated multidisciplinary elder justice system
- Provide federal leadership to support state efforts to carry out elder justice programs and activities relating (among others) to elder abuse prevention, detection, treatment, intervention, and response
- Establish federal guidelines and disseminating best practices for uniform data collection and reporting by states

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27 National Center on Elder Abuse (2006, May). House Committee votes to extend Older Americans Act, Elder Justice language added. NCEA, *Newsletter,* 8(6), p.1-2. The importance given to financial abuse is based on statistical information that 70% of the country’s wealth is controlled by those age 50 and older (R. Blancato, Personal communication, May 3, 2006).
Working with states, the department of justice, and other federal entities to annually collect, maintain, and disseminate data relating to elder abuse, neglect, and exploitation to the extent practicable

Conduct research related to elder abuse, neglect, and exploitation

- **2006: Re-authorization of the Older Americans Act** to be effective until 2011.\(^{28}\)
  The Senate approval of the amendment opened an opportunity for the expansion and broadening of the 1965 act to be more inclusive of issues affecting older adults. Of immediate relevance to the topic under study is its importance in empowering Title VII to include the topic of elder abuse (Refer to Appendix 4). It is as yet not clear whether this Amendment will grant elder abuse issues the funding level and visibility they merit. Title VII has historically been underfunded. The Social Services Block Grant — the largest source of funding for the Adult Protective Service Agency — other than having been reduced by one billion dollars for the past six years (R. Blancato, personal communication, May 3, 2006), carries few restrictions as to how each state chooses to spend those funds.\(^{29}\)

- **2007: Introduction of the Elder Justice Act** in both the Senate and House of Representatives with stated goals of national and grassroot advocacy, educational outreach, research, and information dissemination to:\(^{30}\)
  Seek increased public awareness of the tragedy of elder abuse, neglect, and exploitation at local, state, and national levels

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\(^{29}\) Is it possible for elder abuse to be addressed through independent legislation? According to advocacy groups in Washington, DC, new initiatives are difficult to implement; it is easier to have an “add on” to an existing bill (R. Blancato, personal communication, May 3, 2006).

Seek increased awareness and support of the elder justice act in the senate, as a comprehensive approach to address elder justice issues; and conduct parallel advocacy efforts in the house of representatives

Work for expedited consideration of the elder justice act before relevant senate and house committees and subcommittees

Monitor and appropriately influence other relevant legislation and regulations pertaining to the prevention of elder abuse

**New York State Level**

In May 2004, the first New York State Summit on Elder Abuse was convened by Lifespan of Greater Rochester in Albany, New York\(^\text{31}\) with the mission to formulate a statewide action agenda to combat elder abuse. Under the title “Target – Elder Abuse,” the summit was modeled after the National Summit on Elder Abuse held in Washington in 2001 and included nearly 100 attendees with expertise in elder abuse and major stakeholders in elder abuse issues, representing various professions, geographic locations, and ethnic backgrounds within the state. Increasingly aware that the rising prevalence of domestic elder abuse was under recognized, under reported, and under prosecuted in New York State, a general call was made by the attendees for state leadership to “blow open” this form of victimization, which was outpacing both public policy and direct service innovation.\(^\text{32}\)

At the time, 30,000 domestic elder abuse cases had been reported to the state’s Adult Protective Services and/or other aging agencies.\(^\text{33}\) A predominance of financial exploitation abuses in all its various forms is noted, inflicted on elderly persons by family

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\(^\text{31}\) The co-sponsors included the New York State Office of Children and Family Services, the Bureau of Adult Services, the New York State Division of Criminal Justice Services; the New York State Office for the Aging; Excellus Blue Cross, Blue Shield; and Med America Insurance Co of New York. It was partially funded through the U.S. Administration on Aging with a federal grant obtained by U.S. Senator Charles Schumer of New York State.

\(^\text{32}\) The bulk of this discussion is drawn from personal interviews in Rochester, New York, with Art Mason, program director of Lifespan's Elder Abuse Prevention Services and from the final report of the 2004 New York Summit, *Target Elder Abuse*. 2005.

members, caregivers, contractors, and even by persons entrusted with fiduciary responsibilities.

Summit participants were united in their belief that New York State needed to prioritize the reform of specific laws, ensure that these be enacted, as well as expand existing legislation to better protect older adults from abuse, neglect, and financial exploitation and make it less difficult to prosecute elder abuse perpetrators.

Taking Action: Policy and Program Recommendations - National

The Policy Level

- Place the crime of elder abuse under federal as opposed to state law in order to ensure uniformity in definition and measurement and provide federal funds to states, instead of the current practice of giving social service block grants to be used at the discretion of individual states.

- Upgrade the Adult Protective Services Agency at the federal level with qualified representation in each state/city in order to improve the quality of its mandate on behalf of abused older adults. This may necessitate restructuring its administration marking a delineation between its mandate to “servicing vulnerable persons” and that which is specifically directed to “servicing elder abused victims.” Such a delineation of functions will ensure that elder abuse issues receive appropriate importance and visibility coupled with an appropriate funding level within the agency.

- To reinforce the status and function of Adult Protective Services as the primary receiving agency, by legislating that every state and city reports incidences of elder abuse to the local APS offices.

- Question the appropriateness of giving special consideration within the legalistic framework and the judicial system to abusive actions that are justified as being acceptable in different cultures, when they run counter to the laws of this country.

The Methodological Level

The current methodology of data collection requires drastic revision. There is need to bring nationwide uniformity and systematization to the definition and
measurement of elder abuse in order to obtain consistency and accuracy in the reporting process and allow for methodologically sound interstate comparisons. Below is an abbreviated presentation of the recommendations pertaining to data collection proposed in the 2004 Survey of State Adult Protective Services: Abuse of Adults 60 Years of Age and Older34

- Initiate a concerted effort to create uniform definitions of and measures for reporting abuse coupled with a continuous collection of accurate and uniform data at both national and state levels. (p.21)
- Collect detailed age- and gender-specific information on the race and ethnicity of victims and their alleged abusers. (p.22)
- Expand the training on the identification of abuse to new sets of reporter groups presently not known as critical to prevention and intervention efforts. (p.22)
- Collect information at the state level on the outcome of clients served in order to determine the efficacy of APS interventions. (p.22)
- Increase local, state, and national intervention and education efforts targeted at the abuse of older adults, in response to the increased numbers of reports, investigations, and substantiations being filed. (p.22)
- Collect at the state level as much information as possible, not only about victims, but also about the perpetrators to evaluate the outcome of APS interventions. Such data will inform multiple actors in the elder abuse arena about prevention and intervention measures and the role of advocacy. (p.22)
- Every four years, and no less, conduct a national study of Adult Protective Services data, specifically related to the abuse of adults older than 60. (p.22)

Added to the above is one particular neglected area of information related to elder abuse that has not been given appropriate attention in the data collection process and only sparse visibility in the reporting system. Namely, the inclusion of self-inflicted abuse as a form of victimization. As a less tangible and publicized type of mistreatment, this subject should be addressed methodologically through open-ended/qualitative questioning.

General Programs

- Mandated reporters of elder abuse and mental health professionals need to consistently work with law enforcement personnel to identify elders who demonstrate evidence of being at risk of abuse.

- Management and prevention of elder abuse and neglect problems should involve well-coordinated, multidisciplinary teams of professionals from a variety of specialties to develop a comprehensive intervention plan. Inclusion of a physician as part of such a team is essential.

- The root causes of self-neglect among older persons are complex, involving physical/mental health conditions and social and functional factors and, as such, cannot be addressed by a single discipline. A multifaceted approach involving comprehensive geriatric assessment and multidisciplinary care teams are needed to address this problem.

- Greater attention needs to be directed toward the gaps in the screening and hiring practices of in-home helpers who work with dependent adults and frail elders who are at unparalleled risk for financial abuse, fraud, theft, as well as physical, sexual, and emotional abuse.

New York State Policy and Programs

The Action Agenda on Elder Abuse developed by participants in the 2004 New York State Summit on Elder Abuse itemized the following priority recommendations for action, which are quoted directly below:

- Reform specific laws and enact and enforce new state laws and policies that enhance prevention, intervention, and prosecution and protect elders from abuse, neglect, and financial exploitation. (p.25)

- Conduct a statewide research study to define the nature and scope of elder abuse; establish the baseline of prevalence and incidence and develop a methodology for ongoing data collection and analysis for purposes of policy, planning, program development and evaluation. (p. 26)

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Create a statewide resource center on elder abuse promoting interdisciplinary collaboration and partnership and providing a single point for information and resources. (p. 26)

Conduct statewide, evidence-based training for first responders and community partners to recognize the indicators of abuse, neglect, and financial exploitation; increase referrals to social services, law enforcement, and court systems to effect successful prosecution. (p. 26)

Design and implement a statewide, comprehensive outreach and information campaign to educate the public about abuse, neglect, and financial exploitation of elders. (p. 27)

Develop and implement discipline-specific training curricula and tools for mandatory training of professionals, paraprofessionals, and providers of care and services. (p.28)

Require statewide, uniform data collection to support decisions on resource allocation for programmatic intervention to prevent financial exploitation. (p.29)

Develop and evaluate broad based interdisciplinary, collaborative teams and a continuum of community driven initiatives across the state that effectively assess reports of elder abuse, identify abuse, conduct case conferences, and create treatment plans to intervene with victims and older self-neglecting adults. (p.29)

Determine the causes and progression of self-neglect to develop prevention and intervention models that increase the quality of life for at-risk elders. (p.29)

Increase offender accountability by enhancing the effectiveness of the criminal justice system to detect, investigate, prosecute, deter, and mitigate financial exploitation of older adults. (p.30)

Suggested Research Directions

Much of the research on elder abuse lacks a comprehensive framework needed to capture the complexity of its manifestations. Much of the knowledge derived from studies, including surveys, is based on accounts received from concerned citizens to designated report receivers who, in turn, investigate and classify the reported actions according to state-specific legalistic definitions for classification purposes. In essence, the
knowledge base is far removed from the protagonists of the event itself. With this in mind, below are a number of themes to be considered for inclusion into a research agenda:

- Conduct one-on-one interviews with victims of abuse to explore events in their own life that place them in the vulnerable position of being victimized.
- Inquire into some of the common elements that trigger abuse and explore whether or not these operate in different modalities across socioeconomic groups.
- Engage in more comprehensive and systematic research on incidences of abuse in multiple settings, in order to generate useful information for the prevention and detection of abuse among different subpopulations of victims.
- Through qualitative, in-depth interviews, explore values and attitudes that support or enable the use of aggressive intrafamily behavior.
- Through focused research, unravel how knowledge pertaining to elder abuse can be valuable information for clinicians.
- Using feedback from victims themselves, evaluate the effectiveness of elder abuse prevention programs and service interventions.

Whereas extensive research has been conducted on risk factors associated with child abuse and abuse committed by intimate partners, there are far fewer empirically derived findings — as separate from theoretical propositions — as to how risk factors operate in elder mistreatment cases. Risk factors identified in the literature about elder abuse need to be further investigated through empirically grounded research to better understand antecedents leading to abuse. The following areas of inquiry can serve as guidelines:

- How closely do risk factors outlined in the literature correspond to actual circumstances as experienced by victims of abuse?
- To what extent can risk factors identified in small community studies be projected to larger populations?
- What is the relationship between risk factors associated with abuse and characteristics of the victim him/herself?
Despite references in the literature pertaining to the impact of culture on abusive behavior, limited systematic research has been initiated on the influence it bears on victim’s acceptance of such behavior. Inquiries into this topic would contribute to an understanding of:

- Whether or not particular definitions of abuse upheld by the cultural traditions of certain ethnic groups are widely accepted in the community as a whole
- The influence that culture-derived differences in definitions bear on reporting abuse and accepting intervention
- Whether both the abuser and the abused hold the same cultural beliefs regarding definitions, perceptions, and interpretations as to what constitutes abusive behavior

At the most general level, the following basic questions require more study:

- Does living alone place older persons at greater risk of suffering from abusive behavior as compared to living in multigenerational households?
- Is parental violence experienced in younger years a significant predictor of abusive behavior towards elders in later years?
- To what extent is the higher incidence of elder abuse reported for women an outcome of:
  - Their numerical demographic superiority at older ages?
  - Higher risks of abuse faced by women as compared to men
  - Higher propensities among women to self report abuse or consent to have it reported as compared to men?
APPENDIX I

DEFINITION OF DOMESTIC ELDER ABUSE\textsuperscript{36}

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>Use of physical force that may result in bodily injury, physical pain, or impairment.</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>Nonconsensual sexual contact of any kind with an elderly person.</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>Infliction of anguish, pain, or distress through verbal or nonverbal acts. Verbal, emotional or psychological abuse in which an older person is subjected to repeated insults, humiliations and threats.</td>
</tr>
<tr>
<td>Financial/material exploitation</td>
<td>Illegal or improper use of an elder's funds, property, or assets. (Material or financial abuse/misuse of victim’s property and finances.)</td>
</tr>
<tr>
<td>Neglect</td>
<td>Refusal or failure to fulfill any part of a person’s obligations or duties to an elderly person. (Passive and active neglect, including withholding items or care that are necessary for daily living, violation of civil rights in which an older person is forced to do something against his/her wishes.)</td>
</tr>
<tr>
<td>Abandonment</td>
<td>Desertion of an elderly person by an individual who has physical custody of the elder or by a person who has assumed responsibility for providing care to the elder.</td>
</tr>
<tr>
<td>Self-neglect</td>
<td>Behaviors of an elderly person that threaten the elder’s health or safety. (Occurs when an older person endangers himself/herself or fails to provide adequate self care. Though not inflicted by others, family and friends may be aware of the neglected behavior and fail to intervene.)</td>
</tr>
</tbody>
</table>

APPENDIX 2

AFFILIATIONS OF PERSONS INTERVIEWED,
BY TYPE OF ORGANIZATION

1. National Policy Influencing and Advocacy Organizations
   - National Association of State Units on Aging (Washington, DC)
   - National Committee for the Prevention of Elder Abuse (Washington, DC)
   - The Elder Justice Coalition, National Coordinator (Washington, DC)

2. District Attorney’s Offices – New York City
   - Kings County
   - Bronx County

3. New York City Department for the Aging

4. Community-Based Social Service Centers – New York City/ Rochester, NY
   - Jewish Association for Service for the Aged (Queens)
   - Jewish Association for Service for the Aged (Brooklyn)
   - Services/Advocacy for Gay, Lesbian, Bisexual and Transgender Elders (SAGE) (Manhattan)
   - Burden Center for the Aging (Manhattan)
   - RAIN – One Stop Services for the Elderly (Bronx)
   - NEIGHBORHOOD Self Help by Older Persons Project (Bronx)
   - Weinberg Center for Elder Abuse, Hebrew Home for the Aged at Riverdale
   - Hebrew Home for the Aged at Riverdale
   - Lifespan of Greater Rochester

5. Advocacy and Monitoring Organizations – New York City
   - New York Foundation for Senior Citizens, Long Term Care Ombudsman Program
   - Friends and Relatives of Institutionalized Aged (FRIA)
   - Coalition of Institutionalized Aged and Disabled (CIAD)

6. Hospitals and Nursing Homes – New York City
   - St. Barnabas Nursing Home
   - New York Presbyterian Hospital
   - The Mount Sinai Medical Center
   - Aging in America

7. Others
   - College of the Holy Cross (Worcester, MA)
   - Hunter College, Brookdale Center on Aging (Manhattan)

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37 Other organizations were contacted, but chose not to participate.
APPENDIX 3

SELECTED SUPPORTIVE ORGANIZATIONS, LOBBY AND ADVOCACY GROUPS FOR THE PREVENTION OF ELDER ABUSE

A. The National Level

1. The Administration on Aging
   The Administration on Aging has a strong commitment to protecting seniors from elder abuse. It supports a range of activities at state/local levels to raise awareness of this form of victimization. These include: training law enforcement officers and medical professionals in how to recognize and respond to elder abuse, conducting public awareness and education campaigns and creating statewide and local elder abuse prevention coalitions and multi-disciplinary teams. The Administration funds the National Center on Elder Abuse to serve as a resource for the public and for professionals. (Adapted from Administration on Aging, The Role of the Administration on Aging, http://www.aoa.gov/eldfam/Elder_Rights/Elder_Abuse/Elder_Abuse.asp)

2. The National Center on Elder Abuse (NCEA)
   NCEA serves as a national resource for elder rights advocates, law enforcement and legal professionals, medical and mental health providers, public policy leaders, educators, researchers and concerned citizens. Its mission is to promote understanding, knowledge sharing and action on elder abuse, neglect and exploitation. The Center is a partnership of the National Association of State Units on Aging, the American Bar Association Commission on Law and Aging, the Clearinghouse on Abuse and Neglect of the Elderly/CANE, the National Adult Protective Services Association and the National Committee for the Prevention of Elder Abuse. It provides a forum for national dialogue and discussion; advises policy makers on legislation and program development; conducts research and training to enhance the nation's response to elder abuse. (Adapted from National Center on Elder Abuse, What We Do, http://www.ncea.aoa.gov/NCEAroot/Main_Site/About/What_We_Do.aspx)

3. The National Committee for the Prevention of Elder Abuse (NCPEA)
   The National Committee for the Prevention of Elder Abuse (NCPEA) is an association of researchers, practitioners, educators and advocates dedicated to protecting the safety, security and dignity of America's most vulnerable citizens. Established in 1988, the Committee’s mission is to prevent abuse, neglect and exploitation of older persons and adults with disabilities through research, advocacy, public and professional awareness, interdisciplinary exchange and coalition building, with the goal of achieving a clearer understanding of abuse and provide direction and leadership to prevent it. The Committee is one of six partners that make up the National Center on Elder Abuse which is funded by Congress to serve as the Nation's clearinghouse on information and materials on abuse and neglect. (Adapted from National Committee for the Prevention of Elder Abuse, What We Do, http://www.ncea.aoa.gov/NCEAroot/Main_Site/About/What_We_Do.aspx)
4. The Elder Justice Coalition
The Elder Justice Coalition is a national advocacy voice supporting elder justice in America. It was formally launched in February 2003 to coincide with the introduction of the Elder Justice Act [S.333]. The Coalition has five founding organizational members: the National Committee for the Prevention of Elder Abuse; the National Academy of Elder Attorneys; the National Association of State Units on Aging; the National Association of Adult Protective Service Administrators, and the National Association of State Long Term Care Ombudsman Program.

The Coalition, through national and grassroots advocacy, educational and media outreach, research and information dissemination, seeks to:
- increase public awareness of the tragedy of elder abuse, neglect and exploitation at local, state and national levels;
- increase awareness and support of the Elder Justice Act as a comprehensive approach to addressing elder justice issues in the Senate and House of Representatives.
- work for expedited consideration of the Elder Justice Act before relevant Senate and House committees and subcommittees;
- monitor and appropriately influence other relevant legislation and regulations pertaining to the prevention of elder abuse, neglect and financial exploitation.

(Adapted from The Elder Justice Coalition, Goals and Activities, http://www.elderjusticecoalition.com/)

5. The Long Term Care Ombudsmen Program
The Long Term Care Ombudsmen Program was established in 1972 under the Older Americans Act and is administered by the Administration on Aging. Its mandate is to be advocates for residents of nursing homes, board and care homes, assisted living facilities and similar adult care facilities. Paid and volunteer workers in every state and three other jurisdictions provide information to residents and their families about the long term care system and work to effect systems changes at local, state and national levels.

About 1,000 paid and 14,000 volunteer staff (8,000 certified) provide an ongoing presence in long term facilities, monitoring care and conditions, providing a voice for those who are unable to speak for themselves and offering information to more than 280,000 people on a myriad of topics including how to select and pay for a long term care facility. An average of 260,000 complaints are investigated by the Ombudsmen Program yearly. (Adapted from Administration on Aging, Elder Rights & Resources, Long Term Care Ombudsman Program, http://www.aoa.gov/eldfam/Elder_Rights/LTC/LTC.asp)

6. The Adult Protective Services Agency (APS)
The Adult Protective Services Agency (APS) was funded in 1975 under the Title XII of the Social Security Act and emerged from government's
concern for adults who could not manage their own affairs, emphasis being placed on persons with disabilities who are in danger of being mistreated or neglected, and on those found in situations that included abuse, neglect and exploitation, are unable to protect themselves and have no one to assist them. Under this federal mandate, states authorized APS units in their local social service agencies to address these needs. Many state programs included mandatory reporting modeled after child abuse reporting legislation as well as involuntary interventions, such as emergency order and civil commitments.

Because there were no federal status or federal funding directly related to the delivery of APS services, each state has developed its own system for service delivery. In most states, APS is usually the first respondent to reports of abuse, exploitation and neglect of vulnerable adults. Services are provided to older people and to those with disabilities who are in danger of being mistreated or neglected, unable to protect themselves, and have no one to assist them. Interventions provided by APS include, but are not limited to, receiving reports of adult abuse, neglect or exploitation; investigating these reports; assessing risk; developing and implementing case plans, service monitoring and evaluation. Adult Protection may provide or arrange for a wide selection of medical, social, economic, legal housing, law enforcement or other protective, emergency or supportive services.

B. New York State and New York City

1. Lifespan of Greater Rochester

Lifespan of Greater Rochester in upstate New York is a nonprofit organization dedicated to providing information, guidance and services to older adults, serving 18,000 people annually. Founded in 1971 and known until February 1995 as the Regional Council on Aging, Lifespan has grown from just two programs to more than 30. As part of its overall

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38 The New York State Office of Children and Family Services' Protective Service for Adults lists the following services available for adults: investigation and assessment of the adults needs and risk of harm; counseling for the victimized adult and their family; advocacy and case management services including arranging for medical and mental health assessments, applying for benefits and assuring coordinated delivery services; finding alternative living arrangements, including providing emergency room and board for up to 30 days; financial management services, including serving as representative payee homemaker and housekeeper chore services, within specified limits; crisis interventions, such as securing access orders, involuntary protective service orders and orders of protection; long term legal interventions such as pursuing guardianship. (Adapted from New York State Office of Children & Family Services, Protective Service for Adults, http://www.ocfs.state.ny.us/main/psa/services.asp).
comprehensive portfolio of programs for the elderly, Lifespan's Elder Abuse Prevention program expanded awareness, prevention and intervention services to a 10 county area in western New York to achieve the following:

- intervention in over 1,200 cases;
- training over 5000 professionals/nonprofessionals who work with older adults to recognize abuse;
- creating at the request of the NY State Office for the Aging a training manual for law enforcement, health care and banking personnel;
- holding five regional elder abuse conferences and two seminars on elder abuse in specific populations;
- convening, in 2004, a New York State level Summit to "blow open" the issue of elder abuse and achieve concrete recommendations of an Action Agenda.

(Adapted from Lifespan materials, including http://www.lifespan-roch.org/about_lifespan.htm)

2. New York State Elder Abuse Coalition

The mission of the New York State Elder Abuse Coalition is to protect New York elders from abuse, neglect and exploitation and to preserve the quality of their lives. It was formed to implement the Action Agenda created by the 2004 New York State Elder Abuse Summit held in Albany. The Coalition consists of a multi disciplinary statewide group of individuals, private organizations and public agencies working together to protect elders. Its strategy is to serve as a catalyst for change, raising awareness about the issue of elder abuse and offering solutions for prevention and intervention through education and research. (Adapted from Lifespan, New York State Elder Abuse Coalition, http://www.lifespan-roch.org/NYS_elder_abuse_coalition.htm)

3. New York City Department for the Aging (DFTA)

In 2006 DFTA began to spearhead the formation of an Elder Abuse Prevention Network for New York City that will work toward greater public awareness and elimination of elder abuse. On June 12 of that year the Agency hosted an all day strategic planning meeting attended by representatives from DFTA, NYPD, District Attorneys Offices, Adult Protective Services, the NYC Commission on Human Rights, the Mayor's office, Legal Home staff and advocacy groups. The network is open to any professional organization. Planned activities include public awareness campaigns, a Speaker's Bureau to train professionals, formulate legislative reform proposals and a Citywide tracking system. (Adapted from New York City Department for the Aging, June/July 2006 Newsletter, Preventing Elder Abuse is Goal of New Coalition, http://www.nyc.gov/html/dfta/html/newsletters/newsletter-june06.htm#abuse).

In addition, DFTA specialists offer professional training and assistance as well as direct services to abuse victims. Nine community agencies under contract with DFTA also provide elder abuse services. DFTA's caregiver programs offer critical support to caregivers who are overwhelmed coping with dependent elders. (Adapted from New York City Department for the
4. The New York State Long Term Care Ombudsman Program in New York City

The New York State Long Term Care Ombudsman Program in New York City is a federally mandated program established in 1978, with the objective to enhance and protect the health, safety, welfare and rights of nursing and adult home residents throughout New York City's five boroughs. Trained, state certified and supervised volunteers who represent the State Ombudsman advocate for the residents’ rights, safety and well being. They actively visit facilities throughout the City to talk with residents and help find approaches to situations that they face. Using a nonconfrontational approach to problem solving, residents rights related to their health, safety and general welfare are monitored and protected. (Adapted from New York State Office of Long Term Care Ombudsman, http://www.ombudsman.state.ny.us/index.htm)

5. Mt. Sinai Hospital in New York City

Mount Sinai Hospital in New York City is at the forefront of efforts to alert health care professionals about elder abuse, screen for elder abuse/neglect and provide direct services to victims who are patients within the hospital system. The hospital's Elder Abuse Program was established in October 1998 with a grant from New York State Crime Victims Board to identify cases of elder abuse and neglect within a multicultural urban community hospital setting. A multidisciplinary team provides direct health services and counseling to elderly victims of abuse, patient follow-up, advocacy, information and referrals to community resources, home visits and assistance with claims. The program educates hospital staff, medical students, residents, and new social workers about elder abuse/neglect and how to identify them and provides monthly and statistical reporting to the New York State Crime Victims Board. (Adapted from In Focus: Health Care Response to Elder Abuse, Mount Sinai Elder Abuse Program in New York City)

6. Friends and Relatives of Institutionalized Aged (FRIA)

Friends and Relatives of Institutionalized Aged (FRIA) is an independent, nonprofit consumer organization that helps New York families and friends become effective advocates for residents of long term care facilities and supports legal and regulatory change to improve quality of long term care in New York. It encourages, promotes, advocates formation of family councils and resident councils in each nursing home. Family councils become center issues, and provide an effective liaison between residents and nursing homes. FRIA's work in organizing families and friends has been effective in fighting for many resident rights; among other issues, the inappropriate use of physical and chemical restraints and failure to record the keeping of resident’s private funds. The organization has brought these and other serious concerns to the attention of the State Health Department and when necessary to the federal government as well. (Adapted from Friends and Relatives of Institutionalized Aged, http://www.fria.org/index.shtml)
7. **Coalition of Institutionalized Aged and Disabled (CIAD)**

The Coalition of Institutionalized Aged and Disabled (CIAD) is an advocacy organization, largely focused on adult homes serving the mentally ill. Though officially defined as community residents, adult homes are, in fact, institutions. CIAD's mission is to:

- empower residents; provide them with information and skills they need to improve their condition;
- attract attention to the issue of adult homes;
- handle complaints and problem solving;
- organize people into groups; organize residents from different adult homes to impact policy;
- develop leadership among residents to form alliances with other organizations to form an Adult Home Constituency, as a vehicle to voice their priorities.

By 2003, an Adult Home Policy Committee was formed from among the residents (many over age 65) to formulate a policy agenda; a cadre of resident leaders to lobby and speak in front of policy makers, legislators and representatives of the Department of Health. (Adapted from http://www.ciadny.org/index.htm)
APPENDIX 4

OLDER AMERICANS AMENDMENT ACT OF 1965
AS AMENDED IN 2006 (PUBLIC LAW 109-365)39

TITLE II—ADMINISTRATION ON AGING
SECTION 201. ELDER ABUSE PREVENTION AND SERVICES

Section 201 of the Older Americans Act of 1965 (42 U.S.C. 3011) is amended by adding at the end the following:

(e) (1) The Assistant Secretary is authorized to designate within the Administration a person to have responsibility for elder abuse prevention and services.

(2) It shall be the duty of the Assistant Secretary, acting through the person designated to have responsibility for elder abuse prevention and services.

(A) to develop objectives, priorities, policy, and a long-term plan for-

(i) facilitating the development, implementation, and continuous improvement of a coordinated, multidisciplinary elder justice system in the United States;

(ii) providing Federal leadership to support State efforts in carrying out elder justice programs and activities relating to-

(I) elder abuse prevention, detection, treatment, intervention, and response;

(II) training of individuals regarding the matters described in subclause (I); and

(III) the development of a State comprehensive elder justice system, as defined in section 752(b);

(iii) establishing Federal guidelines and disseminating best practices for uniform data collection and reporting by States;

(iv) working with States, the Department of Justice, and other Federal entities to annually collect, maintain, and disseminate data relating to elder abuse, neglect, and exploitation, to the extent practicable;

(v) establishing an information clearinghouse to collect, maintain, and disseminate information concerning best practices and resources for training, technical assistance, and other activities to assist States and communities to carry out evidence-based programs to prevent and address elder abuse, neglect, and exploitation;

(vi) conducting research related to elder abuse, neglect, and exploitation;

(vii) providing technical assistance to States and other eligible entities that provide or fund the provision of the services described in title VII;

(viii) carrying out a study to determine the national incidence and prevalence of elder abuse, neglect, and exploitation in all settings; and
(ix) promoting collaborative efforts and diminishing duplicative efforts in the development and carrying out of elder justice programs at the Federal, State and local levels; and
(B) to assist States and other eligible entities under title VII to develop strategic plans to better coordinate elder justice activities, research, and training.

(3) The Secretary, acting through the Assistant Secretary, may issue such regulations as may be necessary to carry out this subsection and section 752.

(f) (1) The Assistant Secretary may designate an officer or employee who shall be responsible for the administration of mental health services authorized under this Act.
(2) It shall be the duty of the Assistant Secretary, acting through the individual designated under paragraph (1), to develop objectives, priorities, and a long-term plan for supporting State and local efforts involving education about and prevention, detection, and treatment of mental disorders, including age-related dementia, depression, and Alzheimer’s disease and related neurological disorders with neurological and organic brain dysfunction.
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