

Together, we have the power to prevent
elder abuse.

NATIONAL CENTER ON ELDER ABUSE

Why Should I Care About Elder Abuse?

Elder abuse is an under recognized problem with devastating and even life threatening consequences.

Every day, headlines throughout the U.S. paint a grim picture of seniors who have been abused, neglected, and exploited, often by people they trust the most. Abusers may be spouses, family members, personal acquaintances, or professionals in positions of trust; or opportunistic strangers who prey on the vulnerable.

How big is the problem? No one really knows. Relatively few cases are identified, as elders often are reluctant to report the mistreatment. Experts estimate that only one in six cases or fewer are reported, which means that very few seniors who have been abused get the help they need.

One thing is for certain: elder abuse can happen to any older individual – your neighbor, your loved one – it can even happen to you.

What is Elder Abuse?

In general, elder abuse refers to intentional or neglectful acts by a caregiver or "trusted" individual that lead to, or may lead to, harm of a

vulnerable elder. Physical abuse; neglect; emotional or psychological abuse; verbal abuse and threats; financial abuse and exploitation; sexual abuse; and abandonment are considered forms of elder abuse. In many states, self-neglect is also considered mistreatment.

Who is at Risk?

Elder abuse can occur anywhere – in the home, in nursing homes, or other institutions. It affects seniors across all socio-economic groups, cultures, and races. Based on available information, women and "older" elders are more likely to be victimized. Dementia is a significant risk factor. Mental health and substance abuse issues – of both abusers and victims – are risk factors. Isolation can also contribute to risk.

What Should I Do if I Suspect Elder Abuse?

Report Your Concerns.

Remember: Most cases of elder abuse go undetected. Don't assume that someone has already reported a suspicious situation.

To report suspected abuse in the community, contact your local adult protective services agency. For state reporting numbers, visit the NCEA website at

www.ncea.gov or call the Eldercare Locator at 1-800-677-1116.

If you or someone you know is in a life threatening situation or immediate danger, contact 911 or the local police or sheriff.

To report suspected abuse in a nursing home or long-term care facility, contact your state specific agency. To find the listing, visit the Long-Term Care Ombudsman website: www.ltombudsman.org/state_pages/help.cfm

Types of Elder Abuse

Physical abuse - Use of force to threaten or physically injure a vulnerable elder

Emotional abuse - Verbal attacks, threats, rejection, isolation, or belittling acts that cause or could cause mental anguish, pain, or distress to a senior

Sexual abuse - Sexual contact that is forced, tricked, threatened, or otherwise coerced upon a vulnerable elder, including anyone who is unable to grant consent

Exploitation - Theft, fraud, misuse or neglect of authority, and use of undue influence as a lever to gain control over an older person's money or property

Neglect - A caregiver's failure or refusal to provide for a vulnerable elder's safety, physical, or emotional needs

Abandonment - Desertion of a frail or vulnerable elder by anyone with a duty of care

Self-neglect - An inability to understand the consequences of one's own actions or inaction, which leads to, or may lead to, harm or endangerment

Remember: You do not need to prove that abuse is occurring; it is up to the professionals to investigate the suspicions.

Warning Signs

- **Physical Abuse** - Slap marks, unexplained bruises, most pressure marks, and certain types of burns or blisters, such as cigarette burns
- **Neglect** - Pressure ulcers, filth, lack of medical care, malnutrition or dehydration
- **Emotional Abuse** - Withdrawal from normal activities, unexplained changes in alertness, or other unusual behavioral changes
- **Sexual Abuse** - Bruises around the breasts or genital area and unexplained sexually transmitted diseases
- **Financial Abuse/Exploitation** - Sudden change in finances and accounts, altered wills and trusts, unusual bank withdrawals, checks written as "loans" or "gifts," and loss of property

What Can I Do to Prevent Elder Abuse?

- *Report suspected mistreatment* to your local adult protective services agency or law enforcement. Although a situation may have already been investigated, if you believe circumstances are getting worse, continue to speak out.
- *Keep in contact* – Talk with your older friends, neighbors, and relatives. Maintaining communication will help decrease isolation, a risk factor for mistreatment. It will also give them a chance to talk about any problems they may be experiencing.
- *Be aware of the possibility of abuse* – Look around and take note of what may be happening with your older neighbors and acquaintances. Do they seem lately to be withdrawn, nervous, fearful, sad, or anxious, especially around certain people, when they have not seemed so in the past?
- *Contact your local Area Agency on Aging* office to identify local programs and sources of support, such as *Meals on Wheels*. These programs help elders to maintain health, well-being, and independence – a good defense against abuse.
- *Volunteer* – There are many local opportunities to become involved in programs that provide assistance and support for seniors.
- *World Elder Abuse Awareness Day* - Elder abuse is a global issue. Contact your local aging services organizations to find out how your community will observe World Day. Help to raise awareness by talking about the issue.
- *Learn more about the issue* - Visit the National Center on Elder Abuse website at www.ncea.aaa.gov.

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*The NCEA
is a national resource center
that provides technical support and information to
professionals and advocates working on behalf of older
individuals.
It also provides information
and referral to the public.*

*The NCEA is not an investigation, nor a reporting, agency,
and cannot intervene in cases of suspected elder
mistreatment.*

For More Information:

NCEA
www.ncea.aaa.gov

Eldercare Locator
1-800-677-1116
www.eldercare.gov

**National Long Term Care
Ombudsman Resource Center**
www.lfombudsman.org/static_pages/ombudsmen.cfm

Contact Us:

National Center on Elder Abuse/NCEA
c/o University of Delaware
Center for Community Research and
Service
297 Graham Hall
Newark, DE 19716
www.ncea.aaa.gov
ncea-info@aaa.hhs.gov

NATIONAL CENTER ON ELDER ABUSE

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UNDER THE RADAR:
NEW YORK STATE ELDER ABUSE PREVALENCE STUDY

SELF REPORTED PREVALENCE AND DOCUMENTED CASE STUDIES

EXECUTIVE SUMMARY

The New York State Elder Abuse Prevalence Study is one of the most ambitious and comprehensive studies to quantify the extent of elder abuse in a discrete jurisdiction ever attempted, and certainly the largest in any single American state. With funding from the New York State William B. Hoyt Memorial Children and Family Trust Fund, a program administered under NYS Office of Children and Family Services, three community, governmental, and academic partners (Lifespan of Greater Rochester, The New York City Department for the Aging and the Weill Cornell Medical College) formed a collaborative partnership to conduct the study.

AIMS OF THE STUDY

The study had three central aims achieved through two separate study components:

- To estimate the prevalence and incidence of various forms of elder abuse in a large, representative, statewide sample of older New Yorkers over 60 years of age through direct interviews (hereafter referred to as *the Self-Reported Prevalence Study*)
- To estimate the number of elder abuse cases coming to the attention of all agencies and programs responsible for serving elder abuse victims in New York State in a one-year period (*the Documented Case Study*), and
- To compare rates of elder abuse in the two component studies, permitting a comparison of “known” to “hidden” cases, and thereby determining an estimate of the rate of elder abuse under-reporting in New York State.

METHODOLOGY

At the completion of the study, 4,156 older New Yorkers or their proxies had been interviewed directly and 292 agencies reported on documented cases from all corners of the state. Through the collaborative efforts of the three research partners, the study employed “cutting edge” methodologies to accomplish the goals of the study. These included (1) improvement of existing survey instruments to make them “state of the art” using the combined field knowledge of academics and direct service providers; separate surveys were created for the Self-Reported Prevalence Survey and the Documented Case Study, (2) utilization of the Cornell Research Survey Institute in Ithaca to assemble a representative state sample of older adults and to conduct the interviews by telephone, (3) administration of a survey to all major service systems, agencies and programs in the state that receive reports of elder abuse and provide investigation and intervention to older adult victims.

Methodology - Self-Reported Prevalence Study

In the Self-Reported Prevalence Study, the research team assembled a representative sample of all residents of New York State age 60 and older representing a broad cross section of the older population in the state. The sample was created using a random digit dialing strategy derived from census tracts targeting adults over 60. The study was limited to older adults living in the community, that is, not living in licensed facilities such as nursing homes and adult care facilities. The actual surveys were conducted by telephone by trained interviewers at the Cornell Survey Research Institute. The survey instrument used for this component of the study captured elder mistreatment in four general domains: (1) Neglect by a responsible caregiver (2) Financial Exploitation (3) Emotional Abuse and (4) Physical Elder Abuse (including Sexual Abuse).

Methodology - Documented Case Study

The Documented Case Study contacted programs and agencies responsible for specifically serving victims of elder abuse and older victims of domestic violence in New York State and requested that they complete a survey about cases served in calendar year 2008. The survey included questions on elder abuse cases that mirrored the questions used for the statewide Self-Reported Prevalence Study. Programs surveyed included Adult Protective Services, law enforcement, area agencies on aging, domestic violence programs, elder abuse programs, programs funded by the Office of Victim Services (previously known as the Crime Victims Board), elder abuse coalitions, and District Attorney (DA) offices. While the amount of data supplied varied by county and organization, at least some data was collected for each of the 62 counties in New York State.

MAJOR FINDINGS

- The study found that 76 out of every 1,000 older New Yorkers are victims of elder abuse in a one year period.
- Applying the incidence rate estimated by the study to the general population of older New Yorkers, an estimated 260,000 older adults in the state had been victims of at least one form of elder abuse in the past year.
- The findings of the study also point to a dramatic gap between the rate of elder abuse events reported by older New Yorkers and the number of cases referred to and served in the formal elder abuse service system.
- Overall the study found an elder abuse incidence rate in New York State that was nearly 24 times greater than the number of cases referred to social service, law enforcement or legal authorities who have the capacity as well as the responsibility to assist older adult victims.
- Psychological abuse was the most common form of mistreatment reported by agencies providing data on elder abuse victims in the Documented Case Study. This finding stands in contrast to the results of the Self-Reported Study in which financial exploitation was the most prevalent form of mistreatment reported by respondents as having taken place in the year preceding the survey.

Caution must be exercised in interpreting the large gap between prevalence reported directly by older adults and the number of cases served. The adequacy of some documentation systems to provide elder abuse case data may have played a role in the results. The inability of some service systems and individual programs to report on their involvement in elder abuse cases may have affected the final tally of documented cases. As a

result, an undetermined number of cases may not be accounted for from agencies and programs that could not access some data about elder abuse victims served. However, the study received comprehensive data from the largest programs serving elder abuse victims: Adult Protective Services, law enforcement and community-based elder abuse programs.

Table 1

Rates of Elder Abuse in New York State:
Comparison of Self-Reported Prevalence and Documented Case Data

	Documented Rate per 1,000	Self-reported Rate per 1,000	Ratio of Self-Reported to Documented
New York State - All forms of abuse	3.24	76.0	23.5
Financial	.96	42.1	43.9
Physical and Sexual	1.13*	22.4*	19.8
Neglect	.32	18.3	57.2
Emotional	1.37	16.4	12.0

*The Documented Case rate includes physical abuse cases only. Physical and sexual abuse data were combined in the Self-Reported Study. The sexual abuse rate for the Documented Case Study was 0.03 per 1,000.

It should be noted that the sum of the rates exceeds the total rates in both the Documented Case and Self-Reported Studies because some victims experienced more than one type of abuse.

SELF-REPORTED PREVALENCE STUDY

Major findings of the Self-Reported Study include:

- A total one-year incidence rate of 76 per 1,000 older residents of New York State for any form of elder abuse was found.
- The cumulative prevalence of any form of non-financial elder mistreatment was 46.2 per thousand subjects studied in the year preceding the survey.
- The highest rate of mistreatment occurred for major financial exploitation (theft of money or property, using items without permission, impersonation to get access, forcing or misleading to get items such as money, bank cards, accounts, power of attorney) with a rate of 41 per 1,000 surveyed. This rate reflects respondent reports of financial abuse that occurred in the year preceding the survey. (The rate for moderate financial exploitation, i.e. discontinuing contributions to household finances in spite of agreement to do so, constituted another 1 per 1,000 surveyed.)
- The study also found that 141 out of 1,000 older New Yorkers have experienced an elder abuse event since turning age 60.

DOCUMENTED CASE STUDY

Major findings of the Documented Case Study include:

- Adjusting for possible duplication of victims served by more than one program, the study determined that in a one-year period 11,432 victims were served throughout New York State, yielding a rate of 3.24 elder abuse victims served per 1,000 older adults.
- Rates of documented elder abuse varied by region. The highest rate was in New York City (3.79 reported cases per 1,000 older adult residents) compared to the region with the lowest rate of documented cases, Central New York /Southern Tier (2.30 cases per 1,000).
- Variability in data collection across service systems contributed to the large gap uncovered between the number of cases reported through the Documented Case Study and the prevalence rates found in the Self-Reported Study. The extent to which the gap can be attributed to data collection issues among service systems has not been established.
- While there was little difference among urban, suburban and rural counties in types of abuse reported in the Documented Case Survey (for all regions, emotional abuse is the most common abuse category reported), urban areas tend to have higher documented case rates than rural counties.

Table 2

Victim Demographic Information Comparison of Documented Case Data and Self Reported Data

Information about victims	Documented Case Study Percent of Victims	Self-Reported Study Percent of Victims
Age groups		
60-64	17.0	20.3
65-74	41.9	38.0
75-84	28.1	29.1
85+	13.0	12.7
(Missing)	14.9	0.0
Gender		
Male	32.8	35.8
Female	67.2	64.2
(Missing)	13.8	0.0
Race/Ethnicity		
African American	27.9	26.3
Asian/Pacific Islander	3.0	1.6
Caucasian	69.3	65.5
Hispanic/Latino	16.4	7.6
Native American/Aleut Eskimo	0.8	1.9
Race, other	10.5	2.9
(Missing)	50.8	1.9

Under Race/Ethnicity, it should be noted that in the Documented Case Study, some agencies permitted elder abuse victims to declare more than one ethnic category; as a result the sum of percentages exceeds 100. In the Self-Reported Study column, respondents who self identified as Hispanic/Latino in addition to another category are reported in a separate statistic (7.6%). As a result, the sum of all categories again exceeds 100 percent.

Note that in Table 2, “Missing” in the Documented Case Study column indicates the percentage of cases in which responding organizations were unable to supply the data requested. In the Self-Reported Study column, “Missing” indicates the percentage of telephone survey respondents who declined to supply the requested information.

The comparison of demographic data in Table 2 reveals similar trends in both the Self-Reported and Documented Case data except in the area of Race/Ethnicity. The percentage of Hispanic/Latino and Asian/Pacific Islander victims served by Documented Case Study respondent organizations was approximately twice the percentage of Self-Reported Study respondents who self-identified as Hispanic/Latino or Asian/Pacific Islander. On the other hand, Native Americans/Aleut Eskimos were represented in the Documented Case findings at less than half the rate they were found in the Self-Reported Study. It should also be noted, however, that responding organizations in the Documented Case Study were as a whole unable to provide racial/ethnic data in half of the cases.

CONCLUSIONS

While the Prevalence Study did not attempt to analyze the reasons for the disparity in self-reported versus documented elder abuse, some possible explanations can be offered. Considerable variability in documentation systems may play a role in the results. The Documented Case Study found a great deal of variability in the way service systems and individual organizations collect data in elder abuse cases. Some service systems and some regions may lack the resources to integrate elder abuse elements in data collection systems or may simply not have an adequate elder abuse focus in their data collection. Population density, the visibility of older adults in the community and, conversely, social isolation in rural areas may contribute to differences in referral rate trends based on geography. Greater awareness by individuals, both lay and professional, who have contact with older adults and might observe the signs and symptoms of elder abuse, may also explain higher referral rates in some areas.

The New York State Elder Abuse Prevalence Study uncovered a large number of older adults for whom elder abuse is a reality but who remain “under the radar” of the community response system set up to assist them.

The findings of the New York State Elder Abuse Prevalence Study suggest that attention should be paid to the following issues in elder abuse services:

- ☒ Consistency and adequacy in the collection of data regarding elder abuse cases across service systems. Sound and complete data sets regarding elder abuse cases are essential for case planning and program planning, reliable program evaluation and resource allocation.

- Emphasis on cross-system collaboration to ensure that limited resources are used wisely to identify and serve elder abuse victims.
- Greater focus on prevention and intervention in those forms of elder abuse reported by elders to be most prevalent, in particular, financial exploitation.
- Promotion of public and professional awareness through education campaigns and training concerning the signs of elder abuse and the resources available to assist older adults who are being mistreated by trusted individuals.

IMPLICATIONS FOR FOLLOW UP AND FURTHER STUDY

For the first time, a scientifically rigorous estimate of the prevalence of elder abuse in New York State has been established. The study also provides an estimate of the number of cases that receive intervention in a one-year period throughout the state. The study raises many questions about differences in rates of abuse in various regions, about referral rates by region and about how elder abuse data is recorded. Further exploration of these issues in future research studies is warranted.

The findings also serve as a platform for more informed decision making about policy, use of limited resources and models of service provision for the thousands of older New Yorkers whose safety, quality of life and dignity are compromised each year by elder mistreatment.

Elder Abuse Awareness Quiz -

Please answer "T" for true, "F" for false:

1. Adult Protective Services can remove an abused elderly person from their home, even if the person wants to stay with the perpetrator. _____
2. The most common form of elder abuse is physical abuse. _____
3. Most abuse/mistreatment of elders is perpetrated by their own adult children. _____
4. Financial exploitation is the fastest growing form of elder abuse _____
5. A "typical" victim is a 78 year old woman with 1 or more physical and/or cognitive impairments. _____
6. Elderly Medicaid clients are more frequently reported as victims because elder abuse happens more often in "poor" families. _____
7. Elder abuse and mistreatment is a social services problem, not a law enforcement issue. _____
8. Our oldest elders (80 years and over) are abused and neglected at two to three times their proportion of the elderly population. _____
9. Self referrals in elder abuse cases average about 20%. _____
10. "Caregiver stress" is the primary cause of elder abuse. _____

MONROE COUNTY DEPARTMENT OF HUMAN SERVICES
ADULT PROTECTIVE SERVICES

Adult Protective Services (APS) is a state-mandated program provided without regard to income to assist vulnerable adults. APS is a system of services aimed at maintaining individuals in the community as long as possible. Services are designed to prevent or remedy neglect, exploitation or abuse of adults by strengthening, to the extent possible, their capacity to function and their ability to be self-directing.

APS CLIENTS

APS clients are among the most vulnerable and neglected members of the community: the frail elderly, the mentally ill, the mentally retarded, and the abused or exploited. They are often not known to any agency or have refused services and are isolated from family and friends. Persons, age 18 or older, are eligible for APS if they meet all 3 of the client characteristics:

- 1) Physical or Mental Impairment: The adult must have a physical illness or disability and / or mental impairment which results in a decreased capacity for self-care and self-determination. Conditions which may contribute to a client's disability may include mental illness, mental retardation, chronic or acute physical illness, dementia or other conditions associated with aging, physical handicaps, and alcohol or substance abuse.
- 2) Inability to Meet Essential Needs or to Protect Oneself From Harm: The adult must be at risk due to one or more condition:
 - Unable to perform essential daily living activities (tasks related to nutrition, personal hygiene, and housekeeping).
 - Unable to obtain needed benefits and services, including SSI, Food Stamps and Medical Assistance, or failure to receive adequate food, clothing, shelter or medical care due to self-neglect or neglect by caregivers.
 - Defenseless against physical, mental or sexual abuse by another person, or vulnerable to financial exploitation.
 - Unable or unwilling to manage personal finances to pay for essential needs.
 - Conditions which present a serious or immediate threat to life, such as hazardous physical surroundings, self-endangering behaviors, untreated injuries or illnesses including hypothermia, dehydration, and malnutrition.
- 3) No One Willing or Able to Assist Responsibly: In many instances relatives are not willing to provide care or are not able to meet all of the client's essential needs. In other cases, family members may be abusing, exploiting, or neglecting the client. When other agencies or persons are providing services, their ability and willingness must be assessed.

APS'S GUIDING PRINCIPLES

- Right to Self-Determination: A competent adult has the right to exercise free choice in making decisions, even if some of those decisions seem eccentric. Without clear evidence of risk, APS must refrain from imposing their own or the general community's values and standards. However, if the client is at risk, APS must assess if the risk is the result of free choice, or is a symptom of the client's inability to make decisions or comprehend risks because of a mental or physical impairment. If the client is capable of understanding the risk and its consequences, then APS will respect the client's right of self-determination and will work with the client to develop a mutually agreed upon plan of services to reduce the risks.
- State's Authority to Intervene: When there is a serious threat to the safety and well-being of the client and the client is incapable of making choices regarding the danger because of temporary or permanent impairment, APS is obligated to secure services to ensure the client's safety, even if the client refuses services.
- Least Restrictive Alternative: Interventions are limited to specific actions required to address specific dangers. While efforts are made to provide needed services in the adult's own home, alternate living arrangements may be considered.

APS SERVICE DELIVERY

The law requires APS to assess the eligibility of all persons who are thought to be in need of protective services. Referrals are closed during intake if the eligibility requirements are not met. APS is required to act on referrals of life-threatening situations within 24-hours of receipt of the information. For other referrals, an assessment is begun within 72-hours and a home visit is made within 3 working days. An assessment/services plan must be made by APS within 60 days of the referral. APS assesses the risks facing a client, his or her ability to deal with the situation and willingness to accept assistance. In developing a services plan, APS tries to establish a trusting relationship with the client so that services may be provided on a voluntary basis. Efforts are made to contact family, friends, neighbors and other community-based services in order to determine the client's capacity to function independently, make decisions on his or her own behalf and understand the consequences of those decisions. In most situations, APS involvement is short-term.

Sometimes, APS has serious difficulty assessing a referral because access is denied either by the person or someone else. Social Services Law Section 473-c provides a means for the Department of Social Services to gain access to a person who may be in need of protective services but to whom access is being denied. A petition must be filed in supreme or county court to obtain authorization to gain access and conduct an assessment. If granted, the order authorizes APS staff, accompanied by a police officer and other necessary professionals, to conduct an assessment.