

NEW YORK *Takes Action* AGAINST  
ELDER MISTREATMENT AND NEGLECT

**Target:  
Elder  
Abuse**

**2010 New York State Elder Abuse Summit**

## **The Prevalence of Elder Abuse in New York – *Next Steps***

The second statewide elder abuse Summit convened and  
sponsored by Lifespan of Greater Rochester Inc.

**November 16, 17, 18, 2010  
Albany, New York**

Final Report 2011



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U.S. Senator Charles E. Schumer

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# ABOUT LIFESPAN OF GREATER ROCHESTER INC.

## CONVENER AND SPONSOR

### 2010 NEW YORK STATE ELDER ABUSE SUMMIT

**L**ifespan, located in Monroe County in New York State, is a nonprofit organization dedicated to providing information, guidance and services that help older adults take on both the challenges and opportunities of the second half of life.

Founded in 1971, and known until 1995 as the Regional Council on Aging, Lifespan has grown from just two programs to more than 30 in its 40-year history. The agency employs over 100 full and part-time staff members.

In 2010, Lifespan served more than 26,000 people through a variety of programs including:

- Elder abuse prevention
- Care management
- Financial services
- Ombudsman
- Day habilitation and service coordination for aging adults with intellectual disabilities
- Geriatric addictions
- Senior center
- Fall prevention
- Future care planning for aging caregivers of persons with disabilities
- Health insurance information/counseling
- Guardianship
- HEAP
- Gerontology education through a certificate program
- Employment services
- Volunteer placement

Lifespan is adept at identifying service gaps and launching programs that fill service gaps. In 1995, Lifespan and Catholic Family Center collaborated to start Eldersource, a care management service for difficult eldercare situations. Lifespan added case management for geriatric addictions in 2001, Future Care Planning Services for families who need to plan for the health, safety and financial well-being of a loved one with a disability in 2002, Consumer Fraud Prevention in 2007 and the Future Care Community Pooled Trust and Boomers as Mentors in 2009.

#### **Emphasis on Elder Abuse Prevention**

Lifespan's Elder Abuse Prevention Program began in 1986 in Monroe County and expanded into nine additional counties in 1998. Lifespan launched *It Shouldn't Hurt to be Old*, a public awareness campaign about elder abuse in 1999. In May 2004, Lifespan convened the first New York State Summit on Elder Abuse. In 2006, Lifespan received a grant from the U.S. Department of Justice to train more than 1,200 first responders and probation officers to recognize, investigate and prosecute instances of elder abuse. In 2007, Lifespan received a grant to conduct the first comprehensive, statewide study of the prevalence of elder abuse. Lifespan also manages the NYS Coalition on Elder Abuse.

Lifespan is proud of its collaborations and public-private partnerships to help older adults live rich and meaningful lives free of abuse and mistreatment.

# 2010 NEW YORK STATE ELDER ABUSE SUMMIT

## History

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In 2004, Lifespan convened a three-day, first-of-its-kind statewide Elder Abuse Summit (modeled after the 2001 National Elder Abuse Summit), bringing together experts from across the state to develop recommendations to address the growing problem of elder abuse.

A number of significant achievements are directly related to the recommendations developed at the 2004 Summit, including:

- The creation of the NYS Coalition on Elder Abuse.
- The NYS Elder Abuse Prevalence Study, a partnership between Lifespan of Greater Rochester Inc., Weill Cornell Medical College, and NYC Department for the Aging.
- The development and/or strengthening of local/regional elder abuse coalitions throughout the state.
- The expansion of public awareness and education, and professional training on elder abuse issues.
- The development of an elder abuse curriculum to train law enforcement personnel.
- Strong advocacy efforts on behalf of vulnerable older adults for improved federal and state legislation to combat financial exploitation and all other forms of mistreatment.

## Why Convene a 2010 Summit?

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Although we have made great progress since 2004 and many people across the country look to New York State as a leader in identifying and addressing elder abuse issues, finding ways to improve recognition, intervention, prevention, and prosecution to better protect vulnerable older adults continues to be a challenge.

It was time to bring the major stakeholders together again to review and reprioritize the NYS Elder Abuse Action Agenda. The 2004 recommendations, our collective experience over the past six years, and the findings of the statewide Elder Abuse Prevalence Study formed the starting point for discussion during the 2010 Summit and was the basis for updating and developing new priority recommendations.

## Goals for the 2010 Summit

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The goal was to bring major stakeholders together again to review and reprioritize the 2004 New York State Elder Abuse Action Agenda that was developed during the 2004 Summit, and create a new prioritized Action Agenda to address and reduce the prevalence of elder mistreatment in community settings. The ultimate purpose of the Summit was to seek a more effective, coordinated approach to elder abuse prevention and intervention, which ultimately will result in a reduction in the incidence of elder mistreatment.

## Objectives of the 2010 Summit:

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- Release the NYS Elder Abuse Prevalence Study findings — comparing results from a statewide, random-sample phone survey and data from reported cases throughout the state.
- Review progress made on the 2004 recommendations.
- Develop new recommendations.
- Create an updated NYS Elder Abuse Action Agenda.

Prevalence study results and progress made since 2004 were taken into consideration as Summit Participants created a new Elder Abuse Action Agenda for New York State.

## ABOUT THE NEW YORK STATE COALITION ON ELDER ABUSE

# **NEW YORK STATE TAKES ACTION AGAINST ELDER MISTREATMENT AND NEGLECT**

**F**ollowing the 2004 Summit, Lifespan called for a statewide organizational meeting to form the New York State Coalition on Elder Abuse to implement the NYS Elder Abuse Action Agenda that was created during Summit. The Coalition is a multidisciplinary, statewide network of individuals, private organizations and government agencies working individually and collectively to protect older adults from abuse, neglect and financial exploitation, and to ensure that New York is on the forefront of combating elder mistreatment.

Through statewide outreach efforts, the Coalition achieves its mission by serving as a catalyst for change, raising awareness about the issue of elder abuse and offering solutions for prevention and intervention through education and research. Membership is free and open to anyone interested in targeting elder mistreatment in New York.

By its very nature, the Coalition is a collaborative venture, involving individuals and organizations from every region of the state. The Coalition currently has an email distribution list of over 1,000 members representing a large variety of professions from all 62 counties and beyond, covering the vast urban, rural and suburban diversity of our state. Active recruitment of new members increases awareness of issues related to elder abuse.

A very active Advisory Board, with a strong commitment to purpose, meets annually to review the activities of the Coalition and to provide strategic guidance on advancing the priorities spelled out in the statewide Action Agenda. Lifespan sponsors the Coalition and provides administrative support.

The Coalition publishes periodic electronic News & Information Bulletins informing members of developments in elder abuse matters on state and national levels. The Coalition monitors legislative developments and has organized testimony at public hearings related to important elder abuse issues. Coalition members advocated for passage of power of attorney reform legislation (signed into law in January 2009 and amended in 2010). Due to increasing concerns about financial exploitation of the elderly, this was a top priority recommendation from the 2004 Summit and the Coalition continues to facilitate ongoing education and awareness of the new law. Coalition members also actively supported passage of the federal Elder Justice Act.

Through networking, the statewide Coalition continues to encourage growth of local/regional coalitions across the state and highlights their activities in News Bulletins, at annual Advisory Board meetings, and by bringing local representatives together to discuss best practices and policy issues of mutual interest.

The New York State Coalition on Elder Abuse is poised to take on a strong advocacy and education role with regard to the priority recommendations that emerged from the 2010 New York Elder Abuse Summit.

## 2010 NEW YORK STATE ELDER ABUSE SUMMIT

# WORK GROUP PROCESS

**F**acilitation: It was crucial to recruit strong facilitators to keep the participants focused and on task in developing recommendations and action plans. The feedback from the last Summit in 2004 and the 2010 Summit Statewide Advisory Committee strongly suggested that each work group have a dedicated process facilitator and recorder. Advisory Committee members and Lifespan staff helped identify possible facilitators and recorders.

Lifespan retained an experienced facilitator as a consultant to set up the work group process, and to train and lead the facilitation/recorder teams.

### **The facilitation plan was as follows:**

- Facilitators were assigned a specific work group based on their knowledge of the topic and experience in the field.
- A description of the assigned work group and a Tool Kit of materials for review were sent to each facilitator prior to the Summit.
- A three hour training session was held on Tuesday, November 16, 2010, the afternoon prior to the start of the Summit. In addition, all participants met in their assigned work groups for a brief orientation immediately following the Summit opening dinner and plenary presentation that evening.

### **The following topics were covered during the Process Leaders' training session:**

- Job Descriptions for the Process Leaders – Facilitator and Recorder
- Overview of the objectives for the work groups
- Overview of the process – schedule for Wednesday, November, 17, 2010
- Charge of the work group
- Activities to complete
- Deliverables at the end of the work day
- Review and practice of Affinity Diagram and refresher on Pareto Voting
- Group assignments
- Materials and equipment

**Recorders were assigned to each work group with the responsibility of taking down the official record of the group's recommendations and action plans including:**

- The three consensus recommendations
- Action steps to achieve each recommendation

- Key partners
- Barriers to implementation
- Critical resources for implementation of the recommendation
- Other key points

To facilitate quick and accurate recording and transfer of this information, each recorder was equipped with a laptop, and a template for capturing the work that the group agreed upon; flash drives were provided to transmit the information to the Summit Organizers for compilation of all recommendations from the six work groups. A PowerPoint presentation and voting sheet were prepared for the reporting out plenary session the next morning.

## **Developing the recommendations**

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On the morning of Wednesday, November 17, 2010, the six work groups convened in their assigned rooms and got to work!

- The first of the two work sessions began with brainstorming to generate long lists of ideas, keeping in mind the following themes: (1) what will make a difference, (2) statewide applicability, (3) addressing a critical need or problem, (4) specific benefits to be achieved, and (5) ambitious, but doable.
- The brainstorming ideas were then organized/categorized (Affinity Diagram) into clusters, based on intuition. The clusters were named by participant consensus.
- Next, the clusters were reduced and prioritized (if necessary) through a Pareto voting system; each participant was given a specific number of votes equal to 1/5 of the total number of cluster titles.
- The work group then divided into three smaller groups to draft a recommendation based on each of the top three clusters.
- The whole work group discussed the recommendation statements and agreed on the statement by consensus.
- The three small groups then drafted the action steps and implementation plans for the three recommendations and, again, agreed on the action steps by consensus.
- The whole work group identified barriers and key resources needed for the implementation of the recommendations.
- A spokesperson was chosen from the group to present the recommendations and action steps to all Summit attendees the following morning.

- The Summit Organizers collected all the templates from the six work groups and compiled them into one document and PowerPoint presentation that was shared with all of the participants the next morning.
- On Thursday, November 18, the third day of the Summit, participants gathered together to hear the recommendations from each of the six work groups and were given a voting ballot to select their top six choices.

There was considerable discussion about common themes and similarities in many of the recommendations. Participants were assured that similar recommendations would be combined to create the final statewide Action Agenda, as was done in 2004, but all recommendations and related information would also be maintained and reported for reference. Nothing would be lost. The ballots were collected and tabulated. Results of the top six recommendations were shared with the assembled Summit attendees during the closing plenary session luncheon.

## Work Group Agenda

TIME	TASK
<i>Tuesday, November 16</i>	
8:30 – 9:15 a.m. (45 min)	Self-introductions - Who I am; what I do; my expectations for the Summit Review of Wednesday's agenda
<i>Wednesday, November 17</i>	
9:15 - 9:45 (30 min)	Understanding the group's charge and process
9:45 - 10:30 (45 min)	Generate long list of ideas relevant to topic: What could make a difference?
10:30 – 10:45	Break
10:45 – 11:15 (30 min)	Agreement on short list (5-10) of idea clusters
11:15 – 11:45 (30 min)	Agreement on top three ideas
11:45 - 1:15	Lunch
1:15 – 2:00 (45 min)	Small Groups: Draft recommendation statement for each of the top three clusters
2:00 – 2:30 (30 min)	Agreement on recommendation statements
2:30 – 2:45	Break
2:45 – 3:30 (45 min)	Small Groups: Develop implementation plans (= strategic issues + action steps) for each of the three recommendations
3:30 – 4:15 (45 min)	Consensus on final wording for recommendations and implementation plans
4:15 – 4:45 (30 min)	Choose presenter for plenary session on Thursday

## 2010 NEW YORK STATE ELDER ABUSE SUMMIT

# ACTION AGENDA

### **Recommendation 1: Training Initiatives – combination of four individual recommendations**

*Develop and implement mandatory training programs throughout the state to enhance professional knowledge concerning recognition, prevention, and response to abuse and financial exploitation of older adults.*

#### **Action Steps:**

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- The NYS Coalition on Elder Abuse will work with state agencies that focus on elder abuse prevention to establish a multidisciplinary task force to identify, evaluate, and consolidate existing training materials.
- Use the findings of the Prevalence Study and other sources to determine what groups seem less likely to report elder abuse and may benefit from targeted training programs.
- Identify and approach key partners to facilitate presentations and trainings; seek public and private funding sources; develop in-kind funding resources.
- Recommend minimum standards for mandatory training.
- Evaluate existing curriculum and methodology, developing new curriculum as needed.
- Target professional groups that would benefit from elder abuse training programs, including but not limited to: elder advocates, prosecutors, law enforcement, guardians, judiciary, domestic violence programs, financial industry, legal services, health, mental health, and substance abuse.

### **Recommendation 2: Reform and Update Legislation – combination of two individual recommendations**

*Enact specific legislation to create new statutes; amend current New York laws, regulations and policies to enhance abuse prevention, intervention and prosecution; and increase penalties for financial exploitation to protect vulnerable older adults.*

#### **Action Steps:**

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- Establish a Financial Exploitation Legislation Workgroup from the 2010 Summit attendees that will research, prepare and/or suggest reform legislation to address elder abuse, neglect and financial exploitation.

- Amend the penal law to address barriers to prosecution – expand the definition of “vulnerable elderly person” to not require a disease associated with advanced age; expand larceny statute to include elderly, impaired or incapacitated victims; expand the definition of caregiver.
- Amend criminal procedure law to include advanced elderly in conditional examination of witnesses.
- Amend public health law and civil practice law and rules to allow an exception to physician-patient privilege to give prosecutors access to medical records of victims of elder abuse.
- Amend real property law to require notification to owners of any transfers of title to their property.
- Amend the domestic relations law and estates, powers and trusts law regarding right of election in abuse cases.
- Enact a New York State Elder Justice Act to mirror the federal statute.
- Review and evaluate definitions of duress and undue influence.
- Amend guardianship regulation regarding eligibility, monitoring and training for guardians.
- Identify and develop ongoing relationships with legislative contacts regarding legislative reform.

### **Recommendation 3: Statewide Resource Network – three different, but related, recommendations**

*3A) Establish a statewide clearinghouse for elder abuse resources to increase the quality of services provided to older adults at risk.*

#### **Action Steps:**

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- Create an online clearinghouse / website focusing on elder abuse in New York State.
- Compile county-specific resource lists, subject area listserv, links to additional resources, and updates on critical issues, events and best practice solutions.
- In the future, develop a physical location with staff, affiliated with a State University of New York campus.
- Ongoing evaluation.

*3B) Create a commission to identify and coordinate funding and resources designed to address elder abuse, and conduct research on their effective use and efficiencies.*

#### **Action Steps:**

---

- Commission members should include professionals and experts in various fields, retirees with relevant expertise, academia for research and evaluation components.
- Develop a methodology for outcome-based measures.
- Develop a methodology for identifying public and private funding.
- Show that early intervention and prevention are cost effective measures and will save money in the long run.
- Conduct research and issue a report.

*3C) Develop a statewide network whose mandate is to implement measures to identify and prevent exploitation of elders at financial institutions.*

#### **Action Steps:**

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- Identify a lead agency, perhaps NYS Office of Children and Family Services (OCFS), to work with financial institutions, law enforcement, other state and local government agencies, not-for-profits, NYS Office for the Aging (SOFA), NYS Office of Court Administration (OCA), and others.
- Develop a training curriculum to help financial institutions identify and report suspected elder abuse.
- Promote the use of alternatives to joint accounts (e.g., convenience accounts so the cosigner has no ownership interest).
- Amend the suspicious activities report (SAR) form, used to report suspicious banking activity to law enforcement, to reflect or flag suspected elder abuse/financial exploitation.
- Create a standard financial institution form for referral to APS.

## **Recommendation 4: Multidisciplinary Teams and Cross-System Collaboration – combination of three individual recommendations**

*Convene a Governor-appointed interdisciplinary council, whose role is to create policy and provide planning, assistance and support for multidisciplinary teams, ensuring timely intervention and coordinated service delivery through cross-system collaboration at the state and local level.*

### **Action Steps:**

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- Through the New York State Coalition on Elder Abuse, make initial contacts with newly elected Governor, Lt. Governor, and other statewide officials and establish ongoing dialogue regarding issues related to vulnerable community-dwelling older adults.
- Draft proposal for creation of a Governor's Council, outlining application/nomination process for members and establishing specific policies and procedures that will facilitate meaningful participation and encourage action-oriented results.
- Perform a regional needs assessment identifying available resources and gaps in service to support cross-system collaboration.
- Identify and review existing successful cross-system models.
- Establish formal state and local coordination mechanisms including memorandums of understanding and agency annual plans.
- Utilize federal Elder Justice Act and state elder abuse outreach and education resources to establish and promote cross-system collaboration and multidisciplinary teams at the local level.

## **Recommendation 5: Public Awareness and Education – combination of two individual recommendations**

*Design and implement a statewide multi-media public awareness and education campaign to explain the full spectrum of elder abuse and financial exploitation, including the impact of health, mental health and substance abuse.*

### **Action Steps:**

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- Establish a statewide task force with representatives from a variety of groups to create and test messages that will target diverse audiences and provide a clear understanding of what elder abuse is.
- Create visual marketing materials that will quickly reach the target audience.

- Establish a toll-free, statewide hotline and web-based social media tools.
- Put messages/warnings on personal care products targeted for seniors (similar to the milk carton campaign for missing children).
- Look into what has been done before and lessons learned – don’t reinvent the wheel.
- Reach out to philanthropic, corporate, and celebrity worlds for spokesperson and funding options.

## **Recommendation 6: Uniform Data Collection**

*Develop a minimum data set across multiple service systems to reliably and consistently record and retrieve elder abuse data for purposes of (1) case coordination, (2) policy planning, (3) evaluation, and (4) allocation of resources.*

### **Action Steps:**

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- Establish a statewide, multidisciplinary workgroup to develop recommendations for a minimum data set.
- Use the NYS Elder Abuse Prevalence Study and information from key stakeholders around the state in developing those recommendations.
- Establish protocols and policies for implementation of the minimum data set, and promote and assess the implementation.

## **Recommendation 7: Practice Enhancement – combination of two individual recommendations**

*Establish evidence-based practice throughout all phases of elder abuse service delivery including (1) screening and intake, (2) assessment, (3) intervention, and (4) evaluation; identify existing best practices and promote innovative, integrated models of care along the Health-Illness Continuum focused on mental health, substance abuse, chronic disease management and palliative care in relation to elder abuse.*

### **Action Steps:**

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- Identify entity to lead the process – major state agencies or the NYS Coalition on Elder Abuse; establish a strong statewide, interdisciplinary workgroup with broad representation from all regions of the state.
- Develop collaborations with New York State colleges and universities.

- Research, collect, and categorize tools and resources that represent best practices and innovative, integrated models of care – including analyzing and comparing current practices, conducting literature review, identifying any gaps, creating a final database of identified best practices, developing goals and objectives for implementation, and establishing a process for dissemination of materials.
- Establish ongoing review and assessment of outcome data to determine effectiveness in providing care and protection for at risk older adults.
- Secure any necessary funding throughout the process.

## THE SIX WORK GROUPS – **DEVELOPING THE RECOMMENDATIONS**

### ASSESSMENT, DATA COLLECTION AND EVALUATION WORK GROUP

#### **Background and Issues for Participants to Consider**

**O**ne goal of the New York State Elder Abuse Prevalence Study was to survey the number of cases of elder abuse reported to governmental and private organizations such as Adult Protective Services (APS), law enforcement, and not-for-profit agency elder abuse programs. This proved particularly challenging due to different definitions of elder abuse, and in some cases, the way in which data is collected. In some programs, hard data about elder abuse cases was completely missing. In others, some requested data was not readily available. The ability of service systems to reliably and consistently record and retrieve data about elder abuse cases in New York emerged as a major issue in the Prevalence Study.

Documentation of information about the mistreatment of older adults and about intervention activities is essential, not only to understand the extent of elder abuse as a social, legal and public health problem, but also for case planning, for effective cross-system collaboration, and for long term program development. Documentation usually begins with a thorough case assessment including the collection of data about the victim, his or her social environment, and elder abuse risk factors.

What strategies can be employed to improve the ability to collect and report data on elder abuse across a variety of service systems? Is it realistic to expect each service system to collect a minimum data set? What kind of information can we expect organizations with different missions and goals to record about elder abuse? What best practices currently exist in the state that can inform the efforts of programs that wish to improve their collection of data about elder abuse victims? How can the latest technology help in the coordination of data collection?

Solid data also provides the platform for valid program evaluation. Little research has been conducted on the efficacy of elder abuse interventions. At the same time, funders, in both the public and private sectors, are requiring that programs effectively demonstrate that their services and interventions produce positive outcomes. We owe it to victims of elder abuse to employ strategies that are most likely to produce the best results in preventing abuse and in investigating, prosecuting, and stopping abuse once it occurs. In uncertain fiscal times, it is also critical to make the most effective use of scarce resources. How can we include measurement of case outcomes as a routine element of elder abuse service programming?

Recommendations developed by this group will likely pave the way for further research on elder abuse in New York State, and for improvements in the way elder abuse services are delivered.

## Work Group Recommendations and Discussion

### Recommendations:

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1. *Develop a minimum data set across multiple service systems to reliably and consistently record and retrieve elder abuse data for purposes of (1) case coordination, (2) policy planning, (3) evaluation, and (4) allocation of resources.*
2. *Establish evidence-based practice throughout all phases of elder abuse service delivery including (1) screening and intake, (2) assessment, (3) intervention, and (4) evaluation.*

### General Discussion:

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Before beginning the task of developing their recommendations and to fully understand the group's charge, the participants spent some time reviewing and discussing the topic description provided in the Summit Notebook, as well as the recommendations from the 2004 Summit. They also reviewed the other topic descriptions to become familiar with any similar issues that would be addressed in the different groups and how they may be related to collection, assessment and evaluation.

Information outlining the findings of the New York State Elder Abuse Prevalence Study, provided during the presentation the night before and in the Executive Summary document, formed the major starting point for the group's discussion. Where do we go from here? What do we do with the findings? What will make a difference? These were the questions they kept in mind as they developed their recommendations.

Sixty-four brainstorming ideas were transferred to Post-it notes and sorted into five major clusters: (1) Data Collection Improvement; (2) Assessment Tools; (3) Research/Special Topics; (4) Evidence-Based Outcome and Best Practices; (5) Cross-System Data Collection. Clusters (1) and (2) were then combined for voting purposes.

### Examples of Ideas Generated by Participants:

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**Cluster 1 & 2:** look at what is not captured; need an integrated system; local Area Agencies on Aging – look at what is collected and captured in PeerPlace or Harmony records; uniform/universal intake tool; age differences regarding risk; crucial questions – what is being assessed; screening tool testing with different cultures; should assessment tools be holistic or abuse specific.

**Cluster 3:** more research on grandchildren dynamic; who is being underserved – are we missing any risk; more research needed for outcome, intervention, and/or risk for special groups – vision / hearing impairment, mentally ill household members, ethnicity, LGBTQ, baby boomers; mandated reporting issues – does it work, cost of implementation; underreporting of sexual abuse; financial exploitation needs more focus; study on cognitive status and risk of financial exploitation; is power of attorney abuse the most common form of exploitation, is more scrutiny needed.

**Cluster 4:** any changed practice because of the Prevalence Study; look at what is already out there – existing models including domestic violence, child welfare, Illinois, national, international; multidisciplinary teams need to be strengthened in terms of evaluation; create evidence-based outcomes – what is effective; devise best interventions based on what data shows; what works in case practice.

**Cluster 5:** need definitions; statewide work group to look at uniform performance measures and data standards; assist others in how to better collect data and get funded; how realistic to require minimum data; data sharing within a service system and between systems; mechanisms to oversee how data is used; banks sharing data.

Voting resulted in three top clusters (Cross-System Data Collection, Evidence-Based Outcome and Best Practices, Data Collection Improvement and Assessment Tools). Small groups were formed to draft recommendations for each cluster. The individual groups came up with three strong recommendations, but with some similarities. Work group participants reunited to discuss eliminating any redundancies. The consensus was to meld two of the recommendations and move forward with developing just two recommendations, rather than three.

Throughout the day, participants were reminded that the goal was to develop recommendations that would make a difference, address a critical need or problem, specify benefits to be achieved, and be ambitious, but doable.

**Critical needs that were discussed by the group include:** currently can't track incidence of elder abuse across service systems; data needed to define characteristics and needs of client; Prevalence Study shows where data is lacking; service systems don't know whether they are responding sufficiently to elder abuse situations.

**How the recommendations will make a difference:** will identify needs to direct resources and make policy; will help to bring the issue to light; more attention is given to evidence-based arguments backed up by data.

**Expected benefits:** definition of elder abuse will have to be made uniform; cross-system coordination may be easier to achieve; best use of limited resources will become clearer.

### **Details for Each Recommendation:**

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#### **Recommendation #1 – Cross-System Data Collection:**

*Develop a minimum data set across multiple service systems to reliably and consistently record and retrieve elder abuse data for purposes of (1) case coordination, (2) policy planning, (3) evaluation, and (4) allocation of resources.*

#### **Action Steps:**

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- Establish a statewide workgroup to develop recommendation for a minimum data set.

- Establish protocols and policies for implementation of a minimum data set.
- Promote and assess implementation.

### **Key Partners:**

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- Stakeholders from state and local agencies
- Key not-for-profit agencies
- Academic partners

### **Barriers to Implementation:**

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- Funding for systems modification
- Requires statewide coordination

### **Critical Resources for Implementation of the Recommendation:**

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- Funding for systems modification
- Facilitation for workgroup
- Investment of workgroup participation time
- Commitment of the partner agencies

### **Other Key Points:**

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This recommendation came directly from the Prevalence Study – a critical need that was discovered during the data collection process. It is important that we take what was learned from the Study, keep the momentum going, and move forward.

## **Recommendation #2 – Evidence-Based Outcome and Best Practices:**

*Establish evidence-based practice throughout all phases of elder abuse service delivery including (1) screening and intake, (2) assessment, (3) intervention, and (4) evaluation.*

### **Action Steps:**

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- Establish statewide workgroup from the major state agencies or the NYS Coalition on Elder Abuse.
- Identify agency to lead the process – major state agencies or the NYS Coalition on Elder Abuse.

- Secure Funding.
- Research – literature review, analyze current practices, comparative analysis, identify any gaps.
- Develop goals and objectives to implement these evidence-based practices.

### **Key Partners:**

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- Governor's Office
- State Agencies
- Local Agencies
- Law Enforcement
- Not-for-profits
- Health Care
- Academic Institutions

### **Barriers to Implementation:**

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- There is a lack of research in terms of evidence-based practice.
- Commitment to statewide coordination.

### **Critical Resources for Implementation of the Recommendation:**

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- Statewide leadership
- Local partners/collaborators
- Subject matter experts
- Funding

### **Other Key Points:**

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There is a need for outcome data – need to know what we are doing, how is it working, how are we actually saving taxpayer dollars in the long run?

## Members of the Assessment, Data Collection and Evaluation Work Group

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## FINANCIAL EXPLOITATION WORK GROUP

### Background and Issues for Participants to Consider

**F**inancial exploitation was the most common form of elder abuse reported by older adults in the Self Reported component of the NYS Elder Abuse Prevalence Study. Financial exploitation can take many forms: undue influence, outright theft, fraudulent transfer of assets, misuse of power of attorney, taking advantage of confused or lonely elders, or deceptive contractor practices. Perpetrators can be family members, caregivers, home contractors, and even those entrusted with fiduciary responsibility. The motivation for exploitation ranges from simple greed, to a sense of entitlement, to desperation fueled by addiction or financial problems.

A more recent trend is technology-mediated abuse such as misuse of ATM or credit cards and internet-based schemes. Results from the Prevalence Study reinforce previous research that highlights financial exploitation as a rapidly growing form of elder mistreatment. Financial exploitation of older adults will continue to be a major issue as the older population increases. In addition, the total wealth held by older adults comprises approximately two-thirds of all disposable assets in the US.

Participants in this work group were asked to focus on ways to improve the investigation and management of financial exploitation. What preventive practices and programs are most effective to protect assets from misuse in the first place? How do elder abuse programs elicit the cooperation of financial institutions and other sentinels that can identify financial abuses early on? Identification and reporting of financial exploitation are major issues, as is rapid collection and assessment of information to prevent dissipation of resources.

The ability to assess client capacity with regard to financial matters is also essential to a sound investigation. Financial exploitation is often not clear cut as client capacity or client intentions with regard to use of possessions and assets may be cloudy. Collaboration between local law enforcement and other agencies is critical to proactive prosecution to recover assets and hold perpetrators accountable. Recent changes to the law governing powers of attorney in New York mark a major step forward in efforts to prevent financial exploitation; the law offers additional tools to uncover and pursue mismanagement of resources. Some agencies are also using forensic accountants or specialized multidisciplinary teams to investigate and respond to financial cases.

What practices should New York State adopt and what measures should be endorsed as models for intervention in cases of financial abuse? What is the role of financial institutions in identifying elder abuse and protecting client assets? How can law enforcement, financial institutions and other agencies work together to better address the issues related to older victims of financial exploitation?

## Work Group Recommendations and Discussion

### Recommendations:

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1. *Develop a campaign to train professionals and the general public to recognize, prevent, and respond to financial exploitation of the elderly.*
2. *Enact legislation to create new statutes or amend current laws to protect vulnerable elders and increase penalties for financial abuse.*
3. *Develop a statewide network whose mandate is to implement measures to identify and prevent exploitation of elders at financial institutions.*

### General Discussion:

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Work group members engaged in lively and passionate discussions as they worked on developing their recommendations to address the many issues related to financial exploitation of vulnerable older adult victims.

Eighty brainstorming ideas were divided into six clusters by the work group members: (1) Training on Financial Exploitation – Awareness, Community Outreach for Prevention; (2) Legislative Issues; (3) Financial Institutions – Prevention, Enforcement, Protection, Reporting and Detection; (4) Reporting and Systems Changes; (5) Coordination of Services; (6) District Attorneys, Enforcement, District Attorney Specialization.

See “Other Key Points” under each recommendation for additional general discussion. Please note that Adult Protective Services (APS) and Protective Services for Adults (PSA) are used interchangeably.

### Examples of ideas generated by Participants:

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**Cluster 1:** increased awareness and education for bankers and public on financial exploitation; products for elderly should have information and advertising similar to milk carton campaigns; train probation officers to recognize elder abuse so they will file violations; mandatory public service announcements on current scams; elder abuse educational public service announcements on TV and radio; elder abuse education and training needed for utility security officers, doctors, judges, parole officers, postal workers, substance abuse counselors, accountants, law and business school students, labor unions, high school students; statutory definition of impaired; mandatory training with law enforcement and APS personnel.

**Cluster 2:** enforcement of existing laws; undue influence criminal prosecution laws; more oversight of companion care agencies; stronger consumer protection laws; power of attorney law should allow criminal prosecution for abuse.

**Cluster 3:** mandatory reporting for bank personnel; bank/financial institution reporting form to APS; strengthen legal departments of consumer agencies; notification on when life insurance or annuity is cashed

out; ATM issues – cards should not automatically be granted, bank to keep film longer, unusual activity notification when change in use pattern; educate banks on APS statutory right to access records.

**Cluster 4:** more statistical reporting – systematic changes to capture more data, and refine the definitions of elder abuse; common reporting form; universal definitions across systems; mandatory reporting; form for seniors for self-reporting.

**Cluster 5:** countywide coordinators for elder abuse; information sharing between APS and other agencies; daily money management programs by volunteers expanded; revise MOU between Office for the Aging and Office of Children and Family Services, PSA.

**Cluster 6:** training for law enforcement and district attorneys on financial records; MBA candidates to volunteer forensic accounting services at district attorney offices; there should be assistant district attorneys specializing in elder abuse; more use of forensic accountants in general to help with investigations; graduate school field placements at DA's Offices and APS.

### **Details for Each Recommendation:**

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#### **Recommendation #1 – Training on Financial Exploitation – Awareness and Community Outreach:**

*Develop a campaign to train professionals and the general public to recognize, prevent, and respond to financial exploitation of the elderly.*

#### **Action Steps:**

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- Identify a coordinator and organize a team of experts.
- Secure funding – public and private sources.
- Consolidate existing materials and develop new ones.
- Solicit a production team.
- Identify and approach key partners to facilitate presentations and training.

#### **Key Partners:**

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- Existing professional groups and organizations:
  - Law enforcement
  - Professionals (CPAs, MDs, attorneys, financial advisors)
  - Educational institutions and religious organizations

- Financial institutions
- Service providers including utilities and others providing services to seniors

### **Barriers to Implementation:**

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- Funding
- Identification of target groups
- Production of training materials – tailored to the needs of the target groups, can't just be one standard presentation

### **Critical Resources for Implementation of the Recommendation:**

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- Campaign Coordinator/Dean of Education.
- Production team and communication specialist
- Multimedia – IT team; TV and radio producers; milk cartons, personal care products, other items targeted for seniors.
- Presentation team/subject matter experts.

### **Other Key Points:**

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Effective training requires both a multidisciplinary and a multi-pronged approach. Ongoing funding is key – partnering with established private organizations will be necessary to supplement diminishing government funds.

## **Recommendation #2 – Legislative Issues:**

*Enact legislation to create new statutes and amend current laws to protect vulnerable elders and increase penalties for financial abuse.*

### **Action Steps:**

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- Establish Financial Exploitation Legislation Workgroup from 2010 Summit attendees.
- This new workgroup will prepare/suggest legislation.
- Identify and develop ongoing relationships with legislative contacts regarding legislative reform.

## Key Partners:

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- Public-private partnership regarding older adults including, but not limited to:
  - NYS Division of Criminal Justice Services (DCJS); Adult Protective Services and Aging Services; Local and State Law Enforcement; Veteran Organizations; NYS Office for People With Developmental Disabilities (OPWDD); AARP; Older Adults; Banking Commission; NYS Law Revision Commission; NYS Bar Association; District Attorneys Association of NYS.

## Barriers to Implementation:

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- Lack of standardized definition of financial exploitation across service systems.
- Special interest groups and turf issues.
- Not a legislative priority.
- Lack of money.

## Critical Resources for Implementation of the Recommendation:

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- Sharing resources across continuum – multidisciplinary expertise.
- Support of Senate and Assembly Aging Committee chairs and other related committees.
- State and local agencies - public and private.

## Other Key Points:

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Legislation is lacking in this area – in particular as related to larceny statutes. Vulnerable older adults deserve special protection under the law. Multidisciplinary approach is needed in addressing legislation issues.

What is the population to be served? Qualify by age alone – or is that ageist? Or vulnerable, per certain sections of the penal law? “Vulnerable” does not apply to larceny in the penal law.

## Recommendation #3 – Financial Institutions – Prevention, Enforcement, Protection, Reporting and Detection:

*Develop a statewide network whose mandate is to implement measures to identify and prevent exploitation of elders at financial institutions.*

## Action Steps:

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- Identify a lead agency, perhaps NYS Office of Children and Family Services (OCFS), to work with financial institutions, law enforcement, other state and local government agencies, not-for-profits, NYS Office for the Aging (SOFA), NYS Office of Court Administration (OCA), and others.

- Develop a training curriculum to help financial institutions identify and report suspected elder abuse.
- Promote the use of alternatives to joint accounts (e.g., convenience accounts so the cosigner has no ownership interest).
- Amend the suspicious activities report (SAR) form, used to report suspicious banking activity to law enforcement, to reflect or flag suspected elder abuse/financial exploitation.
- Create a standard financial institution form for referral to APS.

### **Key Partners:**

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- Law Enforcement
- NYS OCFS, PSA and local/county programs
- District Attorney Offices
- NYS Legislature
- Financial Institutions, including bank security
- U.S. Dept of Treasury Financial Crimes Enforcement Network (FinCEN) (SARs)
- Elder Abuse Units and Centers
- State and local Bar Associations
- NYS OCA
- SOFA and local/county Area Agencies on Aging
- Crime Victim Advocates
- Multidisciplinary Teams (MDTs)
- Domestic Violence Task Forces
- Not-for-profits

### **Barriers to Implementation:**

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- Familial entitlement.
- Bank/financial institution liability.
- Legislative priority.
- Willingness to share information between agencies.
- APS - closes cases if criteria not met.
- Financial institutions unaware of APS, including right to records.
- Privacy laws.
- Banks still require use of their own power of attorney forms.
- Reluctant police and prosecutors.
- Unreceptive groups – not participating in training programs.
- ATM film destroyed.
- Abuse of joint accounts.

## **Critical Resources for Implementation of the Recommendation:**

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- A check box for elder abuse/age on SAR.
- Standardized form for financial institutions to use to report to APS.
- Funding from sponsors (private/foundations, government).

## **Other Key Points:**

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The fact that nobody talks is to the exploiter's benefit – not protection for the victim.

Premise of this recommendation – more needs to be done in terms of prevention and early intervention. Financial institutions frequently are the first to become aware of a potential problem.

Key barrier is that banks can't always share information because of privacy protections. APS is an exception, they can get financial information during the investigation process if there is suspected abuse.

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## HEALTH, MENTAL HEALTH AND SUBSTANCE ABUSE WORK GROUP

### Background and Issues for Participants to Consider

**E**lder abuse can truly be framed as a public health issue. As such, the healthcare community occupies an essential role in the identification and management of elder abuse. Research on the prevalence of elder abuse, including the NYS Elder Abuse Prevalence Study, has shown that elder abuse does not always present as physical mistreatment. When it does, however, physicians, nurses and home health aides have a role in identifying the warning signs and making referrals for follow-up investigation. Even when elder abuse is not physical in nature, mistreatment can have a negative impact on an older victim's health, mental status and quality of life. Elder abuse is related to depression, anxiety, post traumatic stress disorder, and exacerbation of confusion and cognitive impairment. Research has shown that older adults who have been mistreated in any way are more likely to die sooner than those who have not been mistreated.

Mental health professionals also have a critical role in determining client capacity to make decisions around remaining in unsafe situations. Substance abuse by victims can increase vulnerability. Abuse of substances, including illegal drugs, by perpetrators is frequently a factor in cases of financial exploitation.

This work group addressed the complex and interdependent issues related to the physical and mental health of elder abuse victims and those at risk of mistreatment. What is the appropriate role of healthcare professionals in identifying abused elders and those at risk? What can be done to engage the healthcare community in maintaining patient safety as well as health? What models are there for collaborating with the physical health and behavioral healthcare sector around the assessment and treatment of elder abuse victims as well as their abusers?

### Work Group Recommendations and Discussion

#### Recommendations:

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- 1. Identify existing best practices and promote innovative, integrated models of care along the Health-Illness Continuum focused on mental health, substance abuse, chronic disease management, and palliative care in relation to elder abuse.*
- 2. Enhance skills/knowledge through integrated statewide training for health, mental health, substance abuse, service professionals/paraprofessionals, and informal caregivers concerning prevention and detection of, and response to, elder abuse.*
- 3. Create and implement a multi-media campaign to increase public awareness of the impact of health, mental health, and substance abuse on elder abuse.*

## **General Discussion:**

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Work Group participants brainstormed seventy-nine ideas, organizing them into nine different clusters: (1) Integrated Care Management Program Innovation Service Models; (2) Training and Education; (3) Communication – Public Awareness; (4) Culture Change – Eliminate Ageism; (5) Funding; (6) Changes in Laws – Legislative Action/Policy; (7) Appropriate Housing – Safe Environment; (8) Universal Electronic Medical Consolidated Documentation (Integrated); (9) Research.

## **Examples of Ideas Generated by Participants:**

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**Cluster 1:** aging parent caretaker of adult with mental health issues being abused by that adult child; perpetrator withholding access to mental health/health care; systems serving substance abuse/mental health of perpetrator – drug court, probation, treatment; specialized older adult mental health and substance abuse programs – age appropriate or home based treatment and services; agency collaboration; screening issues for referrals – uniform screening tool for physicians, professionals identifying at risk families on caregiver side, police ID older adult in home if illegal activity in the home; MDT approach.

**Cluster 2:** train non-traditional gatekeepers – hairdressers, etc; resources for medical professionals and what information should be shared – understanding HIPAA; integrate training in medical and nursing school, law school, etc; training health care professionals; speakers bureau; training/education on cultural competency; required training for health care and mental health professionals to detect and respond; website for training.

**Cluster 3:** education for the public on what’s “normal”; public awareness campaign – posters and commercials/media; use of new social media for education; consumer education needed to counter media impact on seniors regarding medication advertising; website with NYS-specific training materials; community outreach via media.

**Cluster 4:** dignity of older adults; reduce the stigma so older adults will be more willing to report abusive situations.

**Cluster 5:** insurance barriers for substance abuse treatment – Medicare, Medicaid, private; loan forgiveness program for doctors going into geriatrics; private/public partnership funding opportunities; funding advocacy for home based services; funding for local Office for the Aging elder abuse specialists/coordinators – older adults have a comfortable relationship with local OFA; funding for website.

**Cluster 6:** change in NY Education Law for mandatory training for health professionals; mandated reporting protocol for police to have follow-up assessment; orders of protection – authorize judges in guardianship statute; right to self-determination vs. intervention; why doesn’t New York State have mandatory reporting.

**Cluster 7:** age specific emergency housing/shelter programs for elders; where to house perpetrators with mental health/substance abuse issues to prevent return to victim’s home; dedicated space in nursing homes for victims; removal of victim from home.

**Cluster 8:** documentation requirements – mental health and substance abuse care; ID in electronic medical record.

**Cluster 9:** incidence of gambling addiction and financial exploitation; what is mental health burden of victims and perpetrators – information is anecdotal; spousal abuse and dementia – correlation; use college/university resources to analyze data; need more evidence for efficacy of Kendra’s Law; intersection – mental health and financial exploitation; social withdrawal and domestic squalor.

#### **Details of Each Recommendation:**

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### **Recommendation #1 – Integration Care Management Program Innovation Service Models:**

*Identify existing best practices and promote innovative, integrated models of care along the Health-Illness Continuum focused on mental health, substance abuse, chronic disease management, and palliative care in relation to elder abuse.*

#### **Purpose:**

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- Initiate screening and prevention of elder abuse early as a wellness initiative and along the health-illness continuum.
- Evaluate and define needs of identified, at risk older adults.
- Provide care based on evidence-based best practice integrating key elements.

#### **Action Steps:**

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- Establish statewide interdisciplinary workgroup with strong leadership and broad representation from Upstate/Downstate.
- Develop collaborations with NYS colleges and universities based on current relationships.
- Collect and categorize tools and resources representing best practices and innovative, integrated models of care.
- Evaluate tools based on consensus definition of “best practice” and “innovative, integrated model of care.”
- Create final database.
- Develop and implement process for dissemination.
- Establish on-going review/assessment of best practices and innovative, integrated models of care.

## Key Partners:

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- Summit Participants
- Medical Community
- Department of Health and other Government Departments
- Professional Associations
- Spiritual Community/National Council of Churches
- National Associations: National Center on Elder Abuse (NCEA), National Adult Protective Services Association (NAPSA), National Coalition for the Prevention of Elder Abuse (NCPEA), Association of Addiction Professionals

## Barriers to Implementation:

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- Funding
- Time
- Leadership
- Management Logistics
- Regulations
- Copyright
- Resistance to change (control over change)
- Interdisciplinary work is hard

## Critical Resources for Implementation of the Recommendation:

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- Funding
- Vehicle for dissemination – website

## Recommendation #2 – Training & Education:

*Enhance skills/knowledge through integrated statewide training for health, mental health, substance abuse, service professionals/paraprofessionals, and informal caregivers concerning prevention and detection of, and response to elder abuse.*

## Action Steps:

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- New York State Elder Abuse Coalition will establish multidisciplinary task force to evaluate available elder abuse training for Mental Health, Substance Abuse, Developmental Disabilities and Service Professionals/Paraprofessionals.
- Recommend minimum standards for mandatory elder abuse training for various professionals.
- Develop specialized training for each professional group for the extent needed.
- Create and implement an integrated elder abuse training program to align health, mental health, substance abuse, and services interventions to protect vulnerable adults.
- Develop an education/prevention program about elder abuse for informal caregivers and the general public.
- Develop a web site, webinar technology and speakers bureau.

## Key Partners:

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- Government Agencies:
  - NYS Office for the Aging (SOFA), NYS Office of Children & Family Services (OCFS), NYS Office of Mental Health (OMH), NYS Office for People with Developmental Disabilities (OPWDD), NYS Office of Alcoholism and Substance Abuse Services (OASAS), NYS Department of Health (DOH), NYS Office of Victim Services (OVS).
- Professional Associations

## Barriers to Implementation:

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- Funding
- Staffing
- Location
- Logistics

## Critical Resources for Implementation of the Recommendation:

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- Funding
- Vehicle for dissemination – website

## **Recommendation #3 – Communication – Public Awareness:**

*Create and implement a multimedia campaign to increase public awareness of the impact of mental health, substance abuse, and health on elder abuse.*

### **Action Steps:**

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- Establish statewide workgroup.
- Create and test messages to target diverse audiences.
- Establish a toll-free elder abuse statewide hotline.
- Create web-based social media tools.
- Seek out corporate sponsors and partners.
- Create “visuals” (marketing materials).
- Involve professionals in creating a media campaign.

### **Key Partners:**

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- Ad Council
- Cornell Cooperative Extension
- Media
- Universities
- Not-For-Profit Corporations/Foundations
- Government Agencies (DOH, OFA, APS, etc.)

### **Barriers to Implementation:**

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- Finances/Funding
- Comfort level

### **Critical Resources for Implementation of the Recommendation:**

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- Elder Abuse Champions
- Volunteers

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## LAWS, LAW ENFORCEMENT AND PROSECUTION WORK GROUP

### Background and Issues for Participants to Consider

**E**lder abuse may not always be criminal, but in many instances elder mistreatment constitutes a violation of New York State Penal Law. From a criminal justice perspective, elder abuse may constitute a number of different crimes, including assault, harassment, sexual assault, larceny, forgery, identity theft and homicide when the victim is targeted because of his or her advanced age. The same elder abuse case may involve physical abuse, including domestic violence, as well as financial exploitation. The abuser is often someone the victim trusted.

Police officers, sheriff's deputies, investigators, district attorneys, and judges all have an opportunity and an obligation to identify elder abuse and to work proactively to prevent abuse from recurring by holding abusers accountable. They need training to identify elder abuse and must be sensitive to the needs of aging victims. They should take steps to work together on multidisciplinary teams, so that justice is achieved and that the victim also receives the services he or she needs at home. The NYS Prevalence Study gives some insight into how many elder abuse crimes come to the attention of the criminal justice system each year.

Since the 2004 Summit, there have been some changes in New York State law, both in the civil and criminal arena related to older adults and elder abuse. Recent changes in NYS General Obligation Law around power of attorney fall into the realm of civil law but can form the basis for effective criminal prosecution of financial exploitation. The top priority recommendation at the last NYS Elder Abuse Summit was for changes in law related to elder abuse. Is there still a need to advocate for further change? In what areas? Are there sections or language in state law that actually act as barriers to prosecution? How can law enforcement and criminal justice work together more closely with Adult Protective Services and other human service providers to protect vulnerable adults? Are there model partnerships or practices already in existence in New York State or other areas of the nation that can be replicated?

### Work Group Recommendations and Discussion

#### Recommendations:

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- 1. Reform and update specific New York State laws, regulations and policies, as well as to develop new laws that enhance prevention, intervention, prosecution and protection of older adults from abuse, neglect and financial exploitation.*
- 2. Develop and evaluate elder abuse training and the dissemination of best practices for professionals including prosecutors, law enforcement, judiciary, legal services, advocates, guardians, medical care providers, and consumers.*
- 3. Create a commission to identify and coordinate funding and resources designed to address elder abuse, and conduct research on their effective use and efficiencies.*

## **General Discussion:**

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The following were some of the observations made by the group at large during the process of formulating their ideas for recommendations:

Some DA's offices have encountered difficulty accessing medical records due to the HIPAA laws even when it appears that the legal system may trump the existing laws for release of medical records. Traversing this process often creates confusion and leads to costly delays in obtaining the information to benefit the victim and stop further abuse and exploitation.

The current Family Court system process is not always attentive to the needs of older victims (e.g., transportation issues, frequent delays necessitating victims' repeated appearances in court, lack of sensitivity to older adults' sensory impairments, seating on hard benches, etc.). These issues might be addressed through a greater partnership/training with court administration. Allowing victims to complete petitions through telephonic and video means might be one possibility.

Currently, financial institutions are required to report transfers of \$10K+ to the Federal Government. Gaining access to this information could afford earlier intervention to stop suspected financial exploitation.

There is great variability between DA's offices in handling of elder abuse cases. How can we work to better standardize these practices and work to share/disseminate information to better serve our victims?

Work Group participants suggested 61 brainstorming ideas, organizing them into seven clusters: (1) Legislative Change / Policy; (2) Training / Education; (3) Funding / Resources; (4) Reporting Changes; (5) Guardianship Changes; (6) Court Reform; (7) Miscellaneous.

## **Examples of Ideas Generated by Participants:**

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**Cluster 1:** mandated restitution; elder abuse prosecution as hate crimes; change needed for service of orders of protection; notification of property transfers; large print POA documents; law against elder abuse; make guardianship affordable; mandatory arrest for elder abuse; improve monitoring of guardians.

**Cluster 2:** better updates for professionals regarding changes in the law; distinct training regarding sexual abuse – older adults; regional training on elder abuse for law enforcement, community workers; centralized web-based training for police, prosecutors; programs to educate judges.

**Cluster 3:** creation of freestanding agency that deals with elder abuse; stronger protection against eviction for elder abuse victims; provide steady stream of funding for civil legal services; provide digital cameras for APS workers; better code enforcement for hoarders' homes; funding for elder abuse services; tie state funding to prosecutors and law enforcement to participation in multidisciplinary teams; forfeiture funds should be directed to elder abuse.

**Cluster 4:** banks should offer convenience account as joint account alternative; banks – report activity and provide records; statewide advocacy campaign for use of power of attorney; mandatory reporting; better record keeping for cases and outcomes.

**Cluster 5:** guardianship changes – note that guardianship ideas also appeared in other clusters.

**Cluster 6:** recognition of differences in counties (some have few resources); access to family court – specialized needs, specialized courts; mediation of cases; dedicated elder abuse courts; arbitration process to resolve disputes.

**Cluster 7:** address out of country scams; respite care waiver for adult homes; home health aide standard; preventive voluntary financial management program.

### **Details of Each Recommendation:**

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#### **Recommendation #1 – Legislative Change/Policy:**

*Reform and update specific New York State laws, regulations and policies, as well as to develop new laws that enhance prevention, intervention, prosecution and protection of older adults from abuse, neglect and financial exploitation.*

#### **Action Steps:**

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- Amend the penal law to address barriers to prosecution such as:
  - Expand definition of “vulnerable elderly person” under endangering welfare of vulnerable adult to not require a disease associated with advanced age.
  - Expand larceny statute to include elderly, impaired or incapacitated victims.
- Amend criminal procedure law to include advanced elderly in conditional examination of witnesses.
- Amend public health law and civil practice law and rules to allow an exception to physician-patient privilege to give prosecutors access to medical records of victims of elder abuse.
- Amend real property law to require notification to owners of any transfers of title to their property.
- Amend the domestic relations law and estates, powers and trusts law regarding right of election in abuse cases.
- Enact a New York State Elder Justice Act to mirror the federal statute.
- Review and evaluate definitions of duress and undue influence.
- Amend guardianship regulation regarding eligibility, monitoring and training for guardians.

## Key Partners:

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- Legislative committees and staff
- Key system advocates
- Professional organizations
- DA Association
- Bar Association
- DV system
- Public
- Lobbyists
- Elder Abuse Coalition

## Barriers to Implementation:

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- Resistance to change
- Funding to change and finance laws
- NYS politics
- Lack of understanding of the problem

## Critical Resources for Implementation of the Recommendation:

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- Funding
- Elected Officials
- Collaborations
- Local key players

## Recommendation #2 – Training / Education:

*Develop and evaluate elder abuse training and the dissemination of best practices for professionals including prosecutors, law enforcement, judiciary, legal services, advocates, guardians, medical care providers, and consumers.*

## Action Steps:

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**Who:** An office or unit within an existing state agency that focuses on elder abuse prevention.

**What:** Evaluate existing curriculum and methodology to provide training.  
Develop new curriculum as needed.  
Identify training recipients.  
Make recommendations to increase effectiveness and efficiencies.

## Key Partners:

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- Key state agencies – DCJS, SOFA, OCFS
- Judiciary / NYS Office of Court Administration
- NYS District Attorney Association and NY Prosecutor Training Institute
- Continuing Medical Education groups
- AARP
- Local Area Agencies on Aging
- Local and State Bar Associations
- NYS Coalition on Elder Abuse

## Barriers to Implementation:

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- Cost, geographic issues (size of NYS), turf issues, accommodating different perspectives and differing goals, mandates, and responsibilities.
- Need to identify who will do this.

## Critical Resources for Implementation of the Recommendation:

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- Funding
- Technology resources and mechanisms
- People Power
- Elder Justice Act money

## Recommendation #3 – Funding / Resources:

*Create a commission to identify and coordinate funding and resources designed to address elder abuse, and conduct research on their effective use and efficiencies.*

## Action Steps:

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- Commission members should include professionals and experts in various fields, retirees with relevant expertise, academia for research and evaluation components.
- Develop a methodology for outcome-based measures.
- Develop a methodology for identifying public and private funding.

- Show that early intervention and prevention are cost effective measures and will save money in the long run.
- Conduct research and issue a report.

### **Key Partners:**

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- All branches of government
- Universities
- State and National Associations representing the various stakeholders
- AARP and other advocacy groups (e.g., Alzheimer's Association, National Alliance on Mental Illness (NAMI), Medical Society)

### **Barriers to Implementation:**

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- Turf issues from various agencies that already provide elder abuse services to older adults.
- Start up funding and other budgetary constraints (e.g. staffing).
- Political and economic climate.

### **Critical Resources for Implementation of the Recommendation:**

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- Funding
- Staff
- Cooperation among agencies

### **Other Key Points:**

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Group members thought that creating a Commission was a good way to resolve some of the possible turf issues.

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## MULTIDISCIPLINARY TEAMS AND CROSS-SYSTEM COLLABORATION WORK GROUP

### Background and Issues for Participants to Consider

One of the top recommendations that came out of the 2004 New York State Elder Abuse Summit was a call to use broad-based, interdisciplinary collaborative models in elder abuse work. This supports a consensus in the field that no single agency or service system has all the resources or expertise needed to effectively address all forms of abuse and neglect. One such form of cross-system collaboration has been Multidisciplinary Teams (MDTs), groups of professionals that meet regularly to discuss elder abuse cases, develop educational material, train front-line workers and community members, and provide consultation on specific cases. They have been successfully used to support Adult Protective Services (APS) and programs that serve elder abuse victims in effective investigation and intervention.

Members of MDTs can include APS workers, law enforcement, health and mental health professionals, social workers, elder law attorneys, district attorneys, and others that may interact with older adults. Some teams are Financial Abuse Specialist Teams (FAST), focusing on financial abuse with the goal of preserving client assets during the investigation phase, as well as long term.

In New York State some localities convene multi-system committees to conference elder abuse cases or discuss general policy and procedure issues. Some elder abuse programs are also associated with existing crime victims groups or domestic violence coalitions in order to adopt a multidisciplinary approach.

The Multidisciplinary and Cross-System Collaboration work group considered existing models as well as other innovative approaches to cross-system communication, consultation, and cooperation in New York State. Before developing their recommendations, participants also reviewed the cross-cutting areas: Policy and Legislation, Program Development, Funding and Resources, Prevention, and Research.

They incorporated the following questions into their initial brainstorming session, with group members sharing information about successful initiatives that work in their own communities. What are the elements of successful cross-system collaboration? What resources are needed to implement a successful collaborative model? Is there a single template that should be promoted across the state? Are there other intervention models New York State agencies should consider implementing? What approaches can be used in small or rural counties that may lack the specialists or resources available in more urban centers?

### Work Group Recommendations and Discussion

#### Recommendations:

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1. *Ensure timely intervention and best case delivery through cross-system collaboration at the state and local level.*

2. *Convene a Governor-appointed multidisciplinary team whose role is to create policy and provide planning, assistance, and support for local multidisciplinary teams, to ensure cross-system collaboration at the state and local level.*
3. *Perform a regional needs assessment identifying available resources and gaps in service to support cross-system collaboration.*

### **General Discussion:**

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This work group's plenary session reporting out presentation began with a restatement of a generally held belief – collaboration is a contact sport. The presenter ended by pointing out that the spirit of collaboration was obviously well in play by all the dedicated professionals who participated in this important statewide Summit. The task was now to take all the ideas generated and create a much stronger collaborative system throughout the state.

As they developed their recommendations, group members realized that their three recommendations and associated action steps were actually overlapping themes that did not stand alone. They considered coordinating them, but decided that, although connected, they each did have individual strengths.

As professionals, the work group members already participate in cross-system collaboration. However, what they are ultimately seeking to achieve is a formal mechanism to streamline their service delivery system processes, maximize resources, and provide a system to best serve their clients.

After extensive discussion and sharing of information, ideas were transferred to post-it notes, grouped together by subject matter, and arranged into six clusters: (1) Collaboration for Systems Development/Sustainability; (2) Policy; (3) Gaps in Services and Resources; (4) Universal Assessment, Screening and Data Collection; (5) Strengthen Social Contracts; (6) Education.

### **Examples of ideas generated by Participants:**

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**Cluster 1:** establish community-based one-stop shop; leadership is essential – cross agency assistance; require local MDTs/coalitions be part of the annual state work plans; all agencies touching elder abuse expected to participate.

**Cluster 2:** preventive resources; review current legislation; mandate for intervention.

**Cluster 3:** resources for the abuser/end the cycle; volunteer corps including legal and accounting; create FAST teams; community ombudsman; inventory of current resources.

**Cluster 4:** screening models; shared case management; consider whole lifespan in creation of MDTs.

**Cluster 5:** accountability across systems; create incentives for MDTs; creative resource sharing; line worker participation and buy-in; add/supplement Domestic Violence Court with elder abuse issues; break down silos; do not recreate what already exists.

**Cluster 6:** cross-system education; use Elder Justice Act funding for training and outreach/education.

### **Details of Each Recommendation:**

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#### **Recommendation #1 – Collaboration for Systems Development/Sustainability:**

*Ensure timely intervention and best case delivery through cross-system collaboration at the state and local level.*

#### **Action Steps:**

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- Review other successful cross-system models.
- Establish or enhance MDTs or cross-system collaboration at the local level.
- Establish formal state and local coordination mechanisms including MOUs and agency annual plans.
- Utilize federal Elder Justice Act and state elder abuse outreach and education resources to establish and promote cross-system collaboration and MDTs at the local level.

#### **Other Key Points:**

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Recognizing that multidisciplinary teams and collaborative efforts can be regionally specific, local needs and available resources will necessarily guide the process. However, we all need to constantly strive to incorporate more collaboration into the fabric of our work.

#### **Recommendation #2 – Policy:**

*Convene a Governor-appointed multidisciplinary team whose role is to create policy and provide planning, assistance, and support for local multidisciplinary teams to ensure cross-system collaboration at the state and local level.*

#### **Action Steps:**

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- Make initial contacts with the newly elected Governor, Lt. Governor, and other statewide officials.
- State Elder Abuse Coalition to draft a proposal for creation of a Governor’s Council, which will address application/nomination process for participants.
- Establish Council specific procedures and policies that allow for meaningful participation and action-oriented results.

## Recommendation #3 – Gaps in Service and Resources:

*Perform a regional needs assessment identifying available resources and gaps in service to support cross-system collaboration.*

### Action Steps:

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- Identify a lead agency.
- Recruit regional advisory partners.
- Determine scope and definition of services.
- Survey available resources.
- Identify gaps in service.
- Disseminate information and create recommendations.

### Other Key Points:

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Participants decided that strategic issues to implementation were the same across all three recommendations, and are in many ways very similar to those noted by other work groups. Participants also felt it was very important to include consumers and victims themselves as partners. The following strategic issues apply to all three recommendations.

### Key Partners:

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- Government Agencies as already identified by other work groups
- Law Enforcement and Legal Community
- Not-for-profit Agencies
- Elected Officials
- Volunteer Groups and Faith Communities
- Private business
- Financial, Medical and Academia
- Consumers and Victims

### Barriers to Implementation:

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- Turf issues.
- Resistance to mandates.
- Organizational barriers – confidentiality issues including misunderstanding of confidentiality, regulations, reporting requirements.

- Getting Governor and other stakeholders to buy into the concept to make this all happen – needs to be broad-based, across all systems and at all levels.
- Issues of sustainability, both funding and people participating.
- Lack of standard definitions of service and ability to collect data across the systems as has been addressed previously by other work groups.

### **Critical Resources for Implementation of the Recommendations:**

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- Funding
- Research and the service expertise to carry out a needs assessment
- Lead agencies and organizations to take responsibility for leading a statewide level process
- Broad-based support across all systems
- Technology

### **Additional Strategic Issues Raised:**

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- Identify stakeholders and first responders.
- There should be incentives to participate in collaborative efforts.
- Leadership and buy-in at all levels.

### **Overall Goals:**

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- Safer Elders
- Identifying Existing Resources
- Better Use of Existing Resources
- Cost Savings Across Systems

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### **Plenary Session Presenter:**

Claire Murphy

## PUBLIC/PROFESSIONAL AWARENESS, EDUCATION AND TRAINING WORK GROUP

### Background and Issues for Participants to Consider

**P**rofessional and public awareness of elder mistreatment is critical to improving identification of abuse and developing effective community intervention. If cases are not identified and reported, then effective intervention cannot take place. The NYS Elder Abuse Prevalence Study revealed a wide gap between the extent of elder abuse reported by community-dwelling older adults in New York and the number of cases documented by agencies responsible for serving elder abuse victims.

During the 2004 Elder Abuse Summit, most of the recommendations developed touched on issues related to awareness and training. The 2004 Summit and subsequent formation of the NYS Coalition on Elder Abuse served as the impetus for increasing elder abuse awareness and education throughout the state.

Although many statewide efforts have been successful in increasing both public and professional awareness in communities throughout New York, together we need to continue building on the progress made by filling in gaps and engaging more people.

This work group not only reviewed current efforts to reach the public and professionals about elders who are being victimized, but also discussed what other strategies are needed to close the gap between those victims who are identified and receive intervention and those whose situations remain undetected. Is there a role for coordination of regional campaigns and training with statewide efforts? How do we make use of media in an environment of limited resources? Is there a role for social media and other innovative technologies to publicize information about elder abuse? Is our task merely to disseminate information about elder abuse or is it to reshape attitudes about aging and elders as well?

### Work Group Recommendations and Discussion

#### Recommendations:

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- 1. Establish a statewide clearinghouse for elder abuse resources to increase the quality of services provided to older adults at risk.*
- 2. Develop and implement mandatory, discipline-specific training curricula and tools for professionals, paraprofessionals and providers of care and services.*
- 3. Design and implement a statewide public awareness campaign to explain the full spectrum of elder abuse and produce a cultural shift to support the dignity and rights of older adults.*

## **General Discussion:**

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Group members began by discussing 48 brainstorming ideas that were then consolidated into three main cluster topics: (1) Resource Development; (2) Training and Development; (3) Communication. There were a number of ideas that were considered all encompassing and were therefore incorporated into all three recommendations.

## **Examples of ideas generated by Participants:**

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**All encompassing ideas:** multicultural viewpoints; ageism at workplace; look at who is referring and from where; use data to change laws if that's what is needed; primary care physician offices; redefine culture.

**Cluster 1:** engage state agencies; collaborate with intimate partner violence / domestic violence groups; volunteers from communities as advocates; aggressive outreach to funders – cultivate private industry and philanthropic community as funding sources; consistency in definition of terms.

**Cluster 2:** mandatory for licensed professionals; share training resources; evaluation at every step; casinos / gambling issues; mandatory training for state and local contract providers; standardized media and training materials; collaboration with State University of New York higher education campuses; training to target human resources, financial institutions, insurance industry, law enforcement, court personnel and judges; speakers bureau – both those with professional expertise and victims.

**Cluster 3:** letters to editor and longer opinion pieces; use media to get the word out; public service announcements; pharmacies.

## **Several identical issues were considered to be important key points for all three recommendations:**

- Extensive group discussion regarding a culture change that is necessary to make education and training effective in the first place.
- Evaluation.
- Cultural Competency.

## Details for Each Recommendation:

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### Recommendation #1 – Resource Development

*Establish a statewide clearinghouse for elder abuse resources to increase the quality of services provided to older adults at risk.*

#### Action Steps:

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- Interactive online clearinghouse for Elder Abuse in NYS – provide listserv with subject areas; compile and provide county-wide resource lists; periodic reminders of the site; updates on critical issues; links to resources, opportunities, solutions.
- Eventual development of physical location with staff – State University of New York (SUNY).
- Periodic Survey of needs and effectiveness.

#### Key Partners:

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- SUNY and City University of New York (CUNY) – educational institutions
- Government
- Funders
- Agencies

#### Barriers to Implementation:

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- Buy-in of participating agencies and the public
- Time, Personnel, and Funding
- Territoriality
- Ageism
- Actual development, mechanics, upkeep, and monitoring of an interactive web site
- Resource development (funding – especially of direct services)

#### Critical Resources for Implementation of the Recommendation:

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- Students
- Designs – graphics, content
- IT
- Webmaster
- Sponsors
- VAWA as possible funding source
- Agency to front the clearinghouse

- Public Relations; Branding of clearinghouse
- Editor for information disseminated on the site
- Elder Justice Act (both in terms of developing time line and as funding source)

### **Other Key Points:**

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**By whom:** NYS Coalition on Elder Abuse or a similar organization (educational or non-profit)

**For whom:** Elder Abuse resource for all of New York State

### **Recommendation #2 – Training and Development:**

*Develop and implement mandatory, discipline-specific training curricula and tools for professionals, paraprofessionals and providers of care and services.*

### **Action Steps:**

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- Utilize the minimum data set and findings of the NYS Prevalence and Incidence Study to enhance existing training materials or create new ones.
- Legislature to establish an elder abuse coordinating body – establish a budget to fund this and implement funding.
- Coordinating body will do environmental scan (what exists, doesn't exist in terms of training materials); feasibility study including needs assessment and identifying gaps; possible online training and other formats; develop in-kind funding resources.

### **Key Partners:**

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- State and local stakeholders including representatives of government agencies
- Lay Community Leaders
- Banking Personnel
- Faith Community Leaders; Domestic Violence
- Mental Health
- Courts/Law Enforcement
- LGBT
- Human Resources
- Employers
- ASPCA/Animal Services
- Community Based Organizations
- Real Estate Community

- First Responders; Foundations
- Researchers
- Agencies identified in the Prevalence and Incidence Study – targeting those not listed

### **Barriers to Implementation:**

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- Cost related to developing, implementing, and expanding existing training.
- Overtime and releasing staff to be trained.
- Addressing the emerging need for additional or expanded services as a result of effective training.
- Lack of uniform definitions and terminology across systems.
- No elder abuse state coordinating body.
- Insufficient number of trained social workers in the field.

### **Critical Resources for Implementation of the Recommendation:**

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- Funding
- Experts on marketing, graphic design, web-based training development
- Legislation to mandate training
- Accessible training formats

## **Recommendation #3 – Communication:**

*Design and implement a statewide public awareness campaign to explain the full spectrum of elder abuse and produce a cultural shift to support the dignity and rights of older adults.*

### **Action Steps:**

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- Establish a task force of multidisciplinary groups to develop a consensus definition, distribute said definition for feedback.
- Group (e.g., students) to look into what has been done before and lessons learned, and have a message in mind.
- Reach out to philanthropic world for funding.
- Corporate/celebrity world – spokesperson.
- Monitoring group – evaluation.

### **Key Partners:**

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- Philanthropic world
- Public Relations/Marketing world
- Community Service Providers
- Government (but not to make decisions or to ask permission)

### **Barriers to Implementation:**

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- Cost
- No concise agreement on definition of what an older adult is or of elder abuse in general

### **Critical Resources for Implementation of the Recommendation:**

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- Statewide leadership
- Funders
- Collaborators
- Community leaders
- Media/marketing

## Members of the Public/Professional Awareness, Education and Training Work Group

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## KEYNOTE SPEAKERS

*Nationally recognized speakers provided valuable information on specific topics at the plenary sessions during each meal. These presentations were often referenced during the work group discussions as Summit Participants developed their recommendations.*

### **Bonnie Brandl** – *Domestic Violence in Later Life*

Bonnie Brandl (MSW) is the Director of the National Clearinghouse on Abuse in Later Life (NCALL), a project of the Wisconsin Coalition Against Domestic Violence (WCADV). Brandl has worked with battered women for over 24 years. She co-authored a book titled “Elder Abuse Detection and Intervention: A Collaborative Approach.” Her numerous published articles and manuals on abuse in later life have been distributed throughout the country. For more than a decade, she has presented at national, regional, statewide, and local conferences on domestic violence and elder abuse. Brandl has a Masters in Social Work from the University of Wisconsin – Madison. She currently lives with her family near Boulder, Colorado.

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### **William F. Benson** – *Overview of Aging Trends Nationally*

Bill Benson is the Managing Principal in Health Benefits ABCs (HBABCs), offering health and aging policy consultation and training, strategic planning, and facilitation services. Benson has worked on health and aging issues for 36 years at the local, state and federal levels including serving in various leadership positions in the U.S. Congress. He was a senior appointee at the U.S. Administration on Aging including serving as the Acting Assistant Secretary for Aging prior to starting a consulting practice in 1998. Earlier in his career he spent 10 years with the California Department of Aging including serving as California’s State Long-Term Care Ombudsman. HBABCs’ long client list includes CDC’s Healthy Aging Program, the SPARC program to increase the utilization of clinical preventive services and SPARC’s Vote & Vax Initiative.

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## **Elizabeth Loewy – Prosecuting Elder Financial Exploitation: The Brooke Astor Case**

Elizabeth Loewy is currently the Attorney in Charge of the Elder Abuse Unit under New York County District Attorney Cyrus R. Vance, Jr. She recently served as co-trial counsel in the trial involving the late Brooke Russell Astor, a well-known New York City philanthropist, after initiating and leading the investigation and successful prosecution of Mrs. Astor's son, Anthony Marshall, and his attorney, Francis Morrissey. ADA Loewy has been employed as an assistant district attorney in the Manhattan District Attorney's Office for 25 years. A graduate of the University of Pennsylvania and Albany Law School, she began her career in one of the Office's trial bureaus, where she prosecuted general street crime, domestic violence, child abuse, sex crimes and homicides. A.D.A. Loewy previously served as the Attorney in Charge of the Domestic Violence Unit from 1990 until 1995.

She has been a guest lecturer at New York University and Pace University on the subjects of domestic violence and elder abuse, and has also conducted training sessions for various entities including the American Bar Association, the National College of District Attorneys, the New York State Bar Association, the New York City Bar Association, New York State Supreme Court justices, the New York State Prosecutors' Training Institute, Adult Protective Services, the NYC Department for the Aging, hospitals, financial institutions, as well as all levels of the New York City Police Department. Recently, she was a featured speaker for the Elder Financial Protection Network in San Francisco. She has testified before sub-committees of the New York State Senate and the New York City Council. She is currently the Co-chairperson of the Advisory Board of the New York State Coalition on Elder Abuse, Chairperson of the New York County Task Force on Elder Abuse, and Chair of the Elder Abuse Legislative Sub-committee of the New York State District Attorneys' Association.

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## **Robert Blancato – Elder Justice Act and Related Policy Issues**

Bob Blancato is President of Matz, Blancato, & Associates, a full-service firm integrating strategic consulting, government affairs, advocacy services, and association and coalition management. Bob is the National Coordinator of the Elder Justice Coalition, a bi-partisan, 650 member organization.

From 2000-2006, Bob served as President of the National Committee for the Prevention of Elder Abuse and remains on its Executive Committee. He currently serves as the Executive Director of NANASP, the National Association of Nutrition and Aging Services Programs. Bob is a former House staff member and spent 17 years on the House Select Committee on Aging. He also served as Executive Director of the 1995 White House Conference on Aging and on the Policy Committee for the 2005 Conference. Bob most recently became Chairman of the Commonwealth Council on Aging in Virginia. He was appointed by Governor Tim Kaine.

He holds a Bachelor of Arts from Georgetown University and a Masters of Public Administration from American University. Bob was recently awarded NASUA's (National Association of State Units on Aging) 2010 Arthur Flemming Award for his support of elder rights and the Older Women's League (OWL) 2010 Leadership Award for promoting the rights of women as they age.

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### **Mark S. Lachs – *Findings of the NYS Elder Abuse Prevalence Study***

Dr. Mark Lachs is Director of Geriatrics for the New York Presbyterian Health System, Co-Chief of the Division of Geriatric Medicine and Gerontology at the Weill Medical College of Cornell University, and a tenured Clinical Professor of Medicine at the College.

A graduate of the University of Pennsylvania and the NYU School of Medicine, he completed a residency in Internal Medicine at The Hospital of the University of Pennsylvania and is Board Certified in Internal Medicine. In 1988 he became a Robert Wood Johnson Clinical Scholar at Yale where he also earned a MPH degree in chronic disease epidemiology and added qualification in Geriatric Medicine from the American Board of Internal Medicine. He spent four years on the Yale Faculty before coming to Cornell to lead the Geriatrics Program.

Dr. Lachs' major area of interest is the disenfranchised elderly, and he has published widely in the areas of elder abuse and neglect, adult protective services, the measurement of functional status, ethics, and the financing of health care. He has lectured internationally on these topics. His many honors and awards include an American College of Physicians Teaching and Research Scholarship, a National Institute on Aging Academic Leadership Award, and a Paul Beeson Physician Faculty Scholarship (the country's preeminent career development award in aging). He is also the recipient of RO1 funding from the National Institute of Health to study the impact of crime on the physical and emotional health of older adults. He was asked to serve as an advisor for the World Health Organization on Elder Abuse. Recently, he has been instrumental in advocating for the creation a dedicated elder abuse center in New York City.

In addition to an NIA academic leadership award, Dr. Lachs is Paul Beeson Physician Faculty Scholar from the American Federation for Aging Research through funding from the John A. Hartford Foundation, and the Alliance for Aging Research. In September 2010, Penguin Viking published his book *Treat Me, Not My Age: A Doctor's Guide to Getting the Best Care as You or a Loved One Gets Older* ([www.treatmenotmyage.com](http://www.treatmenotmyage.com)).

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**Philip C. Marshall** – *Family Perspective on Elder Abuse*

Philip Marshall has been teaching and practicing in the field of historic preservation for over thirty years. He has held faculty positions at Columbia University, the University of Vermont, and Roger Williams University where he serves as professor and coordinator of the historic preservation program. His consulting includes work with the Hopi Nation in Arizona, the Tibetan community in America and abroad, federal and state agencies, museums, and other nonprofit organizations. He is on the board of national and local organizations.

In 2006, after years of increasing concern, Mr. Marshall, with the help of others, sought a petition for guardianship (which was awarded) for his grandmother, Brooke Astor. The story was chronicled nationally by the press due to Mrs. Astor's recognition, the nature of allegations indicated in the petition, and events cumulating in a five-month criminal trial of Mr. Marshall's father and a lawyer who had done work for his grandmother. Through her life, Brooke Astor was known for her decades of philanthropic work in New York. Today, Philip Marshall believes that his grandmother's greatest legacy, nationwide, is how her sad circumstances have spurred a greater recognition of elder abuse.

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**Kathleen M. Quinn** – *Adult Protective Services – A National Perspective*

Kathleen Quinn is the Executive Director of the National Adult Protective Services Association (NAPSA), a national member organization representing adult protective services programs and clients.

Previously, Ms. Quinn served as Policy Advisor on Senior Issues to the Illinois Attorney General and as the Chief of the Bureau of Elder Rights for the Illinois Department on Aging, where she was responsible for the statewide Elder Abuse and Neglect (APS) and Long Term Care Ombudsman Programs. Ms. Quinn earlier worked with the Illinois Coalition Against Domestic Violence. In every position Ms. Quinn has worked closely with law enforcement to promote victim safety.

Ms. Quinn is the past President of the National Adult Protective Services Association, a former board member of the National Committee for the Prevention of Elder Abuse, the Illinois Family Violence Coordinating Council, the Illinois State TRIAD Council, the Advisory Committee to the National Clearinghouse on Abuse in Later Life, and was a founding board member and secretary of the Illinois Center for Violence Prevention.

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### **Jacquelin Berman** – *Findings of the NYS Elder Abuse Prevalence Study*

Jacquelin Berman received her MSW and PhD in Social Work from Columbia University. She has worked in the field of gerontology for over two decades. As Director of Research at the New York City Department for the Aging (DFTA), Dr. Berman has overseen a range of research and demonstration projects. She has authored numerous articles on aging and has presented at national and international conferences throughout the years. Dr. Berman is co-author of the book, *Depressed Older Adults Education and Screening*. She is an active member of various aging advisory committees and coalitions, including the New York City Elder Abuse Network (NCEAN) and the New York State Coalition on Elder Abuse.

Dr. Berman is an Adjunct Professor at Fordham University and New York University, teaching coursework in research and statistics for Masters Degree students. She is the DFTA representative working on a mental health program which educates and screens seniors in DFTA-funded senior centers and represents DFTA on the suicide prevention work group in New York City. She was co-principal investigator for the New York State Elder Abuse Prevalence Study.

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### **Ann Marie Cook** – *Welcoming Remarks and Review of Progress Made on 2004 Summit Recommendations*

Ann Marie Cook is President/CEO of Lifespan of Greater Rochester Inc., a non-profit agency dedicated to providing information, guidance, and services that help older adults take on the challenges and opportunities of longer life. Prior to becoming president/CEO, Ms. Cook was Chief Operating Officer of Lifespan and Director of Financial & Consumer Services.

Ms. Cook was instrumental in the development of Future Care Planning Services, a legal joint venture of the Al Sigl Community of Agencies and the Arc of Monroe. The program melds the aging and disabilities fields to help aging caregivers develop written health, housing, legal, financial and guardianship plans pertaining to the future care of their loved ones with disabilities. Future Care Planning Services received the *2009 Family Caregiving Award* from The National Alliance for Caregiving and MetLife Foundation.

Ms. Cook is co-chair of the Finger Lakes Health System Agency's SAGE Commission entrusted to create a plan for the New York State Department of Health regarding the appropriate configuration of aging and long-term care services for the year 2020 and beyond in the Finger Lakes region.

She also serves as co-chair of the New York State Coalition on Elder Abuse, and chairs the Monroe County Council for Elders. Ms. Cook's board affiliations include Visiting Nurse Service, Pathstone Development – Housing Opportunities, Inc., Monroe County Workforce Investment, Fairport Baptist Homes Adult Care Facilities, University of Rochester Medical Center Community Advisory Board for Community Health, NYS Coalition for the Aging and the Professional Advisory Committee for the Hearing Loss Association of America – Rochester Chapter.

She serves on U.S. Senator Kirsten Gillibrand's Working Group on the Aging and was a delegate to the 2005 White House Conference on Aging.

Ms. Cook holds a MPA from SUNY Brockport.

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# POSITIVE FEEDBACK

Below are some of the comments expressed by attendees, reflecting the spirit and success of both the Summit and the planned, follow-up Regional Presentations. These follow-up training programs were designed to provide information on the Prevalence Study and the Summit to a wider audience throughout New York State, as well as nationally and internationally.

*What a hard working group! Everyone took their role seriously and worked diligently to produce recommendations. It was a wonderful experience.*

*You have identified individuals willing to devote their own time and passion to this cause. Continue to partner these individuals on committees throughout the state. Our collective creativity can overcome the lack of funding.*

*I want to thank you for the opportunity to attend this informative and important summit. I will take back a new perspective, a commitment to direct agency resources toward meeting the needs presented by victims of elder abuse, and renewed energy to work on improving county collaboration to address elder abuse.*

*An amazing Summit! Such experts in the field who are so dedicated to ending elder abuse and creating change within the state.*

*The passion, the details of all the work that has been done, the collaboration, the hope for changes as we move forward.*

*Very informative. Excellent opportunity for interaction. Revealed many areas NYS can improve in serving and protecting our elders. Raising awareness and sharing ideas – important community involvement.*

*Overall information helps me be more rounded in my working knowledge of this subject; information can readily be applied on an ongoing basis.*

*Very informative – hearing opinions of others on how to change policy and where the lapses are. I never realized the diversity of the challenges and barriers.*

*Meeting others from the community who deal with the vulnerable elderly population; working with other professionals to help spread the word about elder abuse and implement the changes needed.*

*Great up-to-date information about the existence of elder abuse and the limitations of our current response to the problem. Presentations were effectively made to educate and encourage input from attending participants.*

*It's an increasingly important topic that needs to be discussed on the state level. Financial is biggest issue, but the others are also so very important!*

*The shared information was very informative and will be a good resource to help elderly people who are victims of domestic violence.*

## LIFESPAN'S SUMMIT **ORGANIZING TEAM**

Paul Caccamise  
Ann Marie Cook  
Art Mason  
Jody Rowe  
Denise Shukoff

## **FINAL NOTES AND SPECIAL RECOGNITIONS**

**Thomas Toole, Lead Facilitator** – thank you for sharing your expertise, setting up the work group process, and then making sure everyone followed the plan.

**Art Mason, Master of Ceremonies** – thank you for keeping the plenary sessions on schedule with a touch of humor.

**Bonnie Brandl** – thank you for providing copies of the training manual, *In Their Own Words: Domestic Abuse in Later Life*, a valuable additional resource for the Summit attendees.

**Five students** from the School of Social Welfare, University at Albany, SUNY who observed the work of the Summit and attended selected work group and plenary sessions – thank you for your interest in this important issue.

Thank you to **all those who gave brief remarks or introduced keynote speakers** – you provided the attendees with important additional information to consider.

Very special thanks to **everyone involved in any way** – it was truly a collaborative effort and would not have been possible without all of you!

## NEXT STEPS

**F**ollowing the first statewide Summit in 2004, the New York State Coalition on Elder Abuse was formed to implement the Elder Abuse Action Agenda. A Coalition Advisory Board was created to provide guidance, and subcommittees were formed to begin working on the priority recommendations. Interest in the work of the Coalition continued to grow each year, with general membership reaching over 1,000 individuals throughout the state and beyond.

The creation of local coalitions and other multidisciplinary, collaborative efforts is encouraged and many have emerged throughout New York State since 2004. Renewed energy generated by the Prevalence Study and the 2010 Summit will continue to inspire local and statewide efforts.

New subcommittees are being formed to address each of the issues raised during the 2010 Summit. The New York State Coalition on Elder Abuse will continue working to ensure that New York is on the forefront of combating this tragedy that confronts too many of our vulnerable older adults with all its devastating physical, emotional, social, and economic results.



# *Under the Radar: New York State Elder Abuse Prevalence Study*

SELF-REPORTED PREVALENCE AND DOCUMENTED CASE SURVEYS

FINAL REPORT  
EXECUTIVE SUMMARY

May 2011

# NEW YORK STATE ELDER ABUSE PREVALENCE STUDY

## EXECUTIVE SUMMARY

**T**he 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 underreporting in New York State.

**Prevalence** refers to the number of older adults who have ever experienced elder mistreatment since turning 60.

**Incidence** refers to the number of new cases of elder abuse in the year prior to the survey interview.

## 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

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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

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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 findings of the study 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.
- 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 preceding year (a span of 12 months between 2008-2009).

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 A**

**Rates of Elder Abuse in New York State:  
Comparison of Self-Reported One-Year Incidence and Documented Case Data**

	<b>Documented Rate per 1,000</b>	<b>Self-reported Rate per 1,000</b>	<b>Ratio of Self-Reported to Documented</b>
<b>New York State - All forms of abuse</b>	<b>3.24</b>	<b>76.0</b>	<b>23.5</b>
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 B**

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

<b>Information about victims</b>	<b>Documented Case Study Percent of Victims</b>	<b>Self-Reported Study Percent of Victims</b>
<b>Age groups</b>		
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
<b>Gender</b>		
Male	32.8	35.8
Female	67.2	64.2
(Missing)	13.8	0.0
<b>Race/Ethnicity</b>		
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 B, “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 B 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.



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