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Elder Abuse: An Examination of a Hidden Problem

U.S. House Select Committee on Aging

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ELDER ABUSE
(An Examination of a Hidden Problem)

A REPORT
(With Additional Views)

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

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PREFACE

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

During a hearing before a subcommittee of the House of Representatives on the subject of domestic violence, Dr. Suzanne Steinmetz of the University of Delaware, a noted researcher on family violence, gave graphic evidence of the abuse of the elderly by their loved ones. She provided the example of a son who tied his 89-year-old father to a chair whenever the old man refused to turn over his social security check. Another case involved a 15-year-old girl who beat up her 78-year-old grandmother. A third example described a son who threatened his invalid mother at gunpoint. Dr. Steinmetz said the growing problem ranges from assault and battery and fraud to benign neglect and poor bookkeeping. She said:

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

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

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

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

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

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

CLAUDIE PEPPER, Chairman, Select Committee on Aging.
FOREWORDS

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

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

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

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

Submitted by:

MARY ROSE OAKAR,
Member of Congress.

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

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

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

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

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

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

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

John L. Burton, Chairman,
Subcommittee on Retirement Income and Employment.
CONTENTS

Preface .................................................. iii
Forewords:
Hon. Mary Rose Oakar, Member of Congress .................. v
Hon. Mario Biaggi, Chairman, Subcommittee on Human Services,
Select Committee on Aging ................................ vi
Hon. John L. Burton, Chairman, Subcommittee on Retirement In-
come and Employment, Select Committee on Aging ........ vii
Introduction ............................................. ix
Executive Summary ....................................... x

SECTION I

The Nature of Elder Abuse: Case Histories ................. 1
Physical Abuse ........................................... 3
Deliberate physical injury ................................ 3
Negligence ................................................. 7
Sexual abuse ............................................... 13
Financial Exploitation ................................... 12
Psychological Abuse ..................................... 24
Violation of Rights ...................................... 26
Self Neglect ............................................... 30
Summary .................................................. 34
Additional Case Histories ................................ 34

SECTION II

Dimensions of the Problem ............................... 39

SECTION III

Theories for Why Elder Abuse Occurs ...................... 59
Retaliation ................................................. 59
Aggression and Violence as a Way of Life .................. 60
Lack of Close Family Ties ................................ 60
Lack of Financial Resources ................................ 61
Resentment of Dependency ................................ 62
Increased Life Expectancy ................................ 64
Lack of Community Resources .............................. 64
Stress of Other Life Crises ................................ 64
History of personal or mental problems .................... 64
Unemployment .............................................. 65
History of alcohol and drug abuse problems ............... 65
Environmental conditions ................................ 65

SUMMARY ................................................. 66

SECTION IV

A Survey of State Human Service Departments ............ 67
Overview .................................................. 67
Budget and Resources ..................................... 70
Powers and Duties ........................................ 73
Abuses ...................................................... 74
Intervention ............................................... 76
State and Federal Regulations .............................. 78

SECTION V

A Survey of State Statutes ................................ 91

(IX)
ELDER ABUSE
(An Examination of a Hidden Problem)

INTRODUCTION

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

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

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

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

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

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

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

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

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

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

PREPARED AND SENT A QUESTIONNAIRE TO STAFF OF VISITING NURSES' ASSOCIATIONS IN THE DISTRICT OF COLUMBIA, MARYLAND, AND NEW JERSEY. THE ANSWERS TO THESE QUESTIONNAIRES WERE TABULATED AND APPEAR IN SECTION II OF THIS REPORT. THE QUESTIONNAIRE CAN BE FOUND IN APPENDIX VI.

REVIEWED AND SUMMARIZED CASE HISTORIES OF ABUSE forwarded to the Committee by the States, the police chiefs, visiting nurses, and abused elderly. These case histories can be found in Section I of this report.

PREPARED AND SENT A LETTER, UNDER THE SIGNATURE OF THE CHAIRMAN, TO A NUMBER OF NOTABLE AND RESPECTED AUTHORITIES ON ELDER ABUSE TO ASCERTAIN THEIR VIEWS WITH RESPECT TO THE NATURE AND EXTENT OF SUCH ABUSE.

COMMUNICATED WITH NUMEROUS ORGANIZATIONS AND SERVICE PROVIDERS REPRESENTING THE ELDERLY TO ASCERTAIN THEIR VIEWS ON THE PROBLEM OF ELDER ABUSE.

CONTACTED THE EMERGENCY NURSE ASSOCIATIONS TO DETERMINE THEIR EXPERIENCE WITH ELDER ABUSE.

HELD HEARINGS IN MASSACHUSETTS, NEW YORK, NEW JERSEY, AND WASHINGTON, D.C., FOR THE PURPOSE OF GATHERING INFORMATION ON THE ISSUE OF ELDER ABUSE, INCLUDING A JOINT HEARING WITH THE SENATE COMMITTEE ON AGING.

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

- The Committee found that elder abuse is far from an isolated and localized problem involving a few frail elderly and their pathological offspring. The problem is a full-scale national problem which exists with a frequency that few have dared to imagine. In fact, abuse of the elderly by their loved ones and caretakers exists with a frequency and rate only slightly less than child abuse on the basis of data supplied by the States.

- The Committee learned that abuse of the elderly is far less likely to be reported than the abuse of children. While one out of three child abuse cases is reported, only one out of six cases of adult abuse comes to the attention of authorities.

- The Committee concluded that some 4 percent of the nation's elderly may be victims of some sort of abuse from moderate to severe. In other words, one out of every 25 older Americans, or
roughly one million older Americans may be victims of such abuse each year.

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

- Physical violence including negligence is the most common form of abuse, followed by financial abuse, the abrogation of basic constitutional rights, and psychological abuse. However, there are numerous examples in the Committee's files in which all four of these abuses are perpetrated simultaneously. In most cases, the abuse was active and involved acts of commission by children who are placed in a caretaking role although there are numerous examples of passive abuse or negligence which have come to the Committee's attention.

- Most instances of elder abuse are recurring events rather than single incidents. Cases are included in Section I which involve the aged who have been physically or financially abused over a 5-year period or more.

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

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

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

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

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

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

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

- There are 2½ times as many children as seniors in the population. By this measure, 90 percent of all State protective service budgets should be devoted to the elderly. While the incidence of elder abuse per 1000 elderly is 2 percent, there are numerically four times as many child abuse cases which suggests that at least 25 percent of State budgets should be devoted to the elderly. Despite this 25-40 percent need range, the States are on the average committing only 6.6 percent of their protective service budgets to the elderly. Some 86.7 percent is spent on protective service for children with the remainder being spent to protect adults.

- Twenty-six States have what they consider to be adult protective service laws, which vary widely in scope. Only 16 of the States with adult protective service laws also require the mandatory reporting of elder abuse cases. There is, however, little consistency among these States as to whom is required to report and
what penalties will apply when there is a failure to do so. Of the States without adult protective services laws or mandatory reporting provisions, 20 have sponsored bills in their State legislatures. Only 10 States do not have adult protective service laws, mandatory reporting provisions, or legislation pending consideration.

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

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

- The Congress may wish to enact H.R. 769, the Prevention, Identification, and Treatment of Elder Abuse Act of 1981. This bill would provide for the financial assistance for programs of prevention, identification, and treatment of elder abuse, neglect and exploitation, and establish a National Center for Elder Abuse with the task of developing a model State elder abuse statute. The bill would provide Federal funds to States which had mandatory reporting laws and provided for immunity from prosecution for persons reporting incidences of abuse, neglect and exploitation. Additionally, States should have trained personnel and services available to abused, neglected and exploited elders.
- Congress may wish to amend Title XX, Medicare, Medicaid and SSI to provide for more social services to families who are caring for an older person, such as respite care, home health services, personal services, homemaking services, home-delivered meals, and adult day care.
- The States may wish to consider strengthening their own laws along the lines suggested in H.R. 769, the proposed “Prevention, Identification, and Treatment of Elder Abuse Act of 1981,” as introduced in the U.S. Congress.
- Additional recommendations can be found in Section VIII.
to the abused by blood makes the examples all the more horrible. Some of these abuses which took place in the privacy of the homes of the elderly rival horrors which have come to the public eye from nursing homes. As noted above, the following cases are merely illustrative of the general problem; they are typical of those found in Committee files.

**Physical Abuse**

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

**Deliberate Physical Injury**

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

- An elder District of Columbia person, who lived with a daughter-in-law, was often found with injuries which could not result from falls. The older person was not given medication and was sometimes found dehydrated. She was sent to the hospital on one such occasion where death resulted.

- Another District of Columbia woman 80-years-old was found beaten to death and her acting caregiver was charged with the homicide. Detectives said the motive was robbery.

- A complete bed-care patient in D.C. was murdered, by the son when the patient's wife was admitted to the hospital with mental problems.

- A 70-year-old woman from the District of Columbia was routinely victimized by her caretaker who started work as her maid. The caretaker forced the woman to turn over all of her money, opened all her mail, removed the phone from her room and denied her any contact with the outside world. The woman was repeatedly tied to the bed with wire and left alone for long periods of time. The caretaker beat her and pushed the woman at reckless speeds in her wheel chair causing serious injury to her. The woman twice suffered a broken hip and once a broken clavicle in this manner. The caretaker took the woman's car, personal possessions and about $3,000 in cash. Eventually, the former maid was indicted for extortion, false imprisonment, first degree grand theft and misrepresentation herself as a licensed nurse.

- The Atlanta police also reported that an older woman was attacked by her 30-year-old son with a butcher knife. He lives in her home, is capable of working but will not. She therefore continues to support him.
Florida also reported an incident where an elderly woman with a heart condition was being routinely abused by her 15-year-old grandson. On one occasion, he threw a suitcase at her, hitting her head. She also had bruises on her arms from beating. He hit her only in places where it would do no damage according to the grandmother. The grandson did not really know why he hit his grandmother except that she made him angry.

A 73-year-old Florida man was indicted for assault and battery of his 78-year-old sister. Repeatedly, he abused her and tied her to a straight back chair in his backyard where she sat in all kinds of weather. Neighbors and the police intervened twice after the events were repeated. Once they placed the sister in a nursing home but the brother removed her threatening to kill anyone who would separate him from his sister. Since the brother had just completed a jail sentence for manslaughter, his threats were taken seriously. Eventually, the woman was removed to an emergency shelter to prevent the brother from continuing the conduct described above or of killing his sister which he had threatened.

Illinois supplied the Committee with a number of physical abuse cases which had come to their attention:

- A 19-year-old woman confessed to torturing her 81-year-old father and chaining him to a toilet for 7 days. She also hit him with a hammer when he was asleep. After she made him weak enough, she chained his legs together.
- An 81-year-old woman was repeatedly beaten by her 8-year-old grandson until there were black and blue marks across her face and entire body. The boy apparently had encouragement from other family members.
- An 80-year-old Indianapolis female was struck on the forehead with a telephone by her 15-year-old grandson, after he had ripped it out of the wall. He had struck his grandmother several times before.
- The Indianapolis police reported that an elderly male was stabbed by his 25-year-old son. The son had been locked up three times for this same type of incident, and when the elderly victim did not show up for court appearances, the cases were dismissed.
- A widow in Iowa, living with her son, was hospitalized for hypothermia and pneumonia. She was found to have bruises on her left pubic region, right hip, face, shoulders and upper abdomen. She had scar-like lesions on her arms, hands and an open ulcer on her shin. A relative confirmed parent abuse by the son and indicated a pattern of abuse over the years. A visit to the home revealed that it was very old, inadequately heated, dirty, and unsafe. The toilet was inaccessible to the client because of unsafe stairs.
- An 81-year-old woman in Ohio was brought to the emergency room by her daughter and son-in-law with whom she had lived for the past 5 years. They said that she had fallen and sustained injuries. Physicians diagnosed severe head injuries including a fractured skull which could not have been caused by a fall.

Case workers confirmed a pattern of abuse noting that the family had experienced much stress in caring for the needs of this demanding 81-year-old woman.

- A 92-year-old Massachusetts woman was admitted to a hospital emergency room severely beaten, severely bruised, and with a skull fracture. She died a week later. A son and daughter-in-law, with whom the bedridden woman lived, are considered suspects in her death.
- A Massachusetts grandfather's death resulted when his grandson allegedly shot her then apparently burned the house down to cover up the crime. It was only when the medical examiner examined the victim that the gunshot wound was discovered. The case is being prosecuted under a criminal indictment. It was later learned that the grandmother had been physically assaulted by her grandson on several occasions in past years.
- A Massachusetts physician reported a case in which a badly bruised woman was accompanied by her middle-age daughter who pleaded, "Please help me doctor; I'm beating my mother."
- In Massachusetts, a 35-year-old woman living with her grandchildren complained to a visiting nurse that when she asked for help in getting to the bathroom during the night, her grandchild's husband responds by putting a pillow over her face or chaining her to the bedpost.
- Missouri reported that a 71-year-old woman lived with her 36-year-old son and 39-year-old daughter, both of whom were retarded. There was documentation of several minor physical attacks by the son. The third attack was major and required that the mother be hospitalized because of her critical condition. She remained in the hospital for four weeks and was then transferred to a foster home placement. Her absence from the household led to the eventual institutionalization of these two adult children.
- In Michigan, a 73-year-old woman complained to the police that her 35-year-old son had been beating her for 2 years since her husband had died. Eventually, the elderly woman contacted a social service worker. She was in bad physical shape—her arms and face were bruised, her wrist was broken and she required several stitches in her head. Her son was found to be mentally ill and was committed.
- Mrs. M. was dependent on her slightly retarded son. Occasionally, he became annoyed with her and took his revenge. He would step on her catheter, pulling it out. Once he ran a wheelchair over her foot and fractured a bone. Another time he dropped her and broke her hip.
- An elderly woman from New Hampshire was brought to a hospital emergency room by her caregiver boyfriend. She had a fractured shoulder, had been punched in the face and knocked unconscious, and her upper ribs were black and blue. The house where the patient, caregiver boyfriend and a second male lived was filthy and alcohol bottles were scattered throughout the residence.
In New York, an elderly woman was assaulted by her caretaker who hit her in the head with an instrument, causing a laceration which required 10 sutures. She had in the past received serious injuries, one of which required 26 sutures and the other required hospitalization and 6 sutures.

A 78-year-old New York woman in a wheelchair was repeatedly assaulted by her 36-year-old grandson. As a result of 12 assaults, she was hospitalized 7 times for injuries which included hip fractures. When police responded to assault reports, the woman refused to testify against her grandson and did not want him arrested. However, witnesses were secured and the grandson was jailed on 6 counts of assault and robbery of his grandmother. Released on bail pending trial, he returned home and beat her again. He was then convicted and sentenced to 3 to 7 years in prison.

A deteriorating 73-year-old New York female, living in stench and filth, was observed eating the cat's food and milk. Her marginally functioning husband stayed in a clean room upstairs out of her reach. He would not accept help or pay for it, nor would he assume financial responsibility for her placement in a nursing home. Following a court hearing, she was placed in a nursing home.

In New York, a woman who was caring for her mother reported that her sister and nephew moved into her house, then the sister began stealing from her mother, abusing her and threatening to kill her if she did not give her money. They threw the elderly woman out of the house and police were called to get her back in. At one time, the grandson threw a cat at his grandmother's head. At times when she was thrown out of the house, she would wait until the daughter and grandson were asleep, then would sneak back in. Once when she was forced out of the house, it was snowing and she was not allowed to put on boots, but already had on her coat. She obtained the services of a lawyer who required the daughter and grandson to get out of the house.

A 52-year-old blind New York woman, unable to cash checks, shop, or cook for herself, was abused by her drug-addict son who hit, beat, and burned her with cigarettes. He cashed her SSI checks and left her only a few cans of soup and loaves of bread per week. She would not press charges nor accept protective placement.

An elderly New York patient was forced to eat leftovers by her caregiver. She was covered with bruises and sores all over her body as a result of repeated beating by the caregiver, and finally was forced into a hospital.

New Jersey supplied these examples:

- An elderly man was living with his elderly wife. The man was a stroke victim, bedridden and unable to speak. The wife refused to feed him and help him with the use of a bedpan. She was known to assault him with the bedpan and other items when he was unable to control himself. He was made to stay in his damp and filthy bed for days at a time.

- An elderly man, aged 87, was being abused by his daughter. He, in turn, took out his anger on his senile and incontinent wife. In periodic rages over her inability to care for herself, and for wetting the bed and dirtying herself, he would physically attack her.

- An elderly arthritic woman was found to be routinely physically abused by one of her sons. The woman eventually suffered a stroke but refused any intervention although she admitted abusive contact on the part of her son.

The North Carolina County Department of Social Services reported finding a 91-year-old widow lying on her bed. She had multiple severe bruises on her face, hands, arms and chest. She was incoherent and very confused. She was assessed to have been beaten by her grandson. The daughter of the elderly woman had also been beaten by her own son, and that was why she had not reported her mother's condition. The elderly woman was transported to an emergency room where she eventually died. Her grandson is being held on charges of murder.

An elderly female in Memphis, Tennessee, who did not want the incident reported to the police, called a social worker who went to her home and found that she had been beaten on the head and body with a 2 x 4 board. A family member had done this but she would not reveal who it was. She was treated and released at a local hospital, removed from the family home and taken to a home for the aged.

The Memphis police department reported that a 66-year-old man's son fatally shot the elderly man's wife. The couple had experienced prior abuse by the son, who, after the shooting, committed suicide.

The Dallas police cited a case of a 50-year-old woman who was reportedly beaten and verbally harassed by her 65-year-old son. He was overburdened, in bad health, and admitted to loss of patience because of his inability to obtain assistance for her. Finally, he was able to place her in a nursing home.

In Virginia, a 79-year-old female was abused by her son who lived with her in a trailer. The report was filed by a physician who had seen the woman's swollen and bruised eye. Later, the son attempted to strangle her. She was eventually removed from the trailer.

Wisconsin papers reported the arrest of a 65-year-old woman who had seriously beaten her mother in the home where they lived together. Police reported that the mother, aged 87, was found with her entire face swollen, black and blue. She required hospitalization.

Negligence

Negligence can be defined as conduct which is careless; it is the breach of a duty which results in injury to a person or in a violation of rights. There is ample evidence of negligence by relatives and caretakers with devastating consequences to the helpless elderly. This section of this report details a few of these examples collected by the
In South Carolina, a 78-year-old woman who was recuperating from a stroke was kept in an unheated porch attached to her daughter’s $90,000 house. The family refused to buy soft foods and to otherwise accept responsibility for the victim who became dehydrated and required hospitalization.

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

In New Jersey, an elderly woman was found locked in an upstairs room, dirty, disheveled, incontinent and malnourished. The victim requested that she be relocated to a nursing home.

An elderly woman in Arkansas had been hospitalized three times for surgery. Her husband refused to place her in a nursing home because he wanted continued access to his wife’s Federal Supplementary Security Income check. The man was an alcoholic and used the proceeds to support his habit. It was learned by investigators that during the day he would load his wife into the back of his pickup truck and leave her there while he would go to drink beer at a local poolhall. During the woman’s subsequent fourth hospital stay, he husband died in a fire which broke out in the couple’s house trailer. The woman was then placed in a long-term care facility.

In Washington, an 81-year-old woman, terminally ill with cancer, was refused proper medical attention by her grandson who did not want the woman’s property and income dissipated by doctor and hospital payments. The woman was found in tremendous pain, living in truly wretched conditions. The victim was transferred to a nursing home where she died a few weeks later.

Caseworkers in West Virginia were alerted that an 80-year-old woman might be having problems. Upon investigation they found the husband ill to the point of being comatose. The man was described as “unable to respond, barely breathing with eyes glazed.” The wife was exhausted and distraught from trying to care for her husband to the point where her mental condition was unstable. The wife would not allow authorities to remove the man to a hospital for treatment. She charged them with engaging in a plot to take her husband away from her. Caseworkers contacted the couple’s daughter to assist them in persuading the wife that the man needed attention. They were unsuccessful and the husband died two days thereafter.

An 83-year-old Ohio woman, in the care of her daughter, was bitten by a dog. The daughter neglected to seek appropriate attention but simply bandaged her mother’s arm. No effort was made to locate the dog or to learn if it had rabies. Three days later, a nurse in a day care center noticed that the arm was badly swollen and infected and called the daughter for permission to institute treatment or take the woman to a physician. The daughter was resistant. The nurse was insistent and sometime later, the daughter agreed to have her mother treated at the emergency room of the local hospital. The attending physician gave her a tetanus shot and ordered antibiotics and antiseptic dressings. The woman died one week thereafter and it is believed by authorities that initial neglect of the dog bite wound was a contributing factor in her death.

Social workers in North Carolina found a 70-year-old woman lying in her own urine and feces in a house with a horrendous, stifling odor. It was clear that the woman had been neglected by her daughter. The mother was malnourished and suffered 2nd and 3rd degree burns on her knees and thighs which were uncared for. Caseworkers commented the daughter “showed absolutely no desire to care for her mother.”

An Ohio woman with severe rheumatoid arthritis was found suffering from severe malnutrition and dehydration. On several occasions, she required hospitalization as a consequence of neglect. During one admission, maggots were found over the woman’s entire body. No relative would accept responsibility for her; however, when social services workers tried to remove her to a nursing home they were block from doing so by the woman’s children.

In Iowa, an elderly man suffered two strokes and was left totally dependent on his wife for his care. The elderly wife suffered from arthritis and diabetes. Under the burden of the couple’s financial problems, she became easily fatigued and soon became depressed. She admitted to caseworkers that she deliberately withheld therapy and medication needed by her husband. She stated that she spent little time in his room because she could not bear to look at him in his present condition. The woman said that because of guilt feelings and the likely depletion of the couple’s financial resources, she felt unable to help her husband.
people's few assets, she did not want to place her husband in a nursing home. She stated that she wished her husband would die.

- A 67-year-old West Virginia woman living with her alcoholic son suffered a stroke which left her paralyzed on her right side. The woman also suffered from cancer. After hospitalization, she returned to the care of her son. The woman slept on an old cot with no bed linens and had no way to bathe. Caseworkers said the woman seemed afraid to talk in front of her son, who answered all of her questions for her. The woman would not agree to a nursing home even though she had acquired two huge bedsores. Several weeks later, caseworkers were finally successful in removing her from these deplorable conditions to a nursing home.

- An 80-year-old South Carolina woman, crippled with arthritis and too obese to get around, was left in the care of her 50-year-old son. The son cashed her social security checks and tied her to the bed and padlocked the bedroom door every day before he went out. He would leave a few saltines and water within reach when he left.

- Another mother in South Carolina, age 76, was left in the care of her son. The woman suffered from senility, arthritis, and could not stand up alone. The son would leave her alone for two and three days at a time with only a baby bottle full of water at her bedside. When caseworkers investigated, the son resisted their efforts to place her in a home. He said he would do better by his mother. A month later caseworkers returned to find the woman in the same condition as before: malnourished, bedridden, filthy and ill. She was placed in a nursing home.

- In Iowa, caseworkers found an elderly woman seriously ill, dehydrated, with fever, in a urine-soaked bed. The Sheriff's Department arranged hospitalization against the spouse's will. The husband refused nursing home placement following the hospital stay and the woman returned to the unsanitary conditions, improper diet, poor medication supervision and improper catheter care.

- In West Virginia, an 82-year-old widow with a broken hip, poor circulation and a heart condition was left in the care of her 52-year-old son. The son was a former mental patient who left his mohser for several days at a time without food or medication. The son kept loaded guns in the house and would not allow neighbors to visit. The son was finally placed in a State mental institution with the help of neighbors who expressed the fear that they and the 82-year-old woman would be in great danger when the son is released.

- Caseworkers in Colorado were called in to investigate reports that an elderly man was not properly caring for his wife. It was learned that the woman had terminal cancer and that the husband at times would withhold medication and medical treatments as prescribed by physicians and institute a regimen of over-the-counter medications. Caseworkers had the woman placed in a hospital but the man would have her discharged back to his care at home. Finally, the Department of Social Services was given guardianship responsibilities for the woman and saw to her care with appropriate medical and nursing services until her death.

- North Carolina investigators found that a woman was keeping her elderly husband and mother-in-law captive in the upstairs of the couple's house. The upstairs portion of the house was described as laden with feces while the downstairs, where the wife lived, was clean smelling and fresh. The man was found to have developed bedsores from lying in his own waste.

- An elderly Washington, D.C. woman was tied in bed, deprived of food and stripped of her financial assets by a granddaughter with whom she was living. Pressures among the family members prevented any action from taking place. Finally, the woman was hospitalized for dehydration and malnutrition.

- Louisiana officials reported finding a 92-year-old woman neglected by her niece and nephew with whom she lived. The woman was frequently left alone without food and water, not given a bath for a month and suffered from blases. Caseworkers reported the woman was tricked into changing her will so that upon her death, her home and all her property would go to the niece and nephew.

- A South Carolina woman, age 72, suffering from chronic brain syndrome, was left in the care of her son who gave her a room in the rear of his rented house. Caseworkers reported finding her dehydrated from time to time usually lying on a wet mattress with a chicken leg or a half of a banana in her hand. Apparently, the woman was incapable of raising her hand to her mouth without help. The son resisted efforts to place the woman in a nursing home until ordered to do so by a physician. The woman died within one week of the transfer.

- A 71-year-old Missouri woman was brought into the hospital emergency room in filthy condition: hair matted and covered with feces, bedsores over her body and in a comatose condition. Hospital officials said that neglect was the cause of the woman's condition. The woman had been hospitalized previously for "suspect incidences" and there was evidence of head injuries of "unknown origin." The husband claimed he did not know how sick his wife was. Caseworkers learned that the man was reluctant to seek nursing home placement because his wife's income would be lost to him. The patient was admitted to a nursing home because of the assistance of social workers.

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

- Louisiana officials verified that a 72-year-old woman was neglected and exploited by her granddaughter. The victim was blind and yet she was left alone, not fed, allowed to lie in her own urine and feces on a dirty mattress. The victim’s money was taken by the granddaughter who convinced the elderly woman that if she entered a nursing home she would starve.

- An elderly Maryland woman was confined to a cellar by her daughter-in-law who was charged with her care and supervision. The woman received little care and had evidence of cuts and bruises when visited by caseworkers. The daughter stated that she did not want her mother to mess up the house.

- A 70-year-old woman in the District of Columbia was admitted to the hospital for malnutrition and dehydration. She had been living alone, cared for by a neighbor who was paid by a goddaughter of the elderly woman. When the goddaughter stopped paying, the care stopped as well.

- An 88-year-old woman with mental problems was the source of support for her stepgrandson and her girlfriend. At times, she was locked out of the house for extended periods. The stepgrandson refused to cook or clean. Neighbors brought food for her but the man would eat it himself and not share it with the old woman. On several occasions when she was ill, he abandoned the old woman and left her alone. The stepgrandson had purchased only one light bulb for the entire house and yet social workers learned that he sometimes left the front door open, letting in the cold and letting the heat escape.

- In Massachusetts, an 86-year-old woman was on three separate occasions found wandering the neighborhood in a confused state during the winter. She was wearing only nightclothes and slippers. She was totally disoriented. When contacted by authorities, her son could not agree even on a home health care plan for her. She died six months later.

- An elderly Oklahoma woman who was bedfast was found to be the victim of gross neglect by her grandson. Caseworkers found her bedfast, emaciated, and lying in feces. Attempts to improve conditions failed. Finally, the court was petitioned to authorize involuntary protective services and the woman was relocated to a nursing home.

- A weak, frail elderly New Jersey woman on a salt-free diet was being left alone by her working daughter. The mother was unable to dress herself and was left with only stale bread and canned soup to eat. She was placed in a day care center so she could have daytime activities and care, and remained with the family at night.

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

**SEXUAL ABUSE**

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

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

- A 69-year-old woman from Iowa in day care complained of abdominal pain and vaginal bleeding. She revealed she had been raped by her brother-in-law, with whom she and her husband had been living after being evicted from their home. After reporting the problem, she filed charges against her brother-in-law who was jailed and is awaiting trial.

- Iowa also reported that an arthritic, slightly obese but otherwise healthy woman lived with her daughter and 22-year-old grandson who reportedly physically and sexually abused her. The daughter admitted there was familial conflict and wanted her mother to move. The mother was turning over $200 of her $300 monthly Social Security check to the daughter.

- New Jersey reported that a lady of about 74 was assaulted physically and sexually by her son-in-law. The daughter was fully aware of the ongoing situation, and warned her mother not to say anything for if she did she would be made homeless. Neighbors and relatives reported the case to protective services.

**FINANCIAL EXPLOITATION**

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

In its inquiry, the Committee developed literally thousands of examples which fall into the category of financial exploitation. As is noted from other parts of this report, financial abuse usually is accompanied by physical and psychological abuse. The examples provided...
below are merely illustrative of the problem. They range from armed robbery of the elderly by their loved ones to larceny of their personal possessions to exotic schemes to defraud them of literally anything of value.

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

It became apparent to the Committee that to some extent, Federal policy under Medicare/Medicaid and the Supplementary Security Income program encourage the financial exploitation of the elderly. Generally, the exploitation revolves around the decision to place an older person in a nursing home or related institution. Since Medicaid pays for only about 2 percent of the nation's total $7 billion nursing home bill, the elderly must pay those expenses themselves or look to their families. With average charges in American nursing homes running in excess of $12,000 a year and given the fact that no insurance can be found which will pay more than a modest amount of this bill, more and more families have been looking for ways to qualify their loved ones for Medicaid, the welfare nursing home program which is available without limit to the poor. Families have learned that if the elderly divest themselves of their resources and income, they will become eligible for Medicaid.

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

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

- In Arizona, an 88-year-old bedridden, mentally incompetent woman who was being cared for by a young relative was placed in the cheapest available boarding home. Her stay at the home was paid for with the woman's social security check of $500 a month. Thereafter, the young relative began to spend the victim's $20,000 life savings. When caseworkers investigated, the victim was found suffering from bedsores and dehydration. In fact, the woman was so dehydrated according to official reports, that her lips were stuck together. Employees of the boarding home would not give the woman fluids because they didn't want her wetting the bed sheets. After an investigation, the victim was removed to a nursing home where she received proper nursing and medical care.

- In the same State, a woman who had worked for over 30 years and who enjoyed a liberal pension, suffered two broken hips at the age of 88. An acquaintance arranged for her to be placed in an unlicensed boarding home. Within two weeks, 't's owners had either forged the victim's name to checks or had forced her to sign over $2,300 in checks to them. The investigation revealed that the woman was purposely overmedicated in order to keep her in a stupor. The woman had numerous stocks and bonds which apparently had been misappropriated. Social workers hired an attorney to institute legal proceedings to recover funds inappropriately taken and moved the victim to a licensed nursing home where she is reportedly receiving excellent care.

- Also in Arizona, an 84-year-old World War I veteran with a diagnosis of congestive heart failure came under the influence of a "friend" who obtained the old man's power of attorney and opened joint bank accounts with him. The "friend" represented that the man had no relatives. Investigators learned of the case when the man was brought to the emergency room of a local hospital. The old man was malnourished, dehydrated and had infested under his buttocks. Investigators learned that approximately $20,000 had been taken. Relatives were located in Florida and Michigan but they refused to accept responsibility for the man so a guardian was appointed by the court to revoke the power of attorney and recover the man's assets. Both the old man and State social workers were physically threatened but ultimately they were successful in recovering an automobile and much of the other financial assets. The man was placed in a county nursing home.

- California officials report that an 87-year-old widow in frail health and generally confined to a wheelchair, unable to care for her day-to-day needs, was allegedly the victim of physical and financial abuse from 1974 through 1980. A nurse companion who was also her conservator and three children depleted her financial resources by more than $300,000 while depriving the woman of proper medical attention, food or clothing. Caseworkers helped the woman to institute legal proceedings.

- Mrs. Z., then age 86, lived with her sister, age 84, in a home they shared in California. After a stroke, she was hospitalized and
comatose for 6 months. Part of her convalescence was in a nursing home. Prior to recovery, her sister was placed in another nursing home by a former caretaker, Sue, representing herself as probate conservator for both sisters. She had filed copies of conservatorship petitions in the sisters medical records, then had withdrawn the original petitions from the court calendar before they were legally recorded. She also got title to the sisters home with a quit claim deed signed by both sisters, had wills signed by the sisters naming her as heir in case either sister pre-deceased the other. Both wills named her as executor. Mrs. Z's signatures on the documents were dated during her comatose period. When Mrs. Z regained consciousness, and fully recovered her mental and physical faculties, she began asking questions about her affairs and possessions, including jewelry Sue was wearing. She was told Sue was in charge with full legal authority. Mrs. Z was not to contact her sister, who was also angry at Sue. The sister lapsed into total mental confusion and died 3 years after nursing home placement. Before her death, the case was referred to adult protective services because of a Medicaid-pension problem and subsequent checking of court records revealed Sue had no legal authority or conservatorship. Mrs. Z denied ever having made a will, signing over her house, giving power of attorney, or giving her possessions to Sue. At this time, her memory was unimpaired except for the comatose period. After 6 years of legal procedures, Mrs. Z, at age 72, recovered partial possession of her home and a few personal possessions. A public guardian was correctly appointed for her and was also conservator for her sister until the latter's death.

- California officials also report that they discovered that a number of elderly men had been extorted by an attractive young woman. They discovered the scheme following the death of a 72-year-old retired man who had loaned the woman about $2,000. It was learned that there was no repayment of the loan, that the woman was an alcoholic and an opportunist who employed various methods of getting money from lonely elderly men.

- An elderly man from the District of Columbia, living with his wife, was unable to handle his financial affairs because of debilitating illness. Believing his bank balance to be $10,000, he wrote a check for a couple hundred dollars and was overdrawn. He later learned that his son had withdrawn money without telling him.

- Officials in the District of Columbia report several cases where relatives, including daughters, granddaughters, and nephews, entered the homes of the elderly when they were being hospitalized, and removed cash and possessions in anticipation of the senior citizen's death. In a similar case, a 90-year-old woman who lived independently in her own home until she fractured her hip and was hospitalized, had her home sold out from under her by her family who then had placed in a nursing home.

- In Atlanta an elderly woman was financially abused by her 30-year-old daughter. The daughter would have her five children with her mother and disappear for months. She took money from her mother and assaulted her when her mother took exception to her actions. The mother was fearful and too afraid to take action against her daughter.

- Florida investigators report that they discovered that an 82-year-old woman had been fooled into signing a quit claim deed to her property by a daughter whom she trusted. The woman did not know that the papers she signed had the effect of conveying her house and property to her daughter. In addition, the woman was neglected or abused and mistreated by her daughter until case workers intervened last year.

- In Florida, a 64-year-old man in poor health was swindled out of his 40-acre orange grove and all his other possessions by a relative he trusted. The relative misrepresented the purpose of the papers and the effect of the man's signature. The man was left with only his social security. He was threatened and abused and given liquor with his medication. "I signed too many papers. I still fear for my life," he told protective service workers.

- Florida protective service workers report a number of incidents which involve family members helping themselves to the possessions of relatives who had been hospitalized. In one case, more than $3,000 was withdrawn from the senior citizen's account by relatives who had obtained the bank book when the victim was too sick to move. In another instance, a 46-year-old daughter, together with the 5-year-old granddaughter, ransacked the home of a senior. In another instance, a son was spending his mother's veterans check to buy drugs and alcohol. A poignant letter to the Florida Department of Aging states: "One man cannot run and hide... I am very vulnerable to legal trickery. Some of us are too poor to hire a lawyer. The prevailing attitude is why spend the effort on an old person because he or she is going to kick off soon anyway and through that excuse they deny relief or justice. Older people are more afraid to talk back to corrupt bureaucracy because that monolithic conspiracy can very easily tamper with (the income) of the most vulnerable. We must remember older people sometimes own property that other people want without paying for it."

- Florida reports that there are instances where attorneys, by themselves or in collusion with family members, have defrauded the elderly. In one instance, an 80-year-old man lost $50,000 in a confidence scheme then was allegedly tricked into assigning some $11,000 in cash and real estate to an attorney with the hope of recovering the lost funds. The client had to hire a second attorney who withdrew from the case a year and one half later. A judgment was finally obtained against the operators of the confidence scheme who could not be located.

- Florida also reports that a 55-year-old former college professor was kept captive in his own home by his "housekeeper" who brought her family to live in the home. The professor's money was used to pay all the bills, including the cost of a sports car and other luxuries. The man was left alone and neglected. Neighbors intervened after the old man fell and hurt himself. Subsequent investigation proved that his funds had been rapidly depleted.
Three lots had been sold without his knowledge. Eventually, a conservator was appointed and he voluntarily entered a nursing home.

- Louisiana reports a 92-year-old woman was mistreated by her niece and nephew. The woman was taken from her home without food or water, at times going a month or more without a bath. She suffered from fleas and bed bugs which were left unattended. It was alleged that she was tricked into giving away all of her property, including her home, to her niece and nephew. It is clear they were using the senior's money for their own personal benefit.

- Louisiana also reports several instances where relatives have converted the income of their elderly to their own use. In one case, an adopted son, age 22, helped himself to all of the senior's income, including social security, and used the proceeds to buy alcohol. In another case, a 75-year-old blind woman was neglected by her granddaughter who left her living in squalor while converting the old woman's funds to her own use.

- In Maine, caseworkers had to persuade a reluctant old man to bring suit against his daughter to recover some $24,000 taken from two of his savings accounts.

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

- The daughter and husband of an elderly nursing home patient were discovered not having told Maryland authorities about the patient's income. The patient had her care paid for by Medicaid which is required by law to be offset by any income which the person may have. When they were required to turn the checks over to the nursing home, they pulled the woman out of the home saying they would care for her at home. The woman is a diabetic and cannot care for her personal needs and yet it is assumed that she is left alone all day since both the husband and daughter work. They were using the social security checks to make their automobile payments.

- In Massachusetts, family members sought a court order to have a nursing home patient's life support systems taken away despite evidence that the man wanted to live. Caseworkers said that financial holdings were at the bottom of the family's efforts to have the man's dialysis treatments ended.

- In the same State, a 68-year-old widow with a heart condition and crippled with arthritis was physically and financially abused by her heroin-addict son. An investigation revealed that the son stole money and sold the woman's property, such as her color television and stereo system. The son also ran up huge bills on the woman's credit cards and incurred other indebtedness. Caseworkers intervened and got the son to move out but the widow refused to press charges or to bring any action to recover her property.

- In another State, an elderly woman was reported to be in an elderly home with the death of the elderly, the purpose is usually to convert assets into cash which can be divided among the family members:

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

    - Mrs. R., age 92 and in a nursing home, was under the conservatorship of an estate management corporation which set the value of her home at $7,800, the sale price of the house which had been appraised at $9,250. The buyer then sold the house for $16,200, more than twice what he paid for it. Mrs. R.'s conservator filed for welfare assistance for his client.

    - A niece of Mrs. M., an 80-year-old woman, learned that the aunt had been placed in a nursing home and enrolled in Medicaid by a conservator estate management corporation, ostensibly because she had no assets. The niece visited the old woman and found her tied to a chair. The administrator offered the excuse that the aunt could not sit in a chair without support, stating she was uncooperative with therapy. The niece decided to investigate further. She visited the home which had been vacant since her aunt's admission to the nursing home. The house was unlocked. It appeared to have been ransacked. Food was still in the pots. The insurance had lapsed. The niece found about $8,000 in checks and cash that had been hidden in the house. She learned that the conservator had not filed an inventory and appraisal of the estate nor an accounting for assets and expenses during the term of the conservatorship which was almost 18 months at that point.

    - The niece was able to pay $1,000 in nursing home charges incurred prior to her aunt's being placed on Medicaid. The conservator accused the niece of meddling, insisting that the house would bring only $12,000. The niece sold it for $18,500. The niece paid the conservator legal fees; the corporation resigned and the niece was appointed guardian. In her first accounting, the niece listed her aunt's assets at $53,140 after payment of all bills. The aunt will therefore be able to support herself from this inheritance for several years instead of becoming a ward of the State.

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

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

Mrs. O. was also placed under a conservatorship because she could no longer manage her own affairs. Her son was appointed guardian in 1975. In March of 1976, he signed a purchase agreement to purchase his mother’s home for $26,300. He asked the court to release him as conservator and to appoint a for-profit estate management corporation. The son bought the house, rented it for a few months, and then sold it for $37,000. A Minnesota newspaper investigation showed that this corporation had sold a number of homes belonging to the aged at prices below market value. The study noted that the sale prices are further diminished by closing costs which reduced the owner’s benefit from $2,000 to $11,000 per house. In this case, Mrs. O. received only $7275 from her $30,000 estate and became a welfare (Medicaid) client before her death in 1979.

An elderly New Jersey man with a monthly pension of $900 and $200,000 savings became ill, was hospitalized with seizures that left him brain injured and partially paralyzed. His caretakers obtained legal power of attorney. Although it was believed by his sisters that he did receive some payments, the caretakers took his pension and social security checks, stripped him of his savings, and denies him visits from his sisters. The caretakers also sold his car.

An elderly woman from New Jersey gave her lawyer power of attorney when he told her she was signing something related to the sale of her house. He later tried to borrow money on the woman’s bank account while she was still alive. Fifteen months after her death, nothing had been done about the estate and the attorney was still collecting monthly fees as co-executor and legal counsel as stated in her will.

New Jersey reported a situation where an elderly woman asked a man to consider a “pillar of the community” to manage her estate and gave him power of attorney. When she became ill, a home health aide came to assist her but to buy food out of her own funds for her. The pharmacist was billing at delivering more medication until their long-overdue bills were paid. The aide learned that the woman had sufficient funds to pay her expenses. In fact, she was extremely well-off, but this fact was not known because her conservator was not acting in her best interests.

New Jersey officials also reported a case where title to a woman’s home had been turned over to her son, an attorney, apparently without the woman’s knowledge or permission. Caseworkers were unsuccessful in their efforts to restore title of the home in view of the unavailability of legal assistance. They knew to look for such cases.

New York reported the case of a 72-year-old woman, widowed, who was in failing health. For this reason, she chose to move into a home where she could receive appropriate care and be close to relatives. Her net worth was nearly $21,000 when she moved into the home, she was asked to move into the private residence of a couple in the vicinity as a paying guest. During the next few months, the cancer for which she was being treated, worsened. She also had cataracts and had suffered several strokes. In October 1977, one of the caretakers bought a new foreign automobile with a cashier’s checks totalling slightly less than $21,000 purchased by the 72-year-old woman. The caretaker claimed the older woman bought it for her as a gift. During the following 9 months that she lived with the caretaker, approximately $89,000 found its way directly to the caretaker and approximately $35,000 disappeared from her estate altogether. Her assets at the time of death were only $40,000.

In New York, a 72-year-old woman was found missing by a friend. She was discovered to be residing in a boarding home. The older woman was suffering from “chronic brain disease, heart problems, and thyrotoxicosis.” During the period of time she resided in the home, her caretaker had her withdraw $2000 from her bank account with which she purchased $4000 worth of travelers checks which were endorsed by the caretaker and an additional $100 check was made payable to the caretaker’s husband. Later, substantial amounts of money were withdrawn from her savings account by the caretaker. Approximately $80,000 of the older woman’s money was sent to Ireland and depleted there in trust for two children. Thirteen months after the older woman’s death, the caretaker and her husband became the proponents of a will drawn during the time the older woman was living with them, revoking a will made approximately a year earlier, leaving the elder sister’s estate instead of to various relatives. She was apparently acutely ill for days before her death, but received no specific medical treatment for her last illness. The court has voided her last will as the product of fraud and undue influence.

Also in New York, an attorney was contacted by Mr. and Mrs. X. who claimed to be friends of Mr. C. who was sick and wanted to have his affairs prepared and that a niece wanted to steal all his money. Mrs. X. requested that the attorney see Mr. C. at the hospital and draw up a will. Mr. C. told him he wished to bequeath three-fourths of his estate to his sister, one-fourth to his niece and because he was afraid Mr. and Mrs. X. would put him out in the street if they found out he left nothing to them, decided to leave $2,000 to Mrs. X. Mr. C. denied any knowledge of a recently opened savings account he had opened in trust for Mrs. X. and wanted it changed back into his name alone. The attorney drew up the will pursuant to Mr. C.’s instructions, requested the hospital refrain from putting Mr. C. under sedation so he could sign with a clear mind. Mrs. X. learned Mr. C. had made provi
sions for his own family and had made a specific bequest for the X's. When the attorney returned to the hospital with the proposed will and a letter directing the name change on the account, he was barred entrance to Mr. C's room by personnel who claimed Mr. C was under heavy sedation and was asked to leave. Mr. C. died 2 days later while under the care of the doctor who serviced the residents of the adult home. A Surrogate Court eventually returned the money to Mr. C's estate.

- New York supplied numerous other cases of abuse which took place in boarding homes, also known as adult care homes in New York. In one instance, the boarding home operator withdrew some $22,000 in checks payable to a senior citizen and had them endorsed over to him. When confronted, the operator protested that the money had been used to take the woman and his wife on a brief trip to Florida. The woman died without recovering her money. Another woman claimed that some $5,000 in silver and personal items was taken by the operator of another home. Authorities discovered this theft and the operator restored about half of the items to her. She said she tolerated the practice because the operator said he would tell the authorities she was crazy and no one would believe her. In a third case noted above, another boarding home owner took about $8,400 from a 70-year-old woman who suffered from chronic brain syndrome and confusion. He wrote a will leaving the woman's estate to himself and his wife. Following the woman's death from a pulmonary embolism, a Westchester Surrogate Court voided this will as a product of fraud and undue influence.

- A 76-year-old North Carolina woman, who could no longer manage her own affairs or care for herself refused to allow her daughter to sell her property (mother's). However, the daughter soon did so against her mother's will and would not turn over the proceeds from the sale of the property to her mother.

- Also in North Carolina, an elderly woman in ill health required hospitalization. Following her convalescence, family members would not allow her to return home. They placed her in a boarding home where she felt she did not need to be. She learned that a guardian had been appointed to manage her affairs and that checks were being written on her behalf to pay for her care in the boarding home. She found herself unable to get access to her checking account or any of her funds. She did not have money enough to have her hair done or to buy a soft drink. Her plea to see an eye doctor, along with her plea to be allowed to return home where she could have some semblance of dignity and privacy, went unheeded.

- Pennsylvania reported a case where authorities have attempted to get an 80-year-old father to file charges against an alcoholic son who forces him to turn over his monthly social security check. When the father refuses, he is tied to a chair so he can't leave the house.

- A Pennsylvania attorney submitted the following case which involved an elderly man, "Mike," who was financially abused by his daughter, "Barbara." Mike was an ill-educated man who had been a teamster driver and dock loader until his retirement in 1972. He had twice served in the U.S. Army for a total of seven years. He and his wife, from whom he separated in 1955, had 3 children of whom Barbara was the oldest. She was in her mid forties when problems began.

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

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

During his hospitalization, Mike was asked by Barbara's husband to pay off a $5,000 mortgage on their home. This was deducted from his bank account for "services." In March 1976, Mike wanted to buy a car and learned his bank account had $3,900 less than it should have. He moved to his brother's home and Barbara petitioned the court to be made guardian of his person and his estate on the grounds he was incompetent. Her requested emergency hearing was dismissed.

Mike obtained the services of an attorney whose investigation revealed that Mike had received retirement and insurance benefits totalling more than $82,000, of which less than $6,000 could be accounted for. A suit for a total of $36,000 plus interest was filed against Barbara who had deposited most of her father's money in a joint bank account of her and her husband. Prior to the trial, Mike wanted to drop the case and when her attorney offered to settle the case for $10,000, Mike wanted to take the offer because he did not want to testify in court against his daughter. The day before the case was to be heard in court, Barbara's attorney made a final offer which Mike accepted.
From the amount of $80,000, the sum of $8,000 for documented expenses paid for Mike’s benefit by Barbara was to be deducted; $5,000 was to be deducted as compensation for her services and his room and board. For the remaining $17,500, Mike was to have a mortgage to Barbara’s house in the amount of $15,500 plus 6% interest and Barbara would give Mike $2,000 cash at the time of settlement execution. The mortgage has been paid timely in monthly installments to Mike, but Barbara, in her court deposition, berated her father for his ingratitude and proclaimed she deserved the entire amount of money. Ironically, she would have inherited his entire estate as per his will, which was redrawn after the financial abuse.

In South Carolina, caseworkers found an 80-year-old woman who was bedfast and neglected by her son who tied her to the bed and locked the bedroom door, leaving her all alone during the day and much of the night. The son expropriated her social security check and other financial assets.

Texas caseworkers reported that a 102-year-old woman who was almost blind, lived independently in her own home along with an adopted son and granddaughter. One of the elderly woman’s other granddaughters moved into the home along with her teenage children who proceeded to demolish the home and to steal their great grandmother’s money. The old woman and her adopted son and granddaughter asked the newcomers to leave. They refused. As a result of the conflict, the elderly woman was thrown out of her own home into the street.

In Washington, a grandson refused to provide medical attention for his dependent grandmother who suffered from terminal cancer. He stated he did not want the woman’s income and property needlessly depleted.

**Psychological Abuse.**

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

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

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

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

- A report from Delaware tells of a daughter-in-law who would keep her husband’s widowed mother confined in the basement without social contacts. Any time the widow tried to leave this captivity, she was verbally assaulted. After the widow broke her arm in a fall, the daughter-in-law added physical force, severely twisting the woman’s broken arm on several occasions.

- An 87-year-old woman in Massachusetts was psychologically abused by her middle-aged son. On a visit to her on a day when she was not feeling well, he proceeded to discuss what monies she had, what insurance, and what brothers or sisters of his were to get her property in the event of her death. The conversation disturbed her greatly and the day after the discussion she went to bed, and never got out of it. One month later, she was dead.

- In California, an 87-year-old woman in ill-health, confined to a wheelchair, and unable to care for her daily needs, was repeatedly and systematically abused by her family and nurse-companion. The mental and physical torture lasted six years. During this time, the woman was threatened, held prisoner, deprived of all contact with the outside world, not permitted to see friends and family, and battered. Her nurse-companion (computed) was a nurse, and three children with the knowledge of the victim’s and attorney, depleted her assets by $282,000 as well as 200 shares of Caterpillar Tractor stock.

- In New Jersey, a young man threatened his grandmother for months in order to extort money with which to buy drugs. The boy’s mother (the victim’s daughter) was also a drug addict.

- In a mid-Western State, a woman was allowed to lay covered with urine and feces for so long that bedsores developed which became infested with maggots. The granddaughter, apparently oblivious of her responsibility toward the old woman, frequently abandoned her charge, in one instance flying to Hawaii with a friend. The weapon with which the granddaughter enforced her will, was the threat of nursing home placement. The old woman was terrified at the prospect.

- Social workers in West Virginia recently received a telephone call telling them that a 92-year-old woman was being confined in a trailer behind her children’s home against her will. Upon investigation, the daughter and son-in-law admitted that they
had locked the woman in the trailer when "she got out of hand—she just wants to go out all the time, you can't do anything with her," said the daughter. When the workers suggested that the woman could be cared for in a day care center, they were rebuffed by the family who refused them further access to the victim. At last report, the woman had fallen, broken her arm, and had been hospitalized.

In a Delaware case, an elderly woman reported she had been repeatedly threatened by her son. The threats were verbal at first but later the son purchased a gun and used it to terrorize his mother. Several violent episodes had taken place before the invalid woman, who suffered from an amputated foot, signed a warrant for her son's arrest. The woman did not show up in Court for the hearing which was scheduled. The reason she did not do so is unclear. The reason offered was that her physical condition did not allow her to make the appearance.

In Michigan, a 70-year-old man was reportedly threatened by his 28-year-old son. The son was alleged to have a drug dependency problem and converted his father's social security checks to supply his habit. The father admitted he was intimidated by and lived in fear of his son. Social services workers helped the reluctant father initiate evict proceedings against the son. During this process the father had to be relocated temporarily in other living accommodations for his own protection.

An elderly woman living in the District of Columbia was confined to the cellar by her daughter-in-law who verbally abused her on a daily basis. Predictably, there were outbreaks of physical abuse to enforce this confinement.

Another elderly woman in the District of Columbia was recently found to have been held a virtual prisoner against her will. This time the abuser was her husband who was caring for her.

In the District of Columbia, caseworkers found a severely underfed 86-year-old man lying in a filthy, roach-infested apartment. The man told them that his son had threatened to shoot him if he let anyone in the house. He said he was fed noodles with maggot infestation in the food and that his son had threatened to put embalming fluid in his food.

**VIOLATION OF RIGHTS**

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

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

1. The right to personal liberty.—The right to move freely, the right not to be imprisoned in one's home, the right to be free from physical restraints, are at the very essence of American democracy. However, there have been numerous examples in the preceding pages of older Americans being held captive against their will, virtual prisoners in their own homes. They have also been numerous cases of individuals who have been restrained with ropes and wire, tied to their bed as well locked in their rooms or homes:

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

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

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

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

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

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

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

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

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

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

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

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

... In Michigan, a 79-year-old man was reportedly threatened by his 26-year-old son. The son was alleged to have a drug dependency problem and converted his father's social security checks to supply his habit. The father admitted he was intimidated by and lived in fear of his son who showered the old man with profanity on a daily basis. Social service workers helped the reluctant father initiate eviction proceedings against the son. During this process, the father had to be relocated temporarily in other living accommodations for his own protection.

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

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

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

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

10. The right not to be declared incompetent and committed to a mental institution without due process of law.—State laws which allow family members to commit their elderly relatives vary widely. In some States, it is a fairly easy matter to effect such commitment, in others it is more difficult. As noted, some elderly people are adjudged incompetent upon affidavits from family members who have
their own motives, usually related to obtaining possession of the financial resources of the aged person. For example:

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

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

... An anonymous caller reported to the Michigan Department of Human Services that a 63-year-old woman was being beaten by her children with whom she lived. On the first visit, the woman denied the beatings, since the children were in the home at the time. On subsequent visits, however, when the children were absent, she freely admitted to the beatings and wanted help.

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

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

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

SELF NEGLECT

It should be no surprise to most people to learn that many older Americans neglect their personal needs or that they sometimes abuse themselves. Generally, neglect is a function of diminished physical or mental ability. Self abuse can sometimes be associated with senility or other forms of mental disability brought on by old age. Self abuse and self neglect are also brought on in some cases by ex-pressions which cause a conscious or unconscious indifference to one's personal welfare and well being. In the extreme, such cases may end in suicide; it is no secret that suicide rates are very high among the aged in American society.

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

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

- In Louisiana, a 90-year-old man was living in an isolated area abandoned by relatives. He was found with his legs covered with open ulcers. He had 20 to 25 dogs which he slept with to keep warm. Even though his windows were boarded up, a terrible odor permeated outdoors. He would allow no one entrance to his home. It was later discovered that he had not had a bath in over a year; he went only once a month to buy groceries and the groceries he did buy with his meager income and food stamps was spent on food for the dogs. The older man was eventually convinced to temporarily relocate to a nursing home where it took three scrubdowns to clean the patient.

- Connecticut reported that an elderly woman was living alone in a decaying house which had a patrid odor. She was found to be obese with a greasy swollen, infected and ulcerated leg with deep lesions exposing the bone and muscles extending to her feet. A cousin who had been appointed her conservator three years before did little except pay her bills. Food was delivered, but there was no working refrigerator. Her bed was filthy, stained, torn and bedraggled. Her floors and carpet were stained with blood and dirt coming from her feet. She denied the need for and refused medical help. The case was finally referred to protective services and the woman was taken to a hospital on probate court order to examine the need for leg amputation.

- An 80-year-old Nebraska woman, abandoned by her family, was reported by a neighbor to be wandering about her yard and clinging to her fence for support—not appearing to know what she was doing. It was discovered by social workers that the woman had not seen a doctor since July 1977, but was having a prescription filled at several pharmacies. The prescription was to be filled once a month, but at one time it was filled six times in two months at one pharmacy and six times in two months at
a second pharmacy. Her medication regimen has since been corrected after consultation with her doctor and family.

- An elderly New Jersey woman living in an apartment building for elderly persons was reported by a friend to have been wandering about in the building and out in the cold streets for a long time. The friend said the police regularly brought her back when they found her barefoot on the street. A month previously, she was found sitting on the top landing of the fourth floor of her building with her money spread all around her.

- Louisiana reported an elderly client with diabetes and an amputation living alone in a house with no screens. Neighbors would periodically feed the client and attempt to keep flies off the wounds. The client's son was out of town but refused to have the client placed in a nursing home because proper care could be given because he was fearful the nursing home would use the older client's life insurance for payment and the son couldn't get it.

- The same State also reported an 85-year-old woman living in a burned house with no utilities. She was known in the community as a "beggar" and would not use her income for necessities. She would cook on an open fire in her yard. Social workers verified that the older woman had no income—she gave all her savings to her children who refused to care for her.

- Maine advised the Committee of an abandoned elderly woman who was threatened with eviction due to drinking excessively and causing disturbances. Workers found the older woman in a debilitating state from alcoholism. She would not allow anyone entrance into her apartment. Because she was not doing or threatening harm to others, admittance could not be forced. Two days later, she was found dead in her apartment.

- An 85-year-old Arizona woman, living alone, ignored by relatives, was referred to the Department of Human Services by a nurse who was contacted by an individual concerned about the older woman's well-being. A home visit found the house infested with fleas, roaches, ticks, black widows, cats, dogs, etc. The elderly woman had not had a change of clothing or a bath in several years. Her clothes were encrusted with food, urine and feces. Her toenails had grown so much that they were curled under. Further investigation indicated that the older woman was wealthy, but unable to take care of her own affairs. She was feeding the dogs, but not herself. In-home care and services were provided.

- In the District of Columbia, a 50-year-old woman, confused and hallucinating, was moved from her home to a general hospital as a social emergency. She had been found in a basement apartment, without food or care, and with the body of her son who had died three days prior. Neighborhood youths were robbing her at will.

- The District also reported a case of an elderly man whose mother had recently died. He was found lying on a urine-soaked sofa in an incoherent state. He had not eaten in 10 days. He was hospitalized for medical treatment.

- In Nebraska, an 80-year-old woman and her husband could not care for themselves. She was in a wheelchair suffering from diabetes, heart failure and hypertension. Her leg was badly swollen and the visiting nurse often found rubber bands around it. The husband was filthy, littered with dog and chicken waste throughout the rooms. The family finally conceded to put the elderly woman in a nursing home where care could be delivered.

- In Connecticut, an elderly couple was found in what had once been a lovely home. It was now scattered with dirt, debris, mail and magazines, and was bug-infested. There was a foul odor in the home and the refrigerator was filled with rotten and moldy food. Both were disoriented, confused, dirty, malnourished, and had sores on their legs and bodies. The couple was removed for medical and nutritional care during which time the house was exterminated.

- The following case history was supplied to the Committee by a social worker in Texas. Her summarized story is as follows:

  I made a visit to a mobile home (8' x 40') which was totally closed in with absolutely no windows open. Even outdoors there was a strong odor: various types of waste. I knocked at the door and introduced myself. An elderly man hesitantly opened the door (nearly a crack) and asked what I wanted. I explained that we had received a report about his elderly wife and we wanted to help. At that time, he opened the door ajar and asked that I find myself a way into the house through all the rubbish. As he opened the door, I observed him as an extremely obese individual, about 70-years of age, who was wearing clothing on his body which actually shined from the accumulation of grease and grime. His clothes also appeared to be stained with feces and urine. As I poked my head through the door, I noticed a thin, frail old lady sitting in a corner on the couch. She was totally nude from the waist up and was wearing filthy jeans which appeared to be twenty sizes too big for her. She were obviously the older man's jeans. She was totally confused and absolutely demanded that I go away. She kept complaining of a sharp, stabbing pain in her back. I noticed two very young children sitting on her lap. She kept insisting that the older man rub her back. She was sitting on the living room couch in her own waste (for several days) and had feces underneath her long fingernails and on her shoes and feet. Her room was filled with dirt, dust and litter. She appeared to be an original gray, was matted together with natural oils as well as food and possibly feces. There were two pots underneath the dining table full of urine and pieces of clothing scattered everywhere which appeared to have been used as diapers (for bowel movements) several days or weeks before. The house was definitely in a state of shambles. The trash, clothing, etc. prohibited anyone from gaining entrance. The floor which was an original gold carpet was completely full of small pebble-like particles. Later, the older man revealed that he would pour cat litter on the spilled urine. He was using the cat litter as a disinfectant. The elderly woman was eventually hospitalized and it was determined that she had a broken 5th vertebrae. Later, both were placed in a nursing home.
SUMMARY

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

ADDITIONAL CARE HISTORIES

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

- An 83-year-old Arizona man, partially crippled by a stroke, lived with his daughter and her husband. He was awake and needed to wander and therefore required supervision. The husband, in recurring drunken rages, would physically abuse the client. The case was brought to the Arizona Human Service Department's attention when a nurse became suspicious when she noticed the patient badly bruised.

- In Connecticut, an elderly couple lived in an apartment with their 22-year-old son who had been physically abusing them for years, usually over money. During one recent incident, he struck his mother in the back with a frying pan and clutched his father with a stick. The elderly man had a heart attack following the incident.

- An 83-year-old D.C. woman was forced to live with her alcoholic, brain-damaged daughter, who neglected and physically and verbally attacked her.

- A bedridden elderly man from the District was brutally beaten by his grandson when he reportedly was under the influence of alcohol.

- An alcoholic caretaker in IAC beat his elderly client, leaving the patient lying in urine on wrinkled bed linen.

- A 90-year-old bedridden D.C. patient lived with her alcoholic daughter and son-in-law in an unsafe apartment with no door lock. The patient, when found, was covered with bedsores and multiple facial wounds.

- A 74-year-old wealthy D.C. woman was beaten with a phone receiver by her 17-year-old adopted son. She declined to press charges or to sign a petition for a protective order. The son continues to live with her, receiving a large allowance and driving fancy sports cars. He is suspected of taking drugs.

- The District of Columbia provided the Committee with numerous abuse care histories. Among some of these were the following:
  - A patient with chronic brain syndrome is victimized by his caretaker and neglected by the disabled man to the ground on numerous occasions.
  - An elderly woman living with her two daughters and granddaughter was found to be routinely physically abused by her younger daughter.
  - An elderly woman received broken bones as a result of beatings from her husband and children. She was later moved out of her house and into a senior citizen building.

- An 83-year-old woman, who had suffered a stroke and was confined to a wheelchair, was beaten by her sister for incontinence and disobedience.

- A 50-year-old bedridden patient lived with her alcoholic daughter and son-in-law in an unsafe apartment with no door lock. The patient had bruises and required supervision. She was found to be abusing her mother.

- An elderly lady with senile dementia was cared for by her granddaughte, who on occasion would push out the elder woman's curtain allowing her to urinate all over the house. Eventually, the elderly woman was admitted to a hospital with a fractured elbow and reported her granddaughter pushed her and injured her.

- In Atlanta, the police reported that a 35-year-old son was physically abused by his daughter, who also destroyed her mother's belongings and furniture. The daughter was declared incompetent by the probate court and her sister was appointed guardian. At present, no place has been arranged that will relieve the mother from the situation.

- Georgia reported the case of a 27-year-old son who repeatedly beat his 90-year-old mother and was ultimately prosecuted.

- An Atlanta woman in her late 60's who has been bedridden for 8 years from a stroke, and who is cared for by her husband, was physically hurt by their 42-year-old retarded daughter. The daughter has also been physically abusive to her father. The family has had very little assistance in dealing with her.

- A 47-year-old Atlanta woman had to support her 47-year-old son from a small fixed income. He had a chronic mental problem, and at times physically abused her when he did not take his psychiatric medicine.

- The Atlanta police reported the case of an elderly woman who was physically and verbally abused by her 35-year-old son when he was under the influence of alcohol.

- An 83-year-old Atlanta woman was physically abused by her 45-year-old son, whom she supported. She was afraid of him and would not prosecute him. When intoxicated, he cut his own throat.

- A 74-year-old Indianapolis woman had a recent operation and had been living alone, allowed her 24-year-old grandson to come to live with her. He smoked marijuana and reportedly became abusive. When asked to leave, he refused, beat her, pushed her and knocked her to the ground. There were injuries to her hair. The grandmother would not prosecute but just "wanted the police to know."

- A 78-year-old woman in Indianapolis was beaten by her 29-year-old adopted son. She also stole her money. She has had her finger broken when refusing money and place to stay. In the past, she has prosecuted her adopted son.

- An elderly diabetic of a history of high blood pressure, strokes, heart trouble, and chronic arthritis was brought to the attention of the Iowa Human Services Department. She was legally blind and in danger of losing her eye due to diabetes. Her children lived in another area and would steal her food, food stamps, medications and would physically abuse her. She was forced to relocate residences on numerous occasions as her children would take her money.

- An elderly woman in Springfield, Maryland, was financially abused by a young man who got power of attorney when she was in the state hospital and in no condition to understand what was going on. The man had her property deeded in his name and her, and made himself joint owner on her bank accounts. This was brought to the attention of the Baltimore Legal Services by a social worker who obtained redress for her.

- In Massachusetts, Mrs. A., aged 75, became senile and her health declined. Her husband left her alone all day in a tiny basement room crawling with insects although their income was much above the poverty level. She had frequent accidents with multiple fractures and was repeatedly hospitalized. Placed in a nursing home, she was removed by her husband. He had a farm and threatened everyone who would keep his wife from him.

- A family service worker worked extensively with Mr. A. about alternatives for his wife's care, but got no cooperation. When she was again hos-
An elderly Massachusetts woman, emotionally disturbed and confined to her bed, was discovered by a visiting nurse unclad, hungry, and inconvenient. Her refrigerator door was padlocked; her room poorly lit, and no one had attempted to feed or clean her for at least 4 days. Her husband was her son, who did not live with his parents, was well aware of the condition. She was hospitalized, suffering malnutrition. It was found that her and son showed signs of emotional disturbances.

An elderly Massachusetts gentleman was admitted to a Boston hospital with double leg fractures, claiming to have fallen down a flight of steps, yet pleading to go to a nursing home. It was determined he had been pushed by his alcoholic grandson whom he had denied a small loan.

In Massachusetts, an elderly woman was kicked, pushed, and thrown down the stairs by her mentally disabled daughter.

Mrs. K, a 75-year-old widow, lived with her 42-year-old son who was diagnosed as a schizophrenic. He threatened her and all the neighbors with bodily harm. She developed high blood pressure and was afraid of what would happen to her if she stayed with her son but was also afraid of what might happen to him if she left. With social work intervention, she was able to move to senior housing as protection. Her son was at first barred from visiting her but later learned to behave and come to see her mother peacefully. He received mental health services; his mother received social worker counseling and emotional support.

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

In Missouri, an 80-year-old woman who owned her own home preferred to enter into legal action against her nephew for fear of a repeat assault at home.

A 51-year-old woman from Missouri lived with her husband and stepson. The stepson, during a drinking spree, seriously beat the woman with a metal pipe in the cell of unconsciousness. The woman was taken to the emergency room and admitted for a month's stay in the hospital. She required transfusion, multiple suturing of lacerations, numerous X-rays, and psychiatric evaluation.

The Committee was told at a hearing of an elderly woman who was living with her 32-year-old retarded daughter who was the mother of a 15-year-old daughter. The grandmother would physically abuse the elderly woman.

A 65-year-old widow was reported by the Dallas police to have been physically abused and verbally threatened by her retarded daughter of 32. The mother called the police many times to quiet the daughter. Resolution of the situation came about after intervention by Dallas Police Department's Social Services and Dallas County Mental Retardation services who assisted the mother in appropriate residential placement for the daughter.

A 72-year-old Texas woman, hospitalized as a result of a beating she received from her caretaker who had been beating her twice a month for the past few months. The caretaker had drinking problems.

Washington State concurred that alcohol and drug problems often are involved in physical abuse cases. For example, an 85-year-old woman living with her upper-middle-income daughter and son-in-law was admitted into a hospital for heart problems, but was observed to have bruises on her face and upper body. The daughter was soon discovered to be an alcoholic and could not care for the bedridden, often incompetent mother.

An elderly Washingtonian had begun to deteriorate four or five years previously and his caregiver could not adjust to his progressive illness. It was claimed that she was an alcoholic. She became angry at the elderly man, pulled him from his bed and left him on the floor on repeated occasions.
SECTION II
DIMENSIONS OF THE PROBLEM

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

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

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

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

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

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

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

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

¹The testimonies summarized here are merely illustrative. A great many more can be found in the following hearing records of the House Select Committee on Aging: "Elder Abuse: The Hidden Problem," Boston, Massachusetts, June 25, 1979; "Domestic Violence Against the Elderly," New York, New York, House of the Eldery, Union, New Jersey, April 24, 1980; and in the joint hearing with the Senate Special Committee on Aging, "Elder Abuse," Washington, D.C., June 11, 1980.

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

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

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

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

I don't think that any of us realized the enormity of the elder abuse problem until we really started getting into it.

What we are finding is that the more people who become aware of protective services for the elderly, the more phone calls we are getting.

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

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

Problems which until this time, have been unnoticed by agencies and community officials.

Mrs. Walker later added to her testimony:

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

The problems are found in all ethnic groups. Women over 75 were more frequently reported than any other age.

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

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

Thelma Bailey, Associate Director of the New England Resource Center for Protective Services in Boston stated, "We know that we only see the tip of the iceberg."
Margery E. Ames, Esq., consultant on Public Social Policy, and Robert L. Popper, Chairman of the Committee on Public Social Policy at the Federation of Protestant Welfare Agencies, Inc., testified at the April 1980 New York hearing on "Domestic Violence Against the Elderly." Highlights of their remarks follow:

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

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

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

Domestic violence against the elderly is a burgeoning national scandal.

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

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

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

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

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

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

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

Senator Pete Domenici supported Senator Chiles' observation:

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

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

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

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

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

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

Question 1 of the survey asked the police chiefs if they or their officers encountered situations where family members have physically abused or grossly neglected their elder relatives. The majority of the police chiefs, 61 percent, said they had encountered such cases of abuse. Another 18 percent said they did not know whether such abuse...

* Police chiefs from the following metropolitan cities responded to the Committee's questionnaire: San Antonio, Texas; Columbus, Ohio; Minneapolis, Minnesota; Kansas City, Missouri; Pittsburgh, Pennsylvania; Chicago, Illinois; the District of Columbia; Denver, Colorado; Detroit, Michigan; Phoenix, Arizona; Los Angeles, California; Milwaukie, Wisconsin; Newark, New Jersey; Honolulu, Hawaii; Indianapolis, Indiana; Lansing, Michigan; Atlanta, Georgia; Dallas, Texas; and, Memphis, Tennessee.
is encountered, and the remaining, only 18 percent, said they did not believe it was.

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

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

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

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

Kansas City, Missouri, Police Department added:

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

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

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

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

The Phoenix Police Department reported:

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

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

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

Honolulu agreed that elder abuse goes unreported in their jurisdiction.

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

Columbus, Ohio police noted:

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

Minneapolis Police Department agreed with the Columbus police observation:

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

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

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

- An Atlanta police report notes that, "Mrs. M is 60. Mr. B, her son, is 27. She has prosecuted him four times for simple battery on her. He does not work. She is terrified of him and does not let him know where she lives. She also is very worried and concerned that he cannot get on-going in-patient treatment."

- The Dallas, Texas Police Chief reported: "We had a case of an elderly, ill woman who shared a duplex with her middle-aged son. The man was an alcoholic and often opened the house up to neighborhood winos. He also sexually abused his mother and

\[A\text{ number of the cases supplied by the Police Chiefs were cited in Section 1 of this report.} \]

\[The majority can be found in files maintained by the House Select Committee on Aging.\]
drained her bank account. We secured legal assistance and the situation was resolved when the mother was placed in a nursing home and the son died shortly thereafter.

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

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

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

Question 5 asked the police departments if they had ever encountered situations where family members have financially abused their loved ones. Over 60 percent of the police chiefs said that they have encountered such abuse. Hawaii reported that "many cases are probably financial and mental abuse," and San Francisco added, "...undoubtedly, mental and financial abuses occur, however, those areas of abuse probably come to our (police) attention less often than they would come to the attention of family doctors, mental health clinics, or the District Attorney's Family Affairs Office." Another one-fourth of the police departments indicated they did not have the data available to determine whether such abuse occurs and the remainder indicated they had not encountered situations which involved financial abuse.

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

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

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

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

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

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

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

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

MASSACHUSETTS

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

The Maryland study was aimed at determining the feasibility of implementing a variety of approaches to investigating the nature and incidence of the maltreatment of the elderly including neglect, physical and mental abuse. Victims of abuse were defined as those individuals who had sustained physical, psychological, material or medical abuse in the home; had a record history of such injury; were at least 60 years of age; and resided in the home of a son or daughter, relative, or with a caretaker. Physical abuse was defined in terms of malnutrition or injuries such as bruises, welts, sprains, dislocations, abrasions or lacerations. Psychological abuse was defined in terms of...
verbal assault, threat, fear, and isolation. Material abuse involved theft or misuse of money or property. Medical abuse was defined as the withholding of medications or aids required by the victim, such as false teeth, glasses, or a hearing aid.

Three populations were surveyed: (1) agencies which interfaced with elders in greater Washington, D.C.: Standard Metropolitan Statistical Area, and Baltimore, including county police departments, adult protective services agencies, senior centers and home care programs; (2) nurses, doctors, social workers, and senior program personnel in the greater Washington, D.C. area and the Standard Metropolitan Statistical Area; and (3) elderly persons in the same areas.

The social agencies and elderly individuals contacted for this survey had very low response rates and the investigator did not recommend these two sources for studying abuse. Bruises and welts were present in 32 percent of the cases of abuse reported, bone fractures in 8 percent, verbal assault in 8 percent, and misuse of money and property in 46 percent. In this analysis, categories of abuse were not mutually exclusive, reflecting the fact that victims often suffer more than one type of abuse.

The survey suggested that if the rate of elder abuse nationwide were similar to the rate in Maryland, then the incidence of about 5 percent, or nearly a million cases, could be expected to occur nationwide each year.

MICHIGAN

A different approach was taken by researchers, including Richard Douglass, at the University of Michigan's Institute of Gerontology in 1979. They interviewed more than 250 professionals in 5 Michigan study sites: representatives of metropolitan, suburban, agricultural and isolated areas, heterogeneous ethnic and varied socioeconomic subpopulations. The following professionals were asked about their perceptions of the quality of care of elder people in the home: police officers, physicians, nurses, clergy, social workers, mental health workers, direct service providers to the aging, morticians, lawyers, judges and coroners as well as nursing home administrators, nurses and aides.

The majority of the respondents felt that the elder person's needs were being adequately met in the home. But about 10 percent of those surveyed indicated that the needs of elders at home were not being met by their caretakers. When questioned about specific forms of maltreatment, one-fourth of the respondents felt that homebound elderly are frequently or always ignored and isolated by their caretakers, many felt that verbal and emotional abuse occurs frequently or always, and 8 percent felt that physical abuse occurs frequently or always.

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

The Michigan report on the survey concluded:

"While widespread neglect or abuse of dependent and vulnerable adults is not suspected on the basis of this study, the prevalence of such maltreatment is expected to be substantial greater than is commonly thought to be true. Certainly the prevalence suggested by the respondents in this study is large enough to justify serious social and governmental concern, including immediate action and considerably more research. (Emphasis added).

OHIO

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

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

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

In concluding their survey findings, the researchers noted:

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

FLORIDA

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

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

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

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

"I am glad that abuse against the elderly is recognized. The interest shown by the Committee will make the public more aware of abuse against the elderly. The major problem of those involved in abuse is the fact that the public is not aware enough to report such incidents. Until the reporting becomes more substantial it will be difficult to establish preventive measures. As a worker in this field I am constantly made..."
aware of individuals who have never been aware that abuse of the elderly exists. It is hoped that the Committee will establish public awareness of this problem and help set up preventive measures. (Emphasis added.)

MAINE AND NEW HAMPSHIRE

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

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

Findings were that recognition of the elder abuse problem in Southern Maine and New Hampshire had increased, but further diagnosis and documentation is needed to establish incidence or prevalence with certainty, but the investigators believe from their study data and literature reviewed that the problem can be generalized to some extent to the entire population in the United States. The elderly victim was more than 65 years old, and more often over 75, functionally disabled, alone, and lonely, and fearful.

She resided in a home setting of varying resources with or near one or more of her adult children, who may themselves be over 60 years of age. The study concluded that the time of abusive or neglectful actions remained unclear, but appeared cyclical, precipitated by intolerable stress, often expressed in substance abuse as well as violence and neglect of others.

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

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

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

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

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

Several examples were revealed in the series which were described a typical of a larger national problem.

Mrs. O was a nursing home patient whose son was first appointed as her conservator; later an estate management corporation was appointed. The latter sold the patient's home to the son for $86,200. The son rented it out for a year, then sold it for $141,000. Mrs. O received $72 from her estate of $30,000, which included the house, social security and veteran's benefits, after expenses and closing costs were paid. She became a welfare client before her death in 1979.

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

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

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

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

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

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

*The "Minneapolis Tribune" investigative series on elder abuse is merely illustrative of the many examples that have appeared in major national newspapers. Exposures by the "San Francisco Chronicle," the "Boston Globe," the "New York Times," etc., are available for review in the Committee's files.
August, 1979, check’s payable to Mr. X continued to be endorsed and cashed by the owners.

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

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

Testimony presented to State Legislatures on the subject of elder abuse is a seventh source of support.1

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

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

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

In concluding her testimony, Goode stated:

The Grand Jury reports and/or presentations have provided the Committee with an eighth source of support.2

During the August 1980 term of the Westchester County Grand Jury, White Plains, New York, a report was submitted containing findings of fact, conclusions and recommendations with respect to an investigation, over a period of four months, which centered around the activities of a woman resident of the County of Westchester, referred to as Mrs. X. The Grand Jury, in its report, found Mrs. X and those with whom she was associated to be engaged in long-standing and repeated wrongful activity, involving the taking of assets from elderly and incompetent persons. Mrs. X was a caretaker of elderly residents living in her adult home. The following is an example of the financial abuse encountered by Mrs. X’s elderly residents:

Ms. D was an over-65 year-old woman who had for some years been scaling, but had assets of approximately $500,000 controlled by a midwestern bank. She lived as a “paying guest” in the home of a sister of Mr. and Mrs. X, operators of an adult home. Mr. X approached “Mike,” the 46-year-old boyfriend of his sister-in-law and advised him of Mrs. D’s assets, told him he was “sitting on a golden egg” and that a way must be arranged to get Ms. D’s money. The method was for “Mike” to marry Ms. D, which he agreed to do, and also agreed to split her estate with Mr. X and Mrs. X’s two sisters. They told Ms. D her deceased brother, to whom she had been close, wanted the marriage to occur.

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

The Grand Jury commented in its conclusions:

Old age is, for some of us, a time to reap the benefits of our years of productivity, to enjoy one’s family, and to expand our experience at a time when the constraints of the workaday world and family responsibilities are lifted from us; a time to enjoy the dignity and freedom this time of life affords.

For others of us, not so fortunate, these last years will find us ravaged by illness and debilitated of mind, though, hopefully, not spirit. It is these last of us, especially those without close family members to care for us or supervise others in caring for us, who may fall prey to the predatory activities of individuals like those whom we have been investigating.

Independent studies provide a ninth source of support, such as the University of Iowa and Washington University-based studies of elder abuse.3

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

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1 Testimony before the Illinois State Legislature is merely illustrative of numerous hearings which have been held across the country to ascertain the extent and nature of the problem of elder abuse. The full text of the testimony is available upon request.

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

3 Other reports from institutions of higher learning have undertaken similar research projects relative to elder abuse, but could not be summarized here. See Committee file for further information.
assure that the functionally dependent have the most appropriate level of care with in-home services and to live as independently as possible. In attempting to accomplish this task, the project director, Dr. Helen Hageboeck, uncovered previously unknown abuse problems. During the first 6 months of 1980, the Project discovered that 20% of the 105 in-home assessments they conducted involved physical abuse or severe neglect. Of the abused elderly, they reported that 90 percent lived with the abusers. Forty percent of the abusers were spouses, 50 percent were their children or grandchildren, and 10 percent were caretakers hired by family members. Eighteen percent of the elderly abused were assaulted by more than one relative. The Iowa Project has experienced an increase in number of abuse cases referred to it since it began.

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

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

An example of the abuse the project encountered follows:

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

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

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

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

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

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

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

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

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

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

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

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

I would stress that our service is for all adults, 18 or above. We do not separate those over 65 or over 60, and we provide the services to all age levels. However, 75% of our clientele is over 85.

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

In a June 1980 letter to the Committee, Nadine A. Davis, Director of the Member and Chapter Services of the Emergency Department Nurses Association, stated:
The coordinator of our July Packet on Elderly Abuse has asked that I contact you specifically to express EDNA’s willingness to assist in collecting data about the incidence of elderly abuse. It has become clear during the development of our materials that the lack of information and statistics in this area is appalling—making the task of increasing public awareness much more difficult. Since it is a problem which is not a stranger to the emergency departments in which our members work, we would like to offer the services of the EDNA members in the collection of data needed in this important area.

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

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

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

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

... Abuse of the elderly has been continually reported by members of our Association, and these cases appear to be not localized, but are occurring nationwide. We hear, time and time again, of older persons who are victimized by their family members and those entrusted with their care.

... Typically, we encounter situations where older persons are living with their family members and creating stressful situations. The older person has numerous needs which must be continuously met creating a burden on their children in many instances. The frustration created by their inability to adequately meet their older family member’s needs often turns into violence. Unfortunately, these situations are happening with frightening frequency. ...
MAPAA grew out of a deep sense of frustration experienced by both professional members of the St. Louis community (social workers, priests, ministers, police, and others) as well as citizens of the larger community immediately involved in trying to help a small group of incapacitated aged. The target group consists of elderly people who are being abused, neglected (includes self-abuse/neglect) and/or exploited by others or themselves and who have no one to assist them. It is estimated that there are about 5% of the over-65 age group who fall into this category and the State of Missouri has little in terms of services for them except placement in a nursing home. There are 25 million over-64 in the country and Missouri ranks 7th in the nation in this age bracket.

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

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

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

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

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

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

RETAILATION

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

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


AGRESS AND VIOLENCE AS A WAY OF LIFE

Another rationale for elder abuse is thought by some to be the widespread acceptance of violence in American society, which fosters a climate in which it is acceptable to express frustration and stress in violent ways. In some families, patterns of violence exist from generation to generation, as a normal response to stress. In a study of Intergenerational Family Violence, Dr. Elizabeth Rathbone-McCuan of Washington University in St. Louis sees the family as an expanse for the expression of violence. In her study, for example, 29% of the women in the study recalled being physically abused by their fathers.

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

LACK OF CLOSE FAMILY TIES

In some families where there is little or no closeness of a relationship between the adult children and their parents, a sudden appearance of a dependent elderly parent can precipitate stress and frustration without the love and friendship necessary to counteract the new responsibilities of the adult children. For a large part of their lives,
many elderly are not able to integrate themselves with the lives of their children. Sometimes, this is due to geographical distance or sometimes emotional distance. Thus, when such an elderly person is unable to live independently they may reunite with their children after many years of separation. The elderly parent can become resentful as an intruder, and abuse may follow. For example, a counselor reported that a son was determined he and his wife would care for his elderly father. However, the burden of the care fell on the wife who had never gotten along with her father-in-law. She felt the pressure of caring for the old man, the pressure of caring for her own family. She began to beat the father-in-law. He was finally removed from the home, after counselors convinced the family it had to be done.

LACK OF FINANCIAL RESOURCES

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

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

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

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

gen on numerous requirements and do not cover the ongoing nonmedical care and services that a dependent elderly person often needs to keep him or her to remain at home.

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

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

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

RESENTMENT OF DEPENDENCY

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

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

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

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

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

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

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

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

Another echoed these sentiments:

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

And, another commented:

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

**Increased Life Expectancy**

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

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* 1958

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63

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

**Lack of Community Resources**

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

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

**Stress and Other Life Crises**

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

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

**History of Personal or Mental Problems**

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

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

HISTORY OF ALCOHOL AND DRUG ABUSE PROBLEMS

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

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

And, another case:

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

ENVIRONMENTAL CONDITIONS

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

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

SUMMARY

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

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

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

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

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

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

OVERVIEW

In beginning this section, the Committee believes the interested reader would benefit from having some of the comments made by the State officials in their cover letters. The State of Alabama noted that the requested "information is not on the computer, therefore some information provided in the questionnaire was taken from random sampling." Arizona made a special point of saying they were "pleased with the proposed Federal legislation which would deal with an issue of national concern: the abuse, neglect or exploitation of the elderly population." California noted its "serious concern about abuse of the elderly" noting that its adult protective services are available to all adults over 18 and that "data maintained at the State level are not categorized by age or age group.

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

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

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

They continued:

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

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

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

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

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

68
Oklahoma offered these comments:

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

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

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

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

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

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

Utah data shows that of the cases receiving protective intervention in behalf of adults, 33.6 percent were listed as elderly, 50.5 percent were listed as exploited neglected adults, while 19.8 percent were physically handicapped. The remaining 7 percent of this population were listed under various other target grouping. Actually, and it is believed with considerable assurance, that the target population of exploited neglected adults and the physically handicapped are, for the most part, elderly persons.

Vermont noted the enactment of a new law effective July 1, 1980, which authorizes the Department of Health to investigate all reports of "suspected abuse, neglect, or exploitation of Older Vermonters." Wisconsin reported that it has a Task Force examining the subject of protective services and guardianship laws with an eye to the enactment of new legislation. Washington is another State which reported working on legislation since it's protective service statutes do not currently contain an abuse reporting requirement. Wyoming, like Washington, has failed to draft legislation to be introduced in its 1981 legislature.

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

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

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

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

**Budget and Resources**

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

Question 1 under this section asked the States to compare as best they could what their budget was for all protective services in their State over the past two years. Most States responded with calendar figures in 1979 and 1980, although a few provided numbers on a fiscal
year basis. Table I displays State budgets for all protective services for 1980. The average State budget was about $14 million. California reported spending the most at $129 million, followed by New York and Texas with $82 million and $45 million respectively. Utah ranked spending the least with $853 thousand followed by Montana with $1.2 million.

Question 2 asked approximately what was the States' budget for adult protective services in the same two years. The States spending the most money in 1980 were California with $148 million followed by New York with $10 million and Ohio with $5 million. Several States such as Utah and South Dakota reported spending very little money and a number of others did not answer the question. The average State budget was about $1.9 million. See Table I for 1980 State budgets for adult protective services. Pennsylvania spent the highest percentage of its protective service dollars for adults, 28 percent. Nebraska and Ohio were next with 25 and 21 percent respectively.

Question 3 asked the States to estimate the portion of their adult protective service budget which went to the elderly. As Table II indicates, Florida's response was 87 percent in 1980 or something like $80,000 of the $12 million the State reported spending on adult protections. Of interest are States like Connecticut and Vermont whose laws limit jurisdiction to those over 60 and who therefore allocate about 100 percent of their monies to the elderly. Utah and Wyoming said that of the money earmarked for adult protections, some 30 percent went to the elderly. As could be expected, many States did not answer this question. Some States indicated that they spent few if any dollars specifically to provide protective services to senior citizens. Others said they could compile the data only after extensive allocation of time and resources; others said they did not have the raw data, not to mention the manpower and the know-how necessary to compile such information.

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

Table II applies the percentages reported by the States in answer to question 3 to the dollar amount reportedly spent to provide protective services for adults as indicated in Table I. While it is assumed that some States spent close to nothing and thus did not respond to the questions, the 32 States which did reply to this question spent from a low of $1,950 in Utah to a high of $1,088,898 in New York to provide protective services to senior citizens. The nationwide average is a very modest $679,354 per State.

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

Table III shows the percentage of State protective services devoted to senior citizens in 1980 using the same 32 States (absent Montana and Nevada). Arizona led the list with fully 15 percent of its entire protective service budget going toward the elderly. Kentucky and Nebraska were in second and third position with 14.72 and 13.61 percent respectively. Ironically, Texas and Maine, with heavy concentrations of senior citizens, were ranked at the bottom with 35 and 45 percent of their entire protective service budgets going toward senior citizens. The nationwide average was 6.65 percent.

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

As is seen in Table III, the States are spending the great majority of their protective service dollars on children. Hawaii, South Dakota, and Maine lead the list in allocating the greatest percentage of such dollars to youth with 97.18, 96.91 and 94.30 percent of their funds going to children respectively. California was the low with only 68.84 percent of their total protective service budget going to those 17 or younger.

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

By adding together the average figure the States spend on children, 94.30 percent, and the average they spend on senior citizens, 6.65 percent, it is apparent that the remainder, or only 6.63 percent of State protective service budgets are spent to provide services to adults of all ages. The ages of 18 and 64. This figure should be of interest to those concerned about the increasing incidence of battery between married individuals.

The next question asked the States for the total number of employees involved with adult protective services. As could be expected, many States had nothing to report. Of those States that did answer, New York topped the list with a total of 369 full-time employees and Minnesota was at the bottom coming in at only 11 of one full-time employee per year is allocated to adult abuse problems.

Question 6 asked for the salary of the Chief of the State Adult Protective Service Office. Alaska paid the top at $40,008 per annum plus 26.5 percent fringe benefits followed by Florida at $31,900. Once again, many States did not answer, probably because they did not have such an officer. Among those that did reply, West Virginia was the leader with $13,416. The nationwide average was $24,200.
Question 8 asked what requirements an individual must meet before he or she can qualify as an adult protective worker. Of the States which responded, only three States required these individuals to be licensed, Utah, Idaho, and Indiana. Some 20 required that the individuals must have good moral character. Half of the States reported requiring such workers to pass an examination. Only 15 required prior experience, and the same number required minimum training. Some two-thirds of the States require that the adult protective service workers meet minimum education requirements. Obviously, these statistics can be read to suggest that most of the States require little of the people they hire to the unusually sensitive position of providing protective services to abused adults.

**POWERS AND DUTIES**

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

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

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

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

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

> Shall provide protective services in accordance with Federal and State regulations to or for individuals without regard to income, who, because of mental or physical disability are unable to manage their own resources, carry out their daily living or protect themselves from neglect or hazardous situations without assistance from others and have no one available who is willing and able to assist them responsibly.

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

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

**ABUSES**

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

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

Question 2 asked the States to estimate the percentage of adult abuse complaints which involved the elderly. Again, about half of the States responded. Among those who answered, the average was 69.8 percent. This is yet another indication of the growing importance of the elder abuse question.

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

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

When asked in question 5 to give a breakdown of the number of each type of elder abuse, most States said they had insufficient data to do so. However, the national average among those who did reply is as follows: Physical abuse and neglect accounts for about one-third of the
cases and financial abuse for about one-quarter of the total. Psychological abuse accounts for about 15 percent more and the category of violation of rights accounts for about 9 percent more. The group that 9 percent constitutes a category of "other" abuses of which the largest number appear to be sexual abuse.

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

In Question 7, the States were asked if they were of the opinion that a significant number of elder abuse cases go unreported each year. Every State with the exception of Ohio answered in the affirmative. Florida said that 30,000 cases or more probably go unreported within its boundaries each year. This compares with an estimated 9,570 cases of elder abuse which were reported to the State in 1980. Florida indicates that there were approximately 11,000 adult abuse cases reported in 1980 and that about 87 percent of its adult abuse funds went to dealing with problems of the elderly. Assuming 87 percent of the cases involved the elderly, approximately 9,570 would have related to seniors. Also, in Question 7, the States were asked what number of cases of elder abuse would they say went unreported in 1980.

With the information provided to the Committee by the States on the rate of elder abuse cases reported and unreported annually, and on the rate of child abuse cases reported annually, a comparison of the probable incidence of abuse among the two segments of the population was attempted. By contrast with the data on elder abuse, most of the States submitted fairly specific information as to the incidence of child abuse cases. However, because the Committee failed to ask the States to provide data on the estimated unreported incidence of child abuse, there was no data for States which did not volunteer the data we received from the national estimate that 3.1 per 1,000 child abuse cases are reported and an additional 7.1 per 1,000 cases go unreported, as estimated by the National Center on Child Abuse and Neglect, Department of Health and Human Services. In other words, of total estimated cases, only about one-third of child abuse cases are reported.

Understanding the accuracy of the four percent figure and the fact that numerically there are four times as many child abuse cases as adult abuse cases (705,051 vs. 863,178 in the ten States), it would seem that the States should be devoting at least 25 percent if not more of their protective service budgets to senior citizens. Measured another way, since there are 21.5 times as many young people as senior citizens, one might expect that there would be more than triple the amount of abuse cases. This turns out to be about what the data suggests.

The questionnaire asked the States to provide actual and estimated elder abuse cases in each instance. To make a comparison, the Committee chose the ten States which provided the most complete data.

These States included Connecticut, Florida, Georgia, Iowa, Nebraska, Oklahoma, South Carolina, Tennessee, Vermont, and Washington.

These States had approximately 10,000,000 children under 18 and 1,340,500 individuals over the age of 60 in 1980. The ten selected States reported 23,869 actual cases of elder abuse in 1979 and estimated that an additional 146,182 cases of such abuse went unreported. In other words, the States which had such data indicated that roughly one out of every six cases of elder abuse gets reported. These same States reported 227,813 actual cases of child abuse involving individuals under the age of 18 in 1979 while estimating that about 555,065 cases of this same nature went unreported. In other words, roughly two-thirds of all child abuse cases are not reported. The combined total of reported and unreported elder abuse cases was 170,051 and the combined total of reported and unreported child abuse cases was 863,178.

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

With these limitations understood, the Committee divided the number of reported and estimated unreported elder abuse cases in these selected ten States (170,051) by the number of senior citizens in the States (4,319,500). The conclusion is that approximately 4 percent of the elderly in these States may be victims of some form of elder abuse from moderate to severe. Dividing the total number of reported and estimated child abuse cases by the total population in the selected States (863,178 divided by 10 million), the Committee estimates that approximately 0.8 percent of the under 18 population are similarly abused.

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

This figure tends to reinforce a number of studies conducted in other States, which have put the estimate at one million cases a year. Recognizing the accuracy of the four percent figure and the fact that numerically there are four times as many child abuse cases as adult abuse cases (705,051 vs. 863,178 in the ten States), it would seem that the States should be devoting at least 25 percent if not more of their protective service budgets to senior citizens. Measured another way, since there are 21.5 times as many young people as senior citizens, one might expect that there would be more than triple the amount of abuse cases. This turns out to be about what the data suggests.

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These States included Connecticut, Florida, Georgia, Iowa, Nebraska, Oklahoma, South Carolina, Tennessee, Vermont, and Washington.

These States had approximately 10,000,000 children under 18 and 1,340,500 individuals over the age of 60 in 1980. The ten selected States reported 23,869 actual cases of elder abuse in 1979 and estimated that
When asked in question 8 for the source of their complaints, the States gave widely varying answers. Some States said family members of the victims were the prime source of complaints, others said hospitals or clinics, still others stressed police, lawyers or public service agencies. It is apparent the data is too incomplete to be able to draw definite conclusions beyond saying that all of the above play a significant role in bringing examples of elder abuse to the attention of State Protective Service Departments.

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

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

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

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

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

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

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

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

The final two questions were posed to determine the State's feeling about proposed Federal legislation to establish model mandatory reporting laws. The overwhelming majority of the States, fully 85 percent, reported that they were in favor of such legislation. Only seven States reported they were not in favor, including: Alaska, Connecticut, New York, Oklahoma, South Dakota, Utah and Washington. (See Section V) The States which said no raised questions about who should be required to report incidents of elder abuse. They suggested that some categories could be easily agreed upon such as physicians, social workers and law enforcement officials but others such as private citizens unrelated to the abused, town officials, outreach workers, local welfare workers, the clergy, etc., could themselves face criminal sanctions. Other States cast these concerns aside by spelling out that similar fears had been raised but that their laws are seemingly working well.

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

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

### TABLE I

<table>
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<th>STATE</th>
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<th>1980 Adult Protective Services Budget</th>
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**AVERAGE PER STATE**: 11,991,000
1,184,240
10,806,760

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

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

<table>
<thead>
<tr>
<th>STATE</th>
<th>1980 Adult Protective Services Budget</th>
<th>Percent of Adult Protective Services Budget Going Toward Elderly</th>
<th>Aggregate Amounts Received by States for Protective Services to Elderly</th>
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**AVERAGE PER STATE**: 447,000
TABLE IV

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

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<th>Psychological Abuse</th>
<th>Material or Financial Abuse</th>
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TABLE V

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

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Total: 22 24
### TABLE VI

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

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**TOTAL:** 26 7

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

### TABLE VII

IV.2. Does your agency have written instructions or procedures concerning intervention?

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**TOTAL:** 27 14

Note: New Jersey has written instructions for intervention only for missing and boarding home residents.
**TABLE VIII**

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

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<td>Relocation, financial and legal services</td>
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</tr>
<tr>
<td>Kentucky</td>
<td>Multifaceted community resources</td>
</tr>
<tr>
<td>Louisiana</td>
<td>Counseling, temporary relocation</td>
</tr>
<tr>
<td>Maine</td>
<td>Counseling</td>
</tr>
<tr>
<td>Maryland</td>
<td>Provision of services (voluntary)</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>Counseling</td>
</tr>
<tr>
<td>Michigan</td>
<td>Provision of services</td>
</tr>
<tr>
<td>Minnesota</td>
<td>Counseling</td>
</tr>
<tr>
<td>Missouri</td>
<td>Counseling</td>
</tr>
<tr>
<td>Montana</td>
<td>Providing services, utilizing family members, significant others</td>
</tr>
<tr>
<td>Nebraska</td>
<td>Counseling, relocation, linkage and provision of services</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>Counseling and provision of services</td>
</tr>
<tr>
<td>New Mexico</td>
<td>Counseling and provision of services</td>
</tr>
<tr>
<td>New York</td>
<td>Counseling</td>
</tr>
<tr>
<td>North Carolina</td>
<td>Counseling and provision of services</td>
</tr>
<tr>
<td>North Dakota</td>
<td>Counseling</td>
</tr>
<tr>
<td>Ohio</td>
<td>Utilizing family members and significant others</td>
</tr>
<tr>
<td>Oregon</td>
<td>Counseling and protection of services</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>Counseling and protection of services</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>Utilizing family members, support agency, or relocation</td>
</tr>
<tr>
<td>South Carolina</td>
<td>Counseling</td>
</tr>
<tr>
<td>South Dakota</td>
<td>Counseling and provision of services</td>
</tr>
<tr>
<td>Tennessee</td>
<td>Counseling and protection of services</td>
</tr>
<tr>
<td>Texas</td>
<td>Counseling and protection of services</td>
</tr>
<tr>
<td>Utah</td>
<td>Counseling</td>
</tr>
<tr>
<td>Vermont</td>
<td>Providing services</td>
</tr>
<tr>
<td>Virginia</td>
<td>Counseling</td>
</tr>
<tr>
<td>Washington</td>
<td>Providing of services</td>
</tr>
<tr>
<td>West Virginia</td>
<td>Counseling</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>Providing of services</td>
</tr>
<tr>
<td>Wyoming</td>
<td>Providing of services</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>Counseling and provision of services</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td></td>
</tr>
</tbody>
</table>

**TABLE IX**

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

<table>
<thead>
<tr>
<th>STATE</th>
<th>LACK OF:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>Staff and resources</td>
</tr>
<tr>
<td>Alaska</td>
<td>Staff shortage, lack of adequate resources</td>
</tr>
<tr>
<td>Arizona</td>
<td>Staff shortage, lack of adequate resources</td>
</tr>
<tr>
<td>Arkansas</td>
<td>Lack of effective outreach</td>
</tr>
<tr>
<td>California</td>
<td>Statutory authority</td>
</tr>
<tr>
<td>Colorado</td>
<td>Staff and statutory authority</td>
</tr>
<tr>
<td>Connecticut</td>
<td>Resources, staff</td>
</tr>
<tr>
<td>Delaware</td>
<td>Staff shortage, lack of adequate resources</td>
</tr>
<tr>
<td>Florida</td>
<td>Staff shortage, lack of adequate resources</td>
</tr>
<tr>
<td>Georgia</td>
<td>Personnel shortage, lack of adequate resources</td>
</tr>
<tr>
<td>Hawaii</td>
<td>Statutory authority</td>
</tr>
<tr>
<td>Idaho</td>
<td>Lack of resources, personnel shortage, lack of adequate resources</td>
</tr>
<tr>
<td>Illinois</td>
<td>Statutory authority</td>
</tr>
<tr>
<td>Indiana</td>
<td>Lack of resources, personnel shortage, lack of adequate resources</td>
</tr>
<tr>
<td>Iowa</td>
<td>Lack of personnel, lack of resources, personnel shortage, lack of adequate resources</td>
</tr>
<tr>
<td>Kansas</td>
<td>Statutory authority</td>
</tr>
<tr>
<td>Kentucky</td>
<td>State, insufficient support from judicial system</td>
</tr>
<tr>
<td>Louisiana</td>
<td>Statutory authority, insubordination, lack of adequate resources</td>
</tr>
<tr>
<td>Maryland</td>
<td>Statutory authority</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>Resources, statutory authority, lack of adequate resources</td>
</tr>
<tr>
<td>Michigan</td>
<td>Statutory authority</td>
</tr>
<tr>
<td>Minnesota</td>
<td>Statutory authority</td>
</tr>
<tr>
<td>Missouri</td>
<td>Statutory authority</td>
</tr>
<tr>
<td>Montana</td>
<td>Statutory authority</td>
</tr>
<tr>
<td>Nebraska</td>
<td>Staff shortage, lack of adequate resources</td>
</tr>
<tr>
<td>Nevada</td>
<td>Staff shortage, lack of adequate resources</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>Staff shortage, lack of adequate resources</td>
</tr>
<tr>
<td>New Jersey</td>
<td>Staff shortage, lack of adequate resources</td>
</tr>
<tr>
<td>New Mexico</td>
<td>Staff shortage, lack of adequate resources</td>
</tr>
<tr>
<td>New York</td>
<td>Staff shortage, lack of adequate resources</td>
</tr>
<tr>
<td>North Carolina</td>
<td>Statutory authority, lack of adequate resources</td>
</tr>
<tr>
<td>North Dakota</td>
<td>Statutory authority, lack of adequate resources</td>
</tr>
<tr>
<td>Ohio</td>
<td>Statutory authority</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>Community resources</td>
</tr>
<tr>
<td>Oregon</td>
<td>Statutory authority, lack of adequate resources</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>Statutory authority, lack of adequate resources</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>Emergency shelters, funding, training of social workers</td>
</tr>
<tr>
<td>South Carolina</td>
<td>Statutory authority, lack of adequate resources</td>
</tr>
<tr>
<td>South Dakota</td>
<td>Statutory authority, lack of adequate resources</td>
</tr>
<tr>
<td>Tennessee</td>
<td>Resources, personnel shortage, lack of adequate resources</td>
</tr>
<tr>
<td>Texas</td>
<td>Statutory authority, lack of adequate resources</td>
</tr>
<tr>
<td>Utah</td>
<td>Training, personnel shortage, lack of adequate resources</td>
</tr>
<tr>
<td>Vermont</td>
<td>State, personnel shortage, lack of adequate resources</td>
</tr>
<tr>
<td>Virginia</td>
<td>State, insubordination, lack of adequate resources, personnel shortage</td>
</tr>
<tr>
<td>Washington</td>
<td>State, personnel shortage, lack of adequate resources</td>
</tr>
<tr>
<td>West Virginia</td>
<td>State, personnel shortage, lack of adequate resources</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>State, personnel shortage, lack of adequate resources</td>
</tr>
<tr>
<td>Wyoming</td>
<td>State, personnel shortage, lack of adequate resources</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>State, personnel shortage, lack of adequate resources</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td></td>
</tr>
</tbody>
</table>
TABLE X

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

<table>
<thead>
<tr>
<th>STATE</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>More emergency shelters, more available approved foster homes</td>
</tr>
<tr>
<td>Arizona</td>
<td>Development of emergency shelters, prevention &amp; supportive services</td>
</tr>
<tr>
<td>Arkansas</td>
<td>Staff increases, funding, promoting staff</td>
</tr>
<tr>
<td>California</td>
<td>Staff increases, funding, prevention, training</td>
</tr>
<tr>
<td>Colorado</td>
<td>Staff increases, funding</td>
</tr>
<tr>
<td>Connecticut</td>
<td>Assistance is already provided</td>
</tr>
<tr>
<td>Delaware</td>
<td>Public education, initiation of reporting must be increased</td>
</tr>
<tr>
<td>Florida</td>
<td>Funding, committee based services, ability to respond to cases</td>
</tr>
<tr>
<td>Georgia</td>
<td>Funding, committee based services, ability to respond to cases</td>
</tr>
<tr>
<td>Hawaii</td>
<td>Funding, resource, emergency shelters</td>
</tr>
<tr>
<td>Idaho</td>
<td>Funding, ability to respond to cases</td>
</tr>
<tr>
<td>Illinois</td>
<td>Staff increases, public education &amp; support, court support</td>
</tr>
<tr>
<td>Indiana</td>
<td>Staff increases, ability to respond to cases</td>
</tr>
<tr>
<td>Iowa</td>
<td>Funding, committee based services, ability to respond to cases</td>
</tr>
<tr>
<td>Kansas</td>
<td>Public support, support from court system</td>
</tr>
<tr>
<td>Kentucky</td>
<td>Staff increases, public education &amp; support, court support</td>
</tr>
<tr>
<td>Louisiana</td>
<td>Mandatory reporting laws</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>Public support, statutory authority, court support, victim coop.</td>
</tr>
<tr>
<td>Maryland</td>
<td>Statutory authority</td>
</tr>
<tr>
<td>Maine</td>
<td>Mandatory reporting laws</td>
</tr>
<tr>
<td>Michigan</td>
<td>Public support, statutory authority, court support, victim coop.</td>
</tr>
<tr>
<td>Minnesota</td>
<td>Funding, committee based services, ability to respond to cases</td>
</tr>
<tr>
<td>Missouri</td>
<td>Consent of victim or guardianship if victim is incompetent</td>
</tr>
<tr>
<td>Montana</td>
<td>Funding, committee based services, ability to respond to cases</td>
</tr>
<tr>
<td>Nebraska</td>
<td>Staff, asx. for involuntary cases, funding, emergency shelters</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>Funding, resource, committee based services, ability to respond cas</td>
</tr>
<tr>
<td>New Jersey</td>
<td>Funding, committee based services, ability to respond to cases</td>
</tr>
<tr>
<td>New Mexico</td>
<td>Funding, committee based services, ability to respond to cases</td>
</tr>
<tr>
<td>New York</td>
<td>Funding, committee based services, ability to respond to cases</td>
</tr>
<tr>
<td>North Carolina</td>
<td>Funding, public education, services, training staff</td>
</tr>
<tr>
<td>North Dakota</td>
<td>Funding, committee based services, ability to respond to cases</td>
</tr>
<tr>
<td>Ohio</td>
<td>Funding, committee based services, ability to respond to cases</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>Local resources (guardianship/conservatorship)</td>
</tr>
<tr>
<td>Oregon</td>
<td>Funding, emergency shelters, victim protection</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>Funding, committee based services, ability to respond to cases</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>Funding, committee based services, ability to respond to cases</td>
</tr>
<tr>
<td>South Carolina</td>
<td>Funding, resource, committee based services, ability to respond cases</td>
</tr>
<tr>
<td>Texas</td>
<td>Funding, committee based services, ability to respond to cases</td>
</tr>
<tr>
<td>Utah</td>
<td>Funding, committee based services, ability to respond to cases</td>
</tr>
<tr>
<td>Vermont</td>
<td>Funding, committee based services, ability to respond to cases</td>
</tr>
<tr>
<td>Virginia</td>
<td>Funding, committee based services, ability to respond to cases</td>
</tr>
<tr>
<td>Washington</td>
<td>Funding, Committee based services, ability to respond to cases</td>
</tr>
<tr>
<td>West Virginia</td>
<td>Funding, committee based services, ability to respond to cases</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>Funding, committee based services, ability to respond to cases</td>
</tr>
<tr>
<td>Wyoming</td>
<td>Funding, committee based services, ability to respond to cases</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>Funding, committee based services, ability to respond to cases</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>Funding, committee based services, ability to respond to cases</td>
</tr>
</tbody>
</table>
SECTION V

A SURVEY OF STATE STATUTES

The logical question to pose at this point is: "What are the States doing about abuse of our elderly?" In order to find the answer to this question, the Committee formulated a survey, discussed briefly in Section IV of this report which seeks to determine whether the States have enacted laws providing protective services for adults; whether existing State statutes require the mandatory reporting of adult abuse cases; whether the States are considering legislation to provide for adult protective services and for the mandatory reporting of such abuse; whether the States would favor Federal legislation to establish a model mandatory reporting law; and whether the States would favor the passage of H.R. 7351 (H.R. 769 in the 97th Congress), also referred to as the "Prevention, Identification and Treatment of Elder Abuse Act." More detail on State statutes is provided below.

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

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

As indicated in Table XI, 26 States, about half, have what they consider to be an adult protective service law. Different States, it should be noted, protect different individuals. Kansas and Massachusetts, for example, limit the provision of services

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1 The Senate Special Committee on Aging also found this to be true after reviewing the responses they received from the States on a similar survey they conducted relating to adult protective services. The findings of the Senate survey are found in "Elder Abuse," Senate Report No. 98-340 (Washington, D.C.: U.S. Government Printing Office, 1975). A discussion of the adult protective services and elderly abuse issue is summarized by the Senate Special Committee on Aging and the Select Committee on Aging, Medicare, 96th Congress, Washington, D.C., June 11, 1980, page 53. (91)
of South Carolina requires numerous individuals to report suspected abuse, including physicians, nurses, dentists, optometrists, medical examiners, coroners or any other medical, mental health or allied health professional, Christian Scientist practitioner, religious healer, school teacher, counselor, psychologist, mental health or mental retardation specialist, social and public assistance worker, or law enforcement officer, and for failure to report, the State of South Carolina imposes a penalty of six months in jail and/or a $1,000 fine.

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

Of the States (including the District of Columbia and Puerto Rico) without adult protective service bills and/or mandatory reporting requirements, 19 have sponsored bills in their State legislatures including California, Colorado, Delaware, Georgia, Maine, Massachusetts, Michigan, Mississippi, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Pennsylvania, Washington, West Virginia, and Wyoming. Three States, Minnesota, Missouri, and Virginia, all of which have adult protective service statutes and mandatory reporting requirements, have introduced additional measures relating to adult abuse.

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

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

In its questionnaire, the Committee asked the States if they would favor federal legislation to establish model mandatory reporting requirements for elder abuse to be adopted by the States. As Table XII indicates, the overwhelming majority of the States, fully 81 percent, reported that they would favor such legislation. Only seven States, Alaska, Connecticut, New York, Oklahoma, South Dakota, Utah and Washington reported that they would not be in favor of such legislation. The States which said no, raised questions about who should be responsible for reporting incidents of elder abuse. They suggested that some categories could be easily agreed upon such as physicians, social workers, law enforcement officials but others such as private citizens unrelated to the abused, town officials, outreach workers, local welfare workers, the clergy, etc., could find themselves facing criminal sanctions. Other States, such as South Carolina, cast these concerns aside by spelling out that similar fears had been raised but that their laws are seemingly working. For example, the State of South Caroli-
concerned about one of the prerequisites for Federal funding, a mandatory reporting system. If creation of a reporting system precedes program development, crises and abuses will be reported without the concrete support services to remedy them, thus misleading the public and frustrating agencies."

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

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

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

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

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

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2 Although all 50 States have adult protective service laws, only 46 States require the mandatory reporting of such abuse.
### TABLE XII

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

<table>
<thead>
<tr>
<th>STATE</th>
<th>YES</th>
<th>NO</th>
<th>If yes, who would be required to report?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td></td>
<td></td>
<td>Social workers, law enforcement &amp; health personnel</td>
</tr>
<tr>
<td>Alaska</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arizona</td>
<td></td>
<td></td>
<td>Police, social workers, others working w/ elderly</td>
</tr>
<tr>
<td>Arkansas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>California</td>
<td></td>
<td></td>
<td>Police, social worker, hospitals, physicians, nursing homes, health personnel, police, law enforcement</td>
</tr>
<tr>
<td>Colorado</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connecticut</td>
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<tr>
<td>Delaware</td>
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<tr>
<td>District of Columbia</td>
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<tr>
<td>Florida</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Georgia</td>
<td></td>
<td></td>
<td>Health personnel,  social workers, law enforcement, police, firemen, others working w/ elderly</td>
</tr>
<tr>
<td>Hawaii</td>
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<td></td>
<td></td>
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<tr>
<td>Idaho</td>
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<td>Illinois</td>
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<td>Iowa</td>
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<td>Kansas</td>
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<td>Kentucky</td>
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<tr>
<td>Louisiana</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maine</td>
<td></td>
<td></td>
<td>Health personnel, social workers, law enforcement, police, firemen, others working w/ elderly</td>
</tr>
<tr>
<td>Maryland</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Massachusetts</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Michigan</td>
<td></td>
<td></td>
<td>Health personnel, social workers, law enforcement, police, firemen, others working w/ elderly</td>
</tr>
<tr>
<td>Minnesota</td>
<td></td>
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<td></td>
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<tr>
<td>Missouri</td>
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<td>Montana</td>
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<td>Nebraska</td>
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<td>Nevada</td>
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<td>New Jersey</td>
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<tr>
<td>North Dakota</td>
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<tr>
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### TABLE XIII

V.4. Would you support the passage of H.B. 7551, the "Prevention, Identification and Treatment of Adult Abuse Act of 1990?"

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SECTION VI
FEDERAL INTEREST IN FAMILY VIOLENCE

CHILD ABUSE

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

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

... My father and mother are both dead. I don't know how old I am. I have no recollection of a time when I did not live with the Connollys. I call Mrs. Connolly mamma. I have never had but one pair of shoes, but I cannot recollect when that was. I have had no shoes or stockings on this winter. I have never been allowed to go out of the room where the Connollys were, except in the night time, and then only in the yard. I have never had on a particle of flannel. My bed at night has been only a piece of carpet stretched on the floor underneath a window, and I sleep in my little under-garments, with a quilt over me. I am never allowed to play with any children, or to have any toys whatever. Mamma (Mrs. Connolly) has been in the habit of whipping and beating me almost every day. She used to whip me with a twisted whip—a rawhide. The whip always left a black and blue mark on my body. I never dare to speak to anybody, because if I did I would...
The Washington television and radio station (WMAL) continued their editorial support of this legislation and in May 1964 demanded that "Congress should promptly hold hearings and expedite passage of corrective legislation."

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

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

Recognizing the need for Federal financial support of programs to provide protection and rehabilitation services for abused children and their parents, Congressman Mario Biaggi (N.Y.) introduced the first National Child Abuse Act (H.R. 11854) in 1969. This bill provided for the protection of children under 16 years of age who were physically injured or threatened with physical injury by those responsible for their care. Additionally, the bill: (1) required mandatory reporting by doctors, teachers, social workers, and welfare workers; (2) made failure to report a misdemeanor; (3) granted immunity to any person filing a report in good faith; and, (4) provided for a child identification system through the issuance of a Social Security number to infants at birth.

The media continued to be influenced in focusing attention on the problem of child abuse and the need for additional services and legislation to deal with this serious national problem. (See series of articles from "Detroit News," "Congressional Record," May 22, 1969, in Appendix III of this report). A May 1969 "New York Times" article reported a 30% increase in the number of cases of child abuse reported to the New York State Department of Social Welfare. (See Appendix IV of this report). In November 1969, syndicated columnist Jack Anderson wrote an article describing child abuse as a "national scandal that has been kept in the shadows." He cited statistics of the American Humane Society estimating that "10,000 children are beaten, burned, boiled, and deliberately starved in the United States each year by parents, relatives and guardians." 6

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

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

In March and April 1973, Senate hearings were held before the Subcommittee on Children and Youth of the Committee on Labor and Public Welfare. These hearings emphasized the need for Federal funds for comprehensive programs to provide protective services for thousands of abused and neglected children. Several Members of Congress, as expert witnesses at the hearings testified that the legislation was too narrow. One Member of Congress pointed out that "there are lots of horrible crimes committed against persons above the age of 18. There are lots of old folks being abused." 8

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

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

**Spouse Abuse**

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

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

In any one year, approximately 1.8 million wives are beaten by their husbands. Over 25 percent of all American couples engage in at least one violent episode during their relationship. 6

In 1977, nearly 20 percent of all murder victims in the U.S. were related to the assailants. About half of these intrafamily murders were husband-wife killings. 8

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

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

In the 98th Congress, bills were again introduced in both the House and the Senate to provide Federal funds for programs to prevent domestic violence, assist victims of domestic violence, and to provide for the coordination of Federal programs pertaining to domestic violence. Domestic violence bills were passed in both the House and the Senate in December 1979 and September 1980 respectively. However, the final conference report was never acted on by the Senate and the measure again died at the end of the 98th Congress.

At the beginning of the 99th Congress, in January 1981, Congresswoman Mario Biaggi introduced the "Domestic Violence Prevention and Services Act." H.R. 1007, which essentially contained the provisions of the final conference report from the bills acted on in the 98th Congress. The purpose of this Act is to: (1) increase participation by States, local public agencies, local communities, nonprofit private organizations, and individual citizens in efforts to prevent domestic violence and to provide immediate shelter and other assistance for victims and dependents of victims of domestic violence; (2) to provide technical assistance and training relating to domestic violence programs; (3) to establish a Federal inter-agency council to coordinate Federal programs and activities relating to domestic violence; and (4) to provide for information gathering and reporting programs relating to domestic violence. Additionally, this bill would mandate that the Secretary of Health and Human Services conduct a study of the nature and incidence of abuse of elderly individuals. Sixty-five million dollars would be authorized over a three-year period to carry out the purposes of this bill.

**ADULT ABUSE**

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

The purposes of the Adult Abuse Bill of 1980 were: to provide financial assistance for programs of prevention, identification and treatment of adult abuse, neglect, and exploitation; and to establish a National Center for Adult Abuse. This bill would provide Federal funds to States which had mandatory reporting laws and provided for immunity from prosecution for persons reporting incidences of abuse, neglect and exploitation. Additionally, States must have trained personnel and services available to abused, neglected and exploited adults.

After H.R. 7551 was introduced on June 11, 1980 at a Joint Hearing of the Senate and House Committees on Aging, the bill was referred to the Committee on Interstate and Foreign Commerce, Education and Labor. No Committee action was taken during the 99th Congress, although 30 Members of Congress had cosponsored the bill.

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

**ELDER ABUSE**

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

**BOSTON, MASS.**

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

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

James A. Bergman, regional director of the Legal Research and Services for the Elderly (LRSE) in Boston made the point that until society recognizes elder abuse as a serious problem, no serious reforms will be instituted. He analogized the problem to child abuse and spouse abuse, both of which he said were not generally condoned but they
were not widely condemned either until interest groups began to make
the issues matters of national importance. He pointed out the difficulty
in getting information about the abused elderly since many of them
are ashamed or unwilling to admit they have been abused. He under-
lined the importance of this, the first Congressional hearing on elder
abuse, saying, "If the war against elder abuse is to start, let it start
here."

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

- Almost all professions surveyed indicated that they knew
  cases of elder abuse, with visiting nurses, hospital social
  services directors, private social service agencies and
  home care corporations accounting for the majority of
  abuse citations.

- Incidents of abuse tended to be recurring events and
  not single occurrences: 78% of the respondents indicated
  abuse had occurred twice or more.

- Outside (third-party) observation tended to be the pri-
  mary means of identifying abuse cases: in at least 70% of
  the abuse citations, someone other than the victim or his/
  her family brought the case to the attention of concerned
  professionals or paraprofessionals.

- Physical trauma constituted over 41% of the reported in-
  juries and included bruises, welts, cuts, punctures, bone
  fractures, dislocations, and burning. Other types of abuse
  included verbal harassment, malnutrition, financial mis-
  management, unreasonable confinement, oversedation and
  sexual abuse.

- Victims of abuse were likely to be very old (75 and over)
  rather than younger (60-75).

- Women were more likely to be abused than men, regard-
  less of age.

- In 75% of the abuse citations, the victim had a mental or
  physical disability which prevented him or her from meet-
  ing daily needs.

- In 75% of the abuse citations, the victim lived with the
  abuser and in 84% of the citations, the abusing person was
  a relative of the victim.

- Almost three-quarters of the surveys stated that the abuser
  was experiencing some form of stress such as alcoholism
  or drug addiction, a long term medical complaint or long
  term financial difficulties.

- Often (in 63 percent of the surveys), the elder victim was
  a source of stress to the abuser, primarily because the elder
  required a high level of physical or emotional care for the
  abuser (such as personal care, preparing meals and admin-
  istering medication) or was financially dependent on the
  abuser.

- A wide variety of intervention strategies were described by
  respondents, including referral to social services agencies,
  counseling, arrangements of in-home services and removal
  of the victim. Temporary or permanent removal of the
  victim from the abusive situation was frequently cited.

- Seventy percent of all surveys indicated that some barrier
to service provision was experienced by workers. A par-
  ticular problem was the refusal of the victim to acknowledge
  the problem or allow corrective action to be taken.

- Reasons given for this inaction were fear of retaliation
  or shame. Respondents cited the lack of legal protection
  for workers who wish to intervene in the abuse situation.

- Lack of respite care facilities, temporary shelters and pro-
  tective services for elders were also cited as barriers in
  dealing with abuse cases.

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

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

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

Helen O'Malley, also with LRSE, said in part, "Our findings about
the recurrent nature of abuse make it likely that we will be seeing
more rather than less of this problem in coming years." She painted
the picture of the abused elder as someone quite old (age 75-80) and
likely to be a woman. She said that three out of four cases involved
people with disabilities who were dependent and could not care for
their own needs and that 75 percent of the abused lived with their
abuser. She added that in over 80 percent of the cases found, the abuser was a relative. "It looks like abuse, like charity, begins at home," she said. She stressed the importance of the statistic that three-fourths of the abusers were suffering from severe stress brought on by alcoholism, addiction, medical or long term financial problems. She said that victims seldom report cases—70 percent were reported by third parties. Also, she said it seems that violence can be passed from one generation to another. "If you are an adult and as a child you were battered, you are likely to batter an adult. In families where child abuse is going on, the child is more likely to abuse the parent (when grown)." She closed by pointing out that caseworkers had great difficulty getting access to victims and more difficulty bringing about a successful resolution to the problem if the victim will not register a complaint.

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

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

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

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

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

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

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

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

NEW YORK, N.Y.

In his opening statement, Congressman Mario Biaggi, Chairman of the Subcommittee on Human Services, described the problem of domestic violence and the elderly as "a burgeoning national scandal." He said that up to now, "abuse in nursing homes has received the lion's share of publicity. As a result of public awareness, the problem has diminished in scope. Similarly, if prevention of further cases of elder abuse is to take prominence, then it is imperative that sufficient attention be focused on the problem." He cited a national study by Richard Gelles of the University of Rhode Island who estimated that each year at least 300,000 persons age 65 and over who live with younger members of their families are physically abused by them.

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

Parents never cease being parents. They continue to protect their children and shield them from the outside world. That outside world is a particularly threatening one when it is the criminal justice system. Among the victims I interviewed in the district attorneys office was an elderly couple whose
daughter and her boyfriend had physically abused them. The abuse included beating them and robbing them at knife point yet they wanted the charges against their daughter dropped. Evidently their fear of repeated abuse was not as great as the embarrassment caused by admitting that their own daughter was abusing them and actively encouraging the criminal prosecution. Moreover, this couple may have felt that were they to cut off ties with their daughter, they would leave themselves without alternatives for living arrangements as they grew older.

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

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

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

Sergeant Joseph Fornabaio of the North Manhattan Police Precinct Senior Citizen Robbery Unit told of a 78-year-old woman who was repeatedly assaulted by her 26-year-old grandson which resulted in her hospitalization on seven occasions. Despite the fact that he had even assaulted her sexually on several occasions, the woman would not press charges. On one occasion, the grandson struck her with a cane and on another occasion, he struck her with a metal leg from her wheelchair. Neighbors agreed to press charges and the grandson was charged with six counts of assault and robbery. While the case was pending, he got out of jail on bail, went immediately to the victim's house, forced his way in and beat her up again. He was ultimately convicted and was sentenced to a term of 3 to 7 years in jail.

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

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

Mrs. Glasse said she was shocked that 87 percent of New York's protective service funds were being spent on children. She noted that only half of the remaining 15 percent is being spent on the elderly. This disparity was highlighted by figures she quoted earlier, saying: "While elder abuse appears less frequently than spouse abuse according to Block and Sinoit, it seems at least as high as child abuse." Mrs. Glasse said she was "compelled to support and advocate" mandatory reporting laws.

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

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

UNION, N.J.

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

Meyer Schweizer, Associate Professor of Social Work, Kean College, Union, New Jersey, provided the Committee with some case histories and a series of recommendations. He suggested the Federal government help fashion model legislation to be enacted by the States, that home health care be expanded under Medicare and Medicaid, and that States implement mandatory reporting laws. He said the Department of Health and Human Services is "in the Neanderthal age" as far as the problem of elder abuse is concerned. He urged the Congress to prod the Department with legislation which is justified by the increasing number of cases even though there are no precise figures on the incidence of such abuse.
Bernice Manshell, Director of the New Jersey Division of Youth and Family Services, also provided the Committee with case histories and endorsed the idea of model elder abuse legislation. Dr. Jane Hands, Coordinator of Family Studies at Kean College, stressed the importance of programs such as foster grandparents which allow young people to interact with the aged. She advocated Federal subsidies to day care centers for the elderly and any means to reverse and encourage the extended family concept in American life.

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

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

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

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

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

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

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

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

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

WASHINGTON, D.C.

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

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

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

Mrs. M is 60. Mr. B, her son, is 27. She has prosecuted him four times for simple battery of her. He does not work, she is
One particular case was responsible for the passage of Connecticut's elderly abuse statute. In Middletown, Conn., it was discovered that a grandmother living in a tobacco road situation had been chained to her bed for the better part of 2 years. That was the family's way of coping with senility. In addition to the chaining, she had been physically abused and there was evidence of bruises of long-standing on her body.

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

The witnesses at the hearing included three victims of elder abuse as well as their counselors or caretakers and a number of experts who have conducted elder abuse studies. Testifying first was Mrs. X of Massachusetts accompanied by Merrilyn Collins, a protective service worker from Lexington, Massachusetts and James Bergman, Director, Legal Services for the Elderly, Boston, Massachusetts. Mrs. X who is 79 years of age, described the pattern of abuse she received from her 45-year-old daughter, the latter being a bright, well-educated person with a Master's Degree in social work from Harvard University.

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

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

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

During the winter months, the temperature in my bedroom was between 52 and 64 degrees, I had an electric heater, but during freezing temperatures outdoors my room never seemed to get warm enough for any length of time. I had
to keep my room locked at all times for fear of what she
would do to the contents if she got in. Once she got in, I
would find things missing. Several times she locked me out
of the house. One of these times it was very cold and snowing
with ice on the ground. I had to get to a pay station to call
a friend to come and get me. My daughte:; treatment of
me kept getting worse. Always hurting me physically and
mentally; kicking me, pushing me, grappling with me, tell-
ing me to get out, at one time throwing a drawer down the
stairs at me, calling me names, telling me I belonged in a
nursing home and why didn't I go to one. I was not included
in family festivities for any of the holidays. She told me I
was senile and paranoid and my brain was all shriveled up.

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

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

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

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

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

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

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

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

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

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

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

Then, the other day, I went out on a case where there was
an elderly man who was living on a mattress with the springs
cutting through the mattress. His abdomen was cut and
infected with roaches, so many roaches it looked just like a bee hive
with the bees on it, and they were just crawling all over him
and he was laying in his own waste matter.

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

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

Also appearing was Mrs. Z., a 72-year-old woman from California,
accompanied by Marcia K. Stanlely of San Jose, California, an adult
protective service worker with Santa Clara County.

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

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

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

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

Another point I would like to clear up is the comment, “There is not that much abuse to elderly by their children.” Well, how much is that amount? Can you imagine the headlines tomorrow if it were announced that only 1 percent of the people in this hearing slapped, hit, killed, screaming or threw something at each other? I mean surely, that would be astonishing. Or better yet, if it came out in the newspaper that in your latest meeting at church last Saturday or Sunday or whatever night, that only 5 percent of the church members hit each other. You would think that was outrageous, and yet when it happens in the family setting it is not looked at as bad.

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

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

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

R. Bryan Tilley, a legal services developer in the Office on Aging, State of Arkansas, told the Committee about the implementation of Arkansas 1977 adult protective service statute. He said it was expected that his agency would receive about 300 complaints of elder abuse each year but in the first 9 months alone, some 320 cases were received. He estimated that the caseload will run in excess of 1,000 cases each year. Mr. Tilley provided the Committee with several case histories of substantiated abuses.

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

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

Ms. Lau endorsed the same remedies as several other witnesses: mandatory reporting of suspected abuses; immunity from suit for
those persons required to report abuses; and a Statewide system with capability to launch immediate investigations and to provide services to the abused aged.

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

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

SUMMARY AND CONCLUSIONS

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

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

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

While it is not comfortable for Americans to admit that abuse of the elderly by their loved ones exists at any level, the facts cannot be ignored. The data assembled in this report has served to provide a fairly good portrait of the people who are likely victims of elder abuse and of those most likely to perpetrate it. We know, for example, that most incidents of abuse are recurring events rather than single occurrances. The victims are likely to be very old, age 75 or older. Women are more likely to be abused than men. The victims are generally in a position of dependency—that is, they are relying on others (generally on those who abuse them) for care and protection. It appears that physical abuse including negligence is the largest category accounting for one-third of all cases followed by financial abuse which accounted for about one-quarter of all cases. The categories of violation of rights and psychological abuse followed, however, numerous cases were found where all four of these categories were reported.

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

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

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

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

Environmental factors and the lack of community resources both play a part in creating a climate in which the abuse of the elderly...
exists. Both factors point to the fact that the United States has de- 
veloped no consistent, comprehensive policy with respect to the treat-
ment of the infirm elderly. Family members who wish to care for 
their loved ones at home receive no help from the State or Federal 
government. Those who neglect their familial duties are rewarded by 
having the Medicaid program intervene to care for their loved ones. 
Moreover, the Medicaid program can be indicted on the grounds that 
it attaches the stigma of social worthlessness to those who accept its 
benefits and because of the program’s bias in favor of institutionaliza-
tion instead of home health care alternatives.

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

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

This leads us to draw some conclusions about the performance of the 
States. As noted in Section IV, the States are just beginning to rec-
ognize the importance of the problem. The average State spent $670-
54 for adult protective services specifically to senior citizens as con-
trasted with an average of $12.6 million for child protective services. 
It is true that there are 2½ times more children in the United States 
than there are senior citizens which suggests that at least 40 percent of 
State protective services monies should be allocated to the elderly. In 
point of fact, the average State has committed 68.77 percent of its 
budget to children and 6.60 percent to senior citizens with the re-
mainder going to provide protective services to adults between the 
ages of 18 and 64. This is a serious and unjustified imbalance.

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

this computation from 10 States which was projected to the nation in 
general to reach the supportable conclusion that 4 percent of the el-
derly population may be victims of some form of elder abuse from 
mild to severe. The same computation suggests that the incidence 
of abuse for children is higher at 6.5 percent. In short, elder abuse does 
not appear to exist with the numerical frequency of child abuse (nor 
should it since there are 2½ times more children than seniors) nor is 
the incidence of abuse as high. Nevertheless, elder abuse is obviously 
a more hidden problem since fewer cases are reported and there is no 
one who will quarrel with the statement that the potential abuse of one 
million people, or 4 percent of the entire senior citizen population, is 
a problem of staggering dimensions.

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

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

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

POLICY ALTERNATIVES

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

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

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

FEDERAL OPTIONS

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

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

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

2. The Congress may wish to amend Title III of the Older Americans Act to require the States to give priority to families with dependent elderly members when allotting access, legal and in-home services.

3. The Congress may wish to amend Title XX to liberalize the income eligibility level for caretaking families. At the present time, eligibility for a wide variety of social services is limited to SSI and AFDC recipients, individuals, and families who have incomes less than 115% of the State's median income, adjusted for family size. This criterion alone excludes many families who, despite their ineligibility, may not be able to afford these services on their own.

4. The Congress may also wish to amend Title XX to include emergency shelter for elders as a protective service. As the law is now written, protective services can include emergency shelter for children, but neither the law nor the regulations provide for emergency shelter for elders.
5. The Congress may wish to amend the Supplemental Security Income Program (SSI) to require that benefits not be reduced when eligible individuals are living in the household of another individual and receiving support or in-kind maintenance from that person.

6. The Congress may wish to amend the Medicare and Medicaid programs to eliminate the limitations placed on medical benefits and services to elderly persons who live at home and are cared for by family members. In addition, Congress may wish to amend Medicare so that senior citizens could elect to be covered for expenses of day care in lieu of some of their home health care benefits currently authorized by law.

7. The Congress may wish to consider the enactment of certain tax incentives to encourage families to care for their elderly in their own homes, such as tax credits to those who care for a dependent older family member in their own home, or a tax credit for those who adopt or expand their homes to accommodate a dependent person.

8. The Congress may wish to consider authorizing respite care as reimbursable under the Medicare program. Payment could be authorized for a two-week stay in a nursing home each year for senior citizens who are certified as in need of medical and nursing care, supportive services and 24-hour supervision. This would provide relief for family members who are making the effort to care for their loved ones at home.

9. The Legal Service Corporation Act could be amended to permit legal assistance to be provided for elders who have physically abused in private homes rather than licensed institutions. At the present time, "all services provided by the corporation are restricted to legal matters."

State and Local Options

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

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

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


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

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

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

RELATED POLICY SUGGESTIONS

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

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

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

In both boarding homes and nursing homes, thousands of elderly people have social security, veteran's or other pension checks which are used in part to pay for their board and care. In the case of patients on public assistance (Medicaid) all but $25 a month from these checks is applied to the cost of their stay in the facility. The $25 is reserved as
a personal spending allowance. In the case of non-public assistance patients, there is often a great deal of money in such checks, which may or may not be turned over to the facility depending on the person's other sources of income. In either case, if a patient cannot manage his or her own money, a representative payee is designated to cash the checks and use the money for the benefit of the patient. Unfortunately, there is abundant evidence that these designated representative payees often do not use the funds for the benefit of the elderly as required by law. Therefore:

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

The White House Conference on Aging, to be held November 30 through December 4, 1981, will address a variety of issues related to the elderly. One emphasis of the Conference is expected to be the relationship of older Americans to their families and the effectiveness of family and community support systems. Therefore:

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

Additional Views of Representative Matthew J. Rinaldo, Ranking Minority Member, and Supported by Representatives Norman D. Shumway, Dan Coats, George C. Wortley, and Bill Hendon

This Committee Report sheds much needed light on the gruesome facts of elder abuse and on the need for measures, both preventive and corrective, that will protect the elderly from cruelty and degradation in both home settings and multiple care facilities. The documentation contained in the report suggests that as many as one million of our country's 292 million elderly may suffer from abuse or self-neglect in degrees ranging from mild to extreme. Both the states and the federal government have been slow to discover that the problem is of such magnitude. It is the states, however, which have reacted most positively. Twenty-six states have enacted adult protective services laws, mostly in recent years, and 35 states had an adult protective service budget in 1980 with aggregate funding of about $2 million.

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

Such an observation does not suggest that there is no role for the federal government in this area. It would, in fact, be callous of this committee and the Congress to ignore evidence of cruel and inhumane treatment of the helpless elderly. The fact of strong and growing state response to the situation suggests, however, that the response most appropriate to the current circumstances should be technical assistance rather than federal intervention entailing central control mechanisms and high cost remedies that will create state dependence on federally funded programs. Consistent with such a position, we consider that committee oversight of the present trend in state legislative and administrative measures should be continued for an additional 1 or 2 years in order to determine the necessity of legislation such as H.R. 769. If the remainder of the states do not enact appropriate legislation within that period of time, a federal remedy may then be necessary.

We also note the administration favors amendments to Title XX and the Older Americans Act which will, if enacted, provide states and localities the flexibility needed to supply some of these resources to problems of elder abuse. Pending final action on these proposed
changes, we consider it untimely to indicate support of options that assume no change in the categorical nature of these programs.

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

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

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

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

ADDITIONAL VIEWS OF REPRESENTATIVES JOHN PAUL HAMMERSCHMIDT, WILLIAM C. WAMPLER, DAN LUNGEN, AND HAI DAUB

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

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

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

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

The Committee report sets out four goals to determine how much abuse exists, if it is increasing, what the causes of abuse are and methods of prevention. We also believe that reliable answers to those questions would provide the basis for meaningful legislative responses.

We feel, however, that none of those questions are answered adequately. We are at an embryonic stage of development in terms of our research and knowledge of elder abuse. Conclusions formed at this time must be considered questionable.

The report refers to a number of supports for the conclusion that elder abuse is a serious national problem—letters and case histories written to the Committee and Members of Congress, research studies, the Committee’s own surveys, and testimony from hearings, among
others. We feel compelled to state our difficulty in accepting these supports.

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

The surveys conducted by the Committee raise a number of concerns. The survey of the human services departments appears to be the foundation of the Committee's statement that 4 percent of the elderly are abused. As a basis for the 4 percent, the states were asked how many cases of adult abuse came to their attention in 1980. What percentage involved persons over 65, and their estimated unreported cases were added. Because the Committee did not ask where the data came from we have no reason to accept these data as reliable. The data could have come from someone's memory or be a "guesstimate." The report itself says that few statistics have been kept by the states and even less on senior citizens. The report says further that most of the states were apologetic about the quality of the data they were providing to the Committee. The Committee then proceeds to utilize these data in determining the extent of the problem. Without the human services departments had prior reason to gather this data, it is unlikely that they had it or could retrieve it from their case records.

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

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

Testimony presented to this Committee or any other state or Federal bodies without reliable data does not establish the scope or the depth of the problem. It, like letters and cases reported to Congress, just provides evidence that the problem exists.

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

Without knowledge of the proportions of the problem based on sound research, nor a clear relationship between the theories of causality and abuse, we do not believe that this is an appropriate time to propose legislative solutions. The major recommendation which this report itself compels is for a research study to determine the proportion of the elderly population that is abused by family members.

We do not feel that a new National Center on Adult Abuse needs to be created. The National Institute of Mental Health, Center for Studies of the Mental Health of the Aged, has the capability to undertake research on the demographics, and if needed, the cause, prevention and treatment of elder abuse. We would also recommend that before beginning any new research that the Center contact the Bureau of Justice Statistics at the Department of Justice, where data from the National Crime Survey Reports are maintained.

The surveys were begun in 1975. They have an enormous amount of excellent data on the types of crimes committed, the incidence of crime, the age of the victim, and the relationship of the victim to the perpetrator. The Center might be able to utilize this existing information to simplify any new research activities.

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

In closing, the Committee is not the issue no matter what the size of the affected population. We intend to work with the Administration and the standing committees to address this issue in the context of proposals to result in the Older Americans Act and other social service legislation. It is our hope that while we await substantive research, the aging network including the state agencies on aging, area agencies on aging, senior centers and nutrition sites provide outreach to the homebound elderly and train their staff to become aware of the problem and sensitive to any indications of it.

The mental health network, comprised primarily of community mental health centers could train their staff to provide counseling to the elderly and their family members, to be alert to these problems and also provide consultation and education programs in the community.

The health network probably has the greatest potential to have an impact on this problem and we hope they will increase their involvement in protecting older persons.

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

QUESTIONNAIRE ON PROTECTIVE SERVICES FOR THE ELDERLY

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

BACKGROUND INFORMATION

1. Does your Department have an office responsible for providing adult protective services and assisting abused adults? Yes No
   If yes, what is the name and address of this office?

2. What is the age range of adults that are eligible to receive protective services in your State?

3. Are these services available to all regardless of income? Yes No
   If no, explain:

I. BUDGET AND RESOURCES

1. What is the budget for all protective services in your State this year? $__________
   What was it in 1979? $__________

2. Approximately what was the budget for adult protective services provided by the Department this year? $__________
   What was it in 1979? $__________

3. Can you estimate what portion of your budget for adult protective services went toward providing protective services to the elderly in your State this year? In 1979?

4. Approximately what was the budget for child protective services provided by the Department this year? $__________
   What was it in 1979? $__________

5. What is the total number of adult protective service employees (full time, equivalent) hired by the Department? Paraprofessional?

6. What is the salary of the chief of the Adult Protective Service office? $__________

7. What is the average salary of the professional adult protective service worker? $__________

8. What requirements must an individual meet before they can qualify as an adult protective service worker in your State?
   Minimum education requirements
   Minimum training requirements
   Prior experience
   Physical exam
   Good moral character
   Is a license required? Yes No

II. POWERS AND DUTIES

1. What are the basic powers and duties of the Department with respect to the provision of adult protective services? (Blank)

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

3. Is there any legislation currently pending consideration in your State which would impact on the provision of adult protective services? Yes No What is your position? (Blank)

III. ABUSES

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

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

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

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

   A. Physical Abuse - This includes deliberate acts leading to injury of the older person, such as beating, withholding medication, food and personal care necessary for their well-being. This includes "neglect," such as the excessive use of sleeping medication or alcohol to make the older person who needs constant watching more manageable.

   B. Psychological Abuse - This includes verbal assault and ridicule, emotional abuse and isolation. This type of abuse usually precedes physical abuse. It may involve the threat of unnecessary hospital placement or serious other mistreatment.

   C. Material or Financial Abuse - Includes the theft of money or personal property. The appointment of a conservator who does not handle an older person's estate in their best interest.

   D. Violation of Rights - Includes being forced out of one's home, being forced into another setting against the older person's will.

5. If the adult abuse you encountered this year, how many involved:
   Physical Abuse? __________
   Psychological Abuse? __________
   Financial Abuse? __________
   Violation of Rights? __________
   Other? __________

6. What percentage of the adult abuse cases that came to your attention were substantiated? __________
   Unsubstantiated? __________
   Inconclusive evidence? __________
7. Is it your opinion that a significant number of elder abuse cases go unreported? Yes No. If yes, what number of cases would you say went unreported in 1985? 

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

9. Other violations of rights? 

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

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

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

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

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

   Husband 
   Wife 
   Son or daughter 
   Sister or brother in-law 
   Aunt or uncle in-law 
   Grandparent 
   Granddaughter 
   Other relatives (specify) 
   Other 

14. What percent of elder abuse is perpetrated by caregivers unrelated to the abused? 

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

   Unrelated conservator/guardian 
   Live-in caretaker 
   Other (specify) 

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

   Abusive behavior, or is a response to stress 
   Abusive behavior is a form of revenge 
   Abusive behavior is a response to lack of community services 
   Abusive behavior is a response to psychological problems 

IV. INTERVENTIONS 

1. As an incident of elder abuse is reported, what types of action are most frequently utilized? 

   Never Rarely Frequently Always 

   Notification of police authorities. 
   Relocation (either temporarily or permanently) of abused or abuser from place where abuse took place 
   Counseling with those involved 
   Linking those involved with needed services such as: 
   Medical 
   Housing 
   Financial 
   Legal 
   Other social services 
   Other, specify 

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

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

   If so, may we have a copy? 

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

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

6. Is what extent is the general public in your state aware of the problem of elder abuse and the work of your office in this regard? 

   Very aware Moderately aware Somewhat aware Unaware. 

V. STATE AND FEDERAL REGULATION 

1. Does your state have a law requiring mandatory reporting of elder abuse? Yes No. If yes, may we have a copy? Also, could you characterize how effective this law is? 

2. Based on your experience, to what extent are the needs of the elderly met through existing state laws or regulations? 

   Not at all Occasionally Frequently Always Do not know 

3. Would you favor federal legislation to establish model mandatory reporting requirements for elder abuse to be adopted by the States? 

   Yes No. If yes, who should be required to report?
1. Enclosed is a copy of our bill, H.R. 703, "Prevention, Identification, and Treatment of Adult Abuse Act of 1980," and a statement summarizing its provisions. Would you support the passage of this measure?

2. Has your State produced any pamphlets or literature addressed to senior citizens providing guidance with respect to elder abuse? Yes  No  Undecided.

3. Have we a copy of your latest annual report?

4. Will you please provide the Committee with typical case histories of elder abuse which have come to your department’s attention? Please feel free to delete names of individuals or protective service employees if you desire.

5. May we have a copy of such material exists?

6. May we have a copy of your latest annual report?

7. Would you be willing to testify before the House Select Committee on Aging if hearings are once again scheduled on the issue of elder abuse? Yes  No  Undecided.

8. Is there someone you might suggest we contact for further information on this issue?

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

House Select Committee on Aging
U.S. House of Representatives
1066 House Office Building Annex II
Washington, D.C. 20515

OUR SINCERE THANKS FOR YOUR ASSISTANCE.
At this point in the investigation, and adjudication, the Crown had been presented with substantial evidence of the girl's guilt, culminating in a confession. The trial was set to begin in court.

In the meantime, a preliminary hearing had been held, at which the defendant was found guilty of the charges. The case was then referred to the Criminal Court, where the defendant was examined by a coroner and the trial was set to begin.

The trial was held in the same courtroom where the preliminary hearing had been held, and the defendant was found guilty of the charges.

The defendant was sentenced to seven years in prison, where she was held until her release in 1875.
New York Society for the Prevention of Cruelty to Children

1. The Society is organized, December, 1874


Ellis and T. Curly (1877), lawyer and philosopher, was legal advisor to the American Society for the Prevention of Cruelty to Animals and served as president of the New York Society for the Prevention of Cruelty to Children from 1879 to 1881.

The history and subsequent control of the perpetrators of lust by Mary Ellen, some time since, suggested to Mr. Egbert T. Curly, the counsel engaged in the prosecution of the case, the necessity for the establishment of an organized society for the prevention of similar acts of brutality. Upon expressing his views among his friends he found plenty of sympathy, and a substantial number of gentlemen promised to join him in his plan of forming a society to prevent the commission of such a crime. Among the first to be engaged were John D. Wright, to whom he entrusted the plan. The latter in turn became widely interested, and undertook the necessary steps toward organizing an organization. Incidents were re-enacted in a large number of prominent citizens concerned in the welfare of children to meet at Association Hall on Tuesday afternoon and many promptly responded. Mr. Curly denied the object, if the existence which, he said, was to organize a society for the prevention of cruelty to children. There were in existence in this City and State, he said, many orders and societies for the protection of children, and none were more widely distributed and attended than the various orders for the protection of women and children. Among them might be cited the Children's Aid Society, Society for the Prevention of Cruelty to Children, etc., an in addition to these religious denominations had one or more hospitals and similar institutions devoted to the moral and physical welfare of helpless children. These societies, however, were either the care of the clergy or the care of their adherents after they had been legally placed in their custody. It was not in the province of these excellent situations to seek out and discover children when they were in their infancy. The object of the latter and other denominations whose laws were unknown except by the society of infancy, and those which were commonly practiced upon them by the human beings who are the custodians of their care, was to protect the custody or control of them, and this was the defect which was to be remedied by the formation of this society. There were fewer laws existing on the statute books of the State, which provided for all such cases as had been cited but unfortunately few had been held responsible for their enforcement. The Police and prosecuting officers were engaged in the prosecution and correction of offenses of a given legal character, and, though they were always ready to act in enforcing the laws when duly called upon to do so, they were not so well equipped as the society that were charged the right to disregard the children even whom they had no apparent legal control. This society proposed to alleviate, but conceptually, the existing laws and to secure the construction and punishment of every violation of any such laws. The society would not interfere with the numerous institutions already existing, but would aid them in their work. It did not propose to end any religious denomination, and would be legal entirely free from any political influence. It would endeavor to provide a place of safety for the children when they were placed in its care, and endeavor to bring to light the officers who committed the acts of cruelty. The counsel for the society volunteered his services in the prosecution of cases reported by its officers during the first year. The Secretary will be entitled to a moderate compensation, but no salary will be paid to the remaining officers.

The society will be provided with a book in which all persons who desire to enroll themselves as members may do so at the office of the society, which will be held temporarily in the office of the Secretary for the Prevention of Cruelty to Animals, No. 100 East Twenty-second Street. The first annual meeting of the society will be held on December 28, 1874.
EXTENSIONS OF REMARKS

Dr. N. Stoll: (Minutes, 14:00)

Mr. Mayor: (Minutes, 14:00)

The meeting was adjourned at 14:00.

[Minutes continue with more details on the agenda and voting decisions]

EXTENSIONS OF REMARKS

Mr. Mayor: (Minutes, 14:00)

The meeting was adjourned at 14:00.
EXTENSIONS OF REMARKS

Mr. BRIDGMAN: I am not aware of any study that has been made of the effects of abortion, birth control, and adoption on children who have been aborted. However, I can tell you about my personal experience. I have had two abortions and I know that they had nothing to do with the well-being of my children. I am an advocate of abortion rights, and I believe that every woman should have access to safe and legal abortion. I believe that this is a basic human right and that women should be able to make their own decisions about their bodies.

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Support for H.R. 9462
EXTENSION OF REMARKS
OF HON. ABRAHAM J. MULDER
IN THE HOUSE OF REPRESENTATIVES
WASHINGTON, D.C., May 8, 1964
Mr. Speaker: I am honored to have the occasion of emphasizing the importance of the bill introduced by my colleague, Representative J. Edward Brown, which was the subject of the hearing on April 9, 1964. I agree wholeheartedly with Representative Brown that this is a problem which requires the immediate attention of this Congress. The American people have a basic right to live in safety and security. If this country is to be the free and democratic society, everyone in the United States has the right to live in safety and security.

The bill introduced by Representative Brown provides the proper legal background to protect the elderly. The elderly are a vital part of our society, and we must ensure that they are protected from any form of abuse. It is my hope that this bill will be enacted into law as soon as possible. I am confident that it will receive the support of the entire House of Representatives.

Thank you, Mr. Speaker.
2. In your jurisdiction, would you say this problem: ___ is widespread, ___ occurs often, or ___ occurs rarely.

3. Would you say the incidence of this problem has increased over the last five years? ___ Yes ___ No

4. Can you provide our Committee with examples of this kind of physical abuse? If so, please include files or summaries of any case histories you may have. You need not identify the parties involved. Please delete or substitute No. 2, Nos. 3, 4 or Miss 2 for actual names, if necessary.

5. Have you encountered situations where family members have financially abused their elderly loved ones? ___ Yes ___ No

6. In your jurisdiction, would you say this problem: ___ is widespread, ___ occurs often, or ___ occurs rarely.

7. Would you say the incidence of this problem has increased over the last five years? ___ Yes ___ No

8. Can you provide our Committee with any samples of financial abuse of the elderly? Again, you may delete names if necessary.

9. Can you suggest anyone else the Committee should contact who is knowledgeable on this issue?

Name ____________________________
Address ____________________________
City ______________________ State ______ Zip ______

10. Would you be interested in testifying before the Committee? ___ Yes ___ No

Name ____________________________ Phone (____) ________

11. We welcome any additional comments you may have:

________________________________________________________________________

________________________________________________________________________

THANK YOU FOR YOUR ASSISTANCE.

Appendix VI

Sample of Questionnaire sent to Staff of the Visiting Nurses Association of the District of Columbia and Maryland relating to Abuse of the Elderly

U.S. House of Representatives

Joint Committee on Aging
Washington, D.C. 20515

October 17, 1980

TO ALL STAFF OF THE VISITING NURSES ASSOCIATION
OF THE DISTRICT OF COLUMBIA AND MARYLAND

Dear Friends:

You will be interested to learn that the House Select Committee on Aging is in the process of conducting a survey of all staff of the Visiting Nurses Association of the District of Columbia and Maryland to gain a better understanding of your activities with respect to protecting victims of domestic abuse. This topic is especially important to the welfare of the elderly by their children, other relatives or caretakers.

There has been a great deal of publicity on this subject in recent months including joint hearings by the House and Senate Committees on Aging. The purpose of this letter and the enclosed questionnaire is to learn from your experience. We welcome any suggestions you would like to make. As you will see, we are interested in what authority you now have; intervention when incidents of elder abuse come to your attention and the number of such cases which you encounter. Most importantly, we look forward to receiving from you case histories which come to your personal attention during your service with the Visiting Nurses Association.

We hope you will take the time to respond to this inquiry which we regard as a priority issue. We have been advised that Ms. Dorothy Nelson, Director of the Visiting Nurses Association for the District of Columbia and Maryland, and Mrs. Ethel Gittenstein, Mental Health Consultant, will be assisting the Committee in this effort.

We are most grateful for your assistance in this important matter. If you have any questions please contact Ms. Kathy Gardner of the Committee staff at (202) 224-6077.

With warm regards,

Very sincerely,

Claude Pepper
Chairman, House Select Committee on Aging

Mary Rose Cesar
Member, House Select Committee on Aging

CP:1st
QUESTIONNAIRE TO ALL STAFF OF THE VISITING NURSES ASSOCIATION OF THE DISTRICT OF COLUMBIA AND NEIGHBORING COUNTIES RELATING TO ABUSE OF THE ELDERLY

There has been a great deal of publicity in recent months regarding the financial, psychological, and physical abuse encountered by older Americans at the hands of their family members, sons, daughters, relatives and caretakers. Some States have responded to this problem by establishing special units within existing departments to respond to complaints of elder abuse. Other States have expanded the coverage of existing adult protective services to include the elderly as in need of services. The purpose of this study is to determine if the Agency has had any personal experiences with respect to protecting victims of elder abuse.

BACKGROUND INFORMATION

1. Are you employed with the Visiting Nurses Association as a:
   - Professional Nurse
   - Social Worker
   - Home Health Aide
   - Other (please specify)

2. How long have you been employed by the Visiting Nurses Association?
   - 0 - 6 months
   - 6 months - 1 year
   - 1 year - 2 years
   - 2 years or more

ABUSES

1. How many patients did you visit in 1980? In 1987?
2. Approximately how many of these patients were over the age of 60 in 1980? In 1987?
3. Approximately how many of the patients over age 60 that you served had been abused? In 1987?
4. Experts have indicated that many elderly persons (over the age of 60) are abused by their children, relatives or caretakers in obvious as well as subtle ways. The following section of this questionnaire is provided to ask you more about one of the following abuses:
   A. Physical Abuse - This includes deliberate acts leading to injury or death of the older person, such as beating, whipping, burning, or starvation. It also includes neglect, such as the exclusive use of sleeping medication or alcohol to make the older person who needs constant watching, etc.
   B. Psychological Abuse - This includes verbal assault and threats, insulting and humiliating behavior, and behaviors that deprive the older person or their family of their well-being. This also includes neglect, such as the exclusive use of sleeping medication or alcohol to make the older person who needs constant watching, etc.
   C. Material or Financial Abuse - Includes the theft of money or personal property. The appointment of a conservator or guardian who does not handle an older person's estate in their best interest.
   D. Violation of Rights - This includes being forced out of one's dwelling or being forced into another setting against the older person's will.
   E. Other (please specify)

5. In your estimation, of the elder abuse you encountered this year:
   - Physical Abuse
   - Psychological Abuse
   - Violation of Rights
   - Other (please specify)

6. What percentage of the elder abuse cases that came to your attention were substantiated? 
   - 100%
   - 75%
   - 50%
   - 25%
   - None

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

8. What percentage of elder abuse is perpetrated by relatives? 
   - 100%
   - 75%
   - 50%
   - 25%
   - No

9. What percentage of elder abuse is perpetrated by caretakers unrelated to the abused? 
   - 100%
   - 75%
   - 50%
   - 25%
   - No

10. In your opinion, what were the underlying causes which resulted in abuse of the elderly?
    - Abuse behavior is a response to stress
    - Abuse behavior is a form of revenge
    - Other

INTERVENTIONS

1. How would you go about reporting abuse?
2. When an incident of elder abuse is encountered, what types of action are most frequently utilized?
   - Notification of Police
   - Referral to adult protective services
   - Other (please specify)

3. In cases where family members or relatives commit such abuse, what percent of them would you guess are perpetrated by each of the following:
   - Husband
   - Wife
   - Son
   - Daughter
   - Son-in-law
   - Daughter-in-law
   - Grandson
   - Granddaughter
   - Other relatives (please specify)

4. In cases where family members or relatives commit such abuse, what percent of them would you guess are perpetrated by each of the following:
   - Unrelated conservator/guardian
   - Live-in caretaker
   - Other (please specify)

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C. Appendix VII

Directory of State Offices Responsible for Adult Protective Services:

ALASKA
State Department of Mines and Minerals
Bureau of Adult Services
240 North Street
Juneau, Alaska 99801

ARIZONA
Adult Protective Services Office
Attn: Adult Protective Services
Arizona Department of Health Services
1725 West Washington Street
Phoenix, Arizona 85007

ARKANSAS
Arkansas Department of Human Services
325 West 2nd Street
Little Rock, Arkansas 72201

CALIFORNIA
Department of Adult Services
2511 South Figueroa Street
Los Angeles, California 90010

CONNECTICUT
Senior Services Office
140 Farmington Avenue
Branford, Connecticut 06405

DELAWARE
Division of Services for Older Adults
601 North Union Street
New Castle, Delaware 19720

DISTRICT OF COLUMBIA
Division of Adult Protective Services
201 E Street NW
Washington, D.C. 20024

FLORIDA
Adult Protective Services
428 West 4th Street
Belle Glade, Florida 33430

GEORGIA
Division of Family and Children's Services
Social Services Section
400 Hosea L. Whitlock, Jr. Boulevard NW
Atlanta, Georgia 30318

HAWAII
Social Services Intake Unit
1149 South Street
Honolulu, Hawaii 96813

IDAHO
Division of Adult Services
State Department of Health and Welfare
212 North 4th Street
Boise, Idaho 83702

ILLINOIS
State Office on Aging
2400 South Michigan Avenue
Chicago, Illinois 60616

INDIANA
Commission on Aging and Adult Services
157 North Capitol Avenue
Indianapolis, Indiana 46204

IOWA
Adult Protective Services
Iowa Department of Human Services
502 West 13th Street
Des Moines, Iowa 50309

KANSAS
Adult Protective Services
4001 SW Huntoon Street
Topeka, Kansas 66604

KENTUCKY
Division of Human Resources
Kentucky Department of Aging
401 South Second Street
Frankfort, Kentucky 40601

LOUISIANA
Office of Elderly Services
P.O. Box 438
Baton Rouge, Louisiana 70821

MARYLAND
Adult Protective Services
State Department of Mental Health
200 North blows Street
Baltimore, Maryland 21201

MASSACHUSETTS
Division of Elderly Services
158 High Street
Boston, Massachusetts 02128

MICHIGAN
Adult Protective Services
2196 Middle Road
Eaton Rapids, Michigan 48827

MINNESOTA
Division of Elderly Services
2700 5th Avenue North
Minneapolis, Minnesota 55401

MISSOURI
Adult Protective Services
601 East Court Street
Springfield, Missouri 65802

MONTANA
Adult Protective Services
500 10th Avenue South
Helena, Montana 59601

NEVADA
Social Services Intake Unit
2850 W. Sahara Avenue
Las Vegas, Nevada 89119

NEW JERSEY
Adult Protective Services
200 South Broad Street
Newark, New Jersey 07102

NEW MEXICO
Division of Aging and Adult Affairs
600 10th Street
Santa Fe, New Mexico 87501

NEW YORK
Division of Elderly Services
Youth Bureau
500 34th Street
New York, New York 10001

OHIO
Adult Protective Services
4533 Smaller Road
Columbus, Ohio 43207

OKLAHOMA
Division of Elderly Services
1900 East Ninth Street
Oklahoma City, Oklahoma 73104

OREGON
Adult Protective Services
State Department of Human Services
100 State Office Building
Salem, Oregon 97310

PENNSYLVANIA
Adult Protective Services
401 North 3rd Street
Harrisburg, Pennsylvania 17109

RHODE ISLAND
Division of Elderly Services
170 Smith Street
Providence, Rhode Island 02908

SOUTH CAROLINA
Division of Elderly Services
900 Main Street
Columbia, South Carolina 29201

TENNESSEE
Adult Protective Services
100 State Office Building
Nashville, Tennessee 37243

TEXAS
Adult Protective Services
900 Commerce Street
Austin, Texas 78701

UTAH
Division of Elderly Services
250 East 500 South
Salt Lake City, Utah 84111

VERMONT
Division of Elderly Services
390 North Street
Montpelier, Vermont 05602

WASHINGTON
Adult Protective Services
3518 Westlake Avenue
Seattle, Washington 98109

WEST VIRGINIA
Division of Elderly Services
100 State Office Building
Charleston, West Virginia 25304

WISCONSIN
Adult Protective Services
220 E. Wisconsin Avenue
Milwaukee, Wisconsin 53203

WYOMING
Adult Protective Services
1000 North 6th Street
Cheyenne, Wyoming 82001

REQUEST FOR FURTHER INFORMATION

1. Will you please provide the Committee with typical case histories of elderly who have been subjected to abuse? Please feel free to delete names of individuals or identifying information if you desire.

STATE AND FEDERAL REGULATION

1. Based on your experience, to what extent are the needs of the elderly met through existing state laws or regulations?
   Not at all 1
   Occasionally 2
   Frequently 3
   Always 4
   Don't know 5

2. Would you favor federal legislation to establish model mandatory reporting requirements for elder abuse to be adopted by the States?
   Yes 1
   No 2
   Undecided 3

3. Enclosed is a copy of our bill, H.R. 5031, "Prevention, Identification, and Treatment of Elder Abuse Act of 1982," and a statement summarizing its provisions. Would you support the passage of this measure?
   Yes 1
   No 2
   Undecided 3

-3-

Linking those involved with needed services such as:

a) Medical
b) Housing
c) Employment
d) Legal
e) Other social services

Other (Specify) 4

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

4. Does your association have written instructions or procedures concerning intervention?

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

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

7. To what extent is the public aware of the problem of elder abuse and the work of the visiting nurse association in this regard?

8. Have you any specific recommendations for improving the services available for the elderly?

Support for further information

-3-
Appendix VII

97th Congress
1st Session

H. R. 769

To provide financial assistance for programs for the prevention, identification, and treatment of elder abuse, neglect, and exploitation, to establish a National Center on Elder Abuse, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

January 6, 1981

Mr. OAKAR (for himself and Mr. PEPPER) introduced the following bill; which was referred jointly to the Committees on Education and Labor and Energy and Commerce

A BILL

To provide financial assistance for programs for the prevention, identification, and treatment of elder abuse, neglect, and exploitation, to establish a National Center on Elder Abuse, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

short title

Section 1. This Act may be cited as the “Prevention, Identification, and Treatment of Elder Abuse Act of 1981”.

2

NATIONAL CENTER ON ADULT ABUSE

SEC. 2. (a) The Secretary of Health and Human Services (hereinafter referred to in this Act as “Secretary”) shall

establish an office to be known as the National Center on Elder Abuse (hereinafter referred to in this Act as the “Center”).

(b) The Secretary, through the Center, shall—

(1) compile, publish, and disseminate a summary annually of recently conducted research on elder abuse, neglect, and exploitation;

(2) develop and maintain an information clearing-house on all programs, including private programs, showing promise of success, for the prevention, identification, and treatment of elder abuse, neglect, and exploitation;

(3) compile, publish, and disseminate training materials for personnel who are engaged or intend to engage in the prevention, identification, and treatment of elder abuse, neglect, and exploitation;

(4) provide technical assistance (directly or through grant or contract) to public and nonprofit private agencies and organizations to assist them in planning, improving, developing, and carrying out programs and activities relating to the special problems of elder abuse, neglect, and exploitation;
3

(5) conduct research into the causes of elder abuse, neglect, and exploitation, and into the prevention, identification, and treatment thereof; and

(6) make a complete study and investigation of the national incidence of elder abuse, neglect, and exploitation, including a determination of the extent to which incidents of elder abuse, neglect, and exploitation are increasing in number or severity.

The Secretary shall establish research priorities for making grants or contracts under paragraph (5) of this subsection and, not less than sixty days before establishing such priorities, shall publish in the Federal Register for public comment a statement of such proposed priorities.

(c) The Secretary may carry out functions under subsection (b) of this section either directly or by way of grant or contract. The Secretary shall promulgate regulations setting forth criteria for programs receiving funding under this subsection and shall review programs funded under this subsection to determine whether such programs comply with such criteria. The Secretary shall, within thirty days after any determination by the Secretary that a program fails to comply with such criteria, terminate funding for such program.

(d) The Secretary shall make available to the Center such staff and resources as are necessary for the Center to carry out effectively its functions under this Act.

DEFINITIONS

SEC. 3. For purposes of this Act—

(1) the term "abuse" means the willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm or pain or mental anguish; or the willful deprivation by a caretaker of goods or services which are necessary to avoid physical harm, mental anguish, or mental illness;

(2) the term "elder" means any person who has attained the age of sixty years;

(3) the term "caretaker" means an individual who has the responsibility for the care of an elder, either voluntarily, by contract, receipt of payment for care as a result of family relationship, or by order of a court of competent jurisdiction;

(4) the term "exploitation" means the illegal or improper act or process of a caretaker using the resources of an elder for monetary or personal benefit, profit, or gain;

(5) the term "neglect" means the failure to provide for oneself the goods or services which are necessary to avoid physical harm, mental anguish or mental illness or the failure of a caretaker to provide such goods or services; and
(6) the term "physical harm" means bodily pain, injury, impairment, or disease.

DEMONSTRATION PROGRAMS AND PROJECTS

SEC. 4. (a) The Secretary, through the Center, is authorized to make grants to, and enter into contracts with, public agencies or nonprofit organizations (or combinations thereof) for demonstration programs and projects designed to prevent, identify, and treat elder abuse, neglect, and exploitation. Grants or contracts under this subsection may be—

(1) for the development and establishment of training programs for professional and paraprofessional personnel, in the fields of health, law, gerontology, social work, and other relevant fields, who are engaged in, or intend to work in, the field of prevention, identification, and treatment of elder abuse, neglect, and exploitation;

(2) for the establishment and maintenance of centers, serving defined geographic areas, staffed by multidisciplinary teams of personnel trained in the special problems of elder abuse, neglect, and exploitation, cases, to provide a broad range of services related to elder abuse, neglect, and exploitation, including direct support and supervision of sheltered housing programs, as well as providing advice and consultation to individuals, agencies, and organizations which request such services; and

(2) for furnishing services of teams of professional and paraprofessional personnel who are trained in the special problems of elder abuse, neglect, and exploitation cases, on a consulting basis, to small communities where such services are not available.

(b)(1) The Secretary, through the Center, is authorized to make grants to the States for the purpose of assisting the States in developing, strengthening, and carrying out elder abuse, neglect, and exploitation prevention and treatment programs.

(2) In order for a State to qualify for assistance under this subsection, such State shall—

(A) have in effect a State elder abuse, neglect, and exploitation law which shall include provisions for immunity for persons reporting instances of elder abuse, neglect, and exploitation, from prosecution arising out of such reporting, under any State or local law;

(B) provide for the mandatory reporting of known and suspected instances of elder abuse, neglect, and exploitation;

(C) provide that upon receipt of a report of known or suspected instances of elder abuse, neglect, or exploitation an investigation shall be initiated promptly to
substantiate the accuracy of the report, and, upon a
finding of abuse, neglect, or exploitation, steps shall be
taken to protect the health and welfare of the abused,
neglected, or exploited elder;
(D) demonstrate that there are in effect throughout
the State, in connection with the enforcement of
elder abuse, neglect, and exploitation laws and with
the reporting of suspected instances of elder abuse, neg-
lect, and exploitation, such administrative procedures,
such personnel trained in the special problems of elder
abuse, neglect, and exploitation prevention and treat-
ment, such training procedures, such institutional and
other facilities (public and private), and such related
multidisciplinary programs and services as may be ne-
essary or appropriate to assure that the State will deal
effectively with elder abuse, neglect, and exploitation
cases in the State;
(E) provide for methods to preserve the confidential-
ty of records in order to protect the rights of the
elder;
(F) provide for the cooperation of law enforcement
officials, courts of competent jurisdiction, and State
agencies providing human services with respect to spe-
cial problems of elder abuse, neglect, and exploitation;
(G) provide that the elder participate in decisions
regarding his or her own welfare, and provide that the
least restrictive alternatives are available to the elder
who is abused, neglected, or exploited;
(H) provide that the aggregate of support for pro-
grams or projects, related to elder abuse, neglect, and
exploitation, assisted by State funds shall not be re-
duced below the level provided during the twelve
months preceding the date of the enactment of this
Act, and set forth policies and procedures designed to
assure that Federal funds made available under this
Act for any fiscal year will be so used as to supple-
ment and, to the extent practicable, increase the level
of State funds which would, in the absence of Federal
funds, be available for such programs and projects; and
(I) provide for dissemination of information to the
general public with respect to the problems of elder
abuse, neglect, and exploitation, and the facilities and
with respect to prevention and treatment methods
available to combat instances of elder abuse, neglect,
and exploitation.
(c) Assistance provided pursuant to this section shall not
be available for construction of facilities; however, the Secre-
tary is authorized to supply assistance for the lease or rental
of facilities where adequate facilities are not otherwise avail-
able, and for repair or minor remodeling or alteration of existing facilities.

(d) The Secretary shall establish criteria designed to achieve equitable distribution of assistance under this section among the States, among geographic areas of the Nation, and among rural and urban areas. To the extent possible, citizens of each State shall receive assistance from at least one project under this section.

AUTHORIZATION

Sec. 5. There are hereby authorized to be appropriated such funds as may be necessary to carry out the purposes of this Act.