New York State Elder Abuse Prevention and Intervention Services Survey: Report of Findings

JUNE 2016

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Executive Summary

In January 2016 the New York City Elder Abuse Center (NYCEAC) and Lifespan of Greater Rochester (Lifespan) designed, piloted and conducted a survey to assess the current adequacy of elder abuse victim prevention and intervention services in New York State.

Purpose: The survey was developed to obtain feedback about the gaps and barriers in elder abuse services in New York State (NYS) across multiple service systems. We hope the findings in this report will spark conversations with people within and across the many organizations and systems involved with preventing and responding to elder abuse. It is through these conversations that we will deepen our understanding of the ideas contained in these pages. We also hope that the information will be valuable to all those interested in designing, expanding and/or funding elder abuse victim prevention and intervention services in NYS.

Methods: The survey questions were developed by Risa Breckman, Paul Caccamise, Ann Marie Cook, Dr. Mark Lachs and Dr. Anthony Rosen, and finalized with additional assistance from Denise Shukoff. A draft survey was piloted by members of the New York State Coalition on Elder Abuse Advisory Board. Their feedback was incorporated into the final version of the survey.

Once finalized, the survey was loaded into Survey Monkey and distributed to over 1,800 members of the New York State Coalition on Elder Abuse. This process was coordinated by Lifespan. The New York State Office for the Aging distributed the survey to all of the Area Agencies on Aging in NYS. The survey was also distributed to NYCEAC's Steering Committee, multidisciplinary team members, and members of a nascent group in New York City (NYC), Building Bridges Across the Lifespan. All recipients of the survey were asked to further distribute it to others in their networks; thus, the total number of people ultimately receiving the survey to complete is unknown. The survey was open for completion via Survey Monkey from January 19, 2016 through January 30, 2016.

Response: A total of 484 individuals responded to the survey. All responses were anonymous. Survey respondents represented 60 out of 62 counties in the state and also included one Native American nation. Seventy-seven respondents (16%) commented from a statewide perspective. The majority of respondents (84%) reported on a county or regional basis.

Findings and Results: The report follows the structure and format of the survey questions to present the findings, and includes sections about demographics (e.g., identifying county, type of organization affiliation, organizational capacity, etc.), gaps, barriers, ranking of gaps and of barriers, suggested solutions, and general comments. The report includes each question from the survey and a report of the responses, followed by a table, chart, and/or graph depicting the responses, and a narrative summary for each question.

A striking array of service gaps and barriers were identified and an impressive number of solutions enumerated; these are explicated in this report. In addition, there are a few notable findings to highlight here:

- *Need for elder abuse prevention and intervention services and case finding:* While many respondents deplored a shortage of elder abuse prevention and intervention services in their counties, other respondents noted that their programs are not currently at capacity. This dual finding speaks to the need for a deeper understanding of individual county service gaps and a nuanced exploration of what is required to improve outreach and case finding. There was also a call for programs that serve older adults who are abused but do not meet APS eligibility criteria. Respondents also indicated a need for improved community collaboration through elder abuse multidisciplinary teams.

- *Reporting to law enforcement:* Law enforcement involvement can be critical to investigation of elder abuse and to protection of older adults. The survey identified a variety of reasons victims are reluctant to report to the police and other law enforcement agencies, including victim fear of losing housing and family support, victim emotional distress, cognitive impairment and fear of retaliation. The community-based barriers included a wide range of themes, from legal and prosecutorial barriers to apprehension on the part of immigrant communities to a need for additional police training.

  Understanding these challenges to reporting to the police and overcoming them is important for purposes of victim safety, holding abusers accountable and victim compensation. For example, in NYS, Adult Protective Services (APS) is mandated to report to police if they believe a crime has been committed against an APS client. Some barriers reported by survey respondents could complicate APS ability to engage law enforcement in the investigation of suspected crimes committed against APS clients. In addition, in NYS, barriers to reporting to police could possibly reduce the number of elder abuse victims receiving compensation from the Office of Victim Services. This is because in order for the Office to make an award for compensation, criminal justice agency records must show that a crime was promptly reported to proper authorities. In the Office's enacting statute, "criminal justice agency" includes, but is not limited to, a police department, a district attorney's office and Adult Protective Services.

- *Numerous obstacles to receiving crime victim compensation:* This was the first survey to explore statewide elder justice stakeholders' views of how the New York State's crime victim compensation program responds to the needs of elder abuse victims. Overall, respondents believe NYS can do better. Bureaucratic issues, poor messaging about services, and documentation barriers were just some of the impediments noted that prevent adequate compensation. Awareness of the barriers, which this survey provides, is the first important step to taking corrective action.

Limitations: We faced a number of challenges in conducting and analyzing this survey. The analysis of the data was limited primarily by the survey method, which allowed for a broader reach to potential respondents by encouraging those who received the survey to further share it with others for their response. As a result, the number of survey recipients is unknown, which limits certain types of analyses that could be conducted with the 484 responses received.

The analysis was limited secondarily by the functionality in Survey Monkey. While Survey Monkey aggregates data automatically and can create charts with ease, it would require significant resources not available to us to conduct sophisticated correlations of multiple data fields. Further, while we would like to report county-specific results, Survey Monkey is limited in this regard as well. For example, if someone from Kings County reported they also serve New York County, both counties will be displayed when a request for just Kings County is filtered.

This Report of Findings presents rich information on a statewide basis, including the gaps and barriers in elder abuse service delivery systems. We did not, however, have resources to further analyze the data gathered on a county or regional basis. For a more extensive analysis of a particular county or region, please contact the report authors to discuss your request and the possibility of a more detailed report of data related to a specific area.

Report Dissemination: The Report of Findings is available on two websites: the NYS Coalition on Elder Abuse (nyselderabuse.org) and NYCEAC (nyceac.com, http://bit.ly/1UaYpmE).

Acknowledgements

There were no special funds raised to conduct this survey, analyze the data or report on the findings. This project was completed because of the hard work of dedicated elder justice professionals who willed this report to completion. A huge thank you to Ann Marie Cook, Zachary Herman, Mark Lachs, MD, MPH, Anthony Rosen, MD, and Denise Shukoff, Esq. for contributing their time and expertise to designing and distributing the survey, reviewing the data and editing the report. Another big thank you to the members of the New York State Coalition on Elder Abuse Advisory Board for piloting the survey and providing feedback to strengthen it. We each have unique experiences and perspectives; when we individually share those, the collective picture of where we are now and where we need to go becomes clearer. So a special thank you to all those who took the time to take the survey and record opinions and comments about elder abuse services in New York.

To reference this report as a citation:
Breckman R, Caccamise PL. (2016). New York State elder abuse prevention and intervention services survey: Report of findings. New York City: New York City Elder Abuse Center; Rochester, NY: Lifespan of Greater Rochester Inc.

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Survey Findings

Q1: Which county(ies)/borough(s) does your organization serve? Check all that apply

Q1		
Answer Options	**Response Percent**	**Response Count**
My organization is a statewide organization (If you check this, no need to check any other boxes.)	15.9%	77
Albany	1.7%	8
Allegany	2.3%	11
Bronx	4.3%	21
Broome	1.9%	9
Cattaraugus	1.9%	9
Cayuga	2.5%	12
Chautauqua	2.1%	10
Chemung	0.8%	4
Chenango	0.8%	4
Clinton	5.6%	27
Columbia	0.0%	0
Cortland	1.2%	6
Delaware	0.2%	1
Dutchess	1.0%	5
Erie	4.5%	22
Essex	2.3%	11
Franklin	4.1%	20
Fulton	0.2%	1
Genesee	3.7%	18
Greene	1.0%	5
Hamilton	0.4%	2
Herkimer	0.6%	3
Jefferson	0.6%	3
Kings (Brooklyn)	7.0%	34
Lewis	0.2%	1
Livingston	5.0%	24
Madison	1.0%	5
Monroe	13.4%	65
Montgomery	0.0%	0

Answer Options	Response Percent	Response Count
Nassau	1.2%	6
New York (Manhattan)	8.1%	39
Niagara	1.0%	5
Oneida	0.2%	1
Onondaga	7.2%	35
Ontario	5.6%	27
Orange	0.6%	3
Orleans	1.9%	9
Oswego	1.4%	7
Otsego	0.4%	2
Putnam	0.2%	1
Queens	7.0%	34
Rensselaer	0.2%	1
Richmond (Staten Island)	3.3%	16
Rockland	1.0%	5
St, Lawrence	1.2%	6
Saratoga	0.4%	2
Schenectady	0.6%	3
Schoharie	0.6%	3
Schuyler	1.4%	7
Seneca	3.3%	16
Steuben	1.0%	5
Suffolk	5.4%	26
Sullivan	1.2%	6
Tioga	0.8%	4
Tompkins	1.0%	5
Ulster	0.8%	4
Warren	0.6%	3
Washington	0.2%	1
Wayne	5.0%	24
Westchester	3.3%	16
Wyoming	1.4%	7
Yates	3.7%	18
Seneca Nation (AAA)	0.2%	1
St. Regis-Mohawk (AAA)	0.0%	0
	Answered question	**484**
	Skipped Question	**0**

Q1 Summary: Survey respondents were invited to check all categories that apply. A total of 484 respondents answered this question, representing 60 counties and the Seneca Nation. Seventy-seven respondents (16%) represented organizations or government units that serve the entire state. Because respondents were asked to check "all that apply," we cannot determine how many individuals checked multiple counties. After adjusting for those serving the entire state, up to 73% of respondents indicated they served more than one county.

Q2: Which best describes the services provided by the institution or agency in which you work related to elder abuse? Check all that apply.

Q2		
Answer Options	**Response Percent**	**Response Count**
Academia/teaching	12.0%	43
Adult Protective Services	20.2%	72
Aging network community provider	21.8%	78
Assisted living	2.2%	8
Banking/financial services	6.7%	24
Child Protective Services	1.7%	6
Civil legal/legal assistance	8.4%	30
Correctional facility	0.6%	2
Criminal justice (e.g., DA's Office, judiciary)	4.8%	17
Domestic violence	10.1%	36
Elder abuse prevention and/or assistance services	19.9%	71
Faith-based	2.2%	8
Foundation/other funder	1.1%	4
Health care/hospital	7.3%	26
Hotline/helpline	5.6%	20
Law enforcement (e.g., police/sheriff)	5.9%	21
Mental health/substance use disorders	5.3%	19
Nursing facility/adult home	3.1%	11
Social services	16.0%	57
State government	2.8%	10
Local government	12.0%	43
Training/education of older adults	12.0%	43
Training/education of professionals	12.9%	46
Victim services	14.3%	51
Other. If you check this, please specify in the comment box below.	13.2%	47
Specify if "other" was selected above. (No character limit)		47
	Answered question	357
	Skipped question	127

Q2 Summary: Survey respondents were invited to check all categories that apply. Of the 357 (74%) total survey respondents who indicated their agency affiliation, slightly over 20% are employed in Adult Protective Services (APS) units and slightly over 20% are employed by aging network provider agencies. Nearly 20% are affiliated with elder abuse prevention/intervention services programs. Up to 45% checked multiple categories (e.g., APS, social services, government agency).

Q2 "Other Comments": Respondents were given the opportunity to write in additional descriptive information about the services provided by their organizations.

Description of Services Provided by Respondents' Organizations	Number of Responses
Retired	8
NYSOFA and Area Agencies on Aging	6
Managed Long Term Care	2
NY Connects	2
Abuse, Stalking and Child Abuse	1
Anti-Sexual Violence Services	1
Consumer Directed Personal Care Program, Long Term Home Health Care Program, Medicaid, SNAP, Emergency Housing, Home Energy Assistance Program (HEAP), Emergency Assistance for Adults, Representative Payee Services	1
Consumer Health Resources through a Library Collection	1
Elder Lawyer	1
Federal Government	1
Financial Services	1
Forensic Accountant	1
Geriatric Care Manager	1
Housing for Seniors and Physically Impaired	1
Independent Living Center	1
LGBTQ-specific Anti-Violence Work	1
Long Term Care	1
Medicaid Funded Home Care	1
Medical Adult Day Program	1
Medical Examiner's Office	1
New York State Department of Family Assistance	1
None	1
Physician	1
Probation Department	1
Prosecution	1
Refugee Center	1
Representative Payee	1
Senior and Under-age Mobility Impaired Subsidized Housing	1
Senior Center	1
Sexual Assault	1
Skilled Home Care	1
We have five state agencies under our jurisdiction and we oversee/investigate allegations of abuse, neglect, or significant incidents of program recipients	1
We have officers that deal with elderly cases and child abuse cases also	1
Total Responses	**47**

Q2 "Other Comments" Summary: The responses in the "Other Comments" are notable for the diversity of services provided by respondents' organizations and professional disciplines. Forty-seven (13%) of those responding to Q2 chose to write in comments. Of these, 8 respondents indicated they are retired.

Q3: Which is the principal nature of your work relating to elder abuse within your agency or institution? Check all that apply.

Q3:		
Answer Options	**Response Percent**	**Response Count**
Adult protective services	18.8%	67
Advocacy	37.0%	132
Case management services	28.0%	100
Case consultations	15.4%	55
Court accompaniment services	10.6%	38
Coordinating elder abuse multidisciplinary team(s)	6.2%	22
Education/training of professionals re elder abuse	18.5%	66
Financial management services	13.4%	48
Funding of programs	3.6%	13
Guardianship services	8.4%	30
Health care services	11.8%	42
Information and referral services for abusers	9.2%	33
Information and referral services for caregivers	32.2%	115
Information and referral for victims	34.5%	123
Information workshops to older adults on elder abuse, neglect and exploitation	16.0%	57
Intervention program for abusers	2.8%	10
Legal assistance	14.3%	51
Policy development	5.3%	19
Screening for depression and/or anxiety	6.7%	24
Social work services	18.8%	67
Support/counseling for abusers	2.2%	8
Support/counseling for caregivers	13.7%	49
Support/counseling for victims	19.6%	70
Support group services for victims	6.4%	23
Supportive housing	3.1%	11
Technical assistance	4.2%	15
Telephone reassurance for victims	5.6%	20
Temporary shelter	5.6%	20
Treatment for depression and/or anxiety	5.0%	18
Victim compensation application assistance	10.6%	38
Other. If check this box, please specify in the comment box below.	16.2%	58
Specify if "other" was selected above. (No character limit)		56
	Answered question	357
	Skipped question	127

Q3 Summary: As in Q2, respondents were asked to check all of the choices that applied. The most common activity related to elder abuse services provided by organizations was "Advocacy" (37%). Over a third (34.5%) provide this same service for victims. Approximately a third of respondents (32.2%) provide "Information and referral services for caregivers." Twenty-eight percent indicate they provide "Case management services." Nearly 20% provide "Support/counseling for victims;" over 18% offer "Education/training of professionals regarding elder abuse." Slightly over 18% offer "Social work services."

Q3 "Other Comments": Respondents were given the opportunity to write in additional descriptive information about the services provided by their organizations.

Principal Nature of Work	Number of Responses
Prosecution	7
Retired	7
Law enforcement	4
Administration	1
Arts-based social programs and caregiver supports	1
Clinical services for sexual assault survivors	1
Compliance management	1
Congregational care at faith-based organization	1
Court accompaniment and grand jury/hearing/trial preparation. Court and judicial advocacy	1
Criminal investigation and referral to services	1
Criminal pursuance against abusers	1
Deputy commissioner	1
District attorney's office-based social services	1
Elder law	1
Enforcement of elder abuse, domestic violence and child abuse laws as well as referrals to appropriate agencies	1
Forensic accounting	1
Friendly visits, assistance to elders including outings, transportation, errands, meal preparation and parish nurse services.	1
Fund raising	1
Holding accusers responsible, monitoring compliance	1
Home care	1
Hospital administrator	1
Housing - subsidized	1
MDT member	1

Principal Nature of Work (continued)	Responses
Meals on Wheels	1
Multiple, including case management services; information and referral for aging persons; information and referral services for caregivers	1
My agency works with visually impaired elders. Our role would be to identify any abuse situation and seek help from another agency about this situation.	1
Plan, fund, monitor and assist subcontractors with: elder abuse prevention intervention, elder abuse education and outreach, E-MDTs, financial management services, case management services, legal assistance services, telephone reassurance, depression screening programs (PATHS, PEARLS and Geriatric Addictions Program)	1
Providing support/referral services to elderly victims	1
Provision of death investigations/autopsy as indicated	1
Public Health	1
Public school educator	1
Referral for medical services and assistive services in the home	1
Referring to proper agencies	1
Research and evaluation	1
Retired health care services	1
Social work professor	1
Strategic planning	1
Supervision of offenders, victims and/or other family members; sit on the County's DV Consortium and relevant committees	1
Town boards, advocacy for elders threatened by abuse from sexual offenders	1
University professor	1
Volunteer, preventive medicine and treatment, rule out elderly abuse	1
Total Responses	**56**

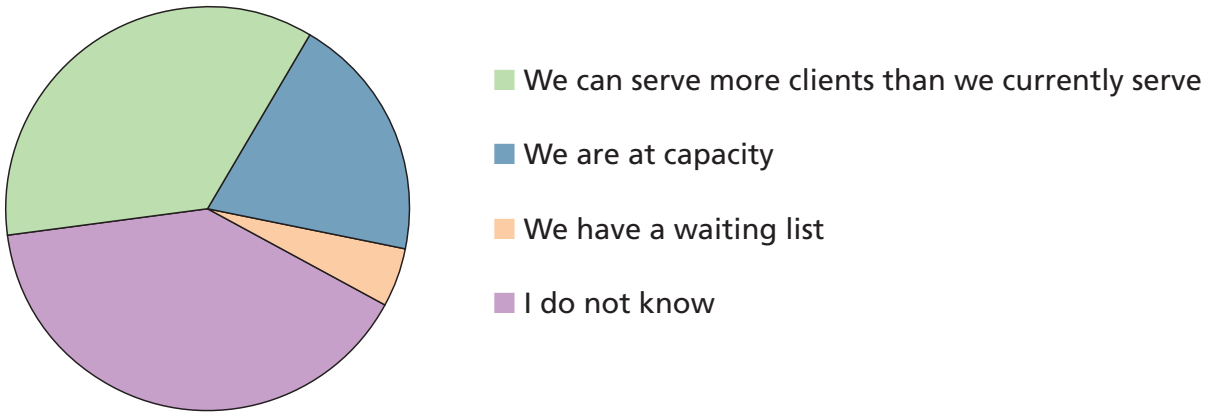
Q3 "Other Comments" Summary: The responses in the "Other Comments" indicate that in NYS there is considerable variety in the nature of elder abuse work being conducted. Fifty-six (16%) of those responding to Q3 chose to write in comments. A combined total of 11 (20%) of all respondents contributing to "Other Comments" indicated their involvement with law enforcement and criminal prosecution.

Q4: What is your organization's capacity to meet current demand for the elder abuse prevention and intervention services that you provide? Check one.

Q4		
Answer Options	**Response Percent**	**Response Count**
We can serve more clients than we currently serve	35.7%	111
We are at capacity	19.6%	61
We have a waiting list	4.8%	15
I do not know	39.9%	124
Comment (No character limit)	12%	38
	Answered question	**311**
	Skipped question	**173**

The results from Q4 are depicted graphically in the chart below.

Q4: What is your organization's capacity to meet current demand for the elder abuse prevention services that you provide? Check one:



Q4 Summary: Respondents were asked to check one answer. A total of 311 (64%) respondents answered this question regarding organizational capacity to serve elder abuse victims. About a third of respondents (36%) indicated that they were in a position to serve more clients; about 20% indicated they were at capacity. Only 4.8% had waiting lists, presumably because of capacity limitations. Nearly 40% of respondents were unable to comment on their organization's ability to provide sufficient elder abuse services.

Q4: "Other Comments": Respondents were given the opportunity to write in additional information about their organization's current capacity to meet current demand for elder abuse and intervention services. Note that comments that did not respond to the specific question (e.g., "send information," "not applicable") were not included in the chart. In addition, all potentially identifying information

was omitted to retain anonymity. The comments have been clustered by the following themes in the chart below: At Capacity/Waiting List; Need for Increased Awareness; No Capacity to Serve; No Set Client Limit; No Wait List; Referrals Only; Service Challenges; and General Comments.

Theme	Comments
At Capacity/ Waiting List (2)	■ We have a waiting list for case management. We refer elder abuse cases out. ■ Currently at capacity but funding ends later this year. Will have a difficult time continuing services at this level. In addition, with further outreach, we anticipate the need for services to continue to grow due to the overall aging of our community.
Need for Increased Awareness (1)	■ I am not sure that we are aware of the extent of the problem.
No Capacity to Serve (1)	■ We have no capacity. Where there is a need we will advocate for them.
No Set Client Limit (1)	■ There is no set limit to the capacity of clients that we can serve.
No Wait List (7)	■ While our caseloads are high and the cases complex, we will not turn away any referrals. ■ We prosecute all elder abuse cases where there is probable cause to believe a crime has been committed. ■ This is a hospital setting. We have the capacity to see all patients whether in our Emergency Dept., on our inpatient units, or outpatient clinics, who are suspected or reported to be victims of elder abuse. ■ We haven't been overloaded with cases. ■ We don't have a wait list. We help everyone who calls, so it is very hard to devote the ideal amount of time to some of our cases due to always getting more referrals. ■ Cases are closed and added on a regular basis. It depends on the month/ and or day as to whether we are at capacity but we will still serve the client regardless. ■ Our EISEP program has a waiting list. The case management that we provide under EISEP includes support and assistance for some clients who are or have been victims of abuse, neglect or exploitation.
Referrals Only (3)	■ We do not serve elder abuse clients. We operate as a referral agency. ■ We refer cases to Adult Protective Services. ■ We make referrals.

Service Challenges (3)	■ We're hard pressed. The level of need keeps increasing and we are hard pressed to keep up. ■ Funding for services is limited. Could serve more victims/areas if funding was available. ■ Elderly survivors require more time and hands on support when it comes to case management; therefore, staff spends double the time with the elderly client. For this reason, taking on more elderly clients is difficult at this moment.
General Comments (9)	■ We provide information, referral, collaboration, consultation, legal assistance, and support to clients and/or caregivers. We collaborate and refer to local APS and other local service providers, as needed. ■ My organization does not offer elder abuse prevention services. I make referrals to the Adult Protective Services unit if I learn about someone experiencing elder abuse. ■ Not applicable to our department as Adult Protective Services handles elder abuse. ■ Our subcontracted provider recently reported a large volume of abandoned calls. They are working to address these issues. There is much more that needs to be done to prevent and intervene in cases of suspected cases of elder abuse. Additionally, we would like to develop an education program around responsibilities of a Power of Attorney, including moral fiduciary responsibility to monitor and report when suspected abuse has taken place. ■ I teach at a state university. Elder abuse prevention and intervention is not an academic offering but it could be. ■ The three programs that we currently fund exceeded expected program utilization/capacity in the contract year recently ended. Resources at these agencies are stretched to the limit to meet the identified need. ■ Caseworkers are overwhelmed with the volume of referrals, investigations and lack of time available to provide effective "proactive" interventions. All too often we are being "reactive" to the "most urgent consumer crisis for today." ■ Difficult here to help due to limitations; prevention is very important here in this county. ■ The University would like more applicants who are interested in aging services.

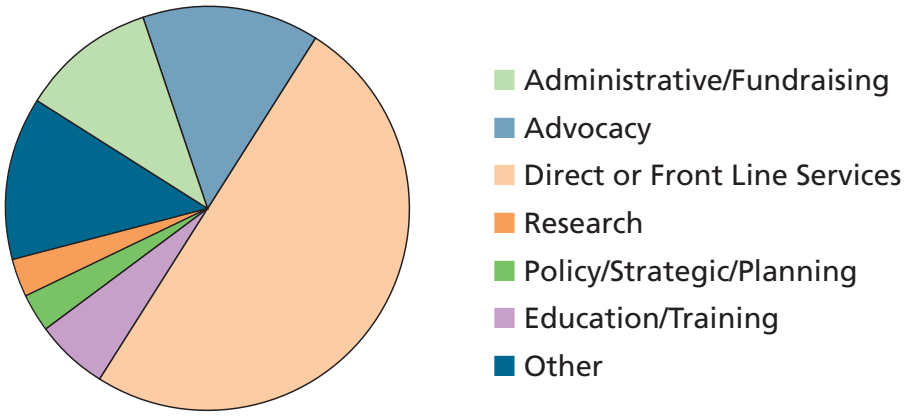
Q4 "Other Comments" Summary: Thirty-eight (12%) of respondents to Q4 chose to record comments offering additional insights into organizational capacity to meet service needs. Responses from organizations providing direct service to victims appear to be split between those that are able to meet current demand for service and those that are at capacity or overwhelmed with the volume and complexity of referrals. Because of the anonymity of responses, it is impossible to comment on the type of agencies under stress or their geographic location.

Q5: What is the principal nature of your work relating to elder abuse? Check one.

Q5		
Answer Options	**Response Percent**	**Response Count**
Administrative	11.0%	36
Advocacy	13.7%	45
Caregiver stress reduction	4.0%	13
Counseling	4.9%	16
Direct or front line services	16.2%	53
Education/training	5.5%	18
Fundraising	0.3%	1
Information and referral	24.4%	80
Policy	1.5%	5
Research	1.8%	6
Strategic planning	0.9%	3
Other (No character limit)	15.9%	52
	Answered question	328
	Skipped question	156

The results from Q5 are depicted graphically in the chart below.

Q5: What is the principal nature of your work relating to elder abuse? Check one:



Q5 Summary: Respondents were permitted to select only one answer to Q5. 328 (67%) responded to this question. When grouped together, approximately 50% of respondents are involved in direct client service activities such as Caregiver Stress Reduction, Counseling, Front-line Services, Information and Referral. Fourteen percent are employed in Advocacy positions. Eleven percent are involved in Administration and Fundraising. About 6% conduct Education and Training. A small percentage (2-3% in each category) are involved in Policy/Strategic Planning or Research.

Q5: "Other" category. Respondents were given the opportunity to write in responses regarding the principal nature of their work relating to elder abuse. Comments that did not respond to the specific question (e.g., description of a position's responsibilities; a statement of a work setting; stating a type of abuse; "all") were not included in the chart. In addition, all potentially identifying information was omitted to retain anonymity.

Principal Nature of Respondent's Work	Number of Responses
Prosecution	6
Legal representation	3
Caregiver	2
Caregiver stress reduction	2
Hospital emergency department care:-assessment, referral, crisis intervention, discharge planning	2
Identify abuse and report	2
Law enforcement	2
Referral	2
Case management	1
Consultation	1
Coordination of community activities and outreach campaign and oversight of elder abuse advocacy services	1
Education/training at university	1
Elder abuse social worker	1
Faith-based community: multi-faceted role of advocacy, caregiver services, counseling, direct services, I&R	1
Financial management	1
Forensic accounting	1
Funding and monitoring/oversight of funded programs	1
Guardian	1
Help customers protect their money from elder abuse or misuse	1
Information and assistance and awareness	1
Informed elder	1
Investigation of circumstances surrounding death of elderly	1
Investigations, intervention, advocacy, legal assistance and solutions	1
Lab worker	1
Provide adult protective services including information, referrals, assisting law enforcement, stress reduction and front line services	1
Psychiatric treatment	1
Retiree	1
Varies	1
Victim services and criminal justice/DA liaison	1

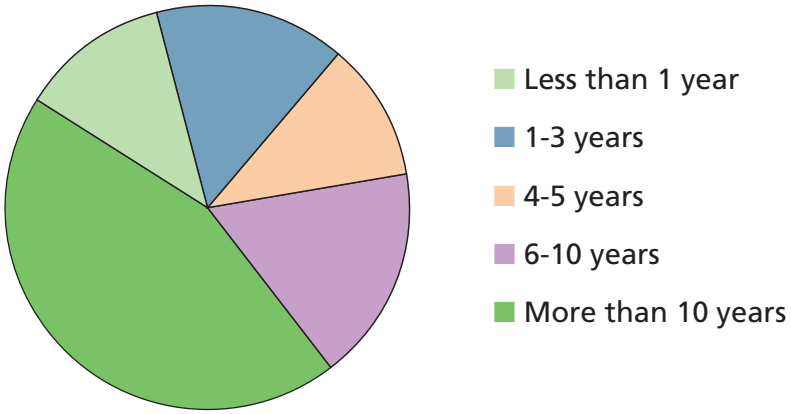
Q5 "Other Comments" Summary: Fifty-two (16%) of those responding to Q5 chose to write in comments, although 10 of those did not supply comments responding to the specific question. Of the remaining 42 respondents providing comments in the above chart, the roles described were diverse: 6 (14%) are involved with prosecution of elder abuse cases. Law enforcement was also represented as well as a small number of respondents who listed roles such as APS worker, forensic accountant, legal representation, retiree/older adult, post mortem investigation, therapist or lab worker.

Q6: How long have you been involved with elder abuse-related work?

Q6		
Answer Options	**Response Percent**	**Response Count**
Less than 1 year	11.9%	39
1-3 years	15.2%	50
4-5 years	11.0%	36
6-10 years	17.4%	57
More than 10 years	44.5%	146
	Answered question	**328**
	Skipped question	**156**

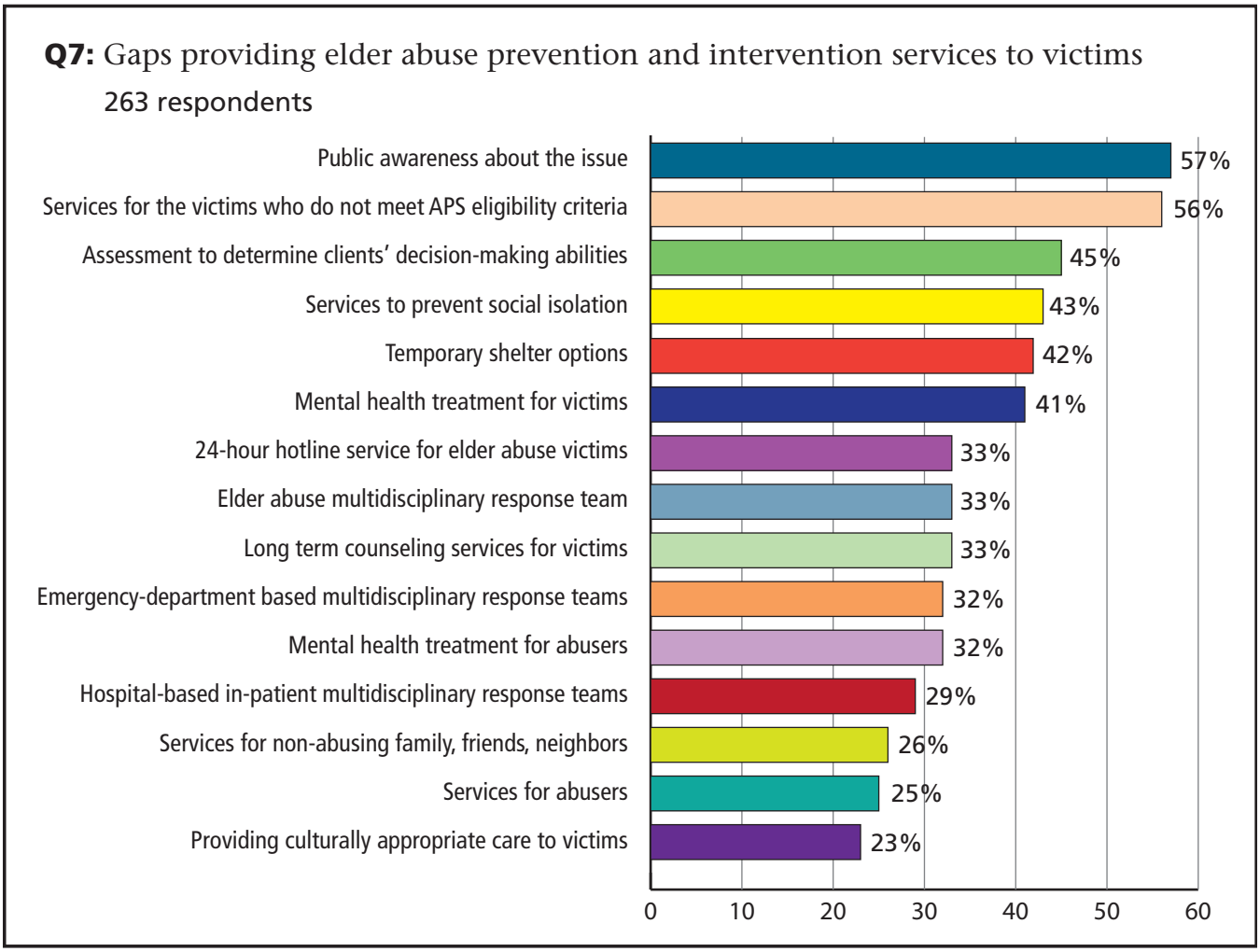
The results from Q6 are depicted graphically in the chart below.

Q6: How long have you been involved with elder abuse-related work?



Q6 Summary: Of the 328 (68%) respondents answering this question, over 44% reported working in elder abuse-related work for over ten years. Over 17% have been working in the field six to ten years. Only 12% have been working in elder abuse work for less than a year.

Q7: In your experience in providing elder abuse prevention and intervention services to victims, what do you think are the GAPS in your county/counties or borough(s)? Check all that apply.



Q7 Summary: Although respondents were asked to select all the responses that applied and thus could have selected every item, respondents were clearly selective in their responses. Of the 263 (54%) individuals responding to this question, as shown in the chart above, over 55% indicated "Public awareness about the issue" and "Service for victims who do not meet APS eligibility criteria" were gaps in their service areas. "Assessment to determine clients' decision-making abilities," "Services to prevent social isolation," "Temporary shelter options" and "Mental health treatment for victims" were also endorsed as gaps by over 40% of respondents. All remaining items were endorsed by 23% to 33% of respondents. Comments were left by 77 (29%) responders elaborating on their choices or listing gaps in service not presented as choices in Q7.

Q8: Please use the comment box to list any GAPS not listed in Q7 and/or to suggest innovative practices or approaches that would address existing gaps.

Note that comments that did not respond to the specific question were not included in the chart. In addition, all potentially identifying information was omitted to retain anonymity. The comments have been clustered by the following themes in the chart below: Access; Adult Protective Services (APS); Capacity Assessment; Case Management Services; Data Collection; Direct Services to Victims; Faith-based Services; Financial Management; Guardianship/Surrogate Program; Health Care/Home Health Care; Hotline; Law Enforcement; Legal Services; Legislation/ Regulation; LGBTQ Services; Multidisciplinary Teams; Mental Health Services; Non-abusing Family, Friends and Neighbors; Public Awareness; Screening/Reporting; Shelters/Temporary Housing/Housing Options; Social Isolation; Specialists; Underserved Populations; Workforce Development; and General Comments.

Theme	Comments
Access (5)	■ Provide accommodations for older adults to access the courts such as transportation, minimizing wait times, and advocacy/court accompaniment services. ■ Reliable and convenient transportation options for victims to access services. ■ Transportation for those patients who don't qualify for Medicaid. ■ Language capacity in order to better serve immigrants. ■ In all localities, assess improved public transportation needs and provide for transportation to receive any and all needed elder abuse services. Rural areas have special transportation needs.
APS (2)	■ Improve dissemination of APS eligibility criteria and how to refer a case. ■ Reduce the amount of time it takes APS to intervene.
Capacity Assessment (1)	■ Localities need access to trained professionals to assess capacity and refer people to after screening positive for having decision-making difficulties. (NYC has psychiatrists APS can refer to for this purpose.)
Case Management Services (3)	■ In general, more social services for seniors, including community case management. ■ Provide improved case management services. ■ Provide more community based case management services.

Data Collection (1)	■ Make statistics available by county to share with volunteers and others that indicate that abuse happens in all neighborhoods (without being specific).
Direct Services to Victims (2)	■ Stigma associated with elder abuse victimization is a barrier to self-reporting abuse. Provide services that encourage older adults to seek out assistance for abuse and provide information about where to go for help if it occurs. ■ Encourage people to take action against predatory family and or caregivers.
Faith-based Services (1)	■ Need to increase involvement with faith-based communities.
Financial Management (1)	■ Nonprofit financial management programs for non-APS-eligible clients who lack trusted friends/family to pay bills and safeguard their income/assets.
Guardianship/Surrogate Program (2)	■ Localities need a fully-funded guardianship program. ■ Provide a surrogate decision making program (e.g., POA, health care proxy) for those who have no responsible friends or family.
Health Care/Home Health Care (6)	■ Emergency departments should have rapid response teams to identify victims, conduct medical and forensic exams, and respond to victims' needs. ■ Hospital staff need training to identify victims and then conduct proper in-patient assessments and interventions. ■ Provide training in recognition and referral for health care providers. ■ Elder abuse education and "EA certification" at home care and home health aide agencies. ■ Hospital-based start of guardianship procedures. ■ Increase the supply of aides.
Hotline (1)	■ A 24-hour APS local hotline would be desirable.
Law Enforcement (4)	■ More education about elder abuse and "specialist certification" for select officers within law enforcement. ■ We need more specialized police units to do numerous follow ups in plain clothing/unmarked car details to reach out to elder victims with discretion. ■ Improve police response.

	■ Model on CPS/Rape Crisis protocol: elder care worker meets police and victim at the hospital, then crime victim services becomes involved post-arrest; paid staff to implement outreach program: identify needs, provide information, care for victims, prevention of relapse.
Legal Services (2)	■ Provide legal services for those who have limited ability to access the court system directly. ■ Improve access to civil legal services.
Legislation/Regulation (4)	■ Additional work needs to go into protecting victims who have been financially abused to provide waivers and other assistance without penalties for look back periods, etc. when some finances cannot be accounted for due to the abuse. ■ Get banks to cooperate with turning over records to APS. ■ Consider state laws that would enable APS to have the legal right to remove adults from abuse situations, similar to CPS law. ■ We need an elder abuse mandatory reporting law.
LGBTQ Services (1)	■ Culturally competent and specific services designed for LGBTQ communities.
Multidisciplinary Teams (6)	■ Elder abuse MDTs should be made available in all counties. ■ Localities should have access to technical assistance at any stage of MDT development. ■ Technological support for MDTs is needed. ■ MDT case management, efficient workflow performance and data collection is difficult without the appropriate tech infrastructure. ■ Localities need multidisciplinary teams to discuss specific cases and come up with comprehensive strategies to get money back, convictions, housing, care, etc. ■ Localities with MDTs need to better promote them.
Mental Health Services (2)	■ Mental health mobile crisis teams need to respond to anyone with dementia regardless of a co-existing mental illness or current risks. For example, if a person with dementia is actively hallucinating and exhibiting behaviors that are dangerous to self or others, the crisis team should accept this case. ■ Provide long term counseling and emotional support for elder abuse victims who have trauma histories and need more than short-term intervention. Our system is not set up for long term work with clients in this category. Interventions need more of a trauma-informed focus.

Non-abusing Family, Friends and Neighbors (2)	■ The needs of non-abusing family, friends and neighbors are not well known or understood by professionals because there has not been much written about or spoken about them. But they experience significant distress and they need assistance through a Helpline and online resource materials. ■ Encourage people to take action against predatory family and or caregivers.
Public Awareness (9)	■ Establish public awareness programs about ageism and elder abuse in pre-k through high school. ■ Establish paid internships for high school, college and grad students focused on elder abuse awareness, prevention and response. ■ Provide education to the public about Power of Attorney vs. guardianship, e.g., a power of attorney is not above a guardian. ■ Provide widespread community education about elder abuse, APS services and the best practices available to address elder abuse. ■ Provide education about the issue. ■ Increased and consistent education for public/community on signs of abuse and how to respond, i.e., where & how best to get support. ■ Provide information to older adults about the physical and financial dangers they face as they age and the services available to them. ■ Education for the elderly to include information about elder abuse and how to deal with fear, intimidation. ■ Provide local community education on elder abuse.
Screening/Reporting (4)	■ We need a simple, standardized way of screening for those clients with decision-making difficulties and train first responders to do this screening. ■ Evaluate each client without a case manager/worker/aide to look into possible maltreatment. ■ Train on identifying non-physical abuse in people with dementia. ■ Improve education and policies that focus on identifying and reporting elder abuse.
Shelters/Temporary Housing/ Housing Options (11)	■ Provide monitoring in temporary shelters and homes for elderly. ■ Affordable housing for seniors, so that seniors facing victimization in their living situations have other, safer, housing options.

	■ We need increased availability for assisted living facilities. ■ All counties should have access to shelter for homeless clients. ■ We need shelters in all counties. It would be wonderful to partner with a DV program to have a shelter that housed both younger and older populations. The populations might assist each other within the shelter. Professionals knowledgeable about the needs of both age groups would be needed to assist the clients. ■ Temporary shelter options with language capabilities for survivors. ■ Provide long term/permanent housing options for victims. ■ We need to address shelter needs of patients without capacity to sign themselves in. Currently they are sent to nursing homes that will pursue guardianship if the patient cannot go home (i.e., lives with abuser). ■ Permanent safe housing for victims. ■ Provide permanent housing options. ■ Provide affordable adult homes and affordable assisted living.
Social Isolation (2)	■ Social isolation is both a risk factor for and result of elder abuse. We need programs targeted specifically at social isolation, like "Meet New Friends" clubs to help older adults replenish their social networks — and intensive, long-term support services for those older adults lonely and despairing (as fraudsters "befriend" these folks and then spend considerable time filling their lonely hearts and emptying their bank accounts). ■ More volunteer programs, such as friendly visitors, to help with socially isolated and/or homebound seniors.
Specialists (1)	■ Localities need case consultation services provided by skilled elder abuse specialists from the fields of social work, medicine, psychiatry and forensic accounting, for any professional seeking assistance on a complex elder abuse case.
Underserved Populations (1)	■ We need to do a better job of working with underserved populations, including developing culturally/linguistically appropriate identification and outreach methods and service provision.
Workforce Development (3)	■ Require professionals in all disciplines licensed by the state to take training on elder abuse for licensing and re-licensing. ■ Provide training for volunteers who deliver meals to elders. ■ Provide professional development for those working with elder abuse victims.

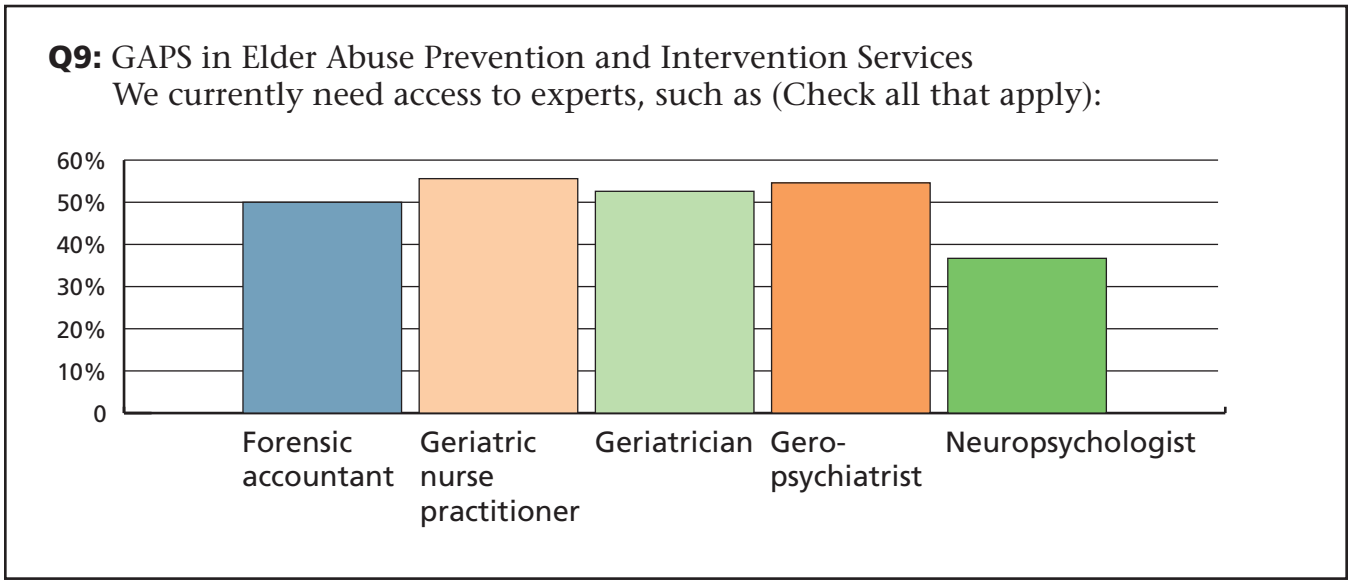
General Comments (3)	■ While we have all the services listed in the survey to some extent (except for the 24 hour abuse hotline,) community needs are not being met. ■ Although certain services exist today, the future loss of funding will force the community to see if these services will be sustainable. ■ Instead of filing an eviction proceeding, encourage landlords to file for guardianship when they know that an elderly resident has dementia.

Q8 Comments Summary: Seventy-seven (29%) respondents listed gaps in service not presented as choices in Q7 or suggested other innovative practices or approaches that would address existing gaps. These comments were separated into 80 distinct comments. Common themes emerged when thematically grouping the responses, as depicted in the preceding chart. Shelters, temporary housing and other housing options for elder abuse victims were cited most frequently as a community need. Nine respondents (12%) cited increasing public awareness efforts as a significant gap, including "education for the elderly …how to deal with fear, intimidation." Many other comments focused on improvements in the community response to elder abuse cases including improvements in the healthcare/home care systems and in the mental health system. Six (8%) respondents specifically called for the expansion of MDTs in communities.

Q9: GAPS in Elder Abuse Prevention and Intervention Services: We currently need access to experts, such as (Check all that apply):

Q9		
Answer Options	**Response Percent**	**Response Count**
Forensic accountant	50.0%	98
Geriatric nurse practitioner	55.6%	109
Geriatrician	52.6%	103
Gero-psychiatrist	54.6%	107
Neuropsychologist	36.7%	72
Other (No character limit)		36
	Answered question	**196**
	Skipped question	**288**

The results from Q9 are depicted graphically in the chart below.



Q9 Summary: Of the 196 respondents to this question, 50% or more endorsed the need for each of four expert professional consultants in elder abuse work (forensic accountants, geriatric nurse practitioners, geriatricians and gero-psychiatrists). In addition, 72 respondents (37%) indicated a need for neuropsychologist consultation.

Q9: "Other" Responses: Respondents were given the opportunity to write in comments regarding additional need for access to experts. Comments that did not respond to the specific question (e.g., "I have no idea"; "Not our mandate"; "Retiree") were not included in the chart. In addition, all potentially identifying information was omitted to retain anonymity. Comments have been clustered by respondent discipline.

Discipline of Expert (Each comment represents one respondent.)
Affordable legal services to represent victims of fraud, abuse and neglect
All counties should have access to all of these specialists.
Attorneys with expertise in working with elder abuse.
Culturally appropriate counselors
Forensic pathologist
Geriatric trained social workers
Involvement of faith-based communities
It would be helpful to have a geriatric nurse practitioner who would see elder abuse victims with complex conditions in their homes.
Lawyers to help with guardianship and other civil legal services; low fee legal services.
Mental health counselors
Nutritionist
Ours is a rural county with none of the above listed services. As a community we have to use creativity to address the issues as they arise.
Physical therapist
Primary care physicians trained to work with elder abuse victims.
Psychiatrist, mental health worker
Registered Nurse Case Manager
The professionals need to be bilingual/multilingual to provide appropriate services for survivors of elder abuse as many of them are not fluent in English.
Through our E-MDT we have the above but need more to meet need and funding to support these positions. Some services should be paid for through restitution and fines imparted on convicted abusers. Victims should be placed at top of waiting lists for housing options to get out of unsafe living situations.
We have access to these specialists, but it is very limited.
While we have these professionals, the issue becomes payment for these services when needed to assist with client needs and issues.

Q9 "Other" – Summary: Thirty-six (18%) of those responding to Q9 chose to write in "other" responses. These "other" responses highlight the need for a variety of specialists for consultation and direct service to elder abuse victims. The written responses provide deeper insight into the noteworthy range of specialists needed by localities to effectively respond to cases of elder abuse.

Q10: Choose the top three GAPS that have the greatest negative impact on the ability to serve elder victims in your county/counties (borough/boroughs). Rank these 1-3, with "1" being the most important and "3" being the third-most important.

The frequency table below displays the summary of items that were listed by any respondent as the most significant gap, second most significant or third most significant gap in their communities. This table includes items respondents selected from Q7's check-list as well as written responses to Q8's "Other Comments."

Gaps	Frequency of gap reported as most important	Frequency of gap reported as second most important	Frequency of gap reported as third most important	Aggregate frequencies from the top 3 gaps
Services for elder abuse victims who do not meet Adult Protective Services eligibility criteria	32	28	21	81
Public awareness about the issue	27	21	28	76
Assessment services to determine clients' decision-making abilities	27	20	12	59
Temporary shelter options	20	15	17	52
Specialists needed, i.e., geropsychiatrist, geriatrician, nurse practitioner, neuropsychologist, licensed social workers and psychiatrists in region; experts; forensic pathologist; forensic accountants; specialist in emergency room; mental health counselors/providers	15	17	18	50
Mental health treatment for victims	16	16	15	47
Elder abuse multidisciplinary team	12	24	8	44
Services to prevent social isolation	9	11	13	33
24-hour hotline service for elder abuse victims	13	7	12	32
Long-term counseling services for victims	6	10	11	27
Providing culturally appropriate care to victims	9	3	4	16
Emergency Department-based multidisciplinary response teams	4	6	6	16
Hospital-based in-patient multidisciplinary response teams	5	5	4	14
Services for non-abusing family, friends, and neighbors	4	3	5	12

Gaps (continued)	Frequency of gap reported as most important	Frequency of gap reported as second most important	Frequency of gap reported as third most important	Aggregate frequencies from the top 3 gaps
Safe and affordable housing options	4	7	1	12
Services for abusers	1	7	3	11
Mental health treatment for abusers	4	1	5	10
Victim reluctance	2	3	1	6
Lack of workforce development and training	2	2	1	5
Transportation	2	1	1	4
Civil legal services	2	0	2	4
Lack of mandatory reporting	1	3	0	4
Financial abuse prevention	2	0	1	3
Lack of service coordination	0	0	3	3
Lack of responsiveness and collaboration by Adult Protective Services	1	0	1	2
Improve caregiver services	1	1	0	2
Improve access to guardianship petitioners	1	1	0	2
Rejection of cases by crisis team	0	1	0	1
Unmanageable caseloads	1	0	0	1
Lack of cooperation by banks in financial exploitation cases	1	0	0	1
Small county with limited resources	1	0	0	1
Lack of counseling and referral resources	1	0	0	1
No recourse for victims	1	0	0	1
Specialized police units need to be available	1	0	0	1
Slow response time	1	0	0	1
Difficulty in accessing court services when seniors must appear regardless of ill health/disability/limitations	0	1	0	1
Lack of action plan to address reported abuse	0	1	0	1
Lack of in-hospital evaluation	0	1	0	1
Uncaring public servants dismissive of seniors who are willing to report abuse	0	1	0	1

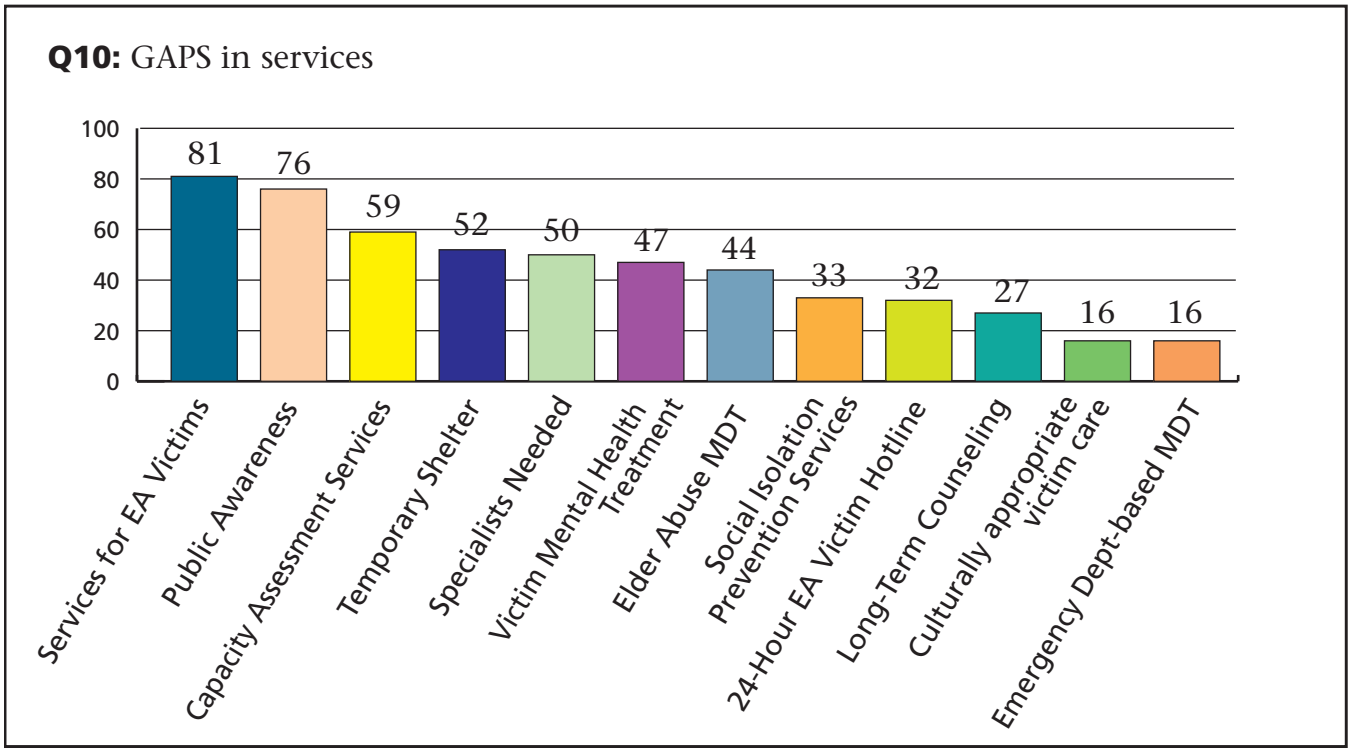
Gaps (continued)	Frequency of gap reported as most important	Frequency of gap reported as second most important	Frequency of gap reported as third most important	Aggregate frequencies from the top 3 gaps
Agencies "talk" about the issue but none actually get involved; too much focus on "awareness" without any follow up action	0	0	1	1
Elder abuse victims need to be identified sooner	0	0	1	1
Inadequate screening of home health care aides	0	0	1	1
TOTAL	**229**	**217**	**196**	**642**
Did not respond/blank cell/non-useful answer	34	46	67	147
TOTAL N	**263**	**263**	**263**	**789**

Q10 Summary: A total of 263 (54%) survey respondents entered at least one "top three" gap. It is important to reflect on those gaps that were deemed "most important." Yet, many respondents may have had difficulty discerning the top gap from the second or third most significant ones since these all represent priorities. To provide a more comprehensive picture of the most significant gaps chosen by respondents, the above table aggregates the number of times each item was endorsed by any respondent as a first, second or third most important gap.

Thus, the column on the far right — which is the sum of the frequencies of the other three columns — emerges as quite significant. This column represents the respondents' consensus as to the most important gaps.

The six highest ranked gaps in each category (first, second and third most important gaps) cluster around the following themes or services: "Services for elder abuse victims who do not meet APS eligibility criteria," "Public awareness," "Assessment services to determine client's decision-making abilities," "Temporary shelters," "Specialists needed" in elder abuse services, and "Mental health treatment for victims." Consistent with Q7 responses, "Services for elder abuse victims who do not meet APS eligibility," "Public awareness" and "Assessment services to determine client's decision-making abilities" remain the top three gaps.

The chart below represents in graphic form the frequencies with which the top 12 gaps were chosen by respondents as any one of the top three gaps in their communities.



Q10 "Other comments" on GAPS in services: Respondents were given the opportunity to write in comments regarding service gaps. Forty-six (17%) of those responding to Q10 chose to do so. Comments that did not respond to the specific question were not included in the chart. In addition, all potentially identifying information was omitted to retain anonymity. The comments have been clustered by the following themes in the chart below: Capacity/Mental Health Evaluations; Cultural Competence; Education/Training/Public Awareness; Improved Client Services; Strengthened, Improved Systems; Legal Issues/Services; Multidisciplinary Teams (MDTs): Shelters/Housing; Transportation; and General Comments.

Theme	Comments
Capacity/Mental Health Evaluations (5)	■ Elder feels neglected or abused is reported and then evaluation comes back with no signs of neglect or abuse although there have been no evaluations of psych or cognitive impairments. ■ Unless someone is obviously a danger to themselves or others, no one wants to be the one to determine someone lacks capacity. ■ We are an extremely rural county with very limited mental health services. We also do not have anyone willing to complete competency evaluations for possible guardianship cases. There are extremely long waiting lists for psychiatric

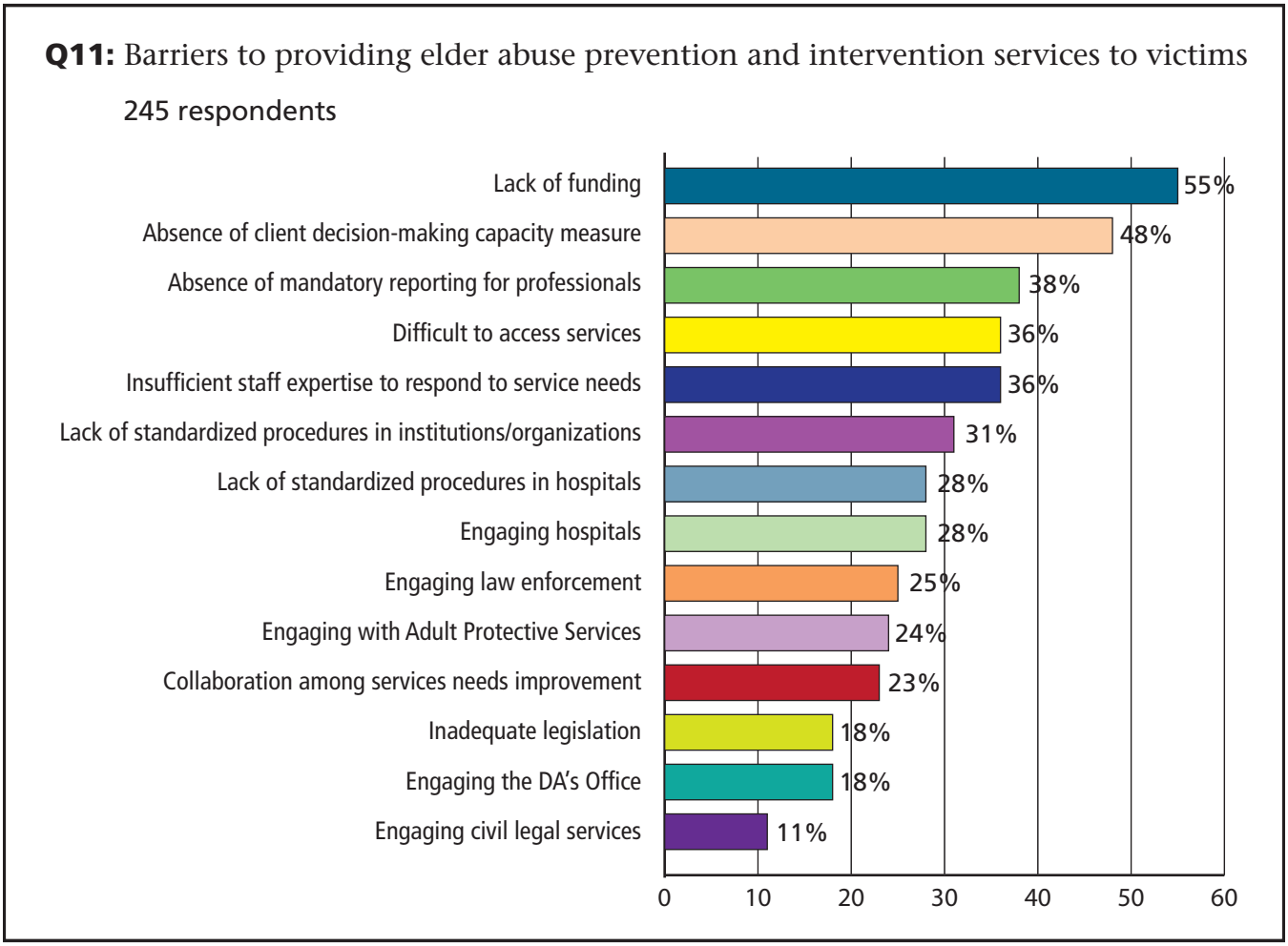
	services, and almost no professional able to complete in-home assessments. ■ Due to the lack of skilled nursing facilities equipped to manage individuals with dementia or mental health issues, there are numerous clients in the community with little to no resources. ■ Obtaining mental health assessments, especially for those who are reluctant or cannot leave the home, is non-existent.
Cultural Competence (2)	■ We need to build in culturally competent and health literate care to meet and understand cultural nuances, language disparities and learning/cognitive challenges to help improve outcomes for victims. ■ Very difficult to find culturally sensitive providers in the community who understand the issue and speak the language, particularly Chinese & Spanish speaking.
Education/Training/ Public Awareness (1)	■ Other major gap is public awareness. There is one local radio station, which is running a series on needs and issues related to aging; other than that, I don't see enough out there sparking public awareness.
Improved Client Services (5)	■ We don't need "talking head" programs like task forces, etc. We need more funded concrete services for our elderly victims! ■ Assessors from the county, or perhaps from senior centers, should visit the elderly in their homes, especially when they can no longer attend, or have been absent. ■ Home-based services for non-Medicaid individuals. ■ Getting in-home help for people who are not Medicaid eligible is extremely tough, especially when they don't have the funds to private pay, but are then unsafe at home because of it. ■ Affordable guardianships; attorneys doing evaluations who understand clinical geriatric care issues.
Legal Issues/Services (1)	■ Because our agency has a dedicated attorney to deal with elder abuse, we are fortunate to have a brazen advocate who is the voice for the victims. Our Guardianship Dept. uses Article 81 of the Mental Health Law to use the courts to get civil judgments when the criminal system will not prosecute these cases.

Multidisciplinary Teams (MDTs) (4)	■ Territorial attitudes as an obstacle to forming an MDT; understanding what actual collaboration looks like. ■ Maintaining current services like MDT when current funding runs out. ■ More organization in E-MDT meetings. ■ Our county has no multidisciplinary teams.
Shelters/Housing (7)	■ With this growing population and seniors living longer, family members not able to support their parent 100%, there is not enough senior living inclusive communities to accommodate seniors. ■ We have no emergency shelter for any population in our county. ■ Need temporary shelter options. ■ Although rental subsidy program started, the maximum rent allowed under the program would not fit the market price in the area. Seniors who are eligible for the program could not find a landlord who would accept the program due to this gap. ■ Not enough special shelters: should have them in every borough. ■ There are no shelters for homeless in our community. ■ Our county has no safe, temporary shelter suitable for elderly persons.
Strengthened, Improved Systems (8)	■ All too often, there is a lack of understanding of where to refer victims of elder abuse. We need a "one-stop shopping" point of entry to avoid fragmented interventions. ■ We have no ER or hospital in this county. ■ Not enough geriatric-trained professions. ■ Hospitals are making unsafe discharge plans as they do not appear to have the resources to ensure safe and sound discharges. ■ Not enough of the medical field gets involved with the personal aspects of elder abuse. ■ Once the public is aware and abuse is reported, we do not have very fast moving response to the report or to the immediate needs of the victim. ■ Lack of standard protocols; each case treated as starting from scratch. ■ Adequate funding for EISEP services could make a dent in this problem. Most community-dwelling elders are not readily Medicaid eligible but can't afford to pay very much for services.

Transportation (2)	■ We don't have ample public transportation options. ■ Transportation is an issue.
General comments (4)	■ Need housekeeping, nutrition and education. ■ Need forensic accountant. Most financial crimes do not get prosecuted. ■ Due to the rural nature of the county, isolation is often physical and not manufactured by an abuser. There is very little opportunity to educate on the isolation part of abuse and make it seem like a different situation than living far from neighbors and family. ■ "How could I report my son mistreats me as I depend on him completely?" "It would be inconceivable that I could trust a stranger, like elder abuse worker."

Q10 "Other Comments" Summary: Forty-six (17%) respondents wrote comments about the gaps in services. The most frequently cited gaps could be interpreted as recommendations for improvements in services across service systems such as more funding for in-home services and more concrete services. Seven comments were about increasing housing options for older persons, including elder abuse shelters. Multiple respondents commented on the issue of inadequate resources for assessing the financial decision-making capacity of older adults.

Q11: In your experience in providing elder abuse prevention and intervention services, what do you think are the BARRIERS to providing these services? Check all that apply.



Q11 Summary: The chart above demonstrates graphically what 245 (51%) respondents to this question identified as the barriers to providing service. Respondents were able to check more than one barrier. "Lack of funding" emerged as the leading barrier with 55% endorsing this choice. "Absence of a client decision-making capacity measure" was identified as a major barrier by 45% of respondents. Thirty-eight percent saw lack of mandatory reporting of elder abuse by professionals as a barrier. Difficulty accessing services, insufficient staff expertise and lack of standardized procedures in institutions and organizations were also identified as barriers by over 30% of respondents. Approximately a quarter of those who responded to this question saw engagement with major systems responsible for identifying and assisting elder abuse victims as a significant barrier: hospitals, law enforcement and Adult Protective Services.

Q11 "Other Comments" on barriers to service provision: Respondents to Q11 were given the opportunity to write in comments regarding barriers to the provision of elder abuse prevention and intervention services in their communities. All potentially identifying information was omitted to retain anonymity. The comments have been clustered by the following themes in the chart on the next page: Adult Protective Services; Collaboration; Cultural Competence; Funding;

Legal Issues; Multidisciplinary Teams (MDTs); Need for Increased Services and Improved Systems; Need for Legislation, Regulations and Guidelines; and General Comments.

Theme	Comments
Adult Protective Services (APS) (3)	■ APS will only respond to the "initial" referral agency. ■ What happens to people when Adult Protective denies services to them due to not meeting eligibility criteria? ■ Agencies feel that Adult Protective Services doesn't do enough. Department of Social Services in our county does feel the adult population is as important as the children. Administration is more interested in the Child Protective Services and less with any services but children and adults.
Collaboration (11)	■ Lack of working with private sector on all of these issues. ■ Leadership at all levels of state and local government must engage and coordinate to improve elder abuse prevention and response. ■ Improve collaboration with substance abuse programs, mental health hospitals and financial industry. ■ Although many of these areas can be barriers some times, often community partners are excellent at working together. Collaboration can always improve through working together as a coalition of multidisciplinary organizations. ■ Collaboration among services needs improvement. The referral process for key services to clients can involve completion of lengthy forms that significantly cut into ability to obtain and provide needed services due to time constraints and understaffing. ■ Lack of bank cooperation. ■ Collaboration across the state needs to be established. ■ Collaboration between banks and APS. ■ Collaboration needs to be recognized and supported with joint training so staff are already familiar with each other prior to "the next case" and maybe have protocols to follow so that, i.e., DSS does not talk to a suspected perp and foul up the law enforcement aspects. Lack of defined territories has staff all over the county and needing to try and network with many service providers instead of being able to focus efforts in one area of the county. ■ More and better collaboration is needed amongst hospital staff, APS, community-based social service agencies, police department. Seems like there is a serious lack of appreciation for the value of collaboration and a misguided understanding to protecting confidentiality.

	■ We need protections to ensure that we are protected to share information among different service providers.
Cultural Competence (4)	■ Lack of LGBTQ competency among elder service providers. ■ Services are not culturally and language-need appropriate. ■ Language appropriate services. ■ "Difficult to access services" includes linguistic as well as cultural barriers as most of information is written in English.
Funding (3)	■ Lack of funding. ■ Funding is always an issue in sustaining prevention work as well as in coordinating coalition work and multidisciplinary teams. ■ Funding is needed to maintain new collaborations and new services.
Legal Issues (3)	■ Non-mandatory, non-standard, too little, too late standard of legal response. ■ Problems with guardianships and Power of Attorney for families. ■ It is difficult to prove elder abuse and therefore difficult to have abusers punished.
Multidisciplinary Teams MDTs (2)	■ Funding to establish MDTs throughout the state is essential. ■ More E-MDTs that focus on all forms of elder abuse — that work together!
Need for Increased Services and Improved Service Systems (10)	■ Need additional mental health services to meet needs of the community — for abuser and victim — which are culturally competent and delivered in a way that the individual can understand. ■ Direct client work is often funded, but education and outreach is still very critical in this field. ■ Insufficient community programs to work with my victimized seniors after I have to close their cases, so that they will stay safe, e.g., community case management, nonprofit financial management programs, volunteer programs like friendly visitors, etc. In short, aftercare programs. ■ There are many frail elderly who want to remain at home who do not have the means to privately hire or do not qualify for Medicaid. Families cannot afford to hire the help to keep their loved ones safe and there is no safety net for these individuals. We need to do a better job keeping the elderly home. I am a frustrated health care worker and feel we should have better options for our elderly and the families struggling to keep their loved ones home and safe.

	■ Lack of qualified professionals to assess for capacity ■ Lack of available resources/services ■ Cost of some intervention services ■ Lack of standardized procedures for elder abuse victims across all systems. For example, when a victim is in danger, some professionals will get New York Police Department involved, and other professionals will not, if the victim has capacity and if the victim did not want the police involved. Also, lack of standardized understanding of self-determination. Some professionals seem to follow strict definitions of self-determination, other professionals look at the subtle nuances of self-determination and weigh interventions accordingly, and others prioritize "duty to protect." ■ Greater services for victims of crimes. ■ Neglect in skilled facilities is heartbreaking. I have called the Department of Health and nothing gets done despite the fact residents are sitting in urine-soaked clothing; needing oxygen but the tank is empty and the tubing on. I can go on and on as I have been involved with these cases for over 25 years.
Need for Legislation, Regulations and Guidelines (24)	■ Lack of legislation to involve financial services in reporting. ■ Inadequate legislation: need permissive reporting for financial institutions. ■ Need more guidelines and regulations around Power of Attorneys and their responsibility as stewards of individuals' finances and other decisions with requirements to monitor credit report and report discrepancies. ■ Allow conditional examination of older adult witnesses. ■ Amend the Criminal Procedure Law 730 to permit an Order of Protection for victims when a misdemeanor case is dismissed because defendant is mentally unfit. ■ Amend Penal Law 260.32(4), Endangering the Welfare of a Vulnerable Elderly Person: broaden definition of "vulnerable elderly person" to not require a disease associated with advanced age; statute should include all caregivers. ■ Amend the NY Executive Law – Section 631 — Increase crime compensation for victims. ■ Amend Section 1 paragraph (d) of subdivision 2 of §155.05 of the Penal Law to specify explicitly that in a prosecution for Larceny by False Promise, "partial performance of such promise does not, by itself, preclude a reasonable jury from making such finding from all the facts and circumstances." ■ Re: Grand Jury testimony: Insert financial crimes in the list of crimes in which an elderly person can have a caregiver or family member accompany them into the Grand Jury proceeding.

- NYS does not have mandatory reporting to this date.
- Very obscure or missing laws to hold perpetrators accountable, e.g., Endangering the Welfare needs to be revised and clarified, larceny statute amended.
- Need more laws that specifically speak to elder abuse vs. trying to fit these crimes into existing penal codes.
- Housing convicted sexual offenders with developmentally delayed elders (or younger) is not adequately policed. State or federal laws preventing "discrimination" against offenders who have served prison terms conflicts with guarding safety of other elders in so called non-profit businesses.
- Legislation needs to be created to enhance Elder Abuse Prevention services and funding needs to be tied to the legislation!
- Currently there is not much legislation covering the issues of mental health.
- Criminal statutes need to be expanded and enhanced.
- Re inadequate legislation — NYC prosecutors seem to agree that criminal law needs to be strengthened to more accurately, and strongly, charge crimes against older adults.
- Mandated reporting needed regarding abuse/neglect of older adults. Stiffer legal penalties needed against abusers with consistency, nation-wide.
- Laws need to be changed and advertised.
- Punishment needs to be harsher for elder abusers.
- We see cases where the perp(s) get away with the abuse. They move on to other victims since there are no consequences for their actions. We need to make elder abuse a priority and the punishment imposed criminally needs to be greater.
- Need strong elder abuse laws.
- NY legislation could be improved regarding elder abuse (e.g., changing definition of caregiver).
- Need to have mandatory elder abuse training for professionals before licensed and re-licensed.

General Comments (11)

- Department of Health needs to be able to close health homes that are not providing adequate care to residents.
- What are the standards for Dementia Abuse?
- Faith-based organizations have more than sufficient information about a person than a service provider who has seen a "client" only once or twice.
- Due to confidentiality constraints for some agencies — sharing of vital information — like whether a situation is physically safe to send staff to visit — is a concern.

- We all need to "own" elder abuse, not just the local Department of Social Services (DSS) with a large percentage of cases they take on as fiscal management. Local DSS should help with identification and prosecution of cases.
- Working with the victim and showing them that they are being scammed, or abused.
- Subtle issues that are difficult to actually define as abuse (i.e., poor living conditions that are voluntary).
- Despite the immense training our office does, there are still police officers who listen only to an agent who flashes a Power of Attorney document and dismisses anything the victim is saying.
- There are not enough cases to justify full-time service provision to a geriatric population and services are targeted at the general population which does not necessarily meet the needs of the elder members of the community.
- There is also a lack of affordable housing options for the elderly who cannot live alone. Most elder care providers accept only private pay rates.
- Lack of awareness of the issue.

Q11 "Other Comments" Summary: Sixty respondents (25%) provided 70 comments that elaborate on barriers to serving elder abuse victims or which propose other barriers not listed in the multiple choice question. The largest number by far dealt with recommendations for legislative change in New York State that would improve protection for older adult victims and enhance access to the criminal justice system. Some of the recommendations are broad such as "Punishment needs to be harsher for elder abusers." Others are very specific such as "Amend the Criminal Procedure Law 730 to permit an Order of Protection for victims when a misdemeanor case is dismissed because defendant is mentally unfit." The recommendations constitute an agenda for changes in elder abuse statutes in NYS. Eleven comments focused on the issue of collaboration. Respondents called for greater collaboration among hospital staff, APS, community-based social service agencies and police departments to improve elder abuse prevention and community response.

Q12: For the BARRIERS you identified, please choose the top three (3) that have the greatest negative impact on the ability to serve elder victims in your county/counties. Rank these BARRIERS from 1 to 3, with "1" being the most important barrier and with "3" being the third most important service barrier.

The frequency table below displays the summary of items that were listed by any respondent as the most significant barrier, second most significant or third most significant barrier in their communities. This chart includes items respondents selected from Q11's check list as well as written responses to Q11's "Other Comments."

Barriers	Frequency of barrier reported as most important	Frequency of barrier reported as second most important	Frequency of barrier reported as third most important	Aggregate frequencies from the top 3 barriers
Lack of funding	49	26	25	100
Absence of mandatory reporting for professionals	36	12	12	60
Absence of standardized method for gathering information about clients' capacity to make decisions	12	32	15	59
Insufficient staff with expertise to respond to the service needs	13	21	15	49
Difficult to access services	16	20	12	48
Engaging law enforcement/police	11	12	10	33
Engaging with Adult Protective Services	11	10	6	27
Engaging hospitals	7	10	9	26
Inadequate legislation	10	8	7	25
Collaboration among services needs improvement	8	9	5	22
Lack of standardized procedures in hospitals	8	9	4	21
Lack of standardized procedures in other institutions/organizations	6	6	7	19
Engaging District Attorney's Offices	5	7	6	18
Engaging civil legal services	2	6	2	10
Lack of awareness	5	2	0	7
Mental health services	3	2	0	5

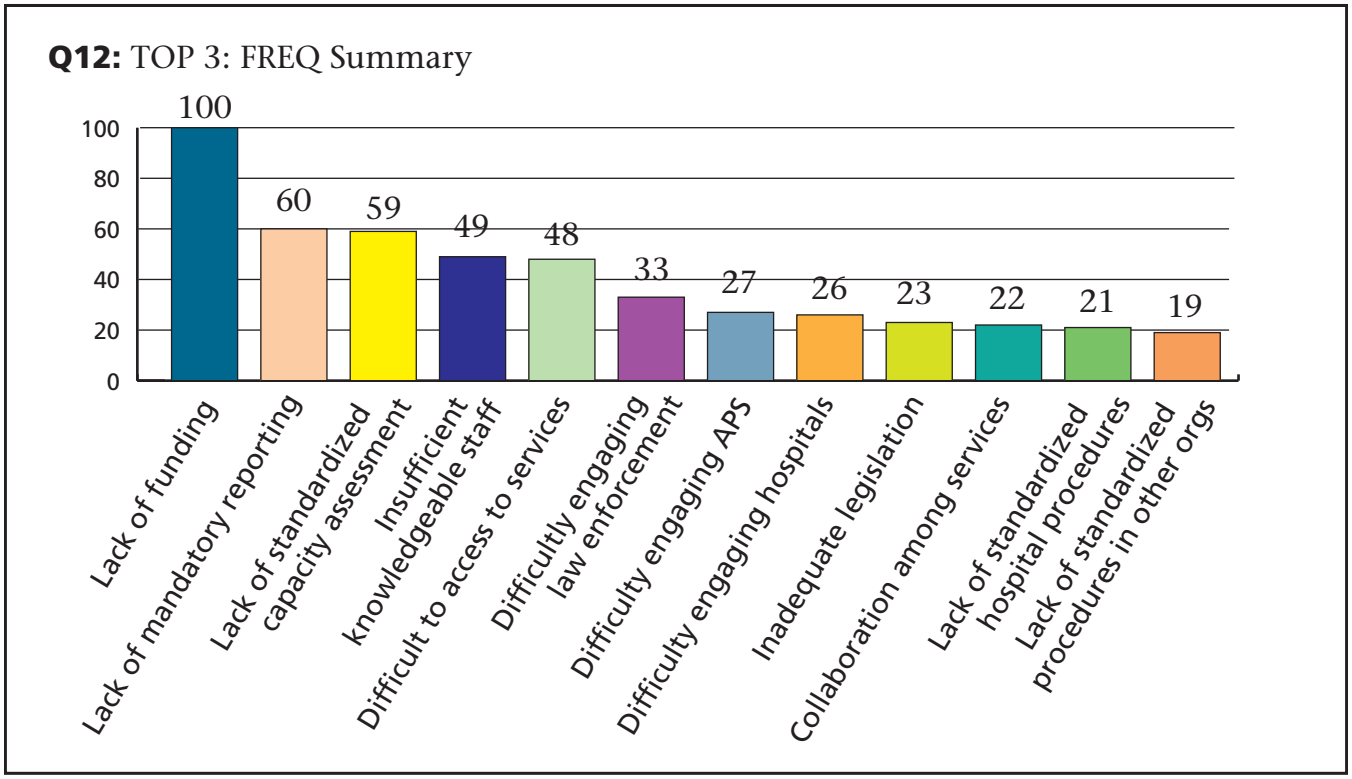
Barriers (continued)	Frequency of barrier reported as most important	Frequency of barrier reported as second most important	Frequency of barrier reported as third most important	Aggregate frequencies from the top 3 barriers
Lack of Information/education regarding elder abuse and neglect	2	1	2	5
Transportation	2	1	1	4
Rural	2	0	0	2
Total	**208**	**194**	**138**	**540**
Did not respond/left response field blank/non-responsive answer	41	55	111	207
TOTAL N	**249**	**249**	**249**	**747**

Q12 Summary: A total of 249 (51%) of survey respondents entered at least one "top three" barrier. It is interesting to reflect on those barriers that were deemed "most important." Yet, many respondents may have had difficulty discerning the top barrier from the second or third most significant ones since these all represent priorities. As displayed in a similar table tabulating the ranking of service gaps by respondents in Q10, choices for first, second or third most important barriers selected by any respondent have been aggregated. Thus, the barriers listed in the column on the far right — which is the sum of the frequencies of the other three columns — emerge as quite significant. This column represents the respondents' consensus as to the most important barriers.

The three highest ranked barriers in each category (first, second and third most important barriers) cluster around the following themes or services: "Lack of funding," "Absence of mandatory reporting for professionals," and "Absence of standardized method for gathering information about clients' capacity to make decisions."

A total of 100 respondents chose "Lack of funding" as one of the three most significant barriers to serving elder abuse victims in their areas. Reporting issues, in particular "Absence of mandatory reporting" in NYS, was cited 60 times by respondents as a significant barrier. (New York State is the only remaining US state without a mandated reporting law for community-based elder abuse. Notably, however, APS is a mandated reporter to law enforcement if they believe a crime has been committed against an APS client.) "Lack of a standardized method for gathering information about clients' capacity to make decisions" was chosen by 59 respondent as a significant issue and scored as the third highest barrier in the aggregated "most important" column. Other major themes were "Insufficient staff with expertise to serve elder abuse clients," "Difficult access to services," as well as problems engaging service systems such as APS, hospitals and law enforcement.

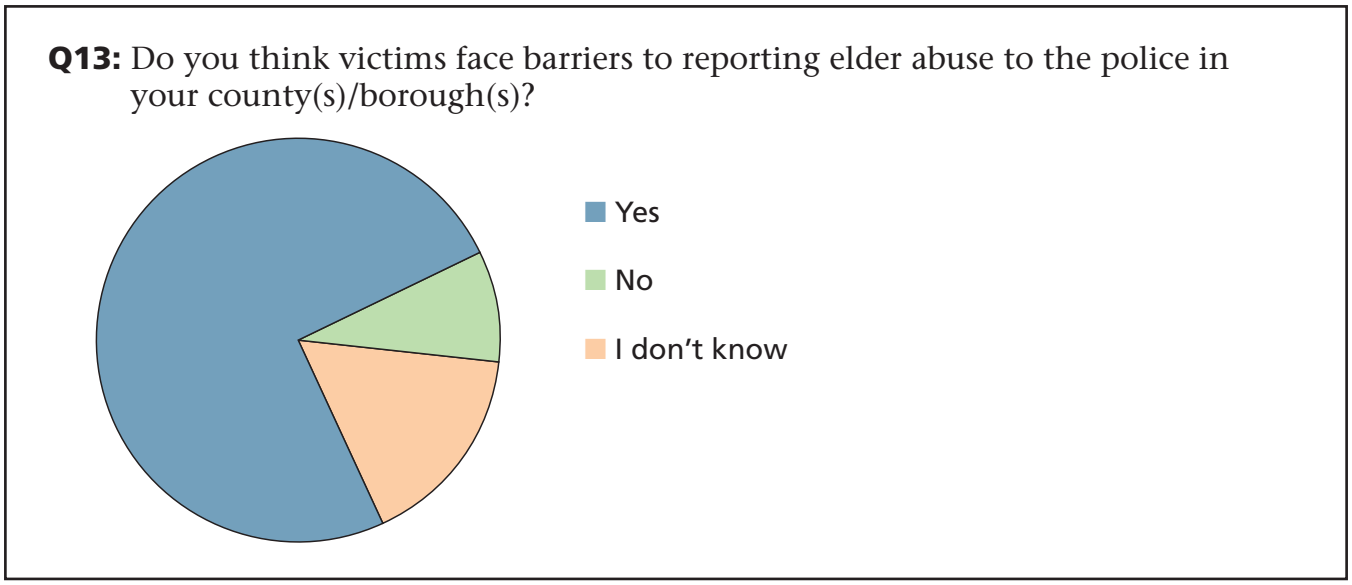
The chart below represents in graphic form the frequencies with which the top 12 barriers were chosen by respondents as any one of the top three barriers in their communities.



Q13: Do you think victims face barriers to reporting elder abuse to the police in your county(ies)/borough(s)?

Q 13		
Answer Options	**Response Percent**	**Response Count**
Yes	74.8%	184
No	8.9%	22
I don't know	16.3%	40
	Answered question	**246**
	Skipped question	**238**

The results from Q13 are depicted graphically in the chart below.



Q13 Summary: In this question, 246 (49%) respondents reported their perceptions about the interface between elder abuse victims and law enforcement in their communities. Nearly 75% of respondents to Q13 — which asked about barriers to reporting elder abuse to law enforcement — reported barriers to reporting. Only 22 (almost 9%) responded "no." Forty people, or just over 16%, responded that they did not know.

If you answered YES to Q13, please answer Q14 and Q15.

Q14: What are barriers for victims in reporting elder abuse to the police? Check all that apply.

Q 14		
Answer Options	**Response Percent**	**Response Count**
Concern that perpetrator will be arrested /imprisoned	85.7%	168
Fear of victim of losing family support	85.2%	167
Fear of victim of losing housing	69.9%	137
Fear of being reported to immigration	30.1%	59
Prior negative experience that family or community has had with police	50.0%	98
Unwillingness of police to pursue cases	44.9%	88
Unwillingness of police to take the report	32.7%	64
Other. If you check this box, please specify in the comment box below.	10.2%	20
Other (No character limit)		36
	Answered question	**196**
	Skipped question	**288**

Q14 Summary: Of the 246 respondents to Q13, 196 (80%) responded to Q14. (Note: This indicates that some of those responding other than "yes" to Q13 responded to Q14.) The vast majority (over 85%) indicated that fear or concern that the perpetrator (often a family member) would be arrested or that the victim would lose family support was a barrier to reporting to law enforcement. Nearly 70% saw fear of loss of housing as an obstacle. Prior negative experiences with the police, unwillingness of police to pursue cases or unwillingness to take the report were also seen as barriers by a significant number of respondents. Those who responded to this question checked an average of four barriers indicating that a large percentage of respondents see multiple factors contributing to victim reluctance to report elder abuse to law enforcement.

Q 14: "Other" comments: Respondents to Q14 were offered an opportunity to write comments about barriers for victims to report elder abuse to the police. These comments are listed below, organized by major themes. The comments have been clustered by the following themes in the chart below: Concern for Perpetrator; Debilitating Emotions; Dementia/Cognitive Impairment; Distrust of Legal System; Fear of Retaliation by Abuser; Isolation; Lack of Awareness; Need for Police Training and Improved Response Protocols; Victim Loss of Control; and Victim Reluctance.

Theme	Response
Concern for Perpetrator (6)	■ Loved one may report abuse of another family member and victim doesn't want to upset potential abuser or be seen as a nuisance or problem. ■ We have many elderly parents who are not willing to report their child as an abuser. The police are usually very good about accepting reports, but if the client says they willingly gave the abuser money, there's not much that can be done. The police will also readily take reports about telephone/mail scams, and they can get frustrated by a client continuing to insist they will win. ■ Unwillingness to report/ prosecute family members. ■ Concern that perpetrator will be killed by police. ■ A large number of elder abuse victims do not want to pursue prosecution nor do they want the perpetrator arrested. They simply want the abuse to stop. We need to not only look into police response, but also into alternatives to prosecution. ■ Fear of loss of relationship with the abuser despite the abuse.
Debilitating Emotions (4)	■ Shame ■ Guilt ■ Do not have marked units in front of their house as these cause victims to feel shame and embarrassment. ■ Do not have a uniformed officer respond which causes shame and embarrassment to elderly — they don't want to explain why police were at their house ever.
Dementia/Cognitive Impairment (4)	■ Dementia impedes recognition and reporting. ■ Dementia or other impairment preventing victim from reporting to police. ■ Inability to clearly articulate abuse due to cognitive impairments or other disabilities. ■ Not able to report due to memory loss.
Distrust of Legal System (2)	■ Unwillingness to disclose their gender identity or sexual orientation, for fear of structural anti-LGBTQ bias. ■ For immigrant communities, law enforcement in their country of origin might have affected their perception of the law enforcement in their current area.

Fear of Retaliation by Abuser (5)	■ Victims of elder abuse often feel/believe that reporting will not stop the abuse and will result in an increase in abuse. ■ Fear of reprisal if reported from abuser that is a family member. ■ Fear of forced nursing home placement. ■ Loved one may report abuse of another family member and victim doesn't want to upset potential abuser or be seen as a nuisance or problem. ■ Victims' fears of repercussions by known abuser (especially if victim is living with or depends upon abuser for support of living) if abuser learns that victim reported elder abuse to the authorities.
Isolation (2)	■ Inability to report due to being isolated by the abuser. Oftentimes the abuser is the one who controls access to the victim or the victim's access to the outside world. ■ Small town means that everyone knows everyone, including local law enforcement.
Lack of Awareness (2)	■ Some do not even know they are being abused. If they don't know what elder abuse is and can stop it, then they won't report. ■ Victims usually are not aware that they are being exploited — especially when done by a known person or relative. The ones that are typically exploited are individuals with memory impairment or lack of judgment.
Need for Police Training and Improved Response Protocols (8)	■ Not being taken seriously by the police. The police not understanding what the victims are saying (sometimes because of language or hearing impairment). The police shrugging a situation off as a "domestic dispute" instead of making a police report and an arrest. The police treating a perp as an emotionally disturbed person and taking him to the hospital but not making a police report too, resulting in a situation where the victim can't get an Order of Protection. ■ It has been reported that victims have difficulty getting the police to file a report when it is one elder abusing another elder. ■ There is no problem with reporting elder abuse. The problem is "follow-up" investigations and positive outcomes to abuse. Law enforcement is as overwhelmed as many other agencies are. ■ Police/other agencies unsure of what to do with these cases. ■ Police often do not have the needed patience to work with traumatized elders. Police tend to regard elders as not reliable witnesses.

	■ Victims not taken seriously by professionals, i.e., may be seen as having mental health and/or substance abuse issue (and may have these issues but also be a victim of abuse — often using substance abuse as coping mechanism). ■ The ability for victims to contact an officer directly instead of speaking to multiple people about their situation. ■ Equip specialty units with on call phones for the elderly to report. Or have 911 transfer them if it's an investigation and prompt response isn't needed.
Victim Loss of Control (2)	■ Ignorance of the system protocols and losing control of situation once reported. ■ Too many agencies involved confuses the person.
Victim Reluctance (1)	■ Police may know there is an issue, but victim is not cooperative, so they may have to move on to another case.

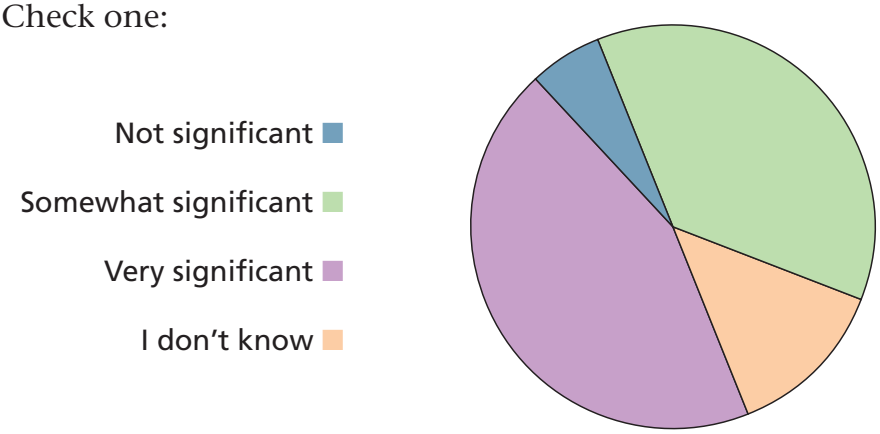
Q14 - Summary of Themes: Comments listing new barriers victims confront when reporting to the police, or elaborating on the multiple choice barriers, were made by 36 (18%) respondents. Six comments detailed barriers in the relationship of the victim to the police or in the police response to the situation. The instances cited may reflect a need for further training or orientation about how law enforcement handles elder abuse cases. Many responses had to do with client fears, anxieties or cognitive status that stand in the way of taking action to address the abuse which may also indicate a need for training for direct service elder abuse workers on addressing client distress caused by the reporting of the abuse, the investigation and the prospect of law enforcement involvement.

Q15: In your estimation, how significant a problem is it in your county(ies)/borough(s) that there are barriers for victims in reporting elder abuse to the police and/or law enforcement? Check one.

Q 15		
Answer Options	**Response Percent**	**Response Count**
Not significant	6.3%	14
Somewhat significant	37.2%	83
Very significant	43.9%	98
I don't know	12.6%	28
Comments on barriers to police reports in your county(s)/borough(s) (No character limit):		20
	Answered question	**223**
	Skipped question	**261**

The results from Q15 are depicted graphically in the chart below.

Q15: In your estimation, how significant a problem is it in your county(s)/borough(s) that there are barriers for victims in reporting elder abuse to the police and/or law enforcement? Check one:



Q15 Summary: Of the 246 respondents to Q13, 223 (91%) responded to Q15. (Note: This indicates that some of those responding other than "yes" to Q13 responded to Q15.) Ninety-eight, or nearly 44% of respondents, indicated that barriers to reporting elder abuse to the police were a "very significant" problem in their community. Over 37% ranked it as a "somewhat significant" problem. Only 6% indicated it was "not significant."

Q15: Comments: Survey respondents were offered the opportunity to write comments about their views on the significant community barriers to reporting elder abuse to the police. The comments

have been clustered by the following themes in the chart below: Apprehension; Caregiver Barriers; Complex Family Dynamics; Fear of Abuser Retaliation; Legal Barriers; Prosecutorial Challenges; Resource Barriers; Training Barriers and Solutions; and General Comments.

Theme	Comments
Apprehension (1)	■ Most of the population I serve are immigrants who have had bad experiences with the police. Moreover, most of the clients do not want any trouble with the police.
Caregiver Barriers (1)	■ Victims are often cared for by their abuser, who is a family member. They want the abuse to stop but do not want the person arrested.
Complex Family Dynamics (2)	■ Village Police, Sheriffs Dept. and State Police are very responsive when contacted; barriers more from victim and family supports. ■ Victims are not likely to report perpetrators (sometimes loved ones) to law enforcement.
Fear of Abuser Retaliation (2)	■ Victims who are victims of domestic violence are fearful. ■ Mainly stems from lack of knowledge and fear of reprisal from abuser. No guarantee of protection and too much fear of losing home, family, etc.
Legal Barriers (1)	■ Police reports are adequate; conflicting laws make enforcement difficult. Abusers may be family, fellow residents, hired staff etc. Police are hampered in enforcement by legal protection given to previous offenders, "former" sexual offenders in particular roam freely, despite having to "report" to sheriffs or police. Impossible to enforce against further abuses.
Prosecutorial Challenges (3)	■ While our law enforcement agencies do the best they can with tools they have at their disposal, it is still very difficult to prove much of the abuse occurring. Abusers have become very savvy at knowing the gray areas that make it very difficult to follow through on. ■ More often than not, police in this county are excellent in their response to elder abuse in their ability to work with victims, APS and mental health staff, and make arrests when warranted. A significant barrier for the police, with respect to reports of elder abuse, remains to be that the victims often don't press charges against their abusers. ■ One big problem is not only victim reluctance to report, but victim reluctance to allow legal follow-up.

Resource Barriers (2)	■ Police don't have the time to respond. There should be a social service agency to report to, not the police. ■ Families feel they get the run around if Dept. of Social Services (DSS) tells them to immediately call law enforcement if situation does not also meet protective criteria. Families have sometimes tried to report to Law Enforcement Officer only to be told to call DSS. Adult victim advocacy centers are needed similar to those that have developed over past 15 years for child abuse.
Training Barriers and Solutions (4)	■ Law enforcement do not appear to know the laws surrounding elder abuse and what actions they can take. ■ Significant lack of knowledge in the law enforcement community regarding elder abuse and exploitation. ■ Police and the community by and large do not realize that elder abuse is a crime. If issues have been reported in the past, not much has been done about it legally. We are trying to change that, but the history and perception remain. ■ Training of police in this locality through an Office of Violence Against Women grant has helped improve law enforcement's understanding of elder abuse, elder abuse resources and elder abuse services in community.
General Comments (4)	■ Answered this way in the hopes that victims become aware that there are other services in the county that can assist without using law enforcement. ■ I do not know how significant because it is difficult to track the numbers of non-reported cases. ■ Generally not significant. Most of the cases referenced above were in public housing and we are working with the police and the housing managers to address the issues. ■ In all of my cases a friend, family member, financial advisor reported it and not the victim.

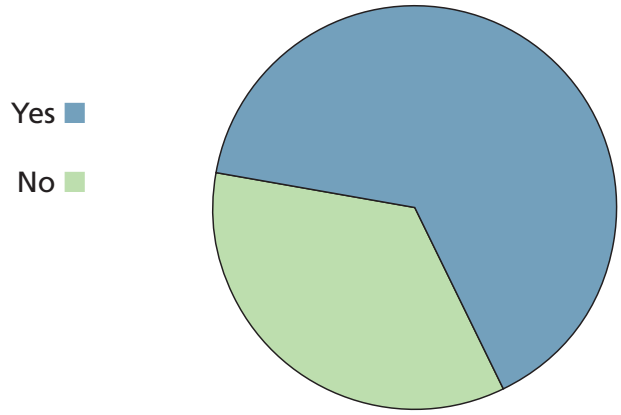
Q15 - Summary of Themes: Twenty of the 223 (nearly 10%) respondents to Q15 wrote comments. Similar to the comments made in Q14, a number of respondents cite the emotional or psychological factors that hold victims back from reporting to the police or cooperating with law enforcement. Comments again reflect the need for greater training among law enforcement in elder abuse matters.

Q16: Are you familiar with the available victim compensation for counseling, crisis intervention, advocacy, and legal assistance in the county(s)/boroughs(s) you serve?

Q 16		
Answer Options	**Response Percent**	**Response Count**
Yes	64.6%	157
No	35.4%	86
Answered question		243
Skipped question		241

The results from Q16 are depicted graphically in the chart below.

Q16: Are you familiar with the available victim compensation for counseling, crisis intervention, advocacy, and legal assistance in the county(s)/borough(s) you serve?



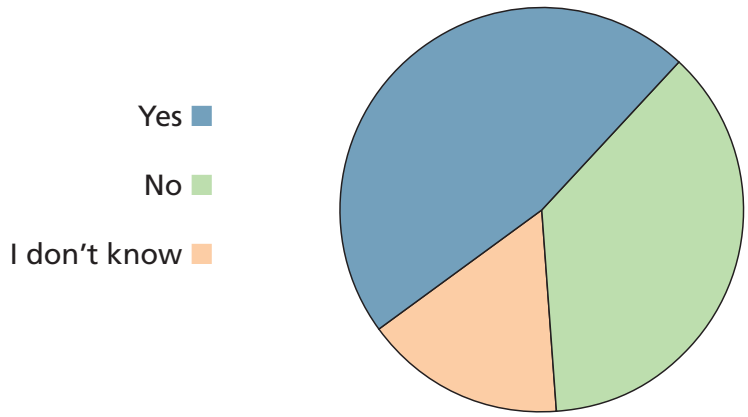
Q16 Summary: Of survey respondents, 243 (50%) answered this question about respondent familiarity with victim compensation (available through NYS Office of Victim Services). Nearly two-thirds of respondents indicated they were familiar with this compensation program. One third were unfamiliar with this resource available to victims of elder abuse who qualify.

Q17: Does your organization assist victims with applying for compensation and/or referring to an organization that assists victims with applying for compensation?

Q17		
Answer Options	**Response Percent**	**Response Count**
Yes	47.1%	115
No	36.9%	90
I don't know	16.0%	39
	Answered question	**244**
	Skipped question	**240**

The results from Q17 are depicted graphically in the chart below.

Q17: Does your organization assist victims with applying for compensation and/or referring to an organization that assists victims with applying for compensation?

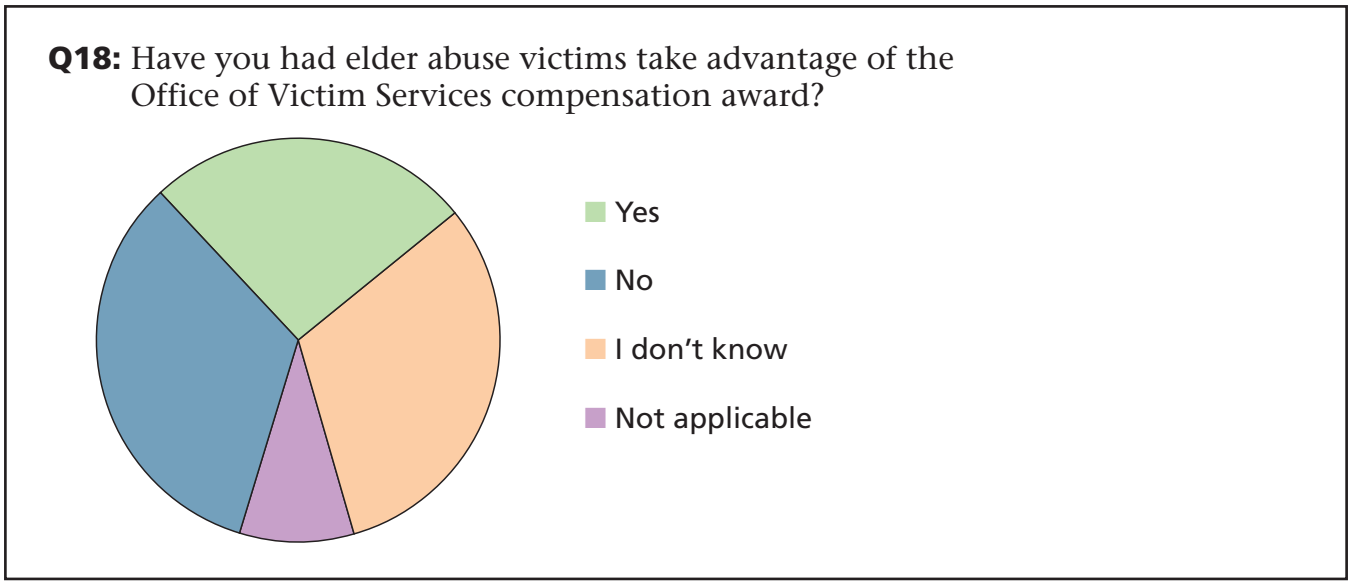


Q17 Summary: Of survey respondents, 244 (50%) answered this question. Fewer than half of respondents assist victims with applying for compensation or referral to agencies that do. Sixteen percent did not know whether their organizations assist victims in this manner.

Q18: Have you had elder abuse victims take advantage of the Office of Victim Services compensation award?

Q18		
Answer Options	**Response Percent**	**Response Count**
Yes	26.1%	64
No	33.1%	81
I don't know	31.4%	77
Not applicable	9.4%	23
	Answered question	**245**
	Skipped question	**239**

The results from Q18 are depicted graphically in the chart below.

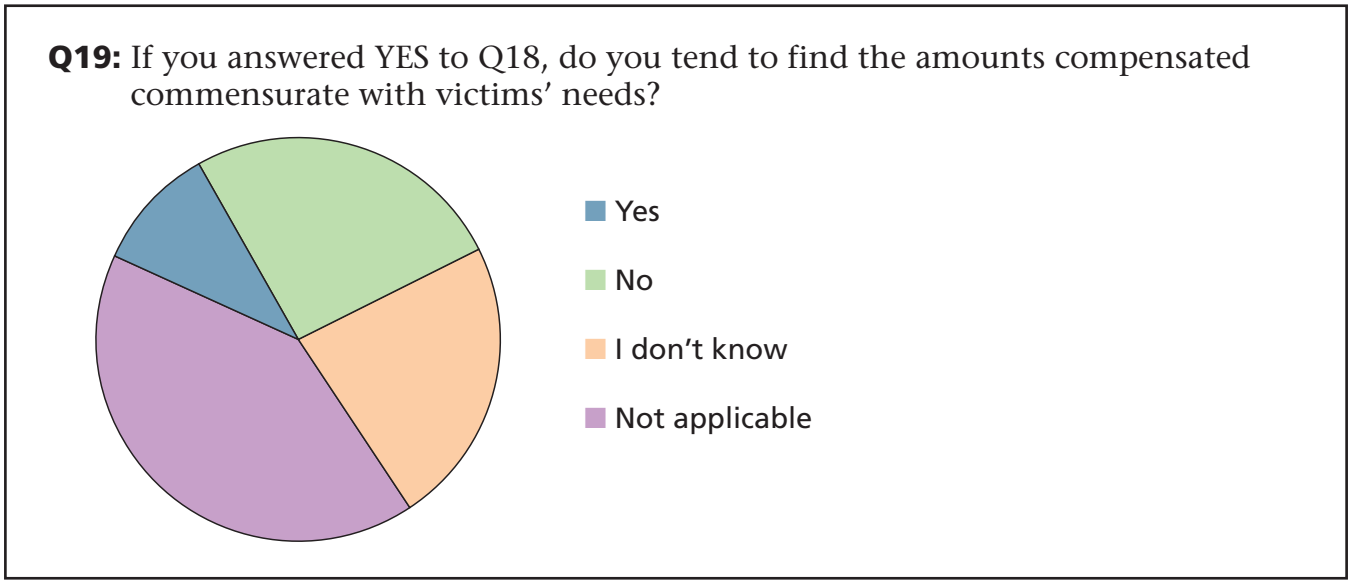


Q18 Summary: Of survey respondents, 245 (51%) answered this question. Approximately a quarter of respondents to this question said that they served victims who participated in the OVS victim compensation program. Nearly two thirds indicated "no" or that they didn't know.

Q19: If you answered YES to Q18, do you tend to find the amounts compensated commensurate with victims' needs?

Q19		
Answer Options	**Response Percent**	**Response Count**
Yes	9.6%	13
No	26.5%	36
I don't know	22.8%	31
Not applicable	41.2%	56
Comments (No character limit)	13%	18
	Answered question	**136**
	Skipped question	**348**

The results from Q19 are depicted graphically in the chart below.



Q19 Summary: Of survey respondents to Q18, 136 (56%) answered this question. Only 13 (less than 10%) of the 136 respondents to this question responded that compensation from the OVS Crime Victims' Compensation Program was adequate. Thirty-six, (over 26%) indicated it was inadequate. Others checked that they did not know or that the question was "not applicable."

Q19 Comments: Survey respondents were offered the opportunity to write comments about their views on the OVS crime victim compensation program. The comments have been clustered by the following themes in the chart below: Bureaucratic Issues; Compounding Harms; Costs/Benefits; Documentation Barriers; Inadequate Compensation; Lack of Transparency; and Messaging.

Theme	Comments
Bureaucratic Issues (2)	■ Elders are having their bank accounts emptied, identities stolen or valuables stolen and Office of Victim Services will only compensate $500 when they have lost over $100,000. Then, they send letters with victim-blaming wording, making the elder feel even worse about what happened to them. ■ In the past, it takes years and the victim dies before funds are returned.
Compounding Harms (2)	■ The monetary compensation does not take into account the amount of non-monetary caretaking that the person loses which leads to them needing to pursue a higher level of care. ■ Tried to refer for compensation when stolen money left person unable to pay rent, was told that was not what funds were for! Almost no services exist here for victim advocacy, counseling, or crisis intervention other than Department of Social Services and what we can access. Local shelter has sometimes refused to take elderly victims as shelter not accessible to the disabled or they are worried about caregiving needs so seem to find a reason to reject the person. We have sometimes had to get people to other counties just to get them into safe shelter.
Costs/Benefits (1)	■ Most victim cases we see are financial fraud and most compensation available is a $500.00 award and victims have lost thousands. Office of Victim Services is a lot of work for that amount of reimbursement.
Documentation Barriers (1)	■ Documentation is very important and some costs are not reimbursed.
Inadequate Compensation (7)	■ Depends on the crime. Office of Victim Services has a lot of essential property items that are not allowable, like damage to inside walls of a house or to a toilet. Also, if the victim was the victim of a financial crime where s/he lost thousands of dollars, the cash reimbursement ceiling of $100 is ridiculous. ■ A maximum of $500 for a financial crime is far too small. The cash amount is limited to $100. Many of my victims have had well over $1,000.00 taken. To only reimburse $100 for having their life savings taken is beyond comprehension. ■ Individuals 60 and over can only apply for up to $100 for cash taken, but they can be reimbursed for any out of pocket medical claim, etc. ■ The cash assistance should be increased to $500.

	■ Amounts compensated are woefully inadequate in cases of major financial exploitation or when multiple incidents are lumped together as "one crime" and thus eligible for minimal compensation. ■ If there has been theft, the amount awarded does not match the amount stolen. ■ Cash reimbursement is capped at $100 regardless of amount of loss.
Lack of Transparency (2)	■ I know that we referred victims, but I do not know if they received compensation. ■ Bureaucratic delays and unreasonable requests from statewide victims' comp are rampant.
Messaging (2)	■ Not sure what compensation is. ■ The whole matter of Victim Impact services is virtually unknown in this county. If I didn't know the VI Coordinator personally, I wouldn't know about the program. There needs to be better PR and communication.

Q19 - Summary of Themes: Eighteen or 13% of respondents wrote comments. The consensus was that the caps on compensation to elder abuse victims are inadequate, especially in cases of financial exploitation in which the amounts stolen could far exceed the compensation available. Bureaucratic problems in applying and waiting for awards were also cited.

Q20: Please use this comment box to provide feedback on this survey and/or to share any additional thoughts re: elder abuse prevention and intervention in New York State.

Q20: The comments have been clustered by the following themes in the chart below: Awareness and Teams; Barriers and Access; Community-based Services for Victims; Faith-based Communities; Increase Staffing; Screening; Shelter/Housing; Training; and General Comments.

Theme	Comment
Awareness and Teams (5)	■ The success of MDTs in select counties in NYS in the past 5-6 years has demonstrated their value in addressing elder abuse. They should be replicated throughout the state on a county or regional basis. ■ This is an issue about which we in general public need to know much more. This survey revealed my ignorance to me. ■ Elder abuse can happen in not-for-profit housing/care; it can be in family care; it can be "sexual" or physical, psych, neglect, etc. Senior citizens groups and centers and such can be very helpful if made aware of problems and encouraged to act. ■ More TV and radio coverage about the issue and services is really important. ■ Community awareness is an urgent need. It takes a village to raise a child and protect a senior.
Barriers and Access (2)	■ There is a need for language access for both workers and victims. ■ Access to services, mental health assessments, and transportation are major barriers in this county, especially the rural areas without bus lines.
Community-based Services for Victims (6)	■ This issue will only increase as our nation ages. ■ The NYS Children and Family Trust Fund is currently able to support only three programs throughout the state. It is very clear from the response to these services that the need is great for service provision for cases that in many cases may not meet APS criteria. It pains me to think that this level of service provision is not available in most communities in the state. ■ Each county should have a mandatory elder abuse team/ department that can take referrals, provide information and assistance, advocate, interact with law enforcement, etc. Staff should be specifically assigned to work with these individuals and help them navigate the systems.

	■ The lack of mental health services in rural areas combined with the changes in health care have resulted in a large portion of the elderly population being at risk for harm. There are extremely limited resources for victims of neglect and abuse, and a focus needs to be placed on protecting our most vulnerable seniors. ■ I am pleased that this is being done. There are many older adults who continue to suffer in silence because there are not enough services to reach them, particularly the homebound. Hopefully, the results of this survey will effect change. ■ The availability of an on-call nurse to do in home assessments on clients would be a benefit, especially for those who are home-bound due to disabilities or lack of transport.
Faith-based communities (1)	■ Please consider involving faith-based communities in the future.
Increase staffing (2)	■ More funding is needed to increase the amount agencies can pay aides in the home through Medicaid. ■ Although this issue is important to agency staff, there are far too many priorities to address this adequately with existing staffing levels.
Screening (1)	■ Questions about possible abuse should be in all the evaluations done by professionals in the various professions, in various settings.
Shelter/Housing (1)	■ Temporary and permanent housing for elder abuse survivors is lacking. Since the survivors are elderly, the waitlist for public housing is not even an option most of the time.
Training (5)	■ Training needs to be more adequately available for Certified Nursing Assistants in each locality so they do not have to travel to other localities for training. ■ More training is needed in the area of elder abuse. When police respond to complaints about a residence where there is an elderly resident, they should report the incident to a social services agency. One ward's drug addict son regularly used his mother's house to sell drugs and for large, noisy parties. The police were familiar with the residence; he was a convicted repeat felon. Yet, no one called the Department of Social Services until a relative came for a family funeral. ■ It is recommended that all elder abuse workers should receive quarterly training or get together to share updates.

- Working for a Police Department, my biggest concern is that our officers make arrests on a regular basis and the Assistant District Attorney who is labeled as the expert tends to lower charges even with great evidence collected by our officers, including body camera video, because the ADA does not feel that the victim is capable of testifying. Then when the ADA does go forward, the judges tend to give light sentences. This is frustrating for the victim, witnesses, and law enforcement.
- I was unaware of how large this issue is until I began pursuing cases. This is happening everywhere and all the time. Police need to be more intrusive in these types of calls, especially with victims. They are the most reluctantly cooperative victims and most vulnerable. Thank you for the opportunity.

General Comments (15)

- This topic is an international problem. I see this in my practice in US — and overseas, it is more emotional neglect and verbal abuse.
- I have not had many elderly individuals contact me about help for services or reporting of abuse. But those I have had were either over age 50, physically disabled, and/or have some type of diagnosis of cognitive disability that is very apparent. Individuals in hospitals and/or homeless and no evaluations were made or referrals to appropriate agency from case management to get them the direct care they need.
- With our increasingly aging population and our younger population not being as economically stable, there seems to be an increase in crimes targeting this vulnerable group. Additionally, there is the psychological complexity in helping the victim have the awareness in order to be able to ask for help (even as the person fears losing his/her independence). The aforementioned reasons in combination with society values that no longer seem to value the elderly, we are in trouble should we not resolve this sooner versus later. Thank you.
- Too many agencies having too many meetings and not enough being done for the victims and those in need.
- I believe elder abuse happens in many of our local nursing homes and hospitals. I have witnessed it happen in both and was furious when they occurred. In the nursing home, I witnessed an employee treating one of the patients horribly and I brought it to the management's attention. In the hospital, when my mother was sick and dying, she was often neglected and I brought matters into my own hands and did things for her that the nurses failed to do, such as cleaning her and changing her bed sheets, etc. I was so

upset one night that I took one of the nurses aside and had a discussion with her. As a community, we would like to think that our loved ones and other people's loved ones are getting the best care that they deserve but unfortunately it is not always the case.

- I believe that there should be stricter penalties for elder abuse. I believe we intervene and have resources to help victims; however, the biggest barrier is getting the victim to realize s/he is being abused, if it is not physical.
- I think we are ashamed to admit that we are being abused by our loved ones and that we will end up in a nursing home if we turn against out caregivers.
- Families get frustrated when told to call somewhere else if intake does not meet all our requirements. Some staff try hard to rule cases out instead of just taking the referral and looking into a situation.
- Elder abuse is a growing, significant issue that needs further education and assistance. As the percentage of elder individuals in the community continues to rise, there must be further emphasis placed on the importance of protecting this vulnerable population.
- We need to address concerns of those who cannot speak for themselves and understand what is happening.
- Need a list of specialists for referral purposes.
- State psychiatric services are allied with private "non profit" businesses and therefore biased and not likely to advocate for threatened elders.
- We need an updated appropriate Patient Review Instrument assessment tool that will more accurately assess the needs of individuals that may be more appropriate for assisted living or nursing home.
- Bronx DA is excellent.
- Monroe County has an excellent service network.

Q20 Summary: In this question, respondents were invited to share their feedback about the survey or make additional comments about elder abuse prevention and intervention services in New York State. Approximately 10% (48) of survey respondents took the opportunity to leave comments. The comments were wide ranging and included exhortations to devote more attention and resources to services for the vulnerable elder population. The comments also pointed out other gaps or flaws in the systems which elder victims turn to for help once they overcome their reluctance to seek assistance to address their own victimization.

Many respondents supported efforts to increase awareness among professionals and the general public about elder abuse. Some encouraged an increase in services and better access to services.

Lack of responsiveness of systems was also detailed as a barrier in some comments. More universal screening for elder abuse was recommended; involvement in faith-based communities in future needs assessment (and presumably in community collaborations) was also encouraged.

One comment in particular reflected the tenor of these many comments which express genuine concern about a growing social and public health problem in our society: "Elder abuse is a growing, significant issue that needs further education and assistance. As the percentage of elder individuals in the community continues to rise, there must be further emphasis placed on the importance of protecting this vulnerable population."

Appendix

Appendix A: Copy of survey

INTRODUCTION

Greetings –

The NYS Coalition on Elder Abuse (Coalition) and the NYC Elder Abuse Center (NYCEAC) are sending you this brief survey to help us all better understand victim assistance prevention and intervention services for elder abuse victims and their families in counties throughout NYS. Aggregated results will be shared through the Coalition and NYCEAC websites. Information gathered can be used by all organizations interested in funding and/or expanding elder abuse victim prevention and intervention services.

Please note:

1. The survey will close on Saturday, January 30, 2016 at 5pm.
2. It should take approximately 15 minutes to complete.
3. Your responses will remain anonymous.
4. For those of you working with organizations serving the entire state or multiple counties/boroughs, please answer each of the questions as best you can by answering generally regarding all of the areas your organization serves.
5. For the purposes of this survey, we are using the definition of "elder abuse" developed by the national Elder Justice Roadmap Project:

Elder abuse is -
- physical, sexual, or psychological abuse, as well as neglect, abandonment and financial exploitation of an older person by another person or entity,
- that occurs in any setting (e.g., home, community, or facility),
- in a relationship where there is an expectation of trust and/or when an older person is targeted based on age or disability.

IMPORTANT: If you were part of the pilot group testing the survey, thank you for your assistance. Please take this final survey. Your pilot survey responses will not be included with the final results.

If you have questions regarding the survey or any problems completing the survey, please contact Denise Shukoff at Lifespan at dshukoff@lifespan-roch.org or at 585-287-6386.

Thank you in advance for completing this survey. And please feel free to forward the survey link to those in your network you think would be interested in completing this survey.

Warm regards -

Risa Breckman
Director, NYC Elder Abuse Center

Ann Marie Cook
President/CEO, Lifespan
(Lifespan coordinates the New York State Coalition on Elder Abuse)

DEMOGRAPHICS - Questions 1-6

1. Which county(s)/borough(s) does your organization serve? Check all that apply:

- ☐ My organization is a statewide organization (If you check this, no need to check any other boxes.)
- ☐ Albany
- ☐ Allegany
- ☐ Bronx
- ☐ Broome
- ☐ Cattaraugus
- ☐ Cayuga
- ☐ Chautauqua
- ☐ Chemung
- ☐ Chenango
- ☐ Clinton
- ☐ Columbia
- ☐ Cortland
- ☐ Delaware
- ☐ Dutchess
- ☐ Erie
- ☐ Essex
- ☐ Franklin
- ☐ Fulton
- ☐ Genesee
- ☐ Greene

- [ ] Hamilton
- [ ] Herkimer
- [ ] Jefferson
- [ ] Kings (Brooklyn)
- [ ] Lewis
- [ ] Livingston
- [ ] Madison
- [ ] Monroe
- [ ] Montgomery
- [ ] Nassau
- [ ] New York (Manhattan)
- [ ] Niagara
- [ ] Oneida
- [ ] Onondaga
- [ ] Ontario
- [ ] Orange
- [ ] Orleans
- [ ] Oswego
- [ ] Otsego
- [ ] Putnam
- [ ] Queens
- [ ] Rensselaer
- [ ] Richmond (Staten Island)
- [ ] Rockland
- [ ] St, Lawrence
- [ ] Saratoga
- [ ] Schenectady
- [ ] Schoharie
- [ ] Schuyler
- [ ] Seneca
- [ ] Steuben
- [ ] Suffolk
- [ ] Sullivan

- ☐ Tioga
- ☐ Tompkins
- ☐ Ulster
- ☐ Warren
- ☐ Washington
- ☐ Wayne
- ☐ Westchester
- ☐ Wyoming
- ☐ Yates
- ☐ Seneca Nation (AAA)
- ☐ St. Regis-Mohawk (AAA)

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DEMOGRAPHICS (cont.)

2. Which best describes the services provided by the institution or agency in which you work related to elder abuse? Check all that apply:

- ☐ Academia/teaching
- ☐ Adult Protective Services
- ☐ Aging network community provider
- ☐ Assisted living
- ☐ Banking/Financial services
- ☐ Child Protective Services
- ☐ Civil legal/legal assistance
- ☐ Correctional facility
- ☐ Criminal justice (e.g., DA's Office, judiciary)

- [ ] Domestic violence
- [ ] Elder abuse prevention and/or assistance services
- [ ] Faith-based
- [ ] Foundation/Other funder
- [ ] Health care/hospital
- [ ] Hotline/helpline
- [ ] Law enforcement (e.g.,police/sheriff)
- [ ] Mental health/Substance use disorders
- [ ] Nursing facility/adult home
- [ ] Social services
- [ ] State government
- [ ] Local government
- [ ] Training/education of older adults
- [ ] Training/education of professionals
- [ ] Victim services
- [ ] Other. If you check this, please specify in the comment box below.

Specify if "other" was selected above. (No character limit)

3. Which is the principal nature of your work relating to elder abuse within your agency or institution? Check all that apply:

- ☐ Adult protective services
- ☐ Advocacy
- ☐ Case management services
- ☐ Case consultations
- ☐ Court accompaniment services
- ☐ Coordinating elder abuse multidisciplinary team(s)
- ☐ Education/training of professionals re elder abuse
- ☐ Financial management services
- ☐ Funding of programs
- ☐ Guardianship services
- ☐ Health care services
- ☐ Information and referral services for abusers
- ☐ Information and referral services for caregivers
- ☐ Information and referral for victims
- ☐ Information workshops to older adults on elder abuse, neglect and exploitation
- ☐ Intervention program for abusers
- ☐ Legal assistance
- ☐ Policy development
- ☐ Screening for depression and/or anxiety
- ☐ Social work services
- ☐ Support/counseling for abusers
- ☐ Support/counseling for caregivers
- ☐ Support/counseling for victims
- ☐ Support group services for victims
- ☐ Supportive housing
- ☐ Technical assistance
- ☐ Telephone reassurance for victims
- ☐ Temporary shelter
- ☐ Treatment for depression and/or anxiety
- ☐ Victim compensation application assistance
- ☐ Other. If check this box, please specify in the comment box below.

Specify if "other" was selected above. (No character limit)

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DEMOGRAPHICS (cont.)

4. What is your organization's capacity to meet current demand for the elder abuse prevention and intervention services that you provide? Check one:

- We can serve more clients than we currently serve
- We are at capacity
- We have a waiting list
- I do not know

Comment (No character limit)

5. What is the principal nature of your work relating to elder abuse? Check one:

- Administrative
- Advocacy
- Caregiver stress reduction
- Counseling
- Direct or front line services
- Education/training
- Fundraising
- Information and referral
- Policy
- Research
- Strategic planning

- Other (No character limit)

6. How long have you been involved with elder abuse-related work?

- Less than 1 year
- 1-3 years
- 4-5 years
- 6-10 years
- More than 10 years

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GAPS in Elder Abuse Prevention and Intervention Services - Questions 7-10

Consider the following questions about gaps in services - Q7, Q8, Q9 and Q10 - as they apply to the county/counties (or boroughs) your organization serves

7. In your experience in providing elder abuse prevention and intervention services to victims, what do you think are the GAPS in your county/counties or borough(s)? Check all that apply:

- 24-hour hotline service for elder abuse victims
- Assessment services to determine clients' decision-making abilities (i.e., capacity assessment)
- Elder abuse multidisciplinary team
- Emergency department-based multidisciplinary response teams
- Hospital-based in-patient multidisciplinary response teams
- Long term counseling services for victims
- Mental health treatment for victims
- Mental health treatment for abusers
- Providing culturally appropriate care to victims
- Public awareness about the issue
- Services for abusers
- Services for elder abuse victims who do not meet Adult Protective Services eligibility criteria
- Services for non-abusing family, friends and neighbors

- [ ] Services to prevent social isolation
- [ ] Temporary shelter options

8. Please use the comment box to list any GAPS which are not listed above and/or to suggest innovative practices or approaches that would address existing gaps. (No character limit)

9. GAPS in Elder Abuse Prevention and Intervention Services

We currently need access to experts, such as (Check all that apply):

- [ ] Forensic accountant
- [ ] Geriatric nurse practitioner
- [ ] Geriatrician
- [ ] Gero-psychiatrist
- [ ] Neuropsychologist

Other (No character limit)

10. GAPS in Elder Abuse Prevention and Intervention Services

For the GAPS you identified in Qs 7-8, please choose the top three (3) that have the greatest negative impact on the ability to serve elder victims in your county/counties (borough/boroughs). Rank these GAPS from 1 to 3, with "1" being the most important barrier and with "3" being the third most important service barrier.

Most significant gap in service - #1:

Second most significant gap in service - #2:

Third most significant gap in service:# 3:

Comments on gaps in services in your county(ies)/borough(s) (No character limit):

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BARRIERS TO ELDER ABUSE PREVENTION AND INTERVENTION SERVICES - Questions 11-12

Consider Questions 11-12 below related to BARRIERS as they apply to the county(counties)/boroughs your organization serves.

11. In your experience in providing elder abuse prevention and intervention services, what do you think are the BARRIERS to providing these services? Check all that apply:

- ☐ Absence of mandatory reporting for professionals
- ☐ Absence of standardized method for gathering information about clients' capacity to make decisions
- ☐ Collaboration among services needs improvement. State the specific services for which collaboration is important but challenging in comment box below.
- ☐ Difficult to access services
- ☐ Engaging with Adult Protective Services
- ☐ Engaging civil legal services
- ☐ Engaging the DA's Office
- ☐ Engaging hospitals
- ☐ Engaging law enforcement
- ☐ Inadequate legislation (If checked, please elaborate in comment box below)
- ☐ Insufficient staff with expertise to respond to the service needs
- ☐ Lack of funding
- ☐ Lack of standardized procedures in hospitals
- ☐ Lack of standardized procedures in other institutions/organizations
- ☐ Other. If checked, please specify in comment box below.

Other (No character limit) 

12. For the BARRIERS you identified, please choose the top three (3) that have the greatest negative impact on the ability to serve elder victims in your county/counties. Rank these BARRIERS from 1 to 3, with "1" being the most important barrier and with "3" being the third most important service barrier.

Most significant barrier to service - #1

Second most significant barrier to service - #2

Third most significant barrier to service - #3

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POLICE REPORTS - Questions 13-15

Consider the following questions - Q13, Q14 and Q15 - as they apply to the county(ies)/borough(s) you selected earlier in this survey.

13. Do you think victims face barriers to reporting elder abuse to the police in your county(s)/borough(s)?

- Yes
- No
- I don't know

14. If you answered YES to Q13, please answer Q14 and Q15.

What are barriers for victims in reporting elder abuse to the police? Check all that apply:

- Concern that perpetrator will be arrested /imprisoned
- Fear of victim of losing family support
- Fear of victim of losing housing
- Fear of being reported to immigration
- Prior negative experience that family or community has had with police
- Unwillingness of police to pursue cases
- Unwillingness of police to take the report
- Other. If you check this box, please specify in the comment box below.

Other (No character limit)

15. In your estimation, how significant a problem is it in your county(ies)/borough(s) that there are barriers for victims in reporting elder abuse to the police and/or law enforcement? Check one:

- Not significant
- Somewhat significant
- Very significant
- I don't know

Comments on barriers to police reports in your county(ies)/borough(s) (No character limit):

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VICTIM COMPENSATION - Questions 16-19

16. Are you familiar with the available victim compensation for counseling, crisis intervention, advocacy, and legal assistance in the county(ies)/boroughs(s) you serve?

- Yes
- No

17. Does your organization assist victims with applying for compensation and/or referring to an organization that assists victims with applying for compensation?

- Yes
- No
- I don't know

18. Have you had elder abuse victims take advantage of the Office of Victim Services compensation award?

- Yes
- No
- I don't know
- Not applicable

19. If you answered YES to Q18, do you tend to find the amounts compensated commensurate with victims' needs?

- Yes
- No
- I don't know
- Not applicable

Comments (No character limit)



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GENERAL COMMENTS

20. Please use this comment box to provide feedback on this survey and/or to share any additional thoughts re: elder abuse prevention and intervention in New York State. (No character limit)



Thank you for completing this survey.

Prev Done

For more information contact:
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Paul Caccamise / pcaccamise@lifespan-roch.org

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