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

PREPARED BY:
Risa Breckman, LCSW
Director
New York City Elder Abuse Center
Weill Cornell Medical College

Paul L. Caccamise, LMSW, ACSW
Vice President for Program
Lifespan of Greater Rochester

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. *This report extrapolates those results from the original NYS survey focusing specifically on New York City's five boroughs.*

> The original report, *New York State Elder Abuse Prevention and Intervention Services Survey: Report of Findings, June 2016*, can be found at: http://bit.ly/2cwvOHc

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: Adult Protective Services; elder abuse programs; domestic violence programs; law enforcement; healthcare; the NYS Office of Victim Services Compensation Fund; and others. 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 in NYC. 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 NYC. Together, we can prevent elder abuse and improve community responses to it.

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 the Advisory Board members of the New York State Coalition on Elder Abuse. 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. Lifespan coordinated this process. 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, of which 62 reported serving NYC's five boroughs. One respondent from NYC commented from a statewide perspective; all other respondents reported on a borough basis. All responses were anonymous.

Findings and Results: This report follows the structure and format of the survey questions to present the findings, and includes sections about demographics (e.g., identifying borough, 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 public awareness and mental health services for victims:* A majority cited a lack of awareness of elder abuse by the public and a lack of mental health treatment for victims as significant gaps in providing services. Additionally, a majority of respondents cited as top barriers insufficient staff with the expertise necessary to respond to elder abuse, complicated further by a lack of funding. These findings speak to the need for education regarding elder abuse - both for the general public and for the professionals providing services to this population. The lack of funding, however, may elucidate the difficulty faced by an institution or agency to provide the necessary training to its professional staff. Similar to the respondents for all of New York State, respondents from the five boroughs also noted a need for programs that can serve older adults who are abused but not meeting APS eligibility criteria.

- *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 including a fear of perpetrators being arrested and a fear of losing family support. Community-based barriers included reluctance by the police to take a report on elder abuse or pursue elder abuse cases. 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 NYC, 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 New York City's 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 New York State's Office of Victim Services' crime victim compensation program can do better. For example, respondents cited that compensation was not commensurate with the loss incurred and that the maximum reimbursement amounts were inadequate.

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 original 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. 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.

Acknowledgements

To reference the original report as a citation:

Breckman R, Caccamise PL. (2016). New York State elder abuse prevention and intervention 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 borough(s) does your organization serve? Check all that apply.

Answer Options	Response Count	Response Percent
Bronx	21	33.87%
Kings (Brooklyn)	34	54.84%
New York (Manhattan)	39	62.90%
Queens	34	54.84%
Richmond (Staten Island)	16	25.81%
Statewide organization	1	1.61%
Answered question:	62	
Skipped question:	0	

Q1 Summary: Survey respondents were invited to check all categories that apply. A total of 62 respondents serving the five boroughs of New York City answered this question. One respondent (1.6%) 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.

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

Answer Options	Response Count	Response Percent
Academia/teaching	6	11.32%
Adult protective services	10	18.87%
Aging network community provider	6	11.32%
Assisted living	2	3.77%
Banking/financial services	2	3.77%
Child protective services	0	0.00%
Civil legal/legal assistance	6	11.32%
Correctional facility	0	0.00%
Criminal justice	6	11.32%
Domestic violence	11	20.75%
Elder abuse prevention and/or assistance services	14	26.42%
Faith-based	1	1.89%
Foundation/other funder	0	0.00%
Healthcare/hospital	7	13.21%
Hotline/helpline	3	5.66%
Law enforcement (e.g., police/sheriff)	4	7.55%
Local government	0	0.00%
Mental health/substance use disorders	4	7.55%
Nursing facility/adult home	1	1.89%
Social services	13	24.53%
State government	0	0.00%
Training/education of older adults	4	7.55%
Training/education of professionals	8	15.09%
Victim services	11	20.75%
Other	7	13.21%
Answered question:	53	
Skipped question:	9	

Q2 Summary: Survey respondents were invited to check all categories that apply. Of the 53 total survey respondents who indicated their agency affiliation, over 20% are employed in elder abuse prevention and/or assistance services, social services, domestic violence, and victim services.

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

Other Responses
Anti-Sexual Violence Services
Elder law practitioner
Forensic accountant
Retired
LGBTQ specific anti-violence work
MLTC, Care Management services
Social Adult Day Dementia Center
Total Responses: 7

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

Answer Options	Response Count	Response Percent
Adult protective services	10	18.87%
Advocacy	22	41.51%
Case consultations	11	20.75%
Case management services	19	35.85%
Coordinating elder abuse multidisciplinary teams	4	7.55%
Court accompaniment services	9	16.98%
Education/training of professionals regarding elder abuse	13	24.53%
Financial management services	4	7.55%
Funding of programs	1	1.89%
Guardianship services	3	5.66%
Healthcare services	8	15.09%
Information and referral for victims	18	33.96%
Information and referral services for abusers	8	15.09%
Information and referral services for caregivers	11	20.75%
Information workshops to older adults on elder abuse, neglect and exploitation	9	16.98%
Intervention program for abusers	1	1.89%
Legal assistance	12	22.64%
Policy development	4	7.55%
Screening for depression/anxiety	7	13.21%
Social work services	18	33.96%
Support group services for victims	6	11.32%
Support/counseling for abusers	1	1.89%
Support/counseling for caregivers	3	5.66%
Support/counseling for victims	18	33.96%
Supportive housing	3	5.66%
Technical assistance	2	3.77%
Telephone reassurance for victims	4	7.55%

Answer Options	Response Count	Response Percent
Temporary shelter	6	11.32%
Treatment for depression/anxiety	7	13.21%
Victim compensation application assistance	11	20.75%
Other	6	11.32%
Answered question:	53	
Skipped question:	9	

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" (41.51%). Over one-third (35.85%) of respondents provide case management services, education/training of professionals regarding elder abuse (34.53%), information and referral for victims (33.96%), social work services (33.96%), and support/counseling for victims (33.96%).

Q3: "Other Comments": Respondents were given the opportunity to write in additional descriptive information about the principle nature of their work within their agency or institution.

Other Responses
Arts based social programs and caregiver supports
Enforcement of elder abuse, domestic violence and child abuse laws as well as referrals to appropriate agencies
Forensic accounting
Fund raising, strategic planning; administration
Law enforcement
Multi service elder law firm
Prosecution of elder abuse
Total responses: 7

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

Answer Options	Response Count	Response Percent
We can serve more clients than we currently serve	17	36.17%
We are at capacity	9	19.15%
We have a waiting list	0	0.00%
I do not know	21	44.68%
Answered question:	47	
Skipped question:	15	

Q4 Summary: Respondents were asked to check one answer. A total of 47 (75.81%) respondents answered this question regarding organizational capacity to serve elder abuse victims. About one-third of respondents (36.17%) indicated that they were in a position to serve more clients; about 20% indicated they were at capacity. No respondents in the five boroughs of New York City reported having a waiting list in their organization. Nearly 45% 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; No Wait List; Referrals Only; Service Challenges; and General Comments.

Theme	Comments
Referrals only (1)	• We make referrals
Service challenges (1)	• Funding for services is limited
No wait list (2)	• We haven't been over loaded with cases • This is a hospital setting. We have the capacity to see all patients.

Theme	Comments
At capacity/waiting list (1)	• We have a waiting list for case management. We refer elder abuse cases out.
General comments (1)	• We are a teaching/academic institution

Q4 "Other Comments" - Summary: Seven (11.29%) respondents to Q4 chose to record comments offering additional insights into organizational capacity to meet service needs. One response did not respond to the specific question, and was not included in the chart. 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.

Answer Options	Response Count	Response Percent
Administrative	12	23.53%
Advocacy	12	23.53%
Caregiver stress reduction	1	1.96%
Counseling	4	7.84%
Direct or front line services	5	9.80%
Education/training	1	1.96%
Fundraising	0	0.00%
Information and referral	4	7.84%
Policy	1	1.96%
Research	1	1.96%
Strategic planning	0	0.00%
Other	10	19.61%
Answered question:	51	
Skipped question:	11	

Q5 Summary: Respondents were permitted to select only one answer to Q5. Fifty-one (82.26%) of respondents answered this question. When grouped together, almost 50% of respondents are involved in administration and advocacy. About 10% provide direct or front line services.

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.

Answer Options
Consultation
Elder abuse social worker
Evaluation of emergency department patients

Answer Options
Forensic accounting
Guardian
Investigations, intervention, advocacy, legal assistance and solutions
Law enforcement
Prosecution
Psychiatric treatment
Victim services and criminal justice
Total responses: 10

Q5 "Other Comments" - Summary: Ten (19.61%%) of those responding to Q5 chose to write in comments. Of the respondents providing comments in the above chart, the roles described were diverse.

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

Answer Options	Response Count	Response Percent
Less than one year	6	11.76%
1–3 years	7	13.73%
4–5 years	6	11.76%
6–10 years	11	21.57%
More than 10 years	21	41.18%
Answered question:	51	
Skipped question:	11	

Q6 Summary: Of the 51 (82.26%) respondents answering this question, over 40% reported working in elder abuse-related work for over ten years. Over 20% have been working in the field six to ten years. Only nearly 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 borough(s)? Check all that apply.

Answer Options	Response Count	Response Percent
Public awareness about the issue	27	65.85%
Mental health treatment for victims	22	53.66%
Services for elder abuse victims who do not meet Adult Protective Services eligibility criteria	20	48.78%
Services to prevent social isolation	19	46.34%
24-hour hotline service for elder abuse victims	17	41.46%
Providing culturally appropriate care to victims	17	41.46%
Temporary shelter options	17	41.46%
Mental health treatment for abusers	16	39.02%
Assessment services to determine clients' decision-making abilities (i.e., capacity assessment)	14	34.15%
Emergency-department based multidisciplinary response teams	13	31.71%
Long term counseling services for victims	13	31.71%
Elder abuse multidisciplinary team	12	29.27%
Hospital-based in-patient multidisciplinary response teams	12	29.27%
Services for abusers	11	26.83%
Services for non-abusing family, friends and neighbors	11	26.83%
Answered question:	41	
Skipped question:	21	

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 41 (66.13%) individuals responding to this question, as shown in the chart above, over 65% indicated "Public awareness about the issue" was a gap in their service areas. Over 50% indicated that mental health treatment for victims is a gap in their service area. All remaining items were endorsed by 27% to 49% of respondents. Comments were left by 15 (36.59%) 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; Capacity Assessment; Case Management Services; Financial Management; Health Care/Home Health Care; Law Enforcement; Legislation/Regulation; LGBTQ Services; Multidisciplinary Teams; 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 (1)	• Language capacity to serve immigrants
Capacity assessment (1)	• Access to trained professionals to assess capacity
Case management services (1)	• More social services for seniors, including community case management.
Financial management (1)	• Nonprofit financial management programs for non-APS-eligible clients who lack trusted friends/family
Health Care/Home Health Care (5)	• 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. • 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.
Law enforcement (1)	• Improve police response
Legislation/regulation (1)	• Cooperation of banks when turning over records to APS
LGBTQ Services (1)	• LGBTQ culturally-competent services

Theme	Comments
Multidisciplinary Teams (3)	• Elder abuse MDTs should be available in all counties. • Access to technical assistance at any stage of MDT development. • Technological support for MDTs is needed.
Non-abusing Family, Friends and Neighbors (1)	• The needs of non-abusing family, friends and neighbors are not well known. They experience significant distress and they need assistance through a Helpline and online resource materials.
Public awareness (2)	• Public awareness programs about ageism and elder abuse in pre-k through high school. • Paid internships focused on elder abuse awareness, prevention, and response.
Screening/reporting (2)	• Training on identifying non-physical abuse in people with dementia. • Simple, standardized way of screening for those clients with decision-making difficulties and train first responders to do this screening.
Shelters/Temporary Housing/Housing Options (2)	• 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). • Affordable housing for seniors, so that seniors facing victimization in their living situations have other safer, housing options.
Social isolation (2)	• More volunteer programs, such as friendly visitors, to help with socially isolated or homebound seniors. • Social isolation is both a risk factor for and result of elder abuse. We need programs targeted specifically at social isolation to help older adults replenish their social networks, and intensive, long-term support services for those older adults lonely and despairing.
Specialists (1)	• Case consultation services provided by skilled elder

Theme	Comments
	abuse specialists from 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 (1)	• Require professionals in all disciplines licensed by the state to take training on elder abuse for licensing and re-licensing.
General comments (1)	• Instead of eviction , encourage landlords to file for guardianship when they know that an elderly resident has dementia.
Answered question: 15	
Skipped question: 47	

Q8 Comments Summary: Fifteen (36.59%) respondents listed 28 gaps in service not presented as choices in Q7 or suggested other innovative practices or approaches that would address existing gaps. Common themes emerged when thematically grouping the responses, as depicted in the preceding chart. Health care/home health care for elder abuse victims were cited most frequently as a community need. Three respondents cited multidisciplinary teams, including expanding the availability in all counties.

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

Answer Options	Response Count	Response Percent
Forensic accountant	15	50.00%
Geriatric nurse practitioner	17	56.67%
Geriatrician	13	43.33%
Gero-psychiatrist	17	56.67%
Neuropsychologist	12	40.00%
Other	6	—
Answered question:	30	
Skipped question:	32	

Q9 Summary: Of the 30 respondents to this question, 50% or more endorsed the need for each of three expert professional consultants in elder abuse work (forensic accountants, geriatric nurse practitioners, and gero-psychiatrists). In addition, 13 respondents (43.33%) indicated a need for a geriatrician and 12 respondents (40%) 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.

Answer Options
All counties should have access to these professionals
Bilingual/multilingual professionals
Culturally-appropriate counselors
Geriatric-trained social workers
Lawyers and low-fee legal services
Mental health counselors
Total responses: 6

Q9 "Other" – Summary: Six (20%) 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 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			Aggregate frequencies from the top 3 gaps
	Most important	**Second most important**	**Third most important**	
Public awareness	6	3	4	13
Elder abuse multidisciplinary teams	1	5	2	8
Temporary shelter options	5	2	1	8
Culturally-competent care for victims	5	1	1	7
Specialists (e.g., geriatricians, geropsychiatrists)	—	4	3	7
Hospital multidisciplinary teams	3	2	1	6
Services for those who do not meet APS eligibility	1	3	2	6
Services to prevent social isolation	1	2	3	6
Assessment services (e.g., capacity)	3	2	—	5
Mental health treatment for victim	—	2	3	5
24-hour hotline	3	—	1	4
Mental health services	—	1	3	4
Mental health treatment for	1	1	2	4

Gaps	Frequency of gap reported as			
	Most important	Second most important	Third most important	Aggregate frequencies from the top 3 gaps
abuser				
Counseling for victims	2	1	—	3
Forensic accountant	1	1	1	3
Services for abusers	1	1	1	3
Neuropsychologist	1	—	1	2
Services for non-abusing family, friends, and neighbors	1	—	1	2
Services for victims	1	—	1	2
Trained mental health professionals	—	—	2	2
Faster identification of elder abuse victims	—	—	1	1
Financial abuse protection	—	1	—	1
Hospital-based response team	1	—	—	1
Hospital evaluation	—	1	—	1
Housing and support services	1	—	—	1
Improve access to guardianship petitioners	—	1	—	1
Improve responsiveness from APS	—	—	1	1
Information on abuse	1	—	—	1
Lack of bank cooperation in financial exploitation	1	—	—	1
Permanent housing options	—	1	—	1
Police interventions for non-domestic abuse elder abuse	—	—	1	1
Psychiatric evaluation	—	1	—	1
Answered question:	41	38	37	
Skipped question:	21	24	25	

Q10 Summary: A total of 41 (66.13%) 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 five highest ranked gaps in each category cluster around the following themes or services: "Public awareness," "Elder abuse multidisciplinary teams," "Temporary shelter options," "Culturally-competent care for victims," and "Specialists." Consistent with Q7 responses, "Public awareness" remains the top gap.

Q10: "Other comments" on GAPS in services: Respondents were given the opportunity to write in comments regarding service gaps. Seven (17.07%) 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: Cultural Competence; Improved Client Services; Multidisciplinary Teams (MDTs); Shelters/Housing; Strengthened, Improved Systems; and General Comments.

Theme	Comments
Cultural competence (1)	• Very difficult to find culturally sensitive providers in the community who understand the issue and speak the language, particularly Chinese & Spanish speaking.
Improved client services (2)	• 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

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Theme	Comments
	they can no longer attend, or have been absent.
Multidisciplinary teams (MDTs) (1)	• More organization in E-MDT and BMDT meetings.
Shelters/housing (1)	• 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.
Strengthened, improved systems (1)	• Not enough geriatric-trained professions
General comments (1)	• "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: Seven (17.07%) respondents wrote comments about the gaps in services regarding cultural competence, improved client services, multidisciplinary teams, shelters/housing, strengthened and improved systems, and general comments.

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.

Answer Options	Response Count	Response Percent
Insufficient staff with expertise to respond to the service needs	26	63.41%
Lack of funding	19	46.34%
Absence of mandatory reporting for professionals	16	39.02%
Absence of standardized method for gathering information about clients' capacity to make decisions	16	39.02%
Difficult to access services	14	34.15%
Engaging law enforcement	13	31.71%
Lack of standardized procedures in hospitals	13	31.71%
Lack of standardized procedures in other institutions/organizations	12	29.27%
Collaboration among services needs improvement.	10	24.39%
Engaging with Adult Protective Services	9	21.95%
Engaging hospitals	9	21.95%
Engaging the DA's Office	6	14.63%
Engaging civil legal services	5	12.20%
Inadequate legislation	5	12.20%
Other	7	17.07%
Answered question:	41	
Skipped question:	21	

Q11 Summary: The chart above demonstrates graphically what 41 (67.21%) respondents to this question identified as the barriers to providing service. Respondents were able to check more than one barrier. "Insufficient staff with expertise to respond to the service needs" emerged as the leading barrier with 63% endorsing this choice. "Lack of funding" was identified as a major barrier by 46% of respondents. Almost 40% identified "Absence of mandatory reporting for professionals" and "Absence of standardized method for gathering information about clients' capacity to make decisions" as a barrier.

Q11 "Other Comments" on barriers to service provision: Respondents to Q11 were given the opportunity to write in comments 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 below: Collaboration; Cultural Competence; Need for Increased Services and Improved Systems; Need for Legislation, Regulations and Guidelines; and General Comments.

Theme	Comments
Collaboration (4)	• Collaboration between banks and APS • Lack of bank cooperation • More and better collaboration is needed amongst hospital staff, APS, community- based social service agencies, police dept. Seems like there is a serious lack of appreciation for the value of collaboration and a misguided understanding to protecting confidentiality. • Leadership at all levels of state and local government must engage and coordinate to improve elder abuse prevention and response.
Cultural competence (3)	• Lack of LGBTQ competency among elder service providers • Language appropriate services • "Difficult to access services" includes linguistic as well as cultural barriers as most of information is written in English.
Need for Increased Services and Improved Service Systems (2)	• Insufficient community programs to work with my victimized seniors after I have to close their cases, so that they will STAY safe. EGs: community case management, nonprofit financial management programs, volunteer programs like friendly visitors, etc. In short, aftercare programs. • Lack of standardized procedures for elder abuse victims across all systems. For example, when a victim is in danger, some professionals will get NYPD 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

Theme	Comments
	of self-determination and weigh interventions accordingly, and others prioritize "duty to protect."
Need for Legislation, Regulations and Guidelines (1)	• Inadequate legislation: need permissive reporting for financial institutions.
General comments (2)	• Bronx DA is excellent • What are the standards for Dementia Abuse?

Q11 "Other Comments" - Summary: Eleven respondents (26.83%) left comments that elaborated on barriers to serving elder abuse victims or which propose other barriers not listed in the multiple choice question. The largest number dealt with collaboration between service systems, such as banks and hospitals, to improve service provision. The recommendations suggest an emerging agenda for needed changes in elder abuse in NYC.

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 borough(s). 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	Second most important	Third most important	Aggregate frequencies from the top 3 barriers
Insufficient staff with expertise to respond to the service needs	5	5	7	17
Lack of funding	5	7	2	14
Difficult to access services	7	5	2	14
Engaging law enforcement/police	4	2	4	10
Absence of mandatory reporting for professionals	6	1	2	9
Collaboration among services needs improvement	5	—	2	7
Inadequate legislation	2	2	2	6
Absence of standardized method for gathering information about clients' capacity to make decision	1	3	2	6
Engaging hospitals	1	2	3	6
Lack of standardized procedures in other institutions	1	2	3	6
Engaging with Adult Protective Services	1	2	1	4

Barriers	Frequency of barrier reported as			
	Most important	Second most important	Third most important	Aggregate frequencies from the top 3 barriers
Lack of standardized procedures in hospitals	1	2	1	4
Engaging civil legal services	—	1	2	3
Engaging the DA's office	—	3	—	3
Lack of Information/Education regarding Elder Abuse and Neglect	1	—	—	1
Lack of awareness	—	—	1	1
Mental health services	—	1	—	1
Answered question:	41	38	34	
Skipped question:	21	24	28	

Q12 Summary: A total of 41 (66.3%%) 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: "Insufficient staff with expertise to respond to the service needs," "lack of funding," and "difficult to access services."

A total of 17 respondents chose "insufficient staff with expertise to respond to the service needs" as the most significant barriers to serving elder abuse victims in their areas. "Absence of mandated reporting" in NYS was cited 9 times by respondents as a significant barrier. (In NYS,

APS is a mandated reporter to law enforcement if APS believes a crime has been committed against an APS client.) Other major themes were "Lack of funding," "Difficult access to services" as well as problems engaging service systems such as APS, hospitals and law enforcement.

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

Answer Options	Response Count	Response Percent
Yes	37	90.24%
No	2	4.88%
I don't know	2	4.88%
Answered question:	41	
Skipped question:	21	

Q13 Summary: In this question, 41 (66.3%) respondents reported their perceptions about the interface between elder abuse victims and law enforcement in their communities. Nearly all of the respondents to Q13 - which asked about barriers to reporting elder abuse to law enforcement - reported barriers to reporting. Only 2 responded "no" or 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.

Answer Options	Response Count	Response Percent
Concern that perpetrator will be arrested /imprisoned	31	83.78%
Fear of victim of losing family support	29	78.38%
Prior negative experience that family or community has had with police	26	70.27%
Fear of victim of losing housing	24	64.86%
Unwillingness of police to take the report	22	59.46%
Fear of being reported to immigration	21	56.76%
Unwillingness of police to pursue cases	21	56.76%
Other	7	18.92%
Answered question:	37	
Skipped question:	25	

Q14 Summary: All of the 37 (90.24%) respondents answering "yes" to Q13 responded to Q14. The vast majority (over 80%) indicated that fear or concern that the perpetrator (often a family member) would be arrested or that the victim would lose family support (almost 80%) was a barrier to reporting to law enforcement. Prior negative experiences with the police was also seen as a barrier by a significant number of respondents (70.27%).

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; Need for Police Training and Improved Response Protocols; and Victim Loss of Control.

Q 14: "Other" comments:

Theme	Comments
Concern for Perpetrator (1)	• Concern that perpetrator will be killed by police.
Debilitating Emotions (1)	• Shame, guilt
Dementia/Cognitive Impairment (2)	• Not able to report due to memory loss. • Dementia or other impairment preventing victim from reporting to police.
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 (1)	• Fear of retaliation
Isolation (1)	• Inability to report due to being isolated by the abuser. Often times the abuser is the one who controls access to the victim or the victim's access to the outside world.
Need for Police Training and Improved Response Protocols (2)	• Not being taken seriously by the police. The police not understanding what the victims are saying (sometimes because of language or hearing). 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. • Police often do not have the needed patience to work with traumatized elders. Police tend to regard elders as not reliable witnesses.

Theme	Comments
Victim Loss of Control (1)	• Too many agencies involved confuses the person.

Q14 - Summary of Themes: Nine (14.52%) respondents provided comments detailing 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. This may indicate a need for training for direct service elder abuse caseworkers 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 borough(s) that there are barriers for victims in reporting elder abuse to the police and/or law enforcement? Check one.

Answer Options	Response Count	Response Percent
Not significant	2	5.26%
Somewhat significant	8	21.05%
Very significant	27	71.05%
I don't know	1	2.63%
Answered question:	38	
Skipped question:	24	

Q15 Summary: All of the 37 (90.24%) respondents answering "yes" to Q13 responded to Q15, and one additional person answering "no" or "I don't know" to Q13 responded to Q15 as well. Nearly three-quarters of respondents indicated that barriers to reporting elder abuse to the police were a "very significant" problem in their community. Over 20% ranked it as a "somewhat significant" problem. Only two respondents 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; Fear of Abuser Retaliation; and Resource Barriers.

Q15: 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.
Fear of Abuser Retaliation (1)	• Victims who are victims of domestic violence are fearful.
Resource Barriers (1)	• Police don't have the time to respond. There should be a social service agency to report to, not the police.

Q15 - Summary of Themes: Three of the 38 (7.9%) respondents to Q15 wrote comments. Respondents cited police apprehension, fear of abuser retaliation, and resource barriers as barriers to reporting elder abuse to the police.

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

Answer Options	Response Count	Response Percent
Yes	33	82.50%
No	7	17.50%
Answered question:	40	
Skipped question:	22	

Q16 Summary: Of survey respondents, 40 (64.52%) answered this question about respondent familiarity with victim compensation (available through NYS Office of Victim Services). Over 80% of respondents indicated they were familiar with this compensation program, while the remainder cited being 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 who assists victims with applying for compensation?

Answer Options	Response Count	Response Percent
Yes	25	62.50%
No	11	27.50%
I don't know	4	10.00%
Answered question:	40	
Skipped question:	22	

Q17 Summary: Of survey respondents, 40 (64.52%) answered this question. Almost two-thirds of respondents assist victims with applying for compensation or referral to agencies that do. Ten 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?

Answer Options	Response Count	Response Percent
Yes	14	35.00%
No	16	40.00%
I don't know	7	17.50%
Not applicable	3	7.50%
Answered question:	40	
Skipped question:	22	

Q18 Summary: Of survey respondents, 40 (64.52%) answered this question. Forty percent of respondents to this question said that they do not serve victims who have participated in the OVS victims' compensation program, while thirty-five percent said that they have served victims who participated in the program.

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

Answer Options	Response Count	Response Percent
Yes	3	11.11%
No	9	33.33%
I don't know	5	18.52%
Not applicable	10	37.04%
Answered question:	27	
Skipped question:	35	

Q19 Summary: Of survey respondents to Q18, 27 (43.55%) answered this question. Only 3 (11%) of the 27 respondents to this question responded that compensation from the OVS Victim Compensation Fund was adequate. One-third 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 NYS Crime Victim Compensation. The comments all clustered around inadequate compensation.

Q19: Comments:

Theme	Comments
Inadequate compensation (4)	• Cash reimbursement is capped at $100 regardless of amount of loss. • If there has been theft, amount awarded doesn't match amount stolen. • 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. • Depends on the crime. OVS 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.

Q19 - Summary of Themes: Four (14.81%) respondents wrote comments. The consensus was that the caps on compensation to elder abuse victims are inadequate, especially in cases of property in which the amounts stolen could far exceed the compensation available.

Q.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.

Q20: The comments have been clustered by the following themes in the chart below: Barriers and Access; Shelter/Housing; Training; and General Comments.

Theme	Comments
Barriers and Access (1)	• There is a need for language access for both workers and victims.
Shelter/Housing (1)	• Temporary and permanent housing for elder abuser survivors are lacking. Since the survivors are elderly, the waitlist for public housing is not even an option most of the time.
Training (3)	• 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 DSS 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.
General Comments (3)	• Too many agencies having too many meetings and not enough being done for the victims and those in need. • 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. • We need to address concerns of those who cannot speak for themselves and understand what is happening.

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. Eight (12%) of survey respondents took the opportunity to leave comments. Three of the eight respondents commented that more training for professionals is needed regarding elder abuse. One respondent commented on the need for culturally-competent services when working in elder abuse, particularly to combat language barriers, and one respondent noted the dearth of housing options for elder abuse victims. .

Appendix

Appendix A. Copy of survey.

For more information, contact:

Risa Breckman / rbreckm@med.cornell.edu

Paul Caccamise / pcaccamise@lifespan-roch.org