

Testimony of Mark Lachs MD MPH
Senate Committee on Aging
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Senators my name is Dr. Mark Lachs, and I have dedicated my life and my professional career to protecting the health, the rights, and the dignity of Older Americans. I am honored to testify before you today not only as a primary care doctor who cares for older adult adults and has seen the ravages of elder abuse first hand, but also as a physician-scientist who has conducted research in this area for nearly 25 years, much of it funded by the National Institutes of Health. I am Director of Geriatrics for the New York Presbyterian Health Care System and a Professor of Medicine at the Weill Medical College in New York City where I run the geriatric medicine program. I also direct New York City's Multidisciplinary Elder Abuse Center. So thank you for allowing me to speak, and special thanks to Senator Gillibrand who shares not only my passion about eradicating elder abuse, but who also cares deeply about older people in every way.

This hearing is timely, not only from the vantage of the GAO report that is being released today, but also because it coincides with the distribution of a statewide New York study my group at Cornell recently completed in collaboration with the New York City Department for the Aging and an Organization called Lifespan of Greater Rochester. Funded by the New York State Office of Children and Family Services, it had two major goals: First, to determine the annual incidence of elder mistreatment in our state, and second, to determine how much of it we miss. We know that for all cases of family violence – child abuse, intimate partner violence, etc., - we identify, we miss several more. We think that this phenomenon is far worse in the case of elder abuse because many people become socially isolated as they age, and their victimization therefore is more hidden. Shame also probably contributes to under-identification.

The study is notable in a couple of respects. First, it is enormous, the largest of its kind in any single state. We directly interviewed over 4000 older people directly to ask them about their experiences with elder mistreatment, scientifically sampling all parts of our diverse state representatively. Second, over the same time period, we extensively queried the many agencies, governmental and otherwise, who formally respond to elder abuse cases. Our goal was to compare the numbers of people who self-report abuse to the number who actually come to light in these official agencies. In short, we were trying to determine the ratio of known to undiscovered cases.

And missing cases we are. When these 4000 individuals were queried about their personal experiences with elder mistreatment using scientifically validated survey techniques, 7.6% - about 1 in 13 reported experiencing any form of mistreatment in the prior year. The most common form of mistreatment reported was financial exploitation with 4.2% - or 1 in 25 - describing victimization; this was followed next by physical abuse with 2.2% - or just under 1 in 50 - people describing that experience. So this is out there! In fact, I tell the physicians I train that if they've seen 15 or 20 older people in their practices (a fraction of what many physicians see during a busy day), then they have probably met an elder abuse victim, whether they realize it or not.

When we compared these self reported rates to "official" or "documented" cases known to agencies serving older people, we see that this is a tip of the iceberg problem. Based on our research it would appear that for every elder abuse victim that makes it into

an official service or reporting system, another 23 to 24 go undetected. For this reason, we entitled our report "Under the Radar".

Senators, in my remaining minute or so, permit me to outline 2 or 3 recent developments in this field that I think have enormous promise. The first is the development of Multidisciplinary Elder Abuse Centers, akin to those created for child abuse, in which teams of physicians, social workers, justice system, financial and others work collaboratively to efficiently identify victims and meet their multitude of legal, medical, mental health, and other needs. We have created two such team in New York City and it continues to grow on a monthly basis. This is a national model for assistance to victims not only address their abuse and injuries, but to potentially avert financial exploitation that leaves them impoverished and on public assistance without the nest eggs they have accumulated over a lifetime and counted on to support them in later life. We know from research for example, that elder abuse is an independent risk factor for entering a nursing home, and an independent risk factor for death after controlling for chronic medical problems. In short, elder abuse victims not only suffer, they suffer in ways that are incredibly expensive to our systems of public health, welfare, and to our entitlement programs.

And although my remarks today have focused primarily on elder abuse occurring in the community, we should not forget that residents of nursing homes still remain vulnerable, and here too there will soon be new data. One form of nursing home abuse that has been completely unexplored is not abuse by staff, but so called resident-to-resident elder mistreatment, wherein residents with dementia or other mental health problems, many of them younger who should not be harbored in the same nursing homes with frail older residents, have become physically aggressive causing injury and in some cases death. Recently NIH and NIJ funded us to do the first study of this under-recognized problem.

Everyone testifying today will probably tell you that this problem is under resourced, and you'll get no argument from me about we need to do more for victims. But if you asked me to pick the two areas of investment that would likely produce the greatest return both in terms of reducing human suffering and averting the financial toll of mistreatment – which ultimately place people in entitlement programs (e.g., through premature or unnecessary nursing home placement), it would be 1) investment in research, and 2) the creation of multidisciplinary elder abuse teams which comprehensively not only serve victims, but also work to prevent abuse.

Senators thank you for requesting the GAO report, permitting me to speak, and taking a cold, hard look at the most hideous form of age discrimination imaginable.

UNDER THE RADAR: NEW YORK STATE ELDER ABUSE PREVALENCE STUDY

SELF REPORTED PREVALENCE AND DOCUMENTED CASE STUDIES

EXECUTIVE SUMMARY

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

AIMS OF THE STUDY

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

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

METHODOLOGY

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

Methodology - Self-Reported Prevalence Study

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

Methodology - Documented Case Study

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

MAJOR FINDINGS

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

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

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

Table 1

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

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

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

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

SELF-REPORTED PREVALENCE STUDY

Major findings of the Self-Reported Study include:

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

DOCUMENTED CASE STUDY

Major findings of the Documented Case Study include:

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

Table 2

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

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

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

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

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

CONCLUSIONS

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

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

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

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

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

IMPLICATIONS FOR FOLLOW UP AND FURTHER STUDY

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

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