

Campaign to Save \$800,000 for Elder Abuse Services: Elder Abuse Hurts in Manhattan

Manhattan

Council of Senior Centers and Services of New York City, Inc., April 2011.
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Anecdotes from all New York City boroughs can be found at www.cscs-ny.org
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Findings from “Under the Radar”, a New York State Elder Abuse Prevalence Study, 2010.

- 76 out of every 1,000 older New Yorkers are victims of elder abuse in a one year period.
- 9% of all NYC residents, age 60+, are elder abuse victims. This is about 120,000 people.
- Applying an incidence rate estimated by a study to the general population of older New Yorkers, an estimated 260,000 older adults in the state have 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 services and law enforcement or legal authorities who have the capacity as well as the responsibility to assist older adult victims.
- “Under the Radar” had two parts of methodology: a Self-Reported Study and a Documented Case Study. In the Self-Reported Study, the most common form of elder abuse reported is financial abuse. In the Documented Case Study, psychological and physical abuse are the most common forms of abuse reported.

Study administered by the NYS Office of Children and Family Services, and conducted by Lifespan of Greater Rochester, The New York City Department for the Aging, and the Weill Cornell Medical College.

The Council of Senior Centers and Services (CSCS) promotes the quality of life, independent living, productivity, and dignity of mature older adults in New York City. CSCS champions elder rights. For more information visit the CSCS web site at cscs-ny.org.

(continued)	Robert Jackson	<p>effective housing attorney and prepared to testify on his behalf in Housing Court. CEMAPP staff also referred Mr. B to Adult Protective Services, which has agreed to step in and seek guardianship if this effort to evict the abuser fails. While his Housing Court case is pending, Mr. B continues to get supportive counseling at CEMAPP, so he can withstand the daily emotional abuse perpetrated against him by his roommate. Mr. B. illustrates the vulnerability of older adults and the important role of professionals who understand domestic abuse and how to intervene to stop it.</p> <p>For five years, Mrs. D, an 88-year-old woman, lived with her grandson, aged 34. Over time, he became increasingly abusive. He threw a lamp, a table, and other objects around the apartment and broke them. After he threatened to punch her in the face, Mrs. D’s granddaughter called 311, and Department for the Aging referred her to CEMAPP. CEMAPP staff helped her to file an Order of Protection and return to court four times in two weeks. Her grandson saw that she was serious about getting him out, and, to avoid trouble with the police, he packed up and left. Mrs. D is pleased to have her home to herself again, but she remains fearful of him. Housing relocation and supportive counseling continue for Mrs. D.</p> <p>Mrs. D. illustrates the vulnerability of older adults and the important role of professionals who understand domestic abuse and how to intervene to stop it.</p>
	Melissa Mark-Viverto	<p>Mrs. S is a 74-year-old widow. She uses a walker and has high blood pressure, diabetes, asthma, and high cholesterol. For years, she lived with her alcoholic son who verbally and physically abused her. He pushed her against walls, shook, punched, and choked her.</p> <p>Last summer, she attempted to get a Family Court Order of Protection on her own. But, without proper support, she was not able to navigate the process and her case was dismissed. Fortunately, her homecare social worker referred her to CEMAPP. CEMAPP staff helped her return to court four times in two weeks. She was granted a temporary stay-away Order of Protection, and police escorted her son from the home. However, even though her son was out of the home, her tribulations were not over. Four times, her son violated the Order by returning to the apartment and banging on the door. Four</p>

<p>(continued)</p>	<p>Inez Dickens</p>	<p>times Mrs. S called the police. Each time, the police refused to make the mandatory arrest. To prevent this from happening again, CEMAPP staff contacted her local precinct to inform the chain of command there. CEMAPP also arranged a joint visit with Mrs. S to the Assistant District Attorney to find out what went wrong and how to fix it.</p> <p>After calls from CEMAPP and the ADA, the Domestic Violence Detective at her local precinct promised to follow up if Mrs. S had any further problems with her son violating the Order. Currently, her son is still at large and his criminal case is pending. However, he is out of the home, and, for the moment, he is leaving his mother in peace. CEMAPP is continuing to support Mrs. S. and advocate for her with community based services.</p> <p>Mrs. S. illustrates the vulnerability of older adults and the important role of professionals who understand domestic abuse and how to intervene to stop it.</p> <p>Mrs. G was an 83-year-old cancer survivor. She had high blood pressure and arthritis which has disabled her dominant hand. She lived with her son, who smoked pot and harangued her for money daily. He destroyed her belongings and stole her money. She could not get homecare because of the state of her home, and she borrowed money from a loan shark to make ends meet.</p> <p>After meeting with CEMAPP staff, she decided to seek an Order of Protection. CEMAPP accompanied her to court four times in one month, and she was granted a temporary stay-away Order of Protection. Her son repeatedly violated the Order by returning home. Every time, Mrs. G called the police. In all, her son was arrested three times. At the trial, despite these violations, the Family Court referee denied Mrs. G a full stay-away Order, and her son was reinstated to the home.</p> <p>In the following weeks, Mrs. G met with CEMAPP staff at a diner near her home, for counseling and to continue strategizing her escape from her troubled son. Sadly, just five months after coming to CEMAPP for help, after another argument with her son, Mrs. G succumbed to a massive heart attack and died. Although this ending Mrs. G. illustrates the vulnerability of older adults and the important role of professionals who understand domestic abuse and how to intervene to stop it.</p>
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(continued)	Inez Dickens	<p>Ms. Y, 68, lived with her male roommate for 40 years in his comfortable 2 bedroom Harlem apartment. Over the last decade the alleged abuser (AA), drank beer excessively with his buddies outside in parked cars. He ignored her when sober and was verbally abusive when drunk... a daily occurrence. He trashed their common space while she kept her room clean but filled with art supplies and projects. An assertive individual Ms. Y began seeking senior housing for self but doubted if she could actually live alone.</p> <p>While attending art classes at several senior centers she learned of CEMAPP. In short-term counseling she expressed joy that someone listened to her and did not tell her what to do. She explored housing options. She discovered the root of her ambivalence about living alone: her mother was in prison when she was a child. Through role-playing she practiced telling her partner she was leaving him. Expressing caution and happiness she moved into a small studio in a new senior building located in Chinatown. Ms. Y continued to attend our elder abuse support group and humbly worked as a role-model.</p>
	Jessica Lappin	<p>At 88 Ms. C, a single retired professional lady, had been a caregiver in her home for decades. First she took care of her father, then an alcoholic nephew (who is now deceased) and now his 31 year old unemployed son. The first 3 years had been good. They danced while he cooked dinner. He was good company and lived in the dining area of the 1 bedroom apartment. Occasionally, he drank a beer while playing computer games. When his unemployment insurance ended he began frequenting neighbor bars where his father previously drank. Now he drinks with his father's buddies and regularly asks Ms. C for cash.</p> <p>Ms. C, a nurturer at heart, could not sleep until he came home at 5 am...drunk and loud. Twice she called the police. The stress seriously weakened her physical health. When he threw a phone at her she took the advice of the Domestic Violence Officer and called CEMAPP. They had educated her about an Order of Protection in Family Court and she was determined to have AA removed from her home. A home visit was</p>

<p>(continued)</p>	<p>Daniel Garodnick</p>	<p>conducted within hours and early the next morning Ms. C was escorted to Family Court. Over the next 8 hours she was emotionally supported on the hard wooden benches. At her home that evening, CEMAPP coordinated serving the Order of Protection with the police and AA. Her determination weakened seeing the now homeless AA. Three days later back in court her mental and physical strength was quickly fading when, after only 5 hours, she received a six month exclusionary Order of Protection. Over the next few months of crisis counseling, Ms. C's emotions varied from pride to regret. Twice she phoned the police asking to have the Order of Protection rescinded. The AA did not try to visit her but did telephone asking for money which she angrily gave him. He never asked how she was feeling.</p> <p>Mr. M is 89, single, wealthy, and has several serious medical problems. A close group of three friends encouraged him to move into an assisted living facility from his rental apartment. Then a younger professional friend (BB) offered to move to New York City and care for him. Mr. M agreed. Soon after the BB encouraged Mr. M to buy a co-op apartment... in BB's name. Proudly Mr. M. disagreed about the ownership but agreed to buy the co-op. On the day of the real estate closing a friend (C) called CEMAPP alleging financial abuse, isolation and neglect. A few hours later in a home visit Mr. M said he was pleased with the purchase and that BB was generally doing an ok job caring for him. He agreed that he needed to be stronger in telling BB his needs. Mr. M said he preferred living alone and did not want a lot of people around him. He also added that his friend C was overly worried about him and called three time's day. He clearly stated he would make his own decisions.</p> <p>Over the next several months C and friends complained about BB's behavior. BB complained about the friends. Mr. M consistently said he would speak up about his needs to everyone and that he is in charge of his own life. Mr. M is settling into his new home and his friends continue to heatedly discuss what is best for him. Mr. M has thanked CEMAPP for being concerned about him and again stated he would prefer to independently make his own decisions...just as he has always done.</p>
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<p>Agency: JASA LEAP (Legal Elder Abuse Program)</p> <p>Districts Covered: 1, 2, 3,4,5,6</p> <p>Total number of clients: no mandated case</p> <p>Number contracted for: Exceeds service units</p> <p>Total number of clients: no mandated number.</p> <p>2009 -715 cases 2010-764 cases monthly basis- FY10 the number of clients served increased by 25% FY11 - approx. 560 clients</p> <p>Number contracted for: not calculated</p>	<p>Rosie Mendez</p>	<p>Mrs. L is a 70 year old Hispanic female residing in Manhattan’s Council District 2 who was living with her son, his girlfriend and their 9 month old daughter. Apart from her son she has no family members or other support systems. Mrs. L informed the JASA social worker that her son has been verbally abusive, threatening to ‘break her leg and kill her’. He had threatened to hit her and stated that he hates her. There have also been reports of past physical abuse. There is no known alcohol or drug abuse; however son is diagnosed with bipolar disorder. It is unclear whether he is taking his prescribed medications.</p> <p>In addition son reportedly throws out Mrs. L’s food and does not allow her to eat his food. Son and his girlfriend have allegedly taken over the home with baby toys and clothing and won’t allow Mrs. L any contact with her granddaughter. Son is on the lease but does not pay rent or help financially. More recently the son forged his mother’s signature on a letter he sent to the housing management requesting that his girlfriend and his son be put on the lease.</p> <p>Mrs. L meets with the JASA social worker for weekly counseling sessions and Mrs. L participates in the elder abuse counseling group sessions on a monthly basis.</p> <p>With the support of the social worker Mrs. L filed an order of protection petition and received a court appointed lawyer. In addition she went to the housing management office to let them know that the letter sent to them, by her son, was forged. After several months with a temporary Order of Protection the JASA social worker and Mrs. L went to court and Mrs. L received a 5 year final Order of Protection. Requesting an exclusionary Order of Protection was very difficult for Mrs. L but she was able to do this with the support that she received from the elder abuse program.</p> <p>The social worker and client arranged for a domestic violence officer to serve the Order of Protection and the son was removed from the home. Son was taken to a friend’s house and his girlfriend and their daughter were taken to her mother’s home. With the son no longer in the home the social worker was able to work with Mrs. L’s managed care provider, Guild Net, to arrange additional home care hours for her. Mrs. L continues with counseling and attends the JASA elder abuse support group. She has also started attending a senior center and has made some friends.</p>

(continued)	Daniel R. Garodnick	<p>Ms. R is 82 years old and lives alone in an apartment in downtown Manhattan. She privately hired the wife of the building superintendent as her part-time home aide. The woman had keys to the client's apartment and entered at odd times, unannounced. Ms. R also reported that she verbally abused the client and physically assaulted her, twisting her arm on one occasion. The client wanted to discontinue the 'care' arrangement but was fearful to do so because the superintendent's wife could still have access to her apartment and could potentially further harm her.</p> <p>JASA's LEAP social worker met with Ms. R outlining the options to improve her safety. Before any changes could be made, Ms. R was hospitalized as a result of a broken hip after a fall (unrelated to any abuse). Almost simultaneously, the superintendent was fired and he and his wife moved from the building. Still apprehensive that the woman would return to the building and try to harm Ms. R, JASA helped her have the door locks changed. The JASA LEAP social worker also helped Ms. R identify other resources for homecare support. On a few occasions the alleged abuser returned to the building but she could not gain access to Ms. R's apartment.</p>
	Margaret Chin	<p>Mr. and Mrs. J., both 83, live with their 50 year old single daughter in an apartment in Manhattan. Mr. and Mrs. J are very devoted to their daughter but are intimidated and often frightened by her actions and behavior. According to the couple, their daughter suffers from mental illness. She appears to have a Body Dysmorphic Disorder (she is extremely thin, has had multiple cosmetic surgeries and spends hours in the gym). She stopped seeking additional cosmetic surgeries only after Mr. and Mrs. J refused to continue to pay for them. They report that she has 'taken over' their home, filling it with boxes and her personal items. She has filled their refrigerator with special foods and prevents them from keeping any other perishable food. She also spends excessive time in their one bathroom preventing anyone else from using it and exacerbating Mr. J's serious prostate condition. The case was referred to JASA's Manhattan LEAP program by NYC DFTA.</p> <p>Mr. and Mrs. J worry about their daughter but they feel they have lost control over</p>

<p>(continued)</p>	<p>Rosie Mendez</p>	<p>their lives. Their health is compromised by their anxiety about her and the attention they have to devote to her. Until recently they had been unwilling to consider having her removed from their home. With supportive counseling from the Manhattan LEAP Social Worker and their participation in the program’s support group, Mr. and Mrs. J are now pursuing an Order of Protection that will include a mandated provision for their daughter to receive a mental health evaluation. JASA’s social worker will continue to support them as they proceed through the process and will assist in identifying community resources for the daughter.</p> <p>Mr. and Mrs. K, both in their mid 60’s, live in lower Manhattan. They reported that they were verbally and physically abused by their 25 year old daughter who lives with them. The daughter, Ms. A, has been diagnosed with schizophrenia and has a history of alcohol abuse. In the last several years she has become increasingly aggressive. Recent incidents included her hitting both parents and throwing and breaking items throughout the house. During these occurrences the police were called and she was taken to Bellevue Hospital (each time she was released within several hours or days).</p> <p>With the help of the Manhattan LEAP social worker, a Temporary Order of Protection was obtained and served to the daughter. Another violent incident occurred and the LEAP social worker helped to arrange for the daughter to be placed in an inpatient psychiatric rehabilitation hospital for a three week period of time. After her return home and subsequent hospitalizations, Mr. and Mrs. K were willing to seek and did obtain a Final Order of Protection. Mr. and Mrs. K are very distraught about their daughter’s behavior toward them, but their concern for her well-being has made it difficult for them to change their apartment locks and they have repeatedly allowed her to return home after each hospitalization.</p> <p>The Manhattan LEAP social worker has been providing counseling to help the J’s understand their options and identify resources for their daughter. At this time, the social worker is working with Mr. and Mrs. K to secure a mental hygiene warrant and request for an ACT Team (Assisted Care Treatment and Assisted Outpatient Treatment Team) assessment the next time the daughter is hospitalized. Mr. and Mrs. K have welcomed these plans that support both their safety and their daughter’s ongoing care.</p>
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<p>(continued)</p>	<p>Rosie Mendez</p>	<p>Mrs. S, aged 67, currently lives alone in an apartment in midtown Manhattan. There is a history of verbal and physical abuse by her husband of eight (8) years. Reportedly, on a least two occasions he gave her the wrong medication dosage and she was hospitalized (Mrs. S takes medication for high blood pressure). He also has a history of alcohol abuse.</p> <p>Mrs. S's brother referred her to JASA Manhattan LEAP. The social worker met with Mrs. S in July 2010 and learned that her husband had been hospitalized because he was found on the street in an alcoholic stupor (he has a history of alcohol abuse). At that time, with the help of the JASA LEAP social worker, Mrs. S obtained a Temporary Exclusionary Order of Protection which was then served to her husband at the hospital. Simultaneously, in consultation with the LEAP attorney, a copy of the Exclusionary Order of Protection was given to the doorman in their building to insure that her husband could not return to their apartment. The LEAP social worker continued to work with Mrs. S, escorting her to court and helping her obtain a five (5) year Criminal Order of Protection. Arrangements were made to have the apartment locks changed. JASA LEAP social worker is also in the process of obtaining a Safelink cell phone for client in case of an emergency. Mr. S was recently mandated to a rehabilitation facility. Mrs. S is pursuing a divorce.</p> <p>JASA LEAP social worker meets with Mrs. S. weekly for counseling session in her home and Mrs. S. attends the JASA LEAP Support Group whenever her health permits. Since her husband's removal from the home Mrs. S has been able to reconnect with her friends and resume a less isolating life.</p>
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THE FACE OF ELDER

ABUSE

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