

[COMMITTEE PRINT]

DOMESTIC ABUSE OF THE ELDERLY

A BRIEFING

BY THE  
SUBCOMMITTEE ON HUMAN SERVICES

OF THE  
SELECT COMMITTEE ON AGING  
U.S. HOUSE OF REPRESENTATIVES  
NINETY-SIXTH CONGRESS  
SECOND SESSION



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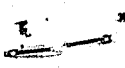
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ACQUISITIONS

## DOMESTIC ABUSE OF THE ELDERLY

MONDAY, APRIL 28, 1980

U.S. HOUSE OF REPRESENTATIVES,  
SELECT COMMITTEE ON AGING,  
SUBCOMMITTEE ON HUMAN SERVICES,  
*Union, N.J.*

The subcommittee met, pursuant to notice, at 9 a.m., at Kean College, Union, N.J., Hon. Matthew J. Rinaldo (acting chairman of the subcommittee) presiding

Member present: Representative Rinaldo of New Jersey.

Staff present: J. B. (Pete) Conroy, minority staff director, Subcommittee on Human Services.

### OPENING STATEMENT OF CHAIRMAN MATTHEW J. RINALDO

Mr. RINALDO. I would like to call the hearing to order at this time, please. I will begin by reading into the record an opening statement that I have and then we will call the first witness.

A national study conducted by a University of Rhode Island sociologist estimated that each year at least 500,000 persons aged 65 and over, who live with younger members of their family, are physically abused by them. Other studies have indicated that the true figure may be higher because many thousands of cases go unreported each year. The truth is, we don't have any real figures on this most repugnant of all violence perpetrated against older Americans.

I don't think Congress can take any specific legislative steps in this area of domestic violence until we have hard data and statistics to guide our actions.

Fortunately, through the activities of the Select Committee on Aging, we have that data-gathering mechanism. A new category of crimes—crimes against the elderly—has been added to the LEAA—Law Enforcement Assistance Administration—list of serious crimes. Certainly, armed with the data from this source, I and other members of the Select Committee on Aging can take effective legislative action.

Another important element that enters this picture is one of maintaining the opportunity of our elderly to live useful lives for as long as possible. The single biggest deterrent to continuing in the ranks of the gainfully employed by the 65 and over age group is the social security earnings limitation test. Professors Robert Kaplan and Arnold Weber of Carnegie-Mellon University have said that many of these persons do not have a choice of work part time. They can work either full time or not at all. Without the psychological and economic reinforcement of

holding a job, they lose physical prowess, friends, and independence. In short, they soon join the ranks of the frail elderly who are the victims of the crime problem we address today.

A third factor that I would like to hear addressed this morning is the impact of tax credits on families caring for their frail elderly relatives, and the new concept of home health care and the pending legislation that would implement this plan as an alternative to nursing homes.

It would certainly appear that the respite care idea, which would be a part of home health services, will provide those family members carrying the heaviest burden of care in serious cases a welcome period away from the rigors that cause emotional strain which creates the potential for domestic violence.

I hope that the sort of exposure being given domestic violence by congressional hearings, university studies, and crime statistics will prompt all people to more readily step forward and report incidents they know of, or even more importantly, acknowledge that the elements of violence exist and seek the help needed to defuse it.

Because domestic violence is no longer a private matter, I will take what we learn today back to the Congress and the proper committees where it will be incorporated with the criminal and sociological data already in. Then I, as your representative, and others can frame realistic and effective legislation to deal with this disturbing crime—domestic violence against the elderly.

The first witness will be Mr. Meyer Schreiber from the Kean College program on adult protective services. Mr. Schreiber?

**STATEMENT OF MEYER SCHREIBER, ASSOCIATE PROFESSOR OF SOCIAL WORK, DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK, KEAN COLLEGE, UNION, N.J.**

Mr. SCHREIBER. Congressman Rinaldo, Mr. Conroy, thank you very much for inviting me to participate.

My name is Meyer Schreiber. I am an associate professor of social work at the department of sociology and social work here at Kean College of New Jersey. During the past few years our college has been extremely interested in the area of adult protective services, and last May we conducted the first statewide conference on adult protective services, and the following October we held a citizens conference on vulnerable adults. In June we are conducting a second annual conference on adult protective services.

I would like to suggest that those of us in social work see a different approach in terms of family violence than the criminal one, because we think there are some figures available and there are some experiences available through the area of adult protective services, so I would like to spend the 10 minutes I have at my disposal looking at the concept of adult protective services and applying it to the phenomenon of family violence.

Adult protective services is a shorthand term which represents a catchall for the failures of all the delivery systems involved in dealing with older Americans, systems such as the family, legal system, the mental health system, the mental retardation system, welfare, health, and so on. Further, the language of adult protective services is con-

fusing at the present time because social workers speak about social protective services such as homemaker service, while lawyers think in terms of legal protection services such as guardianship, conservatorship, and commitment. There is no real definition of adult protective services that is used universally, and I would like to share for the committee's use the definition used in the title XX plan of the State of New Jersey, and I quote from the plan.

Services for individuals 18 years of age or older who are unable to protect their own interests because of ignorance, incompetence or poor health who are harmed or threatened with harm through action or inaction of another individual which may result in physical or mental injury, neglect or maltreatment, or in the failure to receive adequate food, clothing, shelter or entitlements due them or diminution of their resources.

Really, the terms implicit in this definition are "abuse," "neglect," and "exploitation." A great deal of our work with adults has been influenced by the child abuse legislation, and there has not been enough thinking through of how much the experience of children affects that of adults and older adults, so that, for example, if we use a term like "abuse," to me, adult abuse means intentional inflicting of pain, injury or mental anguish, unreasonable confinement or deprivation of services which are necessary to keep a person well, and we see that coming up in family violence.

Neglect, then, refers to a situation where an adult is living alone or living with others and is not provided the services necessary for living, or is not receiving assistance from anybody else, such as a family member.

Finally, I would see exploitation referring to the illegal or improper uses of an adult's resources for another person's profit or advantage.

There is no Federal legislation or legislation in all the 50 States dealing with the common definition of adult protective services. I am preparing a text dealing with this area, and I have material from most of the 50 States. Many States have no provisions, some States are quite advanced. Our own State of New Jersey has made a small beginning in the boarding home law, which took considerable effort to pass, but the definition of adult protective services, the norms or standards of what constitutes abuse, neglect, and exploitation need further development, and this is one area in which I believe this committee can stimulate much needed activities in terms of model State legislation regarding adult protective services, particularly mandatory reporting.

One of the problems which I see in family violence is that there is a silent conspiracy in which judges, social workers, doctors, hospital personnel, and family members hide the real facts from people who should know. An example which a county welfare worker shared with me recently was that of a 70-year-old woman who had a terminal illness and the doctor suggested she go to the hospital where she could get the proper medical care.

The family, desirous of getting her money and not wanting to spend the money for medical care, felt that it was more appropriate for her to die in her own bed in her own home, and I feel that this is a kind of violence, a kind of abuse of the adult's need or the older adult's need for appropriate medical care. However, legislation will not solve the core question, which is the personal liberty of adults and older adults, or put another way, when do we have a right to intervene in the affairs of others? Like, does a person have a right to remain in a dangerous

environment if he or she wishes, or in the hierarchy of value, which is more important, physical or emotional well-being, or freedom, or who determines the best interest of the older adult, or which right is more fundamental, self-determination or the right of the State to intervene in a person's best interest?

Consequently, I would like to suggest some specific recommendations that the committee consider.

One: I think the committee can be extremely helpful in developing model legislation for all the States. The Childrens Bureau, a Federal agency, did a superb job in developing a model child abuse act, which most of the States have passed. It seems to me the Select Committee can use its expertise very fully in this regard to develop such needed legislation.

I might point out, parenthetically, Congressman, one of my classes was in Washington for a week and had a session with Mr. McLane of the staff of the committee and found it to be rather exciting and helpful in terms of the kinds of things that students need to know.

Second: Title XVIII of the Social Security Act in terms of medicaid and medicare—there is a great need to include a wide range of home services through the mechanism of matching funds.

Currently, for example, in New Jersey there is a shortage of 3,000 nursing home beds. We know that the stress that is created when services are not available sometimes leads to the phenomenon we call family violence.

My third recommendation in terms of title XX of the Social Security Act—if there could be some useful definition of adult protective services which particularly includes mandatory reporting. From my own limited experience I found, unless there was mandatory reporting which made it obligatory on the part of certain professional personnel such as doctors, social workers, and others to report instances of abuse, neglect, and exploitation, that we could never really find out the true nature of what was happening. So in the child abuse area, we find that the accumulated experience has helped us learn a great deal about how we could properly help people.

Fourth: In terms of social security and Veterans' Administration payments, one of our biggest problems is that of the representative payee. There are many people whose rights are being violated, and I think it is another form of family violence where checks are being taken by family members and others because they are not acting in the best interest, and we depend upon the voluntary efforts of people to take care of funds for others, and this seems to be a national problem and we have to look at this whole area much more fully.

My final recommendation is in terms of a look at the Older Americans Act where some impetus can be given to voluntary activity because of the need for personal services.

The one thing that comes across in much of family violence is that people who are locked into terrible situations can't stand the pressing problems, and some of the needs of older Americans in this regard are to be plugged into a support system where people can provide caring services.

In the citizens conference which we held here last October, we had a number of organizations who indicated how with very little money personal services could be made available to senior citizens, where

teenagers brought food to senior citizens, where teenagers wrote letters, where telephone insurance programs or where postmen were helped to learn when people didn't pick up their mail whom they could call and find out who was sick and needed assistance, so that such innovative programs need considerable encouragement, considerable extension in order to provide some of the personal services which people need in some instances as much as the money they need to live on.

In closing, I would like to say, in terms of family violence, that I think that our figures are very, very soft and impressionistic, but I think there is one area where we haven't looked at the experience because of our stereotypes of public welfare, and we tend to forget about what happens every day in our county welfare offices, municipal welfare offices, State programs such as division of youth and family services, and I refer to all the statistics, all the evidence we have about what harm is befalling adults, because eventually, the public agency becomes a catch basin for the problems that the family and the community can't solve, and so, when we want to look to statistics, with all due regard to my professional colleagues in academia at the University of Rhode Island and others, they have neglected in their academic style the large accumulated experiences that people in public welfare have found out about how people do each other in, and I would like to say that there are many States, including New Jersey, who at least have a beginning awareness and have much material in terms of case histories that could be very, very profitable to the committee as it considers Federal legislation and other means to deal with this very pressing national problem.

Thank you, very much Mr. Congressman, for inviting me to speak here.

Mr. RINALDO. Thank you for your testimony.

I might mention to you right at the outset that our committee is aware of the reorganization of human development services within HEW. The fact of the matter is that we are meeting with the HEW people this afternoon in Washington regarding that very reorganization, so I thought you would be interested in knowing that.

Mr. SCHREIBER. I might point out, Mr. Congressman, that our own correspondence with HEW people, and by the way, I am a former HEW employee, HEW is in the Neanderthal age as far as the problems that this committee is considering.

When I wrote them we were developing a conference and invited participation, they gave me materials that were moldy and rusty and antiquated, and HEW regrettably, in some instances responds only after the situation has developed, and I guess in the way our democratic society operates, the legislative sometimes has to prod the executive in terms of doing something about areas such as family violence.

Mr. RINALDO. I agree with you on that point.

Let me ask you this: Do you feel that title XIX and XX of the social security is the best vehicle for legislation?

Mr. SCHREIBER. Well, I couldn't say exactly the best vehicle, but if we look at title XIX in terms of medicaid and medicare, one of the concerns we have is, how can we get people to get the services that they need in their own homes without having to give up life and limb, and how can we extend the idea of people being self-directing, competent people, and why do we have to inappropriately place people in

facilities that they don't have to be in, and I think that's a national problem.

Most of us in social work feel title XX has been a much needed service, particularly since in 1975, with the development of SSI and the separation of income from services, there was a big gap in services; that under the old social security regulations, when you had old age assistance, at least a social worker visited an older person and found out what that person needed in terms of services or what kind of housing the person had, what was the plight, the fate, the condition of that older person. With the separation of income from services, that didn't happen until title XX came along. I think title XX has fortunately made available an array of services that we needed, and in terms of adult protective services, I think that has been one innovation that has been extremely helpful in all the States, because most States did not have adult protective services, or if they did, they didn't have the money to make it extensive and universal.

Mr. RINALDO. How about the Older Americans Act?

Mr. SCHREIBER. The Older Americans Act is basically concerned with services, and many of us believe it is an excellent act in terms of programs such as the senior citizens nutrition programs and senior citizen centers, but I think the amount of money one could say is miniscule compared to the need, and this is one complaint that I think other witnesses who are more expert in the area will testify to, but the piece that I related to is that it seems to me there are a number of areas that, if we could extend under the Older Americans Act, tapping into the excellent experience that older Americans have themselves and making possible services to people who need them, people who are locked in their homes who can't go shopping, people who can't get out, people who are not in touch with others. We have bare beginnings of programs like telephone reassurance programs, and those are good and those should be extended, but there are a number of other things which I think have to be done which I think you will be hearing about a little later.

Mr. RINALDO. Thank you very much.

Mr. SCHREIBER. Thank you.

Mr. RINALDO. Our next witness, Bernice Manshel, director of the New Jersey Division on Youth and Family Services.

**STATEMENT OF BERNICE MANSHEL, DIRECTOR, NEW JERSEY  
DIVISION ON YOUTH AND FAMILY SERVICES**

Ms. MANSHEL. Thank you, Congressman.

Mr. RINALDO. I would like to mention, if you have an extra written copy of your testimony, we would appreciate receiving a couple of copies.

Ms. MANSHEL. I don't, but I will be glad to send something afterward, if you would like.

Mr. RINALDO. Thank you.

Ms. MANSHEL. Congressman Rinaldo, Mr. Conroy, I want to compliment you and the committee for holding these hearings to bring to public attention the issue of domestic abuse of the elderly. It's an important problem, it needs attention, and it needs us to look at ways to explore improving the Federal role and bringing about a leadership role from the Federal Government for this problem.

Our agency is the State's General Social Service Agency, and our major focus has been in child welfare through our 32 district offices located in the counties. We are also administering the Federal social services program through title XX, and this includes contracts with private agencies to provide services both to children, families, and the elderly such as homemaker services, transportation services, and adult day care, and through the title XX program, we are also supervising the social services provided by the county welfare agencies, and a major portion of those services are provided to the elderly. Through these programs we have had a direct role in the problems of family abuse.

Since 1974 with the Dodd law in New Jersey, we have had an aggressive child abuse prevention program. We have a 24-hour hotline for reporting suspected cases of child abuse. We also have 24-hour staff capability for response in emergencies. Last year we had 20,000 calls reported of suspected child abuse.

In the area of adult family abuse, we have funded 13 projects for battered women throughout the State with \$1.1 million of the title XX money. New Jersey, by the way, is a leader among the States in using title XX funds for programs to support victims of domestic violence, particularly for the protection of women from spousal abuse.

We in New Jersey are now beginning an effort in coordinating programs for boarding home abuse. Just recently within the past month, the Governor signed S. 3111 which makes the Department of Human Services and the Division of Youth and Family Services responsible for receiving complaints and supervising the response of the county welfare agencies throughout the State to complaints on boarding home abuse. We will be starting to take calls on our hotline.

Unfortunately, S. 3111 did not have any new funding in it for the social service aspects of the program, so that we will be using our child abuse hotline—I am rather concerned about overloading the system, but we will be taking calls on that hotline. The calls will be referred to the county welfare agencies. We will be registering those complaints and following up on the calls. This will give us an opportunity to collect data on boarding home abuse.

It's very difficult to get data on abuse of the elderly in internal family situations, but we do become aware of those situations through our work both in child abuse and through the county welfare agencies and their work in the families.

I would like to give you just some information about the kinds of cases that we have found through this work, although as I said, we are not in a position to collect overall data on internal family situations.

It was brought to our attention that a man in his seventies was receiving social security benefits. He was an invalid and he was residing with his son who is in his forties. Routinely, every month, the son would cash the check, go out and get drunk, and when he returned home, he would physically beat up his father. We have managed to resolve the case. We brought the father initially into a hospital, and since then he has been placed in a nursing home.

When one of our battered women shelters opened, the first referral was not a woman who was complaining of abuse by her husband, but was a woman who had been battered by her daughter with whom she was living.

Also brought to our attention was a woman who was in her eighties. She was blind, bedridden, a stroke victim, and she was being cared for by her 45-year-old daughter. The daughter had a history of emotional problems and was mildly retarded. Her income was from the social security payment. The daughter was anxious to care for her mother, but was unable to provide for needed care because the mother needed extremely specialized care. We were providing visiting nurse and homemaker services, but those visiting people began to see bruises on the mother. The daughter was very fearful that the mother would be placed outside of the home and that she would not be financially able to keep her apartment and so therefore was not reporting to the people coming in about the problems she was having in taking care of her mother.

Our agency was able to locate another family member and have that member obtain guardianship of the mother and authorized that she be placed in a nursing home. The daughter had refused to have this happen.

Now, what we were able to do was find a nursing home which had a boarding home section so the mother and daughter were placed in the same facility and they could maintain their family ties.

Another woman who came to our attention was on a salt free diet. She was weak, frail, and living with a divorced daughter and her children. The daughter was going out to work in the morning leaving the mother, who was unable to dress herself, and leaving her with only stale bread and canned soup to eat. We were able to bring services into that family. The mother was placed in an adult day care center so that she could have activities during the day and remain with the family at night.

Our ability to provide services in these kinds of situations is somewhat limited because we can't get into the homes; we are not made aware of these kinds of situations. We now will have the authority to investigate boarding home complaints, and in the State there is the authority in the Office of the Ombudsman for the elderly, which is in the Department of Community Affairs to investigate institutional complaints concerning the elderly, but getting into home situations is more difficult.

We have developed a piece of legislation which we will be bringing to the attention of the legislature which is, as Professor Schreiber pointed out, based on the child abuse legislation which would call for citizens to bring complaints to our attention and would give them immunity, and would give us the ability to get into the homes. A key issue in this whole problem of bringing to public attention the question of abuse within the families is the civil liberties problem of people who may not be actually looking for service and forcing service upon people against their will is a key problem which has to be looked into, and it's a legal problem that we were concerned with in developing our model legislation.

I would agree with Professor Schreiber that the importance of looking at the whole child abuse development and the way that was handled on a Federal level would be very helpful to the committee. The Federal Government developed a piece of model legislation and then developed grant programs, and in order to qualify for one of those grant programs, the State had to have the model legislation in place.

Just a few recommendations on what might be done at the Federal level.

First, you discussed earlier the title XX program. The title XX program is being brought to bear on these problems in New Jersey. Unfortunately, the funding level of title XX has been a problem. The title XX program has reached a leveling off, and at the point where we in New Jersey are beginning to expand our program for the prevention of abuse to the elderly, this comes at a time when our title XX funds are leveling off and have been heavily committed in many other areas. We were hopeful that title XX would be increased even to a small extent this year, and that the priority for those funds would go for protective services for the elderly. At this particular moment, H.R. 3434 within which is the title XX program, has not been enacted, and we are not sure what our funding level is going to be, and our program for protective services for the elderly has been stalled at a level that we are not happy with because we are waiting to see what is going to happen to the title XX funding, so that I would say the problem with title XX is not with the concept involved, but the level of funding and our ability to expand services through that funding source.

We would also like to see subsidized demonstration grants which would try out various approaches, so that would give us a combination of overall social service funding for broader programs that we are running statewide, but also the ability to try some demonstration programs and try out some techniques working with adult protective services. The possibility also of sponsoring a national conference on adult protective services so that States like New Jersey could share our experiences with other States would be very helpful.

In terms of prevention, the home health care for the chronically ill is an important preventive technique in order to relieve the pressure that families are undergoing in taking care of the elderly family member. Respite services ought to be increased. We would like to see counseling and training on ways to handle behavioral problems without violence, and we have found the medicaid program very helpful in working with people both who we can provide homemaker services to and people who need other kinds of health care both in the home and in nursing homes.

You might be interested in the fact that we have in New Jersey tried to coordinate between the three major sources of Federal funding; that is, the money coming in through the Older Americans Act and title XX and title XIX. As a matter of fact, we had a conference last fall, I think we called it 3-19-20, and got people who were administering all of those three different sources of funding together so that they could coordinate.

I would be glad to respond to any questions.

Mr. RINALDO. In reference to using in-place systems of family abuse, can all abuse reports be made to the same agency, in your opinion?

Ms. MANSHEEL. Yes; we could coordinate abuse reports. We are going to be doing it with boarding home abuse complaints. We will be coordinating those. They will be followed up by the county welfare agencies. We are not going to, with State staff, go out and investigate abuses the way we do with child abuse complaints, but we will be coordinating the complaints.

Mr. RINALDO. Is it your judgment that the problem is getting worse at the present time, or is that a difficult question to answer because of a lack of hard reliable statistics?

Ms. MANSHEL. It is difficult, but we find that stress results in abuse, and the more stressful a society becomes, the greater the possibility of abuse, and we have found this with child abuse, that a stressful situation often results in abuse of children, and the abuse of elderly family members comes from the same kinds of causes.

Mr. RINALDO. Are you aware of any States that have developed any successful projects to deal with abuse of the elderly? Projects that are working successfully?

Ms. MANSHEL. I can't think of any offhand. It is a field which has not gotten a great deal of attention. I think that in New Jersey with our working with county welfare agencies and our conferences on protective services, we may be in advance of many of the other States in beginning to take a look at these problems.

Mr. RINALDO. In New Jersey, you don't have hard figures?

Ms. MANSHEL. No.

Mr. RINALDO. So that without the statistical base, you really can't develop meaningful legislation to know where the abuses are occurring and what type of abuses and how much funding is required and how the problem can be, hopefully, ameliorated.

Ms. MANSHEL. We don't have hard figures within the family, no. We suspect a great deal is not being reported.

Mr. RINALDO. And I would assume that you don't have adequate funding to really handle the problems once they are reported, is that correct?

Ms. MANSHEL. At this point, we do not, and we are very concerned about the future just in the small area of the boarding home abuse complaint, because we received the responsibility, but we have not gotten any new funding to carry out that responsibility. We had hoped that we would be able to squeeze some title XX dollars out in the coming year, and we are still waiting to see what happens with title XX, but at this point, we have increased responsibility and no new funds to carry it out.

Mr. RINALDO. How would you handle the cases in New Jersey if there were mandatory reporting?

Ms. MANSHEL. How would we handle—how would we react and provide services? Is that the question?

Mr. RINALDO. First of all, there isn't the mechanism and there isn't the funding, so if there were mandatory reporting without adequate funding, you wouldn't be able to handle it.

Ms. MANSHEL. No; we would have to have funding to go with any new responsibility that we were given.

Mr. RINALDO. I would like to just quote something from the older American reports newsletter:

Most of the White House Conference on Family members were skeptical about the new surge towards funding home health services as alternatives to nursing homes. They said it's hard enough to inspect conditions in institutions, but the job of checking peoples' homes could be impossible.

How would you respond to that statement?

Ms. MANSHEL. We do go into the homes and provide homemaker services. We are doing it now in New Jersey.

Mr. RINALDO. Primarily, right now, you mentioned certain abuses in boarding homes. How do you get into a private home where there is a case of suspected abuse of the elderly?

Ms. MANSHEL. It would be very difficult, just as it is very difficult in the case of child abuse, but we can have better legislation than we have now where we could require citizens reporting. People do know often what is going on in the neighborhood, so that if a neighbor was required to report and we had a campaign, newspaper, television, the kinds of things we do with child abuse, encouraging people to report situations that they are aware of, and then we had some better legal back up for getting into homes, we could do more than we are doing now. It would be a very difficult situation to get into a home where we were not welcome by the family.

Mr. RINALDO. Prior to the implementation of any program on the Federal level, would you feel that a research grant by the Federal Government in order to enable the States to come up with statistics that could be used, hard statistics, as a base for any legislation would be a high priority first step?

Ms. MANSHEL. Yes; I think that we ought to try to get better figures than we are getting now, than we can get now.

Mr. RINALDO. In your judgment, are boarding home abuses due to lax management, poor personnel, lack of interest in boarding home clients by relatives and physicians, or any other reason that you would care to list here?

Ms. MANSHEL. I think those are all contributing factors.

Mr. RINALDO. What would you say was the main reason, based on your experience?

Ms. MANSHEL. I don't know that there is any one particular main reason. I think that there are a number of problems that lead to boarding home abuses. I would have to say that there are many well run good boarding homes, and I would not want to leave the impression that all boarding homes are abusive situations. I think it is important we find the cases where there are abuses and go in and give some relief to the people, but in terms of picking out which is the one major cause, I would have to say it's a variety of different causes. Sometimes it's a disinterested operator, sometimes it's a lack of ability to provide whatever the individual needs in the way of services.

Mr. RINALDO. Thank you very much. Your testimony will be very helpful to the Committee.

Ms. MANSHEL. Thank you.

Mr. RINALDO. Our next witness is Dr. June Handler, the coordinator for the family studies program of Kean College. Dr. Handler?

**STATEMENT OF DR. JUNE HANDLER, COORDINATOR OF FAMILY STUDIES, EARLY CHILDHOOD DEPARTMENT, KEAN COLLEGE, UNION, N.J.**

Dr. HANDLER. I am merely coordinator of family studies which is coming out of the early childhood department and is a multidisciplinary collateral.

Mr. RINALDO. Do you have extra copies of your testimony?

Dr. HANDLER. My secretary is bringing them over.



Congressman Rinaldo, Mr. Conroy, honored guests, colleagues, I am pleased to testify today. The problems of abuse in our society are serious and widespread, reflecting the tensions in American life and, according to Dr. Richard Gellis, whom you quoted, of the University of Rhode Island, a society which glorifies, accepts, and approves of violence as a solution to stress and problems.

I am aware of parental abuse by adult children and abuse by grandchildren and realize it may take the form of physical, emotion, and financial abuse or deprivation. Miss Edith Fleshner, the program director of the Bergen County Office on the Aging, has shared with me information related to their protective service program for the frail elderly, their concern for their clients. She mentioned the verbal abuse and threats, forced environmental changes and infantilization imposed by some adult children, the withholding of necessities for life, or removal of money or other assets from parental control imposed by others.

I am a specialist in early childhood education and family studies. Any contribution I may make has to be from that point of view.

We all know factors which seem to correlate with abuse, such as high unemployment, inflation, societal violence, social, economic, and psychological stress. If we look at child abuse, we see features which seem to have implications for our subject. Kemp and Helform view three criteria. First, there was the person with the potential to abuse acquired over time; then there was the child seen as different for a variety of reasons; third there was a crisis or series of crises viewed as precipitating factors. Add to this emotional immaturity, developed through a lack of a very strong attachment to an important person when very young, poor trusting relationships and nurturing interactions and a limited understanding of realistic expectations for children.

We might utilize the above and say that the adult child who abuses his or her parent may equally be a person who has found it difficult to have a trusting relationship, who does not receive enough nurturing responses from someone else, and who has limited understanding of realistic expectations for the elderly.

We can add to this an elderly person seen as different and a series of crises of social, economic, or psychological nature. I myself would also theorize that the abuser, like many adolescents, finds it difficult to develop a sense of inner power, a feeling that he or she can effect change or that tomorrow is important. If one feels inner power, the pull of yesterday, today, and tomorrow, the sense of self as a total human being, one can deal with differences across generations in more emphatic ways.

Most elderly persons refuse to be victims. The emotionally, economically, and physically frail find it more difficult.

I would like to suggest that we need to start long before there is a potential for abuse. I wish to emphasize the following:

One: The Government should sponsor infantile, preschool, and after-school centers for those in need of these facilities, and I don't mean only if they meet the title XX standards. They should also sponsor nearby senior citizens centers. Education must begin with the very young and continue through lifelong learning to develop in people a

sense of self as able to make a difference, and a sense of different others as important and necessary to their well-being.

The right way to evolve cross-generational understandings and skills is through interactions across generations. The elderly have a right, r-i-g-h-t, to connections with other generations, and it is a rite, r-i-t-e, for the young child, the teenager, the adult, and the elderly.

Two: There should be Government-sponsored community based networks developed so that linkages can be made across generations, and the need for familial members met in a preventative fashion at times of stress.

Three: The Government, in this year of the White House Conference on the Family, should design and augment a national policy for the family that supports family functioning across generations and recognizes the divergence of family patterns and lifestyles. Let me concentrate on each of these, recognizing how each of these affects the other.

First: If from childhood children sense that they have powers to effect change, then their actions are a way to reinvent the world and so understand it. If the environment around them of home and community people and experiences is a trusting one and nurtures their ability to cope, to take imaginative leaps into the unknown, they will be better able to cope with the differences that may be a frail, elderly person or grandparents, a hard-of-hearing old person, or a parent who is just old. Their recognitions of the tomorrows is concomitant with a recognition that human interactions take place over a lifespan, creating ideas, objects, human relationships; involve a willingness to invest time playfully with purpose. There are many tomorrows and a time for everything under the Sun, and there is a time to grow older.

If they come to terms with the life tasks they must struggle with at various stages, as Ericsson said so aptly in *Childhood and Society*, "They will understand that to grow is to eventually grow old, and that to nurture the elderly is ultimately to set an example and so to nurture themselves."

The opposite is to face an existence where abuse of parents, subtly or overtly, can begin at an early age, as early as 5. TV emphasizes this violent aspect, the rage to hurt. I would have the Government work with advocacy groups and the television industry to see that violence on that medium is censored.

Second: Right from infancy, children are developing attachments to others. They intuitively relate to those who are consistent and caring, cuing into their needs in a reciprocal fashion. When these youngsters have opportunities to see older adults in this way, when interactions continue through their lives in a nonstereotyped fashion, empathy, respect, and acknowledgment develop. They do not look on the elderly as useless, finished, an unnecessary burden for them, powerless; through Government programs, CETA workers, volunteers, and others can interact in child care centers.

From kindergarten on through 12th grade, schools should be encouraged to have senior citizens share with the growing child the mores and law of the world that is now. The older person can become a friend, a confidant, a force to grandparents connecting with troubled youngsters and/or their families as well as with older children.

Connections should be maintained in colleges and in the marketplace requiring services of one kind by both groups, the young and the old, so that each is seen as necessary to the other. Interactions should not be just in the school, but on schooldtime in the community, and with those who are homebound. There should be articulation with the Department of Education. Courses in family education should be required curricula, kindergarten through 12th grade. We are beginning to do this in New Jersey, reflecting that we live in a multicultural, multigenerational society.

Emphasis should be on understanding, on appropriate levels, the developmental needs of family members across generations: different types of family systems, familial and community influences on parenthood, and healthy family functioning. Skills should be developed in familial communications across generations and communications with other institutes that educate across generations, establishing sensitive generational boundaries and networks, dealing with familial stress, providing nurturing, healthy and safe familial environments across generations, and parent education, which is considered under some of the above.

There should be opportunity to talk about older persons and what helps or hinders inactions. There should equally be opportunities to engage with different kinds of families.

Third, we have lost a great deal of our extended family concept. Community centers serving the entire family across generations should be set up all across the country, emanating from a hospital such as Rahway Hospital in New Jersey, a child care center such as Babyland in Newark, a school such as School 1 in Elizabeth, and a college such as Kean. Space should be allocated by observed commitment and accessibility to that particular effort in the community. I would visualize close ties with an infant-toddler center, preschools and school centers such as Babyland is planning for Babyland III, which is going to be in the heart of a housing project and a senior citizen development.

The Government might start with six demonstration programs. This kind of center could establish a sense of kinship with people in the neighborhood, eliminating the feeling of loneliness and desolation that could be faced across generations. In many ways, neighborhoods do this now.

I propose formal Government sponsorship with an appropriate allocation of funds. Paraprofessionals from the community trained in various helping professions should be available to help adults develop skills useful for adult children interacting with their parents. These paraprofessionals should also be available as a mitigating influence acting as a buffer against potential abuse, giving a continuing relationship to both the elderly and their adult children on a one-to-one basis and in small groups. They would also suggest appropriate professional resources when necessary. The paraprofessional helpers must be there when persons can feel a sense of belonging, who can cope with the ever-demanding reaction from an abuser, a potential abuser, or the victim.

The crucial sense of belonging, of connecting in a loving relationship, of believing in a tomorrow and in one's capacity to effect change are necessary to continuously feel human. Special programs should be available at the center to help youngsters struggling with that sense

of self and belief in the future. At the center, elderly persons could be loaned to them as loving grandparents willing to listen to them, and be there when needed. There should be opportunities for older persons there to talk to each other and the paraprofessional about the social, psychological perspective of the aging process, ego functioning in old age. They would share the conflicts caused by generational development and role relationships within the family, learning to cope in more productive ways.

This is not to say there are not facilities for elderly persons. I am aware of community concerns in senior citizen housing, programs, counseling, and legal services. What I am advocating is less separation of the elderly and less fragmentation as a way of continuing older persons' sense of status and giving others an appreciation of their uniqueness, capabilities, usefulness, and importance.

Fourth, I look at my first three points and realize they cannot happen unless we have a national policy for family. At the Essex Union Regional State Conference to prepare for the White House Conference on Families, I was privileged to lead the group entitled "Family Education—Family Life." We recommended the development of a national family policy which supports family functioning, diverse family structures, and is coordinated within one cabinet level agency, preferably the Department of Human Resources.

We also advocated federally subsidized quality day care services to strengthen families, not replace them, for infants and toddlers, preschool and after school and the elderly. My concept of neighborhood kinship systems would be a part of this national policy.

What I am suggesting is costly, especially in a recession. Funding is important for this policy to succeed. I advocate an alliance of government, labor, industry, the arts, volunteer organizations, and the helping professions, including schools, to seek the necessary funds, space, and personnel to effect change. There should be closer ties between various government agencies to deliver services. We should look forward all the programs the Government has new, such as the Older Americans Act that affect familial functioning, to see if some of them might be utilized. If we spend in this fashion, we will spend less to support the results of violence and dysfunction.

Ultimately, what happens reflects how this country cares about families. It is unbelievable to me at this moment in time the Office for Families has already been immobilized by a diminution of its positions and an operating budget of zero. If we want to lessen adult abuse, to help families, we need one office which will serve as an advocate for the families and coordinate Federal-familial efforts from womb to tomb.

In this year of the White House Conference on the Family, let it be more than words. Without funding, that's all it is. What we aim for is a society that truly cares about human beings. Can we say with the poet Browning, "Grow old along with me, the best is yet to be, the last of life for which the first was made." Thank you very much.

Mr. RINALDO. You mentioned funding a number of times and the type of program you would like to see promulgated at the Federal level.

What type of appropriation would you say would be required for the program you envision?

Dr. HANDLER. I would like to also see title XX enlarged.

I have a hunch that if we looked for funding, for instance, under the Department of Labor, and I am not familiar which specifically, which funding there is, but if we looked from different departments, we might find that we don't need new funding, but we need all the funding put together.

I also think we need to use industry much more than we are using.

Mr. RINALDO. What Federal appropriation, what amount of dollars would be required at the Federal level?

Dr. HANDLER. I really don't know. I would like to see maybe in the same way we started with Head Start and home start or with different programs all over the country, I would like to see us with maybe six demonstration programs over the country to begin to get this community network going. I really don't know how much funding would be necessary.

Mr. RINALDO. Well, let me ask you this: How much funding would be required to put into effect the six demonstration programs? Do you have any idea of that?

Dr. HANDLER. I have a hunch we could do it with probably \$100,000 each.

Mr. RINALDO. One of the problems is that more three-generation families are living together in the United States at the present time because of increased longevity. Isn't this a change from the past, and doesn't this contribute to the problem, in your view?

Dr. HANDLER. I think what contributes to the problem is basically that we don't try to help young children understand their grandparents, or the fact that they have something to offer, even when three generational families are living together. I think the stresses that society brings to it keeps the children from their grandparents, so I really don't see them as appreciating the status and what the grandparents can give, even though they do live together.

Mr. RINALDO. Wouldn't you say that most young children though do appreciate the grandparents? That the problem occurs when there are crowded conditions in the home; that the problem occurs when the parents become a burden or viewed as a burden, when people are crowded together, when they have financial problems? At that stage, it's not the young children that are abusing the grandparents or the parents, there are people, that because of a variety of different types of circumstances, then tend to physically or in some other manner abuse their parents or grandparents.

Dr. HANDLER. I think it's much, much more difficult, and when you talk about it that way, of course it is, but I think if you look, for instance, across classes, you begin to see that young children either through neglect or through the kinds of things that they may be saying, also abuse their grandparents. I don't think it's a kind of hurting abuse as much as when there are more stresses in the family such as you mentioned.

Mr. RINALDO. We are concerned about, naturally, the less stressful, but also the more stressful, the more violent types of abuse. I can even give you a case that came to our attention in our office. A family actually prayed in the presence of a 90-year-old father for him to die because they couldn't afford to place him in a nursing home.

Now, certainly when he sees them praying for him to die, that's a form of abuse, it goes without saying, and they felt that in their own mind it was justifiable under the conditions that currently existed.

Dr. HANDLER. I don't know whether someone is here from the Office of the Aging of Bergen County—is somebody here from that office to testify? Good. I have a list of those kinds of cases here too, but I am still very, very concerned that as we are a technical society, we are an aged society, that the image, for instance, in literature of the aged is a stereotyped image, and that young children in cross cultures in our country and cross language ethnic lines are either abusing or neglecting. I think we have a great deal of neglect in those parents or grandparents, and I think that this is a problem that we need to deal with in terms of helping the young and the teenagers to have more connections with older persons. I don't think we connect enough.

Mr. RINALDO. Thank you, Dr. Handler.

Our next speaker is Mr. Robert Famighetti, director of the Kean College gerontology program. Mr. Famighetti?

STATEMENT OF ROBERT FAMIGHETTI, DIRECTOR, GERONTOLOGY PROGRAM, KEAN COLLEGE, UNION, N.J.

Mr. FAMIGHETTI. I am indeed pleased and honored to be before you today, and I am grateful for the invitation to do so. The subject of battered parents is, however, a very sad and real problem, and one which is rapidly becoming the focus of attention from people like yourself, as the absolute number of cases of parent abuse steadily increases.

Americans have faced the appalling reality of battered children and wives, and now a new family secret has been revealed, the abused parent. Elderly and dependent, these long silent victims are being physically assaulted and psychologically derided by their own resentful children and even grandchildren. Much of what really goes on is being documented by a number of researchers around the country, but as recorded in a recent issue of Newsweek, one recent Massachusetts survey indicated that 41 percent of the elderly parent abuse reported to professionals was physical, including body burns, wounds, and sexual molestation. Studies conducted in Connecticut, Maryland, Michigan, Ohio, and Colorado all suggest that neglect and psychological or verbal abuse outranks physical abuse in frequency.

The abused parent as cited by these and other studies was not likely to resist. The average victim was a woman over 75, often seriously ill and financially destitute. Susan Steinmetz of the University of Delaware, and the author of several books on family violence, reports in an article in the Journal of Society that between 500,000 and 1 million aged parents are abused in any given year, and that the number may increase threefold as inflation drives more older people to move in with their families.

"In the United States," writes Steinmetz, "the care of 22 million people over 65 is left to chance. When overburdened and unprepared adult children take the care of their parents, many of them become abusers."

The literature on battered parents is becoming more voluminous, and my own research into the topic for this presentation revealed a variety of research material.

Currently, the Administration on Aging has funded two university programs, specifically to study the battered parent. A colleague and friend, Dr. Thomas Hickey, and Richard Douglas, at the Institute of Gerontology at the University of Michigan began a grant in October 1978 entitled "Maltreatment and Abuse of the Elderly, Incidence and Program Model," which, although the final project report had not been received, a preliminary paper presented at the Gerontological Society meetings in Washington of 1979 revealed that the incidence of parent abuse greater than one's expectations, and as with child abuse, it covers a cross-section of the population.

Hickey in this recent paper begins to explore the development of a model for abuse research and intervention.

A second AOA funded study was conducted by Dr. Marilyn Block at the Center on Aging, University of Maryland. This project was exploratory in nature and ended in October 1970.

Dr. Block's final report unfortunately did not reach me in time for this presentation. However, in a phone conversation with Dr. Block, she confirms the previous research findings of Dr. Hickey with regard to the incidence of abuse and also makes certain recommendations for treatment and intervention in her papers.

Case histories of parental abuse have been recorded by caseworkers in past years. However, little, it seems, has been done.

Media presentation sensationalize the brutality and seemingly irrational aggression of child against parent. For example, in Chicago, a 19-year-old woman confessed to the torturing of her 81-year-old father and chaining him to a toilet for 7 days. Also in Chicago, a newspaper reported a 69-year-old father was charged with involuntary manslaughter after his son died during a scuffle with him.

A recent survey was conducted by Legal Research and Services to the Elderly in Boston, Mass., and reported that more than half of the 355 survey respondents had knowledge of at least one case of parent abuse in the previous 18-month period. To my knowledge, no such survey or research exists in the State of New Jersey. However, when I was invited to participate in today's hearings, I began to telephone my colleagues at various institutions and facilities across the State to see if they had any information to give me. Of the practitioners that I spoke with, all had at least one case to relate. They wanted me to act as their spokesperson before you today, for many of them have said there are laws to govern the child against abuse and also wives, but there are no such elaborate mechanisms for reporting and intervening in cases of parent abuse. It has clearly become a problem unto itself.

A case related to me was that of a daughter who willingly accepted the responsibility of caring for her 76-year-old mother. She is 48 and a grandparent herself. The family resides in a small but comfortable home in one of northern New Jersey's counties. After 9 years, the daughter is frustrated and angry, relates the practitioner to me. The old woman is often bruised or visibly upset when she arrives at the senior center each day for her meal and daily activity. She does not speak about the incident to the practitioner if she suggests that some-

thing is wrong. The practitioner is unable to do much about the situation except to be there. The old woman refuses to talk about what is increasingly apparent.

Another case also shows that it is very often a third party who brings attention to the frightful ordeal.

A student of mine, a middle-aged woman, came to my office one afternoon just about 2 weeks ago to relate what was apparently a distressing event. She had left her home and didn't know quite what to do. She was and had been abused by her husband for several years, but in recent weeks was also now the victim of her daughter's revenge. This woman was not dependent on her husband or daughter for her well-being, but if you could have seen her anguish, her guilt and her sense of utter despair, I could offer little except consolation and temporary shelter at a local hotel, but her story is only one of thousands, several of which I have heard this past week in preparing this presentation.

It is extremely significant to note that the seemingly recent phenomena of parental abuse has existed for some time. A colleague related to me early last week in Washington that her father had been victim of abuse by other residents in the nursing home and eventually died, and this occurred more than 20 years ago, and that she is aware of at least half a dozen abuse cases in her county. The cases are reported, but because no formal or legal means exist to stop the action, especially when the victim herself does not wish to openly accuse their loved one, but there is nothing but frustration and anger for the practitioner who holds the truth.

In one of the few non-AOA funded parent abuse studies conducted by Dr. Jordan Koseberg and Elizabeth Low at Case Western Reserve University, they report that 1 out of every 10 elderly persons living with a member of the family had been subjected to abuse in the Cleveland area. If we were to interpret these figures to the State of New Jersey, it would translate to roughly 50,000 cases of parent abuse in New Jersey.

Perhaps my State estimates are high compared to the estimated 1 million nationwide cases of parent abuse, but as Dr. Steinmetz projects, it is disturbing news when it is compared to the annual number of child abuse cases, battered adolescents and wives each year.

It is perhaps true as Dr. Steinmetz and other family study educators allude to, the violence of the American culture and the violence of parents within the American family system. Koseberg and Low actually believe the rate of parent abuse to be much higher than their study reports, and cross cultural literature also begins to show parent abuse or abuse within the family is a universal phenomenon. Wong reports that ancient oriental mythology speaks of the aba suth, which translates as "granny bashing," and England is the first labeled granny bashing country according to the literature.

What kinds of abuse are reported and what types of people are abusers? Koseberg in a paper presented at the 1979 annual meeting of the Gerontological Society in Washington, D.C., reports that "dependent parents are often incapable of reporting abuse." They are afraid to be evicted or ashamed to admit that they have suffered at the hands of their own children. Of the cases reported through

the researchings of people like Koseberg, Hickey, and Steinmetz, four types of abuse seem to be most prevalent. Physical abuse, including direct beating and the withholding of personal care, food, medicine and necessary supervision. Psychological abuse, verbal assaults and threats provoking fear. Material abuse or theft of money or personal property, and fourth, violation of rights, forcing a parent out of his or her own home. In the Cleveland study, for example, three-quarters of the cases were physical, one-half, including psychological abuse, and in almost every case, there was a violation of rights.

While every State has laws against child abuse, many States have no such laws specifically for the protection of the abused elderly.

What about the victims themselves? Victims of family violence, battered parents, children and wives, have certain common traits. In general, the victims are smaller; they have less physical strength and feel helpless in relation to the aggressor or aggressors. Victims, it is noted, are dependent on their aggressors for financial, physical, and emotional support and care.

Steinmetz notes that with an elderly parent at home, the adult child feels guilt, rage, frustration and the enormous fatigue of caring for a person for the night and then getting up to go to work the next morning. This kind of daily routine year after year can make people very angry and frustrated, even violent.

In a paper I just heard last week in Washington at NCOA, if middle-aged children have a chance to prepare for their parents growing dependency, and if the process is a gradual one, they are less likely to be overwhelmed by the caretaker role. I believe this is true in such cases of parent abuse as well. Even if the parent-child relationship has been reasonably good, assuming the care of an elderly parent is fraught with stress.

A woman may have many motives for assuming the care of a parent. Love, a sense of obligation, an inability to face the guilt of placement in a home, or perhaps even increased financial income from the social security checks. All of the motives are reasonable and perhaps even understandable. However, to witness the aging of one's own parent is painful. The best of parent-child relationships can deteriorate as the burden of caring persists, yet across the Nation there are no support systems for the child caretakers. No useful roles for those who require care so they will continue to feel like people.

According to Gray Panther activist Maggie Kuhn, less than 4 percent of the outpatient mental health centers across the Nation are dealing with anyone over 65. One only needs to look at the National Institute of Mental Health statistics on suicide, divorce, and alcoholism rates after the age of 65 to prove that point.

With the cost of living rising and more women working, the problem of parent care and parent abuse is not likely to diminish. Only 11 States require physicians and other professionals to report elderly abuse cases. Another 11 are considering them. No abuse law specifically protects the elderly, although a domestic violence bill now pending before the Senate could provide assistance.

The State of Connecticut is the leading exception to the general rule of government neglect. Since 1978, anyone who regularly deals with the elderly must report suspected abuse cases or risk a \$500 fine. Even

without much governmental assistance, groups such as AARP lobby for more services like senior citizen day care. Such services provide at least temporary escape from the home of an abusing parent or child. Thank you.

Mr. RINALDO. Thank you, Mr. Famighetti.

You mentioned the Steinmetz study. The Steinmetz study has a broad range in it. It's one-half a million to 1 million estimated cases of family abuse by younger family members.

Doesn't this disparity alone in the number of reported cases highlight the fact that we desperately need hard data and reliable statistics as a first step in our analysis of the problem and an effort to come up with a solution that's workable, that's practical and that can be funded by the U.S. Congress?

Mr. FAMIGHETTI. Yes; I would agree.

Mr. RINALDO. Now, let me just follow that up. To get the hard data we need, do you think it would be effective to use the legally established category of crimes against the elderly presently being collected by the LEAA?

Mr. FAMIGHETTI. I feel not. Mainly because many of the people whom I have spoken with on the phone in preparing for this, for instance, police commissioners in the various counties, the reporting mechanism is that an abuse case is considered as an assault. It's reported as an assault in the record, and that the real problem is basically just that the older person refuses to talk about it, that there must be something else rather than the traditional ways of handling the abuse. Really, the problem is getting the person to admit that they have been abused.

Steinmetz reports 500,000 to 1 million cases of abuse, but for every one that's reported or comes to be known, there are 5 more which are undetected.

Mr. RINALDO. Couldn't we use that in conjunction with perhaps having a system whereby all the social agencies would send their cases of elderly abuse to the LEAA collection points around the country so that with this dual set of statistics, we would at least come up with a lot more hard data than we currently have, because right now, meaningful data is practically nonexistent. Do you think that combination would solve the problem?

Mr. FAMIGHETTI. Perhaps.

I would agree that social workers and social agencies are most likely to be the ones with the data. They are the ones that are getting the knowledge. However, reporting it as a crime is where I feel that it might not be correct, simply because abuse, while it is a crime, the older person would feel less likely to report it if they thought that their daughter was going to be taken away.

The problem is really quite different than with child abuse, where the child is really not able to make a decision in the case. The parent is really afraid of being taken away, of having their home taken away or their support, so reporting it as a crime could be a hindrance to really learning anything about the situation.

Mr. RINALDO. I have one further question.

If abuse of grandparents occurs in all income groups, as you pointed out, doesn't this suggest that family finances are not a major factor?

Mr. FAMIGHETTI. I think that family finance is one of the factors

in bringing the grandparents into the home. They are unable to afford nursing home care, and therefore, they feel that it's better to take mom into the home.

Finances are tough with inflation increasing, and as the researchers have pointed out, as inflation increases, the problem will increase proportionately to inflation, that finances are a problem.

Mr. RINALDO. Are you saying that in your opinion family abuse of the elderly occurs more frequently among poor families?

Mr. FAMIGHETTI. No; that's not what I'm saying. The data that we have from the studies like Steinmetz indicate that rich as well as poor are abusers, and that money is not the crucial factor, but can be an intervening variable, can be a factor in the placement of mom into the home.

Mr. RINALDO. OK. Thank you very much, Mr. Famighetti. Your testimony will be helpful to the committee.

[A brief recess was taken.]

Mr. RINALDO. At this point, we will reconvene the hearing. I would like to point out to the remaining witnesses that we are running behind schedule. We have to return to Washington, and must leave here by noon at the very latest, so I would request the remainder of the witnesses, if you have a typewritten copy of your testimony, to hand it in. It will be included in full in the record, and you can then summarize, and in all cases, it would be appreciated if you would limit your testimony to the 10 minutes.

Our next witness is Mrs. Irene Salayi, director of the Glen Gardner Center for Geriatrics.

**STATEMENT OF IRENE SALAYI, DIRECTOR, GLEN GARDNER  
CENTER FOR GERIATRICS, UNION, N.J.**

Mrs. SALAYI. Good morning. Thank you for giving me an opportunity to speak with you on what I consider to be a subject of prime importance.

I am speaking today, not from my vantage point as the administrator of a facility for older persons, nor as a policy analyst, nor planner, nor legislative researcher. Although I had spent considerable time preparing a text which gave my credentials as an expert in the field of aging and social policy analysis, something happened to me over the weekend which drastically altered the presentation which I planned to give.

The standard text would have listed what sort of approaches a congressional committee might take in identifying the extent of the problem: That is, the potential number of older persons who might be abused in the home, and also would have asked you to consider the possible causes of the problem and alternative solutions which have been tried or might be considered. I even had some sobering statistics for you of the growing numbers of older individuals who are faced with major social service and health needs and have inadequate support systems and financial resources.

You know as well as I do the enormous chunk that health care takes out of the Federal budget annually, and the large proportion of funds within that chunk that goes to health care of older people. We have so many old people now, and we have the technology to keep

them alive for much longer than ever before—we even categorize them as the “young old” and the “old old,” to distinguish between those who live among us and function reasonably well and those who are older, frailer, and in need of real or potential services.

But let me tell you what happened on Friday night. I was on my way out of an apartment house in Trenton with friends for a Friday night “cool-out” evening. This apartment house is only a block away from the State House. It was once the residence of middle-aged and older whites who had lived there for many years. Today those older individuals still live in the building, but they share it with new neighbors. The building is located in an area in transition; that is, the neighborhood will either be 80 percent black and Puerto Rican in 5 years or will revert back to the white enclave it once was. Up until this month, the superintendent in the building and his wife—who were Irish—ran the building and kept an eye out for the many little old ladies who lived there.

The other tenants who were younger seemed to have a protective attitude toward the older residents and, all in all, it was considered a pretty good place to live. Recently, a young family from Puerto Rico took over the management. They seemed very capable, but a serious language barrier exists now between the older renters and the superintendent. I find it difficult to understand the new “super” when I speak with him, and can imagine the difficulty that an older person who may have limited vision and poor hearing might experience.

This was dramatically illustrated to me when the apartment elevator stopped on the fifth floor, one floor above the floor that I was visiting. When the elevator opened, I saw a woman of about 70 or 80. Her white hair was in total disarray and her eyes reminded me of a frightened colt. She couldn't have weighed more than 95 pounds. She was in a disjointed conversation with the superintendent who was about to enter the elevator to join me and my friends. I don't know how we might have appeared to her. I wasn't dressed as I am now, but in what you might call a “hippy” looking outfit, my hair in braids and wearing dungarees.

My two companions were men—one with a full red beard and curly hair and the other a young black man. She looked at us and bolted out of the elevator and started to try the doorways in the hall, all the time conversing in a nonstop dialog with the superintendent who spoke with a heavy Spanish accent. The elevator door closed and we went on down to the ground floor. I couldn't leave the building for I was worried about her. I could still hear her excited voice and the superintendents'.

I walked up each flight to the fifth floor. I guess part of me as a social worker has this “rescuer” or “do-gooder” fantasy. I tried on my best clinical voice and spoke calmly to her, introducing myself and asking her her name. She calmed down, told me she'd lived there for many years, and appeared very suspicious when I asked her if she needed some help to find her way back to her apartment. I could almost hear her wondering whether I sincerely wanted to help or was a threat. She backed away from me and said she was going upstairs and desperately looked for the steps. I didn't know what to do. On the one hand I knew she had survived here despite numerous problems for a long period of time, and I didn't want to be condescending to her, and perhaps she could find her way back.

Perhaps I had misjudged or overreacted to the situation. When she said, "Dearie, I've lived here all my life," I thought to myself—"Who am I to think she needs my help"—so I simply helped her to get oriented by telling her that she was on the fifth floor, that there was no floor above her and that if she went down the steps she would be on the fourth floor. I wished her a good evening and left.

When I rejoined my friends, another older woman joined us. She told us a little bit about my friend on the fifth floor. Apparently she's been wandering around the building, out in the cold and in the streets, for a long time. She said the police regularly bring her back when they find her barefoot on State Street. About a month ago she was found sitting on the top landing of the fourth floor with her money spread all around her. The woman who was telling us this was kind of built like a battleship, and didn't seem to be intimidated by anything. She said, "It's a wonder poor ——— hasn't been mugged, how long will it last?"

My friends and I went on to our evening's outing, but I couldn't get her out of my mind. Is she better off where she is, or at Trenton Psychiatric Hospital, or at Glen Gardner—the center I run for about 190 older persons who were formerly in Trenton Psychiatric Hospital? Of course Trenton is tightening up its admission policies because of reduced budgets and a conviction that many people have been inappropriately placed in State hospitals because of a lack of community services. Does this woman have a family? Does she get health care? Does she eat properly? When has she last seen a doctor? What will happen to her in 5 years? I realize that I don't have the answers to these questions, and you don't either.

To look on the brighter side, she's probably a lucky woman in some respects. She's not a "bag lady" at Port Authority Bus Terminal as one of our residents at Glen Gardner was for over 1 year; she hasn't lived in a chicken coop with her brother for 8 months before being taken to Trenton as another of our residents had been; and she had the money for the rent, or she wouldn't be living there. She may even have a family who supports her and visits occasionally. Compare her situation to those who live in complete isolation, never leaving their building, or those who have completely given up and become senile escaping inside their mind in an effective manner.

I am told by caseworkers that some old people who are brought to hospitals obviously abused by their children, sisters or brothers or spouses, refuse to admit to the nature of the abuse out of shame, fear of retaliation, or from intense feelings of guilt and self-worthlessness. Others refuse to press charges simply because the individual is the only significant other in their lives, and physical abuse is a preferable alternative to total isolation.

A number of approaches have been suggested for dealing with the increasing phenomenon of inadequate assistance for the elderly frail. I have a few suggestions myself, but I don't know if any of them will address the much larger issue of our attitude toward older people.

How do you feel about your pending old age? Problems facing older persons are different from any problems facing any other special need category; that is, I can point my finger at prisoners and attempt to get some help for their plight, but I really can't imagine myself as a prisoner. Similarly, I can feel a reasonable detachment from indi-

viduals who are on welfare, and retarded children elicit my empathy, but I don't identify with them. However, unless something is done to drastically alter the way we hold—that is, the context in which we hold older individuals—you and I will suffer the loss of dignity, the sense of powerlessness and the ridicule which is generally reserved for older individuals. This will be doubly compounded if we are poor.

What minimal services, rights and dignities do we owe that generation that made our generation's contribution possible. If we are the generation which supports the young and the old through our present earned income, what debt will we claim of tomorrow's middle-aged productive workers?

If for no other reason but self-interest, we might want to start asking hard questions and seeking workable solutions.

Mr. RINALDO. Thank you for your testimony.

We had discussed earlier, of course, the lack of reliability of statistics and lack of information that we have on this subject, but it was also proposed that we should have family education. Would you advocate family education courses in these schools as one method of hoping to solve or at least alleviate this problem?

Mrs. SALAYI. It would not be my first choice with the limits of resources we have, no.

Mr. RINALDO. What would be your first choice?

Mrs. SALAYI. I think some sort of respite care is needed to relieve families with a major burden of this sort. I think that hospitals that have downtime or empty beds or health care facilities that have it could give a break to families who have to deal with an individual who no longer is functioning, may have the risk of setting themselves on fire if they are working in the kitchen, or have limited abilities to control themselves, maybe incontinent at times.

Families need relief, at least on a periodic basis, if you want to prevent the kind of abuse that exists, or premature institutionalization.

Mr. RINALDO. I just want to indicate that I certainly agree with you as far as the respite care idea. It's something that in my opening statement I advocated and is part of the home health care legislation that is due to be voted on by the House in the near future, so I do agree with you on that point. Thank you very much.

Our next witness is Mrs. Veronica Kane representing the New Jersey Federation of Senior Citizens. Mrs. Kane.

#### STATEMENT OF VERONICA KANE, NEW JERSEY FEDERATION OF SENIOR CITIZENS

Mrs. KANE. Congressman Rinaldo, Mr. Conroy, I am very happy to have the chance to talk today.

First of all, these are my peers that we are talking about, and I am dealing through the New Jersey Federation of Seniors and through the RSVP program, which I am supervisor for in Union County with these people. I am also one of those that is going to be 75 in 2 months, so I am very, very close to the topic.

Mr. RINALDO. I might add for the benefit of everyone here that that's a real young 75, because a couple of years ago, Mrs. Kane worked as a senior citizen intern in my Washington office, and she kept up with

the 25-year-olds and did a terrific job, and we were very, very proud to have you down there at that time.

Mrs. KANE. Thank you.

We are all aware that the physical impairment and social losses make older people highly vulnerable to crime and to abuse. Much has been said about the elderly's susceptibility to crime, but the problem of abuse by children, other relatives and caretakers in the community has been passed over and seriously neglected.

Abuses of the elderly are many, and they include physical verbal and psychological assaults, financial abuse, misuse of money, belongings and property, and violation of their rights as a person.

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

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

My generation happens to be a generation that is timid about nursing homes simply because of reports that we have had for the past number of years. They are not being educated to the fact that nursing homes are changing, and particularly, since we are getting volunteers in them.

I know one woman who calls every couple of weeks, calls cur office, and asks for help, crying because her sister threatens to put her out of the house and she never knows when it's going to happen. It hasn't happened yet. We go there, we talk to both of them, and it ends again, but finally we hear about it. We are not sure someday that it really won't take place, and there are other forms of psychological abuse, often accompanying physical abuse or neglect. These abuses usually occur when there are no witnesses. The elderly victim may or may not be able to tell anyone about what has happened because their family will say, "oh, don't pay any attention to her, she is getting senile, she just says those things," so the extent of physical abuse is not reported.

Financial abuse, like forcing signature on wills, misappropriation and misuse of funds and forcing the transfer of accounts I have already mentioned, but there is another which is coming into first place, and that is a parent who willingly turns over their bank accounts and their social security check to a daughter or a relative or a close friend because they love them and because they believe that they will be

taken care of my these people, only to find that it turns out differently and they are not cared for and their money is used for other purposes.

There are also patterns of violence from generation to generation. Pride, embarrassment, fear, isolation, lack of access to services and mental confusion are all obstacles to seeking professional assistance. Many elderly will lie rather than admit that their daughter or relative is abusing them, because they are ashamed to let it be known. Neighbors, friends or relatives who are aware of what is happening may be frightened or unsure of how to deal with the problem, and so they say nothing, and there are those who say, "Oh, I don't want to be involved. It's none of my business, so I'll just keep quiet."

There was a study of abuses of the elderly over 60 done some time ago at the Chronic Illness Center in Cleveland to determine the extent and nature of their clients, abuses. This is an agency that serves the aged and chronically ill clients in the community. Out of 484 clients, 404, or 86 percent, were elderly; 9.6 percent were identified as abused cases. Out of 39 patients that they used, the abuses were, 3 cases of self-abuse. These people were abusing themselves because they wanted to die; they were in the way, nobody loved them and they wanted a way out. Thirteen cases of abuse were by daughters, 6 by sons, 6 by granddaughters, 5 cases by husbands, 5 by sisters or siblings, 4 were not relatives, 2 by a son and daughter, 2 cases by a daughter and granddaughter, and so there were 49 abusers for 39 clients.

Many times the elderly are abused because the children were abused. They are also abused because young people who are taking care of them don't know how to cope with the situation, and I do believe that there should be some instruction for families who are taking care of the elderly, because they are the burden, physically and financially to their children.

The geographic fragmentation of families and smaller families offer less support to the available individual who is taking care of them. Community resources are less available to the elderly person cared for by the family than the isolated person alone in the community.

There is another reason for abuse, and that is the wish to preserve an inheritance, and perhaps even a wish for the older person to die so that the inheritance can be obtained. The chronically ill elderly person is not highly regarded today in our community, and he or she is—their passing, possibly, would be viewed as a lifting of a burden rather than a loss, which it really is.

We also have a new phrase coming to light now, and that is known as "granny bashing." This abuse is by grandchildren. Often, the elderly are put off by themselves in rooms and left alone with only grandchildren to tantalize them. Sometimes the people have been tied to their beds or their chairs, because they can't be cared for and a case I know where the family went off on a trip and left the elderly person bedridden in a room in a house by themselves with only one relative to come in once a day to bring them something to eat, and it was generally something to drink and a sandwich.

Many times, they are oversedated to keep them quiet. I know a case recently where the grandmother who was bedridden asked for something too many times, and one member of the family would say constantly, "If you don't give us a rest, I am going to take you out and shoot you," and she bragged about saying this. Then they would give



her a pill and sedate her, and they bragged about that, to keep her quiet. She finally died.

The elderly are frightened of going to nursing homes because of the reports, as I said before, about them. They would rather suffer and put up with abuse they get at home because of their fear of nursing homes. Many times they would get better care in nursing homes than they do, and they realize it, than they get at home.

I am now getting elderly into schools as volunteers. We are hoping to bring back the relationship of grandmothers to children. We place them at tables at lunchtime. We are making every effort to once again bring respect to the elderly. I am desperately also trying to get an adult care center in the city of Elizabeth which I come from.

Today, the care of about 22 million elderly is left to chance, and if the population ages as the trend predicts, the figure could swell drastically. We are assured by the decline in birth rate of the increasing survival in quantity but not in quality of life to the elderly. We must strive for counseling of the whole family, when there is a need, rather than a part of the family. Whenever there is abuse in the family, all people are involved in some way or another, not just one person. We also need to work with the abusers and to help them and to come up with ways of protecting the person abused.

I have a case now where the father is in one hospital and the mother is in another hospital and their daughter has just got the father to sign out his stocks and bonds to her; the mother refuses to sign. We are not able to get them in a nursing home because of this situation.

Money also has been set-aside for abused children and battered women, and now we must look to the problems of our elderly and to set-aside money to take care of their problems. We must also look to take care of items that are uncovered by medicare. This is a problem to the people who are taking care of them, like eyeglasses, we give them a paper to read and they can't see it. They need hearing aids. We put a television in front of them and they can't hear it, and we give them nutrition programs, but no teeth to eat the food with, and they also need prescription drugs, which we thank God we have here in New Jersey.

We have been told that there will be very few improvements or expansion in the medicare program this year, and that certainly is sad. Also, the Congress will go along with the President's request not to make any increases or he would veto them, but in a couple of years when our financial situation has improved, then there probably would be room for expansion, but until that time, about 1982, God help the elderly if someone doesn't come through. Thank you.

Mr. RINALDO. Thank you. I have a couple of questions I would like to ask you. Your views are on record, but first I would like to state and I am pleased to see the Kean College students here, and also would like to acknowledge a few officials in the audience, Peter Schields, head of the Union County Office on Aging, Dr. Louis Levitz, the Deputy Regional Program Director of the Administration on Aging in New York, and also Theresa McGeary from the Union County Council on Alcoholism. She is the executive director of that division, and I would like each of you to know that although we only have two more witnesses, we are going to hold the record open, and if any of you have written testimony you would like to submit, please mail it to

my office or to the Office of the Select Committee on Aging in Washington and we would be pleased to include it in the record.

I would like to ask Mrs. Kane or state to you that earlier, I think you were here at that time, I'm not sure, Dr. Handler, the coordinator for the family studies programs at Kean College, mentioned the value of education, the importance of educating young people at an early age in family studies and family problems, and I was wondering whether or not it is your perception that young people really don't understand the needs and problems of the elderly.

Mrs. KANE. I believe that is true, the majority. My director and I have gone into some high schools and have talked, and it's surprising that some of the things we say to them they are rather shocked about, so we know that there is education needed there.

This generation is sort of set-aside as something unique, and I do feel that there is education needed to know that we are just one of them; we are the same as every single one of them out there. Some of us do need help, but there is education needed for the children and for the people who are dealing with the elderly. There should also be some means for them to be able to go to when they reach a problem, these frustrated, and rightfully so many times, frustrated people who are taking care of them don't know the answers, don't know where to go for help, and they need something like that. I think, too, a day care center should really be in every town.

I think that if we could take the elderly who are able to be transported to a day care center where they would meet with their peers and enjoy the day and have something, I don't think that the family when they returned home at the end of the day would be as frustrated. They would come home happy from a day care after having been with their people, and then the children would come home from their jobs, or even if they had remained home, there would be a different attitude, I think, and I think that is true, that we do need to get the elderly with their peers, since there is such a gap now between the other groups and the other generations. I think if they could have that, things might be a bit different. I believe it.

I do believe also that we have got to come up with some sort of a hospice where, if a family wanted to go somewhere and they couldn't take their parents, they could drop them off for 1 week, 2 weeks, 3 weeks. We have been called many times, and once in particular by a man in Hillside who said for 4 years he had planned to go to Europe and couldn't go because he was taking care of his mother, and he said "I just won't leave her unless I know she is going to be taken care of, and there is no place around here to do that with. You wouldn't put her in our boarding homes today, we have not found good ones," so he hasn't a chance. That must be frustrating too. He loves his mother, wants to take care of her, but also he would like to go to Europe and should be entitled to go, but there is nothing for that, I am hoping that if I ever get that day care center, I get another spot that could be a hospice where some people like that could be dropped off, and I am hoping for it anyway.

Mr. RINALDO. This is where the respite care center that we discussed earlier would come into play and solve the problem, and I agree with you that based upon the people that walk into our office or visit the mobile office we have, this is a major problem in this district, and

since I always look upon Union County as a microcosm of America, I am certain it's a problem that's universal from Maine to Texas and California to New Jersey, throughout this country. It's a major problem.

I also recognize some of the ambitions and desires of young people, and their frustrations are expressed sometimes in mail to me. They are paying higher and higher social security taxes, people that get out and enter the job market, and does your experience indicate that this type of tax, higher and higher taxes that young people have to pay and don't obtain any immediate benefits is causing a wedge to be driven between the young and the old?

Mrs. KANE. Many of those people that are taking care of the elderly are being strangled, and this is another reason for it. This you would say is a reason that you could look on them as their death being something very happy and something to rejoice over, because the burden would be lifted from them, and they do have this burden and they are frustrated just as much as the elderly are because there is no way for them to go, and rents are going up, food is going up, everything is going up, and you are well aware of that, and they are getting less, and it's hard. They also feel as though they take pride in saying "I'm taking care of my mother or father," and yet they really can't do the job, though they want to.

All the problems aren't with people who abuse their parents physically. Much of it is because they can't do the right things for their parents. They haven't got the know how. Thank you.

Mr. RINALDO. Thank you very much.

Our next witness is Mrs. Edith Fleshner, director of the Bergen County Adult Protective Services.

#### STATEMENT OF EDITH FLESHNER, DIRECTOR, BERGEN COUNTY ADULT PROTECTIVE SERVICES

Mrs. FLESHNER. I am Edith Fleshner, program director for the protective services for the frail elderly program, a unit of the Bergen County Office on Aging.

I am pleased to have this opportunity to testify here today.

A rising incidence of reports of alleged parental abuse—physical, emotional, and financial—by adult children was part of the impetus for the establishment of the protective services program for the frail elderly.

Because the Bergen County Office on Aging realized that New Jersey has no legislation that specifically empowers this intervention, the program was designed to: Identify specific cases test our existing solutions, create new methods of intervention, identify gaps in the orderly process of intervention both in legislative and programmatic areas.

A pilot project funded under title III of the Older Americans Act of 1965, as amended, has enabled a multidisciplinary team—social worker, attorney, public health nurse—to undertake the assessments of individual needs of a small group of clients. Designed to serve 100-125 clients a year, the program, during its first year, processed 242 requests for service, 176 requiring individual assessment.

Since this program is the first in New Jersey and one of the few in the country that has identified the parental abuse program, the

materials that we have developed have been requested and widely distributed to students, Government officials and other interested parties, both within New Jersey and throughout the entire country.

We feel that indepth research studies should be developed to explore the underlying causes of this newly identified area of family violence.

We identified four types of abuse: Physical, deprivation, financial, and emotional. The first three are being addressed today.

Of all the inquiries received, only a small number of the referrals thus far, have alleged the types of abuse which concern this hearing. However, from the information we have gleaned in the more than 900 requests for service received to date, it is our impression that there exists more abuse—especially financial—than has been reported to us or to other agencies. We believe this is due to the absence of protective service legislation which would mandate the reporting of suspected abuse; designate an agency to investigate all cases in which abuse was reported; and grant immunity to both the reporters and others involved in the investigatory process. The provision of legal protection and procedures would encourage concerned persons to report suspected abuse.

One of the most frequently encountered situations concerns an increasing number of frail elderly persons who do not have the mental capacity, or physical strength to ask for assistance. Many of these persons are living with children who have long histories of emotional instability. Protective services legislation again, could and should permit by legally appropriate means the use of an intrusive power to allow us the ability to work in these cases.

The lack of medicaid nursing home beds and/or home care services is increasingly creating another situation where even capable, well meaning children caring for very physically mentally impaired parents are strained beyond their physical and emotional capacity to cope with the daily care arrangements. This can often lead to involuntary physical attack.

We earnestly request revisions in both medicare and medicaid legislation that would permit an increase in home health aide services to chronically ill elderly persons who are at risk.

It is urgent that these community services be provided as soon as possible in order to prevent the increased incident of abuse.

We also need in the State of New Jersey, again, need additional medicaid beds, some of which could be used for the respite that was discussed earlier, but mostly to relieve the people whose burdens are so much beyond their capacity.

Thank you very much for the privilege of presenting this testimony.

Mr. RINALDO. Thank you.

Are you saying that the solution relies significantly on more money and more programs?

Mrs. FLESHNER. Absolutely.

Mr. RINALDO. How much money would you estimate would be required in the State of New Jersey and how much nationally and what type of programs would you advocate?

Mrs. FLESHNER. Well, I don't think I could answer you as far as dollars go, but I'm sure there are people who are doing studies who can tell you this. Certainly, medicare itself is very limited in the kind of coverage right now that it provides for older people in terms of

home health aide services to 100 hours. We don't know, maybe people need service for the rest of their lives.

I know, moneywise, it costs a lot less to provide service in their own home than it does in a nursing home.

Mr. RINALDO. You stated in your testimony, you said "we believe this is due to the absence of protective service legislation which would mandate the reporting of suspected abuse."

Now, how do we get around the civil liberties problems of those who do not want to report crimes against themselves or their families?

Mrs. FLESHNER. That is taken care of in the legislation that we are attempting to draft for the State.

There is a question of a person's competency. Of course, the incompetent person, I believe there is something that the State says, and I'm not an attorney, where the country has the responsibility to act in lieu of being a parent, so for an incapable person, certainly, society has a responsibility to act for them and to assist them.

Mr. RINALDO. Suppose they are not incapable, suppose they are perfectly competent, but for a variety of other reasons, including embarrassment, they don't want to report the case?

Mrs. FLESHNER. Then that turns into their own right for privacy, and I wouldn't want to be one who would violate that.

Protective service legislation could mandate that a situation be looked into. It does not mandate that anything necessarily has to happen if the person doesn't wish to press charges.

Mr. RINALDO. Should the aging network, in your opinion, that is set up under the Older Americans Act be the reporting mechanism?

Mrs. FLESHNER. In protective services?

Mr. RINALDO. Yes.

Mrs. FLESHNER. It could be. There have been a variety of suggestions in the State about who might do it in the State of New Jersey, for example, because I think probably this has to be—I don't know if we can have a universal protective services program throughout the country, since many States already do have their own legislation. It needs to be done through local welfare departments or through the aging network itself. I personally would be in favor of establishing it wherever there is an existing agency to do it so we don't have to build a whole new bureaucratic structure.

Mr. RINALDO. Thank you very much.

Our final witness will be Mr. James Pennestri. He is the director of the New Jersey Division on Aging.

#### STATEMENT OF JAMES PENNESTRI, DIRECTOR, NEW JERSEY DIVISION ON AGING

Mr. PENNESTRI. Good morning. My name is James Pennestri and I am director of the New Jersey Division on Aging in the Department of Community Affairs. I appreciate the opportunity to testify before you this morning on the critical needs connected with abuse against the elderly. Because I know your agenda is crowded, I will keep my remarks brief.

The major problem we have found in the area of elderly abuse is that determining its extent is almost impossible. The data currently available is tremendously conflicting. Estimates of abused elderly

persons, for example, range from 250,000 to 2 million depending on the source you consult.

I would suggest, therefore, that one of your priorities could be the establishment of a better data base so that all of us who are concerned with this critical area could have a firmer indication of how many seniors are being abused.

I am sure you remember we had similar problems when we began taking a close look at child abuse and battered women. I think the programs and the publicity techniques which were used then could easily be adapted for older citizens.

Another concern we have is in clearly defining what we mean by the term "abused elderly." Generally, the term applies to a willful act either physical or psychological. Unfortunately, however, there has not been success in separating an act done on purpose from an act of simple neglect or what is perceived to be neglect by the older adult. I am not saying that acts of neglect are not important. There is a difference, however, which I think should be recognized.

There are other differences which, I think, must also be mentioned. Older persons tend to deny that abuse has occurred and many refuse to report such act for fear of retaliation. They feel ashamed to admit such treatment by their own children. They may also be afraid of the living alternatives such as a nursing home.

Children, of course, can be taken away from a family and placed in a foster home or similar setting. Battered wives now have a number of shelters where they can find refuge. Senior citizens do not have these alternatives and must weigh what is available with present living conditions.

In addition to the suggestions I have offered, I would like to make a few other recommendations which I think will be helpful.

In 1974, the Child Abuse and Treatment Act was passed and established by the National Center on Child Abuse and Neglect. I would recommend you either consider amending this law to include the elderly or perhaps introducing similar legislation on behalf of our senior.

I would also hope that the Federal Domestic Violence Prevention and Services Act be amended to insure that provisions are included to help elderly victims of domestic violence.

To further explore abuse of the elderly, I believe State and Federal Governments should expand research efforts to establish a more firm data base. The 1981 White House Conference on Aging should also focus some of their discussions on this area.

A final recommendation would be passage of mandatory reporting laws which would assist in further identifying this problem. A current bill in the New Jersey Legislature, A-337, is an example of a positive step in this direction. This bill, known as the New Jersey Protective Services Act for Elderly Persons, would require such a reporting system for both professionals and nonprofessionals in the health and social services field.

I would like to make one final comment concerning this Subcommittee on Human Resources.

We are deeply grateful that you have shown a willingness and commitment to tackle the really difficult problems we are facing today. The area of elderly abuse is but one example of this concern

on your part. I think I speak for all of New Jersey's seniors as well as many nonseniors in offering you our gratitude for your commitment in this area. Thank you.

Mr. RINALDO. Thank you. I just want to make a few comments on your testimony.

You stated that the 1981 White House Conference on Aging should also focus on some of the discussions in this area, and I want to state for the record that I agree with you 100 percent. I think this is vital, it's extremely important, and I am definitely going to recommend that that be made part of the agenda, and I will do my best to get the full Select Committee on Aging to back me up on that proposal, because I think it is tremendously important just from the hearings that we have already had and the testimony that has been elicited that this be part of that agenda.

Mr. PENNESTRI. Thank you, Congressman. I think it's very important, and I'm sure that for the rest of the people in the audience, they are aware of the fact that as far as the White House Conference is concerned—it is beginning now, as far as many of the community forums are concerned—I think that they should be aware of what is happening in their community so that they can have the input that is necessary to make it a success.

Mr. RINALDO. The second point I wanted to comment on is another area where we are in complete agreement, and that is the major problem you mentioned early on in your testimony, and that is determining the extent of the problem of elderly abuse.

You mentioned that the estimates range from about a quarter of a million to 2 million, depending on the source, and that's why I think it is so vital or our highest priority. One of our first actions we take should be to establish a firm data base so that we can proceed intelligently in this area. I mentioned that in my opening statement when I stated—I mentioned the national study conducted by the University of Rhode Island sociologist who estimated that at least 500,000 persons aged 65 or over who live with younger members of their family are subjected to abuse, but other studies have indicated, of course, a true figure may be significantly higher, because many thousands of cases go unreported each year, and the fact of the matter is, we really don't have any hard data on this problem, and until we do, I don't think Congress can take the kind of legislative steps that are so necessary in this area so that we can properly handle the problem and at least alleviate some of the suffering, misery, and discontent that it breeds.

I would like to ask you if the elderly who use the local offices of the aged, would you say that they are the most active, informed elderly?

Mr. PENNESTRI. Well, I just was reviewing a study that came in nationally concerning our nutrition program as a study that was completed. The study indicated that those that participated in the program were those probably most in need as far as finances are concerned, and that the program was hitting that group.

Now, that's a service organization versus say an office-type operation. I'm sure that if we were to go through the individuals on a case-by-case basis, we would find that those individuals are those in need, or the adult children of those in need.

I think we constantly look at offices on aging as dealing directly with the older person or the older person only. That's not exactly true. We are dealing with all segments of the society. The adult children, the service organizations that come in contact with older persons, as well as the older persons themselves.

Most of the service organizations I would say in this State know that they should turn to the county office on aging for any assistance as far as the older person is concerned, unless, of course, they know the agency that is supposed to provide service directly.

My feeling is that if a survey were to be completed, that it would truly indicate that those individuals who do know where to turn, and including the older person. We maintain a hotline in the State, a toll-free number, and these individuals are for the most part older persons. They are referred to the local agency, followup is made as to whether or not the individual has received the proper attention at the local level, so my feeling is that if they do know where to turn, they are the agencies they come in contact with. That's why we find it very difficult to separate information and referral from a service agency.

When we fund a program, we like to say that part of its activities will be information and referral, because if that's the agency the older person is turning to for service, that's the agency that the older person is going to turn to for help. That agency should be able to know where to find the means to provide assistance, and we are saying that information and referral through the county offices on aging is succeeding in this respect.

Mr. RINALDO. How do you reach out to all the others who are isolated and really where it becomes more difficult to provide them with the care they need or assistance involving a particular problem?

Mr. PENNESTRI. We have established a network of outreach programs throughout most of the State, and this is usually conducted by older people themselves either through the title V program, which is the senior service program, or through title III of the Older Americans Act, which directly employs the older person, whereby they do go through the neighborhoods.

One of the primary sources, of course, in locating older persons is through the tax records that are maintained in each municipality which would indicate those individuals that receive, for instance, the senior citizen tax deduction as far as New Jersey is concerned. This immediately spots that older individual that has a limited income, because in order to receive that, the individual must have an income of less than \$5,000, so these individuals are found.

It is also through these records that we can go through the community and find those other individuals in need. Of course, it becomes very difficult in our urban areas, because here is where you have the difficulty. If they are in rental units, it means going through all of the rental units. In public housing, it's not that difficult, because if you know what they are, they can see to it that they do receive the information that is necessary.

Again, outreach is very important in all of our programs, and I'm sure that you are well aware that the emphasis of the amendments of 1978 to the Older Americans Act places a great deal of emphasis on outreach and outreach activities. We in New Jersey are quite proud

of the outreach system that we have put into place. True, we have got a lot to go yet, but our general feeling is that we are hitting the largest number of people in New Jersey.

Mr. RINALDI. There was quite a bit of discussion, and this is sort of a wrap-up question, on the need for additional programs that go beyond getting at the problem of physical abuse of the elderly. Of course, we recognize other types of abuse, there is neglect, there is psychological abuse, there is lack of companionship—we can go right down the line—but I am wondering also about the fact that there is another differentiation that wasn't brought up today. There is real abuse and then there is imagined abuse on the part of the elderly in some cases.

What do we do there, and would be going far afield and perhaps opening up a Pandora's box of personal family problems that are insoluble, or can we, and is there a means of making a real dent even in that problem, or do you think that should be an area left untouched by Government intervention?

Mr. PENNESTRI. My feeling is that we can attack both problems, both of the older individual as well as those that would be, let's say, inflicting the abuse as well, the imagined or the unimagined, or the real; that it can be attacked; that the problem can be solved if we approach it in the right way.

The psychological problems that I made mention to in my testimony of the older person that might imagine as well as those that are inflicted, my feeling is that the problem can be approached.

Mr. RINALDO. I want to first of all thank you, Mr. Pennestri. You have been very helpful, and I might say you always have been, I guess, every time I am at a hearing where you have testified, and I would like everyone here to know that title III-B of the Older Americans Act has been the area recommended for a funding cut of \$33 million, and this is one area where I personally feel that it is imperative that those funds be restored, and I can say that the entire Select Committee on Aging feels exactly the same way, and we are asking that this be put back in the budget because the funds are vitally needed for programs that are working and providing a solution to some of the problems that afflict our people the most.

Mr. PENNESTRI. We commend you for that, Congressman.

Mr. RINALDO. Thank you very much. I want to thank everyone who testified and everyone who came here this morning to demonstrate their concern for an extremely important problem that hopefully we will be able to at least put a dent in in the near future. The hearing is now adjourned.

[Whereupon, at 11:50 a.m., the hearing was adjourned.]

## APPENDIX

FEDERATION OF PROTESTANT WELFARE AGENCIES, INC.,  
New York, N.Y., May 2, 1980.

Re Abuse of the Elderly.  
SELECT COMMITTEE ON AGING,  
House of Representatives.

The Federation of Protestant Welfare Agencies, a planning and coordinating organization for approximately 300 voluntary non-profit social service agencies providing services to one and one-half million New Yorkers, is pleased to have this opportunity to submit comments on the growing problem of abuse to our elderly.

Within the Federation membership, more than 100 agencies provide services to the elderly, either in residential care, residential health care, community service programs, or home care programs. In recent months, these agencies have noticed an increased incidence of abuse to the elderly which is clearly not confined to those programs providing residential care. This growing problem, horrifyingly termed "granny bashing", has been highlighted in our local media, on television, and in research studies conducted in Boston, Maryland, and Rhode Island; all attest to the growing awareness on the part of professionals of this hidden problem.

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

Following this Committee's hearing in New York City on April 21, 1980, Federation staff conducted an informal survey of some of our community-based agencies serving the elderly. The response to our questions is telling.

1. In senior centers where numerous activities and services are provided for the well elderly, the directors identified very few cases of domestic violence or abuse. Yet during the discussion which ensued regarding one's individual perception of the term "abuse", and the intent of the Select Committee in soliciting this information, several issues became obvious. First, the elderly abused client comes to the attention of center staff not due to a report about a physically abusive or exploitative relative or friend but because of a stated need for a concrete service such as financial management, counselling, help with an alcoholic grandchild, employment guidance, etc. Second, directors of senior centers recognize that abuse is not readily disclosed by the elderly victim. Staff members who have developed a close relationship with the individual may not be aware of the problem. It is not acceptable among older people to talk about the fact that one's own family or a friend is exploitative or physically abusive.

2. In some of our agencies which provide services to the physically and mentally frail elderly, directors estimate that approximately 5 percent of their total caseload are abused. Again, the clients usually come to staff attention through a referral by a neighbor or friend for a general case assessment and support services, rather than as a referral directly mentioning physical abuse or exploitation. The agency directors felt there was a single identifying factor which characterized the abused person: i.e. the abused client tends to display an inordinant degree of vulnerability. This may be the cause of loneliness and isolation, since they are in the words of one director, "not very friendly or pleasant people".

3. In those agencies where abused elderly came to the attention of staff, an estimated 50 percent lived with family. By and large, the abusive relatives reject

intervention, feel threatened by inquiries of concern, and seek approval from agency staff of their behavior. In cases of neighbor or friend abuse, the abusive individual tends to reject all attempts of help from agencies, and refusing to recognize his/her own role in the elderly person's victimization.

4. The agencies surveyed indicated that they would refer the abused elderly client to another agency or organization for help, depending on the severity of the situation. Among those referrals mentioned were police, hospital, protective service for adults, youth services agencies, and geriatric mental health teams. Directors often find the referrals are rejected. What is clearly seen as abuse or exploitation by the professional is often seen as a "tradeoff" by the elderly client, even if the client admits to the facts of the situation.

5. Our survey also noted that an overwhelming percentage of the abused clients are female (75 percent), with the exception of a program which has a large alcoholic male population, where 75 percent of the cases were male.

This informal survey is certainly not conclusive of the actual incidence of violence and/or victimization of the elderly. We include our findings here to highlight several factors:

1. Elderly who have been victimized, abused, or exploited by relatives and/or friends are coming to the attention of professional social workers in community-based settings, in increasing numbers.

2. The incidence of abuse may not be exorbitantly high, but it is significant enough to warrant attention from our federal, state and local governments.

3. Abuse of the elderly is not limited to family members, but may include neighbors, friends, care-givers such as home attendants, and any other individual who may use the physical and/or mental impairment of the elderly person as justification for his/her own actions.

4. Compiling the necessary facts of the specific situation for court intervention is a slow, tedious task made extremely difficult by all partners to the battering, including the victim. If the victim will not testify, although she/he is competent and knows the consequences of the decision not to pursue a legal course, the dilemma for professionals in the fields of social work, medicine, and law is acute, since none of the professionals could or would violate the individual rights to privacy or to self-determination. In these situations, alternatives to legal process should be made available: i.e. a safe environment in which to live, medical care which is sympathetic to the special needs of this population, and services which are made easily available to those too timid to negotiate complex "service delivery systems".

Based upon the experiences of our member agencies providing community-based services to the elderly in New York, we would like to make the following recommendations to this Committee.

First: Mandatory reporting should be implemented. As previously mentioned, the membership of the Federation includes many agencies which provide services to children, youth and families. Our child welfare staff notes that reports of elderly abuse seem very similar to those of child abuse, and that the general situation is reminiscent of the hidden tragedies which existed before mandatory child abuse reporting was implemented. Great strides have been made in the protection of children by the passage of mandatory reporting laws; we believe that the same beneficial affects could be achieved by mandating reporting of abuse of the elderly.

Second: Increased reporting necessitates increased funding for protective services. A campaign to seek out the abused elderly will have no effect if there are insufficient funds to aid the victim once she/he is identified. In New York, and we assume in most states, funding for adult protective services will always take second place to child protective services as long as the latter is mandated and the former is not. (In New York, while the service itself must be included in the Title XX plan, the level of service capacity and funding is not specified and is wholly insufficient for the current demand, much less the potential population in need.) We strongly recommend that the threatened retrenchment of social service funding at the federal level must be vigorously resisted, and that block grant programs which are most conducive to the funding of this type of service, such as Title XX, must be expanded rather than cut.

Third: Any attempt to deal with the problem of elderly abuse should not focus solely on family abuse. We are extremely concerned about the potential for abuse of the elderly by aides in the growing home care industry and of the incidence of physical, psychological and material abuse by neighbors and friends as well as that by family members.

Fourth: Rather than a continued focus on discrete research projects, we recommend an analysis of gross figures nationwide. For instance, an analysis of overall crime figures against the elderly, hospital emergency room data, and information available from those organizations which are frequent contact points for the elderly (such as senior centers) would help differentiate between real danger spots and perceived danger spots. With the vulnerable elderly, self-victimization often results from fears which are not borne out by facts. An overall analysis of gross statistics may also help to isolate specific problems indigenous to certain areas and lifestyles, such as urban/rural, live-alones/live-withs, male/female, second generation American/immigrant Americans, etc.

Fifth: For the many elderly who are abused or victimized but unable or unwilling to take legal recourse, alternatives for living must be made available. Safe housing arrangements, job opportunities, easily accessible and affordable medical care and other services, all are factors which can help the vulnerable elderly continue to live independently in the community without fear of exploitation or victimization.

We applaud the pioneering efforts of the Select Committee on Aging in delving into this area, and we welcome this opportunity to work with you in developing a sound public policy which will benefit the elderly now, as well as all of us who are aging each day. Thank you for this opportunity to comment.

MARGERY E. AMES, Esq.,  
Consultant on Public Social Policy.

ROBERT L. POPPER,  
Chairman, Committee on Public Social Policy.

STATEMENT OF TERESA C. MCGEARY, EXECUTIVE DIRECTOR,  
UNION COUNTY COUNCIL ON ALCOHOLISM, INC.

I. One of the problems with the elderly is the number of addicted. Alcohol and medical addictions are enormously high as with chronic diseases casually treated by the medical profession with pain killers and sedatives. Drug addiction is inordinately high, arthritis, respiratory complaints, gastric diseases with no cures and medical treatment is casual.

II. Psychologically, in the United States, in this century, the family unit has been one of rejection. Instead of grandparents and elderly relatives presiding in the nuclear family, parents and other relatives are hustled off to nursing homes, good and bad. They are persuaded to maintain "their independence" by living in unhappy isolation. This type of existence is lonesome, unrewarding, frustrating. Instead of the usual emotional outlet, these individuals turn to sedatives, both liquid and solid.

III. Unofficial reports, even in the exclusive retirement areas, report alcoholism is rated very high. Actual statistics of this type would be impossible to determine. A funeral home owner, from his observation, says that the alcoholism rate of his clientele is very high and deliberately obscured.

IV. The New York Times, New Jersey section, printed an article on April 27, 1980 on a grandmother, with a number of children, ushered into isolation, lack of love and attention. Ignorance of facts on Alcohol and Drugs is sadly noted in the news item, the family and the professionals involved.

V. Any serious planning concerning the aged has got to consider the effects of alcoholism-sedativism-substance abuse on that population.

The frequency of the degenerate type disease in the aged is naturally high and is treated primarily with sedative type drugs. Simple conditions such as arthritis in addition with some highly sophisticated drugs (such as cortisone which need blood work and monitoring) today are treated by aspirin and its substitutes, not only dangerous in itself but not too efficient.

VI. In many instances more "efficient drugs" are ordered which immediately sets up possibility of cross addiction. Alcohol is a sedative devastatingly efficient for the relief of pain and unfortunately even life itself. It is readily available even without a prescription.

According to the experience and evidence concerning the fatal consequence of mixing alcohol with prescribed drugs, the mental confusion and forgetfulness which is common with the aged has proved to be a causative factor. This forgetfulness situation is, as we all know, characteristic of only the aged and as we also well know, forgetfulness and mental confusion is a common side effect of even small quantities of ingested alcohol. Many of the cases of overdose can be ex-

plained that the aged patient did not remember whether the initial dose was indeed taken and also will forget the exact dosage as to the quantity of pills or liquid for that particular dose. One of the partial solutions to this particular problem could be the use of the "unit dose package." This is an individually packaged item, liquid and solid, which by virtue of its packaging emphasizes its singularity. Using this system with greatly enlarged printing on the containers concerning the exact dosage would also be helpful. We are aware that this is merely a self help project and in no way is as valuable as a trained person to administer the drug, liquid and solid, in the proper proportions.

VII. Awareness, understanding and resources about alcoholism for all members of the family should be readily available. Many of the aged suffer from alcoholism while other old people suffer because of a family member who is alcoholic.

VIII. Recommendations :

1. The need to understand that older alcoholics are a heterogeneous group with a variety of past experiences; they did not all reach their drinking problems by the same route.

2. The need to provide care delivery systems which insure maximum access to treatment facilities, often a problem in a population group having less physical mobility.

3. The need to supportive social network with the family unit as one component.

4. Development of public information efforts including multi-media programs, community forums and public announcements to increase awareness and encourage community involvement in senior substance abuse issues.

5. That the Department of Licensing and Regulations undertake to inform the public about its role and services and to institute training for service providers in how to seek disciplinary action against physicians, pharmacists or other health care providers who allegedly engage in illegal practices. Training and continuing education of the above including nurses, dentists and other health care personnel.



**END**