

NEW YORK STATE  
**DEPARTMENT OF SOCIAL SERVICES**  
 40 NORTH PEARL STREET, ALBANY, NEW YORK 12243-0001



Michael J. Dowling  
*Commissioner*

**INFORMATIONAL LETTER**

**TRANSMITTAL:** 93 INF-037

**DIVISION:** Services &  
 Community  
 Development

**DATE:** September 9, 1993

**TO:** Commissioners of  
 Social Services

**SUBJECT:** Protective Services for Adults (PSA): Model Agreement  
 with Office of Mental Retardation and Developmental  
 Disabilities (OMRDD)

**SUGGESTED  
 DISTRIBUTION:** Directors of Services  
 Adult Service Staff  
 Agency Attorneys  
 Staff Development Coordinators

**CONTACT PERSON:** Your district's Adult Services Program  
 Representative at 1-800-342-3715 as follows:

- Thomas Burton ext. 432-2987
- Kathleen Crowe ext. 432-2996
- Michael Monahan ext. 432-2667
- Janet Morrissey ext. 432-2864
- Irvin Abelman (212) 383-1755

**ATTACHMENTS:** Model PSA/OMRDD Agreement (Available On-line)

**FILING REFERENCES**

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
		457	Article 9-B		

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The purpose of this release is to inform local social services districts of a model agreement which has been developed by the Department and the Office of Mental Retardation and Developmental Disabilities (OMRDD) concerning the linkage between Protective Services for Adults (PSA) and Developmental Disability Service Off (DDSO)

As indicated in 92 LCM 180, this agreement was developed in response to a report issued by the Commission on Quality Care for the Mentally Disabled entitled "A Review of Familial Abuse Allegations of Adults with Developmental Disabilities", which recommended that this Department and OMRDD clarify the responsibilities of PSA and other agencies serving mentally retarded and developmentally disabled adults for conducting investigations into allegations of familial abuse. The attached agreement was developed with input received from needs assessment surveys completed by staff of the local social services districts and the DDSOs. Also, it reflects comments received from local districts and DDSOs based an their review of a draft version of this agreement.

The agreement covers the following topics:

- \* the eligibility criteria for PSA and OMRDD services;
- \* the referral process between each agency;
- \* service delivery;
- \* procedures for investigating abuse, neglect or exploitation;
- \* referrals to law enforcement;
- \* dealing with high risk cases;
- \* information sharing; and,
- \* conflict resolution.

Copies of the model agreement are also being sent to the DDSOs by OMRDD. Section 473 of Social Services Law requires that local social services districts plan with other public, private and voluntary agencies for the purpose of assuring maximum local understanding, coordination and cooperative action in the provision of appropriate services to PSA clients. Therefore, we recommend that PSA staff contact appropriate staff at DDSO which covers their area to discuss the model agreement and to work toward a signed agreement between their agencies. The model agreement should also be useful in initiating discussions with other local MR/DD service providers.



Frank Puig  
Deputy Commissioner  
Services and Community Development

## MODEL PSA/ORMDD DDSO AGREEMENT

### I. PURPOSE:

This agreement is between \_\_\_\_\_ Developmental Disabilities Services Office (DSSO) and the \_\_\_\_\_ County Department of Social Services Protective Services for Adults Program (PSA). The agreement sets forth the joint responsibilities of PSA and the DDSO for developmentally disabled individuals. The DDSO provides services to developmentally disabled individuals as defined in section 1.03 (22) of the Mental Hygiene Law (MHL). PSA provides protective services to impaired individuals over 18 years of age as defined in Article 9-B of the Social Services Law (SSL).

Both entities recognize that each has a unique role in service provision to developmentally disabled adults. Both entities also recognize that the needs and interests of the developmentally disabled will be better served with a clear delineation of the roles and responsibilities of each entity with regard to such persons who are subjected to abuse, neglect or exploitation. The DDSO and PSA enter into this agreement in a spirit of interagency collaboration to facilitate the coordination of appropriate and necessary services to developmentally disabled persons.

### II. PSA ELIGIBILITY CRITERIA:

All individuals 18 years of age or older who meet all of the following three criteria are eligible for intervention:

- 1) are incapable of meeting their own basic needs or protection themselves from harm due to mental and/or physical incapacity; and
- 2) are in need of protection from actual or threatened harm, neglect hazardous conditions caused by the action or inaction of either themselves or other individuals; and
- 3) have no one else available who is willing and able to assist them responsibly.

(A more detailed description of PSA criteria is contained in the New York State Department of Social Services (NYSDSS) Administrative Directive 90 ADM-40, PSA: Client Characteristics.)

Services available under PSA include counseling, locating social services, medical care and other resources in the community, advocacy, homemaker, housekeeper/chore services, money management, assistance in finding alternative living arrangements, and pursuing appropriate actions on behalf of developmentally disabled persons who require involuntary intervention. This may include pursuing court orders to obtain access to the person in accordance with SSL 473-c; to provide short-term involuntary protective services in accordance with SSL 473-a; to request the appointment of a guardian (Article 81 MHL); to obtain an Order of Protection (Article 8, Family Court Act); and coordinating with mental health professionals to request admission for persons requiring treatment in a psychiatric facility or developmental center (Articles 9 and 15 MHL).

### **III. OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES (OMRDD) CRITERIA**

OMRDD provides services to persons with diagnoses of developmental disabilities. Developmental disability is defined in Article 1, Section 1.03(22) of the Mental Hygiene law as a disability of a person which:

1. is attributable to mental retardation, cerebral palsy, epilepsy, neurological impairment or autism;
2. is attributable to any other condition of a person found to be closely related to mental retardation because such condition results in similar impairment of general intellectual functioning or adaptive behavior to that of persons with mental retardation or requires treatment and services similar to those required for such persons;
3. is attributable to dyslexia resulting from a disability described in subparagraph (1) or (2) of this paragraph;
4. originates before such person attains age twenty-two;
5. has continued or can be expected to continue indefinitely; and
6. constitutes a substantial handicap to such person's ability to function normally in society.

Services provided by OMRDD directly or with OMRDD acting as a certified, contractor or expeditor include housing, day treatment, day training, various clinical and therapeutic services, case management and transportation.

### **IV. REFERRAL PROCESS**

#### **A. DSSO to PSA**

The DDSO will refer developmentally disabled individuals who may need protective services to PSA by telephoning the PSA unit responsible for Intake. The DDSO will clearly state the reasons for the referral and outline the risks to the client in his/her situation. The phone referral will be followed up by the DDSO providing to PSA written material such as the individual's developmental and psychosocial history, results of psychological testing, medical assessment and a level of adaptive functioning.

Upon receipt of a PSA referral from the DDSO, the PSA Intake Worker will determine whether to accept or reject the case for a PSA assessment or request additional information as needed. If additional information is needed which is pertinent to the client's potential eligibility for PSA, the PSA intake worker will request information from appropriate sources to enable a decision to be made as to whether the case will be accepted for a PSA assessment. In any case, a decision will be made whether to accept the case for assessment within 24 hours after the referral is received. If, on the basis of information supplied by the DDSO and any additional information obtained by the intake worker, it appears that the client may be eligible for PSA, the case must be accepted for assessment.

A case will be rejected for assessment only if PSA eligibility can be conclusively ruled out. If any doubt remains about a person's PSA eligibility, the case will be accepted for assessment.

Upon acceptance of a referral for PSA assessment, the assigned PSA caseworker will visit the referred individual within three working days of the referral (or 24 hours if the situation is life threatening) in accordance with Section 457.1 (c)(2) of New York State Department of Social Services (NYSDSS) regulations. The DDSO will cooperate with PSA and will accompany PSA on a joint visit if requested by PSA.

## **B. ASSESSMENT PROCESS**

During the 30 day period between the acceptance of a referral and the determination of PSA eligibility, PSA will assess the person's needs and provide or arrange for services, as indicated in Section 457.1 (c) of NYSDSS regulations to meet the client's needs which have been identified in the assessment/investigation process.

As soon as reasonably possible, but no later than 30 calendar days after the referral date, a determination will be made whether the case will be opened for PSA beyond the assessment period. Cases which do not meet with PSA client characteristics will not be opened for ongoing PSA services (i.e., cases in which the identified risk factors have been resolved during the thirty day assessment process or cases in which there is no indication of abuse, neglect or exploitation, or the adult has a responsible person(s) or entity(ies) willing and able to meet needs}. For those cases which will be opened for PSA beyond the 30 day assessment period, the DDSO and PSA will work collaboratively on a written case plan which outlines service goals, services to be rendered, the role of each agency and a schedule of treatment conferences including frequency, site and participants. The written case plan will be made part of the case record of each agency.

## **C. PSA to DDSO**

PSA will refer developmentally disabled persons who may need services to the appropriate DDSO. However, a referral by PSA to a DDSO does not negate PSA's responsibilities on behalf of persons who are eligible for PSA as specified in this agreement and in Section 457.1(b) of NYSDSS regulations. For those cases which require PSA involvement beyond the 30 day assessment period, within two weeks of receipt of a referral from PSA, the DDSO and PSA will participate in a joint case management visit by both agencies with the client. The visit will be arranged and coordinated by PSA in cooperation with the DDSO. Within 7 working days of the joint visit, the DDSO will advise PSA whether or not the client referred is appropriate for services available to developmentally disabled persons, whether or not the DDSO can provide or arrange for services to the individual, and the nature of such services to be provided.

For developmentally disabled persons who are not eligible for PSA services, the DDSO will assume responsibility for providing or arranging for the provision of necessary services to these individuals. Upon receipt of a referral from PSA, the DDSO will assess the nature and extent of the person's disabilities, their need for services, and will arrange services as appropriate and available.

In cases of dually diagnosed individuals (developmental disability and mental illness) in which there is uncertainty about which service system has primary responsibility, direction will be taken from the Cooperative Agreement between the Office of Mental Retardation and Developmental Disabilities and the Office of Mental Health dated February 15, 1988. Essentially, responsibility is determined by IQ: 70 or over, the responsibility is OMH's; under 50, OMRDD; between 50 and 69, contingent upon primary disability. Clarification and responsibility are in the Cooperative Agreement.

Within 30 days of acceptance of a case by the DDSO in which PSA will be involved beyond the 30 day assessment period, both agencies will jointly develop a written case plan which will outline service goals, services to be rendered, the specific service provider, the anticipated date services will begin, and the roles of each agency, including which agency will act as

primary case manager. The primary case manager will be determined on a case by case basis, dependent on the needs of the person. To the extent possible, the joint case plan shall be consistent with the PSA service plan which must be completed within 30 days of the PSA referral date in accordance with Section 457.2(b)(4) of N.Y.S. DSS regulations. The written plan will be made part of the individual's record at each agency.

#### **D. SERVICE DELIVERY**

In mutually served cases, each agency will take responsibility for those activities assigned to them in the written case plan.

When a need is identified for placement specifically within the OMRDD system, particularly emergency placement of a person with developmental disability, the DDSO will be responsible for seeking a placement within their system.

Each agency will notify the other of significant changes in the shared client's condition or situation (e.g., changes in medical status, living situation, loss of benefits) as soon as practicable after a change is identified.

Any activity or decision by either agency which would have the effect of discontinuing services or otherwise significantly changing the service plan must be communicated in writing to the other agency at least 30 days prior to the changes or as soon as practicable if 30 days notification is not possible. Verbal communication may appropriately preface the written communication.

Each agency may at any point call a case conference involving both agencies and other service providers if it is felt that a conference is needed to review significant changes in the client's situation or to devise an appropriate service plan.

## **V. PROCEDURES FOR INVESTIGATING ABUSE, NEGLECT OR EXPLOITATION**

### **A. PERSONS LIVING IN THE COMMUNITY**

The investigation of the alleged abuse, neglect or exploitation of impaired adults living in the community is the responsibility of PSA. The information contained above in REFERRAL PROCESS (DDSO TO PSA) will apply in these cases.

### **B. PERSONS IN DSSO OPERATED RESIDENTIAL FACILITIES**

The investigation of the alleged abuse, neglect or exploitation of residents within the DDSO facilities (including Developmental Centers, Intermediate Care Facilities, Independent Residential Alternatives Community Residences or Family Care Homes) is the responsibility of the DDSO. Requirements concerning the review and reporting of incidents and alleged abuse are stated in 14 NYCRR (New York Mental Hygiene Codes, Rules and Regulations) Part 624.

A DDSO may make a referral to PSA to conduct an investigation of alleged abuse, neglect or exploitation which occurs while the individual is in the community outside of the residential placement (e.g., during visits to family members.) PSA will have responsibility for conducting the investigation if the individual is at risk at the time of the referral. (e.g., the person is at home on leave and abuse is allegedly occurring). If the individual has returned to the facility at the time the information concerning the alleged abuse, neglect or exploitation is obtained, and therefore is not at risk since he or she is back in a protected setting, the DDSO will have responsibility for conducting the investigation. In those situations in which the individual returns to the facility after PSA has started its investigation, PSA shall complete the investigation and forward its findings and other pertinent information the DDSO.

### **C. PERSONS IN DDSO OPERATED DAY PROGRAMS**

The investigation of alleged abuse, neglect or exploitation of clients by staff members is the responsibility of the day program. If it appears that a client may be abused, neglected or exploited by family members or other persons in the community, a referral must be made to PSA. As indicated previously, PSA may request a joint visit with the DDSO staff.

### **D. REFERRAL TO LAW ENFORCEMENT**

In cases of alleged abuse, neglect or exploitation in which it is suspected that a crime has been committed, both parties recognize that law enforcement must be involved and will cooperate in this process. Part 624.6(d) of OMRDD regulations requires that in the case of any reportable incident or allegation of client abuse where a crime may have been committed, it is the responsibility of the program administration or designee of an OMRDD operated or certified program to notify law enforcement officials. For abuse occurring in the community in which it is suspected that a crime has been committed, a referral must be made to law enforcement. Such referral may be made by either the individual, PSA or the DDSO staff, preferably through consultation of all three parties.

## **E. HIGH RISK CASES**

The following protocol will be followed by the DDSO and PSA in cases identified by either agency to be a high risk situation (imminent risk to the person's health, safety or stability of living arrangement).

### Cases Being Mutually Served by PSA/DSSO

In mutually served cases, the agency which first identifies the high risk situation will immediately notify the other agency, when possible. Notification will take place through telephone contact by supervisors in the respective agencies. The purpose of the contact will be to arrive at an immediate plan to address the crisis situation using the resource available to both agencies. If joint consultation is not possible, the agency which identified the high risk situation must take action to resolve the crisis and notify the other agency after the fact.

The primary focus in high risk cases is the resolution of the crisis. When determined feasible, PSA and the DDSO will make every effort to arrange a joint home visit as soon as possible to assess the crisis situation (within 24 hours if the situation is life threatening) but no later than 3 working days following the identification of the situation.

If determined necessary, either agency may call an immediate case conference to devise a plan to address the crisis situation. The plan will come from the meeting and will specify services to be provided and the role of each agency.

### New Cases

In new cases, the supervisor of the agency which identifies the high risk situation will notify, when possible, the supervisor of the other agency by telephone if it is felt that the assistance of the other agency is necessary and appropriate to address the situation. The referring agency will clearly explain the high risk factors in the client's situation and the need for priority attention. When determine feasible, PSA and the DDSO will make every effort to arrange a joint home visit as soon as possible to assess and resolve the crisis situation (within 24 hours if the situation is life threatening) but no later than 3 working days following the identification of the situation

## **VI. INFORMATION SHARING**

Both agencies agree to share that information concerning the referred or mutually served person which is necessary to develop and implement service plans, to the extent permitted by applicable laws and regulations including Part 357 of NYSDSS regulations and section 33.13 of MHL. Additional information regarding confidentiality issues is contained in a NYSDSS transmittal 92 INF-26 entitled PSA: Confidentiality/Information Sharing. Information may be disclosed where such disclosure is reasonably necessary to assess an individual or provide protective services to an individual.

Both agencies agree to orient their staffs concerning the implementation of this agreement. Both agencies agree to participate in training of each other's staff regarding the mission and operation of each program.

**VII. CONFLICT RESOLUTION:**

The DDSO and PSA each retain responsibility for making eligibility decisions regarding their own programs and/ or services and determine the type, duration and scope of services they will provide to eligible persons. However, in order to promote coordination and collaboration, each entity shall seek to resolve any conflicts in accordance with the process described below.

In cases of disagreement between the DDSO and PSA staff about a person’s eligibility for services or the appropriateness of a services plan, every effort shall be made to resolve the conflict at the practitioner level. If resolution cannot be achieved at that level, supervisory staff in each agency will confer to reach an acceptable resolution. If a dispute cannot be achieved at the supervisory level, the dispute will be referred to the administrative level at each agency for resolution. Both parties agree to make every effort to resolve disputes through the internal conflict resolution process discussed above. If a dispute cannot be resolved by the two parties, each party reserves the right to pursue an equitable resolution of the matter, including requesting guidance from NYSDSS or OMRDD administrative staff.

**VIII. TERMS OF AGREEMENT**

PSA and the DDSO will review the terms of this agreement at least annually. Changes in the agreement may be made at any time by mutual consent of PSA and the DDSO.

Nothing in this agreement shall substitute, or represent a change in, either agency’s legally mandated responsibilities. Either party may terminate this agreement by giving 30 days written notice to the other party.

\_\_\_\_\_  
COMMISSIONER  
\_\_\_\_\_ County Department of Social Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
DIRECTOR of \_\_\_\_\_ DDSO

\_\_\_\_\_  
Date

**DEPARTMENT OF SOCIAL SERVICES**

40 NORTH PEARL STREET, ALBANY, NEW YORK 12243-0001

Mary E. Glass  
*Commissioner*



**INFORMATIONAL LETTER**

**TRANSMITTAL:** 95 INF-010

**DIVISION:** Office of  
Housing and  
Adult Services

**TO:** Commissioners of  
Social Services

**DATE:** March 30, 1995

**SUBJECT:** Protective Services for Adults (PSA): Model Protocol  
Concerning the Working Relationship Between Police and PSA

**SUGGESTED DISTRIBUTION:** Directors of Services  
Adult Services Staff  
Agency Attorneys  
Staff Development Coordinators

**CONTACT PERSON:** Your district's Adult Services Representative as follows:

- Irv Abelman (212) 383-1755 or USER ID OAM020
- Thomas Burton (518) 432-2987 or USER ID AX2510
- Kathleen Crowe (518) 432-2985 or USER ID ROF017
- Michael Monahan (518) 432-2667 or USER ID AY3860
- Janet Morrissey (518) 432-2984 or USER ID OPM100

**ATTACHMENTS:** Model Protocol Concerning the Working Relationship Between  
Police and PSA (Available On-line)

**FILING REFERENCES**

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
		457	Article 9-B Penal Law (Various Sections)		95 LCM-006

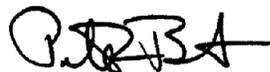
The purpose of this release is to inform local social services districts of a model protocol concerning the working relationship between police and Protective Services for Adults (PSA). This protocol was developed by the Department in conjunction with the Division of Criminal Justice Services (DCJS). The document was prepared with the assistance of a workgroup of the Adult Services Committee of the New York Public Welfare Association and the Department's Law Enforcement Advisory Board, which included representatives from police departments, district attorneys' offices and social services districts. A draft version of this protocol was sent to all Directors of Services for their review and comment.

The development of a model protocol is part of this Department's initiative to improve the coordination between police and PSA staff in responding to situations involving the abuse, neglect and/or exploitation of elderly and other impaired adults who are living in the community. In December 1994, the Department distributed a video and accompanying booklet entitled "Police and Protective Services for Adults: A Partnership" to local districts and over 600 police agencies in New York State. We hope that the use of this video has improved awareness of adult abuse and neglect and has enhanced the cooperative working relationship between police and PSA. The model protocol is intended as a follow-up to these initial efforts. It provides specific guidelines concerning police and PSA response to vulnerable adults in need of protection.

The protocol covers the following topics:

- \* definitions of adult abuse, descriptions of specific crimes involved in adult abuse cases, and courts of jurisdiction;
- \* the referral process between each agency;
- \* a joint intervention protocol for responding to referrals which involve allegations of abuse, including contact, assessment and follow-up actions;
- \* information sharing; and
- \* an appendix containing interview procedures and adult abuse indicators.

Copies of the model protocol also are being sent to police departments throughout the state by DCJS. We recommend that PSA staff contact the police agencies in their community to discuss the model protocol and to develop cooperative working procedures concerning the provision of services to impaired adults who are victims of abuse, neglect and exploitation. Also, if you would like technical assistance on the implementation of this protocol, please call your adult services representative.



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Peter R. Brest  
Associate Commissioner  
Office of Housing and Adult Services

# MODEL PROTOCOL CONCERNING THE WORKING RELATIONSHIP BETWEEN POLICE AND PROTECTIVE SERVICES FOR ADULTS

## RATIONALE

In recent years, there has been a dramatic growth in the number of frail elderly and other mentally or physically impaired persons who are living in the community, rather than in institutions. Because of their impairments, these individuals are vulnerable to abuse and exploitation, whether by family members, caregivers or others. Additionally, impaired adults may neglect their own basic needs because they are unable to obtain adequate food, clothing, shelter, medical care or entitlements on their own behalf. Local social service departments have the primary responsibility under the Protective Services for Adults (PSA) program to provide services to impaired adults who are abused, neglected or exploited by others or who are neglecting their own needs. In providing services to these individuals, PSA may need to obtain assistance from law enforcement agencies to ensure that these vulnerable adults are protected. Police agencies may need to refer to PSA when they discover impaired adults in need of community services. This protocol contains guidelines for establishing an effective working relationship between both parties.

## I. DEFINITIONS

### A. ADULT ABUSE

Adult Abuse is defined as the physical, sexual, emotional or financial abuse and/or neglect of a physically or mentally impaired adult 18 years of age or older who is residing in the community, by another individual, when the impaired adult is unable to provide for his/her own health, welfare and safety. Types of abuse include:

- |                     |                                                                                                                                                                                                                                   |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Physical Abuse:     | non-accidental use of force that results in bodily injury, pain or impairment (e.g. slapped, burned, cut, bruised, improperly physically restrained).                                                                             |
| Sexual Abuse:       | non-consensual sexual contact of any kind.                                                                                                                                                                                        |
| Emotional Abuse:    | the willful infliction of mental anguish, e.g. the victim may be frightened, threatened, humiliated, intimidated, isolated, called names, treated as a child, etc.                                                                |
| Financial Abuse:    | the illegal or improper use and/or exploitation of funds, property or other resources (e.g. theft, fraud, embezzlement, conspiracy, forgery, falsifying records, coerced property transfers or denial of access to assets).       |
| Neglect (by others) | the refusal or failure to fulfill a caretaking obligation, e.g. abandonment, failure to provide food, denial of medical service, etc. It may be active (willful) or passive (due to inadequate caregiver knowledge or infirmity). |

## B. OFFENSES

### MAJOR CLASSES OF OFFENSES THAT MAY BE PROSECUTED IN NEW YORK STATE:

1. A violation is not a crime but an offense carrying the lowest sanctions. The maximum term of imprisonment for a violation is 15 days.
2. A misdemeanor is the least serious crime. A class A misdemeanor carries a maximum sentence of one year in a local jail or 3 years on probation. A class B misdemeanor carries a maximum sentence of three months in a local jail or one year on probation.
3. A felony is defined as a crime for which one can receive a sentence in excess of one year in a state correctional facility or 5 years on probation. Felonies are divided into five classes ranging from A, the most serious, to E.

## C. SPECIFIC CRIMES

Following is a list of some criminal acts that may typically be present in adult abuse situations:

1. **Larceny:** A person steals property and commits larceny when, with intent to deprive another of property or to appropriate the same to himself or to a third person, he wrongfully takes, obtains or withholds such property from an owner thereof. The act is elevated to specific offense levels depending upon the type of property taken or the manner in which it is taken. See Penal Law (PL) 155.05 (1) and PL Article 155 generally.
2. **Extortion:** A person obtains property by extortion when he compels or induces another person to deliver such property to himself or to a third person by means of instilling in him a fear that, if the property is not so delivered, the actor or another will engage in certain injurious conduct. Note that the wrongful taking, obtaining, or withholding of another's property by extortion is considered larceny in New York State. See PL 155.05(2)(e).
3. **Forgery:** A person is guilty of forgery in the third degree when, with intent to defraud, deceive or injure another, he falsely makes, completes or alters a written instrument. The act is elevated to a first or second degree offense depending upon the type of written instrument involved. See PL Article 170 generally.
4. **Coercion:** A person is guilty of coercion in the second degree when he compels or induces a person to engage in conduct which the latter has a legal right to abstain from engaging in, or to abstain from engaging in conduct in which he has a legal right to engage, by means of instilling in him a fear that if the demand is not complied with, the actor or another will engage in certain injurious conduct. The act is elevated to a first degree offense depending upon the type of injurious conduct involved. See PL 135.60 and 135.65.

5. **Scheme to Defraud:** A person is guilty of a scheme to defraud in the second degree when he engages in a scheme constituting a systematic ongoing course of conduct with intent to defraud more than one person or to obtain property or an existing, canceled or revoked access device, from more than one person by false or fraudulent pretenses, representations or promises and so obtains such property or device from one or more of such persons. Note that the act is elevated to a first degree offense when there is an intent to defraud or obtain items from ten or more persons. See PL 190. 60 and 190.65.

6. **Harassment:** A person is guilty of harassment in the second degree when, with intent to harass, annoy or alarm another person, he or she strikes, shoves, kicks or otherwise subjects such other person to physical contact, or attempts or threatens to do the same; or follows that person in or about public place(s); or engages in a course of conduct or repeatedly commits acts which alarm or seriously annoy such other person and which serve no legitimate purpose. Note that the act is elevated to a first degree offense when he or she repeatedly harasses another or repeatedly commits acts which places such person in reasonable fear of physical injury. See PL 240.25 and 240.26.

7. **Menacing:** A person is guilty of menacing in the third degree when, by physical menace, he or she intentionally places or attempts to place another person in fear of death, imminent serious physical injury or physical injury. The act is elevated to a first or second degree offense depending upon the circumstances under which the offense is committed or upon the number of previous convictions for such offense. See PL 120.13, and 120.15.

8. **Assault:** A person is guilty of assault in the third degree when with intent to cause physical injury to another person, he causes such injury to such person or to a third person; or he recklessly causes physical injury to another person or with criminal negligence, he causes physical injury to another person by means of a deadly weapon or a dangerous instrument. The act is elevated to a first or second degree offense depending upon the circumstances under which the offense is committed. See PL 120.00, 120.05 and 120.10.

9. **Sex Offenses:** A person is guilty of committing a sex offense when such person engages in unlawful sexual activity of a non-consensual nature or where one of the participants is less than the prescribed statutory age of consent. Such offenses include, but are not limited to rape, sodomy and sexual abuse. See PL Article 130 generally.

10. **Criminal Contempt:** A person is guilty of criminal contempt in the second degree when such individual engages in conduct which disturbs, interrupts, impairs, etc, the lawful court process or other mandate of a court. The act is elevated to a first degree offense under specified circumstances, including when a duly served order of protection is violated. See PL 215.50 and 215.51.

11. **Endangering the Welfare of an Incompetent Person:** A person is guilty of endangering the welfare of an incompetent person when he knowingly acts in a manner likely to be injurious to the physical, mental or moral welfare of a person who is unable to care for himself because of mental disease or defect. See PL 260.25.

12. **Reckless Endangerment:** A person is guilty of reckless endangerment in the second degree when he recklessly engages in conduct which creates a substantial risk of serious physical injury to another person. The act is elevated to a first degree offense when under circumstances evincing a depraved indifference to human life, he recklessly engages in conduct which creates a grave risk of death to another person. See PL 120.20 and 120.25.

13. **Unlawful Imprisonment:** A person is guilty of unlawful imprisonment in the second degree when he restrains another person. Pursuant to law, "restrain" means to restrict a person's movements intentionally and unlawfully in such manner as to interfere substantially with his liberty by moving him from one place to another or by confining him either in the place where the restriction commences or in a place to which he has been moved, without consent and with knowledge that the restriction is unlawful. Note that the act is elevated to a first degree offense when the actor restrains another person under circumstances which expose the latter to a risk of serious physical injury. See PL 135.05 and 135.10.

#### D. COURTS OF JURISDICTION

Situations involving adult abuse and/or neglect involving family or household members may be pursued in either criminal or family court. The family court and the criminal courts have concurrent jurisdiction over all family offenses unless the offender would not be criminally responsible by reason of age (handled exclusively by family court, except that persons age 14-15 designated as juvenile offenders can be prosecuted in criminal court for various juvenile offender offenses). Family offenses include acts which would constitute disorderly conduct, harassment in the first and second degree, menacing in the second and third degree, reckless endangerment, assault in the second and third degrees, or attempted assault between spouses or former spouses, or between parent and child or between members of the same family or household.

The criminal courts of New York State are comprised of superior courts, i.e. supreme or county courts, and the local criminal courts including district, city, town or village courts. The Family Court is a statewide court which has one branch in each of the State's 62 counties. The Family Court proceeding is a civil proceeding and is for the purpose of attempting to stop violence, ending the family disruption and obtaining protection. Proceedings in family court **are normally closed to the public** and will not result in a criminal record. The proceeding in the criminal courts is for the purpose of prosecuting the offender and can result in criminal conviction of the offender.

## II. REFERRAL PROCEDURES

### A. PSA TO POLICE AGENCIES

PSA will refer to police agencies in the following circumstances:

1. To implement court orders such as ACCESS or the Short Term Involuntary Protective Services Order (STIPSO), to request assistance in enforcing orders of Protection, or to request assistance in gaining access.

2. To report a crime and request an investigation be commenced.

3. To request assistance in protecting clients who are presenting a danger to themselves or others.
4. To provide protection for the caseworker if there is reason to suspect physical danger from the client or caregiver.

**B. POLICE AGENCIES TO PSA**

Police agencies should refer to PSA in the following situations.

1. To obtain services for impaired persons living in the community who appear to be at risk of harm and unable to protect themselves.
2. To request assistance with the investigation of alleged crimes against impaired elderly or disabled persons, who have no one else willing and able to assist them.
3. To request information or advice when questionable situations concerning elderly or disabled adults occur.

**III. REFERRAL RESPONSE**

**A. POLICE TO PSA**

Upon receipt of a PSA referral from law enforcement, the PSA Intake Worker will determine whether to accept or reject the case for a PSA assessment or request additional information as needed. If additional information is needed which is pertinent to the client's potential eligibility for PSA, the PSA intake worker will request information from appropriate sources to enable a decision to be made as to whether the case will be accepted for a PSA assessment. In any case, a decision will be made whether to accept the case for assessment within 24 hours after the referral is received. If, on the basis of information supplied and any additional information obtained by the intake worker, it appears that the client may be eligible for PSA, the case must be accepted for assessment. If a case is not accepted for assessment, PSA will inform the referral source orally or in writing within 15 calendar days of its decision. A case will be rejected for assessment only if PSA eligibility can be conclusively ruled out. If any doubt remains about a person's PSA eligibility the case will be accepted for assessment.

Upon acceptance of a referral for PSA assessment, the assigned PSA caseworker will visit the referred individual within three working days of the date the referral was received (or 24 hours if the situation is life threatening) in accordance with 18 NYCRR 457.1 (c)(2) of New York State Department of Social Services (NYSDSS) regulations. In accordance with 18 NYCRR 457.14, PSA will inform the referral source orally or in writing of the person's eligibility or ineligibility for PSA within 15 calendar days of the completion of the PSA assessment.

**B. PSA TO POLICE**

Upon receipt of a request from PSA for law enforcement assistance, the police agency will respond and investigate the situation according to established procedures. Depending on the nature of the referral, this may include utilizing emergency entry procedures, providing emergency care, or defusing and stabilizing the immediate situation. In cases of suspected

abuse or crimes, the police officer will identify the victim, suspects and witnesses, preserve the crime scene, and obtain preliminary statements of the victim and witnesses, according to established procedures. Efforts will be made to coordinate actions with PSA and to provide follow-up activities as needed.

#### **IV. JOINT INTERVENTION PROTOCOL FOR ALLEGATIONS OF ABUSE:**

A. In situations when it is suspected that a crime may have been committed against an impaired adult, PSA will contact the appropriate law enforcement agency to discuss whether a joint intervention is appropriate. The primary purposes of the joint intervention are to provide protection to the victim and to utilize law enforcement options that may be available.

To ensure a successful outcome, PSA and law enforcement agencies agree to work cooperatively and to develop intervention strategies in accordance with the respective roles of each agency. If a joint response is determined appropriate, the following guidelines will be followed:

1. The PSA caseworker and law enforcement officer will discuss the referral or incident information and determine what role each individual will play in the investigation. Information will be shared in accordance with confidentiality requirements of both agencies to facilitate the investigation. Decisions will be reached on who will be contacted (referral sources, victim, witnesses, alleged perpetrator), and where contacts will occur (home, office, police station, other protected setting).
2. Both agencies agree that adults have basic rights to self-determination. A competent adult has the right to exercise free choice in making decisions. The competent adult abuse victim, unlike a child abuse victim, has the right to refuse services and assistance. However, if it appears that the adult is incapable of making decisions on his or her own behalf, because of an impairment, then the situation should be investigated and appropriate action taken to protect the adult, pending the determination of decision-making ability. (Determinations of decision-making capacity may require a mental health assessment or eventual court involvement).
3. PSA casework staff will assess the nature of the adult's impairment, the risks that are present, the adult's ability to deal with the situation and willingness to accept assistance from others. The caseworker will arrange for the assessment of any medical or psychological problems which may affect the adults ability to participate fully in the interview process. PSA staff will assess the adult's need for medical care, services or other resources in the community, including the need for emergency relocation to a protected setting.
4. Law enforcement staff will determine whether a crime has been committed against the impaired adult. They will preserve the crime scene (which may include photographing evidence, injuries or conditions), obtain preliminary statements of the victim and witnesses and identify specific violations.

## **B. CONTACT AND ASSESSMENT**

1. The interview will be conducted in accordance with the information contained in APPENDIX A, "INTERVIEW PROCEDURES".
2. The assessment of possible abuse and/or criminal actions should be conducted using the information contained in APPENDIX B, "INDICATORS OF ABUSE" (Adapted from material prepared by the Police Executive Research Forum).

## **C. FOLLOW UP ACTIONS:**

1. Following the initial response, decisions must be made as to the appropriate courses of action. Referrals for services, legal interventions, medical treatment and protected placement should be made as quickly as possible.
2. PSA will assist in locating emergency housing, arrange for any necessary medical or mental health assessments, refer for community services such as substance abuse services or other needed counseling for the victim, offender or family members. If necessary, PSA will pursue legal interventions such as Orders of Protection, Guardianship or other legal interventions. PSA will continue to provide case management services as needed.
3. Law enforcement may file charges if there is reasonable cause to believe a crime has been committed. They may arrest the alleged perpetrator depending on the seriousness of the crime, when it is necessary to preserve the peace, if the alleged offender presents a danger to others, or if there is reason to believe that the alleged offender will flee. Where a police officer has reasonable cause to believe that a felony has been committed against a member of the same family or household, or that a person has committed an act in violation of a "stay away" provision of a duly served order of protection or has committed a family offense in violation of such order of protection, the officer will arrest the person and will not attempt to reconcile the parties or mediate.

Where a police officer has reasonable cause to believe that an individual has committed a misdemeanor against a victim or has committed a petty offense in the officer's presence, the officer shall arrest the offender, unless the complainant requests otherwise. **The officer is prohibited from asking the victim whether or not there should be an arrest.** If the officer suspects that the victim has been threatened, coerced, is in immediate danger or is incapable of making informed decisions, the officer has the discretion to arrest without the victim's complaint, providing there is probable cause to effect said arrest. As soon as possible after an arrest, a sworn statement or deposition is to be taken from the complainant. The arrest report will serve as the crime report, depending on departmental policy.

There is no requirement that a crime (felony or misdemeanor) occur in the officer's presence. Consequently, a lawful arrest may be and often shall be founded upon factors other than the officer's observations, including but not limited to physical injury, property damage, signs of serious visible disruption and/or statements by the victim or other witnesses.

Law enforcement will evaluate the likely effects and propriety of the arrest. When the cause for abuse is determined to result from a correctable shortcoming of the caregiver, and arrest is not required according to the conditions outlined above **or by departmental policy**, the preferred resolution may include education, counseling, or supplemental support or resources rather than arrest of the caregiver.

4. If considered appropriate, based on a joint decision of police, prosecutors, PSA staff and the victim (if the victim retains decision-making ability) the case will be presented to the court. PSA staff and law enforcement will cooperate in the presentation and follow through on the case.

## **V. INFORMATION SHARING**

A. Both entities agree to share that information concerning the referred person which is necessary to conduct investigations and deliver services, to the extent permitted by applicable laws and regulations including 18 NYCRR Part 357 of NYSDSS regulations. Additional information regarding confidentiality issues is contained in a NYSDSS transmittal 92 INF-26 entitled "PSA: Confidentiality /Information Sharing." Information may be disclosed where such disclosure is reasonably necessary to assess an individual or provide protective services to an individual.

B. Both entities agree to orient their staff concerning the implementation of these working procedures.

## APPENDIX A

### **I. INTERVIEW PROCEDURES:**

#### **A. PREPARATION FOR INTERVIEW**

1. As indicated in Section IV, A, of these procedures, police and PSA staff will work out cooperative arrangements to prepare for joint interviews.
2. Before beginning the interview, obtain as much information as possible about the client and the alleged abuse from collateral sources or existing records. Determine if there are medical or psychological problems which would impede the interview process. Examples of barriers could include hearing, vocal or vision impairments, mobility restrictions, cognitive impairments, confusion, memory loss, mental illness.
3. If the referral indicates that language may be a barrier to intervention, PSA and law enforcement will cooperate in efforts to find an individual who shares a common language with the victim. **This person should preferably be a neutral party, without family or household ties to the victim.**
4. The adult's level of intellectual functioning should be considered when choosing words and descriptions.
5. Individuals will need to be interviewed separately, away from the alleged abuser. It may be necessary to move the client to a neutral location if the client is willing and able.
6. Investigators should respect the victim's dignity and keep the number of persons present during sensitive interviews to a minimum. It is usually difficult for elderly or impaired persons who have been abused to admit their vulnerability, particularly when the abuser is a family member or loved-one, or when sexual abuse is alleged. Every effort should be made by police and PSA to coordinate investigations, thereby eliminating multiple, stressful and embarrassing interviews.

#### **B. GENERAL INTERVIEW GUIDELINES**

1. Interviewers should try to be introduced by a trusted or concerned relative/friend. Try to establish rapport with the interviewee. Begin the interview with questions that are open-ended. Questions must be nonsuggestive and non-leading. As the interview proceeds, questions can be more focused and detailed. Specific questions should include "who, when, where, how often".
2. For non-verbal adults, attempt written communication or obtain special translator assistance.
3. Allow the adult to tell his/her own story, at his/her own pace.
4. When interviewing family member or caregiver, observe whether they appear fearful or hesitant in their responses, or if they try to blame the victim. Notice if they appear concerned about the client's general wellbeing. Evaluate the nature of those concerns. Assess whether information provided by the client during the interview conflicts with information provided by the family member or caregiver.

### **C. INTERVIEW PROCEDURES**

1. The PSA caseworker should assess the client's activities of daily living (ADL's) by asking the client to describe a typical day. Assess client's coping skills and their degree of dependence on others for financial, psychological and emotional support. Inform the client of their rights. Allow the client to ask questions and offer them emotional support.
2. If the client does disclose abuse or neglect, the interviewer should refrain from sharing his or her emotions. However it is appropriate to validate the client's emotions and to explore the client's feelings about the abuse and the offender. Some elderly or impaired adults are reluctant to report abuse for fear of automatic removal to an institution. Victims who have reported abuse must be reassured that legal remedies and removal procedures are not automatically invoked, but only when determined to be necessary as a result of a joint police and PSA investigation, in which the victim's needs and desires are given priority.
3. **Role of Police:** Whenever caregivers or other persons are determined to be suspects in an abuse case or other criminal matter, they must be advised of their constitutional rights before any further questioning takes place. Explore possible explanations for allegations, suspicious activity, evidence, injuries to victims, living conditions and behavior of the victim. Determine the existence of any other victims, witnesses or suspects and the relationships that may exist among all parties. Determine if the suspect had the opportunity and access to the victim necessary to commit the alleged acts. Written statements should be obtained, consistent with department policy. If available, video and audio equipment may be employed.

### **D. INTERVIEW FOLLOW-UP**

1. Pursue any appropriate referrals for service, legal interventions (i.e. restraining order, protective placement) and medical assessment/treatment.
2. Seek out corroborating information relating to allegations of wrongdoing as well as the details of the victim, witness and suspect statements. Investigative resources that may prove to corroborate information include:
  - a. Statements of other knowledgeable persons involved (friends, neighbors, family, clergy, physician, attorney, banker, etc., observing privileged communication statutes as applicable.)
  - b. Physical evidence
  - c. Opportunity and access
  - d. Medical history and examinations, pharmaceutical (victim)
  - e. Employment history or criminal history of the suspect
  - f. Agency records (health, social services, zoning, mental health)
  - g. Individual certification (professional caregivers)
  - h. Real property, financial or bank records (transfers, ownership changes)
  - i. Legal records (power of attorney, guardianship, living wills, health care proxies)

## ADULT ABUSE INDICATORS

**PHYSICAL EVIDENCE.** When a crime scene exists, it should be photographed and processed as any major crime. Areas to be considered include:

- a. Condition of the victim or wounds (medical examination of the victim, for old and recent injuries or evidence of sexual assault may be warranted);

NOTE: It may be necessary for the officer to arrange for nonemergency transportation to a medical facility for an evidentiary medical examination.

- b. Weapons, restraints or instruments causing injuries
- c. Living conditions/health and safety hazards (kitchen, bedroom, bath)
- d. Clothing, bedding and towels
- e. Biological evidence (body fluids, food samples)
- f. Sexual aids, pornographic materials
- g. Personal papers (letters, telephone/address books, bank and financial statements, computer files and disks, and legal documents) belonging to the victim and the suspect(s).

**TYPICAL SIGNS AND SYMPTOMS.** There are no definitive profiles of victims or abusers. There are, however, factors that officers should look for in abuse cases. The following factors may be of value in identifying at-risk relationships, which when observed in conjunction with indicators of abuse, should trigger further investigation.

- a. **PERSONALITY TRAITS OF ABUSERS.** These may include emotional problems, drug and alcohol abuse or previous psychiatric hospitalization.
- b. **TRANSGENERATIONAL FAMILY VIOLENCE.** A history of domestic violence (elder, spousal or child abuse).
- c. **WEB OF DEPENDENCY.** A poor relationship between an elderly or impaired person and a caregiver, dependency of a caregiver on an elderly or impaired person, bad temperament or hostility by an elderly or impaired person or caregiver, resentment, or a caregiver's frustration resulting from an elderly or impaired person's increased dependency for emotional, physical and financial support may lead to abuse.
- d. **SOCIAL ISOLATION.** Aging and reduced mobility are often accompanied by loss of contact by friends, family and the outside world. This isolation can hide the effects of violence, exploitation, neglect and very often self-neglect.
- e. **PHYSICAL ISOLATION.** Confinement to one's room or bed. Inappropriate physical restraint or being left alone for long periods.
- f. **INTERNAL AND EXTERNAL STRESSORS.** Abusive relations between caregivers and elderly or impaired victims are often inflamed by economic difficulties, marital conflicts, deaths and illnesses of close friends or relatives, and other stressors. In some cases, caregivers may be elderly or impaired persons themselves. Some middle-aged caregivers

may be providing care and/or support to their children as well as their parents. Caregivers who are over-extended, unaware of outside resources and find themselves unable to cope with overwhelming responsibilities, may resort to neglect or abuse.

## INDICATIONS OF ADULT ABUSE

- a. **INDICATORS OF PHYSICAL ABUSE.** Elderly or impaired persons may frequently exhibit signs of falls and accidents. These same signs may be indicators of physical abuse, especially when victims or suspects attempt to conceal their presence or other inconsistent or irrational excuses for injuries. Investigators should consider the presence of any injury in their assessment of physical abuse cases. The following injuries are examples of indicators of abuse and should be considered together with an assessment of the abuser/victim relationship and other observations:
- Bruises or welts
    - in the shape of articles such as belts, buckles, electric cords, or other definite shapes or patterns
    - discoloration causing bilateral stripes on upper arms, or clustered on other body parts.
  - Burns
    - caused by cigarettes, caustics, hot objects
    - friction from ropes, chains or other physical restraints
  - Other injuries or conditions
    - fractures, sprains, lacerations and abrasions
    - injuries caused by biting, cutting, poking, punching, whipping or twisting of limbs
    - disorientation, stupor or other effects of deliberate overmedication
  - Multiple injuries
    - in various stages of healing
- b. **BEHAVIORAL INDICATORS OF PHYSICAL ABUSE (VICTIM).** Indications of abuse are not limited to visible wounds or injuries. The behavior of victims can reflect traits often associated with adult abuse. Presence of these indicators is not conclusive and should serve only to direct the focus of further investigation.
- Easily frightened or fearful
  - Exhibiting denial
  - Agitated or trembling
  - Hesitant to talk openly
  - Implausible stories
  - Confusion or disorientation
  - Contradictory statements, not due to mental dysfunction

c. BEHAVIORAL INDICATORS OF PHYSICAL ABUSE (SUSPECT)

Individually none of these indicators or characteristics constitutes evidence of wrongdoing on the part of a relative or caregiver. However, when one or more indicators are present along with injuries and other (victim) behavioral indicators, further investigation is warranted.

- Concealment of victim's injuries
- Inconsistent explanation for victim's injuries
- History of making threats
- History of mental problems or institutionalization
- History of substance or alcohol abuse
- Victim of abuse as a child
- Dependent on victim's income or assets
- Demeaning comments about the victim
- Discounting the victim's assertions of cruelty or violence

d. INDICATORS OF SEXUAL ABUSE. Physical indicators of adult sexual abuse should direct investigators to search for other corroborating evidence. Many of these indicators cannot be identified without medical examination. Indicators may include the following:

- Sexually transmitted diseases
- Genital and/or anal infection, irritation, discharges or bleeding, itching, bruising, scarring or pain
- Frequent, unexplained physical illness
- Painful urination and/or defecation
- Urinary retention, constipation or fecal soiling
- Difficulty walking or sitting due to anal or genital pain
- Psychosomatic pain such as stomach or headaches
- Inappropriate sex-role relationship between victim and suspect
- Physical evidence of pornography or prostitution

e. BEHAVIORAL INDICATORS OF SEXUAL ABUSE (VICTIM). The embarrassment of recounting forced sexual activity often results in the refusal of an elderly or impaired adult to report and describe the crime. The following indicators are often present in (but not limited to) cases of sexual abuse.

- Inappropriate, unusual or aggressive sexual behavior
- Self-exposure
- Curiosity about sexual matters
- Intense fear reaction to an individual or to people in general
- Extreme upset when changed or bathed
- Self destructive behavior (head-banging, self-biting)
- Anti-social behavior (lying, stealing, verbal aggression)
- Mistrust of others
- Direct or coded disclosure of sexual abuse
- Depression or poor self-esteem
- Eating disturbances (overeating or undereating)
- Fears, phobias, compulsive behavior
- Bedwetting and other regressive behavior
- Sleep disorders (nightmares, fear of sleep, excessive sleeping)

- f. **BEHAVIORAL INDICATORS OF SEXUAL ABUSE (SUSPECT)** An individual who is sexually abusing or exploiting an impaired person he or she is caring for may take extreme measures to ensure the activity is concealed. This may be exhibited through:
- Overprotectiveness
  - Dominance
  - Hostility toward others
  - Social isolation
- g. **INDICATORS OF EMOTIONAL ABUSE.** There is usually a lack of physical evidence in cases of emotional abuse. Often emotional abuse accompanies other abuse and neglect. Officers should look for:
- Signs of inappropriate confinement or restraint
  - Signs of deprivation of food or hygiene
- h. **BEHAVIORAL INDICATIONS OF EMOTIONAL ABUSE (VICTIM)**  
Although the presence of the following behavioral indicators may be reflections of abuse, they may also be symptoms of emotional disorders, dementia, or other conditions associated with aging or impairment. Officers must be mindful of this but careful not to arbitrarily attribute these symptoms to aging rather than possible abuse.
- Sleep, eating, or speech disorders
  - Depression
  - Helplessness or hopelessness
  - Isolation
  - Fearfulness
  - Agitation or anger
  - Confusion
  - Low self-esteem
  - Seeks attention and affection
- i. **BEHAVIORAL INDICATORS OF EMOTIONAL ABUSE (SUSPECT).**  
Emotional abuse of an impaired person may stem from the suspect's own low self-esteem and his or her unrealistic expectations of the victim. The suspect may exhibit irrational behavior and,
- Threaten the victim
  - Call the victim names
  - Speak poorly of the victim
  - Treat the victim as an infant
  - Use restrictive treatment
  - Ignore the victim and his or her needs
- j. **INDICATORS OF NEGLECT.** It is common to observe a combination of indicators when neglect (including self-neglect) exists. Neglect may be found in varying levels and may be recent or long-standing. Care should be taken to photograph and document evidence that will likely change with better care. Indicators of neglect include, but are not limited to:

- Neglected bedsores
- Skin disorders or rashes
- Untreated injuries or medical problems
- Poor hygiene
- Hunger, malnutrition, dehydration
- Pallor, sunken eyes or cheeks
- Inadequate supply of food
- Absence of or failure to provide prescribed medication
- Lack of clean bedding or clothing
- Inadequate heating
- Unsanitary or unsafe living conditions
- Lack of required dentures, hearing aides or eyeglasses

NOTE: There are non-criminal influences (poverty, family background/culture, education and ignorance) that may contribute to the appearance of neglect but are consistent with normal living conditions for that impaired person's family. The need for action should be guided by the impaired person's wishes and understanding of consequences and the likelihood of harm if he or she remains in those conditions. This is not to suggest that a caregiver's responsibility to provide adequate care is diminished when these conditions exist. For example, there is a vast difference between infrequent bathing habits and dirty, infected wounds resulting from neglect.

k. **BEHAVIORAL INDICATORS OF NEGLECT (VICTIM).** Continued neglect or selfneglect may lead to a number of the following behavioral characteristics. Existence of these conditions justify further investigation, but in themselves they do not constitute adequate evidence of neglect.

- Aggressiveness
- Nonresponsiveness or helplessness
- Inability to care for self
- Dependent behavior
- Refusal of help
- Self-imposed isolation
- Detachment

l. **BEHAVIORAL INDICATORS OF NEGLECT (SUSPECT)**

When neglect results from the action or lack of action of a caregiver, one or more of the following characteristics may be present:

- Substance or alcohol abuse
- Mental illness
- Developmental disability
- Hostility toward others
- Apathetic/passive/detached/unresponsive
- Depression or irrational behavior
- Lack of concern for the victim
- Lack of necessary skills

- m. INDICATORS OF FIDUCIARY ABUSE. As some elderly or impaired persons experience decreased mobility (loss of driving ability and personal mobility), they become dependent on others to assist and sometimes take over their financial matters. Although this increases the opportunity for abusive practices, caregivers and, others (lawyers, bankers, etc.) may have a need to conduct legitimate financial business or handle funds in order to provide care to the person. The presence of the following activities may justify closer examination:
- Unusual volume or type of banking activity/activity inconsistent with victim's ability (e.g. use of ATM by a bedridden victim)
  - Excessive concern by another over cost of caring for the victim/reluctance to spend or pay bills
  - Recent expressions of interest in a victim who has known assets
  - Recent changes in ownership of victim's property
  - A will drawn or power of attorney granted to an incompetent victim
  - Inappropriate actions by a caregiver in the victim's financial affairs
  - A caregiver with no means of support
  - Placement, care or possessions of victim inconsistent with victim's estate
  - Missing items (silver, art, jewelry)
  - Caregiver isolates victim from friends and family

This material is adapted from material prepared by the Police Executive Research Forum, 2300 M Street NW, Suite 910, Washington, DC 20037



## Sexual Assault Affects YOU!

Sexual assault does not discriminate. It knows no racial barriers, no economic barriers, no social barriers, no age barriers. Sexual assault exists in all neighborhoods, in all cities and in all countries.

Sexual violence affects all of us — every community and every family. The FBI and the Journal of Traumatic Stress estimate that one in three women, one in four girls, one in six boys and one in eleven men will be the victims of sexual assault at least once in their lives. That's one sexual assault every 90 seconds in the United States.

In New York State, more than 23,600 sexual offenses were reported to law enforcement in 2000.

For more information about rape crisis programs, sexual assault examiner programs or victims services in your area, contact NYSCASA at 518-482-4222 or visit our website at [www.nyscasa.org](http://www.nyscasa.org).

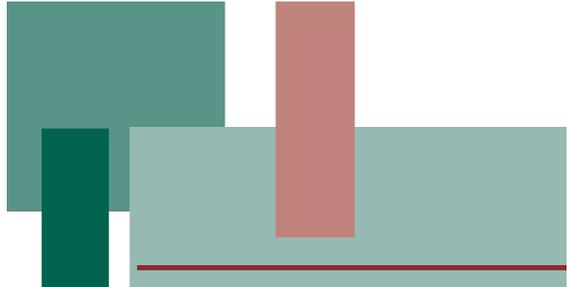
## NYSCASA's Mission

Formed in 1987 as a private, nonprofit membership organization, the New York State Coalition Against Sexual Assault's mission is to end all forms of sexual violence and sexual exploitation by advocating an effective response to all people affected by sexual assault, providing technical support and assistance to Rape Crisis Centers, working legislatively to improve public policy, and confronting societal denial of the impact of sexual violence through statewide outreach and education.

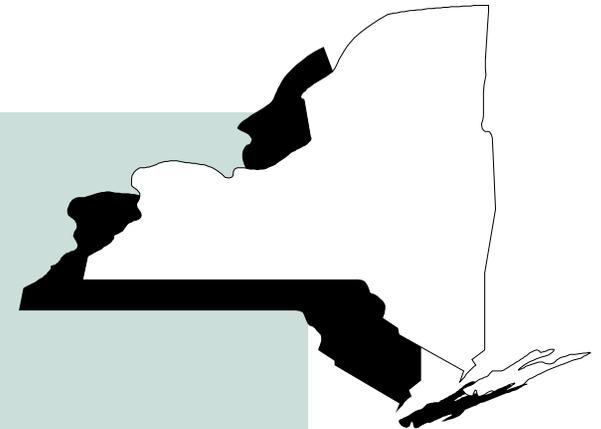


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## New York State Coalition Against Sexual Assault



## Sexual Assault Examiner Programs in New York State

*This project is supported by a grant awarded by the Violence Against Women Grants Office, Office of Justice Programs, US Department of Justice. Points of view in this document are those of the author and do not necessarily represent the official position or policies of the US Department of Justice.*

## Sexual Assault Examiner (SAE) programs are growing



The Sexual Assault Examiner (SAE) Program began in the 1970s by registered nurses in Tennessee, Minnesota and Texas and was introduced in New York in 1995.

In 1997, the Department of Criminal Justice Services funded a pilot and four additional programs across the state. Today, more than seventy sites offer SAE services in New York.

Acronyms that represent these programs are: SAE (Sexual Assault Examiner), SAFE (Sexual Assault Forensic Examiner) and SANE (Sexual Assault Nurse Examiner).

### SAE goals

- To provide the sexual assault survivor with victim-centered, sensitive care which includes a comprehensive assessment and evaluation.
- To ensure quality evidence collection by a trained health care practitioner.
- To provide expert testimony when needed if the survivor reports the crime.

### Participation in a sexual assault exam is ALWAYS confidential and voluntary

Services for sexual assault survivors including a forensic exam – are confidential and voluntary. Law enforcement’s involvement is at the discretion of the survivor.

### A forensic examination may include:

- History and evaluation by specially trained examiners in a private setting with special equipment.
- Preventative medications for emergency contraception (pregnancy prevention) and for sexual transmitted infections, including HIV.
- Evidence collection and storage are also provided. Photography or videography may be used.
- Change of clothes and the use of a shower is provided as necessary following the exam.
- SAEs work with local providers, including rape crisis counselors and health care professionals, for follow-up care. They may also advocate with the criminal justice process, health referrals, counseling or other services.

### Response to sexual assault needs to be a collaborative effort with many benefits. Responders and service provider teams may include:

Rape Crisis Center

*Assured involvement as a result of SAE making timely notification to RCCs’ for advocate presence.*

District Attorney  
Law Enforcement

Local College Public Safety

*Increased case resolution as a result of expert evidence collection, improving levels of prosecution.*

Hospital Administrator  
Patient Care Services Director  
Director of Emergency Medicine

*Enhanced patient care, reduced strain on existing ER resources.*

Other service providers including mental health providers and domestic violence programs.

### SAE costs

Forensic exams may be covered by various sources including the NYS Crime Victims Board compensation program, private insurance, Medicaid, and Medicare.

# Rape Crisis Program Services

## At A Glance

All Rape Crisis Programs provide the following core services as mandated by the NYS Department of Health: **24-hour emergency hotline, crisis intervention, hospital accompaniment, individual counseling, legal advocacy, referral, prevention education, and community outreach.**

Since the early 1970's Rape Crisis Programs have expanded their services, and currently work with health care providers, law enforcement officers, District Attorneys' offices, and others in order to improve their responsiveness to the needs of sexual assault survivors.

**\*Advocates prepared with an intensive training course** provide around the clock hotline information and support to those with questions or concerns pertaining to sexual assault issues. These advocates also meet survivors at hospitals and can be present during medical procedures.

**\*Legal Advocacy services in which** Rape Crisis staff members are available to accompany the survivor through legal proceedings, civil and criminal, and assist with filing compensation claims with NYS Crime Victims Board.

**\*Mental Health/Sexual Assault** collaborating task forces of Rape Crisis and mental health professionals improve services for survivors of sexual assault identifying with chronic mental health diagnoses and/or trauma effects.

**\* Short-term counseling and long-term therapy with professional clinicians** are offered to individuals, families, and groups in order to provide a more holistic approach, inclusive of the family and community.

**\*Training professionals and community outreach** in educational, medical, mental health, and criminal justice systems, increases their knowledge of and sensitivity toward sexual assault issues.

**\*Sexual Assault Examiner/ Sexual Assault Forensic Examiner/Sexual Assault Nurse Examiner programs (SAE /SAFE/SANE)** consist of trained health care providers such as nurses, physician assistants, nurse practitioners, and doctors who perform forensic exams, while gathering evidence of the crime should there be an investigation and providing prophylactic treatment.

**\*Services in urban, suburban, and rural settings are available statewide** in a variety of settings. Along with community-based and hospital-based sites, Rape Crisis Programs have developed a wide network of satellite offices, located in settings such as police units and District Attorneys' offices.

**\*Rape Crisis Programs seek to respond to the communities they serve.** In recent years, due to the research showing the effects of sexual assault on people with disabilities, immigrants, and ethnic minorities, new projects have focused more on making services accessible to underserved populations.

**For a complete list of Rape Crisis Programs by county and their office telephone numbers, see the reverse side.**

This resource was developed by the New York State Coalition Against Sexual Assault, a non-profit partnership of citizens working to link organizations and individuals in a statewide movement to end rape, child sexual abuse, and all forms of sexual assault. NYSCASA serves as a resource sharing network for New York State's Rape Crisis Programs and works actively in the public policy arena to secure funding for the programs, improve access to criminal courts for survivors of sexual violence, and enhance the overall health and criminal justice response to sexual assault. For further information, please contact NYSCASA at **(518) 482-4222** or visit our web site at **[www.nyscasa.org](http://www.nyscasa.org)**.

**New York State Rape Crisis Programs**  
(Revised 10/28/03)

<b>County</b>	<b>Program</b>	<b>Office Number</b>	<b>County</b>	<b>Program</b>	<b>Office Number</b>
<b>Albany</b>	Crime Victim & Sexual Violence Center	(518) 447-7100	<b>New York</b>	Mt. Sinai Adolescent Health Center	(212) 423-2833
<b>Allegany</b>	Cattaraugus Community Action Victim Services - Rape Crisis Program	(585) 593-4685		Beth Israel Rape Crisis Intervention	(212) 420-5632
<b>Bronx</b>	Bronx District Attorney Crime Victims Assistance Unit	(718) 590-2115		Bellevue Hospital Center Rape Crisis Program	(212) 562-3435
	Kingsbridge Heights Community Center Child Sexual Abuse Center	(718) 884-0700		NYC Gay & Lesbian Anti-Violence Project	(212) 714-1184
	Safe Horizon Crime Victims Center Sexual Assault Project	(718) 993-1000		St. Vincent's Hospital Rape Crisis Program	(212) 604-8068
<b>Broome</b>	Crime Victims Assistance Center	(607) 723-3200		Mt. Sinai Medical Center – Rape Crisis Intervention	(212) 423-2140
<b>Cattaraugus</b>	Cattaraugus Community Action Victim Services – Rape Crisis Program	(716) 945-1041	<b>Niagara</b>	St. Luke's Roosevelt Hospital Rape Intervention Program	(212) 523-4728
<b>Cayuga</b>	Cayuga Counseling Service – SAVAR Sexual Assault Victims Advocate Resources	(315) 253-9795		New York Presbyterian Hospital DOVE Program	(212) 305-5130
<b>Chautauqua</b>	The Salvation Army Rape Crisis Services	(716) 664-6567		Niagara County Department of Mental Health Rape Crisis Services	(716) 278-1940
<b>Chemung</b>	Planned Parenthood Rape Crisis of the Southern Tier	(607) 996-0220	<b>Oneida</b>	YWCA Utica Rape Crisis Service	(315) 732-2159
<b>Chenango</b>	Chenango County Catholic Charities Rape Crisis Services	(607) 334-3532	<b>Onondaga</b>	Rape Crisis Center of Syracuse	(315) 422-7320
<b>Clinton</b>	Crisis Center of Clinton, Essex & Franklin Counties	(518) 561-2330	<b>Ontario</b>	Rape & Abuse Crisis Services of the Finger Lakes	(315) 536-9654
<b>Columbia</b>	The R.E.A.C.H. Center	(518) 828-5556	<b>Orange</b>	Mental Health Association of Orange County	(845) 294-7411
<b>Cortland</b>	YWCA – Aid to Victims of Violence Program	(607) 753-3639	<b>Orleans</b>	Planned Parenthood of Orleans Rape Crisis Services	(585) 589-1312
<b>Delaware</b>	Safe Against Violence Delaware Opportunities, Inc	(607) 746-2165	<b>Oswego</b>	SAF Rape Crisis Program	(315) 342-1544
<b>Dutchess</b>	Sexual Trauma Crisis & Recovery Services	(845) 452-1110	<b>Otsego</b>	Opportunities for Otsego Violence Intervention Program	(607) 433-8038
<b>Erie</b>	Suicide Prevention & Crisis Service, Inc	(716) 834-2310	<b>Putnam</b>	Putnam-North Westchester Women's Resource Center	(845) 628-9284
<b>Essex</b>	Crisis Center of Clinton, Essex & Franklin Counties	(518) 873-6514	<b>Queens</b>	Safe Horizon/Project Oasis Queens Hospital Center	(718) 291-2555
<b>Franklin</b>	Crisis Center of Clinton, Essex & Franklin Counties	(800) 483-8211		Rape Crisis Intervention Program	(718) 883-4200
<b>Fulton</b>	Mohawk/Hudson Planned Parenthood Rape Crisis Service	(518) 773-0040		Elmhurst Hospital Center	(718) 334-1418
<b>Genesee</b>	Planned Parenthood Rape Crisis Service	(585) 344-0541		Wyckoff Heights Medical Center	(718) 963-7221
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<b>Hamilton</b>	Crisis Center of Clinton, Essex & Franklin Counties YWCA Utica Rape Crisis Service	(518) 516-2330		Safe Horizon Staten Island Community Office	(718) 720-2591
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<b>Herkimer</b>	YWCA Utica Rape Crisis Service	(315) 732-2159	<b>Rockland</b>	Citizens Against Violent Acts	(315) 386-2761
<b>Jefferson</b>	Victims Assistance Center Of Jefferson County	(315) 782-1823	<b>St. Lawrence</b>	Saratoga Rape Crisis Services	(518) 583-0280
<b>Kings</b>	Safe Horizon Brooklyn Child Advocacy Center	(718) 330-5400	<b>Saratoga</b>	Mohawk/Hudson Planned Parenthood Rape Crisis Service	(518) 374-5353
	Long Island College Hospital Rape Crisis Intervention Program	(718) 928-6950	<b>Schenectady</b>	Mohawk/Hudson Planned Parenthood Rape Crisis Service	(518) 234-4844
	Safe Horizon – BRAVA Victim Services	(718) 928-6950	<b>Schoharie</b>	Rape Crisis of the Southern Tier	(607) 796-0220
	Church Avenue Merchants Block Association Rape Crisis Program	(718) 287-2600	<b>Schuyler</b>	Rape & Abuse Crisis Service of the Finger Lakes	(315) 781-1093
<b>Lewis</b>	Lewis County Opportunities	(315) 376-8202	<b>Seneca</b>	Rape Crisis of the Southern Tier	(607) 962-4686
<b>Livingston</b>	Planned Parenthood of Rochester/Genesee Valley	(585) 335-3020	<b>Steuben</b>	Victims Information Bureau of Suffolk County	(631) 360-3730
<b>Madison</b>	Liberty Resources	(315) 363-0048	<b>Suffolk</b>	Planned Parenthood of Mid-Hudson Valley R.I.S.E.	(845) 791-5308
<b>Monroe</b>	Planned Parenthood of Rochester/Genesee Valley	(585) 546-2777	<b>Sullivan</b>	A New Hope Center	(607) 687-6887
<b>Montgomery</b>	Mohawk/Hudson Planned Parenthood Rape Crisis Service	(518) 843-0945	<b>Tioga</b>	The Advocacy Center for Crime Victim and Sexual Assault Services	(607) 277-3203
<b>Nassau</b>	Nassau Coalition Against Domestic Violence & Sexual Assault	(516) 572-0700	<b>Tompkins</b>	Ulster County Crime Victims Assistance Program	(845) 340-3443
			<b>Ulster</b>	Mohawk/Hudson Planned Parenthood Rape Crisis Service	(518) 792-4305
			<b>Warren</b>	Sexual Trauma & Recovery Services	(518) 747-8849
			<b>Washington</b>	Victims Resource Center of Wayne County	(315) 331-1171
			<b>Wayne</b>	Victims Assistance Services of Westchester	(914) 345-3113
			<b>Westchester</b>	Wyoming County Community Action	(585) 237-2600
			<b>Wyoming</b>	Rape & Abuse Crisis Service of the Finger Lakes	(315) 536-9654
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