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**The Course of Domestic Abuse among Chicago's Elderly:
Risk Factors, Protective Behaviors, and Police Intervention**

Final Report
submitted to

National Institute of Justice

by:

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Police Foundation

and

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National Center for Victims of Crime

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Abstract

The growing body of elder abuse research reflects the increasing attention paid to this serious problem and emphasizes the need for effective prevention and intervention strategies. While past research has examined risk factors and protective behaviors associated with abuse, studies have generally not examined either the course of abuse over time or the effectiveness of different intervention strategies. Despite the fact that the police have increasingly become involved in matters of domestic abuse against the elderly, the impact of their involvement has not been assessed. This study examines if and how risk factors and protective behaviors affect the course of abuse over time, and the role of the police in intervening with elderly victims of domestic abuse and/or neglect. We also examine the prevalence rates for various types of abuse using a stratified sample of Chicago's elderly population. Our sample consisted of 1,795 elderly residents for whom we could identify victimization status. In-depth interviews were conducted with 328 elderly residents from three sample groups: 1) community non-victims ($n = 159$); 2) community victims ($n = 121$); and 3) a police sample consisting of elderly victims who had been visited by trained domestic violence/senior citizen victimization officers in the Chicago Police Department ($n = 48$). Participants in the three groups were current residents of the City Chicago, aged 60 and over. We conducted phone interviews using a survey instrument designed to assess victimization. The survey included questions about various characteristics and risk factors associated both with victims and perpetrators of abuse and/or neglect, specific types of abuse, and protective behaviors of victims. Victimization was examined twice over a 10-month period to evaluate the course of abuse over time. The efficacy of police intervention was also examined. Prevalence rates for our sample were similar to those found in other studies of elder abuse. In examining the course of abuse, we found that victims from the police sample were more likely to have at least one incident of subsequent abuse than were those from the community sample. However, for those in the police sample, the number of forms of abuse that occurred repeatedly (> 10 times) went down. In addition, those in the police sample were more likely to have engaged in protective behaviors or service seeking, than those in the community sample. These findings suggest that intervention by officers trained to deal with the elderly and/or domestic abuse victims can lead to increased engagement in protective behaviors and ultimately reductions in the number of frequently occurring forms of abuse. Implications for the law enforcement community's response to elder abuse victimization as well as limitations of the study are discussed.

Keywords: elder abuse, law enforcement, risk factors, protective behaviors, police, domestic abuse, domestic violence.

Domestic Abuse among Chicago's Elderly: Protective Behaviors, Risk Factors, and Police Intervention

Background and Literature Review

Since elder abuse was first discussed as a social problem in the mid-1970s, research into the prevention, detection, and understanding of victims and perpetrators has increased. However, there still remain many issues that need to be examined in this field (Bonnie & Wallace, 2003; Erlingsson, 2007). A search for “elder abuse” in three major abstract databases (PUB MED, CINAHL, and PsycINFO) turned up just 3,059 total citations, only 432 of which were research articles, compared to more than 48,000 citations for a search of “child abuse” in the same databases (Erlingsson, 2007). As might be expected, the more developed literatures of child abuse and domestic violence also contain many more methodologically rigorous studies, including national prevalence estimates based on nationwide random samples (Durose et al., 2005; Finkelhor, Turner, Ormrod, & Hamby 2009), and prospective and longitudinal designs (Feld & Straus, 1989; Ireland, Smith, & Thornberry, 2002). Until recently, such rigor was largely absent from the elder abuse research, with a few notable exceptions (Acierno, Hernandez-Tejada, Muzzy, & Steve, 2009; Davis, Medina, & Avitable, 2001; Lachs, Williams, O'Brien, Hurst, & Horwitz, 1996; Pillemer & Finkelhor, 1989; Podnieks, 1992).

Nature of Elder Abuse

Elder abuse is a complex phenomenon that still lacks a single consistent definition (Anetzberger, 2005; Erlingsson, 2007). The broadest definitions include any type of mistreatment by any person in a trust relationship with the elder, including family members, friends, home health workers, and staff at assisted living or nursing facilities (Bonnie & Wallace, 2003). Some researchers tailor their definitions more narrowly and include only abuse by family

members, and only certain forms (e.g., Laumann, Leitsch, & Waite, 2008). Depending on the victim-perpetrator relationship and the type of mistreatment, elder abuse may resemble domestic violence, child abuse, or fraud, and yet the phenomenon also stands on its own with the complexity of the relationships, individual vulnerabilities, and contexts in which it occurs.

The consensus in the research is that most perpetrators are family members, with some variation across different types of abuse. Acierno and colleagues (2009) found that 40% of sexual abuse of elders was committed by a spouse or partner, leading them to conclude that “a significant proportion of sexual mistreatment of older adults is a form of domestic violence.” Pillemer and Finkelhor (1988) and Davis, Medina, and Avitabile (2001) also found a substantial amount of the mistreatment was committed by spouses. Financial mistreatment, on the other hand, is less likely to be experienced by married elders and is more likely to be perpetrated by the victim’s children or other relatives or caregivers (Laumann et al., 2008).

Prevalence of Elder Abuse

National studies of elder abuse prevalence published in 2008 (Laumann, et al.) and 2009 (Acierno, et al.), were the first to allow researchers conducting geographically targeted research to compare their findings against national estimates. Acierno and colleagues (2009) found past-year prevalence rates of 4.1% for emotional mistreatment, 1.6% for physical mistreatment, 0.6% for sexual mistreatment, 5.2% for financial exploitation by family members, 5.1% for potential neglect (defined as an identified need that is not being met), and 0.5% for neglect by an assigned caregiver. Excluding financial exploitation, 11% of Acierno’s sample had experienced at least one form of mistreatment in the past year, an astonishingly large number of mistreated elders.

The only other set of national prevalence estimates were included in the National Social Life, Health and Aging Project (NSHAP) study, conducted by Laumann, et al. (2008). Their

study produced estimates of a 9% prevalence for verbal abuse (more liberally defined and only roughly equivalent to Acierno's emotional mistreatment), 3.5% for financial exploitation, and 0.2% for physical abuse. Sexual abuse and neglect were not included in this study. Acierno and colleagues attribute their higher prevalence estimates for physical and financial abuse to the inclusion of contextualizing statements in their survey instrument that "prime" respondents to include typically under-reported types of incidents, while Laumann's study used only a single, non-contextualized item for each form of abuse.

Risk Factors for Elder Abuse

Much of the research that has been conducted on elder abuse to date has been centered on prevalence, typology, and defining issues, including detection and risk indicators (Erlingsson, 2007). The landmark 2003 National Research Council report identified a number of risk factors for elder abuse that had been substantiated by numerous studies, and a few recent studies have provided further validation for these risk factors (Bonnie & Wallace, 2003). Some of the risk factors pertain to the abuser while others pertain to the victim. According to Anetzberger (2005, p. 10) "summaries of research on elder abuse risk factors suggest that those related to the perpetrator are more predictive of abuse than those related to the victim." And no study to date appears to have looked at which combinations of victim and abuser risk factors are most predictive of abuse, including a 2005 study that interviewed both elders and their caregivers and reported risk factors for neglect separately for each group (Fulmer et al., 2005).

Abuser Characteristics. Risk factors of the abuser that have been noted in some studies include dependence of the abuser upon the victim (Pillemer & Finkelhor, 1989; Wolf & Pillemer, 1989), mental illness (Acierno et al., 2009; Godkin, Wolf, & Pillemer, 1989; Wolf & Pillemer, 1989), substance abuse (Acierno et al., 2009; Reay & Browne, 2001), caregiver stress

(Godkin, et al., 1989), clinical hostility (Quayhagen et al., 2001), and violence toward others besides the victim (Lachs & Pillemer, 1995). According to Acierno, recent work has not lent credence to the “caregiver strain” theory, with caregiver stress appearing “to affect the intensity, but not the likelihood, of perpetrated abuse” (Acierno et al., 2009, p. 20).

Victim Characteristics. Research-validated risk factors related to the victim include dementia (Coyne, Reichman, & Berbig, 1993; Lachs et al., 1996), social isolation (Compton, Flanagan, & Gregg, 1997; Godkin, et al., 1989; Lachs, Berkman, Fulmer, & Horwitz, 1992), living with someone else (Lachs et al., 1996), and childhood trauma or neglect (Fulmer et al., 2005).

Some recent research has differentiated risk factors by type of abuse, however there are not yet enough studies that measure and corroborate the same risk factors for the same types of abuse to make clear statements about what may predict different forms of abuse. Findings from two national prevalence studies do suggest that certain factors are associated with different types of abuse. For emotional/verbal mistreatment, reported risk factors included younger age (below 70) and past traumatic experience (Acierno, et al, 2009, Laumann et al, 2008); risk factors for physical abuse also included younger age and low social support (Acierno, et al., 2009); risk factors for financial mistreatment included functional impairment (Acierno, et al., 2009) and being African American (Laumann et al., 2008). Factors increasing the risk of neglect included non-white race, low income, and poor health (Acierno, et al., 2009). A more detailed examination of risk factors for neglect by Fulmer, et al. (2005) suggested that risk factors could be categorized into two domains: the caregiver domain (to include caregiver functional status, caregiver childhood trauma, and caregiver personality), and the elder domain (to include elder cognitive status, elder functional status, elder depression, elder social support, elder childhood

trauma, and elder personality). Because it was a cross-sectional study, it is equally possible that some of the factors identified in the neglected elders were a consequence of neglect rather than a risk factor for it.

Crime data from Chicago have suggested that African American status of the victim is a risk factor for domestic abuse. While crime data do not represent prevalence (as would be drawn from a victimization survey), 2005 crime reports from Chicago indicated that 74.6% of elderly domestic abuse victims were African American, followed by 16.4% Caucasian, and 7.3% Hispanic (Chicago Police Department, 2005). Nevertheless, it is a well-established fact that victims around the world underreport their victimizations to the police (e.g. Laub, 1997; Skogan, 1984; van Dijk, Mayhew, & Killias, 1991).

Research on reporting crime to the police has also suggested differences in reporting characteristics based on race and age. For example, older victims report victimization at a higher rate than younger victims (Skogan, 1984), and Black victims are more likely to report violence to the police (Felson, Messner, & Hoskin, 1999; Hart & Rennison, 2003; Rennison, 1999). Nevertheless, according to the 2002 Illinois Crime Victimization Survey, characteristics of Illinois victims are different from those reported at the national level (Powers, 2008). For example, violence against Blacks in Illinois is much less likely to be reported than violence against whites, and there was no effect of age for Illinois victims (Powers, 2008). As such, the amount of reported domestic abuse among Chicago's elderly African American residents does seem to be quite noteworthy.

Course of Abuse over Time

Because there has been so little prospective work on elder abuse, information on the course of abuse over time is simply not available. The literature on intimate partner abuse

suggests that risk factors for continued and/or escalating domestic violence include the perpetration of violence by the perpetrator against others outside the home, as well as violent resistance by the victim (Bowker, 1984; Feld & Strauss, 1989).

Furthermore, there is limited research on the effectiveness of services used by elders, and in particular, their consultation with law enforcement. While there has been research addressing the effectiveness of second responders or law enforcement officers who respond to incidents of intimate partner violence, there is a dearth of research examining such roles when dealing with elderly victims, and the general domestic violence research has shown mixed results. Some have found that intervention by second responders in law enforcement may actually lead to an increase in the number of reported incidents of abuse to law enforcement (Davis, Maxwell, & Taylor, 2006). It is important to note that this increase in reported abuse may be reflective of the confidence in law enforcement after the initial response. Conversely, research by Greenspan et al. (2004) in Richmond, VA noted a decrease in future abuse as reported by victims (see also Pate, Hamilton, & Annan, 1992 for evidence of decreases in abuse after second responders and Casey et al., 2007 for evidence of fewer reported calls to police).

The effectiveness of law enforcement's response to elder abuse has not previously been examined. For this reason, and the varied results of previous intimate partner violence studies, we include an examination of characteristics of victims who receive a police intervention by specially trained law enforcement officers, and those who do not as well as an analysis of the course of abuse for those victims. In addition, it is not known how protective behaviors demonstrated by elderly victims (e.g. talking with a member of the clergy, seeking services like calling adult protective services, involving the courts, or talking with family) affect the course of

abuse over time. We will examine the role that these protective behaviors may play in subsequent abuse.

Research Questions

The review of the literature has revealed some notable gaps in elder abuse research. Our research questions emerged from the state of the research on elder abuse to date, in particular, the risk factors that may predict the course of abuse over time and the role that law enforcement may play in prevention and intervention of elder abuse. Our study relied on examining two groups of elderly residents; a statistical based sample of all elderly residents in Chicago with phones, and a convenience sample of elderly victims who were visited by a senior services or domestic violence officer within the Chicago Police Department.

Using the community-based sample, we 1) determined the prevalence rates for elder abuse in Chicago; and 2) established whether there were any differences in demographic characteristics and risk factors (includes abuser and victim characteristics) between victims and non-victims. Using both the community-based and police samples, we 3) assessed the extent to which the groups differed on various demographic characteristics, risk factors, and protective behaviors; 4) identified differences between the groups on the type and frequency of victimization; 5) analyzed whether victims from the police sample experienced more or less subsequent victimization; 6) calculated the proportion of cases in which abuse increases, maintains, or desists; and 7) examined whether there were any demographic characteristics, risk factors, and/or protective behaviors that predicted the course of abuse over time. Our research questions were as follow:

- **Question 1:** What are the prevalence rates for elder abuse across four categories (physical, psychological, financial, and neglect) in the City of Chicago?

- **Question 2:** What demographic characteristics and risk factors, if any, differentiate victims from non-victims in the community sample?
- **Question 3:** What demographic characteristics, risk factors, and/or protective behaviors, if any, differentiate victims in the community sample from those who received a visit from a senior services or domestic violence liaison officer?
- **Question 4:** Are there differences in the types, frequency, or severity of victimization between victims in the community sample and those who received a visit from a senior services or domestic violence liaison officer?
- **Question 5:** Do victims from the police sample experience more or less subsequent victimization?
- **Question 6:** In what proportion of cases does abuse escalate, maintain, or desist for victims from both the community and police samples?
- **Question 7:** Which demographic characteristics, risk factors, and/or protective behaviors, if any, predict the course of abuse over time for victims from both the police and community samples?

Methods

In this study, we surveyed elderly residents from the city of Chicago. Our goal was to examine potential differences between those elderly residents who experienced at least one incident of domestic abuse (victims) and received a visit from a senior services officer (SSO) or domestic violence liaison officer (DVLO) from the Chicago Police Department (CPD) and those who did not. We also included a sample of elderly residents who had no incidents of abuse (non-victims). We defined “elderly” in this study as persons who were confirmed to be at least 60 years of age consistent with the Chicago Police Department and Illinois Criminal Code definitions.

For this study, only domestic abuse incidents were included, which were defined as incidents perpetrated by either a family member or member of the victim’s household (i.e. someone who lives with the victim but is not a family member). In addition, we defined an abusive incident based on a broader definition of elder abuse that included physical, psychological, or financial abuse; as well as neglect (intentional or unintentional). Our definitions of abuse were taken from previous victimization research. Definitions of physical and psychological abuse came from Brownell (1998): “Physical abuse can include hitting, pushing, or use of a weapon where physical contact occurred. Psychological abuse can include threatening, intimidating, harassing, insulting or other behavior that causes concern on the part of the victim, but does not involve physical contact” (Brownell, 1998). Financial exploitation is defined as the illegal or improper use of funds, property, and/or other resources belonging to the older adult (Davis & Webster, 2005). Finally, neglect “includes the intentional or unintentional refusal or failure to fulfill a caretaking obligation, with or without a conscious and intentional attempt to inflict physical or emotional distress on the [victim], e.g. withholding of needed

medications or other services from an older person who is unable to care for him or herself” (Wolf & Pillemer, 1989 as cited by Davis & Webster, 2005, p. 11).

The study consisted of two phases separated by 10 months. The original methodology called for a six month follow-up period however, due to unexpected project delays (e.g. needing to draw a supplemental sample, changes in police leadership), we were able to extend the original period to ten months. At each phase, the researchers conducted a phone interview that included questions regarding the elderly person’s health, behaviors, dependency relationship, and abusive incidents; this allowed us to examine the course of abuse over time.

Research Site

We selected the City of Chicago as the site for our research for a variety of reasons, but primarily because of the Chicago Police Department’s (CPD) heavy emphasis on elder abuse (including domestic violence against the elderly). According to Illinois State Police, “The Illinois Domestic Violence Act of 1986 ushered in a new era for our state. Recent Supreme Court rulings have put more ‘teeth’ into the law by effectively mandating that law enforcement act to protect victims of domestic abuse. According to Illinois law, police officers must take steps to protect a victim of domestic abuse whenever a ‘family or household member’ has committed any act of ‘abuse’.” (Illinois Department on Aging (IDA), 2008)

Importantly, the CPD has an established Senior Citizens Services Section staffed by 25 SSOs and 25 DVLOs who respond to crimes against the elderly, and receive referrals from patrol officers, hotlines for the aging, and other provider agencies. These 50 officers also engage in prevention and outreach, which continued throughout the course of the study. For example, a recent newsletter called “News and Views” from the Fourth District (2009) had the following announcement:

MAY IS ELDER ABUSE AWARENESS MONTH
LET'S SHINE THE LIGHT ON ELDER ABUSE

May 28th 11:00 a.m. to 12 noon, the CAPS Office will be hosting an Elder Abuse Seminar in the 004th District auditorium, 2255 E 103rd St. Elder abuse is a growing problem. Many seniors above the age of 60 are victims of abuse. The leading forms of elder abuse are self-neglect, followed by caregiver neglect and financial exploitation. The warning signs of elder abuse can take on many forms: physical abuse (bruises, burns or broken bones), emotional abuse (withdrawal from routine activities) and financial abuse (changes in bank account, changes in social security payee and housing deeds being quit claimed in a different name). If you suspect elderly abuse of a senior, then take a stance against it and report the crime. Our seniors are one of our most valuable resources. Stand up against Elder Abuse.

In that same newsletter, there were announcements about the monthly meetings of both the domestic violence subcommittee and the senior advisory committee.

The CPD provides an in-person mandatory follow-up with elderly victims of abuse by a SSO generally within two weeks of an incident to which police responded. In addition, SSOs and DVLOs receive referrals from outside the police department (e.g. hotlines for domestic abuse, other service providers, etc.) and make visits to potential elderly victims even though there may not have been a report to the police. In order to obtain a sample of elders who had been visited by the CPD, those officers who conducted visits with confirmed or reported victims of abuse or neglect were instructed to provide a brief overview of our study and provide the elderly victims with a volunteer form in which they could express a willingness or unwillingness to be contacted (see Appendix A).¹

Shortly after our proposal was accepted by the National Institute of Justice, the Chicago Police Department's (CPD) Research and Development Division published a report on crime incidents against elderly victims in the City of Chicago (Herdegen, 2006). This report provided an overview of crimes (other than homicide) against the elderly during 2005. The CPD defined

¹ Elderly victims could complete the form and place it in a pre-addressed, stamped envelope, and then return it to the officer to mail it if they felt comfortable doing so, or they could mail it themselves.

elderly victims as persons 60 years and older, consistent with the Illinois Criminal Code of 1961 (720 ILCS 5/). The rate of victimization was 6.3%, which was lower than that of all other groups (18% for those aged 17-29 and 15% for those 30-59 years of age) except for those aged 16 and younger (3.9%). Simple domestic battery was ranked as one of the top 10 offenses against elderly persons between the ages of 60 and 79, affecting 3.4% of those 60-69 years of age and 2.6% of those 70-79 years of age.²

It is also important to note that concurrent to the start of our study, the Illinois Criminal Justice Information Authority (ICJIA) convened a group of law enforcement professionals, prosecutors, judges, and service providers across the state to revisit the Illinois Model Domestic Violence Protocol for Law Enforcement (IDA, 2008). The *Protocol for Law Enforcement: Responding to Victims of Elder Abuse, Neglect and Exploitation* was based on the original version of the TRIAD Crimes against the Elderly Protocol developed in 1996.

“In February 2006, in partnership with the Illinois Department on Aging (IDoA), the Illinois Family Violence Coordinating Councils (IFVCC) convened a statewide Responding to Elder Abuse Committee. The purpose of the committee is to identify and develop resources to assist the courts, criminal justice systems and communities in responding to the needs of abused seniors. According to the Illinois Department on Aging, about 4 to 5 percent of senior citizens experience some kind of mistreatment and only about 1 in 13 cases of elder abuse are ever reported. Of the seniors abused, almost 35 percent were living with their abusers. Of the abusers, 40 percent were children of the victim. Due to the underreporting of elder abuse, the need for specialized training and the lack of resources for law enforcement the committee determined the need for a law enforcement protocol.” (IDA, 2008, p. 2)

The new version reflects current laws and practices. Some of the recommended changes included expanding the definitions of the crime, increased training for law enforcement and other

² For groups aged 80-89 and 90 and over, the report did not list the rates of simple domestic battery as they did not fall in the top 10 offenses for those groups.

case workers, increased penalties, and new guidelines for officers' responses and behaviors. Originally the protocol considered domestic violence as a serious crime against an individual, but the new version of the protocol classifies it as a crime against society. The new protocol also has a strong 'pro-prosecutorial approach.' According to this same report, the elderly are considered part of the 'special' or marginalized populations deserving increased sensitivity of the judiciary and prosecutors.

Participant Characteristics

The interviews were conducted with three groups of elderly Chicago residents including: 1) Victims visited by CPD SSOs from the Senior Citizen Services Section or DVLOs from the Domestic Violence Office³ (police sample); 2) Victims drawn from a general population sample of elderly Chicago residents (community victims), and 3) Non-victims drawn from the same population sample (community non-victims). No exclusion criteria were established based on sex, race, marital status, or socioeconomic status.

The police sample consisted of those who had been identified as victims of domestic abuse by the CPD via visits by SSOs or DVLOs. The community victim sample consisted of those who had been victims of domestic abuse or neglect within the previous year, based on their responses to a victimization survey (abuse screener). The community non-victim sample consisted of those whose responses to the abuse screener did not indicate the occurrence of a domestic abuse or neglect incident within the previous year.

Sampling Procedure

Community sample. Phone interviews of community victims and non-victims were conducted by the Schaefer Center for Public Policy, University of Baltimore, Maryland (SCPP).

³ For cases in which age may not have been known, visits may have been made by officers from the Domestic Violence Liaison Office instead of senior services officers.

Potential participants for both groups were identified using a sample of phone numbers purchased from Survey Sampling International (SSI). Using census data, SSI was able to identify census tracts in Chicago with higher than average concentrations of households with elderly residents.⁴ The sample was selected from all directory listed numbers in the city and the oversampling of the tracts with elderly household residents. This increased the probability that interviewers would find a qualified household without exhausting too many phone numbers or too much time.

Initially, we planned on requesting 10,000 phone numbers from the survey sampling company. This estimate was based on the following factors and/or assumptions (see Davis & Webster, 2005): 1) the survey sampling company estimated that 80% of any sample generated will have working numbers (resulting in 7,200 working numbers); 2) that elderly residents are significantly less transient (thereby ensuring that the 80% figure is conservative); 3) that the sample will be guaranteed to have at least 60% elderly persons (yielding 4,320 eligible cases); and 4) that prior research by that investigator resulted in a 70% cooperation rate (Davis, Medina, & Avitable 2001) which would result in 3,024 for the working sample.

The expectation was that 5% of respondents would meet the criteria for abuse (1 or more incidents of physical abuse, psychological abuse, financial abuse, and/or neglect), based on prior population studies in the US and in Europe, and considering that financial abuse/exploitation had not been included in all previous studies. These studies have found prevalence rates ranging from 3-6% (Comijs, Pot, Smit & Jonker, 1998; Kivela, Kongas-Saviaro, Kesti, Pahalka, & Ijas, 1992; Ogg & Bennett, 1992; Pillemer & Finkelhor, 1988; Podnieks, 1992). Given these criteria, 5% of 3,024 should have resulted in an effective sample of 150 victims. The Schaefer Center

⁴ The census data breakdowns did not allow for focus on households with those at least 60 years of age, instead they break it down by those 65 years and up.

originally requested approximately 2,000 extra phone numbers from Survey Sampling International (12,000 total), to ensure a large enough sample. As it turned out, the assumptions were not correct (see “Samples, Call Dispositions, Attrition, and Power” section); with four times the estimated sample of phone numbers, we were able to achieve only 80% of our original goal of 150 victim interviews. We were however, able to complete all 150 non-victim interviews.

Nevertheless, our total sample size was 1,795 for which we established that there were 1,603 non-victims, and 153 victims, and 39 for whom victimization status could not be established. Once we reached our quota of 150 non-victims⁵ in the community sample, we stopped any subsequent interviews with those deemed to be non-victims after completing the abuse screener. Because 32 victims terminated the interviews, we only were able to complete interviews with 121.

Police sample. We worked with the Chicago Police Department research and development division in order to collect names and contact information for victims of elder abuse whose victimization had been reported to the police (either through a call for service or referral from an outside agency) and had been visited by a SSO from the Senior Citizen Services Office or DVLO from the Domestic Violence Office. The study design was approved by the Institutional Review Board (IRB) in May, 2006, which reflected acceptance of that methodology.

However, in early September 2006, the research team went to Chicago to meet with the CPD and a local victimization researcher to discuss data collection procedures within the department. During that meeting, the CPD relayed concerns over privacy and security of the victims within the department and in the State of Illinois. As a result, changes to the study’s methodology were discussed.

⁵ The final count was actually 159 as multiple interviews were happening simultaneously during the final shift in which 150 interviews were obtained, so we included all 159 cases.

Even though a post-meeting correspondence from the CPD Research and Development division indicated that they were still planning on “providing contact information for as many victims as are necessary in order to conduct 150 interviews,” the CPD and its legal counsel ultimately decided that providing a list of names and phone numbers of victims was not acceptable, and required that we use the volunteer forms as an alternate methodology.

Addressing privacy, sensitivity, and confidentiality concerns. In meeting with commanders from the CPD including the Senior Citizen Services Section and the Domestic Violence Office, a different methodology was developed. The method that was ultimately adopted involved officers providing a brief description of the phone survey and providing the victim with a volunteer form in which he/she would indicate his/her willingness to be contacted. While this method arguably⁶ promised to be more sensitive to the privacy and protection of elderly victims, it was also more cumbersome and thereby likely to substantially reduce the sample size.

Influences on participation. We expected the alternative methodology to reduce participation because: 1) officers had discretion in deciding whether it was an appropriate time to describe the study and distribute the form based on the circumstances at the time; 2) the elderly victim or police officer would need to return the form by mail; 3) forms completed by victims may be incomplete or illegible, thereby preventing us from being able to reach the person; and 4) we would be providing potential participants with an opportunity to say no before a researcher had a chance to talk to them.

In order to overcome the limitations brought on by this methodological change, staff from the Police Foundation not only conducted training for potential responding officers, they

⁶ The Chair of the Police Foundation’s IRB suggested that having an officer provide a form could be considered coercive; and in response to these concerns, we instructed officers to explain the study and the form, and then leave the room or go back to their car while the resident completed the form and put it in a sealed envelope.

also met and/or communicated with the CPD numerous times to verify that efforts were being carried out by the CPD in accordance with our agreement. There were also significant changes in leadership and administration in the department during the study period, requiring us to begin the process of implementation a second time and provide a subsequent meeting in May, 2007 to re-explain the process and goals of this project. This departmental change resulted in a period in which we had to stop the study until the new leadership could make a decision about proceeding as originally planned. This lengthy delay and changes in administration may not have impacted the participation rate directly, but it did reduce continuity of supervision for participating personnel and momentum for the project, which may have reduced officer participation. When staffing changes or slowdowns occurred at various points in the study, staff from the CPD Research and Development Division continued to provide briefings and information to encourage officers to follow the established protocols. For example, in Appendix B we provide a notification that was sent out by the Research and Development Division.

Preparing to Conduct the Survey with Police Sample

Phone interviews with the victims in the police sample were conducted by staff at the Police Foundation. Once volunteer forms were received at the Police Foundation, we had to confirm the age (for eligibility purposes) and the sex of the individual with the Research and Development Division as the Institutional Review Board required that for the victims in the police sample, male interviewers call male victims, and female interviewers call female victims.⁷ Once these confirmations were made, an interviewer was assigned accordingly, and he/she made the call to the victim.

⁷ A similar methodology was not adopted for the community sample due to the lack of knowledge of the sex of the person who was dialed using the random-digit method, and the awkwardness of potentially handing the phone over to someone else once the sex of the victim could be identified, and ensuring a person of the opposite sex was available at that precise moment.

Training of officers. Prior to beginning data collection, we made presentations and conducted training with the Senior Citizen Services Section and Domestic Violence Office, along with staff from the Research and Development Division of the CPD. These sessions focused on the responsibilities of the officers, and allowed officers to provide input into changing the volunteer form or making recommendations about the study protocols, which resulted in some changes that would improve the protocols and script. Officers were informed about the inclusion criteria for participants in our study (i.e. at least 60 years of age and a victim of a domestic incident, as defined in our study). Officers were also instructed to answer any questions the victim might have and to help him/her fill out the volunteer form if the victim was unable to do so. The officers were provided with a script and set of protocols. The script read as follows:

The Chicago Police Department is cooperating with a non-profit research organization⁸ that is conducting a federally-funded study examining the health and well-being of seniors who have been involved in a domestic incident. They would like to contact you to ask you to participate in a confidential interview. I am going to give you a form to check whether or not you are willing to be contacted. The services rendered to you by the Chicago Police Department today or at any point in the future will not be affected by your decision to participate in the interview.

If the research organization receives an approval from you, they will contact you regarding this issue within 3-4 weeks and indicate that they are calling from the SENIOR HEALTH SURVEY. At that time you can decide whether or not you want to complete the interview. I am going to leave the room / go to my car / go outside and while I am away, please fill out the information form and seal it in the stamped envelope. When I return you can provide the envelope to me to put in the mail or feel free to mail it on your own.⁹

⁸ Not identified as the Police Foundation. The return envelope was addressed “Senior Health Survey” and included the Police Foundation’s address without any use of the term “Police” in case the abuser would see the volunteer form, and get suspicious or angry.

⁹ Giving the victim the option of completing and mailing the form on his/her own, without the officer watching, was hoped to reduce pressure to respond ‘yes’ given the officer’s presence.

The responding officer was instructed to read or paraphrase the scripted material and provide the victim with a form (volunteer form) to indicate his/her willingness to be contacted for possible participation in that survey. This volunteer form could be handed back to the officer at that time (in a sealed envelope), or put in a pre-addressed, stamped envelope and mailed by the victim. This form required the victim to fill out their name (first and last), phone number, language, and whether s/he was willing to be contacted to complete a survey via the telephone. If the victims indicated that “Yes,” they were willing to be contacted, s/he was asked to indicate the best time to reach them. A copy of the volunteer form is provided as Appendix A.

Conducting the Phone Survey

Informed consent. Prior to asking questions regarding abusive behavior, researchers read an informed consent process to all participants (community victims, community non-victims, and victims contacted by police). The purpose of the informed consent was to provide an assurance of confidentiality, remind participants of the voluntary nature of the survey, and offer an additional opportunity to opt out of the process. We indicated exceptions to our confidentiality guarantee including: if the participant was in danger of self-harm, a child was in danger of being harmed, or a crime was going to be committed. If the participant responded that s/he did not understand the informed consent, the interviewer reread the statement. There was no form of payment or incentive given to the participants who completed the survey.

Safety monitoring and ethical standards. It was important to ensure that all of our victim participants (general population and police) would not encounter further risk as a result of completing our survey. We provided an opportunity for the participant to terminate the call at various points. We also asked whether he/she was alone and felt comfortable completing the survey at the time of the call. This allowed the respondent to specify another time when he/she

would feel comfortable completing the survey. We also provided the potential victim with the code phrase “I’m not interested” which could be used at any time during the call to indicate that the victim wanted to terminate the call.

Safety monitoring for victims in the police sample. Every effort was made with the phone company to assure that the secure phone line would appear on caller ID as “Senior Health Survey.” The dedicated phone line was not connected to other phone lines at the Police Foundation, so our name would definitely NOT show up on any caller id boxes. Nevertheless, some phones are not equipped with a caller ID function and some phone service providers do not enable the service. This may have reduced the number of elderly victims who would answer their calls. Additionally, the rate of fraud and con artists’ targeting of the elderly in Chicago, had previously caused the CPD to conduct numerous outreach efforts to urge elderly residents to avoid these schemes, even suggesting that senior citizens not answer calls from anyone they did not know.

By stating at the outset of the interview that we were calling the specific person about a senior health survey, a potential abuser or other member of the household would be less likely to suspect the victim was being called to ask about abuse. Furthermore, if the victim felt that it was not a good time to complete the survey (due to the perpetrator or other person being present), they could immediately terminate the call.

Victims who indicated that “Yes” they were willing to be contacted (on the volunteer form), were still provided another opportunity to opt out of the study. At the point of initial phone contact from the Police Foundation to conduct the survey, participants were again asked whether they were willing to participate in the phone survey. If the participant indicated “No,” the call was terminated. If the participant indicated “Yes,” the interview proceeded.

Samples, Call Disposition, Attrition, and Power

Based on past research examining elder abuse prevalence (Davis et al., 2001), and early discussions with the Chicago Police Department regarding the number of reported elder abuse cases, we estimated that each of the three samples would result in 150 participants. In the following section, we present the response rates for each of the samples.

Community sample. The Schaefer Center initially requested a call database of 12,000 numbers from Survey Sampling International (SSI) of which 10,007¹⁰ were called. This initial sample resulted in 29 completed victim interviews and 159 completed non-victim interviews. Based upon the low rate of victim survey completions, a supplemental contract was provided to the Schaefer Center to increase the number of completed interviews with elderly victims. The Schaefer Center obtained a supplemental sample from SSI of 30,000 phone numbers. Given the initial rate of completions, it was expected that 30,000 additional calls would yield approximately 90 more completed interviews with victims, a target that would produce sufficient power for analysis. An additional 92 interviews were completed resulting in a total of 121 interview completions with victims in Time 1, or just over 80% of our initial goal.

The reasons for the low completion rate in the general population victim sample include:

- 1) a large number of bad phone numbers (disconnected, non-working number, fax machine);
- 2) a large number of households that could not be reached (busy, no answer, answering machine);
- 3) a lack of eligibility based on age (< 60 years of age);
- 4) a lack of eligibility due to possible dementia (individuals who failed a cognitive screening test, hereafter referred to as the cognitive screener);
- 5) a large number of refusals;
- 6) inability to conduct the interview due to language

¹⁰ The SCPP received a subcontract that required them to complete 150 interviews with victims and non-victims, or 10,000 calls, whichever came first.

barriers, illness; or the person was now deceased; and 7) an under-estimate of the necessary sample size (see sampling procedure above).

Police sample. Initial estimates from the Senior Citizens Services Section indicated that the CPD responded to approximately 500 calls each month in which elder abuse may have been involved. Since our goal was to survey 150 victims, we believed we could attain this goal within three to four months based on the number of indicated cases of abuse.

However, the Police Foundation received a total of just 421 participant forms from elder abuse victims in the city of Chicago over a two year period, for which just 187 (44%) agreed to be contacted regarding the survey (*note: this agreement was only to be contacted and not an agreement to complete the survey*). It is clear, however, that the Senior Citizens Services Section either a) over-estimated the number of cases each month or b) failed to obtain officer compliance. Of the 187 respondents, 41 fully completed the survey and 7 additional individuals answered enough questions to be included in our analysis, resulting in 48 total victims in the police sample.

The reasons for non-completions in the police sample include: 1) 13.4% were bad phone numbers (disconnected, non-working number, fax machine); 2) 19.9% were households that could not be reached (busy, no answer, answering machine); 3) 1.6% were ineligible based on age (< 60 years of age); 4) 6.4% were ineligible due to possible dementia (individuals who failed the cognitive screener); 5) 16.7% were refusals; and 6) 2.1% were not English speaking.

Completions. A total of 159 community non-victims, 121 victims in the community sample, and 48 victims in the police sample¹¹ participated in the initial telephone interviews. In the time 2 follow-up surveys that were conducted approximately 10 months later, 81 of the 159 non-victims completed the survey (51%). For the community-victim sample, 50 of the 121 time

¹¹ 7 of which were not full completions.

1 victims completed the survey in time 2 (41%). For the police sample of victims, 27 of the initial 48 participants completed the time 2 follow-up survey (56%), a slightly higher rate than those in the community sample.

Call dispositions: response, cooperation, and refusal rates. Table 1 provides the dispositions of the calls made where the calculations for the response, cooperation, and refusal rates are shown below (with corresponding letters provided in the table).

$$\begin{array}{c} \textit{Response Rate:} \\ I/(I + P) + (R + NC + UI) + NR \end{array}$$

$$\begin{array}{c} \textit{Cooperation Rate:} \\ I/(I + P) + (R + UI) \end{array}$$

$$\begin{array}{c} \textit{Refusal Rate:} \\ R/(I + P) + (R + NC + UI) + NR \end{array}$$

Note. **I** = Completes & Screen Outs; **P** = Partial Completes; **R** = Refusals; **NC** = Non-Contacts; **UI** = Unable to Interview; **NR** = Not Reached; **NE** = Not Eligible.

Table 1

Final Dispositions for Cooperation Rates, Response Rates, and Refusal Rates

	Community Sample	Police Sample
<u>Completes & Screen Outs (I)</u>		
FULLY completed interview (victim)	121	41
Screened out (age < 60 years)	3,067	3
Completed non-victim	159	n/a
I Total	3,347	44
<u>Partial Completions (P)</u>		
Answered some questions (termination)	71	11 ^a
Claimed no-abuse (Police) ^b	n/a	10
P Total	71	21
<u>Refusal (R)</u>		
General	16,133	31
Not alone and don't call back	140	n/a
R Total	16,273	31
<u>Non-contacts (NC)</u>		
Answering machine	7,538	18
Respondent never available	875	7
NC Total	8,413	25
<u>Unable to Interview (UI)</u>		
Too ill/deceased	405	0
Language barrier	719	4
Failed cognitive screener	670	12
UI Total	1,794	16
<u>Not Reached (NR)</u>		
Busy after repeated attempts	407	
No answer	4,662	
NR Total	5,069	12
<u>Not Eligible (NE)</u>		
Fax/computer line	324	0
Non-working/disconnected	2,914	10
Out of service	166	8
Business/government/other	192	0
No phone # given/wrong #	n/a	12
NE Total	3,596	30
Sub-Total	38,563	179
Non-victims (NV)	1,444	8^c
Total Calls	40,007	187
Response rate:	9.57%	35.48%
Cooperation rate:	15.58%	39.29%
Refusal rate:	46.54%	20.81%

Note. Source for calculating dispositions is Acierno, et al. (2009), based on definitions from the American Association for Public Opinion Research and modified to include too ill/deceased, failed cognitive screen, and person who claimed no abuse in police sample. Additionally, the original category "unknown others" was removed and other categories were re-named based on our sample.

^a11 respondents answered some questions of which 7 had useful data that could be included in analyses.

^bVictims in the police sample who claimed no abuse occurred/not contacted by police.

^cThese individuals were determined to have not been involved in a domestic incident.

Attrition. The attrition rates for each of the three samples were originally estimated to be 15%, based on the relative stability of the elderly and previously reported attrition rates in longitudinal studies (Davis et al., 2001). However, our actual attrition rates were higher than expected. The attrition rates for the samples (Community Non-Victim, Community Victim, and Police Sample) were 49%, 58.7%, and 34.1% respectively (see Table 2) based on the formula below.

<p><i>Attrition Rate:</i></p> $T_1 \text{ completions} - T_2 \text{ completions} / T_1 \text{ completions}$

Table 2

Completions, Participation Rates, and Attrition

	TIME 1		TIME 2	
	Actual	Possible	Actual	Attrition
Non-Victim (<i>community sample</i>)	159	159	81	49%
Victim (<i>community sample</i>)	121	121	50	58.7%
Victim (<i>police sample</i>)	48 ^a	41 ^b	27	34.1%

^aOf these 48 surveys, 7 had incomplete data but are included in the analysis because the respondent was able to answer at least the abuse screening questions.

^bThe 7 cases included in the possible for Time 2, were the result of the victims discontinuing the interviews and indicating not to be contacted further.

Statistical power. Statistical power provides an estimate of how often one would fail to identify a relationship that in fact existed (Cohen, 1988). Power is jointly determined by sample size and effect size. We based our power estimates on the most conservative tests – tests for differences between proportional data such as incidents of new abuse. Our original estimates were based on responses from 150 in each of our three sample groups. With those sizes, for

example, when comparing victims who had used service(s) to those who had not, we would have had an effective sample size of 300. With that size sample, we would have been able to detect differences in re-abuse rates of 15 percentage points with power of 0.91 if the base rate is 10% victimization and power of 0.75 if the base rate was 5% (assuming a two-tailed test and an alpha of .05). While our sample sizes for victims in both the community and police samples did not reach 150 participants, our achieved sample groups do demonstrate sufficient statistical power for detecting a medium or large effect sizes. However, if there was a small effect, our power is not sufficient to detect it. Table 3 shows the power of a single sample group t-test for our various comparison groups.

Table 3

Power for Achieved Sample

Group (sample) comparisons (t-tests)	N achieved	Power for small effect (d = .20)	Power for medium effect (d = .5)	Power for large effect (d = .8)
a. Non-victim (community) vs. Victims (community)	159 121	.50	.99	.995
b. Victims (community) vs. Victims (police)	121 48	.31	.90	.995
c. Victims (police) T ₁ vs. Victims (police) T ₂	41 27	.20	.63	.93

Note. Used harmonic mean and power tables as per Cohen (1988): a = 137.4 (extrapolated from 120 and 140), b=68.7 (used 68), c = 32.6 (used 32)

* $p < .05$

Community Sample Representativeness

In order to determine the representativeness of our achieved sample, we compare how our sample of elderly Chicago residents compares to the 2000 U.S. Census figures on those aged 60 and up. Table 4 below presents the rates of our sample compared to the Census data.

Table 4

Demographic Characteristics Compared to Census 2000 Data

Characteristic	Community sample (age 60+)	2000 Census (age 60 +)
Ethnicity	(N = 275)	(N = 397,960)
White	52.7	52.3
Black	43.3	37.1
Hispanic	1.5	10.4
Asian	.7	4.1
Other	1.8	6.4
Gender	(N = 280)	(N = 397,960)
Female	73.2	59.6
Male	26.8	40.4
Marital Status	(N = 278)	(N = 397,960)
Married	39.2	47.4
Divorced	12.2	11.2
Widowed	41.4	31.6
Never Married	7.2	9.8
Education Level	(N = 279)	(N = 397,960)
< than high school	5.7	22.1
Some high school	10.4	21.1
High school grad/GED	21.5	26.2
Some college	25.8	14.7
Associate Degree	6.8	2.3
Bachelors Degree	12.9	7.1
Graduate Degree	12.9	5.6
MD/PhD	3.9	0.8
Income Level	(N = 216)	
Under \$15,000	22.2	NA
\$15,000-\$25,000	21.8	NA
\$25,000-\$50,000	28.2	NA
\$50,000-\$75,000	15.3	NA
More than \$75,000	12.5	NA
Employment	(N = 276)	
Full-time	4.0	NA
Part-time	13.0	NA
Not at all	83.0	NA
Household Size	(N = 280)	
Respondent Only	46.4	NA
1 Person	34.6	NA
2 People	7.9	NA
3 People	7.5	NA
4 or More	3.6	NA

Note. NA = Not Available.

As can be concluded from the table, our sample represents the racial/ethnic composition of that for elders in the city to some extent, although we slightly under-represent Hispanic/Latino residents and slightly over-represent African-Americans. With regard to gender, we over-represent females something that is typical in phone surveys. We also appear to over-represent those who have higher levels of education than is reflected among Chicago's elderly.

Measures

In order to address our research questions, a number of measures were used as part of our elder abuse study. Because we were looking to examine the prevalence and types of abuse experienced by the elderly, as well as the protective behaviors and risk factors that may influence the degree, frequency, or continuation of abuse, we pulled existing measures from a variety of sources. With these measures, we developed two surveys: one for victims and the other for non-victims (please refer to Appendix C for the police screener, Appendix D for victim survey, Appendix E for the community screener, and Appendix F for non-victim survey). The non-victim survey was specific to the community non-victim sample and the victim survey was designed for both groups of victims (community and police samples) and included questions regarding specific abusive behaviors, as well as characteristics of the abusers.

In order to assess the types of abusive behavior, we attempted to include validated measures of physical abuse, psychological abuse, financial abuse, and neglect. It was also important, based on prior research, that we examine the dependency status of participants (including dependence of the abuser on the victim and visa versa), as well as questions about health and social mobility in order to assess risk factors. We also sought measures of service use (such as housing and adult protective services) or other protective behaviors (e.g., talking to a clergy member) by the participants. Finally, we asked demographic questions to determine any distinguishing factors for victims and non-victims.

Each of the constructs assessed in this study are described below with a description of the operational definition (measurement tool) used to assess it, with sample questions provided as reference. Because many of the scales used were adapted for our study, we do not report reliability or validity coefficients. For scales where current reliability could be established, we

computed reliability coefficients (using Cronbach's alpha) from our sample, which are reported in the narrative section and may also be found in Table 5.

Cognitive capacity/dementia. The Six Item Screener to Identify Cognitive Impairment developed by Callahan, Unverzagt, Hui, Perkins, and Hendrie (2002) was used to screen out those participants who may be cognitively impaired or have dementia. This screener is made up of six questions derived from the mini-mental state examination (MMSE). It asks the participant to remember a set of three words (apple, table, penny) and also asks respondents to identify the current date, year, and month. The MMSE is a reliable measure of cognitive impairment and dementia (Folstein, Folstein, & McHugh, 1975; Olin & Zelinski, 1991), and has been reported as demonstrating 24 hour test-retest reliability of .89 ($p < .0001$) (Folstein et al., 1975) and it appears to have been used as a standard by many researchers. Medical researchers (Callahan et al., 2002) have demonstrated that it has high sensitivity (97.7) and specificity (49.2) (both measures assess the validity of the tool) contributing to its accuracy and efficiency as a cognitive screener.

Initially, we established a criterion of acceptance in which all six questions had to be answered correctly in order to continue with the survey. However, both the Schaefer Center and the Police Foundation noticed that a number of people failed the cognitive screener though it was apparent that they had the cognitive ability to complete the full survey. In order to increase participation rates for Time 2, we lowered the acceptance rate to five correct answers, a criterion which has still proven to be highly sensitive and predictive. Indeed, Callahan, et al. (2002), indicate that in some populations, the cut-off-score can be adjusted to optimize sensitivity and specificity and match the goals of the study in the targeted population. We sought the approval of our funding source in changing this criterion for the follow-up surveys.

Victimization Screener. All participants were asked four primary questions to screen for any abuse (abuse screener) they may have experienced in the past year perpetrated by a family member or member of their household. These screening questions were used in a past NIJ elder abuse study by Davis, Medina, and Avitabile (2001). For example, the screener question for neglect was, *“In the past year, has a family member or member of your household left you unattended in a situation where you felt alone, afraid, or in need of assistance?”*

For the police sample, respondents did not need to answer yes to any of the screener questions in order to be further interviewed because they had been pre-screened by the police as having been victims. For the community sample, however, if a respondent did not answer at least one of the abuse screener questions in the affirmative, the interviewer moved on using the non-victim survey. If a person in the community sample answered yes to any one or more of the questions in the abuse screener, the interviewer proceeded using the same victim survey that was administered to those in the police sample.

Ill health and mobility. We included two questions to assess ill health and mobility (Davis & Webster, 2005). These two questions include, *“In the past year, that is since [current month] of last year, how many days were you so sick that you were unable to carry on your usual activities, such as going to work or working around the house?”* and *“During the past week, how many hours each day would you say that you spent outside your home?”* However, these variables were dropped from the analysis due to our inability to establish their reliabilities.

Social isolation. The Partner Abuse Scale: Non-physical (PASNP), developed by Hudson (1990) was designed to assess aspects of abusive behavior that are not physical. Such aspects would include neglect, emotional abuse, or harassment. The original PASNP has demonstrated reliability coefficients between .95 and .98 (Attala, Hudson, & McSweeney, 1994).

Farris and Fenaughty (2002) used selected questions from this scale to assess social isolation in their study of violent female drug users. Two of these selected questions were included in our survey to assess social isolation of elderly victims. These questions were “*How often do you talk on the phone with friends or family other than those you live with?*” and “*How often do you spend time with family or friends outside of the home?*” Our analysis of the questions of social isolation resulted in an alpha coefficient of .25 indicating that this was not a reliable indicator of social isolation. As such, we did not conduct analyses on this variable.

Mutual dependency, perpetrator deviance, psychological problems, and life stress.

This scale consisted of 28 items that were previously used by Pillemer (1985). In particular, the questions examined perpetrator deviance (for example, “*Has [the perpetrator] ever destroyed someone’s property?*”), psychological problems (for example, “*Has [the perpetrator] ever had emotional problems?*”), perpetrator life stress (for example, “*Has [the perpetrator] had a serious illness?*”), and mutual dependency (for example, “*Do you need help with daily activities such as shopping, preparing meals, house cleaning, or rides?*”). We were not able to identify reliability data for this scale, however our analysis of these questions resulted in alpha reliability coefficients of .73 (mutual dependency), .83 (deviance), and just .46 for perpetrator life stress. While life stress exhibited fairly low reliability we decided to conduct analysis of this measure because it has been used by other elder abuse researchers allowing comparisons across studies.

Types of abuse (psychological/emotional, physical, neglect, and financial).

Physical abuse. In our survey, physical abuse was assessed using an adapted (Davis & Webster, 2005) version of the 12 item physical assault scale from the Revised Conflict Tactics Scale (Straus, Hamby, Boney-McCoy, & Sugarman, 1995). The Conflict Tactics Scale assesses the extent to which two people engage in physical or psychological abuse on one another (Straus,

1979). It was originally developed in 1979, but was adapted in 1995 to include measures of sexual coercion and injury (Straus, et al., 1995). It is most commonly used to examine abusive behaviors between two persons in an intimate relationship (dating or married), but also allows for assessment of two persons who live in the same household.

In addition to the RCTS physical abuse questions, the original investigators (Davis & Webster, 2005) added the following, which were included in the victim survey: 1) “[*Has a household or family member ever*] held you against your will such as locking you in a room or tying you up?” 2) “[*Has a household or family member ever*] hurt you badly enough that you needed medical attention?” and 3) a single item of sexual assault, “[*Has a household or family member ever*] touched you sexually against your will?” Additionally, they did not include questions about having one’s arm twisted or being slammed against a wall (both appear in the RCTS). We obtained a reliability coefficient of .84 for the physical abuse questions.

Psychological abuse. Psychological abuse was assessed using two questions from the psychological aggression scale of the RCTS and a variety of other adapted questions (Davis & Webster, 2005). Examples of these adapted questions include, “[*Has a household or family member ever*] said you are crazy or acting irrationally?” “[*Has a household or family member ever*] made you tell them where you had been?” and “[*Has a household or family member ever*] threatened to stop caring for you or take you to a nursing home if your behavior did not improve.” We obtained a reliability coefficient of .78 for these questions of psychological abuse (used interchangeably with emotional abuse).

Neglect. We used five questions to assess neglect. Some of these adapted questions included, “[*Has a household or family member ever*] left major health problems unattended?” and “[*Has a household or family member ever*] failed to visit or check in with you for an

extended period of time?” We were unable to find any demonstrated reliability of this scale; however our internal consistency analysis of these five questions of neglect resulted in a reliability coefficient of .50, not typically reasonable for establishing a reliable measurement instrument. Nevertheless, because this type of abuse was one of the key variables of interest and has been assessed in other studies (using different questions), we have retained this construct. Our analysis is conducted only for each item rather than the scale as a whole because it is possible that any of these items may be valid indicators of neglect. Also, the specificity of each item is likely to be more sensitive, consistent with the theory posed by Acierno, et al., 2009.

Financial abuse. The lack of validated assessment tools for financial abuse limited our options to questions used by Davis, Medina, and Avitabile (2001) in a prior study. Although they obtained reliability coefficients of just .35 to .50, it was hoped that we would obtain higher reliability results. The financial abuse questions assess the degree to which an elder was a victim of theft or a related economic abuse. One example question is “[*Has a household or family member ever] made you give up something of value?”* Our analysis of questions of financial abuse resulted in an internal consistency reliability coefficient of just .48, again not typically sufficient for establishing reliability. Nevertheless, because financial abuse was also one of the key variables of interest and was assessed in other studies (including Davis, Medina, & Avitabile 2001 who used these same questions), we have retained this construct. However, our analysis is conducted only for each item rather than the scale as a whole because it is possible that any of these items may be valid indicators of financial abuse. Also, the specificity of each item is likely to be more sensitive, consistent with the theory posed by Acierno, et al., 2009.

Service use and other protective behaviors. Questions used to examine protective behaviors in elderly victims were adapted from Bowker (1984) whose initial scale examined

women in abusive relationships. In our survey, Davis and Webster (2005) adapted eight of these questions including, “Did you seek help from the police?” and “Have you sought assistance from adult protective services?” No reliability coefficients were found in the literature for the original scale by Bowker (1984). However, this set of items adapted by Davis and Webster (2005) proved to be a reliable measure of service use and other protective behaviors, achieving a reliability

Table 5

Scales and Reliability Coefficients

Construct	Number of Items	Past Evidence of Reliability	Cronbach’s Alpha Coefficient	Inclusion in Analysis
Cognitive Capacity/ Dementia	6	Yes	N/A	N/A
Victimization Screener	8	No	.46	Yes
Ill Health and Mobility	2	No	.49	No
Social Isolation	2	No	.25	No
Mutual Dependency	7	No	.73	Yes
Perpetrator Deviance & Psychological History	7	No	.83	Yes
Perpetrator Life Stress	6	No	.46	Yes
Physical Abuse	12	No	.84	Yes
Psychological Abuse	14	Yes	.78	Yes
Neglect	5	No	.34	Yes
Financial Abuse	5	Yes	.48	Yes
Service Use & Protective Behaviors	10	No	.78	Yes

NA = Not Applicable.

coefficient of .78. We also included other protective behaviors such as talking to others about their abuse.

Data Collection

Data was collected via telephone surveys. There were two phases (time periods) of the study separated by a period of approximately ten months. The original methodology called for a six month follow-up period however, due to unexpected project delays (e.g. needing to draw a supplemental sample, changes in CPD leadership), we were able to extend the original period to ten months thereby increasing the opportunity to get more cases where subsequent abuse may have occurred. The same survey was used to collect the data for each phase however, the surveys differed in content based on whether the participant was a victim or not. The Schaefer Center used a CI3 CATI software system that prompts the entire survey so that all data is electronically collected while the interview is taking place. Data collection at the Police Foundation was done using written surveys that were later entered into an analysis program, and spot checked for accuracy. This also allowed interviewers to take notes as they captured information from the respondent.

Staff interviewers from the Police Foundation and the Schaefer Center for Public Policy at the University of Baltimore were trained by the National Center for Victims of Crime (The National Center). The National Center was selected to design and conduct the training program based on their extensive experience in working with crime victims, including the elderly. During the course of the study, any additional interviewers who came on board were provided with training from a fellow staff member who had received the training, and in some cases received refresher training from The National Center.

The training consisted of general interviewing skills for talking to crime victims, information about interviewing the elderly, the specifics of the survey instrument to be used in the study, and considerations associated with phone interviews. Due to the fact that interviewers were surveying the elderly via phone, they were advised to read the questions slowly and be prepared to repeat information that may not have been heard by the participant in the first attempt. All interviewers were also advised to give a detailed explanation of confidentiality in the event that the participant did not understand the statement of informed consent. Additionally, the Center covered the definitions and realities of elder abuse, calming techniques for potentially agitated respondents and methods that interviewers could use to prevent further trauma to participants as a result of discussing abusive situations. Additional specific steps were described, and the trainers provided a list of sources and referral numbers that every interviewer could refer to when conducting the interviews (see Appendix G for this reference tool).

Results

The results of this study provide information about differences between victims and non-victims in terms of demographic characteristics, risk factors, and rates/types of abuse; as well as between community victims and police sample victims in terms of demographic characteristics, risk factors, protective behaviors, and rates/types of abuse. Also, the results reflect the factors that may be indicative of the course of abuse over time. While much of the information provided is descriptive in nature, we are able to provide a portrait of the nature and type(s) of victimizations, and, more importantly, increase our understanding of possible risk factors, protective behaviors, and the role of police in encounters with elder abuse victims.

In this section, we present the findings from a telephone survey of residents in Chicago, Illinois including: 1) a representative sample of non-victims of abuse (community non-victims) and elder victims of abuse (community victims); and 2) a convenience sample of elder abuse victims (police sample) who were contacted by the Chicago Police Department's Senior Citizen Services Section or Domestic Violence Office. Persons who agreed to participate in the study were interviewed twice at ten-month intervals (Time 1 and Time 2).

A total of 159 community non-victims, 121 victims in the community sample, and 48 victims from the police sample participated in the initial telephone interviews. Our analysis compares the cross section of elder abuse victims to non-victims in Chicago to explore whether any differences exist between the two groups and to identify demographic characteristics or risk factors (victim or perpetrator) associated with elder abuse. Additionally, we compare the victims in the community sample to those in the police sample to identify differences on the same characteristics and risk factors; as well as both protective behaviors in which they engage and rates of victimization. Finally, we examine characteristics, risk factors, and protective behaviors

that may be associated with the course of abuse over time for victims from both the community and police samples. The results are presented in sections reflecting the research questions addressed in this study as follow:

- Section I:** Prevalence Rates for Elder Abuse
- Section II:** Victim and Non-Victim Differences in Demographic Characteristics and Risk Factors (Community Sample)
- Section III:** Victim Differences in Demographic Characteristics, Risk Factors, and Protective Behaviors (Police and Community Samples)
- Section IV:** Victim Differences in Type, Severity, and Frequency of Victimization (Police and Community Samples)
- Section V:** Variables Influencing the Course of Abuse over Time

For all analyses, we employed list-wise deletion for each specific analysis. Accordingly, for each analysis we use the total number of respondents that had valid data for the variables in the particular analysis. As such, the N sizes vary throughout based on the valid number of cases. Where relevant, Time 1 and Time 2 findings are presented side-by-side. Comparisons are not made across all three groups unless relevant to the research questions. Where appropriate we have provided standardized effect sizes.¹²

¹² Using Cohen's *d*.

Section I Prevalence Rates

Although the survey consisted of many more items, the prevalence rates are based on affirmative responses to four general victimization screening questions for elder abuse, as presented in the following paragraphs. To compute the prevalence rates, we used only the community sample since it was a random sample. We divided the total number of individuals who answered yes to each of the screening items by the total sample of 1,795 as shown below:

Total victims interviewed:	121
Total terminated interviews with victims:	32 ¹³
Total non-victims interviewed:	159
Total non-victims not interviewed:	<u>1,444</u>
	1,756

Financial Abuse/Exploitation.

To assess financial abuse, respondents were asked the following question: *“In the past year, has a family member or member of your household forced or tricked you into giving them something of value, including money, or taken your money or checks against your wishes?”* The rate of prevalence for this type of abuse was 2.28%. The upper bound of the confidence interval is + .16 and the lower bound is -.12. As such the 95% confidence interval includes values between 2.16% - 2.44%.

Psychological/Emotional abuse.

To assess psychological or emotional abuse, respondents were asked the following question: *“In the past year, have you been humiliated, controlled, threatened, or shamed by a family member or member of your household?”* The rate of prevalence for this type of abuse

¹³ There were 71 terminated interviews, but only 32 were determined to be victims. The remaining 39 we could not assess victimization status.

was 4.61%. The upper bound of the confidence interval is + .31 and the lower bound is -.27. As such the 95% confidence interval includes values between 4.34% - 4.92%.

Physical Abuse.

To assess physical abuse, respondents were asked the following question: *“In the past year, have you been hit, slapped, kicked or otherwise physically hurt by a family member or member of your household?”* The rate of prevalence for physical abuse was < 1 % (0.46%). The upper bound of the confidence interval is + 0.078 and the lower bound is -0.062. As such the 95% confidence interval includes values between 0.39% - 0.54%.

Neglect.

To assess neglect, respondents were asked the following question: *“In the past year, has a family member or member of your household left you unattended in a situation where you felt alone, afraid, or in need of assistance?”* The rate of prevalence for neglect was 1.37%. The upper bound of the confidence interval is + 0.09 and the lower bound is -0.07. As such the 95% confidence interval includes values between 1.30% - 1.46%.

The prevalence rates found in our study were fairly consistent with those found in prior studies. Table 6 presents a comparison of the prevalence rates found in the current study to those found in several other recent studies. Possible reasons for differences across studies are explained in the discussion section of this report.

Table 6

Comparison of Prevalence Rates (%)

	Financial Abuse	Physical Abuse	Neglect	Emotional Abuse	Age	Used Cognitive Screener	Operational Definition of Abuse
Current study: Amendola, Slipka, & Hamilton	2.22	.45	1.33	4.51	60 +	Yes	One incident of abuse over the previous year.
Acierno, Hernandez- Tejada, Muzzy, & Steve, 2009 ^a	5.2	1.6	.5	4.1	60 +	Quasi	One incident in the past year.
Chokkanathan & Lee, 2005	5.0	4.3	4.3	10.8	65 +	Yes	Physical/Financial: one incident over the previous year. Verbal/Neglect: 10 or more incidents over the previous year.
Ogg & Bennett, 1992	1.5	1.7		5.6	60 +	No	N/A
Oh, Kim, & Martins, 2006	4.1	1.9	2.4	3.6 & 4.2 ^b	65 +	No	2+ incidents in the past month across all categories. For verbal abuse the threshold was 2-3 in the past month.
Pillemer & Finkelhor, 1988		2	.4	1.1	65 ↑	Quasi	Physical: one incident since turning 65. Psychological/Neglect: 10 or more incidents in the past year.
Podnieks, 1992	2.5	.5	.4	1.4	65 +	No	Physical/Financial: one incident over the previous year. Verbal/Neglect: 10 or more incidents over the previous year.

Note. Some prevalence studies examine verbal abuse separate from emotional abuse. However, our current study combined verbally abusive behavior within the realm of emotional abuse. Prevalence rates not reported indicate that the authors did not capture this form of abuse.

“Quasi” means interviewers made determination without a screener.

N/A = Not Available.

^a Data include strangers and acquaintances as perpetrators. Neglect included caregiver neglect as well as potential neglect.

^b Prevalence rates for verbal (3.6) and emotional abuse (4.2) were reported separately.

Section II

Victim and Non-Victim Differences in Risk Factors

Demographic Characteristics of Community Victims and Non-Victims

As shown in Table 7, compared to non-victims, victims were significantly more likely to be Black (54% and 74% respectively) than white (43% and 24%). Victims were also significantly more likely to live with two or more people than were the non-victims (26.4% vs. 13.2%). As such, we controlled for race and household size in our outcome analysis. While males appear to have lower rates of victimization, that difference was not significant. Nevertheless, we controlled for that in our subsequent analysis as well. No significant differences were observed for marital status, educational level, income, or employment status between non-victim and victim respondents.

Mutual Dependency

For mutual dependency, we examined both the *dependency of the respondent* on his/her primary significant other (PSO), abuser, or someone else to assist with daily living activities, as well as the *dependency of the PSO or abuser, or someone else* on the respondent to assist with daily living activities. The results are presented in Table 8.

Dependency of respondent on others (PSO, abuser, or others). As a measure to assess a participant's ability to perform daily living activities (i.e., paying for rent, personal care, housekeeping, etc.), respondents were asked to assess whether they needed any assistance and, if so, whether that assistance is needed from a primary significant other (PSO), abuser, or other persons to accomplish those activities. While not significant in Time 1, non-victims in Time 2 were significantly less likely to need assistance from their PSOs or others (96.3%) in having their rent, groceries, or medicines paid compared to 69.4% of victims who did not need the assistance of their abusers. Victims were also significantly more likely to need assistance from their

Table 7

Demographic Characteristics as a Percentage of the Community Sample

Characteristic	TIME 1	
	Non-Victims	Victims
Ethnicity	(N = 156)	(N = 119)
White	60.3	42.9
Black	35.3	53.8
Hispanic	1.3	1.7
Asian	1.3	--
Other	1.9	1.7
	$\chi^2 = 10.85$ df = 4 $\rho = .028$	
Gender	(N = 159)	(N = 121)
Female	69.2	78.5
Male	30.8	21.5
Marital Status	(N = 158)	(N = 120)
Married	42.4	35.0
Divorced	9.5	15.8
Widowed	41.8	40.8
Never Married	6.3	8.3
Education Level	(N = 159)	(N = 120)
< than high school	4.4	7.5
Some high school	11.3	9.2
High school grad/GED	21.4	21.7
Some college	24.5	27.5
Associate Degree	6.9	6.7
Bachelors Degree	11.9	14.2
Graduate Degree	14.5	10.8
MD/PhD	5.0	2.5
Income Level	(N = 112)	(N = 104)
Under \$15,000	23.2	21.2
\$15,000-\$24,999	17.9	26.0
\$25,000-\$49,999	26.8	29.8
\$50,000-\$74,999	17.9	12.5
More than \$75,000	14.3	10.6
Employment	(N = 158)	(N = 118)
Full-time	3.8	4.2
Part-time	12.0	14.4
Not at all	84.2	81.4
Household Size	(N = 159)	(N = 121)
Respondent Only	52.8	38.0
1 Person	34.0	35.5
2 People	6.9	9.1
3 People	5.0	10.7
4 or More	1.3	6.6
	$\chi^2 = 12.21$ df = 4 $\rho = .016$	

abusers or other persons for personal care (Time 1: 13.3% compared to 5% of non-victims who needed assistance from their PSOs or others, and for Time 2: 20.4% compared to 4.9% of non-victims). In terms of needing assistance from their abusers or others in order to perform general daily activities, victims were also significantly more likely to need this help (Time 1: 34.4% compared to 24.5% non-victims who needed that from their PSOs or others, and for Time 2: 53% compared to 27.2 for non-victims).

Table 8

Dependency of Respondent on Others for Financial Help or to Perform Activities of Daily Living

	TIME 1		TIME 2	
	Non-Victims	Victims	Non-Victims	Victims
Pay for rent, groceries or medicine	(N = 158)	(N = 119)	(N = 81)	(N = 49)
Don't need help	85.4	77.3	96.3	69.4
Need PSO/abusers' help	10.8	14.3	2.5	20.4
Get Help from other	3.8	8.4	1.2	10.2
			$\chi^2 = 18.53$ df = 2 $\rho = .000$	
			d = .81	
Personal care	(N = 159)	(N = 120)	(N = 81)	(N = 49)
Don't need help	95.0	86.7	95.1	79.6
Need PSO/abusers' help	3.1	8.3	3.7	14.3
Get Help from other	1.9	5.0	1.2	6.1
	$\chi^2 = 5.99$ df = 2 $\rho = .05$		$\chi^2 = 7.63$ df = 2 $\rho = .022$	
	d = .29		d = .49	
Daily Activities	(N = 159)	(N = 119)	(N = 81)	(N = 49)
Don't need help	75.5	65.5	72.8	46.9
Need PSO/abusers' help	19.5	10.9	17.3	22.4
Get Help from other	5.0	23.5	9.9	30.6
	$\chi^2 = 22.08$ df = 2 $\rho = .000$		$\chi^2 = 11.09$ df = 2 $\rho = .004$	
			d = .53	

Dependency of PSO or abuser on respondent. Conversely, we asked how much the respondent's PSO or abuser depended on the respondent to provide for their basic needs or activities of daily living (e.g. place to live, groceries/expenses, cooking and cleaning, and other responsibilities). Statistically significant differences were achieved on all measures of PSO/Abuser dependency on respondents. As shown in Table 9, victims were significantly more likely to report that their abuser was either entirely or somewhat dependent on them for a place

Table 9

Dependency of PSO or Abuser on Respondent for Basic Needs or Daily Activities

	Time 1		Time 2	
	Non-Victims	Victims	Non-Victims	Victims
A Place to Live	(N = 152)	(N = 113)	(N = 81)	(N = 49)
Entirely Dependent	6.6	26.5	2.5	18.4
Somewhat Dependent	11.2	6.2	2.5	10.2
Not Dependent	82.2	67.3	95.1	71.4
	$\chi^2 = 28.80$ df = 2 $\rho = .000$		$\chi^2 = 14.49$ df = 2 $\rho = .001$	
	$d = .35$		$d = .70$	
Groceries/expenses	(N = 153)	(N = 113)	(N = 81)	(N = 49)
Entirely Dependent	2.0	16.8	1.2	12.2
Somewhat Dependent	14.4	13.3	3.7	16.3
Not Dependent	83.7	69.9	95.1	74.1
	$\chi^2 = 18.97$ df = 2 $\rho = .000$		$\chi^2 = 14.60$ df = 2 $\rho = .001$	
	$d = .33$		$d = .70$	
Cooking and Cleaning	(N = 153)	(N = 114)	(N = 81)	(N = 49)
Entirely Dependent	4.6	13.2	2.5	14.3
Somewhat Dependent	13.1	13.2	1.2	12.2
Not Dependent	82.4	73.7	96.3	73.5
	$\chi^2 = 6.46$ df = 2 $\rho = .039$		$\chi^2 = 14.84$ df = 2 $\rho = .001$	
			$d = .77$	
Other Daily Responsibilities	(N = 147)	(N = 112)	(N = 81)	(N = 47)
Entirely Dependent	--	4.5	1.2	2.1
Somewhat Dependent	5.4	8.9	1.2	6.4
Not Dependent	94.6	86.6	97.5	91.5
	$\chi^2 = 8.11$ df = 2 $\rho = .017$			
	$d = .27$			

Note. Effect sizes were computed on a recode of the variables to indicate those who are entirely/somewhat dependent versus not dependent. The recode for Time 1 cooking and cleaning did not reach statistical significance so effect size is not presented.

to live (Time 1: 32.7% compared to 17.9% of non-victims whose PSOs were; and Time 2:

28.6% compared to 5% of non-victims). Moreover, victims were also significantly more likely

to report their abusers were entirely or somewhat dependent on them for groceries/expenses

(Time 1: 30.2% of victims compared to 16.4% of non-victims whose PSOs were; and Time 2:

28.5% compared to 4.9% for non-victims). Also, victims were significantly more likely to report

that their abusers were entirely or somewhat dependent on them for cooking and cleaning (Time

1: 26.4% of victims compared to 17.7% of non-victims whose PSOs were and Time 2: 26.5% compared to 3.7% for non-victims). Finally, victims were more likely to report that their abusers were dependent on them for childcare or other daily responsibilities in Time 1 (13.4% of victims and 5.4% of non-victims whose PSOs were) whereas the results did not reach significance in Time 2.

PSO/Abuser Characteristics

Respondents were asked a series of questions concerning the personality characteristics of their PSO/abuser in an effort to assess whether certain characteristics are possible risk factors for the occurrence of elder abuse. Responses were categorized into two areas of inquiry—1) PSO/abuser deviance (e.g. substance abuse problems, emotional problems, violence outside home, and psychiatric history); and 2) life stressors (e.g., death in household, serious illness, and lost job).

Deviance. As shown in Table 10, statistically significant differences between abusers and non-abusive PSOs were observed on all measures of deviance. Victims were more likely to report that their abusers had destroyed other’s property (13.6%) compared to non-victims (<1%) who reported that their PSOs had. Victims also reported that their abusers had been violent towards others (27%) compared to non-victims (<1%) who indicated that for their PSOs. Also, a significant portion of victims reported that the abusers had been arrested (34.9%) compared to 4.6% among non-victims whose PSOs had.

Psychological problems. Significant differences were found across all types of psychological and behavioral problems. For example, nearly 49% of the victims reported that their abusers had emotional problems as compared to just 6% whose PSOs had. Similarly, victims were more likely to report that their abusers had been hospitalized for psychiatric reasons

Table 10

PSO/Abuser Deviance and Psychological Problems

PSO/Abuser Personality Characteristics:	TIME 1	
	Non-Victims	Victims
Destroyed other's property?	(N = 151)	(N = 103)
Yes	.7	13.6 *** $\chi^2 = 18.42$ df = 1 $d = .55$
Violent towards others?	(N = 151)	(N = 103)
Yes	.7	27.2 *** $\chi^2 = 42.58$ df = 1 $d = .89$
Been arrested	(N = 152)	(N = 109)
Yes	4.6	34.9 *** $\chi^2 = 40.72$ df = 1 $d = .85$
Had emotional problems?	(N = 150)	(N = 107)
Yes	6.0	48.6 *** $\chi^2 = 62.60$ df = 1 $d = 1.13$
Been hospitalized for psychiatric reasons?	(N = 152)	(N = 108)
Yes	2.6	16.7 *** $\chi^2 = 16.05$ df = 1 $d = .51$
Had a drinking problem?	(N = 152)	(N = 110)
Yes	5.9	33.6 *** $\chi^2 = 33.86$ df = 1 $d = .77$
Had a drug problem?	(N = 151)	(N = 107)
Yes	2.6	27.1 *** $\chi^2 = 33.57$ df = 1 $d = .77$

* $\rho \leq .05$. ** $\rho \leq .01$. *** $\rho \leq .001$

(16.7%) compared to just 2.6% for the non-victims' PSOs. Moreover, victims' abusers were more likely to have both drinking and drug problems (33.6% and 27.1% respectively, compared to just 5.9% and 2.6% for non-victims' PSOs).

Life stress. When asked about possible life stressors that their PSO/abuser may have had during the past year (see Table 11) victims were significantly more likely to report that their abuser lost a job (24.8% and 18.8%) for Times 1 and 2 respectively than were non-victims for their PSOs (5.3% and zero), as well as moved residences (25.2% and 18% for Times 1 and 2) compared to the reports by non-victims that their PSOs had moved (5.3% and 1.3%).

Table 11

PSO/Abuser Life Stress.

Abuser's Life Stress Characteristics:	TIME 1		TIME 2	
	Non-Victims	Victims	Non-Victims	Victims
Experience death of relative?	(N = 151)	(N = 115)	(N = 80)	(N = 50)
Yes	26.5	36.5	11.3	24.0 *
			$\chi^2 = 3.69$ df = 1 $d = .34$	
Had death of a member of their household?	(N = 152)	(N = 115)	(N = 80)	(N = 50)
Yes	9.2	18.3 *	5.0	4.0
	$\chi^2 = 4.70$ df = 1 $d = .26$			
Had a serious illness?	(N = 152)	(N = 110)	(N = 80)	(N = 50)
Yes	14.5	28.2 **	8.8	18.0
	$\chi^2 = 7.43$ df = 1 $d = .34$			
Moved residences?	(N = 152)	(N = 115)	(N = 80)	(N = 50)
Yes	5.3	25.2 ***	1.3	18.0 ***
	$\chi^2 = 21.83$ df = 1 $d = .59$		$\chi^2 = 12.15$ df = 1 $d = .64$	
Lost a job?	(N = 152)	(N = 113)	(N = 80)	(N = 50)
Yes	5.3	24.8 ***	--	18.8 ***
	$\chi^2 = 21.02$ df = 1 $d = .58$		$\chi^2 = 16.13$ df = 1 $d = .75$	

* $\rho \leq .05$. ** $\rho \leq .01$. *** $\rho \leq .001$

Additionally, victims were more likely to indicate that their abuser had a serious illness (28.2%) or experienced the death of a member of their household (18.3%) in Time

1 compared to 14.5 % and 9.2% for non-victims' PSOs. In Time 2, victims reported that their abusers had experienced a higher proportion of deaths of relatives (24.0%) compared to just 11.3% reported by non-victims for their PSOs.

Section III

Police and Community Sample Differences in Risk Factors, & Protective Behaviors

Demographic Characteristics

For the community sample, participants were those who first answered the call for all phone numbers included in the sample. While females made up a higher proportion of victims as shown in Table 12 below, respondents in the police sample were significantly more likely to be male in comparison to those in the community sample (38.1% versus 21.5%). There were a higher proportion of African Americans in the police sample versus the community sample, although African Americans were also disproportionately represented in the community sample.

Risk Factors

Mutual dependency. For mutual dependency, we examined both the *dependency of the victim* on his/her abuser to assist with basic needs or daily living activities, as well as the *dependency of the abuser* on the victim to assist with basic needs or daily living activities.

Victim dependency on the abuser. There were no differences in the two victim groups in terms of needing assistance from their abusers in paying for rent, groceries, or medicines, for personal care, or in the general performance of daily activities.

Abuser dependency on victim. An assessment of the extent to which the abuser depends on the victim to provide for basic needs or activities of daily living among the victim samples revealed that victims in the police sample were more likely to indicate that their abuser depended on them for a place to live (62.5%) compared to 32.7% of community victims, and were at least somewhat dependent on the victims for having their groceries and/or other expenses paid (See Table 13).

Table 12

Demographic Characteristics as a Percentage of the Victim Sample

Characteristic	TIME 1	
	Community Sample Victims	Police Sample Victims
Ethnicity	(N = 119)	(N = 42)
White	42.9	21.4
Black	53.8	73.8
Hispanic	1.7	--
Asian	--	2.4
Other	1.7	2.4
	$\chi^2 = 9.55$ df = 4 $\rho = .049$	
Gender	(N = 121)	(N = 42)
Female	78.5	61.9
Male	21.5	38.1
	$\chi^2 = 4.49$ df = 1 $\rho = .034$	
Marital Status	(N = 120)	(N = 42)
Married	35.0	31.0
Divorced	15.8	31.0
Widowed	40.8	31.0
Never Married	8.3	7.1
Education Level	(N = 120)	(N = 42)
<high school	7.5	7.1
Some high school	9.2	23.8
High school grad/GED	21.7	28.6
Some college	27.5	26.2
Associate Degree	6.7	2.4
Bachelors Degree	14.2	7.1
Graduate Degree	10.8	--
MD/PhD	2.5	4.8
Income Level	(N = 104)	(N = 34)
Under \$15,000	21.2	35.3
\$15,000-\$24,999	26.0	14.7
\$25,000-\$49,999	29.8	29.4
\$50,000-\$74,999	12.5	27.8
More than \$75,000	10.6	5.9
Employment	(N = 118)	(N = 38)
Full-time	4.2	2.4
Part-time	14.4	7.1
Not at all	81.4	90.5

Household size. There were no significant differences across victims groups with regard to household size (see Table 14).

Table 13

Abuser Dependency on Victim for Daily Activities

Dependency on Daily Living Activities	Time 1	
	Community Sample Victims	Police Sample Victims
A Place to Live	(N = 113)	(N = 40)
Entirely Dependent	26.5	32.5
Somewhat Dependent	6.2	30.0
Not Dependent	67.3	37.5
	$\chi^2 = 18.25$ df = 2 $\rho = .000$ $d = .55$	
Groceries/expenses	(N = 113)	(N = 40)
Entirely Dependent	16.8	20.0
Somewhat Dependent	13.3	35.0
Not Dependent	69.9	45.0
	$\chi^2 = 18.97$ df = 2 $\rho = .000$ $d = .46$	

Table 14

Number of Persons Living in Household

	TIME 1		TIME 2	
	Community Sample Victims	Police Sample Victims	Community Sample Victims	Police Sample Victims
Number of Persons in Household	(N = 121)	(N = 48)	(N = 29)	(N = 16)
Respondent Only	38.0	41.7	10.3	0
1 Person	35.5	25.0	65.5	56.3
2 People	9.1	10.4	13.8	12.5
3 People	10.7	12.5	6.9	12.5
4 or More People	6.6	10.4	3.4	18.8

Abuser Characteristics. Abuser characteristics consist of past deviance, history of psychological problems, and life stress. The following section details the results of these comparisons.

Deviance. As shown in Table 15, victims in the police sample were significantly more likely to indicate that their abuser had been violent towards others (65%) compared to just 27.2%

of community victims. Victims in the police sample also reported that their abusers had been arrested (70%) to a greater degree than those of the community victims (35%).

Abuser psychological problems. As shown in Table 15, a higher proportion of victims from the police sample reported that their abusers had emotional problems (73%) compared to community sample victims (49%); been hospitalized for psychiatric reasons (47% versus 17%); and had drinking problems (54% versus 34% respectively).

Table 15

Abuser Deviance and Psychological Problems- Time 1 Only

Abuser Personality Characteristics:	Time 1	
	Community Sample Victim:	Police Sample Victims
Violent towards others?	(N = 103)	(N = 37)
Yes	27.2	64.9 *** $\chi^2 = 16.55$ df = 1 $d = .73$
Been arrested	(N = 109)	(N = 40)
Yes	34.9	70.0 *** $\chi^2 = 14.64$ df = 1 $d = .66$
Had emotional problems?	(N = 107)	(N = 33)
Yes	48.6	72.7 * $\chi^2 = 5.91$ df = 1 $d = .41$
Been hospitalized for psychiatric reasons?	(N = 108)	(N = 34)
Yes	16.7	47.1 *** $\chi^2 = 13.11$ df = 1 $d = .63$
Had a drinking problem?	(N = 110)	(N = 37)
Yes	33.6	54.1 * $\chi^2 = 4.86$ df = 1 $d = .36$

* $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$

Abuser life stress. Table 16 shows the life stressors that significantly differentiated abusers from the police sample from those in the community sample. Victims from the police

sample were more likely to report that their abuser had moved residences (46% versus 26%), a finding that was even more pronounced in Time 2 (48% versus 18%). In Time 1, more victims from the police sample reported that their abusers had lost a job recently (41% versus 25%), however, victims from the community sample were more likely to report that their abuser had recently retired (21%) than had those from the police sample (2.6%).

Table 16

Abuser Life Stress

Abuser's Life Stress Characteristics:	TIME 1		TIME 2	
	Community Sample Victims	Police Sample Victims	Community Sample Victims	Police Sample Victims
Moved residences?	(N = 115)	(N = 37)	(N = 50)	(N = 21)
Yes	25.2	45.9 *	18.0	47.6 **
	$\chi^2 = 5.69$ df = 1 $\rho = .017$ $d = .39$		$\chi^2 = 6.62$ df = 1 $\rho = .010$ $d = .64$	
Lost a job?	(N = 113)	(N = 39)	(N = 50)	(N = 20)
Yes	24.8	41.0 *	18.8	25.0
	$\chi^2 = 3.72$ df = 1 $\rho = .054$ $d = .31$			
Retired?	(N = 115)	(N = 38)	(N = 49)	(N = 22)
Yes	20.9 **	2.6	10.2	--
	$\chi^2 = 6.95$ df = 1 $\rho = .008$ $d = .43$			

* $\rho \leq .05$. ** $\rho \leq .01$. *** $\rho \leq .001$

Again, there was no difference in Time 2. Other questions about whether the abusers had a serious illness, or experienced the death of a relative or household member revealed no differences between the victim groups.

Protective Behaviors

Victim respondents were asked a series of questions concerning the actions they took to stop or prevent the abusive situation(s). Specifically, we were interested in whether they engaged in protective behaviors such as seeking services from the criminal justice system or from other community agencies within the past six-months. As shown in Table 17, community

Table 17

<i>Protective Behaviors/Help Seeking Taken to Stop/Prevent Abuse</i>				
	TIME 1		TIME 2	
During the past <i>six months</i> :	Community Sample Victims	Police Sample Victims	Community Sample Victims	Police Sample Victims
Seek help from the police?	(N = 113)	(N = 37)	(N = 26)	(N = 13)
Yes	18.6 *	5.4	26.9	46.2
	$\chi^2 = 3.72$ df = 1 $d = .31$			
Sought assistance from adult protective services?	(N = 113)	(N = 15)	(N = 26)	(N = 15)
Yes	7.1	80.0 ***	11.5	100.0 ***
	$\chi^2 = 53.41$ df = 1 $d = 1.69$		$\chi^2 = 30.72$ df = 1 $d = 3.45$	
Seek help from the courts, (e.g. a restraining order?)	(N = 113)	(N = 36)	(N = 26)	(N = 21)
Yes	8.8	44.4 ***	3.8	76.2 ***
	$\chi^2 = 24.01$ df = 1 $d = .87$		$\chi^2 = 26.33$ df = 1 $d = 2.25$	
Get assistance in finding another place to live?	(N = 112)	(N = 27)	(N = 26)	(N = 18)
Yes	8.9	92.6 ***	--	100.0 ***
	$\chi^2 = 80.83$ df = 1 $d = 2.35$		$\chi^2 = 44.00$ df = 1	
Seek emergency financial assistance?	(N = 112)	(N = 37)	(N = 26)	(N = 21)
Yes	11.6	97.3 ***	11.5	100.0 ***
	$\chi^2 = 92.52$ df = 1 $d = 2.67$		$\chi^2 = 36.38$ df = 1 $d = 3.70$	
Talk with a counselor, clergyman, or doctor about abuse?	(N = 113)	(N = 37)	(N = 26)	(N = 21)
Yes	23.0	62.2 **	34.6	76.2 ***
	$\chi^2 = 19.42$ df = 1 $d = .77$		$\chi^2 = 8.06$ df = 1 $d = .91$	
Talk with family/friends about abuse?	(N = 112)	(N = 37)	(N = 26)	(N = 21)
Yes	61.6**	35.1	57.7	42.9
	$\chi^2 = 7.87$ df = 1 $d = .47$			
Get help with improving security in home?	(N = 113)	(N = 37)	(N = 25)	(N = 21)
Yes	24.8	73.0 ***	24.0	85.7 ***
	$\chi^2 = 27.87$ df = 1 $d = .95$		$\chi^2 = 17.42$ df = 1 $d = 1.56$	

* $\rho \leq .05$. ** $\rho \leq .01$. *** $\rho \leq .001$

victims were more likely to have sought help from the police (18.6%) than those victims in the police sample (5.4%), but this was not significant in the follow-up interview.

Although those victims from the police sample reported being less likely to contact the police in the initial interview, they were significantly more likely to seek assistance from adult protective services and the courts; seek emergency financial assistance; seek help in finding another place to live; speak with a counselor, member of the clergy, or doctor; and not surprisingly, to get help in improving home security than were those in the community sample. And, over time, it appears that the proportions of those victims in the police sample who engaged in those protective behaviors increased for each and every type of behavior in Time 2.

To assess whether demographics such as sex, race, and number of household members may have influenced the extent to which individuals engaged in protective behaviors¹⁴, we conducted a logistic regression¹⁵ controlling for these characteristics ($N = 106$). The results indicated that victims in the police sample were significantly more likely to engage in protective behaviors and service seeking than were community victims ($b = .36, t = 3.71, p = .001$). The overall model resulted in an R^2 of .14 ($F = 4.17, df = 4, p < .01$), which may likely be due to the visit by the elder abuse/domestic violence officer.

¹⁴ We had identified significant differences in the frequencies for these variables across the samples.

¹⁵ Using Time 1 data. Again, for those in the police sample, Time 1 data was collected after the police intervention.

Section IV

Police and Community Victim Differences in Abuse Types, Specific Forms of Abuse, and Frequency Rates

Victimization by Abuse Type

Community respondents were first screened for victimization using the four questions from the abuse screener (see Table 18). If they confirmed abuse, they were administered the victims survey. For victims in the police sample, the full survey was administered regardless of their answers to the abuse screener because their abuse status was identified by the officers who visited the elderly residents. After a ten-month interval, respondents were re-contacted in an effort to determine whether new instances of abuse had occurred.

Abuse as reported by abuse screener (broad category). We began the interview by asking general questions on whether they been left unattended, had something of value taken from them, been emotionally abused (humiliated, controlled, threatened, or shamed), or been physically hurt by family members or members of their household. It should be noted that these questions served as a screener for the interviewers to determine whether respondents in the community sample had been abused in the initial phase of the study. As such, the results for Time 1 are presented for the victim samples only. However, follow-up (Time 2) responses from the community non-victim sample are also included in the comparisons if they reported an abusive situation at that time.

For both the initial and follow-up interviews, the amounts of financial abuse, emotional abuse, and neglect did not vary across the two victim groups. However, as shown in Table 18, physical abuse did vary by group, with 33% of victims in the police sample reporting being physically abused compared to just 7% of those in the community sample ($\rho \leq .001$) in Time 1, and 15% compared to 2% ($\rho \leq .05$) in Time 2.

Table 18

Victimization over the Past Year

Type of Conflict	TIME 1		TIME 2	
	Community Sample Victims (N = 121)	Police Sample Victims (N = 48)	Community Sample Victims (N = 50)	Police Sample Victims (N = 27)
Left Unattended			N = 50	N = 26
Yes	19.8	22.9	16.0	3.8
No	80.2	77.1	84.0	96.2
Something of Value (e.g. money) Taken				
Yes	33.1	27.1	14.0	14.8
No	65.3	70.8	86.0	85.2
Don't Know	1.7	2.1	--	--
Been Threatened, Humiliated, Shamed, or Controlled				
Yes	66.9	64.6	44.0	44.4
No	33.1	29.2	56.0	55.6
Refused/Don't Know/Missing	--	6.3	--	--
Been Physically Hurt				
Yes	6.6	33.3	2.0	14.8
No	92.6	58.3	98.0	85.2
Refused/Missing	.8	8.3	--	--
	$\chi^2 = 22.72$ df = 1 $\rho = .000$ $d = .80$		$\chi^2 = 4.74$ df = 1 $\rho = .03$ $d = .51$	

Among the non-victims sample, 6% or 5 respondents reported having been involved in an abusive situation since the initial interview. These non-victims who reported abuse in Time 2 experienced either financial (N = 3) or emotional (N = 2) abuse, and there were no explainable risk factors (such as mutual dependency, perpetrator deviance, psychological problems, or life stress). Since the main focus of our study was to examine changes in abusive behaviors from Time 1 to Time 2, those non-victims who reported abuse in Time 2 have been excluded from the course of abuse analyses.

To ascertain whether victim respondents had experienced multiple forms of abusive situations, a variable was computed to sum the positive responses across the 4 types of abuse questions (poly-victimization). The results indicated that there was a significantly greater proportion of victims in the police sample that experienced poly-victimization than victims in the community sample (see Table 19). This effect was not present in Time 2 (indeed police sample victims' rate of poly-victimization appears to have been cut almost in half), suggesting that possibly the police contact reduced the rate of poly-victimization.

Table 19

Number of Conflict Types Reported by Respondents

Number of Conflicts Reported	TIME 1		TIME 2	
	Community Sample Victims (N = 118)	Police Sample Victims (N = 37)	Community Sample Victims (N=27)	Police Sample Victims (N = 16)
1	81.4	51.4	66.7	75.0
2 or more	18.6	48.6	33.3	25.0
	$\chi^2 = 13.32$ df = 1 $\rho = .000$ $d = .61$			

In addition to our inquiry on the type of abusive situations the respondents had encountered, we also asked them to identify their relationship to the person who was primarily responsible for subjecting them to the reported abusive situations. Respondents' in both victim samples overwhelmingly identified their immediate family member (spouse, son or daughter) as the primary person responsible for leaving them unattended, taking something of value, and being physically abusive (see Table 20). With regard to being left unattended, victims in the police sample were more likely to have attributed that to spouses, sons, and/or daughters; whereas when it came to threats, humiliation, or controlling behaviors, victims in the community sample were more likely to report that the perpetrators were immediate family members as

opposed to those in the police sample whose perpetrators were more likely to be non-family household members. There was no difference in the groups with regard to the perpetrators of physical abuse.

Table 20

Who Was Primarily Responsible for Conflict

Type of Conflict	TIME 1	
	Community Sample Victims	Police Sample Victims
Left Unattended	(N = 23)	(N = 10)
Spouse	17.4	30.0
Son/Daughter	39.1	60.0
Other Family Member	43.5	--
Non-family Household Member	--	10.0
	$\chi^2 = 7.83$ df = 3 $\rho = .049$	
Something of Value (e.g. money) Taken	(N = 40)	(N = 13)
Spouse	5.0	15.4
Son/Daughter	52.5	38.5
Other Family Member	30.0	23.1
Non-family Household Member	12.5	23.1
Been Threatened, Humiliated, Shamed, or Controlled	(N = 80)	(N = 31)
Spouse	23.8	16.1
Son/Daughter	43.8	41.9
Other Family Member	30.0	22.6
Non-family Household Member	2.5	19.4
	$\chi^2 = 9.86$ df = 3 $\rho = .020$	
Been Physically Hurt	(N = 8)	(N = 15)
Spouse	25.0	33.3
Son/Daughter	37.5	46.7
Other Family Member	25.0	6.7
Non-family Household Member	12.5	13.3

Specific Forms of Abuse. To assess specific forms of abuse, we asked 36 individual questions (5 each representing financial abuse and neglect; and 13 each representing emotional and physical abuse) regarding whether each had ever happened to the respondent. A less conservative rate of abuse is more likely to be demonstrated by the use of specific abusive behaviors (forms of abuse). Whereas using the broad screening questions resulted in a difference

between victim groups for physical abuse only, these specific behaviors reveal differences between the groups across all types: financial abuse, neglect, emotional abuse, and physical abuse. The results of these differences are presented below.

Financial abuse. As shown in Table 21, victim respondents from the police sample were significantly more likely to have had a family member destroy their property than community sample victims. Because there were no significant differences in Time 2 and that the proportion of those in the police sample when down by more than half, it appears that the police intervention may result in fewer cases of property destruction. There were no differences with regard to the other types of financial abuse (taken money against their wishes; made them give up something of value; forced or tricked them into giving money; or made them sign something against their wishes).

Table 21

Specific Forms of Financial Abuse

Has a Household/Family Member ever:	TIME 1		TIME 2	
	Community Sample Victims	Police Sample Victims	Community Sample Victims	Police Sample Victims
Destroyed Your Property?	(N = 120)	(N = 38)	(N = 27)	(N = 20)
	14.2	42.1 ***	22.2	20.0
	$\chi^2 = 13.63$ df = 1 $d = .61$			

* $\rho \leq .05$ *** $\rho \leq .001$

Neglect. As shown in Table 22, community victims were more likely to report having a household member who would fail to check in on them for an extended period of time for both Time 1 and Time 2 (25.2%, 25.9% respectively) versus 9.1% and 3.8% for victims in the police sample. This suggests that neglect is not a type of abuse for which there is a high rate of police intervention. All other aspects of neglect were insignificant (left in unsanitary or unsafe living

conditions; left in state of poor hygiene, dehydration, or malnutrition; left major health problems unattended; and deserted elder).

Table 22

Specific Forms of Neglect

Has a Household/Family Member ever:	TIME 1		TIME 2	
	Community Sample Victims	Police Sample Victims	Community Sample Victims	Police Sample Victims
Failed to check in with you for extended time period?	(N = 119)	(N = 44)	(N = 27)	(N = 26)
	25.2*	9.1	25.9 **	3.8
	$\chi^2 = 5.05$ df = 1 $d = .35$		$\chi^2 = 5.03$ df = 1 $d = .64$	

* $\rho \leq .05$. ** $\rho \leq .01$. *** $\rho \leq .001$

Emotional abuse. While the victim groups did not differ with regard to emotional abuse as assessed by the broad screening question, there were numerous differences between the two groups when considering the more specific forms of emotional abuse as presented in Table 23. Victims in the police sample were significantly more likely to have had a household member threaten to lock them out of the house, threaten to destroy their property, restrict their use of the telephone, insult or swear at them, or threaten to hit or throw something at them than the community victims. And since these differences were not present in Time 2, this also suggests that the police intervention may have had an impact on reducing the proportion of cases of these specific forms of emotional abuse. This finding is further underscored by the fact that there were significant increases in the proportions for victims in the community sample at time 2 for some other forms including being: told they were acting irrationally, insulted in front of others, or repeatedly yelled at, scolded, or ridiculed during the follow-up interview, even though these differences were not present in Time 1. The remaining forms of emotional abuse (threatened to

Table 23

	TIME 1		TIME 2	
	Community Sample Victims	Police Sample Victims	Community Sample Victims	Police Sample Victims
Has a Household/Family Member Ever:				
Threatened to lock out of house?	(N = 120) 4.2	(N = 45) 13.2 *	(N = 27) 7.4	(N = 26) 3.8
	$\chi^2 = 4.42$ df = 1 $d = .33$			
Threatened to destroy property?	(N = 120) 12.5	(N = 45) 35.6 ***	(N = 27) 18.5	(N = 26) 23.1
	$\chi^2 = 11.40$ df = 1 $d = .54$			
Restricted use of telephone?	(N = 120) 2.5	(N = 44) 11.4 *	(N = 27) 3.7	(N = 25) --
	$\chi^2 = 5.45$ df = 1 $d = .37$			
Said you were acting irrationally?				(N = 26)
	29.2	33.3	48.1 *	19.2
	$\chi^2 = 4.93$ df = 1 $d = .64$			
Insulted you in front of others?				(N = 25)
Yes	38.7	35.6	59.3 ***	16.0
	$\chi^2 = 10.26$ df = 1 $d = .99$			
Repeatedly yelled at, scolded, or ridiculed?	(N = 120)			(N = 23)
Yes	40.8	53.3	63.0 **	26.1
	$\chi^2 = 6.49$ df = 1 $d = -.79$			
Insulted/swore at you?			(N = 26)	(N = 26)
Yes	37.5	62.2 **	61.5	57.7
	$\chi^2 = 8.10$ df = 1 $d = .45$			
Threatened to hit or throw something?		(N = 44)	(N = 27)	
Yes	10.8	45.5 ***	18.5	23.1
	$\chi^2 = 24.00$ df = 1 $d = .82$			

* $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$

take to a nursing home; made them tell where they had been; told they couldn't spend time with certain people; threatened to take away privileges; or threatened to stop caring for the elder if his/her behavior didn't change) resulted in no significant differences between groups.

Physical abuse. As demonstrated by the global screening question about physical abuse, victims in the police sample were far more likely to have experienced physical abuse than were those in the community sample. To examine which specific abusive behaviors seemed to be accounting for those differences, we compared victims from both the police and community samples across each specific form of physical abuse (see Table 24).

In comparison to respondents in the community victim sample, those in the police sample were significantly more likely to have reported that a household member had thrown something at them; pushed, grabbed or shoved them; slapped them; threatened them with a weapon; injured them with a knife; kicked, bit, or hit with fist; beat them up, or threatened to kill or hurt them. The effect sizes were mostly medium to large, with being pushed, grabbed, or shoved, being the largest effect size ($d = .96$). While we did not obtain information regarding who called or referred the case to the police, it is very likely that those experiencing physical violence are more likely to have had contact with the police.

Frequency of Specific Forms of Abuse. In addition to whether abusive incidents had ever occurred, victims were asked to report on the frequency with which these incidents occurred in the past year. Frequency of specific forms of abuse associated with the broad types of abuse: financial, neglect, emotional, and physical abuse was captured. Each item contained a categorical response scale, where we coded the values as follow:¹⁶

- 1 = once in the past year,
- 2 = 2 - 10 times in the past year, and
- 3 = more than 10 times in the past year.

Frequency of financial abuse. In the past year, the victims from the community sample who reported being made to give up something of value or having been forced or tricked into giving money to the abuser reported greater frequencies as compared to those in the police

¹⁶If the response was never, it was not included in these frequency counts.

Table 24

Specific Forms of Physical Abuse

Has a Household/Family Member Ever:	TIME 1		TIME 2	
	Community Sample Victims	Police Sample Victims	Community Sample Victims	Police Sample Victims
Thrown something at you?	(N = 120) 10.8	(N = 45) 31.1 **	--	(N = 25) 4.0
	$\chi^2 = 9.83$ df = 1 $d = .50$			
Pushed, grabbed, or shoved you?	10.8	51.1 ***	(N = 27) 11.1	(N = 26) 19.2
	$\chi^2 = 31.12$ df = 1 $d = .96$			
Slapped you?	(N = 119) 3.4	(N = 45) 17.8 **	3.7	4.0
	$\chi^2 = 10.00$ df = 1 $d = .38$			
Threatened you with a knife or other weapon?	(N = 120) 2.5	(N = 45) 15.6 **	3.7	--
	$\chi^2 = 9.79$ df = 1 $d = .50$			
Injured you with a knife or other weapon?		(N = 44) 9.1 *	--	3.8
	1.7			
	$\chi^2 = 5.03$ df = 1 $d = .35$			
Kicked, bit, or hit with fist?		(N = 44) 18.2 **		(N = 25) 12.0
Yes	5.0		7.4	
	$\chi^2 = 7.16$ df = 1 $d = .42$			
Beat you up?	(N = 121) 2.5	(N = 44) 11.4 **	(N = 27) --	(N = 26) 3.8
Yes				
	$\chi^2 = 5.52$ df = 1 $d = .37$			
Threatened to kill or hurt you?	(N = 121) 8.3	(N = 44) 34.1 ***	(N = 27) 14.8	(N = 26) 11.5
Yes				
	$\chi^2 = 16.74$ df = 1 $d = .67$			

* $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$

sample as shown in Table 25. A mean of two represents the victim reporting they experienced this form of abuse between 2 and 10 times, whereas a 3 would be more than 10 times in the past year.

Table 25

Mean Frequency of Financial Abuse in the Past Year

	TIME 1	
	Community Sample Victims	Police Sample Victims
Made You Give Up Something of Value?	(N = 12)	(N = 7)
\bar{X} Frequency	2.55 *	2.10
Forced or Tricked Into Giving Money?	(N = 18)	(N = 10)
\bar{X} Frequency	2.65 *	2.46

* $\rho \leq .05$

Frequency of neglect. There were no differences between the groups with regard to the frequency with which specific neglectful behaviors occurred in the past year.

Frequency of emotional abuse. Victims in the police sample had a slightly higher frequency of being insulted in front of others as compared to those in the community sample. However, for victims in the community sample who had been told not to spend time with certain people they experienced this somewhat more frequently than those in the police sample, although the number of cases is very small (see Table 26).

Frequency of physical abuse. Due to the low number of cases of physical abuse reported by those in the community sample, and the few forms of abuse for which the frequency rates varied, analysis of frequency data cannot be reported.

Table 26

Mean Frequency of Emotional Abuse in the Past Year

	TIME 1	
	Community Sample Victims	Police Sample Victims
Insulted you in front of others?	(N = 46)	(N = 16)
\bar{X} Frequency	2.73	2.88 *
Told couldn't spend time with certain people?	(N = 12)	(N = 7)
\bar{X} Frequency	2.75 *	2.40

* $\rho \leq .05$. ** $\rho \leq .01$

Section V

Police Intervention and Variables Influencing the Course of Abuse over Time

Course of Abuse over Time (Time 1 to Time 2 Victimization)

The proportion of cases where abuse increases, maintains, or desists is shown in Table 29 (both raw numbers and percentage). The percentage was calculated using the Time 2 sample size because we are unable to determine the course of abuse for all Time 1 respondents as many of them did not complete the Time 2 survey. As indicated in the table, abuse for victims in the police sample was more likely to desist than for those in the community sample.

Table 29

Proportion of cases where abuse increases, decreases, maintains, or desists.

	Community Sample Victims (N = 27)	Police Sample Victims (N = 26)
# Increase (%)	6 (22.2%)	3 (11.5%)
# Decrease (%)	12 (44.4%)	15 (57.7%)
# Maintain (%)	6 (22.2%)	2 (7.7%)
# Desist (%)	3 (11.1%)	6 (23.1%)

Police Intervention Effect on Subsequent Abuse

We used a logistic regression model¹⁷ to determine the nature of the outcome variable (subsequent abuse) as it relates to respondents who had police intervention (police sample), risk factors (abuser personality characteristics, abuser life stress, victim dependency, and abuser/PSO dependency) and protective behaviors. The dependent variable was coded “0” for no subsequent abuse and “1” for respondents with subsequent abuse. The independent variables in the model were the following: dummy variables for group (coded 0 for the community victim sample and 1 for the victims in the police sample); victim ethnicity (coded 1 = black); victim

¹⁷ In examining the Time 1 to Time 2 change of respondent risk and protective behaviors as a predictor for the Time 1 to Time 2 change in subsequent abuse, we found that our low response rate (in Time 2) for victims in both the community and police samples prevented us from using an multivariate analysis of the course of abuse over time.

gender (coded 1=female), the number of members in household; and composite scales for the Time 1 responses among the following risk and protective behavior factors: abuser characteristics (sum of “yes” responses to seven measures); abuser life stress (sum of “yes” responses to six stress related measures); victim dependency on the abuser/others for activities of daily living (sum of victims responding “needing help” on three measures); abuser dependency on victim for daily living activities (sum of number of times victims responded that abuser is “entirely or somewhat” dependent on them across four measures) and protective/service seeking behaviors (sum of “yes” responses to eight items classified as protective behaviors).

Table 30 presents the results of the model for predicting the probability of occurrence of subsequent abuse in Time 2. Victim respondents in the police sample and females were associated with a significant increase in the probability of having at least one subsequent abuse event in Time 2. The variable abuser dependency approached significance but the magnitude was a factor of .74.

Table 30

Police Sample Risk and Protective Factors on Predicting Subsequent Abuse

Variables	B (Std. Error)	Sig.	Exp (B)
Police Sample	1.88 (.696)	.0068	6.58
Gender	2.46 (.771)	.0014	11.72
Ethnicity	.06 (.529)	.9089	1.06
Household	-.24 (.221)	.2719	.78
Protective Behaviors	.07 (.1269)	.5430	1.08
Abuser Life Stress	.01 (.2234)	.9348	1.01
Abuser Characteristics	.08 (.1249)	.4715	1.09
Abuser Dependency	-.29 (.1533)	.0568	.74
Victim Dependency	.21 (.2605)	.4042	1.24
Constant	-1.59 (1.39)	.2523	
-2 log Likelihood = 102.85 Model χ^2 29.38 df = 9 p = .001			

For ease of interpretation of the parameter estimates, we will use the odds ratio or the exp(B) of the model, which is a measure of the effect size, in discussing the results. Using this caveat, the

results suggest that being in the police sample (beta coefficient 1.88) increases the odds of having subsequent abuse by a factor of 6.6 controlling for other variables in the model.

Additionally, being female (beta coefficient 2.46) increases the odds of having subsequent abuse by a factor of 11.7, controlling for other variables in the model. Again, because of our small response rate for Time 2 these results should be viewed with caution. **It is also important to note that the variable of occurrence of abuse**

We applied the same analysis method for just the community victim sample to examine risk and protective behavior factors effect on subsequent abuse. The results showed no statistically significant differences among the demographic, risk and protective behavior factors variables, suggesting that demographics, risk factors, and engaging in protective behaviors do not have at least a medium size effect as per our power analysis (see Table 3).

While there was a significantly greater likelihood of at least one subsequent abuse incident for those in the police sample, the number of forms¹⁸ of abuse that occurred frequently (>10 times) went down significantly for the victims in the police sample (see Table 31) only. Because this was a within-group comparison, it was not necessary to control for demographics.

Table 31

Number of Recurrent (> 10) Forms of Abuse

	Community Sample Victims (N = 19)	Police Sample Victims (N = 17)
Time 1: # of Forms of Frequently Occurring Abuse	5.89	5.76
Time 2: # of Forms of Frequently Occurring Abuse	5.0	3.58

¹⁸ Forms refer to any one of the 36 discrete abusive behaviors including: “Made you give up something of value”; “Left major health problems unattended or untreated”; “Insulted or shamed you in front of others”; “Kicked, bit or hit you with a fist,” etc. There were four total types of abuse including: financial (5 forms/items); neglect (5 forms/items); emotional (13 forms/items); and physical (13 forms/items).

T1 to T2 Mean Difference	-2.89	-2.18 *
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t = 2.34, *p* < .05

This means that for those in the police sample in Time 1, they had an average of almost 6 forms of abuse that occurred frequently (> 10 times), but by Time 2, that was reduced to an average of just over 3½ forms of recurrent abuse. It is important to note that because the frequency of abuse was a categorical variable, we cannot report on whether the number of incidents went down overall. Instead, our data show that the number of recurrent forms of abuse went down for those in the police sample.

Discussion

Prevalence Rates

Numerous studies (nationally and internationally) have been conducted to examine prevalence rates and explanatory factors associated with abuse of the elderly. It is difficult to compare across these studies due to the wide diversity of populations, the way in which abuse is defined, and the measures employed (Cooper, Selwood, & Livingston, 2008). Nevertheless, our findings are generally consistent with those found in other studies. Our achieved rates included: 0.5% for physical abuse; 2.2% for financial abuse; 4.51% for emotional abuse; and 1.33% for neglect. Similarly, the most recent national epidemiological study of prevalence was conducted by Acierno, et al. (2009) with a representative sample of 5,777. The prevalence rates found by Acierno, et al., (2009) were: 1.6 for physical abuse (higher than that obtained in our small sample); 5.2 for financial abuse/exploitation (also higher than that we attained); 4.1 for emotional abuse (slightly lower than we found); and 0.5 for neglect (lower than we found).

In a fairly recent systematic review of the prevalence of elder abuse and neglect, Cooper and colleagues (2008) identified 353 published research studies in nine countries through 2006. However, just seven studies met their rigorous criteria (e.g. use of probability sampling, 80% or higher response rates, comparison of respondents to non-respondents, etc.). Nevertheless, the prevalence rates achieved in those seven studies included in the systematic review ranged between 3.2% and 27.5%. More specifically, prevalence rates each type ranged as follows: physical abuse ranged from 1.2 – 4.3 (again higher than we found); financial abuse ranged from 1.3 – 5.0 (our rate falls in that range); emotional/verbal abuse ranged from 0.8 – 10.8 (ours falls about in the middle of that range); and neglect ranged from 0.2 – 4.3 (the rate we attained was within the lower end of that range).

Prevalence rates achieved across an array of studies, specifically those included in the Cooper, et al. (2008) systematic review, are surprisingly consistent. In general, physical abuse rates range from about 0.5% – 2.0%, financial abuse and/or exploitation is around 5%, emotional abuse is generally under 6%, and neglect ranges up to almost 5% (as shown in Table 6). There are a number of key differences that may have accounted for our somewhat inconsistent findings as compared to other studies. For example, our study's primary goal was to examine the risk factors and protective behaviors that affect the course of abuse over time, as well as the role of the police in preventing subsequent abuse. As such, we did not attempt to gain a large sample that is typically necessary for establishing prevalence rates, especially for the lowest base-rate behavior of physical abuse, for which we only had eight cases in our community sample. A number of other researchers' main goals were to establish prevalence rates, e.g. most recently Acierno and colleagues (2009) in the U.S.; Oh, et al. (2006) in Korea; Chokkanthan and Lee (2005) in India; Podnieks (2002) in Canada; Ogg and Bennett (1992) in Britain; and Pillemer and Finkelhor (1988) in Boston. Nevertheless, the prevalence rates we obtained from our sample were not markedly different from those established in these other studies, with the exception of the study in India, whose rates were greater than those found in most other studies.

While we conducted our surveys by phone in order to ensure victim privacy and protection, others have conducted interviews in person (Ogg & Bennett, 2002; Oh, et al., 2006; and Podnieks, 1992). Additionally, several key prevalence studies were conducted over 15 years ago (Ogg & Bennett, 1992; Pillemer & Finkelhor, 1988; and Podnieks, 1992) and it is possible that recognition and reporting rates may have increased over the past decade or so. Indeed more has become known with regard to neglect and financial abuse in recent years, and the earlier

studies' reported rates for those types of abuse are generally lower than rates found in more recent studies.

Additionally, we relied on a rather narrow definition of 'domestic' abuse, in which our focus was on family members or other household members, as compared to the Acierno, et al. (2009) study in which strangers and acquaintances were included for physical¹⁹ and emotional abuse,²⁰ which may have accounted for their higher prevalence rate for physical abuse. And, there is a great deal of variation across studies in the ways in which different forms of abuse are defined. For example, some researchers define emotional abuse rather narrowly by focusing strictly on verbal abuse (Chokkanathan & Lee, 2005; Ogg & Bennett, 1992; Podnieks, 1992) whereas we included being threatened or controlled. Finally, financial abuse was sometimes defined more specifically. For example, Acierno et al. (2009) included a person making [bad] decisions about the elderly resident's finances, getting copies of financial transactions, and signature forgery.

The criteria for inclusion also result in variability of prevalence rates; for example, our criterion was an incident in the past year (similar to Acierno, et al., 2009; Chokkanathan & Lee, 2005 for financial and physical abuse; and Podnieks, 1992 for physical abuse). Other more conservative criteria, such as those used by Oh, et al. (2006) who defined emotional abuse as 2-3 verbal abuse incidents in the past month, and Pillemer and Finkelhor (1998) who defined psychological abuse as 10+ incidents per year, may have accounted for lower prevalence rates. Additionally, Pillemer and Finkelhor's broad criterion for physical abuse (one incident since turning 65) may have resulted in a higher prevalence rate for physical abuse.

¹⁹ 22% of physical abuse was perpetrated by acquaintances and strangers.

²⁰ 34% of emotional mistreatment was perpetrated by acquaintances and strangers.

As noted in Table 6, prevalence studies differ in their definitions of ‘elderly’ with some selecting age 60 and over and others 65 and over. Inclusion of those between the ages of 60 and 64 is likely to result in higher prevalence rates. Pillemer and Finkelhor (1988) oversampled those living with others especially younger people, which could have accounted for higher prevalence rates in physical abuse. Moreover, there are likely some cultural differences across populations sampled. Specifically, Chokkanathan and Lee (2005) conducted their study in India where there is high proportion of households in which elders live with their adult children (about 91% in their sample), which has sometimes been associated with increased risk. It is also possible that in some cultures, base rates differ for reasons like tradition, values, and the status of the elderly.

Finally, researchers use different instruments and/or questions to measure the constructs assessed in their studies, many of which have little reliability and/or validity evidence.²¹ Some researchers put together ad hoc instruments and/or questions for which no research has been done to establish their reliability and validity. Additionally, some researchers relied on their interviewers to make a subjective judgment about the absence of dementia (Acierno, et al. 2009; Pillemer & Finkelhor, 1988), or did not assess cognitive capacity at all (Ogg & Bennett, 1992; Oh, et al., 2006; Podnieks, 1992), whereas we used a formal cognitive screening instrument to assess cognitive capacity.

Risk Factors for Abuse

Our findings suggest a number of risk factors for abuse among our community sample participants, many of which are consistent with past research. First, victims and non-victims differ with regard to race and household size. Specifically, Blacks were more likely to be elder abuse victims than were whites. This finding is consistent with other studies that have found

²¹ Including many of those used in our study.

racial differences in victimization (Tatara, 1999; Laumann, Leitsch, & Waite, 2008), and past data generated by the Chicago Police Department (2005). In addition, victims were significantly more likely to live with two or more people than were the non-victims, and non-victims were much more likely to live alone. This finding corroborates previous research by Lachs and colleagues (1996).

Another risk factor for elder abuse is mutual dependency status. For example, victims were significantly more likely to need assistance from their abuser in having their rent, groceries, or medicines paid; in providing personal care; and in assisting with daily activities than were non-victims when considering the non-victims' primary significant others (PSOs). Not only do victims tend to be dependent on their abusers, but they tend to have abusers who are dependent on them as well. Specifically, as reported by victims, abusers were significantly more likely to be either entirely or somewhat dependent on their victims for a place to live; having groceries or expenses paid; cooking and cleaning; and for other daily responsibilities, than were the non-victims' primary significant others. The findings with regard to abuser dependency on the victim are consistent with those found by other researchers (Pillemer & Finkelhor, 1989; and Wolf & Pillemer, 1989).

When considering characteristics that differentiate abusers from non-abusive primary significant others, there were a number of differences. First, victims were more likely to report that their abusers had engaged in deviant behaviors in the past (destroyed other's property, been violent towards others, or been arrested) as compared to non-victims who reported that their PSOs had). This is not surprising given that previous work by Lachs & Pillemer (1995) suggested that violence toward others was an abuser risk factor. In addition, victims were much more likely to report that their abusers had emotional problems, been hospitalized for psychiatric

reasons, and had both drinking and drug problems, compared to non-victims' PSOs. These findings too, confirm past research on mental illness and elder abuse (e.g. Acierno, et al., 2009; Godkin, Wolf, & Pillemer, 1989; Wolf & Pillemer, 1989). Similarly, substance abuse by perpetrators has been shown to be associated with elder abuse in other studies (e.g. Acierno, et al., 2009; Reay & Browne, 2001). In addition, abusers tended to have more stress factors in the past year than non-abusive PSOs. For example, both job loss and re-location differentiate abusers from PSOs, and victims were more likely to report that their abusers had experienced a serious illness, death of a member of their household (in the initial interviews), and a higher proportion of deaths of relatives (in the follow-up interviews) compared to those of non-victims' PSOs, rendering these types of histories and experiences risk factors for abuse consistent with findings by Godkin and colleagues (1989). However, this contradicts the assertion by Acierno, et al. (2009) that caregiver stress does not appear to be associated with likelihood of perpetration, although they suggest that caregiver stress may affect the intensity of the abuse.

Victim Differences in Risk Factors across Sample Groups

In comparing characteristics of victims in both sample groups, there were a number of differences. First, while females had a higher rate of victimization in both groups, males made up a higher proportion of those in the police sample. Why males were more likely to be in the police sample may have much to do with the severity of the types of abuse that required police intervention. It is also quite possible that they are more willing to contact the police when they are being 'pushed around,' as compared to females, although we don't know how many of the victims in the police sample had themselves contacted the police. While Blacks were disproportionately represented in both samples, they were significantly more likely to be in the police sample than were whites. This is certainly likely to be due to the fact that Black victims

are more likely to report violence to the police (Felson, Messner, & Hoskin, 1999; Hart & Rennison, 2003; Rennison, 1999). There were no significant differences between victims from the police and community samples with regard to household size. However, victims from the police sample were more likely to report that the perpetrators were non-family household members, or other more distant family members compared to community victims who were more likely to be abused by immediate family members. This may suggest that family members may be less willing to get police involved when their abuse is at the hands of a close relative.

With regard to mutual dependency of victims from both the community and police samples, there were no differences with regard to victim dependency on abusers. However, abuser dependency on victims did differ across the two groups. Specifically, victims in the police sample were more likely to report that their abusers depended on them for a place to live and to have their groceries and expenses paid by the victim. The fact that abuser dependency was greater for those in the police sample may be due to victims' unwillingness to throw out a dependent abuser, and instead resort to police assistance.

There were also differences between groups with regard to abuser/perpetrator characteristics. In particular, victim respondents from the police sample were significantly more likely to indicate that their abuser had a history of violence towards others or been arrested in the past than compared to that reported by victims in the community sample. It is not surprising, then, that these victims have a higher incidence of having received police contact than those from the community sample, whose abusers were not as likely to have these types of histories. Victims in the police sample were also more likely to have reported that their abusers had emotional problems, been hospitalized for psychiatric disorders, or had drinking problems. This may be due to the fact that psychiatric, alcohol, and drug problems are often associated with

deviant or illegal behaviors (see e.g. Murdoch & Ross, 1990; Hodgins & Müller-Isberner, 2004; Boles & Miotto, 2003), thereby requiring greater police intervention. With regard to life stressors of abusers, victims in the police sample were more likely to report that their abusers had moved residences or lost a job in the past year. Interestingly victims from the community sample were more likely to report that their abusers had recently retired.

Victim Differences in Abuse Types, Forms, and Frequency Rates across Samples

Abuse types using singular screening items. We examined victimization as reported by the broad categories of abuse and found no differences between the sample groups with regard to financial abuse, neglect, or emotional abuse (as assessed by the abuse screener). However, victims in the police sample were much more likely to have reported being physically abused which is not surprising given that physical abuse is more likely to require or result in police involvement than would other forms of abuse. Clearly, these other forms are not tangible in so much as police cannot observe or as easily confirm these other abuse forms. Witnesses such as other family members are probably more likely to call the police if they witness physical abuse than other types. The fact that the screener did not detect sample group differences for the other three types of abuse, suggests the lack of sensitivity of the screener, as suggested by Acierno and colleagues (2009) who asserted that when more context specific questions about abuse are used, the level of reported abuse increases. Although physical abuse of the elderly is frequently shown to have a low rate of prevalence in other studies, it is possible in some cases that the lack of specificity of the item(s) may be suppressing the actual rate. This is clearly a limitation of using screening questions or singular global items to assess abuse.

Abuse types using context-specific items. While the use of single global items for assessing abuse seems to result in underestimates of elder abuse, the use of more context-specific

forms of abuse results in a different story. Indeed for our sample groups, there were considerable differences across a number of forms of abuse. First, victims from the police sample were significantly more likely to have experienced a number of forms of emotional abuse such as having a household member insult or swear at them; threaten to lock them out of the house; restrict their use of the telephone; or threaten to hit or throw something. With regard to financial abuse, victims from the police sample were significantly more likely to have had the abuser destroy their property.²² Similarly, with regard to physical violence, those in the police sample were more likely to have reported that a household member had thrown something at them; pushed, grabbed or shoved them; slapped them; threatened them with a weapon; injured them with a knife; kicked, bit, or hit them with a fist; beat them up; or threatened to kill or hurt them. However, in Time 2, these differences were not present suggesting that the police intervention may have had an impact upon reducing the proportion of cases of subsequent victimization.

Poly-victimization. Victims in the police sample were also significantly more likely to have experienced multiple forms of abuse (poly-victimization) at the time of the initial interviews. Yet, this effect also was not present in Time 2, suggesting the efficacy of the police intervention in reducing the proportion of cases in which poly-victimization occurred. This trend should be further explored in subsequent research in that victims that were visited by the specially trained police officers were less likely to continue to experience multiple forms of abuse.

Frequently occurring forms of abuse. Finally, while there was a significantly greater likelihood of at least one subsequent abuse incident for those in the police sample, the number of forms of abuse that occurred frequently (>10 times) went down significantly for the victims in

²² Because the financial abuse scale was not reliable, it is not certain whether destruction of property is actually a form of financial abuse or instead may represent a form of emotional abuse.

the police sample from about 6 forms of frequently occurring abuse to just about 3.5, suggesting that the police intervention by officers specially trained to deal with domestic abuse and/or elder abuse was efficacious.

Protective and Service-Seeking Behaviors.

Importantly, when controlling for demographic variables such as sex, race, and household size, victims in the police sample were significantly more likely to have engaged in protective behaviors and support seeking, than were those in the community sample. However, a greater proportion of those in the community sample reported having sought help from the police than did those in the police sample. This is probably due to the fact that for all victims in the police sample, they had already received a visit from a specially trained officer prior to our initial interview, so they did not need to contact the police again. The findings seem to suggest that the referrals and information respondents in the police sample received from their initial contact with the CPD senior services or domestic violence liaison officers may have been instrumental in encouraging use of available resources even if the victims had not called the police themselves. Additionally, the proportion of victims in the police sample who engaged in protective and service-seeking behaviors went up for all eight types in Time 2 including seeking help from the police, which appears to have gone up substantially in Time 2. This may mean that the victims in the police sample were confident with the contact they had with the police initially and were more likely to contact them in the future. Besides seeking help from the police, the only other behavior that Time 1 victims in the community sample were more likely to engage in than those in the police sample was talking with friends or family about abuse. It seems then, that victims in the community sample resort to seeking social support as opposed to more formal means for protecting themselves or getting various support services.

The findings overall seem to suggest that the referrals and/or other information received in their initial contact with the CPD senior services/domestic violence officers were instrumental in providing resources and guidance to those respondents about what types of support they could seek to prevent, reduce, or stop subsequent abuse. And it also appears that these protective and service seeking behaviors may have influenced the abusive outcomes. Since this study represents the first known data collection effort related to the role of police in elder abuse, more rigorous follow-up studies are necessary to confirm the differences found between victims who were visited by officers specially trained to deal with domestic abuse and/or elder abuse and those who were not.

Limitations of the Present Study

This study had a number of limitations including: 1) oversampling in areas within Chicago that had higher proportions of elderly (via census blocks); 2) under-representation of Hispanics and Asians, and over-representation of Blacks; 3) not conducting interviews in Spanish; 4) using an abuse screener that was not highly sensitive; 5) using measures that lacked historical evidence of reliability and validity data; 6) conducting interviews by phone; 7) excluding sexual abuse; 8) only considering domestic abuse of the elderly and not abuse perpetrated by others; and 9) conducting the study in just one site with specific and unique characteristics.

First, our general population sample was not completely random; we oversampled from census blocks where there were higher proportions of elderly residents in order to reduce the number of calls necessary to reach elderly residents. While this is a limitation, other studies have used similar means to ensure they reach the elderly. For example, Chokkanathan and Lee (2005) used the electoral list to identify older residents for participation. Oh and colleagues (2006)

obtained their list of older residents from the governmental administrative office. Similarly, Pillemer and Finkelhor (1988) used official data inclusive of birthdates to identify all elderly residents in the Boston Metropolitan Area. The oversampling of certain blocks could be a biasing factor if there are actual differences between elderly victims in areas with higher density blocks as compared to elderly from other census blocks. However, there is no obvious reason to assume any significant differences exist among elderly residents in these areas that would be relevant to the victim status of patterns of response to our survey.

Another limitation of this study is that we did not obtain the same dispersion of racial/ethnic diversity as that demonstrated by the 2000 census. This could be due partially to changes since the time of the last census a full decade ago. Those data suggest that whites account for 52% of Chicago's elderly, which is what we achieved in our community sample. However, Black residents were slightly overrepresented in our sample (43% compared to 37% in the Census data), whereas both Hispanics and Asians were under-represented (Hispanics—1.5% in our sample versus 10.4% in the Census; and Asians <1% in our sample versus 4.1% in the Census). These under-representations can be attributed in large part due to the fact that interviews were not conducted in other languages. While Hispanics make up 10.4% of the population, it is not known what proportion of them speak only Spanish. Therefore, the results of this study primarily represent white and Black elderly residents in Chicago.

Another limitation of this study is the fact that we used a different survey for the non-victims than the victims. This was somewhat problematic in that the "abuse screener" given at the start of the interview was not highly sensitive which could have led some to respond no to all four screening questions, when in fact they may have responded yes to subsequent specific questions, if those had been asked of these participants. The non-victim's survey did not include

questions of abusive behavior resulting in some victims that may have been missed. Since they were not asked further abuse questions, we are not certain that those individuals may not have reported some victimization, and could have actually been victims, thereby possibly making our prevalence rates fairly conservative in the community sample. For the police sample, however, because of the fact that a senior services officer had visited the apparent victim and asked them to complete a volunteer form, we assumed this represented a ‘pre-screening’ for abuse, and therefore, continued to ask victim questions of those participants who answered no to all four abuse screening questions (N = 6).

A further limitation of our study was the adaptation of prior measures, which means that there is no established reliability or validity data. Also, we kept some existing measures which lacked reliability or validity data, or had poor reliability. When such instruments were used, it was due to the lack of availability of alternatives and/or the fact that these had been used in a number of prior studies. We also hoped that for some of the instruments, greater reliability could be established in this study.

Additionally, our decision to conduct the survey over the phone may have limited our response rates. Phone surveys provide the respondent more opportunity to opt of our participation in the study, and can lead to less honest responses. However, is it acceptable practice within the field because conducting the surveys in person poses additional risks to the interviewer and respondent and is substantially more expensive.

Domestic sexual abuse is of growing concern, and the fact that we only had one item (and not a whole category) to assess sexual abuse of the elderly is an important limitation to this study. Another important issue is that due to the fact that we only obtained 8 victims of physical abuse from our community sample, it is not likely that our estimate of physical abuse prevalence

is stable, albeit with strong confidence intervals. Another explanation for the low number and somewhat lower proportion of physical abuse prevalence in our sample may be due to the extensive outreach in the City that has heightened awareness of this important issue, and may have minimized its occurrence there.

Finally, although not a focus of this research, the emphasis on domestic elder abuse clearly misses abuse of the elderly by other persons. Specifically, in Chicago, there is considerable outreach to elderly residents about financial exploitation as well as other forms of victimization by strangers or others. Furthermore, the selection of Chicago as our site may have limited the generalizability of findings due to the fact that Chicago has adopted more stringent laws, policies, and procedures within the criminal justice system in recent years. In addition, due to significant outreach in Chicago as to this problem by both the Agency on Aging and the Police Department, there is quite likely a heightened awareness of elder abuse, how it is defined, and how to recognize it.

Implications

While the study was by and large, exploratory, the results suggest the need for future research in examining the role of police in intervention with elder abuse victims. Indeed using a multivariate regression model, we found that those victims who received a visit by a specially trained officer, were more likely to have engaged in service seeking and protective measures than those who did not. Victims in the police sample were more likely to have experienced a range of abusive types and behaviors, including poly-victimization in the first interview, but by the follow-up interview, these differences were no longer evident, suggesting that the visits by specially trained officers were efficacious in reducing the proportions of police victims. Additionally, when examining the course of abuse for those in the police sample, the number of

frequently occurring (> 10 times in the past year) forms of abuse were reduced from about six to around 3.5, suggesting the police contact was efficacious. This certainly has implications for police agencies that are considering establishing elder abuse units or providing specialized training for their officers in domestic abuse of the elderly. Although this is the first exploratory study focused on the role of the police in elder abuse, future research using more rigorous designs would allow for more conclusive and comprehensive results.

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Appendix A
Volunteer form for senior health survey

Study of senior citizens' experiences in domestic incidents

Instructions: Please indicate whether or not you are willing to participate and enclose this form in the pre-stamped and addressed envelope and either return it to the officer or mail it yourself.

I understand that by participating, my personal information and identity will be kept confidential and not revealed to anyone except the researchers. I am aware that when the researcher calls me, I can refuse to participate at that time, or I can stop the interview at any point.

I am NOT willing to be contacted for a follow-up interview, even though the interview would be confidential.

OR

I am willing to be contacted by an independent organization that wants me to participate in the "SENIOR HEALTH SURVEY"

First Name: _____ **Last Name:** _____

Phone Number: (_____) _____

Preferred Language: English ___ Spanish ___ Other: _____

The best time for me to talk freely is (PLEASE CIRCLE ALL THAT APPLY):

DAY	TIME:		
Sunday	8am-12 noon	12 noon-4pm	4pm-8pm
Monday	8am-12 noon	12 noon-4pm	4pm-8pm
Tuesday	8am-12 noon	12 noon-4pm	4pm-8pm
Wednesday	8am-12 noon	12 noon-4pm	4pm-8pm
Thursday	8am-12 noon	12 noon-4pm	4pm-8pm
Friday	8am-12 noon	12 noon-4pm	4pm-8pm
Saturday	8am-12 noon	12 noon-4pm	4pm-8pm

Appendix B-1



POLICE FOUNDATION ELDER ABUSE STUDY



Reminder

CPD has agreed to assist the Police Foundation with a research project. The Police Foundation is a non-profit agency based out of Washington DC, that is devoted to conducting research to improve police efficiency.

The Police Foundation is conducting a study on how to improve services for elderly victims of domestic abuse. CPD has agreed to introduce the research study to persons age 60 years or older who have recently been the victim in a reported domestic abuse incident.

At trainings earlier this year, you were asked to help with the research. You were asked to hand out project volunteer forms during follow-up visits with elderly victims. To date, the Police Foundation has not received any forms. To increase volunteer participation, please use the following instructions when presenting the research to victims.

Instructions

- ✓ Bring the “Volunteer Form for SENIOR HEALTH SURVEY” and a self-addressed envelope to every follow-up visit with an elderly victim.
- ✓ During the visit, mention the research to the victim.

TIPS FOR PRESENTING THE RESEARCH:

- Tell the victim that the research is not being conducted by CPD, but we are assisting an organization that wants to improve services for seniors.
- Tell the victim that the volunteer form just means that someone will call them. They can still choose not to participate.
- Tell the victim that the research involves a telephone survey.

Appendix B-2

- ✓ **Attempt to leave the visit with a completed form in your hand.**

<p>IF THE VICTIM SAYS “NO”:</p> <ul style="list-style-type: none">• Check the “NO” box on the volunteer form yourself. Place the form in the self-addressed envelope and mail it. <p>IF THE VICTIM SAYS “MAYBE”:</p> <ul style="list-style-type: none">• Ask the victim if they have questions.• Remind the victim that completing the form does not commit them to participation.• If the victim still cannot decide after questions are answered, leave the form with the victim, along with the self-addressed envelope. <p>IF THE VICTIM SAYS “YES”:</p> <ul style="list-style-type: none">• Provide the volunteer form and envelope to the victim. Ask that the victim write the requested contact information during the visit and then place the form in the envelope and seal it.• Offer to mail the form for the victim.

- ✓ **For any victim who says “MAYBE” or “YES”, leave the page labeled “For Questions” with the victim.**

If you have any suggestions, comments, or feedback regarding this process and/or the research study, you may contact:

Timothy Lavery
Chief Operations Research Analyst
timothy.lavery@chicagopolice.org

OR **Megan Alderden**
Projects Administrator
megan.alderden@chicagopolice.org

**Research and Development Division, Unit 127
312-745-6071**

Appendix C-1

Screening questions for police sample

VICTIM/VOLUNTEER REFERS TO THE PERSON WHOSE FORM WE RECEIVED IN THE MAIL INDICATING IT WAS OKAY TO BE CONTACTED.

1. Hello, may I please speak to _____(NAME OF VICTIM/ VOLUNTEER)

IF VICTIM/VOLUNTEER ON LINE, CONTINUE WITH SURVEY.....1

IF VICTIM/VOLUNTEER IS NOT AVAILABLE: Is there a time

I can call back to speak with him/her?.....3

IF PERSON ON LINE WANTS MORE INFORMATION:

My name is [INTERVIEWER NAME]. I am calling about the SENIOR HEALTH SURVEY. We received notification from (NAME OF VICTIM/VOLUNTEER) that it would be okay for us to call. We would like to see if HE/SHE is still interested in participating in a 15-minute health-related survey.

Thank you. We are conducting a study in which we are interviewing senior citizens about their experiences of conflict with family members and/or members of their household. I would like to ask you some questions to see if you are eligible for our study.

2. Are you interested in seeing if you are eligible?

YES, CONTINUE WITH SURVEY.....1

NO.....0

Language Problems.....4

IF REFUSAL OR LANGUAGE PROBLEMS, TERMINATE CALL, THANK VICTIM FOR TIME.

Appendix C-2

3. Your safety is important to me, and because our survey asks specific questions about your current living situation and conflict with family members or members of your household, we want to make sure you are in a position to speak freely at this time. Are you alone or in a place where you feel comfortable and safe to answer these types of questions at this time?

- YES, CONTINUE WITH SURVEY.....1
- NO / HESITATION Is it ok if I call you back again later?
- NO0
- YES is there a specific time?(date:_____time:_____)......1
- or should I just keep trying?.....2
- DON'T KNOW.....-9
- REFUSED.....-8

DID RESPONDENT INDICATE HE/SHE WAS ALONE? (CIRCLE): Y _____ N _____

If someone walks in while we are conducting the survey and you want to terminate the interview, just say to me, "No, I'm not interested" and hang up. If I hear that phrase, I'll know that you need to get off the telephone.

It is important to us that our questions are clear to you and that you understand the questions we are asking. For this reason we would like you to participate in a short word game. Please listen carefully; I am going to say three words. You say them back after I stop. Ready? Here they are

Apple (PAUSE),
Table (PAUSE),
Penny (PAUSE).

I am going to ask you to repeat those words to me after I ask you a few more questions.

- 4) What year is this? _____ (1)
- 5) What month is this? _____ (1)
- 6) What is the day of the week? _____ (1)
- 7) Please list the three words I gave you at the start of our conversation. _____ (3)

Appendix C-3

(GIVE ONE POINT FOR EACH WORD RECALLED.)

TOTAL _____ (6)

SCORE OF 5 OR BELOW: Thank you for your time. This concludes our survey. Have a nice day.

SCORE OF 6: CONTINUE SCREEN

Thank you. Before we begin I need to read a short paragraph to you to ensure that you are giving me consent to ask you some questions. Please bear with me.

First, I want to remind you that your participation in this study is completely voluntary. If you participate, you may stop the interview at any time and you can refuse to answer any question that is asked. We will keep everything you tell us and all other information we collect in the strictest confidence. It will not be divulged to anyone not directly involved in the research. Your name will NEVER be used in any report. The only exception to this assurance of confidentiality is if you tell us that you are in danger of hurting yourself, that a child is in danger of being harmed, or that a crime is going to be committed. At the end of the survey I will provide you with a way to receive more information or a final copy of the report from this study.

8. Would you like to participate?

YES, CONTINUE WITH SURVEY.....1

NO Thank you for your time. Have a nice day.....0

DON'T KNOW.....-9

REFUSED.....-8

Thank you. Now I am going to ask you a few questions about conflict with family members or members of your household over the past year. In these questions I will ask you about experiences you have had with your family or members of your household. When I refer to family I am referring to members of your immediate and distant family whether they reside with you or live in a separate residence. When I refer to members of your household I am referring to any person who lives in your residence, whether a family member or not. Lets begin.

Appendix C-4

9. In the past year, since (PRESENT MONTH) of 2006, has a family member or member of your household left you unattended in a situation where you felt alone, afraid, or in need of assistance?

- YES 1
- NO (Skip to Question 11).....0
- DON'T KNOW (Skip to Question 11).....-9
- REFUSED (Skip to Question 11).....-8

10. Who was primarily responsible for leaving you in that situation? Was it your...

- Spouse..... 1
- Son.....2
- Daughter.....3
- Grandson.....4
- Granddaughter.....5
- Other family member6
- Non-family household member7
- DON'T KNOW.....-9
- REFUSED.....-8

11. In the past year, since (PRESENT MONTH) of 2006, has a family member or member of your household forced or tricked you into giving them something of value, including money, or taken your money or checks against your wishes?

- YES 1
- NO (Skip to Question 13).....0
- DON'T KNOW (Skip to Question 13).....-9
- REFUSED (Skip to Question 13).....-8

Appendix C-5

12. Who was primarily responsible for doing this to you? Was it your...

Spouse.....	1
Son.....	2
Daughter.....	3
Grandson.....	4
Granddaughter.....	5
Other family member	6
Non-family household member	7
DON'T KNOW.....	-9
REFUSED.....	-8

13. In the past year, since (PRESENT MONTH) of 2006, have you been humiliated, controlled, threatened, or shamed by a family member or member of your household?

YES	1
NO (Skip to Question 15).....	0
DON'T KNOW (Skip to Question 15).....	-9
REFUSED (Skip to Question 15).....	-8

14. Who was primarily responsible for doing this to you? Was it your...

Spouse.....	1
Son.....	2
Daughter.....	3
Grandson.....	4
Granddaughter.....	5
Other family member	6
Non-family household member	7
DON'T KNOW.....	-9
REFUSED.....	-8

Appendix C-6

15. In the past year, since (PRESENT MONTH) of 2006, have you been hit, slapped, kicked or otherwise physically hurt by a family member or member of your household?

YES	1
NO.....	0
DON'T KNOW.....	-9
REFUSED.....	-8

16. Who was primarily responsible for physically hurting you? Was it your.....

Spouse.....	1
Son.....	2
Daughter.....	3
Grandson.....	4
Granddaughter.....	5
Other family member	6
Non-family household member	7
DON'T KNOW.....	-9
REFUSED.....	-8

Interviewer: Even if the respondent answers no to all of the questions above, proceed on to the abuse victim survey.

Appendix D-1

Survey for abuse victims

17. Let's start with some questions about your health and mobility. In the past year, that is since _____ (current month) of last year, how many days were you so sick that you were unable to carry on your usual activities -- such as going to work or working around the house? In the past year, would you say you were sick:

- Never0
- A week or less,.....1
- More than a week but less than a month,.....2
- 1-3 months,..... 3
- 4-6 months,.....4
- 7-9 months,.....5
- Or 10-12 months?.....6
- DON'T KNOW.....-9
- REFUSED.....-8

18. During the past week, how many hours each day would you say that you spent outside your home? Would you say you spent...

- Less than 1 hour.....1
- 1-2 hours.....2
- 3-4 hours.....3
- More than 4 hours.....4
- DON'T KNOW.....-9
- REFUSED.....-8

19. Do you have any regular activities outside the home?

- Yes.....(GO TO Q20).....1
- No.....(GO TO Q27).....2
- DON'T KNOW.....-9
- REFUSED.....-8

I am going to name a number of different activities. For each activity can you tell me if you perform them daily, a few times a week, once a week, a few times a month, once a month, less than once a month, or never.

Appendix D-2

	DAILY	FEW TIMES A WEEK	ONCE A WEEK	FEW TIMES A MONTH	ONCE A MONTH	LESS THAN ONCE A MONTH	NEVER
20. Participate in non-religious clubs, classes, or volunteer activities such as art classes, wood shop, bingo, or shriners.	1	2	3	4	5	6	7
21. Go to an adult care program.	1	2	3	4	5	6	7
22. Exercise by going out for a walk, going to a workout facility, or some other exercise activity outside your home.	1	2	3	4	5	6	7
23. Conduct errands such as going to the grocery store or pharmacy.	1	2	3	4	5	6	7
24. Attend religious meetings or services.	1	2	3	4	5	6	7
25. Are there any other activities you do regularly? (FILL IN ANSWERS) (a) _____ (b) _____ (c) _____							
26. How often do you (a)?	1	2	3	4	5	6	7
27. How often do you (b)?	1	2	3	4	5	6	7
28. How often do you (c)?	1	2	3	4	5	6	7

29. How often do you spend time with friends or family outside the home? Is it...

- Every day.....1
- Several times a week.....2
- Once a week.....3
- Less than once a week.....4
- DON'T KNOW.....-9
- REFUSED.....-8

Appendix D-3

30. How often do you talk on the phone with friends or family other than those you live with? Would you say...

- Every day.....1
- Several times a week.....2
- Once a week.....3
- Less than once a week.....4
- DON'T KNOW.....-9

- REFUSED.....-8

Based on some of your responses to my early questions, I'd like to get some more specific information on things that happened to you. As I read some actions that may have happened to you, for each action would you tell if it has ever happened to you and then tell me how often this action has happened to you over the last year, that is since _____ (date) of last year:

	First Ask: Has a household or family member <u>ever</u> :					Then ask: How often has this happened <u>over the last year</u> , since _____ (date)? Has this happened...			
	YES	NO	DON'T KNOW	REFUSED		Never	Once	2-10 Times	10+ Times
31. Taken your money, checks or property against your wishes?	1	0	-9	-8		1	2	3	4
32. Broken or destroyed your property?									
33. Made you give up something of value?	1	0	-9	-8		1	2	3	4
34. Forced or tricked you into giving them money?	1	0	-9	-8		1	2	3	4
35. Made you sign something against your wishes?	1	0	-9	-8		1	2	3	4

Appendix D-4

	First Ask: Has a household or family member <u>ever</u> :					Then ask: How often has this happened <u>over the last year</u> , since _____ (date)? Has this happened...			
	YE S	NO	D/K	REFUSE D		Never	Once	2-10 Times	10+ Times
36. Left you in unsanitary or unsafe living conditions (e.g., dirt, soiled bedding, inadequate heat or air conditioning, inadequate clothing)?	1	0	-9	-8		1	2	3	4
37. Left you in a state of dehydration, malnutrition, untreated bedsores, or poor hygiene?	1	0	-9	-8		1	2	3	4
38. Left major health problems unattended or untreated?	1	0	-9	-8		1	2	3	4
39. Deserted you when you were out together away from home?	1	0	-9	-8		1	2	3	4
40. Failed to visit or check in with you for extended period of time?	1	0	-9	-8		1	2	3	4

	First Ask: Has a household or family member <u>ever</u> :					Then ask: How often has this happened <u>over the last year</u> , since _____ (date)? Has this happened...			
	YE S	NO	D/K	REFUSE D		Never	Once	2-10 Times	10+ Times
41. Threatened to lock you out of the house?	1	0	-9	-8		1	2	3	4
42. Threatened to destroy or break your property?	1	0	-9	-8		1	2	3	4
43. Threatened to take away privileges, property, or money?	1	0	-9	-8		1	2	3	4
44. Restricted your use of the telephone?	1	0	-9	-8		1	2	3	4
45. Threatened to take you to a nursing home?	1	0	-9	-8		1	2	3	4
46. Threatened to stop caring for you or take you to a nursing home if your behavior did not improve?	1	0	-9	-8		1	2	3	4
47. Made you tell them where you have been?	1	0	-9	-8		1	2	3	4
48. Said you are crazy or acting irrationally?	1	0	-9	-8		1	2	3	4
49. Insulted or shamed you in front of others?	1	0	-9	-8		1	2	3	4
50. Told you that you couldn't spend time with certain people such as grandchildren or friends?	1	0	-9	-8		1	2	3	4
51. Repeatedly yelled at you, scolded you, or ridiculed you?	1	0	-9	-8		1	2	3	4
52. Threatened to kill you or hurt you?	1	0	-9	-8		1	2	3	4

Appendix D-5

	First Ask: Has a household or family member <u>ever</u> :					Then ask: How often has this happened <u>over the last year</u> , since _____ (date)? Has this happened...			
	YES	NO	D/K	REFUSE		Never	Once	2-10 Times	10+ Times
53. Insulted or swore at you?	1	0	-9	-8		1	2	3	4
54. Threatened to hit you or throw something at you?	1	0	-9	-8		1	2	3	4
55. Threw something at you?	1	0	-9	-8		1	2	3	4
56. Pushed, grabbed, or shoved you?	1	0	-9	-8		1	2	3	4
57. Slapped you?	1	0	-9	-8		1	2	3	4
58. Threatened you with a knife, gun, or another weapon?	1	0	-9	-8		1	2	3	4
59. Injured you with a knife, gun, or other weapon?	1	0	-9	-8		1	2	3	4
60. Kicked, bit or hit you with a fist?	1	0	-9	-8		1	2	3	4
61. Burned you?	1	0	-9	-8		1	2	3	4
62. Beat you up?	1	0	-9	-8		1	2	3	4
63. Choked you?	1	0	-9	-8		1	2	3	4
64. Held you against your will such as locking you in a room or tying you up?	1	0	-9	-8		1	2	3	4
65. Touched you sexually against your will?	1	0	-9	-8		1	2	3	4
66. Hurt you badly enough that you needed medical attention?	1	0	-9	-8		1	2	3	4

67. Who was *primarily* responsible for the behaviors that you reported to me? Was it your ...

Spouse.....1

Son.....2

Daughter.....3

Grandson.....4

Granddaughter.....5

Other family member6

What is _____'s relationship to you?

Non-family household member7

What is _____'s relationship to you?

DON'T KNOW.....-9

REFUSED.....-8

Appendix D-6

All of the following questions I am going to ask about will only refer to the person you indicated had been primarily responsible for doing these things you reported.

68. Does (TYPE OF RELATION, E.G. YOUR BROTHER, ETC.) live with you...

- All of the time.....1
- Some of the time.....2
- Not at all.....3
- DON'T KNOW.....-9
- REFUSED.....-8

69. How long have you known this person? ____ / ____ (years / months)

70. Please think back to the first time this person behaved in one of the ways you mentioned before.

Could you tell me how long ago this was? ____ / ____ (years / months)

Now, I'd like to ask some questions about YOUR (FILL IN RELATIONSHIP TYPE, E.G. BROTHER) _____'s personality characteristics:

To the best of your knowledge, has your (FILL IN ABUSER'S RELATIONSHIP TYPE)...	YES	NO	DON'T KNOW	REFUSED
71. ever destroyed anyone's property other than yours?	1	0	-9	-8
72. ever been violent towards anyone other than yourself?	1	0	-9	-8
73. ever been arrested?	1	0	-9	-8
74. ever had emotional problems?	1	0	-9	-8
75. ever been hospitalized for psychiatric reasons?	1	0	-9	-8
76. ever had a drinking problem?	1	0	-9	-8
77. ever had a drug problem?	1	0	-9	-8

Appendix D-7

During the past year, has _____ (FILL IN ABUSER’S RELATION) had any of the following things happen:

In the past year, since (PRESENT MONTH) of 2006, has your _____ (FILL IN ABUSERS RELATIONSHIP TO THE VICTIM)...	YES	NO	DON’T KNOW	REFUSED
78. experienced the death of a relative?	1	0	-9	-8
79. had a death of a member of their household?	1	0	-9	-8
80. had a serious illness?	1	0	-9	-8
81. moved residences?	1	0	-9	-8
82. lost a job?	1	0	-9	-8
83. retired?	1	0	-9	-8

Now I’d like to ask you about some of the activities of daily living, things we all need to do as part of our daily lives. For each of the following activities can you please tell me if you can do them without help, with some help, or if you can’t do them at all?

	Don’t need help	Get help from _____ (FILL IN ABUSER’S RELATIONSHIP).	Get help from person other than _____ (FILL IN ABUSER RELATIONSHIP)	Don’t know	Refused
84. Pay your rent, buy groceries or medicine, or pay for other living expenses?	1	2	3	-9	-8
85. Personal care such as getting dressed or bathed, getting in and out of bed, or taking medicine?	1	2	3	-9	-8
86. Daily activities such as shopping, preparing meals, house cleaning, or getting rides to places?	1	2	3	-9	-8

Appendix D-8

Now, I'd like to ask about how much your _____ (FILL IN ABUSERS RELATIONSHIP TO THE VICTIM) depends on you. Please tell me if he/she is entirely dependent on you, somewhat dependent on you, or not dependent on you in each of these areas?					
	Entirely Dependent	Somewhat Dependent	Not Dependent	Don't Know	Refused
87. A place to live.	1	2	3	-8	-9
88. Groceries or other expenses.	1	2	3	-8	-9
89. Cooking and cleaning.	1	2	3	-8	-9
90. Childcare or other daily responsibilities (describe: _____)	1	2	3	-8	-9
Are there any other responsibilities your _____ (FILL IN ABUSERS RELATIONSHIP) is dependent on you for? (a) (b) (c)					
91. How dependent was your _____ on you for (a)	1	2	3	-8	-9
92. How dependent was your _____ on you for (b)	1	2	3	-8	-9
93. How dependent was your _____ on you for (c)	1	2	3	-8	-9

I want to ask you now about steps you may have taken to stop or prevent these behaviors toward you within the past six months (that is, since GIVE DATE).

PLEASE CHECK RESPONDENT'S ANSWER. IF THE RESPONDENT'S ANSWER IS "NO" OR "DIDN'T NEED", ASK QUESTIONS A. IF THEIR ANSWER IS YES, SKIP TO THE NEXT QUESTION.

During the past *six months*:

	YES	NO	D/K	RTA	N/A
FOR COMMUNITY SAMPLE VICTIMS ONLY: 94. Did you seek help from the police? IF NO:	0	1	-9	-8	-98
95. Do you know how to get help from the police if you need it?	0	1	-9	-8	-98
96. Have you sought assistance from adult protective services? (IF NO:)	0	1	-9	-8	-98
97. Do you know how to get help from APS if you need it	0	1	-9	-8	-98
98. Did you seek help from the courts, such as a restraining order? IF NO:	0	1	-9	-8	-98

Appendix D-9

99. Do you know how to get help from the courts if you need it?	0	1	-9	-8	-98
100. Did you get assistance in finding another place to live? IF NO:	0	1	-9	-8	-98
101. Do you know how to get help relocating if you need it?	0	1	-9	-8	-98
102. Did you seek emergency financial assistance? IF NO:	0	1	-9	-8	-98
103. Do you know how to get financial help if you need it?					
104. Have you talked with a counselor, clergyman, or doctor about the abuse? IF NO:	0	1	-9	-8	-98
105. Do you have someone to talk with if you need it?					
106. Have you talked with family or friends about the abuse? IF NO:	0	1	-9	-8	-98
107. Do you have someone to talk with if you need it?					
108. Did you get help with improving security in your home? IF NO:	0	1	-9	-8	-98
109. Do you know how to get security help if you need it?					

Last, I want to ask some general background questions about you and the people that you live with.

110. Would you describe yourself as...

- White,.....1
- Black,.....2
- Hispanic,.....3
- Asian, or4
- Something else? _____5
- DON'T KNOW.....-9
- REFUSED.....-8

Appendix D-10

111. What was the highest grade of school that you completed?

Less than high school.....	1
Some high school.....	2
High school grad/GED.....	3
Some college.....	4
Associate degree.....	5
Bachelor.....	6
Graduate degree.....	7
MD or PhD.....	8
DON'T KNOW.....	-9
REFUSED.....	-8

112. How much was your household's income during 2006 from all sources, including Social Security, Public Assistance? Was it.....

Under \$15,000.....	1
\$15,000-\$25,000.....	3
\$25,000-\$50,000.....	4
\$50,000 -\$75,000.....	5
More than \$75,000.....	6
DON'T KNOW.....	-9
REFUSED.....	-8

113. Do you work outside the home...

Full time.....	1
Part-time.....	2
Not at all.....	3
DON'T KNOW.....	-9
REFUSED.....	-8

114. How many people besides yourself live in your household? _____

Appendix D-11

115. Can you specify your relationship to these people ? Do you live with...
(CIRCLE ALL THAT APPLY)

- a Spouse?.....1
- any Children ? how many?(#:____).....2
- any Grandchildren? how many? (#:____).....3
- any Other relatives? how many? (#:____).....4
- any Other non-relatives? how many? (#:____).....5
- DON'T KNOW.....-9
- REFUSED.....-8

116. Are you currently...

- Married.....1
- Divorced.....2
- Widowed.....3
- Never married.....4
- DON'T KNOW.....-9
- REFUSED.....-8

117. What year were you born in? 19____ (year)

118. PLEASE CIRCLE RESPONDENT'S GENDER (DO NOT ASK!):

- Male.....1
- Female.....2

This is the end of the survey. Thank you very much for your time and cooperation. Your participation was greatly appreciated!

I want to leave you with a couple of phone numbers, in case you ever need help. Do you have pencil to write these down? The first is the number of a special office at the Chicago Police Department who deals with cases of crimes against the elderly. The number of that office is 312-745-5541. The second number is a hotline number for the National Center for Victims of Crime. They can help you if you need counseling or other services. Their number is (800)394-2255. Finally if you have

Appendix D-12

any questions about the study, or wish to receive a summary of the study when it is completed, you can call me at 1-877-401-0295.

URGE VICTIM TO CALL THESE NUMBERS IF YOU FEEL THAT HE OR SHE HAS BEEN SEVERELY DISTRESSED BY THE INTERVIEW.

(1) RECORD VICTIM'S NAME AND ASK IF IT IS ALL RIGHT TO CONTACT HIM OR HER AGAIN IN SIX MONTHS. RECORD NAME, BEST PHONE NUMBER AND BEST TIMES TO CALL.

We'll be conducting a follow up survey in 6 months, would it be okay if we contacted you again? Yes / No (circle one)

a) Name: _____

b) Best phone number: _____

c) Best time to call: _____

(3) WARN RESPONDENT ABOUT DISCLOSING THE CONTENTS OF THE SURVEY TO THE ABUSER OR OTHERS LIKELY TO INFORM THE ABUSER:

We are concerned about your safety. If you feel uncomfortable revealing the content of this survey to anyone, especially _____ (Relationship of abuser to the victim) then I would suggest you tell him/her you participated in a survey on physical and emotional well-being of the elderly.

Appendix E-1

Screener for community sample

Hello, my name is [INTERVIEWER NAME]. I'm a researcher calling from the Schaeffer Center for Public Policy in Baltimore. We are conducting a study funded by the U.S. Department of Justice on the emotional and physical well-being of people over the age of 60.

1. Could I please speak with someone in this household who is at least 60 years old?

IF YES, CONTINUE WITH SURVEY.....1

IF NO ONE 60 OR OLDER IN THE HOUSE: Thank you for your time.

Have a nice day.....2

THE INDIVIDUAL 60 OR OLDER IS NOT AVAILABLE: Is there a time that I can call back to speak with him/her?.....3

PROBLEMS—LANGUAGE.....4

REFUSED.....-8

2. Thank you. To expand, we are interviewing senior citizens about their experiences of conflict with family members and/or members of their household. I would like to ask you some questions. It should only take about 15 minutes. May I continue?

YES, CONTINUE WITH SURVEY.....1

NO Thank you for your time. Have a nice day.....0

DON'T KNOW Thank you for your time. Have a nice day.....-9

REFUSED Thank you for your time. Have a nice day.....-8

3. Your safety is important to me, and because our survey asks specific questions about your current living situation and conflict with family members or members of your household, we want to make sure you are in a position to speak freely at this time. Are you alone or in a place where you feel comfortable and safe to answer these types of questions at this time?

YES, CONTINUE WITH SURVEY.....1

Appendix E-2

- NO / HESITATION Is it ok if I call you back again later?
- NO0
- YES is there a specific time?(date: ____ time: ____).1
- or should I just keep trying?.....2
- DON'T KNOW.....-9
- REFUSED.....-8

DID RESPONDENT INDICATE HE/SHE WAS ALONE? (CIRCLE): Y N

If someone walks in while we are conducting the survey and you want to terminate the interview, just say to me, "No, I'm not interested" and hang up. If I hear that phrase, I'll know that you need to get off the telephone.

It is important to us that our questions are clear to you and that you understand the questions we are asking. For this reason we would like you to participate in a short word game. Please listen carefully; I am going to say three words. You say them back after I stop. Ready? Here they are

Apple (PAUSE),
Table (PAUSE),
Penny (PAUSE).

I am going to ask you to repeat those words to me after I ask you a few more questions.

- 4) What year is this? _____ (1)
- 5) What month is this? _____ (1)
- 6) What is the day of the week? _____ (1)
- 7) Please list the three words I gave you at the start of our conversation. _____ (3)
- (GIVE ONE POINT FOR EACH WORD RECALLED.)
- TOTAL _____ (6)

SCORE OF 5 OR BELOW: Thank you for your time. This concludes our survey. Have a nice day.

SCORE OF 6: CONTINUE SCREEN

Appendix E-3

Thank you. Before we begin I need to read a short paragraph to you to ensure that you are giving me consent to ask you some questions. Please bear with me.

First, I want to remind you that your participation in this study is completely voluntary. If you participate, you may stop the interview at any time and you can refuse to answer any question that is asked. We will keep everything you tell us and all other information we collect in the strictest confidence. It will not be divulged to anyone not directly involved in the research. Your name will NEVER be used in any report. The only exception to this assurance of confidentiality is if you tell us that you are in danger of hurting yourself, that a child is in danger of being harmed, or that a crime is going to be committed. At the end of the survey I will provide you with a way to receive more information or a final copy of the report from this study.

8. Would you like to participate?

- YES, CONTINUE WITH SURVEY.....1
- NO Thank you for your time. Have a nice day.....0
- DON'T KNOW.....-9
- REFUSED.....-8

Thank you. Now I am going to ask you a few questions about conflict with family members or members of your household over the past year. In these questions I will ask you about experiences you have had with your family or members of your household. When I refer to family I am referring to members of your immediate and distant family whether they reside with you or live in a separate residence. When I refer to members of your household I am referring to any person who lives in your residence, whether a family member or not. Lets begin.

9. In the past year, since (PRESENT MONTH) of 2006, has a family member or member of your household left you unattended in a situation where you felt alone, afraid, or in need of assistance?

- YES1
- NO (Skip to Question 11).....0
- DON'T KNOW (Skip to Question 11).....-9
- REFUSED (Skip to Question 11).....-8

Appendix E-4

10. Who was primarily responsible for leaving you in that situation? Was it your...

Spouse.....	1
Son.....	2
Daughter.....	3
Grandson.....	4
Granddaughter.....	5
Other family member	6
Non-family household member	7
DON'T KNOW.....	-9
REFUSED.....	-8

11. In the past year, since (PRESENT MONTH) of 2006, has a family member or member of your household forced or tricked you into giving them something of value, including money, or taken your money or checks against your wishes?

YES	1
NO (Skip to Question 13).....	0
DON'T KNOW (Skip to Question 13).....	-9
REFUSED (Skip to Question 13).....	-8

12. Who was primarily responsible for doing this to you? Was it your...

Spouse.....	1
Son.....	2
Daughter.....	3
Grandson.....	4
Granddaughter.....	5
Other family member	6
Non-family household member	7
DON'T KNOW.....	-9
REFUSED.....	-8

Appendix E-5

13. In the past year, since (PRESENT MONTH) of 2006, have you been humiliated, controlled, threatened, or shamed by a family member or member of your household?

- YES1
- NO (Skip to Question 15).....0
- DON'T KNOW (Skip to Question 15).....-9
- REFUSED (Skip to Question 15).....-8

14. Who was primarily responsible for doing this to you? Was it your...

- Spouse.....1
- Son.....2
- Daughter.....3
- Grandson.....4
- Granddaughter.....5
- Other family member6
- Non-family household member7
- DON'T KNOW.....-9
- REFUSED.....-8

15. In the past year, since (PRESENT MONTH) of 2006, have you been hit, slapped, kicked or otherwise physically hurt by a family member or member of your household?

- YES1
- NO.....0
- DON'T KNOW.....-9
- REFUSED.....-8

Appendix E-6

16. Who was primarily responsible for physically hurting you? Was it your.....

Spouse.....	1
Son.....	2
Daughter.....	3
Grandson.....	4
Granddaughter.....	5
Other family member	6
Non-family household member	7
DON'T KNOW.....	-9
REFUSED.....	-8

Interviewer: if the respondent answered yes to any of the questions above proceed on to the abuse victim survey. If the respondent answered no to all the above questions proceed to the non-victim survey until 150 non-victims have been interviewed. If goal of 150 has been attained, thank the respondent and tell them that the survey is complete and to have a nice day.

Appendix F-1

Survey for non-victims

17. Let's start with some questions about your health and mobility. In the past year, that is since _____(current month) of last year, how many days were you so sick that you were unable to carry on your usual activities – such as going to work or working around the house? In the past year would you say you were sick.

Never,	0
A week or less,.....	1
More than a week but less than a month,.....	2
1-3 months,.....	3
4-6 months,.....	4
7-9 months,.....	5
Or 10-12 months?.....	6
DON'T KNOW.....	-9
REFUSED.....	-8

18. During the past week, how many hours each day would you say that you spent outside your home?
Would you say you spent...

Less than 1 hour.....	1
1-2 hours.....	2
3-4 hours.....	3
More than 4 hours.....	4
DON'T KNOW.....	-9
REFUSED.....	-8

19. Do you have any regular activities outside the home?

Yes.....(GO TO Q20).....	1
No.....(GO TO Q27).....	2
DON'T KNOW.....	-9
REFUSED.....	-8

Appendix F-2

I am going to name a number of different activities. For each activity can you tell me if you perform them daily, a few times a week, once a week, a few times a month, once a month, less than once a month, or never.

	DAILY	FEW TIMES A WEEK	ONCE A WEEK	FEW TIMES A MONTH	ONCE A MONTH	LESS THAN ONCE A MONTH	NEVER
20. Participate in non-religious clubs, classes, or volunteer activities such as art classes, wood shop, bingo, or shriners.	1	2	3	4	5	6	7
21. Go to an adult care program.	1	2	3	4	5	6	7
22. Exercise by going out for a walk, going to a workout facility, or some other exercise activity outside your home.	1	2	3	4	5	6	7
23. Conduct errands such as going to the grocery store or pharmacy.	1	2	3	4	5	6	7
24. Attend religious meetings or services.	1	2	3	4	5	6	7
25. Are there any other activities you do regularly? (FILL IN ANSWERS)	(a) _____ (b) _____ (c) _____						
26. How often do you (a)?	1	2	3	4	5	6	7
27. How often do you (b)?	1	2	3	4	5	6	7
28. How often do you (c)?	1	2	3	4	5	6	7

Appendix F-3

29. How often do you spend time with friends or family outside the home? Is it...

Every day.....	1
Several times a week.....	2
Once a week.....	3
Less than once a week.....	4
DON'T KNOW.....	-9
REFUSED.....	-8

30. How often do you talk on the phone with friends or family other than those you live with? Would you say...

Every day.....	1
Several times a week.....	2
Once a week.....	3
Less than once a week.....	4
DON'T KNOW.....	-9
REFUSED.....	-8

31. Who is the family or household member who is most responsible for helping you when you need it? (PSO) Is it your...

Spouse.....	1
Son.....	2
Daughter.....	3
Grandson.....	4
Granddaughter.....	5
Other family member	6
What is his/her relationship to you?	
Non-family household member	7
What is his/her relationship to you?	
DON'T KNOW.....	-9
REFUSED.....	-8

Appendix F-4

The questions I am going to ask you next will only refer to _____ (RELATIONSHIP OF PSO).

32. Does _____ (RELATIONSHIP TYPE) live with you...

- All of the time.....1
- Some of the time.....2
- Not at all.....3
- DON'T KNOW.....-9
- REFUSED.....-8

33. How long have you known that person? ____/____ (years / months)

34. Now, I'd like to ask some questions about _____'S (RELATIONSHIP TYPE FOR PSO) personality characteristics:

Has your _____(RELATIONSHIP TYPE) ...	YES	NO	DON'T KNOW	REFUSED
35. ever destroyed property?	1	0	-9	-8
36. ever been violent towards anyone?	1	0	-9	-8
37. ever been arrested?	1	0	-9	-8
38. ever had emotional problems?	1	0	-9	-8
39. ever been hospitalized for psychiatric reasons?	1	0	-9	-8
40. ever had a drinking problem?	1	0	-9	-8
41. ever had a drug problem?	1	0	-9	-8

Appendix F-5

During the past year, has _____ (RELATIONSHIP TYPE) had any of the following things happen:

In the past year, since (PRESENT MONTH) of 2006, has your _____ (RELATIONSHIP TYPE)...	YES	NO	DON'T KNOW	REFUSED
42. had a death in their household?	1	0	-9	-8
43. experienced the death of a relative?	1	0	-9	-8
44. had a serious illness?	1	0	-9	-8
45. moved residences?	1	0	-9	-8
46. lost a job?	1	0	-9	--8
47. retired?	1	0	-9	--8

Now I'd like to ask you about some of the activities of daily living, things we all need to do as part of our daily lives. For each of the following activities can you please tell me if you can do them without help, with some help, or you can't do them at all?	Don't need help	Get help from PSO	Get help from person other than PSO	Don't know	Refused
48. Pay your rent, buy groceries or medicine, or pay for other living expenses?	1	2	3	-9	--8
49. Personal care such as getting dressed or bathed, getting in and out of bed, or taking medicine?	1	2	3	-9	-8
Daily activities such as shopping, preparing meals, house cleaning, or rides?	1	2	3	-9	-8

Appendix F-6

Now, I'd like to ask about how much _____(RELATIONSHIP TO RESPONDENT) depends on you. Please tell me if he/she is entirely dependent on you, somewhat dependent on you, or not dependent on you in each of these areas?

	ENTIRELY DEPENDENT	SOMEWHAT DEPENDENT	NOT DEPENDENT	DON'T KNOW	REFUSED
50. A place to live.	1	2	3	-8	-9
51. Groceries or other expenses	1	2	3	-8	-9
52. Cooking and cleaning	1	2	3	-8	-9
53. Childcare or other daily responsibilities (describe: _____)	1	2	3	-8	-9

Last, I want to ask some general background questions about you and the people that you live with.

54. Would you describe yourself as...

- White.....1
- Black.....2
- Hispanic.....3
- Asian, or4
- Something else? _____5
- DON'T KNOW.....-9
- REFUSED.....-8

55. What was the highest grade of school that you completed?

- Less than high school.....1
- Some high school.....2
- High school grad/GED.....3
- Some college.....4
- Associate degree.....5
- Bachelor.....6
- Graduate degree.....7
- MD or PhD.....8
- DON'T KNOW.....-9
- REFUSED.....-8

Appendix F-7

56. How much was your household's income during 2006 from all sources, including Social Security, Public Assistance? Was it.....

Under \$15,000.....	1
\$15,000-\$25,000.....	3
\$25,000-\$50,000.....	4
\$50,000 -\$75,000.....	5
More than \$75,000.....	6
DON'T KNOW.....	-9
REFUSED.....	-8

57. Do you work outside the home...

Full time.....	1
Part-time.....	2
Not at all.....	3
DON'T KNOW.....	-9
REFUSED.....	-8

58. How many people besides yourself live in your household? _____

59. Can you specify your relationship to these people ? Do you live with...

(CIRCLE ALL THAT APPLY?)

a Spouse?.....	1
any Children ? how many?(#:____).....	2
any Grandchildren? how many? (#:____).....	3
any Other relatives? how many? (#:____).....	4
any Other non-relatives? how many? (#:____).....	5
DON'T KNOW.....	-9
REFUSED.....	-8

Appendix F-8

60. Are you currently...

- Married.....1
- Divorced.....2
- Widowed.....3
- Never married.....4
- DON'T KNOW.....-9
- REFUSED.....-8

61. Could you please give me your birth date? ____ (day) / ____ (month) / ____ (year)

62. PLEASE CIRCLE RESPONDENT'S GENDER (DO NOT ASK!):

- Male.....1
- Female.....2

This is the end of the survey. Thank you very much for your time and cooperation. Your participation was greatly appreciated!

RECORD VICTIM'S NAME AND ASK IF IT IS ALL RIGHT TO CONTACT HIM OR HER AGAIN IN SIX MONTHS. RECORD NAME, BEST PHONE NUMBER AND BEST TIMES TO CALL.

Is it all right to contact him/her again in six months? Yes / No (circle one)

Name: _____

Best phone number: _____

Best time to call: _____

Appendix G

Referral Sheet for Elder Abuse Interviews

Chicago Police 911 System (for emergencies only)	24 Hours	312-744-4000 (press one for 911)
National Suicide Hotline	24 Hours	1-800-273-8255
National Center for Victims of Crime (for information and referral to any services)	7:30 - 7:30 Central Time, M-F	1-800-394-2255
Elder Abuse Hotline	24 Hours	1-866-800-1409
Chicago Department on Aging	Business hours	1-312-744-4016
Illinois Senior Fraud Helpline	Hours unknown	1-800-243-5377
Sgt. Kathleen Argentino, Chicago Police Elder Victim Unit (for non-emergency help with crime or to verify legitimacy of interview)	Business hours	1-312-745-6340
Research Center (to verify legitimacy of interview) Principal Investigator: Karen Amendola	Business hours	1-877-401-0295

Calming Techniques

1. Can you try to slow your breathing? Take a deep breath.
2. Would you like to put the phone down and go get a drink of water?
3. (If bothered about something in the past) You are safe right now.

Safety Assessment

1. Are you safe right now?
2. What is frightening you at this moment?
3. Will it be safe to wait and speak to someone about this after our call, or you need to speak to someone right now?

Emergencies

1. Ask the person to stay on the line.
2. Call over a supervisor or colleague, describe the situation, decide together how to intervene.
3. Continue talking with the elder while the 2nd person calls the Chicago Police or the suicide hotline to describe the situation.
4. If the elder is able, give them the hotline number to call or instruct them to call 911. If they are unable to make the call for themselves, give the elder's phone number to the 911 operator and ask that either (a) they break into the line, or (b) they send an emergency response directly to the elder's home.

Non-Emergency Referrals

1. Ask if the person has paper and something to write with
2. Give the appropriate number. Repeat it. Ask them to repeat it back to you.
3. Ask if they are OK to continue the interview.
4. At the conclusion of the interview, remind them that they have a number to call for further help.