

**UNDERSTANDING UNDERREPORTING OF ELDER FINANCIAL ABUSE:  
CAN DATA SUPPORT THE ASSUMPTIONS?**

by

Sheri C. Gibson

B.A., University of Colorado at Colorado Springs, 2007

M.A., University of Colorado at Colorado Springs, 2009

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This dissertation for the Doctor of Philosophy by

Sheri C. Gibson, M.A.

has been approved for the

Department of Psychology

by

---

Edith Greene, Ph.D.

---

Sara Honn Qualls, Ph.D.

---

Kelli J. Klebe, Ph.D.

---

Tom Pyszczynski, Ph.D.

---

Valerie Stone, Ph.D.

Gibson, Sheri C., M.A., Psychology

Understanding Underreporting of Elder Abuse: Can Data Support the Assumptions?

Dissertation directed by Edith Greene, Ph.D.

The fastest growing segment of the U.S. population is adults ages 60 and older. Subsequently, cases of elder abuse are on the rise with the most common form being financial victimization. Approximately only one in five cases of elder financial abuse (EFA) are reported to authorities. The present study used vignette methodology to determine 1) under what circumstances cognitively-intact older adults would report EFA, 2) to whom they would report, 3) what impediments prevent them from reporting, and 4) how their willingness to report is influenced by age-related self-perceptions and attitudes about aging. Two important factors that influenced reporting behavior emerged from the findings: the quality of the relationship between the victim and alleged offender; and age-related stereotypes. Underlying both may be a crucial protective factor: intact cognitive functioning. Results from this study provide a useful starting point for understanding which factors may increase reporting and reduce mistreatment of older adults.

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## CHAPTER 1

### Introduction

**The state of research.** In the year 2000, 35 million people ages 60 and older were living in the United States. The U.S. Census Bureau (2008) expects that number to increase twofold by 2030. For many Americans an increase in longevity means enjoying good health and independence. However, approximately 40% of older adults suffer from some form of limitation. In 2010, 13% of older Americans lived with Alzheimer's disease (Alzheimer's Association, 2010), and an additional 20% suffered from non-dementia conditions that affect cognitive functioning (e.g., depression, stroke, and diabetes) (Federal Interagency Forum on Aging Related Statistics, 2010). All of these challenges increase an older adult's risk for abuse and neglect.

Although estimates regarding the prevalence and incidence rates of elder abuse vary considerably, the consensus is that elder abuse is a fast-growing social problem (Deem, 2000). In 1996, an estimated 4.1 million Americans had been victims of elder abuse in domestic settings (National Center on Elder Abuse, 1997), and Adult Protective Services (APS)—the social service agency responsible for investigating claims of elder abuse—reported a 19.7 percent increase between 1996 and 2004 (Teaster, Dugar, Mendiondo, Abner, Cecil, & Otto, 2006). Recent prevalence rates suggest that elder abuse and neglect affects an estimated 4.6% of individuals over the age of 65 (Acierno et al., 2010).

Earlier research on elder abuse suggests that this phenomenon is complex (Quinn & Tomita, 1987; Stearns, 1988). Researchers and national agencies have struggled to measure incidence rates of elder abuse primarily because no national mechanism exists to record and analyze reporting data, definitions vary among states, and detection is difficult (Deem, 2000;

Payne, 2011). Recent recommendations have been made to develop validated procedures for data collection so as to increase accurate measurement of elder abuse (Connolly, 2010).

In spite of flawed data collection methods, researchers have looked carefully at risk factors for victims and at the different forms of abuse. For example, there are several known risk factors for elder victimization, including the presence of psychopathology; alcohol and substance abuse; financial dependency on or by family members; caregiver burden; and cognitive or physical deficits (Choi & Mayer, 2000; Hafemeister, 2003). Older adults with a history of trauma or abuse, as well as those with dwindled social support networks, are also susceptible to victimization (Acierno et al., 2010).

The different forms of elder mistreatment include physical, emotional, and sexual abuse; self-neglect; neglect by a caregiver; and financial exploitation. While the concept of “elder abuse” is generally accepted by practitioners, law makers, and academicians, there exists extreme variability among individual states in how they define, respond to, investigate, prosecute, and prevent incidents of elder abuse (Nerenberg, 2008). In fact, a frequent criticism in the literature is the inconsistency of definitions across states, and a plea for legislators, practitioners, academicians, and law enforcement to jointly agree on a definition of elder abuse (Brandl et al., 2007; National Research Council, 2003; Nerenberg, 2008; Payne, 2011). The implications of poorly defined criteria are far-reaching in terms of understanding incidence and prevalence rates, creating laws to deal with abuse, and determining whether or not family members, caregivers, or trusted friends are responsible for the mistreatment (Payne, 2011).

Compounding the problem is the fact that our knowledge about aspects of elder abuse is based primarily on observational, descriptive, and case study reports. Although observational studies provide useful insights into a phenomenon by examining behavior *in vivo*, interpretation of findings can be problematic in terms of assuming causal relationships where none exist (Shuttleworth, 2009). In elder abuse research—as with other research in social science—scientists are unable to assign participants to be abused and compare them with a control group.



Despite the limitations of observational research, the study of elder abuse has primarily used this method to understand the scope of the problem and generate research questions that can be empirically tested. In a recent review of published elder abuse research articles between 1975 and 2008, Daly and colleagues (2011) found that the majority of articles (81%) provided evidence from observational studies (e.g., correlational or descriptive data), with an additional 15% consisting of evidence collected from expert opinion or case reports. Of the 590 publications meeting the reviewers' criteria for inclusion in the review, no meta-analyses were discovered within the literature and only 2% of the articles were identified as "well-designed controlled trials" that consistently supported evidence for a specific assessment, intervention, or treatment action. Furthermore, in another field "young" in publications—family medicine—researchers in that field published 790 articles in 2003, compared with 38 elder abuse research articles within the same year (Pathman, Viera, & Newton, 2008). The findings are clear: the amount of elder abuse research is minimal and the field is in desperate need of support for the development of empirically-based evidence.

**A word about language.** At the outset, this author feels it important to make note of a significant issue. The American Psychological Association (APA) is very clear with regards to the usage of non-pejorative, non-biased, non-discriminatory language in any professional document (2010). This represents an attempt to not define individuals by their condition or status in life but rather by use of the 'individual-first' concept. Regarding the present manuscript, the terms "elder," "victim," "perpetrator," etc. are not intended to depict any semblance of prejudice or violate any APA parameters. It should be stated that these words are readily used within scholarly Psychology and Law journals. As a result, the terms used within this text reflect matters of convenience as opposed to any intention of disrespect or minimization of the person.

## CHAPTER 2

### Review of the Literature

**Historical background of elder abuse.** America's societal recognition of elder abuse did not occur until the 1990s. Prior to that time (1960s and 1970s), the public had focused intently on issues related to child abuse and spousal violence (Dessin, 2000) but lacked awareness of the phenomenon of elder abuse. In a 1975 letter to the editor of the *British Medical Journal*, G. R. Burston urged public awareness of "Granny-battering," specifically within the medical setting where physicians were recognized as being in a unique position to assess and intervene in cases of suspected family-perpetrated elder abuse (McAlpine, 2008). Five years following that letter, the first medical presentation and lecture on elder abuse was presented before the American Geriatric Society. It was titled, "The King Lear Syndrome" (Wise & Healthy Aging, 2009).

In 1980, joint Congressional hearings on abuse concluded with recommendations for the introduction of adult protective service laws and the establishment of a National Center of Adult Abuse (Filinson, 1989). Subsequently, the majority of states have adopted protective laws including mandatory reporting, an increased effort in volunteer-based service delivery for elderly persons, and strategies to respond to court-ordered emergency interventions for mentally incompetent and abused elderly persons (Filinson, 1989). But it was not until 1993 that the American Medical Association published guidelines for dealing with the diagnosis and treatment of elder abuse and neglect (Aravanis et al., 1993).

Although just as debilitating as other forms of elder abuse, financial abuse has received even less attention in the public eye as well as minimal interest among researchers (Nerenberg, 2000). For the reasons outlined earlier (e.g., increasing numbers of elder adults and increased longevity), the relative lack of public knowledge about this domain of elder abuse is concerning

and research is long overdue. Fortunately, the topic of elder financial abuse has in recent years earned front page notoriety due to high profile criminal cases involving wealthy and prominent elders (e.g., philanthropist Brooke Astor and actor Mickey Rooney). But the larger picture of elder financial abuse illuminates the enormous financial drain it has taken on seniors and the American federal benefits system.

In a recent study conducted by Adult Protective Services of Utah, reporting statistics revealed nine percent of elder victims had to turn to Medicaid to cover their health care costs because they had lost their savings and assets to financial exploitation (Quinn, 2011). Researchers of the Utah study also discovered that financial abuse of the elderly cost Utah taxpayers approximately 1 million dollars per week. Additionally, a recent analysis of national newsfeeds conducted by MetLife revealed a 12 percent increase in estimated financial loss to elderly victims in 2010 compared to 2008, yielding a total of 2.9 billion dollars (MetLife Mature Market Institute, 2011). The devastating financial consequence on the lives of older adults, their families, and future generations is only one reason why additional research is desperately needed at this time in American history.

**Elder financial abuse.** The National Committee on Elder Abuse (NCEA) defines financial abuse as the “illegal or improper use of an elder’s funds, property, or assets” (National Committee on Elder Abuse, 1997, 1998). Examples of financial abuse include using money or property without permission, forging an older person’s signature, abusing powers of attorney, and coercing or deceiving an older adult to sign a document, change an existing document, or invest in a fraudulent business scheme. Experts speculate that elder individuals are prime targets because they are more trusting and less sophisticated about financial matters than younger people (Kemp & Mosqueda, 2005) and are relatively naïve about digital methods of handling financial transactions.

Similar to other forms of elder abuse, concepts and definitions of financial abuse vary from state to state. Terms used in the literature include material abuse, financial exploitation,

exploitation of resources, fiduciary abuse, economic victimization, financial victimization, fraud, and theft (Brandl et al., 2007; Sanchez, 1996; Wilber, 1990).

For purposes of this paper, I will refer to this type of abuse as *financial abuse* or *financial exploitation* and will focus on financial abuse which is perpetrated by someone known to the victim, rather than on scams and fraud which are typically perpetrated by complete strangers. The two following brief scenarios (the first, an example of a scam by a stranger; the second involving financial abuse within a pre-existing, close relationship) highlight the difference between a stranger and personal crime (adapted from *Seniors & The Law: A Guide for Maturing Californians*, California Bar Association, 2009):

- Mrs. Jones is persuaded by a home repairman to pay cash on the spot for a “great” home improvement deal and then he fails to do any of the work.
- Mrs. Smith’s neighbor who has cared for her since her husband’s death two years ago pressures her into signing a power of attorney so that he can help handle her financial affairs. He eventually sells her home for the cash and disappears.

Financial exploitation has been identified as the most common form of elder victimization (Acierno et al., 2010). Whereas physical abuse and neglect are somewhat easier to recognize, financial abuse is a difficult crime to detect. It is largely invisible and remains hidden within the context of familial or interpersonal relationships that often involve issues of entitlement and obligation (Hafemeister, 2003). Additionally, evidence of financial abuse can be buried within reams of financial documents and transactions occurring over years, thus complicating the reporting and investigative process even further. As a result, cases often go unreported by care providers, friends and family, and even by victims themselves. For every report made, an estimated four incidents go unreported (National Center on Elder Abuse, 1998).

One assumed reason for lack of reporting is that elder victims may exhibit confusion over whether or not they have been wrongfully exploited (Wilber & Reynolds, 1996). The literature suggests that lack of awareness potentially stems from the varying ways society has defined (or,

ill-defined) financial abuse (Payne, 2011). Additionally, the complex range of behaviors considered to be financially abusive only adds to the confusion. Sanchez (1996) argues that financial exploitation should be viewed on a continuum. On one end of the continuum, financial abuse would involve individuals who indirectly steal small amounts of money from an older adult (Quinn & Tomita, 1997; Sanchez, 1996). On the other end of the continuum, offenders drain elder victims of thousands, hundreds of thousands, and even millions of dollars. In many cases, financial abuse begins at the small end of the continuum and over time, with the elder's increased dependence on others and decreased resources, expands to larger criminal acts. Consider for instance the following account given by an elderly woman who was financially exploited by her daughter (Walsh, Olson, Ploeg, Lohfeld, & MacMillan, 2010, p. 29):

I became disabled. I couldn't drive us anymore, and I was on medication – morphine, you name it, . . . and [my daughter] took over as a parent, and I became the child . . . Not only was she stealing money out of my account, she was stealing all of my credit cards . . . [and] she stole my car. She stole my truck, did forty-five hundred dollars' worth of damage to my truck . . . and eighteen hundred worth of damage to my car (Walsh, Olson, Ploeg, Lohfeld, & MacMillan, 2010, p. 29).

**Perpetrator characteristics.** Reported cases of EFA reveal that nearly 60% of perpetrators are male and relatives of the victim (National Center on Elder Abuse, 1998) and are typically financially dependent on the elder (Jones, 1996; O'Neill & Flanagan, 1998). In fact, the majority of reported cases of EFA occur between an elder and an adult child, grandchild, or other relatives (National Center on Elder Abuse, 1998) who are substance abusers, unemployed, or in poor health (Dessin, 2000; Tueth, 2000). Although demographic factors such as age, race, socioeconomic status, and level of education vary among offenders of EFA, a commonly-shared characteristic is the “artful” manipulations (Nerenberg & Haikalas, 1996) used to gain control over an elder's finances. Such manipulations are best described as *undue influence*, involving the

misuse of one's role and power to exploit the trust of another. Undue influence plays a significant role in financial exploitation and abuse and is typically accomplished by using various types of subtle pressures to deceptively gain control over a weaker person's decision making (Brandl, 2007; Nerenberg, 2000; Nerenberg & Haikalis, 1996; Quinn, 2000, 2002).

The concept of undue influence has been used to explain several phenomena including tactics employed against prisoners during the Korean War, the Stockholm Syndrome, and battered woman syndrome (Bejerot, 1974; Romero, 1985;; Walker, 2009). In cases of family-perpetrated EFA, undue influence might involve a perpetrator's use of blackmail strategies such as threats of violence or suicide to steal money from elderly parents or grandparents (Payne, 2011). More subtle strategies include the perpetrator providing limited assistance with an elder's bill-paying and shopping needs, and over time, obtaining power of attorney privileges that allow him or her full authority over all financial decisions (Vezina & Ducharme, 1992). The process generally ends only with the victim's death or when the assets have been completely drained (MacDonald, 2003).

Perpetrators who are close friends of the older adult or in a position of trust include neighbors, handymen, bankers, real estate agents, religious figures, hairdressers, and financial advisors. This group of offenders may encourage transactions or investments for their own financial gain and benefit (Sklar, 2000), but typically not until a relationship with the elder has been established and massaged to the point of acquiring financial assets. Professional caregivers are more likely to abuse an elder's trust by taking valuable possessions (e.g., jewelry, cash, and family heirlooms), coercing victims into transferring titles and deeds to the caregiver, or forging checks. Thus, the relationship between the abuser and the abused can be either long-standing or recently-developed.

**Victim characteristics.** Why would rational, autonomous adults allow someone to coerce them into relinquishing personal possessions or assets? Although it is not a myth that those with cognitive impairment are vulnerable (Nerenberg, 2007), they are not the only people

who are vulnerable. It is important to recognize that individuals with intact cognitive functioning can also be vulnerable to coercion. Unfortunately, there exists a long held belief that cognitive and mental functioning and undue influence are inherently related (Quinn, Goldman, Nerenberg, & Piazza, 2010). While the presence of cognitive decline in the elderly certainly increases risk for abuse and coercion (Marson et al., 2000; Nerenberg, 1996), any person can fall victim to undue influence (Quinn et al., 2010). As early as 1912, a California court supported the argument that undue influence can occur regardless of one's cognitive functioning. In the *Estate of Olsen* (19 Cal.App.379, 1912), the court stated:

Soundness of mind and body does not imply immunity from undue influence. It may require greater ingenuity to unduly influence a person of sound mind and body, and more evidence may be required to show that such a person was overcome than in the case of one weak of body and mind. But history and experience teach that minds of strong men and women have been overborne, and they have been by a master mind persuaded to consent to what in their sober and normal moments, and free from undue influence, they would not have done (p. 386).

Still, the misperception that *only* cognitive deficits beget undue influence persists and has been addressed by experts in the fields of psychology, law, criminology, victimology, and elder abuse (Hominik, 1995; Naimark, 2001; Quinn, 2002; Spar, Hankin, & Stodden, 1995; Titus, Heinzelmann, & Boyle, 1995).

As previously mentioned, elders who are geographically or socially isolated are at high risk for financial victimization (Choi & Mayer, 2000). Other characteristics that increase an elder's vulnerability include presence of dementia or psychopathology; deficits in judgment or insight; "altered states of mind (which may be induced)" secondary to medications or sleep deprivation; and emotional distress (Peisah et al., 2009; Quinn, Goldman, Nerenberg, & Piazza, 2010). The most recent MetLife study (2011) revealed that women were twice as likely as men to

be victims of EFA, with most being between the ages of 80 and 89, living alone, and requiring some level of assistance with either health care or home maintenance.

To be certain, not all elderly persons are vulnerable and frail, and aging itself is not a disease or illness (Wilber & Reynolds, 1996). Even so, some offenders hold this perception, thus increasing the likelihood that elderly individuals are targeted (Hirschel & Rubin, 1982).

Vulnerable elders—real or perceived—are particularly susceptible to undue influence, especially those who have some combination of deficits such as social isolation, cognitive impairment, and/or are in the midst of a major life transition such as widowhood (Choi & Mayer, 2000; Nievod, 1992; Quinn, 2000). For example, widows who were once accustomed to having financial affairs handled by a late husband, might find themselves trusting another (typically younger) man to assume that role whereas widowers might fall victim to younger women posing to need money in exchange for domestic chores and companionship (Nerenberg, 1996).

Unfortunately, the long-term consequences of financial victimization to the lives of elder victims—aside from the loss of assets—are difficult to determine. The majority of victimization research has focused on offenders and younger victims (Payne, 2011), thereby requiring that we (i.e., academicians and professionals) rely on commentary from the media and other sources to try to understand the impact on elderly persons who experience financial abuse.

**Legal remedies.** In cases of financial abuse, the civil justice system typically offers protection to vulnerable elders and responds to an elder who has already been victimized (Nerenberg, 2008). Legal remedies include filing claims to recover financial losses resulting from abuse and exploitation; establishing guardianships or conservatorships; and reversing a will, deed, contract, or other type of transaction secondary to fraud or undue influence. Unfortunately, elder victims rarely utilize the civil justice system unless guided by an attorney, and seldom receive restitution for lost assets (Nerenberg, 2008).

In the criminal realm, local law enforcement is not only charged with the task of identifying and responding to reports of financial mistreatment—which requires additional



training in elder abuse and neglect—but must also learn to work alongside APS (Nerenberg, 2008). But state agencies, such as APS, may be reluctant to investigate allegations of financial mistreatment unless the elder’s decision-making capacity has been assessed, or their safety is imminently threatened. If and when a report of financial abuse is substantiated, families or court-appointed guardians and conservators may try to navigate the legal system to pursue and hopefully recover a portion of the loss (Nerenberg, 2008). But district attorneys are reluctant to prosecute cases of elder financial abuse due to victims’ tendency to recant their stories out of fear of retaliation from the perpetrator, or inability to recall detailed transactions secondary to cognitive deficits (Hafemeister, 2003; Nerenberg, 2007).

**Reporting.** There is broad consensus within the literature that elder abuse is underreported (Choi & Mayer, 2000; Cohen, Levin, Gagin & Friedman, 2007; Dessin, 2000; Government Accounting Office, 1991; Kleinschmidt, 1997; Moskowitz, 1998; NCEA, 1996, 1998), and that EFA is particularly underreported (Coker & Little, 1997; Hwang, 1996; Wilber & Reynolds, 1996). However, due to the lack of a national systematic mechanism for collecting, recording, or analyzing specific details and outcomes related to elder financial abuse, reporting behaviors among elder victims are largely unknown (Deem, 2000; Jackson & Hafemeister, 2011).

Experts surmise that an elder victim’s ability to report financial abuse is decreased substantially when he or she has a personal relationship with the perpetrator, as compared to being financially scammed by a stranger (Jackson & Hafemeister, 2011). Researchers from the 2010 MetLife study propose that “. . . stranger fraud is more likely to be reported and publicized than family/friend/neighbor fraud, given the shame and fear of retaliation or further harm often expressed by elders abused by their loved ones or trusted friends and neighbors.” While fraud perpetrated by strangers may be reported more often, the financial loss incurred by abuse from family members is a sober reality. Findings from the 2010 MetLife study also revealed that the average financial loss to elder victims of family EFA exceeded loss to fraud by strangers (\$145,768 and \$95,156 respectively).

**Problems related to reporting.** Reporting of elder abuse is fraught with problems at many levels. Similar to family violence and intimate partner violence, abuse of the elderly by family members remains hidden and secretive. One reason for under-reporting may be that financial abuse within the family system is less likely to be revealed to other family members or third parties. Elder victims are reluctant to inform family members for fear of retaliation, or for fear that exposing the abuse may lead to a loss of their independence (Rabiner, O’Keeffe, & Brown, 2006). Experts speculate that elder victims may also experience shame in admitting financial mistreatment by their own relatives or friends (Pillemer & Wolf, 1986) and therefore want to protect them in order to preserve the image of good parenting and friendship (Beck & Ferguson, 1981). But even when abuse is perpetrated by someone other than a family member or close friend, reporting is often lacking. The majority of the EFA literature focuses on the lack of detection and reporting by professionals in law enforcement, social work, and health care (Paveza, 2000). Indeed, most referrals investigated by APS originate from individuals within the professional sector, followed by third parties (e.g., friends, neighbors, and family) and rarely from elderly victims (E. Garvin, personal communication, August 25, 2011; National Adult Protective Services Agency, 2003). Once abuse has been reported, APS investigators are charged with the complex responsibility of balancing concerns about potential abuse while respecting an older adult’s right to autonomy and their refusal of interventions, even those that may be in their best interest (Quinn, 2011).

Aside from cognitive and functional deficits that could decrease an elder’s ability to identify financial mistreatment, and complicated family dynamics that could explain the hesitation to report, experts have also attributed underreporting to psychological stressors that could negatively impact an elder’s life circumstances. Stressors include embarrassment, fear of reprisal or further abuse from the perpetrator, fear of losing one’s independence, lack of knowledge about the legal system and personal rights, and a belief that reporting will not improve

the situation (Hafemeister, 2003; Jackson & Hafemeister, 2011; Kleinschmidt, 1997; Nerenberg, 2008).

**Studying under-reporting of EFA.** Until very recently, the explanations for lack of reporting have been largely based on assumptions and beliefs, rather than empirical data. Part of the reason for this is that it is nearly impossible to find the people who fail to report and ask them why they have not reported the abuse they have observed or experienced. Another reason is the lack of a national database for tracking and analyzing reporting and referral data and although anecdotal evidence garnered from archival case studies has been useful in addressing the problem of EFA, we have very little other data on why EFA is underreported.

A first attempt to study under-reporting and understand elder victims' experiences of financial abuse has been made by Jackson and Hafemeister (2011). Through the use of semi-structured interviewing, Jackson and Hafemeister assessed the experiences of 71 APS caseworkers in Virginia, 55 of their elder clients, and 35 third-party observers. Of substantiated cases, 53 percent were identified as "pure" financial abuse; 11 percent as physical abuse; 12 percent as neglect by an "other"; and 22 percent as a "hybrid" which was defined as a co-occurrence of financial exploitation with either neglect or physical abuse. In 46 percent of the cases, Jackson and Hafemeister interviewed the caseworker and the elder without the third-party observer; and in only 30 percent of the cases were they able to interview all three parties (elder, caseworker, observer). Of the "pure" financially abused elderly victims, 17 percent had attempted to intervene with the authorities on their own behalf to stop the abuse. Only 20 percent of the elder victims reported awareness of financial abuse, compared to 41 percent who acknowledged awareness of maltreatment (other than financial) by the offender.

Important to note, and particularly relevant to the current study, Jackson and Hafemeister found that 30 percent of the cases were *not* investigated further by APS at the request of the elder individual. The reasons provided included the elder's fear of causing trouble for the perpetrator (45%), perception that the perpetrator was not doing anything wrong (40%), and concern that

reporting would only worsen the elder's current situation (7%). Of the elderly persons who chose to cooperate in a prosecution, 53 percent of their offenders were non-relatives and interviews with the elderly persons revealed that they felt "no emotional investment" in the offenders which seemed to aid their agreement to prosecute.

Findings from the Jackson and Hafemeister interviews suggest that financially-exploited elders in their sample did not acknowledge or label financial abuse as *abuse*, and the relationship to the offender (a stranger versus family member) impacted their ability or desire to report to APS. The powerful influence that the relationship has on an elder's ability to report was highlighted by poignant comments in the transcripts analyzed and coded by the Jackson and Hafemeister research team. In one prototypical case (#044, pp. 114-115), an elderly couple provided a detailed history of their long-term struggle to help an adult daughter who had been a troubled child and lived her adult life in and out of abusive relationships, in and out of jail for violent offenses, and suffered from long-lasting unemployment. After being diagnosed with Bipolar Disorder, and with nowhere to live, she moved into her elderly parents' home. Within a short period, the couple discovered that she had accumulated \$30,000 worth of debt on credit cards stolen from their possession, and had opened several additional credit cards in her mother's name. The daughter quickly disappeared after they realized her actions. When interviewed later, the couple stated, "Oh the mistakes we've made. We've spent more money on her than all the other kids [combined]. And we're afraid of her." Although the daughter had a history of violence towards other family members, she had not been physically abusive towards her parents. The parent/child relationship was made especially salient when her father ended the interview saying quietly, "I just want her home."

For some elderly victims, the consequences of reporting far outweigh their desire for protection from family perpetrators. In another representative case example (Jackson & Hafemeister, pp. 117), an elderly couple refused to press charges against their 42-year old son with drug addiction and a long criminal record that included grand theft. Their non-offending son

contacted APS to report his concern for his parents' safety after discovering that his brother had stolen money, credit cards, and jewelry from their home to purchase drugs. The elderly mother had agreed to cooperate with APS, but the father declined for fear that the bank would force them to press charges against their troubled son. When interviewed about their impressions of APS, the couple stated, "They wanted us to do more things than we are willing to do. They wanted us to change the whole structure of our life, our relationship with our banks; they wanted us to turn everything upside down."

As in similar cases depicted in the Jackson and Hafemeister (2011) study, there was nothing further that APS could do when a cognitively-intact older adult wished to protect the offender. In the aforementioned case, the son moved out of the parents' home but was residing in his truck. He continued to call his parents "multiple times a day." Earlier findings from the University of Southern California Longitudinal Study of Generations (Parrott & Bengston, 1999) on intergenerational support and family solidarity have supported Jackson and Hafemeister's qualitative work. Principal results from the longitudinal study suggested that historical conflict (as reported by 680 parent-child dyads) was not a significant predictor of lessened support between generations. In fact, older parents who reported being in a dependent situation with their adult children were likely to reciprocate the assistance, even when the exchanges were unbalanced. Indeed, the parent/victim-adult child/offender relationship is one of the multifaceted aspects of EFA that impact reporting, investigating, and intervention service delivery.

The next section focuses on four main topics relevant to the current study. Topics include intra- and interpersonal dynamics such as an individual's perception of his or her aging experience and general beliefs about aging (i.e., intrapersonal) that may be associated with reporting; the bi-directional role of dependency; a theoretical framework—social exchange theory—for understanding abuse in later life; and a relational model of power and control that may be relevant to EFA victims and offenders (i.e., interpersonal).

**Perceptions of aging.** Unfortunately, older people are stigmatized and socially excluded on the basis of age (Calasanti, 2005; Nelson, 2005). Nahmaish (2002) suggests elder abuse is related to “. . . society’s disdain for aging, rejection of the elderly, and an ingrained belief that older adults are a burden.” Crichton et al. (1999) noted that ageism robs elders of power and increases vulnerability to abuse while others suggest ageism plays a critical role in the underreporting of elder mistreatment (Podnieks, 2006). To date, there is only limited research examining possible links between societal ageism and elder abuse as experienced by individuals (Phelan, 2008; O’Brien et al., 2011).

A recent study involving focus groups from two Canadian communities (Walsh, Olson, Ploeg, Lohfeld, & Macmillan, 2011) explored the consequences of societal ageism on older adults’ sense of self. One participant summarized the effects of ageism by stating: “The bottom line to ageism is that it allows people to be depersonalized and once you’re depersonalized . . . then you are all vulnerable to abuse” (p. 27). Indeed, an individual’s sense of self is a critical component in creating a personal identity and maintaining a sense of well-being. Self-worth is often measured by the perceptions formed by others in view of the societal roles an individual occupies (George, 1998; Siebert et al., 1999). Therefore, an attack on the self—such as when older adults are continually exposed to ageist beliefs or when their role in society is viewed as minimal and valueless—can have a negative impact on well-being (Dow & Joosten, 2012). This can lead to a loss of confidence and increased vulnerability, and research has demonstrated the self-fulfilling nature that negative ageist stereotypes have on older people (Levy, 1996; Whitbourne & Sneed, 2002).

The implications of negative age stereotypes held by older individuals have also been linked to health care help-seeking and mortality rates. In a comparative study of two cohorts who participated in the 1975–1995 Ohio Longitudinal Study of Aging and Retirement (OLSAR), Levy and colleagues (2004) found that older adults who reported positive self-perceptions of aging in 1975 were significantly more likely to engage in preventative health behaviors during the next 20

years of life than were those who reported negative self-perceptions. Furthermore, Levy's findings support previous research indicating that negative self-perceptions of aging among older adults are associated with adverse health consequences (Levy, Slade, Kunkel, & Kasl, 2002).

Recognizing the signs of abuse—either as a victim or observer—and reporting the abuse might be viewed as a preventative health behavior. Furthermore, to the extent that older adults perceive themselves as intact, competent, and fully functioning, they could be more likely to speak up about improprieties and inequities. Perceptions of one's competency and self-esteem may explain why some older adults report abuse while others do not. For example, those who have higher self-regard in terms of their aging process and general beliefs about aging may be more likely to recognize and label abusive behavior as such, and therefore, may be more likely to advocate on their own behalf to stop the mistreatment.

Because elder abuse is an inherently psychological issue, it is valuable to understand the influence that older adults' self-perceptions of aging and general beliefs about “old people” may have on reporting mistreatment. One thing is clear: A more effective understanding of elder abuse is necessary—one that directly addresses the individual risk factors of elder abuse and the concerns of older people and acknowledges the harmful effects of ageism (Dow & Joosten, 2012).

**Dependency.** Dependency has been viewed as a risk factor for elder abuse. Fulmer (1991) noted that a natural result of the aging process is an older adult's increased need for assistance with daily activities which can foster dependency on others for care. Increased dependency can provide an offender with an opportunity to control and abuse an elderly person. Understandably, “dependency”—as an attribute of elder abuse—is a vague and multifaceted concept which is shaped by culture and context, and influenced by diverse population samples used in research (Fulmer, 1990). For example, we would expect findings to be different regarding the caregiving needs of an elderly person with and without dementia (e.g., persons with dementia may require increased attention compared to those without dementia, and therefore

would be at higher risk for abuse). However, the level and the direction of dependency in situations of elder mistreatment and financial abuse are debated among researchers and experts.

One example comes from an early study conducted by Steinmetz (1988) who identified six different types of dependency: household dependency, personal grooming/health dependency, financial dependency, mobility dependency, mental health dependency, and social/emotional dependency. Steinmetz used the term *generational inversion* to describe the process by which parents become dependent on their adult children. The dependency hypothesis rests on the belief that stress leads to abuse (Pillemer, 1985) which stems from the notion that the elderly person's dependency on the caregiver leads to increased stress. But other experts conceive of dependency in a bi-directional sense, referring to the "unhealthy dependency of the perpetrator on the victim and vice versa" (Wolf, 1996b, p.6), and viewing dependency as a bi-directional dynamic that can precipitate abuse (Burnight & Mosqueda, 2011). In other words, the victim may be dependent on the offender and the offender may be dependent on the victim, and both sources of dependence can increase the likelihood of abuse.

The shift toward recognizing the dependence of the offender on the victim was first considered by Pillemer (1985) who believed that the abuser's dependence created feelings of powerlessness. Pillemer hypothesized that powerlessness would result in violence in order for the offender to regain power within the relationship. To test this hypothesis, Pillemer (1985) interviewed 42 physically abused and 42 non-abused elderly persons. The abused group reported less dependency on their caregivers compared to the non-abused group. Furthermore, no differences were found in functional impairments between the groups but findings revealed that caregivers from the abused group were more likely than the other caregivers to be financially dependent on the victim. Additional studies have supported the notion that an offender's dependency on the victim is more salient than the victim's dependency on the offender when explaining many cases of abuse (Anetzberger, 1987; Conlin, 1995; Wolf, Strugnell, & Godkin, 1982).



In addition to research on an offender's powerlessness, studies have examined the relationship between dependency and characteristics of the offender. For example, Greenberg and colleagues (1990) analyzed 204 substantiated cases of elder abuse perpetrated by adult children in Wisconsin and found that financially dependent adult children often had substance and alcohol problems, lived with the elderly victim, had difficulties related to mental illness, and were under the age of 40 years old.

Considering the complex and ambiguous nature of the care relationship, it would be a mistake to assume that elder abuse is a consequence of dependency alone. Nolan (2001) challenged the field to take a broader view of elder abuse that would highlight the interdependency of people over the course of a lifetime. Still, the role of dependency—including that of both victim and offender—remains a central tenet of various theories of interpersonal dynamics related to elder abuse, including social exchange theory (Pillemer, 1985; Wolf et al., 1984; Tomita, 1990).

**Social exchange theory.** Deeply rooted in economics and psychology, social exchange theory is based on the notion that interactions between people are a process of “negotiated exchanges” involving costs and rewards (Dowd, 1975). Within these exchanges, individuals strive to maximize rewards (both material and non-material) and minimize costs with significant others (Blau, 1964; Homans, 1961; Thibaut & Kelley, 1959). Rewards can be viewed as positive sentiments, services, and personal resources whereas relational costs include negative sentiments, the withholding of resources and services, and punishing behaviors. Material goods used in exchanges include money, living arrangements, and inheritance while non-material goods include approval, prestige, and status.

All things being equal between persons, social exchange theory posits that social interactions occur according to the *law of distributive justice* which refers to “. . . a person's expectations of the rewards due to him and costs which he may incur—the proportion of his rewards to his costs” (Chadwick-Jones, 1976). When the law is violated, the result is anger,

resentment, and punishment (Dowd, 1975). Particularly in the context of long term relationships, the just distribution of rewards becomes a value that is exchanged, resulting in a reciprocal relationship. Reciprocity demands that each person has rights and duties toward the other and the pattern of exchanges are perceived by both as mutually satisfying (Dowd, 1975).

In some relationships, however, all things are not equal. Some individuals have greater access to resources, including money, status, esteem, and prestige, as well as increased capability to provide instrumental services. As a result, imbalances occur that are labeled as power. A primary assumption of social exchange theory is that various “actors” (such as an elderly parent and adult child) each bring resources to the interaction or exchange and that such exchanges are directed by norms of reciprocity—the obligation to repay assets, services or sentiments which one has received and now owes another (Dowd, 1975). Repayment may be postponed for long periods of time, as when a parent’s investment in an adolescent child is repaid by that child during adulthood when the parent is older and more dependent (Silverstein et al., 2002).

The social exchange framework is a starting point for the appreciation of parent-adult child relationships which are characterized by multifaceted resources, costs and benefits, and emotional and financial exchanges (Dowd, 1975, 1980; Dwyer et al., 1994; Silverstein et al., 2002); and can explain aging family dynamics including intrafamily violence and, more specifically, elder abuse (Phillips, 1986). Additionally, the social exchange paradigm might help conceptualize and explain an older adult’s decision to report abuse.

**Power and control theory.** Another model with relevance to the study of relational dynamics of elder abuse is the power and control model (Burnight & Mosqueda, 2011). Historically, feminist researchers have argued for the importance of understanding the relational dynamics of power and control (Brandl, 2000; Harbison, 1999a; Whittaker, 1996). In recent decades, researchers and practitioners have recognized that dynamics of abuse found in later life are similar to dynamics of abuse experienced by younger battered women (Harris, 1996; Pillemer & Finkelhor, 1988; Podnieks, 1992; Wolf, 1998). In both circumstances, abusers often have

entitlement patterns of thinking—that is, they believe in having “special status” which affords them exclusive rights and privileges that do not apply to others (Bancroft, 2002).

In cases of long term spousal abuse, dynamics of power and control have been shown to evolve during a couple’s lifetime. In a study conducted by Gravel et al. (1997), findings suggested that role reversal and shifts in power occurred among historically-abusive husbands who became physically or psychologically dependent on their wives with old age. Husbands reported extreme difficulty in accepting their dependency and lack of control over their environments and, as a result, increased their use of psychological abuse, which—in many cases—replaced physical abuse. In fact, psychological abuse has been identified as an important tactic used by spousal abusers to gain power and control (Dobash & Dobash, 1979; Johnson, 1995; Montminy, 2005).

Findings from a separate qualitative study of older and middle-aged women in abusive marriages revealed that women identified *powerlessness* as a critical barrier to help seeking (Beaulaurier et al., 2005). One respondent reflected on the effects of long term abuse in her marriage and its psychological impact over time, and stated:

First the abuser will try to avoid her, control her, not give her economic independence, or socially . . . he isolates her, and then isolated, without money . . . he does it gradually, like the drops of water eroding a stone. The person comes to fear and then, having fear, in order not to stimulate any more violence, they keep quiet, start to tolerate . . . (p. 60)

An earlier (2002) two-year qualitative study funded by the National Institute of Justice, *Domestic Violence Against Older Women (DVAOW)*, explored domestic violence against older women. Through the use of focus groups, older women were encouraged to express their views on a number of aspects related to their experiences, including factors that prevented help-seeking from the justice system and community agencies. One important finding that emerged from the transcribed data analysis was the belief that staying in an abusive relationship had an adaptive

quality. Specifically, staying was not a choice, but a means of survival. Many women shared that leaving an abusive relationship would result in isolation (particularly from family members) and lack of resources. Other domestic violence researchers (Grigsby & Hartman, 1997) have identified these behaviors as “codependent” which allows women to survive long-term relationships with abusive partners. Researchers from the DVAOW study concluded that more research is needed to understand how this concept of “codependency” interacts with issues related to help-seeking.

Power and control dynamics are not limited to spousal violence among older couples but can be found in nearly all forms of elder abuse (Brandl, 2000; Peak, Oelschlager, & Kearns, 2000; Tueth, 2000). Feminist researchers contend that by failing to appreciate the relational dynamics of power and control, signs of elder abuse may go undetected, misinterpreted, and—in the worst of situations—lead to fatality (Kinnon, 2001). In a review of the abuse literature across the lifespan, Straka and Montminy (2008) concluded that power and control is the foundation from which all forms of abuse, especially psychological abuse, are born. They and others recommend that a focus on the power and control model be used in studying relational dynamics of elder abuse to gain a broader understanding of prevention, detection, and intervention methods that could be employed.

## **CHAPTER 3**

### **The Present Study**

Commentators surmise that victims may be ashamed to admit abuse, blame themselves, fear retaliation, worry that others will doubt them, and/or wish to avoid the stigma of being labeled a “victim.” However, those assumptions have never been tested empirically, and therefore are not supported by empirically-driven data. Furthermore, aging researchers have shown that cognitive impairment increases vulnerability and the risk for exploitation and abuse; however, the current literature lacks empirical data regarding the behaviors or internal processes of cognitively intact older adults. In fact, experts have urged elder abuse researchers to develop studies using cognitively intact older adults to identify other potential protective factors to abuse and exploitation (Burnight & Mosqueda, 2011). For this reason and because there are no empirical studies to date that examine reporting behaviors among older adults with intact cognitive functioning, only data from participants with intact cognitive functioning—as determined by scores on two separate cognitive screens—will be included in the final analyses.

The present study aimed to understand perceived barriers to reporting through explicit questioning of cognitively intact older adults. Drawing on the models of power and control and social exchange theory, questions focused on assessing older adults’ perceptions of interpersonal nuances in a relationship with an alleged offender, their willingness to report an instance of possible financial abuse, and the influence of self-perceptions and general beliefs about aging on reporting behavior. Each participant was presented with a hypothetical vignette in which he or she was asked to assume the role of a widow or widower who negotiated an exchange of services with an alleged offender who then committed an act that some may interpret as abusive.

Participants were randomly assigned to one of three conditions. For one-third of participants, the alleged offender was depicted as a close family member (i.e., son); for another third, a distant family member (i.e., nephew); and for the final third, a close but recent friend (i.e., a befriended handyman). Participants were asked whether they would report the incident and if so, to whom. They were also asked about reasons why they would or would not report. Finally, a set of questions assessed the role of ageism and beliefs about aging on reporting behavior.

Based on the theoretical frameworks of social exchange theory, power and control, and dependency models, and a review of the elder abuse literature, several hypotheses were formulated to investigate the role of aforementioned intra- and interpersonal dynamics and beliefs about aging on reporting behavior in the hypothetical scenario.

### **Hypotheses**

**H1.** The first hypothesis involves reporting behavior as a function of offender type. It was predicted that offender type would have an effect on reporting behavior; specifically, abuse perpetrated by a close family member (e.g., son) would result in the lowest reporting likelihood, and abuse perpetrated by a new friend would result in the highest likelihood of reporting. This hypothesis is congruent with the aforementioned research by Bengtson and colleagues on intergenerational family solidarity and conflict (e.g., Parrott & Bengtson, 1999) and guided the prediction that despite a history of conflict in the relationship, an older adult would be least likely to report when the alleged offender was portrayed as a close family member and most likely to report when the offender was portrayed as a friend with whom the victim lacked family solidarity.

**H2.** The second hypothesis involves perceptions of the strength of the relationship and reporting likelihood. One factor to likely affect individual's reporting behavior is the quality of the relationship between the offender and the victim. Drawing from the Jackson and Hafemeister (2011) study which found that older victims of financial abuse were more likely to accept intervention in cases where the relationship was deemed weaker, it was predicted that the strength of the relationship as perceived by the older adult would be inversely related to reporting

behavior. Thus, the stronger the relationship, the less likely an older adult would report suspected abuse portrayed in the hypothetical scenario.

**H3.** The third hypothesis involves perceptions of dependency and reporting behavior. Based on the construct of “codependency” that emerged as a barrier to help-seeking in the 2002 Domestic Violence Against Older Women study (DVAOW), it was predicted that older adults who reported higher levels of dependency on the offender and who reported that the offender has higher levels of dependency on them will be less likely to report than adults who reported lower levels of dependencies. Findings from the DVAOW study suggest that the negative consequences of reporting (e.g., increased isolation, lack of resources, and concern for the abuser)—as perceived by the victim—could be a function of both the victim’s and the offender’s dependency and prohibit reporting.

**H4.** The fourth hypothesis involves perceptions of vulnerability and reporting behavior and follows the same pattern as beliefs about dependency. Specifically, older adults who perceived themselves as being more vulnerable in the relationship and who perceived the alleged offender as being more vulnerable would be less likely to report than adults who perceived lower levels of vulnerabilities.

**H5.** The fifth hypothesis involves perceptions of control and reporting behavior and is based on the aforementioned literature review involving a model of power and control. Older adults who perceived having less control in the relationship and who perceived the alleged offender as having more control would be less likely to report than adults who perceived having more control and perceived the offender as having less control.

**H6.** The final set of hypotheses concern older adults’ perceptions of their own aging experience and general attitudes about aging as they relate to reporting behaviors. (H6a) Beliefs about one’s own aging would be positively related to reporting behavior: Persons with positively held beliefs about their own aging would be more likely to report suspected abuse. (H6b) Age-related stereotypes would also be positively related with reporting likelihood: Persons with

positive age-stereotypes would be more likely to report. These hypotheses have been supported by a series of experimental studies demonstrating the effects of age-stereotypes on a wide-array of outcomes, including memory, cardiovascular response to stress, and health-seeking behaviors (Levy et al., 2002; Levy, 2003; 2004).



## CHAPTER 4

### Method

#### Participants

A total of 121 older adults, ranging in age from 53 to 90 years ( $M = 72.07$ ,  $SD = 7.89$ ), participated in the study. Based on their scores on the Clock-in-the-Box screen (Shulman, 2000) and Test of Temporal Orientations (Benton, Sivan, Hamsher, Varney, & Spreen, 1994), 15 participants were excluded from the analyses because they did not perform within normal limits (based on normative data). Of the remaining 105 participants, 43 were recruited from various community settings and organizations including an independent living facility ( $n = 19$ ), and two meetings of older adults who participate in community service ( $n = 24$ ). The remainder of the sample ( $n = 62$ ) was recruited from the Gerontology Participant Registry (a list of adults willing to participate in research studies) at the University of Colorado Colorado Springs. Participants were compensated \$10.00 for taking part in the study.

Of the 105 participants, fifty-seven percent were female. In terms of highest level of education achieved, 13% were high school graduates or less, 26% had completed some college coursework, 18% were college graduates, and 42% reported some graduate work or a graduate degree. The sample was predominantly White (92.2%); with minority respondents identifying themselves as African American (1.9%), Hispanic/Latino (2.9%), American Indian (1.9%), and Hawaiian/Pacific Islander (1%). The majority of participants reported an annual income of \$30,000 or greater (61.1%), were married (53.3%), and resided in a non-rural setting (68.6%).

A large percentage of the sample (67.6%) reported having no specialized, personal, or professional knowledge about elder abuse and an equal percentage (67.6%) reported no personal experience involving elder financial abuse. Eighty-four percent identified as a caregiver to

someone over the age of 55; and of those people, ninety-two percent reported handling that person's finances.

## **Materials**

**Hypothetical vignette.** A hypothetical vignette was created depicting possible financial exploitation of an elderly victim. The conceptualization process for creating the vignettes was achieved through a combination of actual cases shared by a local elder law attorney in El Paso County and findings from the Jackson and Hafemeister (2011) study that revealed nearly half of financial exploitation cases involve some level of theft (e.g., improper use of an elder's ATM card, checking account, or credit cards; stealing jewelry and other possessions). Participants were instructed to imagine themselves as the older adult in the vignette. The vignette was held constant across three conditions of alleged offender type: (1) a close family member (i.e., son); (2) a distant family member (i.e., nephew); and (3) a new friend (i.e., handyman). The length of the vignettes was kept as consistent as possible across conditions (e.g., word count for close family member, 409; distant family member, 430; and new friend, 458). In each scenario, the alleged offender had been providing household and transportation services to an older adult when, under ambiguous circumstances, his behavior became slightly erratic and he disappeared, after which the older adult noticed that some possessions were missing (e.g., a credit card and expensive tools). A sample of all three vignettes is found in Appendix A.

*Interpersonal questionnaire.* A set of questions was created to assess participants' perception of the strength of the relationship to the offender (presented in Appendix B.1), and his or her levels of perceived dependency, vulnerability, and control within the dyadic relationship. A separate set of questions asked about the extent to which the alleged offender was dependent, vulnerable, and had control within the dyadic relationship. Responses were rated using a 6-point Likert-type scale (1 = Not at all dependent; 6 = Completely dependent). A question tapped the extent to which participants identified the situation as abusive (see Appendix B.2) using a 6-point Likert-type scale (1 = Definitely Not Abuse and 6 = Definitely Abuse). The final question

assessed the ease with which the respondent could place themselves in the situation of the victim. Responses ranged from 1 (very difficult) to 7 (very easy). This question is presented in Appendix C.

*Reporting questionnaire.* A reporting questionnaire was developed using information acquired from the literature review and conversations with professionals working in the field of elder financial abuse (e.g., adult protective service investigators; law enforcement; case managers; elder law attorneys; elder abuse advocates; and practitioners). The first part of the questionnaire revealed a decision-tree format where respondents indicated on a 4-point Likert-type scale the likelihood that they would tell someone about the incident presented in the vignette (1 = Definitely Would Not Tell; 2 = Probably Would Not Tell; 3 = Probably Would Tell; 4 = Definitely Would Tell); and depending on their answer, indicated from a list of options all of the reasons for their decision. Response options for not telling someone included: (1) "I did not think any injustice occurred", (2) "I would feel embarrassed or ashamed", (3) "I do not know to whom I could turn for help", (4) "I would fear the potential consequences for telling someone", (5) "I would fear that my judgment would be questioned by others", (6) "I may make a bad situation worse"; and (7) "If I tell someone, I could lose my independence (e.g., transition to a nursing home)." A space was provided for respondents to write other reasons which were not listed, and further instructions included circling the primary reason for the respondent's decision. If participants indicated that they would report, they were directed to respond to a set of options to tap that sentiment. Response options for telling someone were similar and included: (1) "I thought an injustice had occurred", (2) "The benefits of telling someone would outweigh potential costs", (3) "I know to whom I could turn for help", (4) "I would feel a sense of relief by telling someone", (5) "I feel confident my decision would be supported by others", (6) "I might prevent something worse from happening", and (7) "If I tell someone, I might live in a safer environment." The reporting questionnaire is presented in Appendix D.1.

If respondents indicated that they would report, they completed a second portion of the questionnaire by rating the likelihood that they would report to a list of identified parties (e.g., family member, trusted friend, medical provider, police, minister/priest/rabbi, adult protective services, or “other professionals” such as a banker or attorney) on a scale of 1 to 6 (1 = Definitely Yes and 6 = Definitely No). The reporting-parties questionnaire is located in Appendix D.2.

**Image of Aging Scale.** The 18-item Image of Aging Scale (Levy, Kasl, & Gill, 2004) was used to assess positive and negative age stereotypes and has been shown to have good reliability and validity in an older adult sample. According to Levy et al. (2004), the Image of Aging Scale has been shown to have good internal consistency, with a Cronbach alpha coefficient reported of .84 for the positive age-stereotype component and .82 for the negative age-stereotype component. The questionnaire instructs respondents to read a list of 18 words and, when thinking about old people (not themselves), to circle a number (ranging from 0 – 6; 0 = does not match my image, and 6 = completely matches my image) that best shows how well the word matches the respondent’s image or picture of old people in general. The scale consists of nine positive words or statements (e.g., healthy, family-oriented, capable, active, positive outlook, well-groomed, will-to-live, wise, full of life) and nine negative words or statements (e.g., wrinkled, grumpy, dying, senile, given up, walks slowly, alone, helpless, sick). Total scores for the negative age-stereotype and positive age-stereotype components could each range from 0 to 54, with higher scores indicative of stronger negative age-stereotypes and stronger positive age-stereotypes. The Image of Aging scale can be found in Appendix E.

**Attitudes Toward Own Aging subscale.** The Attitudes toward Own Aging is a 5-item subscale from the Philadelphia Geriatric Center Morale Scale (Lawton, 1975; 2003) and assesses an individual’s perception of his or her aging process. The scale consists of the following items: (1) “Things keep getting worse as I get older”, (2) “I have as much pep as I did last year”, (3) “As you get older, you are less useful”, (4) “I am as happy now as I was when I was younger”, and (5) “As I get older, things are (better, worse, or the same) as [sic] I thought they would be.” The five

items have been found to load highly on a single factor in different data sets (Levy & Myers, 2004; Liang & Bollen, 1983; Mancini, Shade, & Quinn, 1995; McCulloch, 1991). Total scores on the Attitudes Towards Own Aging subscale range from 0 to 5, with higher scores indicative of positive self-perceptions of aging. The Attitudes toward Own Aging Subscale can be found in Appendix F. The two aging measures (Image of Aging and Attitudes toward Own Aging) were counter-balanced to eliminate order effects.

**Clock-in-the-Box cognitive screen.** The Clock-in-the-Box is a clock drawing task that involves assessment of executive functioning and working memory (Chester, Grande, Milberg, McGlinchey, Lipsitz, & Rudolph, 2011). Participants were instructed to read a set of four directions on a separate piece of paper (“1. In the blue box on the next page, 2. Draw a picture of a clock, 3. Put in all the numbers, 4. Set the time to 11:10”). After the directions were read and understood, participants were instructed to turn over the instructions and perform the task on a response sheet with a colored box in each of four quadrants (yellow, red, green, and blue). The blue box was oriented in the right, lower quadrant. The participant was not allowed to refer to the directions, and no additional hints or clues were provided. In the case of visual limitation or illiteracy, the administrator read the instructions to the participant, but the participant was able to view the stimulus sheet to complete the task. The Clock-in-the-Box was scored on eight criteria (1 point each, with a possible range of 0-8; lower scores indicate poorer performance) including correct location of the drawing (in the blue box), object resembling a clock, inclusion of all numbers, order of numbers, spacing of numbers, correct time, appropriate size of clock, and hand origin and length. Prior studies have demonstrated that the Clock-in-the-Box task takes approximately two minutes, has high agreement (93%), and weighted kappa ( $K = 0.72$ ,  $P < .0001$ ) between a trained interviewer and a neuropsychologist scoring (Harrington, Kraft, Grande, & Rudolph, 2011). The Clock-in-the-Box measure is presented in Appendix G.

**Test of Temporal Orientations.** Temporal orientation is a critical component evaluated in nearly every mental status examination. Impairment on temporal orientation can imply the

presence of some form of abnormal condition including dementia, confusion, an amnesic syndrome, delusional psychosis, mental deficiency, and even malingering (Benton, Sivan, Hamsher, Varney, & Spreen, 1994). The Test of Temporal Orientations involves scoring a set of five responses: the stated day of the week, day of the month, month, year, and time of day. Misstatement of the year or the month is not penalized if the actual date is close to the date of transition from one year or month to the next. Performance scoring is based on normative data for older persons (Benton, Eslinger, & Damasio, 1981; Brotchie, Brennan, & Wyke, 1985). (For a full review of normative data published with other populations, see Benton et al., *Contributions to Neuropsychological Assessment: A Clinical Manual* [1994, pp. 3-11]). Error points were given for each question. Error scores that ranged from 0 to 2 were considered “Normal”; errors of 3, “Borderline”; errors ranging from 4 to 7, “Moderately Defective”; and error scores of 8 or above, “Severely Defective.” The test of temporal orientations is presented in Appendix H. Individuals who performed outside the normal range (based on age and level of education) on either of the testing instruments (Clock-in-the-Box and Test of Temporal Orientations) were excluded from the final data analyses.

### **Procedure**

Participants were randomly assigned to one of the three offender type conditions (close family member, distant family member, new friend). After reading and signing the informed consent form, participants read the scenario. They were instructed to imagine themselves as the older adult in the vignette. They then answered a series of questions about their perceptions of the relationship. Next, they read the ending of the vignette that involved the act of the alleged offender taking personal possessions (i.e., credit card and expensive tools from the garage) and rated the extent to which they labeled the situation as abusive (i.e., manipulation check). Participants then rated their experience of imagining themselves in the hypothetical situation before proceeding to the reporting questionnaire, the two aging measures, and a demographics questionnaire (found in Appendix I). Completion of the questionnaire took approximately 20

min. Following the questionnaire, participants received verbal instructions for the two cognitive screens and completed those tests. After completion of the cognitive screens, each participant received a debriefing statement from the researcher or researcher's assistant that included the purpose of the study and the researcher's contact information, along with a list of local, state, and national resources for elder abuse (see Appendix J). Participants were compensated \$10.00 for completing the questionnaire.

## CHAPTER 5

### Results

Of the 105 older adults who participated in the study, three (3) were excluded for not completing the reporting questionnaire; thus, all analyses regarding reporting likelihood were conducted on a complete dataset of 102 participants (new friend condition = 33; close family member condition = 36; distant family member condition = 33).

#### Manipulation checks

Prior to conducting the statistical analyses, an assessment of whether or not the hypothetical scenario was perceived as abusive was performed. Participants rated the extent to which they labeled the hypothetical scenario as abusive on a 6-point Likert-type scale (1 = *Definitely not abuse* and 6 = *Definitely abuse*). On average, respondents labeled the situation as “Probably Abuse” ( $M = 5.36, SD = 0.92$ ), but over half (55.2%) identified the situation as “Definitely Abuse.” Participants rated the abuse as highest for the new friend condition ( $M = 5.44, SD = 0.89$ ); next highest for the close family member condition ( $M = 5.37, SD = .88$ ); and lowest for the distant family member condition ( $M = 5.27, SD = 1.00$ ). However, a one-way analysis of variance showed no significant differences among mean ratings of abuse,  $F(2, 102) = .27, p = .75, \text{partial } \eta^2 = .005$ .

After reading the hypothetical scenario and responding to questions regarding the relational aspects perceived by the victim, participants were asked to rate the extent to which they were able to imagine themselves in the hypothetical situation using a 7-point Likert-type scale (1 = *Very difficult* and 7 = *Very easy*). The mean rating was 3.88 ( $SD = 2.14$ ), indicating a neutral response, although 20% of the sample rated their experience as “Very difficult” ( $n = 23$ ).



### Likelihood of reporting

Participants were asked to rate the likelihood that they would tell someone about the situation on a scale from 1 to 4 where 1 = *Definitely would not tell* and 4 = *Definitely would tell*. On average, participants indicated that they “Probably Would Tell” ( $M = 3.34$ ;  $SD = .82$ ). Noteworthy is the skewed nature of the data. Although “likelihood of reporting” was more skewed than typically ideal, subsequent analyses treated “likelihood of reporting” as a continuous variable that is appropriate for ANOVA. ANOVAs are robust to issues of nonnormality (Tan, 1982) and can be used to decrease the probability of a type I error.

Participants responded to a list of reasons that would explain their decision to tell someone about the suspected abuse and circled the primary reason why they would or would not report. Primary reasons for reporting were as follows: Thirty-seven percent ( $n = 33$ ) indicated that by telling someone, “I might prevent something worse from happening.” Thirteen percent ( $n = 12$ ) indicated their primary reason as, “I thought an injustice had occurred” and 11% ( $n = 10$ ) circled, “I know to whom I could turn for help.” Seven percent ( $n = 7$ ) indicated “The benefits of telling someone would outweigh the potential cost” and an equal number of participants ( $n = 7$ ) circled, “I would feel a sense of relief by reporting.” Finally, six percent ( $n = 6$ ) circled, “I feel confident my decision would be supported by others” and four percent ( $n = 4$ ) identified, “If I tell someone, I might live in a safer environment” as a primary reason to report. The remaining eight participants provided reasons that only they supported as most important. Two participants did not indicate a primary reason. Reasons for reporting are illustrated in Table 1.

Respondents who indicated they would tell someone about the situation were instructed to rate the likelihood they would talk to a particular party (e.g., family member, trusted friend, medical provider, police, minister/priest/rabbi, an official agency, other professionals) on a 6-point Likert scale (1 = *Definitely Not* and 6 = *Definitely Yes*). The party that was most likely to be told was “trusted friend” ( $M = 5.35$ ,  $SD = 0.99$ ). Data reflecting to whom the disclosure would be directed is shown in Table 2.

Table 1

*Primary Reasons for Reporting as Indicated by Respondents (n = 89)*

Reason for Reporting	<i>n</i>	%
I might prevent something worse from happening	33	37
I thought an injustice had occurred	12	13
I know to whom I could turn for help	10	11
The benefits of telling someone would outweigh the potential cost	7	8
I would feel a sense of relief by reporting	7	8
I feel confident my decision would be supported by others	6	7
If I tell someone, I might live in a safer environment	4	5
“Other” reasons	8	9
Missing responses	2	2

Table 2

*Means and Standard Deviations for Likelihood that Victim would Report to Various Parties (on a scale from 1 to 6 where 1 = Definitely Not and 6 = Definitely Yes)*

Reporting Party	<i>n</i>	<i>M</i>	<i>SD</i>
Trusted Friend	88	5.35	0.99
Family Member	89	5.25	1.19
Official Agency (APS)	86	4.13	1.67
Police	86	3.99	1.67
Minister/Priest/Rabbi	86	3.64	1.67
Medical Provider	85	3.56	1.62
Other professionals	85	3.48	1.77

For the participants who indicated they would not tell someone about the abuse ( $n = 13$ ), three circled, “I would feel embarrassed or ashamed”; two circled, “I would fear the potential consequences of telling someone”; one circled, “I do not know to whom I could turn for help”; another participant indicated, “I may make a bad situation worse”; and another circled, “If I tell someone, I could lose my independence.” The remaining five participants provided reasons that only they supported as most important.

*Offender type.* A one-way analysis of variance was conducted to explore the likelihood of reporting as a function of offender type (e.g., close family member, distant family member, new friend). It was predicted that the offender type would have an effect on reporting behavior; specifically, abuse perpetrated by a close family member (e.g., son) would result in the lowest likelihood of reporting and abuse by a new friend would result in the highest likelihood of reporting. The mean likelihood ratings were highest for the distant family member ( $M = 3.48$ ,  $SD = 0.79$ ), followed by close family member ( $M = 3.28$ ,  $SD = 0.74$ ), and were lowest for the new friend ( $M = 3.27$ ,  $SD = 0.94$ ). However, the mean differences were not statistically significant,  $F(2, 99) = 0.713$ ,  $p = .49$ , partial  $\eta^2 = .014$ .

*Perceived strength of relationship.* Participants responded to a question regarding their perceptions of the strength of the relationship between themselves and the alleged offender on a 6-point Likert-type scale (1 = *Very weak*, 6 = *Very strong*). On average, participants rated the strength of the relationship as “Quite Weak” ( $M = 2.23$ ,  $SD = 1.18$ ). Correlational analyses examined the association between the strength of the relationship and reporting behavior. Results showed a significant inverse relationship between perception of the strength of the relationship and reporting likelihood (Pearson’s  $r = -.33$ ,  $p = .01$ ): the stronger the perceived strength of the relationship, the lower the likelihood of reporting.

Further analyses examined the strength of the relationship as a function of offender type. A one-way analysis of variance was conducted to explore mean differences between offender type and participants’ ratings on strength of relationship. The mean differences were statistically significant,  $F(2, 96) = 12.57$ ,  $p = .00$ , partial  $\eta^2 = .20$ . An independent samples  $t$  test was performed to assess whether mean ratings on perceived strength of relationship differed across types of offender. Because the assumption of homogeneity of variances was violated (as assessed by the Levene test,  $p = .001$ ), an alternative  $t$ -value was used to compensate for unequal variances. The mean ratings for perceived strength of the relationship differed significantly between the new friend and family member,  $t(42.18) = 3.78$ ,  $p = .000$ , two-tailed; and the new

friend and distant family member,  $t(50.19) = 3.92, p = .000$ , two-tailed. Mean ratings for strength of relationship by offender type are shown in Table 3.

Table 3

*Means and Standard Deviations for Perceived Strength of Relationship by Offender Type (on a scale from 1 to 6 where 1 = Very Weak and 6 = Very Strong)*

Offender Type	<i>n</i>	<i>M</i>	<i>SD</i>
New Friend	31	2.94 <sup>a</sup>	1.43
Close Family Member	37	1.86 <sup>b</sup>	0.71
Distant Family Member	31	1.74 <sup>b</sup>	0.89

*Note:* Means with different superscripts are significantly different,  $p < .001$

To examine whether the association between strength of relationship and reporting likelihood varied by type of offender, a correlational analysis was conducted for each offender type. The within-cell correlations also revealed significant inverse associations between perceived strength of relationship and reporting likelihood for the new friend offender type (Pearson's  $r = -.45, p = .008$ ) and the close family member (Pearson's  $r = -.35, p = .032$ ), but not for the distant family member (Pearson's  $r = -.12, p = .479$ ). To determine whether the associations between strength of relationship and reporting behavior were significantly different as a function of type of offender, the correlations were compared to each other using Fisher's  $z$  transformation (Cohen & Cohen, 1975) with an alpha of .05 to determine statistical significance. Those associations were not found to be statistically different,  $z = 0.47$  for the new friend and close family correlation;  $z = 1.41$  for the new friend and distant family correlation; and  $z = .97$  for the close family and distant family relationship.

*Perceived victim and offender dependency.* Participants responded to a question regarding the extent to which they felt dependent on the alleged offender and their perceptions of the offender's dependency on them using a 6-point Likert-type scale (1 = *Not at all dependent* and 6 = *Completely dependent*). Mean ratings for victim's dependency was 3.37 ( $SD = 1.39$ ) and

mean ratings for offender's perceived dependency was 4.12 ( $SD = 1.59$ ). An inverse relationship was hypothesized between victim's dependency and reporting likelihood and between offender's perceived dependency (on the victim) and reporting likelihood. A correlational analysis showed no statistically significant relationship between victim's dependency and reporting likelihood (Pearson's  $r = -.08, p = .42$ ), or offender's dependency and reporting likelihood (Pearson's  $r = .03, p = .76$ ).

*Perceived victim and offender vulnerability.* Participants responded to a question regarding the extent to which they felt vulnerable to the alleged offender and their perceptions of the offender's vulnerability to them using a 6-point Likert-type scale (1 = *Not at all vulnerable* and 6 = *Completely vulnerable*). Mean ratings for victim's vulnerability was 3.98 ( $SD = 1.40$ ) and mean ratings for offender's perceived vulnerability was 2.56 ( $SD = 1.48$ ). An inverse relationship was hypothesized between victim's vulnerability and reporting likelihood and between offender's vulnerability and reporting likelihood. A correlational analysis showed no statistically significant relationship between ratings of the victim's vulnerability and reporting likelihood (Pearson's  $r = .06, p = .54$ ), or perceptions of the offender's vulnerability and reporting likelihood (Pearson's  $r = -.06, p = .49$ ).

*Perceived victim and offender control.* Participants responded to a question regarding how much control they felt they had in the relationship with the alleged offender. A positive relationship was hypothesized wherein older adults who believed they had more control in the relationship would be more likely to report. Older adults who perceived the alleged offender as having more control in the relationship were hypothesized to be less likely to report. Mean ratings for victim's perceived control was 2.57 ( $SD = 1.65$ ) and mean ratings for offender's perceived control was 4.23 ( $SD = 1.46$ ). The hypothesis was not supported for victim's perception of control and reporting likelihood (Pearson's  $r = .08, p = .39$ ) or for perception of offender's control and reporting likelihood (Pearson's  $r = -.04, p = .64$ ).

*Self-perceptions and attitudes about aging.* Participants answered questions assessing perceptions of one's aging experience (i.e., the PCG Attitudes toward Own Aging subscale). Scores on the Attitudes toward Own Aging subscale could range from 0 to 5, with higher scores indicating more positive self-perceptions of aging. The mean score was 3.50 ( $SD = 1.50$ ).

Participants also responded to the 18-item Image of Aging scale assessing negative and positive beliefs about aging. They read a list of 18 words and circled a number (on a scale from 0 to 6; 0 = does not match my image, and 6 = completely matches my image) that showed how well the word matched with their image of old people in general. There were nine negative age-stereotype items and nine positive age-stereotype items. Scores on each component could range from 0 to 54. The mean score on the positive aging items was 36.15 ( $SD = 7.54$ ). The mean score on the negative aging items was 27.14 ( $SD = 8.83$ ). In the current study, the Cronbach alpha coefficients were .82 for the positive age-stereotype component and .82 for the negative age-stereotype component. The two components were negatively correlated (Pearson's  $r = -.33$ ,  $p = .001$ ). Neither component significantly correlated with the PCG Attitudes toward Own Aging subscale.

Because the positive and negative components of the Image of Aging scales were not correlated with the Attitudes toward Own Aging subscale, the three dependent measures were treated as separate variables. Correlational analyses were conducted to assess the relationship between the separate variables and reporting likelihood. The correlational analyses supported the predicted associations between Image of Aging negative age-stereotypes and reporting likelihood (Pearson's  $r = -.29$ ,  $p = .003$ ) and Image of Aging positive age-stereotypes and reporting likelihood (Pearson's  $r = .20$ ,  $p = .04$ ). The more strongly participants endorsed negative age-stereotypes, the less likely they were to report and the more strongly participants endorsed positive stereotypes the more likely they were to report. The relationship between the Attitudes toward Own Aging subscale and reporting likelihood did not correlate at the alpha .05 level (Pearson's  $r = -.08$ ,  $p = .40$ ).

*Sample demographics and reporting likelihood.* After testing the hypotheses, exploratory analyses were conducted to assess any possible associations between demographic factors and reporting behavior. Of the standard demographic factors (age, gender, relationship status, ethnicity, income, rural residency, education), no statistically significant correlations emerged. Regarding questions that assessed participants' history of specialized, personal, or professional knowledge about elder abuse and personal history of elder financial abuse, and caregiver status, only participants' indication of being personally affected by financial abuse (either involving themselves or a close friend/family member) was significantly correlated with reporting behavior (Pearson's  $r = .19, p = .04$ ). Participants who had personal experience with financial abuse were more likely than those without to report the abuse described in the vignette.

*Factors associated with non-reporting.* As previously mentioned, only 13 participants in the sample rated the likelihood they would tell someone about the hypothetical situation as either a "1" (Definitely Would Not Tell;  $n = 5$ ) or a "2" (Probably Would Not Tell;  $n = 8$ ). A correlational analysis was conducted using all of the dependent measures and demographic factors on this subset of participants to explore associations with "not telling." The rating for victim vulnerability (mean rating 3.69;  $SD = 1.54$ ) was positively correlated with "not telling" (Pearson's  $r = .58, p = .03$ ). None of the other dependent measures correlated at the alpha .05 level.

Comparing the means and standard deviations for each of the dependent measures for this subset of participants to the rest of the sample (those who rated a 3 or 4 on "Telling"), the dependent measure *strength of the relationship* emerged as having a mean rating greater than one standard deviation from the mean of those who indicated they would report. None of the means for the other dependent measures were more than one standard deviation apart. Thus, an independent samples  $t$  test was performed to assess whether mean ratings on perceived strength of relationship differed significantly for this subset of 13 participants compared with the larger group of 89 participants. Because the assumption of homogeneity of variances was violated (as

assessed by the Levene test,  $p = .008$ ), an alternative  $t$ -value was used to compensate for unequal variances. The mean ratings for perceived strength of the relationship differed significantly between the “Not Telling” group ( $M = 3.69$ ,  $SD = 1.54$ ) and the “Telling” group ( $M = 2.03$ ,  $SD = 0.99$ );  $t(13.46) = 3.04$ ,  $p = .009$  (two-tailed),  $d = 1.66$ . The “Not Telling” group rated the strength of the relationship as significantly stronger than the “Telling Group.”



## CHAPTER 6

### Discussion

Professionals have speculated about why older victims do not report financial abuse but those ideas have rarely been empirically tested. The little we know about the underreporting of elder financial abuse comes from a combination of anecdotal reports provided by professionals working with elder victims and archival data obtained from national newsfeeds (MetLife, 2009; 2010), and telephone surveys conducted with older adults (National Elder Mistreatment Study, 2008; New York State Elder Abuse Prevalence Study, 2009).

The purpose of this study was to use vignette methodology to investigate the circumstances under which cognitively-intact older adults would report a situation of possible financial abuse as depicted in a hypothetical scenario varied by the type of offender (e.g., close family member, distant family member, new friend). Factors related to the intra- and interpersonal dynamics of the victim and alleged offender were also examined to understand potential barriers to reporting. Finally, the study tested how older adults' willingness to report abuse might be influenced by age-related self-perceptions and attitudes about aging. Specific hypotheses were derived and tested using information gleaned from the elder abuse literature and a theoretical framework of power and control which has been used to explain how abuse occurs in later life. A detailed review of the study's findings and non-findings follows.

Respondents' mean score on the reporting questionnaire was high, indicating that people said they would be likely to report abuse. Several possible explanations are offered for this finding: One explanation is the wording of the question: *Rate the likelihood you that you would tell someone about the situation.* I opted to use the words "tell someone about the situation," rather than the words "report the situation" to avoid problems with interpretation of the word

“report” (i.e., respondents wondering if “report” implied something formal, such as a report to police). But the phrase “tell someone” may have introduced another complication because “telling someone” implies an informality and casualness that may have resulted in high response rates.

Respondents might have rated the likelihood of reporting as high because the question itself implied that reporting was the “right thing to do.” This raises an issue of social desirability. A useful approach to increase confidence in findings involves testing respondents on a measure of social desirability to compare those scores with the scores of other dependent measures used in the study (Paulhus, 1991). If findings from the dependent measures highly correlate with a measure of social desirability, then one can explore which measure or question elicited a response bias. Ways to avoid this limitation would be to either present an open-ended question (e.g., “What would you do in this situation?”) or offer a counter-balanced question (e.g., “Rate the likelihood you would not tell anyone about this situation”). An additional explanation for respondents’ high ratings on likelihood of reporting is the possibility that the alleged offense was overtly obvious to the respondent. A pretest could have assessed whether a group of neutral observers labeled the incident as “abuse.”

A third possible explanation for the high reporting rate is the sample’s high education level relative to the general population. This aspect may be unrepresentative of abuse victims. For example, highly educated people may be more assertive, more aware of available resources, and more aware of their rights. For this reason, education level per se might have affected the results; however, the restricted range of education level prohibited testing the effects of education on reporting likelihood.

The independent variable in the study was offender type. While reports from several national studies (i.e., the 1996 National Elder Abuse Incidence Study; 1998 National Center on Elder Abuse study; National Center on Elder Abuse 1999 report) have consistently identified adult children as leading perpetrators in cases of EFA, findings from the Jackson and

Hafemeister (2011) study highlighted the difficulties faced by older victims in reporting abuse perpetrated by any family member. Based on these reports, it was predicted that offender type would have an effect on reporting behavior; specifically, abuse perpetrated by a close family member (e.g., son) would result in the lowest reporting likelihood, and abuse perpetrated by a new friend would result in the highest likelihood of reporting. However, the results did not support the hypothesis: the type of offender had no effect on older adults' reporting behavior. Follow-up exploratory analyses also showed that offender type was not associated with reporting behavior for the minority of respondents who indicated they would not report. Although these results were initially unexpected, the following findings regarding the quality of the relationship between victim and alleged offender provide an interesting explanation.

As hypothesized, reporting behavior was related to the quality of the relationship between the victim and offender as rated by the respondent/"victim": The weaker the relationship was perceived to be, the more likely the older adult would report suspected abuse. The minority of older adults who indicated they would not report abuse perceived the relationship as stronger than the majority who *would* report. These results support what researchers and practitioners have conveyed in the literature: the relationship matters. But, the *extent* that it matters and the definition of "strength" as perceived by an older adult is unknown from this study's findings. Because the research did not manipulate strength as an independent variable, one cannot demonstrate causality between weaker/stronger relationships and increased/decreased reporting. Nevertheless, the data suggest that may be the case.

An interesting dimension to this finding is that, on average, older adults rated the strength of the relationship as weak, regardless of whether the offender was a son, nephew, or new friend. A weaker relationship—as perceived by the older adult—may have rendered reporting easier given fewer negative consequences an older victim would need to consider in the decision to report (e.g., loss of support by a trusted support person; increased isolation from family members; questions about competence).

Given the complexity of reporting victimization, a conceptual framework of *power and control* assisted in examining the various domains that could impact, either positively or negatively, the willingness to report. The dimensions that are assumed to be relevant involve power, control, and dependency. One obvious domain involves the self-perception of the victim on these dimensions. How do self-perceptions of power, control, and dependency influence the likelihood of reporting? An equally important and often overlooked framework concerns the victim's perception of the offender on these same dimensions. How do the victim's thoughts about *the alleged offender's* power, control, and dependency affect reporting likelihood? The "codependency" that occurs between elderly victims and their offenders involves both the elder's self-perception of that relationship and his or her perceptions of the offender. This phenomenon was observed in women who participated in the 2002 Domestic Violence Against Older Women study (DVAOW) and who expressed a preference for helping rather than punishing their offender. They identified "concern for the abuser" as a barrier to reporting. Thus, the current study attempted to examine both the victim's self-perceptions of his or her own power, control, and dependency and the victim's perceptions of the offender, and to relate these scores to reporting likelihood.

It was hypothesized that older adults' self-perceptions of high dependency and vulnerability coupled with perceived lack of control within the relationship would be associated with non-reporting. An older adult who is dependent and vulnerable, and who lacks control would have much to lose by reporting. It was also expected that when the victim perceived the offender as being more vulnerable and dependent, the likelihood of reporting would decrease because victims might believe that highly vulnerable and dependent offenders would lose much (e.g., resources and stability offered by the victim) if reported on. However, none of these hypotheses were supported by the study's findings. Generally, older adults did not perceive themselves as highly dependent or vulnerable in their relationship with the offender and reported having some control. Their perceptions of the offender's dependency, vulnerability, and control

were elevated compared to their self-perceptions of dependency, vulnerability, and control, but not significantly. Additionally, neither the victim's self-perceptions, nor the victim's perceptions of the offender influenced reporting likelihood.

Several factors might have influenced the null findings. First, the terms *vulnerability*, *dependency*, and *control* can hold different meanings for different populations and across various situations. It may be that older adults in this study did not associate those terms within a context of interpersonal relationships or when reacting to the hypothetical situation depicted in the vignette. Second, the analyzed response ratings were obtained from a sample of cognitively intact, higher-functioning older adults who might have difficulty perceiving themselves as vulnerable, dependent, or as lacking control. Finally, the lack of variability in reporting scores increased the difficulty of observing any effects of these variables (i.e., vulnerability, dependency, and control) on reporting likelihood.

For the majority of respondents who indicated they would report abuse, interesting findings emerged regarding the parties to whom they would report. No preconceived notions or hypotheses were generated regarding this question because so little is known on this topic. Overall ratings in order of highest to lowest were: trusted friend, family member, an official agency, police, minister/priest/rabbi, medical provider, and "other professionals." One could conjecture that the top choices likely reflect the comfort, safety, reduced sense of vulnerability, and history over time that increase the ease of disclosure in direct contrast to reporting to an official agency or professional where the consequences of reporting might be more unknown, formal, and serious.

A supplemental issue addressed within this study revolved around age-related stereotypes. Experimental studies have demonstrated the effects of age-related stereotypes on a wide array of outcomes, including memory, cardiovascular response to stress, and health-seeking behaviors (Levy et al., 2002; Levy, 2003; 2004). Thus, it is important to understand the influence of age-related attitudes on older adults' willingness to report financial abuse. As expected, older

adults who more strongly endorsed positive age-stereotypes were more likely to report abuse and those who more strongly endorsed negative age-stereotypes were less likely to report abuse.

### **Limitations and implications**

In addition to the aforementioned limitations of the present study, supplemental concerns should be acknowledged. Although vignette methodology does allow researchers to measure complex interpersonal issues and projected behaviors in a controlled way and provides information about what older adults *think* they would do in a given situation, it has obvious downsides. The majority of respondents indicated difficulty imagining themselves in the hypothetical situation, but it is unknown what aspect of the respondent's imagination process was most challenging. Was it difficult to imagine oneself in an abusive situation? Was it difficult to imagine a son/nephew/friend stealing possessions? Was it difficult to imagine widowhood or living alone, or on a fixed income? Those questions were not assessed and would have been helpful when interpreting the data. Another possibility is that imagination and visualization may be an individualized trait that is not universally manifested. As a result, some respondents in this study may have had difficulty successfully engaging in the task. Future research could employ other formats such as role playing or video presentation to increase the salience of the situation and demonstrate potential changes in reporting patterns.

There are other concerns associated with the use of vignette methodology in assessing the likelihood to report abuse. As many researchers have contended, we cannot assume that how people report they feel or how they anticipate they would react after reading a scenario is the same as how they may actually feel or behave when confronted with a real life situation involving real relationships. A review of the literature suggests that reporting is affected by the victim-offender relationship in some complex ways. Finally, the vignette was shortened to decrease testing fatigue, but in doing so, may not have provided enough historical details to capture a complex, long-term relationship between the older adult and alleged offender.

Another important limitation to note includes the potential intercorrelations among dependent variables. The present study employed multiple correlational analyses which treated each variable as individual and unique, and were derived by separate research questions and subsequent hypotheses; the downside to this strategy is that it may not be possible to account for the fact that some of the variables could be correlated with each other. Alternative statistical methods such as a path analysis or a multiple regression could disentangle the effects of intercorrelations between all the variables and their relationship to reporting likelihood.

One of the most critical questions in investigating elder abuse is whether an older victim suffers from cognitive deficits that would render him or her incapacitated. The hypotheses generated for this study were tested on a sample of cognitively intact older adults. Underlying the findings may be a crucial protective factor: intact cognitive functioning. Older individuals with intact cognitive abilities might be more readily able to detect an abusive situation, identify and access resources, and understand the nuances of relationship dynamics. But because hypotheses were not tested on a sample of cognitively impaired older adults, one cannot draw firm conclusions about whether cognitive functioning serves as a protective factor or risk factor in reporting behavior. Recently, experts have expressed a need for empirical research to be conducted with both cognitively-intact and cognitively-impaired older adults (Burnight & Mosqueda, 2011). By comparing these groups of individuals, researchers could identify important factors associated with the offender, the older adult, the context, and the relationship dynamics that heighten vulnerability.

Another area for research is how cognitive changes across the lifespan, in contrast to cognition in extreme populations (i.e., cognitively intact vs. cognitively impaired) affect reporting behaviors. If indeed cognitive functioning is a protective factor, future research could examine the cognitive “tipping point” that renders an individual more susceptible to undue influence, isolation, dependency on others, and vulnerability. Neuroscience research has shown several brain regions to be affected by normal age-related changes including reductions in serotonin

binding sites located in the frontal lobe, occipital lobe, and hippocampus (Mohr, Li, & Heekeren, 2010). Additionally, age-related changes in dopamine receptor binding sites have been linked to the hippocampus, amygdala, and thalamus (Mohr et al., 2010). Together, these may contribute to changes in adults' help-seeking behavior at later stages of life and also may be related to thoughts and behaviors regarding abuse.

This sample of older adults was highly educated and predominantly Caucasian. Although this is an important group to study, future research with more diverse older adult populations would broaden our understanding of the factors associated with perceptions of abuse and reporting behavior. In recent years, qualitative research has begun exploring the perspectives of minority older adults who have been victimized to identify barriers to help-seeking, protective factors related to resiliency, and family systems (Campbell et al., 2008; Lee, 2008). Findings from those studies could be used to empirically test reporting behavior, age-related stereotype beliefs, and relationship perspectives of older minority adults.

Respondents identified third party persons to whom they would turn for help. Findings can inform future research exploring the meaning of important relationships and develop ways to translate those findings to increase reporting behavior for elder victims. Armed with the findings from this study and subsequent research in the area of elder abuse, agencies can target select groups (legal, financial, AARP, mental health community, health care) to appreciate signs of abuse and help facilitate dialogues that would enhance the likelihood of disclosure. Future studies could also profitably examine the conditions in which those people close to an elderly victim would be likely to report the abuse to authorities.

Attention should also focus on helping older adults to embrace aging as a positive experience rather than a negative one, in an effort to empower help-seeking actions. Findings also highlight the importance for professionals to be sensitive to older adults' perceptions of their relationships so these professionals can appreciate the full extent of factors that could prevent help-seeking. By integrating the elder victim's report of details with his or her connotative



interpretation of the offender, practitioners may be able to enhance their accuracy of assessment and treatment formulation, and thereby increase positive outcomes. Finally, understanding the myriad of factors that prevent or empower reporting behavior can be helpful to legislators in formulating policies that constructively protect the elderly and prevent further or future abuse.

Findings from this study provide some insight into the process that older adults may go through when evaluating potentially abusive behaviors and their willingness to report abuse to a third party. The quality of relations between the victim and offender, and the respondent's beliefs about aging are related to the likelihood of reporting. Despite the study's limitations, findings provide a useful starting point for understanding which factors may increase reporting and reduce mistreatment, and help older adults more comfortably age with dignity.

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## APPENDIX A

### Hypothetical Vignette

#### New Friend Vignette

You are retired and currently live alone. You can afford to live in your own home because you and your late spouse managed to pay off the mortgage before your spouse's death one year ago. After he/she died, you hired a 36-year old lawn care handyman to help with home maintenance as it has become more difficult to manage the upkeep. Recently, you have paid him extra to help with other tasks such as grocery shopping and driving you to various appointments. Over the course of the year, the two of you have grown to be close friends, seeing each other almost every day. You look forward to these visits and enjoy his company. While getting to know each other, your friend (the handyman) disclosed information about his life struggles. You learn that from the time of his adolescence, he had a difficult relationship with his parents. His parents did not approve of his friends because they seemed to be a bad crowd. In spite of their best efforts to steer him in a positive direction, he continued to rebel by sneaking out of the house and getting into trouble, though he was never involved in any criminal matter. He lived with his parents until his mid-twenties when they asked him to move out subsequent to a heated family argument. Since then, he has tried—not always successfully – to maintain steady employment, and until their deaths, his parents continued to help him whenever possible. Now you have agreed to assist him financially until he regains employment, including making his car payments. In exchange, your friend has agreed to help you with grocery shopping, cooking, and cleaning.

Aside from the equity in your home, you have a Certificate of Deposit (CD) with a substantial amount of money reserved for emergencies. You live on a modest income of \$875 from Social Security which is used for running the household. Your monthly expenses include buying groceries, paying utility bills, medication, and reimbursing your friend (the handyman) when he shuttles you to and from church, doctor appointments, and the store.

During the past month, your friend has been increasingly cancelling the days scheduled to work for you. Sometimes you don't hear from him for more than a week. During the few times he has helped, he asked for extra money with the promise of paying it back. He has also ceased helping with the house chores, taking you to church, and your doctor appointments.

Last week, a friend of yours from church called to check on you. Your friend, the handyman, happened to be at your home at the time and answered the phone. You could hear him angrily tell your friend that you were not home, when in fact you were.

### Distant Family Member Vignette

You are retired and currently live in your own home with your nephew. You can afford to live in your own home because you and your late spouse managed to pay off the mortgage before your spouse's death one year ago. After he/she died, you received a phone call from your deceased sister's son, a 36-year-old nephew, who lost his most recent job working as a grocery store clerk and needed a place to live. You have not seen your nephew in nearly 20 years, but recall that your late sister and spouse struggled for years to help your nephew succeed in life. From the time of his adolescence, they didn't approve of his friends because they seemed to be a bad crowd. In spite of their best efforts to steer him in a positive direction, he continued to rebel by sneaking out of the house and getting into trouble, though he was never involved in any criminal matter. He lived in their home until his mid-twenties when they asked him to move out subsequent to a heated family argument. Since then, he has tried—not always successfully – to maintain steady employment, and they continued to help him whenever possible. After receiving his phone call, you agreed to assist him financially until he regained employment, including making his car payments. Your nephew promised to help you with grocery shopping, cooking, and cleaning in exchange for living at home.

Aside from the equity in your home, you have a Certificate of Deposit (CD) with a substantial amount of money reserved for emergencies. You live on a modest income of \$875 from Social Security which is used for running the household. Your monthly expenses include buying groceries, paying utility bills, medication, and reimbursing your nephew for gas when he shuttles you to and from church, doctor appointments, and the store.

During the past month, your nephew has been increasingly gone from the home, sometimes for days at a time without telling you he is leaving or calling to let you know he is safe. During the few times he has been home in the last month, he constantly asks for money and has ceased helping with the household chores or taking you to church and is not around when you need a ride to your doctor appointments.

Last week, a friend of yours from church called to check on you. Your nephew happened to be home at the time and answered the phone. You could hear your nephew angrily tell your friend that you were not home, when in fact you were.

### Close Family Member Vignette

You are retired and currently live in your own home with your youngest son. You can afford to live in your own home because you and your late spouse managed to pay off the mortgage before your spouse's death one year ago. After he/she died, your youngest child, a 36-year-old son, moved into your home because he lost his most recent job working as a grocery store clerk. You and your late spouse struggled for years to help your son succeed in life. From the time of his adolescence, you didn't approve of his friends because they seemed to be a bad crowd. In spite of your best efforts to steer him in a positive direction, he continued to rebel by sneaking out of the house and getting into trouble, though he was never involved in any criminal matter. He lived in your home until his mid-twenties when you asked him to move out subsequent to a heated family argument. Since then, he has tried—not always successfully – to maintain steady employment, and you continued to help him whenever possible. When your spouse died, you agreed to assist him financially until he regained employment, including making his car payments. Your son promised to help you with grocery shopping, cooking, and cleaning in exchange for living at home.

Aside from the equity in your home, you have a Certificate of Deposit (CD) with a substantial amount of money reserved for emergencies. You live on a modest income of \$875 from Social Security which is used for running the household. Your monthly expenses include buying groceries, paying utility bills, medication, and reimbursing your son for gas when he shuttles you to and from church, doctor appointments, and the store.

During the past month, your son has been increasingly gone from the home, sometimes for days at a time without telling you he is leaving or calling to let you know he is safe. During the few times he has been home in the last month, he constantly asks for money and has ceased helping with the household chores or taking you to church and is not around when you need a ride to your doctor appointments.

Last week, a friend of yours from church called to check on you. Your son happened to be home at the time and answered the phone. You could hear your son angrily tell your friend that you were not home, when in fact you were.

## APPENDIX B.1

### Interpersonal Questionnaire

Using this scale, please answer the following questions:

1	2	3	4	5	6
<b>No Control</b>	<b>Minimal Control</b>	<b>Some Control</b>	<b>Moderate Control</b>	<b>A lot of Control</b>	<b>Complete control</b>

1. How much control do you feel you have in this relationship with your friend, the handyman? \_\_\_\_
2. How much control does your friend have in this relationship with you? \_\_\_\_

Using this scale, please answer the following questions:

1	2	3	4	5	6
<b>Not at all Dependent</b>	<b>Minimally Dependent</b>	<b>Somewhat Dependent</b>	<b>Moderately Dependent</b>	<b>Quite Dependent</b>	<b>Completely Dependent</b>

3. To what extent do you feel dependent on your friend, the handyman? \_\_\_\_
4. To what extent is your friend dependent on you? \_\_\_\_

Using this scale, please answer the following questions:

1	2	3	4	5	6
<b>Not at all Vulnerable</b>	<b>Minimally Vulnerable</b>	<b>Somewhat Vulnerable</b>	<b>Moderately Vulnerable</b>	<b>Quite Vulnerable</b>	<b>Completely Vulnerable</b>

5. To what extent do you feel vulnerable in this relationship with your friend, the handyman? \_\_\_\_
6. To what extent is your friend vulnerable in this relationship with you? \_\_\_\_

Using this scale, please answer the following question:

1	2	3	4	5	6
<b>Very Weak</b>	<b>Quite Weak</b>	<b>Moderately Weak</b>	<b>Moderately Strong</b>	<b>Quite Strong</b>	<b>Very Strong</b>

7. How strong do you perceive the relationship between you and your handyman-friend? \_\_\_\_

## APPENDIX B.2

### Abuse Question

**Now, finish reading the conclusion of the scenario and answer the following questions:**

Three days ago, your friend left the house saying that he had a job interview. He asked for gas money, which you gave him before wishing him “good luck.” You have not heard from him since and have no way of contacting him. Yesterday you noticed one of your credit cards missing from your wallet, and several expensive tools gone from the garage. You are worried that he may be in trouble. Today another friend from church stopped by to visit and expressed concern about not seeing you at church for the past month. You told this person that you were worried your friend may be in trouble.

To what extent would you label this situation with your handyman-friend as abuse? \_\_\_\_

1	2	3	4	5	6
<b>Definitely Not Abuse</b>	<b>Probably Not Abuse</b>	<b>Possibly Not Abuse</b>	<b>Possibly Abuse</b>	<b>Probably Abuse</b>	<b>Definitely Abuse</b>

**APPENDIX C****Visualization Question**

Please rate how easy it was to imagine yourself in the above scenario by circling the appropriate number on the following scale:

**Very difficult      1      2      3      4      5      6      7      Very easy**

## APPENDIX D.1

## Reporting Likelihood Questionnaire

Using this scale, please rate the likelihood that you would tell someone about the situation: \_\_\_\_\_

1	2	3	4
<b>Definitely Would Not Tell</b>	<b>Probably Would Not Tell</b>	<b>Probably Would Tell</b>	<b>Definitely Would Tell</b>

If you answered **1 or 2**, please complete the questions on the **left side of this page**. If you answered **3 or 4**, please complete the questions on the **right side of this page**.

[ 1 or 2 ]

[ 3 or 4 ]

Please **check all** of the reasons why you **would not tell someone about** the situation:

- a. \_\_\_ I did not think any injustice occurred.
- b. \_\_\_ I would feel embarrassed or ashamed.
- c. \_\_\_ I do not know to whom I could turn for help.
- d. \_\_\_ I would fear the potential consequence of telling someone.
- e. \_\_\_ I would fear that my judgment would be questioned by others.
- f. \_\_\_ I may make a bad situation worse.
- g. \_\_\_ If I tell someone, I could lose my independence (e.g., transition to a nursing home)
- h. \_\_\_ Other, please specify:

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Of the above choices, please **circle the #1 reason** why you **would not** tell someone about the situation.

**If you completed THIS SIDE, please SKIP the next page and continue with the remainder of the questionnaire.**

Please **check all** of the reasons why you **would tell someone about** the situation:

- a. \_\_\_ I thought an injustice had occurred.
- b. \_\_\_ The benefits of telling someone would outweigh potential costs.
- c. \_\_\_ I know to whom I could turn for help.
- d. \_\_\_ I would feel a sense of relief by reporting.
- e. \_\_\_ I feel confident my decision would be supported by others.
- f. \_\_\_ I might prevent something worse from happening.
- g. \_\_\_ If I tell someone, I might live in a safer environment.
- h. \_\_\_ Other, please specify:

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Of the above choices, please **circle the #1 reason** why you **would tell** someone about the situation.

**If you completed THIS SIDE, please CONTINUE to the next page and complete the remainder of the questionnaire.**



## APPENDIX D.2

### Reporting Parties Question

If you indicated that you **WOULD TELL SOMEONE** about the situation, please use the following scale to rate the likelihood that you would disclose your concerns to each party listed below:

1	2	3	4	5	6
<b>Definitely Not</b>	<b>Probably Not</b>	<b>Possibly Not</b>	<b>Possibly Yes</b>	<b>Probably Yes</b>	<b>Definitely Yes</b>

- a. \_\_\_ Family member
- b. \_\_\_ Trusted friend
- c. \_\_\_ Medical provider
- d. \_\_\_ Police
- e. \_\_\_ Minister/Priest/Rabbi
- f. \_\_\_ An official agency such as Adult Protective Services
- g. \_\_\_ Other professionals, e.g., banker or attorney

## APPENDIX E

### Image of Aging Scale

**Directions:** I am interested in knowing when you think of **old people** in general (**not** including yourself), how much the following words match the images or pictures that you have. There are no right or wrong answers. After each word or phrase, please **circle** the number from 0 to 6 that best shows how well the word matches your image or picture of **old people** in general (**not** including yourself) with 0 being furthest from what you think and 6 being closest to what you think.

		0-----1-----2-----3-----4-----5-----6							
		does not match my image					completely matches my image		
a.	healthy	0	1	2	3	4	5	6	
b.	wrinkled	0	1	2	3	4	5	6	
c.	family-oriented	0	1	2	3	4	5	6	
d.	grumpy	0	1	2	3	4	5	6	
e.	capable	0	1	2	3	4	5	6	
f.	dying	0	1	2	3	4	5	6	
g.	active	0	1	2	3	4	5	6	
h.	senile	0	1	2	3	4	5	6	
i.	positive outlook	0	1	2	3	4	5	6	
j.	given up	0	1	2	3	4	5	6	
k.	well-groomed	0	1	2	3	4	5	6	
l.	walks slowly	0	1	2	3	4	5	6	
m.	alone	0	1	2	3	4	5	6	
n.	will-to-live	0	1	2	3	4	5	6	
o.	helpless	0	1	2	3	4	5	6	
p.	wise	0	1	2	3	4	5	6	
q.	sick	0	1	2	3	4	5	6	
r.	full of life	0	1	2	3	4	5	6	

**APPENDIX F****PCG Attitudes Toward Own Aging**

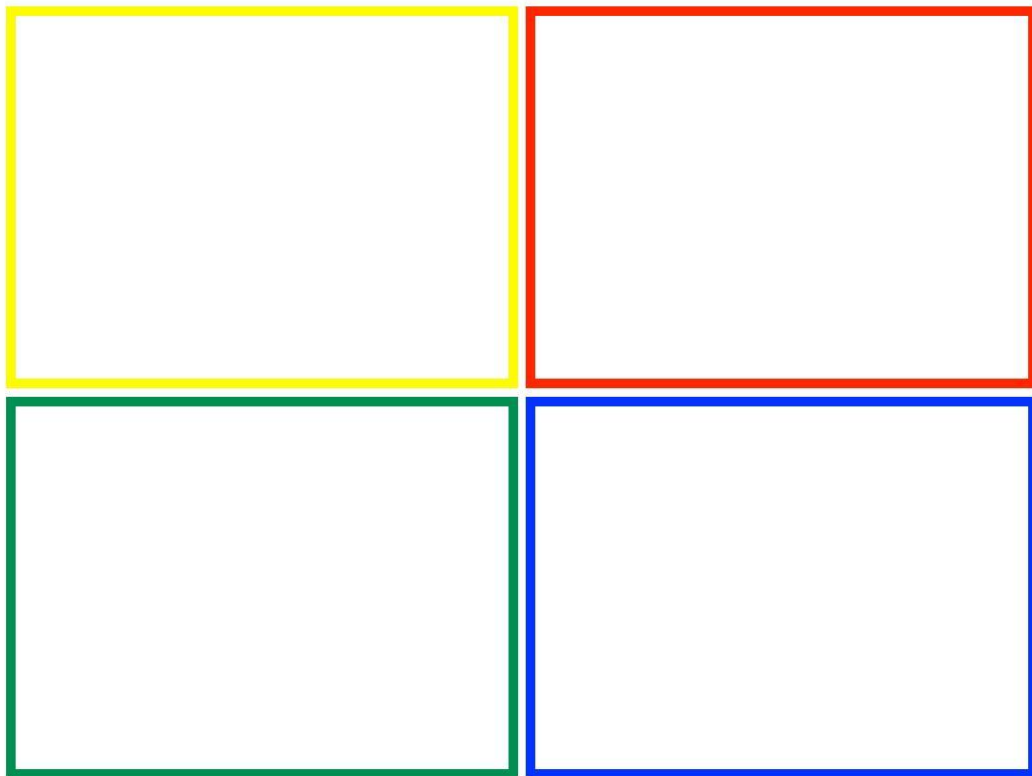
1. I am as happy now as I was when I was younger.    Yes \_\_\_            No \_\_\_
2. I have as much pep as I had last year.                    Yes \_\_\_            No \_\_\_
3. As I get older, things are (better/worse/same)  
as I thought they would be.                    Better \_\_\_    Worse \_\_\_    Same \_\_\_
4. Things keep getting worse as I get older.            Yes \_\_\_            No \_\_\_
5. As I get older, I am less useful.                    Yes \_\_\_            No \_\_\_

**APPENDIX G****Clock-in-the-Box Cognitive Screen**

**Please read and do the following carefully:**

- In the blue box on the next page:
- Draw a picture of a clock
- Put in all the numbers
- Set the time to ten minutes after eleven o'clock.

*After reading these instructions, place this sheet face down on the table and go to the next page*



**APPENDIX H****Test of Temporal Orientation**

**Without looking at a watch, clock, or calendar,  
please write the answers to the following questions in the spaces provided:**

1. What is the current month? \_\_\_\_\_
2. What is the current date of the month? \_\_\_\_\_
3. What is the year? \_\_\_\_\_
4. What is the current day of the week? \_\_\_\_\_
5. What is the approximate time of day? \_\_\_\_\_

**APPENDIX I****Demographics Questionnaire****Demographic Questionnaire:**

Finally, please answer these questions about yourself:

- Your gender: \_\_\_\_\_ Male                      \_\_\_\_\_ Female
  
- Your age: \_\_\_\_\_
  
- Your married status:  
\_\_\_\_\_ Married  
\_\_\_\_\_ Divorced  
\_\_\_\_\_ Legally Separated  
\_\_\_\_\_ Single  
\_\_\_\_\_ Widowed  
\_\_\_\_\_ Cohabiting
  
- Your ethnicity:  
\_\_\_\_\_ Caucasian  
\_\_\_\_\_ African American  
\_\_\_\_\_ Hispanic / Latino  
\_\_\_\_\_ Asian  
\_\_\_\_\_ American Indian  
\_\_\_\_\_ Hawaiian/ Pacific Islander
  
- Annual Income Range:  
\_\_\_\_\_ \$11,000 or below  
\_\_\_\_\_ \$11,001 - 23, 000  
\_\_\_\_\_ \$23,001 – 30,000  
\_\_\_\_\_ \$30,001 - 50,000  
\_\_\_\_\_ \$50,001 – 75,000  
\_\_\_\_\_ Over \$75,001

- Number of people supported by income: \_\_\_\_\_
- Do you live in a rural community? (Urban areas include: 80903-80907; 80909-80911; 80915-80923)  
\_\_\_\_\_ Yes      \_\_\_\_\_ No
- Highest level of education completed:  
\_\_\_\_\_ Some high school  
\_\_\_\_\_ High school graduate  
\_\_\_\_\_ Some college or vocational school  
\_\_\_\_\_ College graduate  
\_\_\_\_\_ Some post-graduate training  
\_\_\_\_\_ Post-graduate degree Please specify: \_\_\_\_\_
- Do you have specialized, personal, or professional knowledge about elder abuse?  
\_\_\_\_\_ Yes      \_\_\_\_\_ No
- Have you ever been personally affected by financial abuse, either involving yourself or a close friend/family member?  
\_\_\_\_\_ Yes      \_\_\_\_\_ No
- Are you a caregiver for someone over the age of 55?  
\_\_\_\_\_ Yes      \_\_\_\_\_ No
- If you answered “Yes”, do you handle that person’s personal finances?  
\_\_\_\_\_ Yes      \_\_\_\_\_ No

## **APPENDIX J**

### **Debriefing Statement**

Thank you very much for participating in our study. The purpose of this study was to investigate the underreporting of elder financial abuse and exploitation among community-dwelling older adults. More specifically, our intention is to further appreciate the relationship dynamics, self-perceptions of aging and attitudes about older adults towards identifying barriers which might prevent someone from reporting suspected abuse. Understanding this information may help support national and community efforts in protecting older adults from financial exploitation as well as empowering older adults and community members to report situations of suspected abuse. We thank you for taking part in this important project.

If you have any questions about this study, please direct them to the primary researcher, Sheri Gibson (sgibson2@uccs.edu) or her supervisor, Dr. Edie Greene, at 719-255-4147.

### **Local, State, and National Resources for more information on elder abuse**

#### **El Paso County Department of Human Services/Adult Protective Services:**

Intake Line: 719-444-5755

Email Address: DHS-APS@elpasoco.com

#### **Colorado Springs' Senior Victims Assistance Team (SVAT):**

For non-emergency service: 719-444-7438

#### **Pikes Peak Area on Aging:**

Phone Number: 719-471-7080

#### **Colorado Division of Aging and Adult Services**

Phone Number: 303-866-2800

#### **Colorado Coalition for Elder Rights & Abuse Prevention**

National phone number: 800-773-1366

Website: [www.ccerap.org](http://www.ccerap.org)

#### **National Committee for the Prevention of Elder Abuse**

Website: [www.preventelderabuse.org](http://www.preventelderabuse.org)

#### **AARP Elder Watch**

Phone Number: 800-222-4444

Website: [www.aarpelderwatch.org](http://www.aarpelderwatch.org)

#### **National Center on Elder Abuse**

Website: [www.ncea.gov](http://www.ncea.gov)

#### **The Elder Justice Coalition**

Website: [www.elderjusticecoalition.com](http://www.elderjusticecoalition.com)