

**PERCEPTIONS OF POLICE AND NON-POLICE SERVICE PROVIDERS
ABOUT ELDER ABUSE AND NEGLECT:
CAUSES, PREVALENCE AND INTERVENTION**

By

Loreley Greenslade

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PERCEPTIONS OF POLICE AND NON-POLICE SERVICE PROVIDERS

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ABSTRACT

This study examines differences among police, social service and legal service professionals in Canada in their experience with elder abuse and neglect cases, their perceptions about the causes and prevalence of this abuse, and their beliefs about the most effective interventions in these cases. Data were taken from a 1991 mail survey on elder abuse legislation, conducted by Bond et al. (1992). This survey provided information on the characteristics of the elder abuse and neglect caseload, and the types of intervention provided by the offices of the respondents. A subsample of Canadian respondents (n=78) was selected.

Respondents from offices which participated in this 1991 survey were recontacted by mail in 1993 (161 respondents from 56 of the 69 offices contacted). In this later survey, respondents were asked their perceptions of: (1) the prevalence of elder abuse and neglect, relative to child- and spouse-abuse; (2) the importance of a series of risk factors and theoretical explanations in accounting for the occurrence of the physical and financial abuse cases that their offices had encountered; and (3) the effectiveness of various interventions, including legislation, in dealing with the elder abuse and neglect cases that they had seen.

Results revealed many differences among these groups of professionals. Among these differences, in the 1993 survey social service providers were more likely than police and legal service providers to report that their offices had encountered four types of abuse (physical, psychological, financial and neglect). Social service providers were also most likely of the groups to believe that elder abuse and neglect was at least as prevalent as child and spouse abuse. The groups of professionals generally agreed on ratings of the importance of risk factors and theoretical explanations to account for the occurrence of abuse. Differences

among professions were found in the types of intervention commonly offered in cases of abuse and neglect. However, there were few differences in ratings of effectiveness of various intervention strategies. Police were the most likely group to rate various types of legislation as effective. Implications for multi-disciplinary coordination when dealing with elder abuse and neglect cases are discussed, including the need for continued training, and effective case management to maximize the efficiency of each group of professionals.

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Chapter 1 - Introduction

Families are typically viewed as havens of safety, and as sanctuaries from the cruelty and dangers of the world (Gelles & Straus, 1979; Steinmetz & Straus, 1973). Traditionally, the tenets of Western society have held that intrafamily violence is atypical and is due either to the psychopathology of one member or to extreme situational pressures. However, acts of aggression, violence and abuse are more common within families than outside of families (Gelles & Straus, 1979). Assault records and homicide statistics confirm that family members are responsible for a large portion of the abuse that occurs between individuals.

Families are particularly at-risk for abuse. Opportunities are provided for the expression of abuse within families. Families are considered sacrosanct, not only by family members, but also by police, the court system, and social service professionals. Behaviour that occurs within the family's confines is considered private, beyond public scrutiny, interference and reprisal (Kosberg, 1983). Norms which sanction violence in some family situations, such as the acceptance among some individuals of slapping between spouses and of physical punishment of children, facilitate the use of violence as a controlling mechanism. Economic and physical dependency can prevent victims of family violence from leaving the abusive situation (Gelles & Straus, 1979).

Families also provide numerous opportunities for the instigation of abuse. Family members have diverse, and perhaps conflicting, goals. Individuals attempting to achieve their own goals often impinge on the rights of other family members. The amount of unstructured, and often conflict-ridden, time that family members spend together translates into time-at-risk for abuse (Ellis & Dekeseredy, 1989; Gelles & Straus, 1979).

While intrafamily violence involving parent-child and spousal interactions has been the

focus of research since the 1960's, recognition of familial abuse of older adults only began in the mid 1970's (Crystal, 1987). Elderly family members have several unique characteristics that may make them more vulnerable to family abuse (Kosberg, 1983). Decreasing physical strength and increasing frailty, as well as older individuals' devalued position in society ("ageism"), make them easy "targets" for abuse. Family members, usually spouses or middle-aged children, are often viewed by legal, social service, and health care systems, as the answer to the problem of caregiving for the older individuals, particularly during times of health care cutbacks. However, resentment about being forced into this role, lack of caregiving ability and a myriad of ulterior motives can result in potentially abusive or neglectful caregivers. Relatives who are not in a caregiving position may abuse or take advantage of their socially isolated older kin with little fear of discovery by outsiders. The shame, embarrassment, and possible denial of having a child or spouse who has become abusive, coupled with feelings of guilt about their growing dependency, make elderly family members reluctant to report the abuse or to take steps to remedy the situation (Crystal, 1987; Kosberg, 1983).

Workers from a variety of professions encounter elder abuse and neglect in their practice. Families may turn to these professionals to help solve their problems if their own resources have been exhausted. Or, professionals themselves may discover abusive situations in the course of interaction with families for other purposes. Research suggests that there are differences in the way professionals from different orientations view the prevalence of, causes of, and most effective interventions for elder abuse and neglect (Anderson, 1989; Dolon & Hendricks, 1989). Differences in formal training, the types of abuse most frequently encountered, and the mandate of the offices of these professionals affect their familiarity with

various forms of elder abuse and neglect and the intervention strategies they have available. Most of this evidence comes from studies conducted in the United States. No research has examined the differences among Canadian professionals in attitudes and preferred intervention strategies toward elder abuse and neglect.

This study focuses on differences between two groups of professionals in the way they view the causes and prevalence of the abuse of older adults, and in the intervention strategies they use to deal with these cases. Responses from a subsample of Canadian participants in a 1991 survey on elder abuse legislation (Bond, Penner & Yellen, 1992) were analyzed to determine if there were differences between police and non-police (social workers, victim services, lawyers and legal services) service providers in the number of elder abuse and neglect cases encountered by their offices, the types of abuse seen, and the interventions used to deal with the abuse and neglect cases. Police have been shown to play a major role in intervention with spouse abuse (Breci, 1991; Buzawa & Buzawa, 1985), although they have traditionally played less of a role in child abuse cases (Besharov, 1987). Research on elder abuse has compared police and non-police service providers in their use of community resources and ratings of the effectiveness of various interventions (Blakely & Dolon, 1991; Dolon & Hendricks, 1989).

Participants whose offices had encountered elder abuse and neglect in the Bond et al. (1992) study were recontacted by mail to obtain information on their beliefs about the causes of two types of abuse and neglect, about the prevalence of abuse relative to other forms of domestic abuse, and about the effectiveness of various intervention strategies including legislation. The participants were also asked to distribute copies of the short questionnaires to their co-workers. This approximated a modified snowball technique of sample construction,

and increased the number of both police and non-police service providers.

Chapter 2 provides a review of the literature pertaining to elder abuse and neglect in general. Issues addressed in this chapter include the definition of elder abuse and neglect, the prevalence of this abuse, and the similarities between this abuse and other forms of domestic abuse. In addition, the theoretical explanations and risk factors of this abuse are explored. Finally, interventions used to handle elder abuse and neglect cases, including legislation, are outlined.

The third chapter examines the roles of professional orientation on abuse. The chapter begins by briefly examining the role of police and non-police professionals in dealing with spouse (wife) abuse and child abuse. There are many similarities among these forms of abuse and elder abuse, and much of the research which has examined professional influence has focussed on abuse toward wives and children. Finally, the effect of professional orientation in elder abuse and neglect cases is explored. In each of these sections, the effect of professional orientation on attitudes, interventions, and the ability to cooperate with other professionals is outlined.

Chapter 4 briefly lists the specific research questions addressed in this study. The empirical basis for these questions will have been addressed in Chapters 2 and 3, and are therefore briefly addressed in Chapter 4. The specific statistical methods used are outlined in Chapter 5. Chapter 6 presents the findings of this study. A discussion of the findings and their implications is presented in the concluding chapter.

Chapter 2

Background Literature - Abuse of Older Adults

Definition of Abuse of Older Adults

The most fundamental problem plaguing research on abuse of the elderly is that of definition. Countless articles point to inconsistency in the concept of elder abuse, particularly in the early years of elder abuse research. These inconsistencies include differences in the categories of abuse included under the umbrella of "elder abuse," as well as differences in behaviours which qualify as abuse (for example, Hudson, 1986; Hudson & Johnson, 1986; Johnson, 1986; Pedrick-Cornell & Gelles, 1982). While some researchers limit their concept of abuse to physical abuse and neglect, others include such diverse forms of abuse as violation of rights, sexual abuse, active versus passive neglect, material abuse, and chronic verbal abuse. Even within the categories of abuse, the behavioural manifestations of the abuse are inconsistent. For example, failure to provide nutritious food has been classified as neglect, because the caregiver fails to meet the needs of the older adult; it has also been classified as physical abuse, because of the effect of malnutrition on the body.

This inconsistency limits not only the ability to make comparisons between studies but also hampers the construction of theory, social policy and intervention (Hudson, 1986). The problem of definition must be addressed before attempting to explain the causes of abuse of the elderly or to plan intervention strategies.

One additional problem emphasizes the importance of clarification of definition. Research has suggested that different types of abuse have unique causal factors (Wolf & Pillemer, 1989). For instance, Wolf (1986) found different predisposing factors for the four types of elder abuse included in her investigation. In that study, neglect was related to the

dependency needs of the victim. Psychological and physical abuse were related to emotional illness of the abuser, often including chemical dependency. Physical abuse was associated with the poor emotional health of both the abuser and victim. Material abuse was associated with the financial needs of the abuser, who might have recently undergone a change in financial status, and to the abusers's chemical dependence. Several other researchers and reviewers (Cicirelli, 1986; O'Malley, O'Malley, Everitt & Sarson, 1984; Pedrick-Cornell & Gelles, 1982; Pillemer, 1986; Pillemer & Finkelhor, 1989; Podnieks, Pillemer, Nicholson, Shillington, & Frizzell, 1989) support the observation that the relevance of risk factors is dependent on the type of abuse under investigation.

Other forms of domestic abuse are not immune to problems of definition. Sigler's (1989) review of spousal and child abuse research, included psychological and emotional abuse, financial abuse and neglect, in addition to physical abuse, under the label of "abuse." There is little doubt that all of the types of abuse occur. However, in most studies of interspousal domestic abuse, "abuse" implies "violence," that is, physical abuse only. This narrow definition can be traced to the actions of early anti-abuse activists, who felt that advocacy attempts that were more focussed would be more successful in producing social and political change.

In the case of child abuse, a wide variety of forms of abuse are more widely acknowledged. In a guide written for police officers, forms of child maltreatment included physical battering, sexual abuse, sexual exploitation, physical endangerment, physical neglect, medical neglect, emotional abuse, developmental neglect, improper ethical supervision, educational neglect, and abandonment (Besharov, 1987). However, as in the case of spouse abuse, it is often the more dramatic forms of abuse, such as physical battering and sexual

abuse, that individuals note when considering child abuse.

Although material/financial abuse is rarely addressed in spouse abuse and child abuse research, it is a common aspect of abuse of older adults (Beck & Phillips, 1984; Weiler, 1989). The elderly appear to be in a unique position with regard to their vulnerability to financial abuse. Children and young women are less likely than the elderly to have money and to own property. Larger life-savings, as well as possible ignorance as to the value of their property, place the elderly more at risk to financial abuse than individuals of other ages (Quinn & Tomita, 1986). However, material abuse may be qualitatively different from other categories of elder abuse. Research has suggested that the risk factors and victim/abuser characteristics of material abuse differ from other types of abuse. The kin relationship between victim and abuser is typically more distant than in other types of elder abuse, and in many cases the abuse is based on simple greed, rather than complex inter- and intra-individual relationship variables (Podnieks et al., 1989; Wolf & Pillemer, 1989).

The definitions of elder abuse and neglect used in this study are those adopted by the Elder Abuse Resource Centre, an Age and Opportunity-affiliated agency in Winnipeg, Manitoba. This definition is similar to that currently being adopted in many provinces, as well as the Department of National Health and Welfare (Alberta Ministry Responsible for Seniors, 1992; McDonald, Hornick, Robertson & Wallace, 1991; Wigdor, 1991). The definition identifies three categories of abuse, as well as neglect (which can be either intentional or unintentional), occurring within a trusting relationship.

Physical abuse: the wilful infliction of physical pain or injury, and/or sexual assault, e.g.

rough handling, shoving, slapping, pinching, kicking, and restriction of movement.

Psychological abuse: behaviour that produces debilitating emotional stress or mental anguish,

e.g. insults, intimidation, threats, infantilization, humiliation, harassment, coercion, social isolation.

Financial abuse: all misappropriation or improper or illegal conversions of money and/or other valuable possession, e.g. theft, "conning," extortion, forced changes of wills, titles and misuse of power of attorney.

Neglect, both passive (unintentional) and active (intentional): failure or refusal to fulfil a caregiving role to provide for the necessities of life, e.g. provide adequate health, clothing, hygienic conditions, food, exercise, and including the withholding of medications and abandonment.

Prevalence of Abuse of Older Adults

Researchers have estimated the prevalence of elder abuse, but there are no studies which can conclusively state how common elder abuse is. One of the problems in determining prevalence is related to inconsistencies in definition. In many previous studies which attempted to determine prevalence, it was not clear exactly what was meant by the term "abuse." There have also been discrepancies in what was meant by the term "elderly," with minimum ages ranging from 55 to 70 years. Underreporting by victims and incomplete record-keeping by service providers also hampered these research efforts. Many of the early studies restricted their focus to clinical populations, making generalization about the prevalence of abuse in the general population impossible.

Plagued with these difficulties, estimates of the prevalence of elder abuse have ranged from one to 10 percent of the elderly population (Hudson, 1986). Shell (1982) estimated that 2.2% of 18,000 older adults receiving some form of care in Manitoba were abused by their informal caregivers. Financial abuse was found to be the most common form of abuse.

However, this study was based on anecdotal records and recollections of social service workers and cannot be generalized to the older Manitoban population.

Podnieks and her colleagues (1989, 1990) conducted telephone interviews with 2000 community-dwelling older adults (65+ years) across Canada. Four percent of the sample had experienced one or more types of abuse by family members within the previous year. Again, material abuse was most common, encountered by 2.5% of the sample. Chronic verbal abuse (which was meant to operationalize "psychological abuse") was second most common, with 1.4% reporting this abuse. Physical violence (.5%) and neglect (.4%) were encountered less frequently. However, small subsample size limits the generalizability of this study as well.

A random survey of 2020 community-dwelling older adults (65+ years) in one state (Massachusetts) found that the rate of abuse was 32 cases per 1000 older adults (Pillemer & Finkelhor, 1988). The most common type of abuse found by these researchers was physical followed by chronic verbal aggression and neglect. Earlier American studies estimated the prevalence of elder abuse as high as 10 percent of older adults (Lau & Kosberg, 1979; Steinmetz, 1981).

Since it is difficult to precisely determine the prevalence of elder abuse, due to methodological and definitional problems as well as to under-reporting by victims, some researchers have asked service providers how prevalent elder abuse and neglect is, relative to other types of abuse. No "prevalence rate" statistic can be obtained from this method of analysis. However, such methods attempt to measure the perceived importance of the problem of elder abuse and neglect among service providers. Service providers who believe that elder abuse and neglect is substantially less prevalent than other forms of abuse may be reluctant to expend time and energy learning about this abuse and establishing service

programs within their agencies. In a study by Anderson (1989), most of the service providers interviewed thought that elder abuse and neglect was prevalent, but less so than other forms of domestic abuse.

Comparison with Other Forms of Family Abuse

In searching for the cause of elder abuse, many researchers looked to global theories and hypotheses that have been used to explain other forms of family abuse. These risk factors and theories have been borrowed, often with little or no modification, by elder abuse researchers. The question is then raised about the appropriateness of using these borrowed theories. The underlying issue is: How different is elder abuse by family members from other types of family abuse? A high degree of similarity between forms of abuse would justify borrowing theories from other abuse types. In addition it could ultimately lead to a formulation of a single theoretical framework of family abuse. Lack of similarity would suggest that researchers must look elsewhere for an explanation of elder abuse. The consensus among many researchers is that domestic abuse of all forms share characteristics and underlying dynamics (Finkelhor, 1983; Korbin, Anetzberger, & Eckert, 1989; Straus, 1983). However, the differences among the types of abuse are also important to recognize, particularly when considering implications for policy and interventions.

The similarity between victims of child abuse and elder abuse rests on the presumed similarity of their position in society and in the family (Schene & Ward, 1988). All children, and many elders, are dependent on others for the fulfillment of basic needs, such as food and medicine (Korbin et al., 1989; McDonald et al., 1991; Phillips, 1983). Both children and dependent elders require substantial time and energy investments (Korbin et al., 1989), and can display behaviour that is perceived as troublesome (Korbin et al., 1989). As a result,

both children and dependent elders can be seen as a source of extreme physical, emotional and financial stress (Beck & Phillips, 1983; Korbin et al., 1989; McDonald et al., 1991). However, the dependency of both children and the elderly on their caregivers is not always unidirectional (McDonald et al., 1991). Both child-abusers (Justice & Justice, 1990) and elder abusers (Pillemer, 1985, 1986; Pillemer & Finkelhor, 1989) have been found to be in some way dependent on their victims. The "reversed" dependency of adult caregivers on the elderly relatives is often excessive, and outside the realm of normal adult reciprocal interdependency (Lewis, 1990).

Despite these similarities, the situations of children and dependent elderly are not identical. Parents have a legal responsibility to care for their children, but adult children have little or no legal responsibility toward their parents (Korbin et al., 1989; McDonald et al., 1991). In addition, the relationship that an individual has with her or his child is qualitatively different from the relationship s/he has with her or his parent (Korbin et al., 1989; McDonald et al., 1991). The emotional obligation, like the legal obligation, may be much stronger in the former relationship than in the latter.

Although both the child and the aging individual may display troublesome behaviour, the perception of these behaviours is not the same. Noxious behaviour, such as bed-wetting and unwarranted screaming, is viewed more negatively when performed by an elder, who although impaired should "know better," than by a child. Anetzberger (1987) found that caregivers of older parents felt that the behaviours of the elders were more bothersome and difficult to handle than were the actual caregiving tasks. In addition, parents of young children can anticipate the cessation of such behaviours, while caregivers of the elderly are aware that such behaviour is more likely to worsen than to improve (Crystal, 1987; Korbin et

al., 1989).

The comparison between abused elders and abused children has implications for service programs and legal statutes, particularly in the area of mandatory reporting (Gordon & Tomita, 1990). If abused elders are assumed to be child-like and dependent, mandatory intervention and mandatory reporting laws, currently applied to child abuse cases, could be justified. Child abuse laws declare that the state can assume protective custody of minor children, and that intervention is not dependent on the wishes of the child (Korbin et al., 1989). If child- and elder abuse victims are dissimilar, however, mandatory reporting would jeopardize the confidential relationships between client and professional. It would also eliminate the right of the abused elder to choose his/her course of action. In addition, if interventions in elder abuse cases adopt a strategy of forcible removal of the victim from the home, many elderly individuals could be placed prematurely in nursing homes.

Some researchers believe that such considerations warrant comparison between elder abuse and spousal abuse, rather than between elder and child abuse. After all, much of the abuse inflicted upon elders is perpetrated by their spouses (Pillemer & Finkelhor, 1988; Podnieks et al., 1989; Renvoize, 1978). In their first anniversary report, the Elder Abuse Resource Centre of Winnipeg indicated that approximately one-third of their elder abuse cases are the result of the continuation of unresolved marital conflict (Age and Opportunity Elder Abuse Resource Centre, 1991). Unlike small children, the elder victims are not always physically dependent on a caregiver. The "frail elder/abusive caregiver" scenario is not applicable in all cases of abuse. A spouse abuse model might be appropriate in situations when caregiver stress and physical dependence cannot be considered primary factors in abuse. Perpetrators of both elder abuse and spousal abuse are often dependent on the victim (Georz,

1985; Hamberger & Hastings, 1986; Ponzetti, Cate & Koval, 1982), which further calls into question a comparison based solely on victim dependence.

That some elder abuse is actually spousal abuse, however, does not eliminate the fact that a large proportion of abuse is perpetrated by adult children and other relatives.

Differences between the qualities of inter-spousal and parent-child relationships suggest that filial abuse of the elderly should not be viewed as identical to spouse abuse.

Elder abuse may be related more to living arrangements than to specific family relationships. Elders are more likely to be abused by those with whom they are residing, whether a spouse or a child (McDonald, et al., 1991; Pillemer & Finkelhor, 1988). In the Pillemer and Finkelhor study (1988), the rate of abuse among elders living with a spouse was 41 per 1000. The rate of abuse among elders living with their children was 44 per 1000. The differences between these two groups were not significant; neither group seemed inherently more abusive. Regardless of the relationship between the residents, living together increases the opportunities for any abuse to occur.

Linking elder abuse with spousal abuse would, however, eliminate some of the legal problems mentioned above. To treat the elder abuse victim like a spouse abuse victim allows the individual to maintain his or her right to decide how, and when, to resolve the abusive situation. It also implies that the same facilities used by abused wives, such as emergency shelters and victim assistance programs, could be used in the intervention of elder abuse cases (McDonald et al., 1991). However, this raises a danger in a small proportion of the elder abuse and neglect cases that do involve frail elderly. In such cases, client-driven intervention may endanger the lives of the victims if they are unwilling, or unable, to gain access to these programs.

All forms of family abuse involve complex factors and cannot be easily pigeon-holed into simple categories. However, all victims experience the effect of the abuse the same way. Regardless of the type of abuse experienced, similar psychological consequences occur. For instance, abuse affects the self esteem and coping skills of the victim. All victims share a sense of stigma and self-blame, as well as isolation from friends and the community. Many victims also share a variety of psychiatric symptoms, such as depression, sleep disturbances, phobias and suicidal tendencies (Finkelhor & Pillemer, 1988).

Many researchers feel that, although manifested differently, the underlying dynamics of abuse are similar regardless of the ages of those involved (Bookin & Dunkle, 1985; Finkelhor, 1983; Phillips, 1983; Straus, 1983). These researchers suggest that all forms of domestic violence share a common explanatory base, and that the forms of abuse represent a continuum of violence, rather than qualitatively different types (McDonald et al., 1991). Based on the assumption of shared dynamics, it is to be expected that common risk factors and theoretical constructs can be identified in the three forms of violence.

Theories of Family Abuse

Several psychological and sociological theories have been applied to explain child and spouse abuse. Three of the most commonly used theories are the social learning, the situational, and the social exchange theories. These same theories have been borrowed by researchers concerned with elder abuse and neglect to explain the causes of this form of family abuse.

Social Learning Theory

The social learning theory proposes that a child's observation of abuse (between parents, on television etc.) or experience of being an abuse victim result in antisocial and aggressive behaviours. Children are probably told that abuse and violence are wrong, but during times of stress, their observational and experiential learning is a more powerful predictor of behaviour (Steinmetz & Straus, 1973). These behaviours become generalized into adulthood (Crystal, 1987; Gelles & Straus, 1979). In addition, the experience of abuse (or physical punishment) from parents may cause the child to equate violence with love. The corresponding lack of healthy nurturance may make the child unable to nurture later in life. This inability to nurture results in a psychological ability to abuse, and is seen by Kemp (reviewed in Justice & Justice, 1990) to be the primary reason for child abuse.

The resource hypothesis is often associated with learning and abuse. It suggests that individuals will not choose to act abusively if other options are available to them. However, if faced with a source of stress and no appropriate resources are available, violence will be chosen as a last resort. Support for this proposition is available from research involving all forms of abuse (Finkelhor, 1983; Phillips & Rempusheski, 1985; Pierce & Trotta, 1986; Ponzetti et al., 1982; Wolf, 1988). Abusers have been found to lack such resources as communication skills, financial resources, assertiveness, social support, respect and knowledge. Faced with the perception of powerlessness, abusers become willing to use violence to compensate for their perceived deficits (Steinmetz & Straus, 1973).

Throughout the socialization process, the child learns not only the values of the family, but also the values of society. The society of violence hypothesis suggests that Western culture as a whole legitimizes the use of violence (Straus, Gelles & Steinmetz, 1980).

In the report on elder abuse by the House Select Committee on Aging (reported in Wolf, 1986), aggression and violence as a way of life in the United States was identified as one of the factors attributed as a cause of elder abuse. Violence is societally accepted, particularly violence within the family. Straus (reported in Bookin & Dunkle, 1985) suggested that the following propositions are all accepted to some extent by the society, and are passed on through socialization: there is a moral rightness to the use of physical force within the family when one family member does wrong; the use of force in families is both legitimate and accepted; and there is a socially structured antagonism between the sexes (through sex role stereotypes) and between the generations (through ageism).

Wide acceptance of the legitimacy of violence within the family allows family members to physically and psychologically abuse other members in the name of punishment and control. Sex role stereotypes encourage the belief that men have the right to treat their spouses and children (their "property") with violence if they so choose. Cultural norms of sexism and ageism encourage the devaluing of women, the elderly, and children. There is less reluctance to abuse something which is devalued. All of these beliefs have the potential for desensitizing individuals to violence, particularly within the home.

Social learning plays a role in explaining the likelihood of neglect as well. Through social learning (as well as through temperament) individuals acquire coping styles. Many of these coping styles prove ineffective, causing many individuals to consistently attempt to solve their problems through avoidance and denial (which may be manifested in alcohol abuse). Hickey and Douglass (1981) suggest that the use of avoidance or denial as a coping style can, when accompanied by the stress associated with caring for elders, result directly in neglect.

Although the use of the social learning theory, and its variations, is prevalent in elder

abuse research (Anetzberger, 1987; Bookin & Dunkle, 1985, Crystal, 1987; Hamilton, 1989; Pedrick-Cornell & Gelles, 1982; Zdorkowski & Galbraith, 1985), its support is more anecdotal than empirical. The most consistent support for the learning theory comes from the spouse abuse literature, although a few studies confirm that child victims will become child abusers. A history of violence, including abuse as a child, is considered by some researchers to be the best predictor of spousal abuse (Fagan, Stewart & Hansen, 1983, Hamberger & Hastings, 1986; Walker, 1983).

Skepticism about explanatory power of the social learning theory arises from the inability of many researchers to find a direct link between socialization in an abusive family, and later abuse (e.g. Anetzberger, 1987; Callahan, 1988; Pedrick-Cornell & Gelles, 1982), particularly in the case of elder abuse. Several explanations may be possible. The child raised in an abusive environment has probably learned that abuse is acceptable when directed at children and spouses, but it is less likely that the child has actually observed abuse by children against parents. The hierarchical quality of the relationship between parent and child would make abuse from child to parent less likely than the reverse, or than abuse between spouses, who are relatively equal on the power hierarchy (Korbin et al., 1989, Pillemer, 1986). This theory does not provide justification for the instigation of violence at particular times and under specific circumstances (Anetzberger, 1987). It also does not account for differences in behaviour among individuals with the same or similar social backgrounds.

Situational Theory

The premise of the situational model, as it relates to abuse, is that the experience of stressors results in tension and frustration, and this frustration leads to abuse and violence (Gelles & Straus, 1979; Phillips, 1986). The source of this stress can take any form, from

alcoholism to financial worries, and is defined as any situation in which the demand presented by a situation exceeds the coping ability of the individual (Farrington, 1986).

According to Farrington (1986), North American families are in a particularly vulnerable position with regard to stress. Families are often not adequately equipped to deal with this stress. The family unit appears well-equipped, because of the combined personal resources of all family members and the social support of an extended family. However, conflicting goals of family members limit the effectiveness of the family unit as a whole. When the family unit, or an individual member, becomes unable to satisfactorily cope with the demands of the stressor, frustration builds, and with it the potential for violence.

Virtually all elder abuse research points to the importance of situational factors as possible causes of abuse. Although some studies emphasize the external environment as a source of stress, and others emphasize stress related to individual psychopathologies, all researchers acknowledge the association between abuse and some other factor, which could be considered a stressor. The downfall of this theory might, in fact, be its seemingly limitless applicability. Any situation, in any degree of intensity, can be seen as a potential stressor. As the definition of stress becomes more generalized, it reaches the point of being meaningless as a predictive variable (Farrington, 1986).

The situational model fails to explain why some individuals react to similar stressful situations with violence but others do not (Anetzberger, 1987). Most researchers agree that stress theories are not sufficient to explain why violence and abuse are chosen over other possibilities, and that some form of learned violence is necessary. For abuse or violence to result, not only must there be tension and stress associated with the situation, learning has to have occurred which make abuse and violence acceptable responses to a stressful situation

(Anetzberger, 1987; Farrington, 1986; Hofeller, 1982; Phillips, 1986; Seltzer & Kalmus, 1988).

Social Exchange Theory

The social exchange theory proposes that all interaction among individuals is based on the endless attempt to maximize personal rewards and to reduce social costs (Gelles & Straus, 1979; Johnson, 1986). The decision to continue in a relationship with another individual rests on the perception that benefits given to the other person are being reciprocated. A perceived imbalance in the exchange will cause both individuals to feel uncomfortable. For the individual whose perceived costs are greater than his or her rewards, frustration and resentment will mount. For the individual who is receiving rewards out of proportion with his or her ability to reciprocate, feelings of guilt and resentment will develop as a result of being placed in an a position in which s/he is helplessly obligated to the other individual. If this interaction continues in the same pattern, the discomfort felt by both individuals will mount to the point where either the interaction will be terminated, or violence will erupt (Gelles, 1983; Gelles & Straus, 1979; McDonald et al., 1991; Phillips, 1986).

Within the family system, normal interaction typically produces a balanced set of exchanges, although periods of imbalance are expected and tolerated. For instance, a child does not possess the resources which would allow him or her to reciprocate the extensive benefits provided by his or her parent, but this imbalance is seen as acceptable, because of the emotional satisfaction of parenting. The temporary illness of one family member is also viewed as a situation in which imbalance is acceptable, since other members know that the ill family member will reciprocate care when the situation is reversed.

However, in some interactions, such as those involving illness or impairment from

which no recovery is expected, the balance of exchange remains permanently skewed. In addition, family membership precludes the possibility of easily terminating the interaction. In the case of physical impairment and the elderly, for instance, the imbalance grows as the elder loses power (resources), and the elder becomes more vulnerable and dependent. The more powerful caregiver then gains a monopoly on the resources, and possesses the ability to control the behaviour of the dependent individual. As long as the costs for being violent are low (such as little possibility of reciprocal abuse or of discovery by outsiders), the powerful person has little to lose by being abusive. In addition, if the costs of caregiving outweigh rewards (such as feelings of satisfaction or fulfillment of obligation) the situation may be perceived by the caregiver as unfair. The situation may then become abusive, particularly if the caregiver cannot escape the situation (Pillemer & Finkelhor, 1989).

Various researchers have attempted to apply this pattern of behaviour to explain child and spousal abuse, but with only moderate success (Johnson, 1991). Two problems are evident in the theory. First, it is unclear exactly why the individual who possesses all of the power in the relationship would bother being abusive. Unless human nature is assumed to be inherently sadistic, there is nothing to gain by violence on the part of the powerful individual (Pillemer, 1985). Second, most cases of intrafamilial abuse do not involve a disproportionate degree of dependence of the victim on the abuser.

This apparent contradiction has been explained in two ways. First, evidence presented in the next section will show that, in many cases, the abuser is dependent upon the victim in some way. Therefore, the source of frustration in the abuser is his or her position of inferiority, rather than superiority, relative to the victim. This individual will lack the resources to maintain a balanced relationship, and, according to the resource hypothesis, will

compensate for these deficits through abuse.

The second explanation for this contradiction involves perceived, rather than real, feelings of powerless on the part of the abuser. According to Finkelhor (1983), family abuse occurs in the relationship with the greatest power differential, and is perpetrated by the more powerful individual. However, abusive individuals are typically characterized by a sense of powerlessness and impotence (Finkelhor, 1983; Gelles, 1983). This perception of powerlessness appears to have more explanatory power than the proposition that the abuser/caregiver uses his or her possession of greater resources as justification for abuse (Pillemer & Finkelhor, 1989). For example, an adult experiencing financial difficulty may resent the financial resources of an older family member whom s/he feels does not "need" it. This adult may then feel justified in expropriating the funds to eliminate this perceived imbalance. The frustration associated with perceived powerlessness may be especially acute in elder abuse cases, since powerlessness in middle adulthood, relative to the abusers' aged parents, strongly violates society's expectations for normal adult behaviour.

Risk factors in Family Abuse

The history of the search for explanations of elder abuse consists predominantly of exploratory studies on small populations of abused elders. From these studies factors which appear to be associated with the likelihood of abuse have been identified. However, many of these studies had methodological problems, such as small sample size, the use of only clinical samples, and the lack of appropriate comparison groups. "Support" for the relevance of these risk factors comes from studies identifying these same risk factors in other intrafamily violence and from anecdotal support offered by researchers and service professionals (Pedrick-Cornell & Gelles, 1982).

Another difficulty with this type of research is that these factors were identified post hoc. To illustrate this problem, assume that a psychological state, such as low esteem, was identified as a risk factor distinguishing abused older adults. It cannot be determined whether this low self-esteem caused, or resulted from the abuse. Similarly, specific physical impairment may cause neglect by caregivers, or it may be the physical consequence of this neglect.

Despite the inadequacies of this research, risk factors do have a role in both intervention decisions and in theory construction. After compiling a set of risk factors relevant to elder abuse, Kosberg (1988) suggested that the decisions to place a dependent elderly person in the care of family members and the elected intervention should depend, in part, on the examination of these risk factors. The presence of risk factors, while not necessarily precluding the placement of the elder, should alert the caseworker to potentially dangerous situations, and may help the construction of an intervention strategy.

Although a wide range of factors have been associated with family abuse, three broad categories encompass many of the commonly-found factors. The first category is dependency, which has been recognized as one of the main factors associated with child and elder abuse (Justice & Justice, 1990; Kosberg, 1988; Lewis, 1990), and, to a lesser extent, with spousal abuse (Ellis & DeKeseredy, 1989; Georz, 1985; Hofeller, 1982; Walker, 1983). Stress, in its many forms, has also been a consistent and pervasive risk factor in family abuse (Farrington, 1986; Justice & Justice, 1990; Kosberg, 1988). Finally, individual and relationship problems have been acknowledged as contributing to intra-family abuse (Anetzberger, 1987; Farrington, 1986; Greenberg, McKibben & Raymond, 1990; Justice & Justice, 1990).

Dependency

Dependency of children and the elderly, in conjunction with the resultant caregiving stress, has often been the factor pinpointed as the primary cause of child abuse and elder abuse. Both populations can become dependent on the middle generation for caregiving, resulting in both financial and emotional strain. The assumption is that the level of impairment of the dependent individuals is positively related to the stress related to caregiving, and consequently to the potential for abuse.

There has been some support for this assumption in child abuse and elder abuse research (Pedrick-Cornell & Gelles, 1982) but much of the support is more intuitive than empirical. The care professionals surveyed by Hickey and Douglass (1981) agreed that dependency of the victim was the key to understanding abuse; but this finding, too, was based on conventional wisdom rather than empirical fact. Research has been inconsistent in indicating the relationship between dependency and abuse of older adults (Crystal, 1987).

The source of this inconsistency is rooted in two issues surrounding the concept of dependency as a risk factor. The first issue involves the definition of "dependency." Fulmer (1990) illustrated that the concept of dependency means different things to different groups of professionals, even if those professionals are examining the identical situation. For instance, medical professionals and social service workers may agree that "dependency" is an important factor in a particular case of elder abuse. However, medical doctors are likely to focus on physical, functional dependency resulting from physical impairment, while social workers focus on the emotional dependency that the physical impairment, and subsequent social isolation, can bring. Therefore, caution is needed in comparing different studies which examine the role of dependency in abuse, since the conceptualization of dependency may

differ according to the background of the researcher.

Based on this, several researchers have divided the concept of dependency into categories, and although the number of categories and their labels vary slightly, there is basic agreement on three main classifications of dependency (Fulmer, 1990; Lewis, 1990; Quinn & Tomita, 1986; Steinmetz, 1981, 1988a; Steinmetz & Amsden, 1983). Physical and functional dependency is associated with personal care needs, transportation and health care needs (Lewis, 1990). Psychological or emotional dependency is defined as an extreme and constant need for connection with another person, which in extreme cases becomes crucial for the individual's self-esteem and sense of purpose. Financial dependency is usually defined as the need for assistance with financial matters such as paying bills, and sometimes includes the provision of material needs. Lewis (1990) further differentiates between normal adult interdependency, which describes the reciprocal exchange that is part of every adult human relationship, and excessive dependency, defined as the continued demand of one person on another, beyond what is normatively expected.

The second issue related to dependency and abuse is that of co-dependency. Several elder abuse researchers have discovered that the dependence of the victim on the abuser plays a small role in abuse cases, relative to the dependence of the abuser on the victim (Pillemer 1985, 1986; Pillemer & Finkelhor, 1989; Wolf, 1986). This co-dependency may become excessive (Lewis, 1990), and form the basis for the relationship; this adds to the difficulty of seeking or accepting outside help, or of accepting separation. With co-dependency, there may be a mixture of dependency types. An older parent with functional impairments may be physically dependent on the adult child. However, the adult child may be supported financially by his/her parent, may have excessive emotional dependency on his/her parent,

and look for his or her self-worth through that parent.

Two patterns of dependency have been shown to influence the occurrence of elder abuse and neglect. The first pattern is the physical dependency of the victim on the abuser. The victim relies on the abuser to provide daily care, and the stress caused by this caregiving situation can potentially lead to abuse or neglect by the caregiver (Steinmetz, 1988a). The second pattern of dependency is the financial dependency of the abuser on the victim. Such dependency may be associated with the unemployability or chemical dependence of the abuser, and creates an atmosphere of resentment and antagonism toward the older victim (Pillemer, 1985).

Victim's dependence on the abuser. The majority of studies and reviews on elder abuse, particularly the earlier ones, have been based on the assumption that the elder abuse victim is dependent on the abuser, and is therefore in a vulnerable position relative to the caregiver (e.g. Anetzberger, 1987; Bookin & Dunkle, 1985; Johnson, 1991; Montgomery & Borgatta, 1986; Rathbone-McCuan, 1980). The perseverance of the caregiver stress theory, despite evidence against it (Pillemer, 1985), may be the result of "victim blaming," which has also been prevalent in early explanations of child and spouse abuse. The abuse is seen as somehow justified or understandable if the care-receiver is difficult to manage (Korbin et al., 1989; Pillemer & Finkelhor, 1988).

The association between physical dependency and vulnerability to abuse is present at any age. According to Crystal (1987), however, physical dependency may be seen as less legitimate or permissible for the elderly. Normal physical dependency during childhood is outgrown, to be replaced by the relative physical independence of early and middle adulthood. The return to physical dependency in late adulthood is seen as unacceptable weakness;

therefore, physical impairment may have a stronger relationship to abuse during late adulthood than during any other time.

Most studies of elder abuse indicate that physical dependency needs of the victim are related to neglect (Godkin, Wolf & Pillemer, 1989; O'Malley et al., 1984; Wolf, 1986) or to the use of medication to control the victim (Steinmetz, 1981, 1988a). However, this physical dependence has not been related to physical abuse (Wolf, 1988) or to chronic verbal abuse (Pillemer 1985, 1986; Pillemer & Finkelhor, 1989). In one study, physically impaired older parents were less likely to be physically abused by their children than were less-impaired parents (Pillemer, 1985).

In summary, physical dependence of the victim on the abuser appears to be an important issue in some cases of elder abuse. Older parents may not be normatively expected to be dependent on other individuals, particularly their own children. The perceived illegitimacy of this dependency, relative to the dependence of spouses and children, might exacerbate the effect of this dependency, and make elders a more likely and acceptable target for abuse.

Abuser's financial dependence on the victim. There is overwhelming evidence that the financial dependence of the abuser plays a key role in elder abuse cases. Anetzberger (1987), Godkin, Wolf and Pillemer (1989), Hwalek and Sengstock (1986), Pillemer (1985, 1986, physical abuse only), Pillemer and Finkelhor (1989), Podnieks et al. (1989) and Wolf (1986) all found that the dependence of the abuser on the elderly victim for housing and basic needs was related primarily to physical abuse and also to chronic verbal abuse and neglect. No explanation has been offered for this association; it is possible that the importance of financial security in this culture plays a role. The inability to sustain oneself economically

suggests, in this society, that one is a failure, and this awareness is likely to cause a great deal of frustration and resentment. If this frustration is combined with the recognition that the elderly parent, on whom the adult child is dependent for income, is aging and nearing death, desperation may result. The parent's death would mean an end of the adult child's financial security. An individual who lacks other resources (such as money and self-esteem), when faced with stress, is more likely to resort to physical violence than a person with other options.

In a study by Greenberg et al. (1990) financial dependence of the abusing child on the victim was related to several factors. Financial dependency was related to a chemical dependence habit, which may require a substantial amount of money to support, as well as restrict the abuser's ability to get and keep employment. Financially dependent abusers were also more likely to be younger (under 40 years) and living at home.

Un- or under-employment among male spouse abusers is commonly found, and there is some evidence that spousal abuse might be disproportionately common in marriages in which the wife earns more than her husband (Hofeller, 1982). There is also evidence from elder abuse studies that much of the physical abuse associated with the financial dependency of the abuser is perpetrated by spouses (Podnieks et al., 1989).

In conclusion, while the presence of dependency and co-dependency appears to play some role in the abusive situation, the dependency alone is not enough to explain the timing of the abuse and the choice of the abusive behaviour. Dependency might be better understood through its effect on other factors, such as the increase in stress and the availability of resources to cope with the stress.

Stress

The basis for the emphasis on stress in the etiology of abusive situations partially comes from the application of the situational theory. The propositions of this theory, as well as conventional wisdom, suggest that stressors act to increase frustration. If individuals are not aware of other strategies for conflict resolution, stressors consequently increase potential for violence (Farrington, 1986). It is a recurrent finding in elder abuse research that both the abuse victim and abusing caregiver experience excessive amounts of stress (Beck & Phillips, 1983; Calgary Police Service, 1990; Godkin, Wolf & Pillemer, 1989). However, it is unclear if the stress is the cause, or the result, of abuse (Hudson, 1986).

The list of stressors included as risk factors for child, spousal and elder abuse is seemingly endless. Typically included are abuser characteristics such as lack of ability, emotional illness and alcoholism, victim characteristics such as problem behaviours and irritability, relationship characteristics such as the lack of affection or understanding, as well as external situational factors such as single parenthood, divorce, death of a family member, and financial stress (Justice & Justice, 1990; Kosberg, 1988; Ponzetti et al., 1982).

Caregiving stress. Caregiving stress is a particularly pervasive theme in elder abuse literature, and is typically coupled with arguments supporting the role of physical dependency of the older victim in abuse, discussed in the previous section (Kimsey, Tarbox & Bragg, 1981; Pierce & Trotta, 1986; Steinmetz, 1988b, 1990).

In addition to these demands, the role of the adult caregiver's environment as a source of stress has been given a great deal of attention. These caregivers (typically assumed to be middle-aged women) are required to care not only for their older parents, but also for their own children and grandchildren. These women are often forced to provide care, as well as

financial resources, to their elderly parent at the expense of their own families. A growing number of these women are employed outside the home, which impinges on the time needed for care provision. A group of Guelph researchers have found that individuals workers who provide both eldercare and childcare experienced more stress, and missed more days of work, than workers providing only one type of care. Workers performing personal eldercare (which included assistance with basic living activities such as bathing) as well as general eldercare (which was limited to tasks such as providing transportation and shopping), experienced substantially more stress than those workers performing only general eldercare (CARNET, 1993).

Not only "functional" stress, but also "social" stress can result from caregiving. In addition to lack of time and physical strain, caregivers experience increased worry and concern over the older care-receiver. They also suffer emotionally because of the lack of privacy and the lack of time to foster their own mental health as a result of caring for an older adult in their home (Beck & Phillips, 1983; Steinmetz, 1988a).

The objective amount of potentially-stressful roles faced by these individuals does not, in itself, seem to be strongly associated with the likelihood for abuse. The amount of time spent in caregiving activities, and the types of care tasks undertaken, were not related to abusive behaviour. There is some evidence from the elder abuse literature that the perception of this stress is related to the use of coercive behaviour (Steinmetz, 1983; Steinmetz & Amsden, 1983). The subjective perception of stress was related to overall feelings of burden in adult caregivers. This perceived strain was the only measurement of stress that was associated with abusive or coercive behaviour.

Although the stress related to caregiving is easy to understand, this stress is not a

factor in all cases of elder abuse. Many abused elders are not physically or mentally impaired (Pillemer, 1985). These well-elderly do not receive care from either spouse or children.

Individual and Relationship variables

As with external stressors, the list of possible individual and relationship variables that have been associated with intrafamily abuse is vast and diverse. However, most of these can be broadly classified into two categories: personality problems which appear to predispose individuals to violence and abuse, including alcohol or drug problems, and problems with the relationship between the abuser and the victim which allow the abuse to occur.

Intra-individual problems. Although the early research of all forms of abuse emphasized the role of the abuser's mental or emotional illness in his or her abusive behaviour (eg. Bookin & Dunkle, 1985; Hamilton, 1989, Hofeller, 1982; Justice & Justice, 1990; Montgomery & Borgatta, 1986), recent evidence suggest that only a small portion of abusive individuals are mentally ill (Steinmetz & Straus, 1973). Mental or emotional illness does occasionally appear as a contributing factor in abuse cases. For instance, Greenberg et al. (1990) found that 16% of abusive children suffered from mental illness. However, most researchers disregard the role of mental illness in family abuse, viewing it as an attempt to perpetrate society's belief that family abuse is abnormal.

There may be evidence, however, that mental illness plays a larger role in elder abuse than in child or spouse abuse (Pillemer & Finkelhor, 1989). Many of the abusers in the Pillemer and Finkelhor study had a history of emotional or mental illness, and were prone to chemical abuse. Physical and emotional coercion of a child is seen as acceptable, to some extent, when labelled "discipline." However, there are no such societal allowances regarding abuse toward parents (Korbin et al., 1989). Therefore, it may be that extreme deviance, such

as mental illness, is required to overcome the strong social sanctions which exist concerning parental abuse, but which are weaker for child and spousal abuse. Reviews by Wolf (1986), O'Malley et al. (1984) and Podnieks et al. (1989) imply that the proportion of mentally or emotionally ill elder abusers was greater than that of child or spouse abusers. Among Anetzberger's (1987) elder abusers, two-thirds rated their mental health as fair or poor.

Abusers, regardless of their relationship to the victim, have low self esteem, poor self-concepts, self-centeredness, and have the feeling that they are powerless and ineffectual (Finkelhor, 1983; Sigler, 1989). In addition, alcohol or drug problems are associated with all forms of family abuse (e.g. Farrington, 1986; Godkin, Wolf & Pillemer, 1989; Greenberg et al., 1990; O'Malley et al., 1984; Pillemer & Finkelhor, 1989; Ponzetti et al., 1982; Zdorkowski & Galbraith, 1985). Alcohol does not lead to violence in and of itself, but it may affect abusive behaviour in two ways. It may decrease personal inhibitions against violence, which allows existing violent tendencies to surface. It may also reflect the abuser's maladaptive coping style, characterized by avoidance, in which alcohol is used to avoid personal responsibility for his or her actions (Georz, 1985; Ponzetti et al., 1982).

Inter-individual problems. The relationship between the abuser and the victim is also plagued with problems. Elder abuse research suggests that filial abuse of the elderly may simply be the result of the continuation of a bad relationship (Steuer & Austin, 1980), and might be associated with such factors as parental over-protectiveness (Greenberg et al., 1990). Kinderknecht (1986) suggested that the root of spousal abuse among the aged may be found in the perceived nature of, and the satisfaction with, the marital relationship. Pillemer and Finkelhor (1988) found that abusive elderly couples were distinguished from non-abusive elderly couples by a high degree of spousal conflict. Godkin, Wolf and Pillemer (1989)

reported that the relationship between the older adult and caregiver was considered to be poor in 77% of cases involving abuse, compared with 5% of cases in which abuse was not present.

While the variations on a "bad relationship" are endless, a common feature of the abusive relationships appears to be a lack of attachment (Cicirelli, 1986; Justice & Justice, 1990). Attachment between parent and child, established early in life, has been found to be a moderating influence on stress and conflict throughout life. Failure to form this attachment may mean that, when faced with stress associated with caregiving for elderly parents, the parent-child relationship will break down. The first anniversary report of the Elder Abuse Resource Centre (1991) suggested that two-thirds of their cases were perceived as being based on unresolved, long-term and deeply-rooted family grievances.

Although this review suggests that all intrafamily abusers share some degree of personal and relational problems, these problems cannot account for the presence or the timing of the abuse. Not all alcoholics, for instance, are spouse- or elder-abusers. Most families experience conflict to some degree, without exhibiting abuse, as it is defined here. None of the internal or external stresses listed justify why some individuals are abusive while others, in similar situations, are not.

All of the risk factors examined play some role in establishment and maintenance of abusive relationships. However, none of these factors, by itself, can account for the instigation of abuse, or for the decision to chose abuse as a coping mechanism.

Intervention

Intervention efforts in elder abuse cases are hampered by many of the same problems that result in underestimation of prevalence. Most abuse victims are unwilling to admit that they have been abused at the hands of family members because of shame, fear of retaliation,

or fear of institutionalization. Lack of clear definitions can be confusing to victim and service provider alike, so that many victims are not aware of their rights or of services that are available. If the victim is homebound or socially isolated, there may be no opportunity for contact with formal health and social service professionals (Alberta Ministry Responsible for Seniors, 1992).

There is also debate about when intervention should occur and how much intervention should be provided. Steuer and Austin (1980) argue that intervention is necessary, both on the social and legal level, and that this intervention should be mandatory. On the other hand, Douglass (cited in Gnaedinger, 1989) believes that intervention should occur in only very severe cases of intentional abuse and neglect.

Although many abuse victims are not aware of them, every province and territory now has programs established to help the elderly abuse victim (Seniors Secretariat, 1992). However, there is no evidence that any of these agencies or programs are particularly effective in intervening in elder abuse cases. One problem in determining the effectiveness of intervention is the difficulty in identifying outcome measures. Is an intervention effective if the abuse stops, but as a result the former victim is forced to live alone, deprived of the company of his/her only remaining, albeit abusive, family member? It is also difficult to plan intervention programs because there is no consensus about the causes of elder abuse (Hudson, 1986). Uncertainty about where intervention should be focussed (cause) and the criteria for success (outcome) are serious impediments in intervention planning.

The type of intervention offered is typically dependent on the professional orientation of the agency and its members's perception of the cause of elder abuse. An agency run primarily by social workers may stress different intervention strategies than an agency

organized by health care professionals. If the workers in the agency believe that caregiver stress is the primary factor in causing elder abuse, this agency would be likely to provide such services as respite care and day care. This intervention may be effective in some elder abuse cases. However, abuse caused primarily by the caregiver's chemical dependence would not be effectively treated in this manner.

Typically, an intervention strategy that offers a variety of services is advocated. The Alberta Ministry Responsible for Seniors (1992) outlines three models of intervention in elder abuse: the child abuse model, the domestic violence model, and the advocacy model. Each model has its strengths and weaknesses in its potential effectiveness for treating elder abuse.

The child abuse model takes a protective stance, and the authority in the intervention plan would be the helping agency. This model includes such aspects as mandatory reporting, removal of the victim from the source of the abuse, and mandatory acceptance of intervention. The advantage of this model is that it initiates intervention, with the intention of dealing with both the immediate and long-term abusive situation (Hudson & Johnson, 1986). However, in this model, the victim may lose all rights and freedom to determine his/her own course of action.

The domestic violence model takes a shorter-term perspective, and is concerned primarily with crisis intervention. In this model the authority is in the hands of the legal community. Because law enforcement officers play a large role in this model, this type of intervention may help to convince the abuser about the seriousness of his/her actions. This model also provides very quick action to abort the abuse, but in itself does little to solve the larger problems that underlay the abusive situation (Hudson & Johnson, 1986). The embarrassment and anger that may result from police intervention may in fact increase the

resentment of the abuser toward the victim, which may result in an escalation of abuse.

The advocacy model is concerned with both intervention and prevention. In this model, the abuse victim is educated about his/her rights and the options available to him/her. The authority is in the hands of the victim. This model further aims at educating the abuser, professionals, and society at large, to facilitate early detection and prevention of abuse. While this approach is the most effective in protecting the rights of the older victim, its non-invasive style may not be adequate to deal with serious physical abuse cases that require immediate intervention and separation of the victim from the abusive situation.

The goals of all interventions are to ensure the safety of the abuse victim, and to break the cycle of the abuse (Alberta Ministry Responsible for Seniors, 1992; Fulmer, 1989). Consideration of these goals should guide the course of intervention. At this point, there is no clear evidence to support the supremacy of one intervention strategy over another, in all cases of elder abuse. Many of the programs developed in recent years have included an integration of various models of intervention, professionals of various backgrounds, and a wide range of services (Seniors Secretariat, 1992).

Legislation to Deal with Elder Abuse

According to Callahan (1988), the typical response to a social problem, such as elder abuse, is to pass legislation abolishing it. However, legislation in itself does nothing to solve such problems.

As of 1992, most American states had some form of adult protection legislation. In 1992, the Maritime provinces (Nova Scotia, New Brunswick, Prince Edward Island and Newfoundland) were the only provinces or territories in Canada to have specific adult protection legislation (Alberta Ministry Responsible for Seniors, 1992; Carbonell, 1992).

Other provinces have legislation to deal with specific manifestations of abuse, such as abuse in nursing homes or abuse by persons holding power of attorney. In other cases, existing criminal and civil legislation must be utilized to deal with elder abuse.

Existing criminal and civil legislation, such as the Criminal Code of Canada and restraining orders, are of limited value to elder abuse victims. The Criminal Code is available to prosecute some forms of abuse, but in many cases the abuse victim is reluctant to lay charges against their abuser, particularly if the abuser is a close family member and/or the victim's only available caregiver (Carbonell, 1992). However, when the abuser is not a family member, this action is often the most appropriate and effective.

Civil remedies such as restraining orders are of limited use if the abuser and victim live together, or if few protective services, such as emergency shelter, are available for the victim should the abuser ignore the order (Carbonell, 1992). However, civil legislation is often effective in dealing with material or financial abuse. Acts such as the Consumer Protection Act protect older adults from exploitation from non-family members. Older adults are protected from such abuse by family members by acts such as the Family Maintenance, Dower and Marital Property Acts. The Family Maintenance Act, for instance, mandates children to provide support for their parents to the fullest extent possible. However, abuse victims are often too embarrassed or ashamed to bring such proceedings against an abuser within the family. Although existing criminal and civil legislation both have the potential to alleviate abuse of older adults, these options are often ignored by abuse victims. Often the abuse victim has too much to lose, in legal costs, fear of retaliation, shame and loss of the caregiver, to consider such options.

Most adult protection legislation is based on child-welfare models, and therefore

suffers the same criticism as the child-abuse model of intervention. It eliminates the rights of the abuse victim to determine his/her own course of action. Although such intrusion may be appropriate in cases involving severely mentally impaired abuse victims, in most cases it forces competent older adults to accept government interventions, which may include placement in an institution (Alberta Ministry Responsible for Seniors, 1992).

In summary, although adult protection legislation has potential for bringing elder abuse victims to the awareness of social, medical and legal service providers, it also has the potential of making the older adult impotent to determine his/her desired course. McDonald et al. (1991) have outlined the requirements of effective adult protection legislation. Adult protection legislation must take the least-restrictive path, and impair as little as possible the rights and freedoms of the individual. The criteria for intervention must be based on vulnerability rather than on age alone.

Legislation, whether specialized or general in nature, is an important component of intervention plans to deal with elder abuse and neglect. There is little evidence, particularly in Canada, to indicate which intervention strategies are most effective in treating elder abuse and neglect cases, either from the perspective of service providers or of victims and their families. Without clear understanding about the causes of elder abuse and neglect and about effective treatment, many intervention plans must rely on "hit or miss" with the hope that some component of the plan will effect positive change.

Chapter 3

Influence of Professional Orientation on Attitudes and Intervention

Some researchers and practitioners have suggested that the way domestic violence is detected and treated is greatly influenced by the professional orientation of the worker involved. Groups of professionals may come into contact with only certain types of domestic abuse, due to the nature of their profession. For instance, Sengstock and Liang (cited in Campbell & Humphreys, 1984) found that one-quarter of the reports of elder abuse reports involving physical abuse came from physicians who were treating injuries. Emotional abuse and financial abuse of the elderly were most commonly reported by legal workers.

Familiarity with only select forms of abuse limits the ability of the professionals to detect other forms of elder abuse and neglect (Bookin & Dunkle, 1985). Professionals will also limit their choices of interventions to those with which they are more familiar. The attitudes of professionals toward domestic abuse, and the professionals' preferred intervention strategy, are also affected by the nature of their formal training, and by the stage at which the professionals become involved with the abuse cases (Anderson, 1989; Douglass, 1983; Sengstock, Hwalek & Petrone, 1989). Individuals who provide service differ in their personal tolerance for violence, and in the values they attach to violence. Regardless of the internal policies of the agency, these individual variations will affect the extent to which they feel comfortable intervening in cases of family abuse (Health Services Directorate, 1993).

Members of the social service and law enforcement professions have been required to intervene in cases of spousal and child abuse for many years. Elder abuse and neglect has only recently been brought to public awareness. The experiences that professionals have had

with child abuse and spouse abuse may influence their attitudes toward elder abuse, and the actions that they deem appropriate. Therefore, knowledge about the role of various professionals in investigating and treating cases of child abuse and spouse abuse can provide some clues into the ways that they perceive and intervene in cases of elder abuse and neglect.

Research into all forms of domestic violence has typically reached the same conclusion. To fully meet the needs of victims and offenders, a coordinated response is needed involving workers from a wide range of professions. Unfortunately, conflicting ideologies and goals can hinder the ability of some professionals to work together. Each group of professionals has its own set of philosophies, priorities, techniques and jargon, which sometimes seem foreign to workers in other professions. This might be particularly true when considering police versus social service providers. Police and social workers are viewed as particularly distrustful of each other (National Forum on Family Violence, 1989). Social service providers may consider some of the police procedures irrelevant to the treatment of abuse situations, and may consider some of their interviewing techniques insensitive. Police service providers may not understand why social service providers need so much time to investigate abuse cases, and may deride the social service providers' "do-gooder" orientation (Romano, 1990). However, attempts at integrating these two professions have often shown that, with education and experience, these professionals learn to understand and appreciate the contributions made by the other group (Fusco, 1989).

The following sections will review the research on differences among professions related to spouse abuse, child abuse, and finally elder abuse. All available research on the impact of professional orientation on spouse abuse refers exclusively to abuse toward women. Typical intervention strategies, and the effectiveness of these strategies, will be examined.

Most of the research in these areas was conducted in the United States. Unless otherwise specified, all references are based on American data.

Dichotomization of Police and Non-Police Service Providers

The primary focus of this review will be the examination of differences between two groups of professionals: police and non-police service providers. Non-police service providers include social workers, health care professionals, personal care providers, victims services workers and legal services workers. There is evidence to suggest that the roles and orientation of police service providers in family abuse cases are sufficiently unique to warrant this dichotomy.

The Experience of Professionals with Family Abuse Cases

The relative importance of the two professional groups in investigating and intervening in domestic abuse cases depends on the type of abuse under consideration. Police play a larger role in intervening in spouse abuse cases than do social and health service providers, because they are available 24 hours a day and are typically the first service provider contacted by the victims or by witnesses to the abuse (Breci, 1991; Buzawa & Buzawa, 1985; Dolon, Hendricks & Meagher, 1986; Lavoie, Jacob, Hardy & Martin, 1989; Waaland & Keeley, 1985). Police are highly visible and offer services without direct cost to the victim. Police have the legal authority to stop the abuse and intervene quickly enough to limit the amount of injury sustained (Levens & Dutton, 1980).

Social workers and child welfare workers are the primary agent in handling child abuse situations (Besharov, 1987; Erez & Tontodonato, 1989). Child protection workers are typically the reporting body for child abuse cases. These service providers inform police officers about only the most severe cases of child abuse, when criminal action is needed. In

such cases, police may be required to investigate these allegations. Coordination between child protection workers and police is often limited to preparing the child abuse victims for police interviews and court questioning (Frankel-Howard, 1989).

The roles of police and non-police service providers in cases of elder abuse and neglect are not as clear-cut. Some portion of the elder abuse and neglect cases is actually spousal abuse (Age and Opportunity, 1991), which would suggest that police be involved in the investigation and intervention. However, some abuse against older adults is intergenerational, perpetrated by children or other family members. Since social service providers have more experience in providing treatment for multi-generational family systems, these professionals may be the most appropriate to handle this portion of elder abuse and neglect cases.

Attitudes toward Family Abuse

In addition to differences between these two groups in experience with family abuse cases, there are differences in the professional philosophies of police and non-police service providers (Levens & Dutton, 1980). Police tend to believe that crimes are committed by the perpetrators' free will, and they therefore assign the bulk of the responsibility for the crime to the perpetrator. Social service providers tend to look for clues to the cause of the crime in the societal and personal conditions of those involved. Police see their purpose as arresting perpetrators for their crimes, whereas social service providers see their goal as counselling the victims and rehabilitating the perpetrators.

Among the general public and professionals alike there are many myths and stereotypes regarding victims of spouse abuse. Although research and clinical evidence have discredited most of these stereotypes, they are still prevalent in society. One of the most

pervasive stereotypes is that victims of wife abuse are to blame for their abuse, because they become involved in verbal antagonism which goads the potential assailants into violent action. Another myth is that the abused wives are sadomasochistic, and enjoy the abuse. This myth is "supported" if the wives remain with their partners after the abuse (Carlson, 1979).

Police have been criticized as having exceptionally unsympathetic attitudes toward spouse abuse victims, and as being more likely than other individuals to blame the victim for her abuse (Mederer & Gelles, 1989). Health and social service providers are influenced by the same pervasive societal stereotypes about abuse victims (Campbell, 1991; Mugford, Mugford & Eastal, 1989). Many of these professionals are perceived by the victims as unsympathetic and unhelpful, and blame the victims for their abusive situations (Frankel-Howard, 1989). Attitudes of lawyers, judges and other criminal justice system workers have been similarly criticized (Fusco, 1989; Mugford et al., 1989). An evaluation of the role of the legal profession in domestic abuse cases in Nova Scotia concluded that, although there are exceptions, many Crown Attorneys, lawyers, and judges are insensitive to the experience of abuse victims (Law Reform Commission of Nova Scotia, 1993).

Police may be more sympathetic to child-abuse victims, and more punitive toward offenders, than are other professionals. Kelly (1990) asked police, registered nurses, and child protection workers to assign relative blame in several vignettes describing child sexual abuse. Police assigned more of the blame to the male offender, than did child protection workers and nurses. The child protection workers and nurses assigned more of the blame to the non-offending mother than did the police. Child protection workers and nurses were also more likely to assign blame to society than police.

Interventions in Family Abuse Cases

The types of interventions preferred by the two groups also differ. Police advise older victims to call "911" if they experience abuse (Wahl & Purdy, 1991; Calgary Police Service, 1990). The interventions that police undertake tend to be punitive in nature (Anderson, 1989; Kelly, 1990; Saunders, 1988; Wilk & McCarthy, 1986). Although changes in police response to domestic abuse in recent years has introduced a therapeutic or service-oriented role, some suggest that it is inappropriate to expect the police to undertake this role (Campbell & Humphreys, 1984). In Canada, police are mandated to arrest the abuser where circumstances warrant, regardless of the wishes of the complainant (Community Legal Education Association (Manitoba), 1987; Law Reform Commission of Nova Scotia, 1993). However, instituting such measures does not guarantee that officers will follow them. Evidence from some provinces suggested that the number of charges laid did not increase after the introduction of these policies, and that police still believed that women must prove that they are serious about their intention to prosecute by laying charges themselves (Frankel-Howard, 1989).

An evaluation of the legal system in Nova Scotia with regard to domestic abuse identified one of the main failures in this system (Law Reform Commission of Nova Scotia, 1993). The legal system differed in its treatment of spouse assault and stranger assault (Law Reform Commission of Nova Scotia, 1993; Mugford et al., 1989). Although criminal law, specifically the Criminal Code, exists for most behaviour that is associated with spouse abuse cases, these laws were not used to their fullest extent in cases of spouse abuse (National Forum on Family Violence, 1989). The Commission found that members of the legal profession perceived spouse abuse as less serious than stranger assault, and were therefore not

as stringent in their prosecution of such cases.

Social service providers emphasize therapy and treatment of victims and abusers (CASWAHF, 1989). Preferred intervention strategies include counselling for victims, the provision of services to alleviate any stress in the family environment, and education and rehabilitation for the abuser. The orientation prevalent in social work professions tends to exacerbate rather than alleviate the abusive situation (Frankel-Howard, 1989). Social service professionals, including psychologists and social workers, tend to focus their treatment on aspects that cannot be changed, such as the personalities of the abuser and the victim. Others attempt to change the behaviour of the victim to alleviate the abuse. However, this treatment leaves the victim with the feeling that, since she is the one changing her behaviour, the abuse is her fault (British Columbia Task Force on Family Violence, 1992). Social workers in particular emphasize family maintenance. Intervention strategies consequently work toward improving the marital relationship and keeping the couple in the same house (Frankel-Howard, 1989; Hamlin, 1991).

Early research suggested that police were more likely than child protection workers to remove children from abusive homes (Shireman, Miller and Brown, 1981). Although this led to criticism that police are insensitive to child abuse victims, more recent research has shown that police are more punitive to offenders than other workers (Saunders, 1988; Wilk & McCarthy, 1986). Kelly (1990) found that, compared to child protection workers and registered nurses, police are about twice as likely to prefer a one-to-twenty year jail sentence for the offender, and are two-to-three times more likely to prefer a life sentence. In contrast, only 18% of police advocated therapy for the offender with no prison sentence, compared to 64% of child protection workers and 60% of nurses.

Because of these differences, there is often little communication and coordination between workers in the two professions when intervening in family abuse cases (Romano, 1990). Although each allows the other to carry out their role without interference, there is little awareness of the specific actions of the other workers (Sengstock & Hwalek, 1986). Apart from a limited amount of referral between agencies, the roles of police and non-police service providers are carried out in virtual isolation from that of the other group.

Abuse and Neglect of Older Adults

Services are now available to help older adults deal with elder abuse and neglect in all provinces and territories. These services represent the full spectrum of professional groups, from medical to legal to social professions (Seniors' Secretariat, 1992). However, many seniors are not aware of the range of services available. When encountering abuse, the older victims and their families often do not know to whom to turn for help (National Forum on Family Violence, 1989).

Because of the visibility of law enforcement officers, and the relative importance of these professionals in dealing with spouse abuse, police would seem to be the logical choice for older victims of abuse. Police are often the only service providers, apart from emergency medical providers, that are available on a 24-hour basis. However, older abuse victims do not often involve the police (Podnieks et al., 1989). One reason for this reluctance to involve police officers may be that older spouse abuse victims have already decided, from a lifetime of experience, that police are not effective in providing help for this problem (Wahl & Purdy, 1991). Older adults may also be more wary of the criminal justice system than younger adults (National Forum on Family Violence, 1989; Sengstock & Hwalek, 1986). Members of the older generation have been taught to have little to do with the police, and to keep family

problems in the family (Calgary Police Services, 1990).

The criminal justice system is in a unique position to achieve a variety of goals in elder abuse and neglect cases (Heisler, 1991). For instance, involving law-enforcement professionals, lawyers and judges can apply legal pressure to stop the violence and to protect both the victim and the public. The criminal justice system can initiate rehabilitation for the offender, and help to provide restitution for the victim when appropriate. As well, these interventions can help educate the public by sending a clear message that the abuse and neglect of older adults is a serious criminal matter. Finally, actions by the criminal justice system, where needed, supplement the services provided by social and health service providers.

Professional Variations in Experience with Elder Abuse and Neglect Cases

Some studies have suggested that members of certain professional groups are more likely than other professionals to encounter elder abuse in their practice. Early studies (Douglass, 1983; O'Malley et al., cited in Douglass & Hickey, 1983; Hickey & Douglass, 1981) suggested that professionals whose practice took them into the homes of older adults were more likely to encounter elder abuse. Pratt, Koval and Lloyd (cited in Hudson & Johnson, 1986) found that physicians were more likely than social workers to have had recent experience with elder abuse. Finally, Crouse et al. (1981, cited in Blakely & Dolon, 1991) found that the professionals most likely to encounter elder abuse and neglect in Illinois were police, clergy, medical emergency room staff and public aid caseworkers. Least likely to have experience with elder abuse and neglect were physicians, lawyers, and home health aides.

Although the findings of these studies are inconsistent, they suggest that police may

encounter elder abuse and neglect more often than many other service providers. In contrast, Dolon and Blakely (1989) found that, of their sample of 51 police officers and 55 social service workers and nurses, 67 percent of police had no experience with elder abuse and neglect while only 31 percent of the other service providers had not encountered abuse. However, such evidence may not provide an accurate portrayal of the professionals' experience with abuse cases. Surveys in which professionals are required to report or estimate the number of elder abuse and neglect cases they encountered put police respondents at a disadvantage. In most cases, police case data do not distinguish abuse/assault cases by the victim's age, and few departments have separate classifications for elder abuse (Plotkin, 1988). Therefore, police officers may not be able to report the number of cases involving elder abuse and neglect accurately, if at all. Of the 175 police agencies surveyed by Plotkin (1988), 82 percent were not able to provide the number of elder abuse cases their agencies encountered.

Blakely and Dolon (1991) surveyed 282 protective services personnel in Area Agencies on Aging in 32 states, and asked them to rate the effectiveness of 14 professional groups in helping them discover elder abuse and neglect. In descending order, the three professionals most helpful in detecting elder abuse and neglect were visiting nurses, social service workers, and agency homemakers. Police ranked midway among the 14 groups of professionals. Lawyers were rated the least helpful in detecting abuse and neglect. These findings may support Douglass' (1983) argument that, while police are likely to encounter abuse in their practice, they do not take advantage of their ability to report abuse to agencies which can help the victims of abuse.

These results are far from conclusive. Depending on the geographic area under

consideration and the definitions of abuse used, the relative experience with elder abuse and neglect of one professional group over another is variable (Blakely & Dolon, 1991). In addition, many of the studies which examined professional differences in encountering elder abuse and neglect were conducted in the late 1970's and early 1980's, before elder abuse and neglect "exploded" into public awareness. There may be less variation in awareness of, and exposure to, elder abuse and neglect among contemporary professionals.

Beliefs about Prevalence and Seriousness of Abuse of Older Adults

Because of the difficulties of precisely determining the prevalence of elder abuse and neglect that were mentioned in the previous chapter, some researchers have attempted to assess the prevalence of elder abuse and neglect using another method. These researchers either asked professionals to rate their perception of the prevalence of elder abuse and neglect as a problem in the community, or as a problem relative to other forms of domestic abuse. In a survey conducted in Ontario, the social service workers, family physicians, lawyers and clergy questioned did not consider elder abuse and neglect to be a major problem in their community. However, these professionals did agree that services should be developed to deal with elder abuse and neglect (Carriere, Newton & Sullivan, 1991).

Of the police surveyed by Plotkin (1988), from 175 agencies across the U.S., only two percent viewed elder abuse and neglect as a serious problem in their community. Over one-half (54%) felt that it was somewhat of a problem, but 44 percent saw elder abuse and neglect as not a problem at all. It is possible that, because the mandate of law enforcement officers is so broad, these police respondents were rating the seriousness of elder abuse and neglect relative to all other types of problems they encounter. It is very likely that, compared to thefts and other assaults, very few cases of elder abuse and neglect are encountered.

Professionals whose mandate is limited to working only with domestic abuse victims may well perceive elder abuse as a relatively larger problem in the community.

Anderson (1989) asked police, physicians, social workers, nurses, lawyers and clergy to rate the prevalence of elder abuse and neglect, relative to spouse abuse and child abuse. Two-thirds of the sample felt that elder abuse and neglect was prevalent, but less so than spouse abuse and child abuse. Police (86%) were most likely to rate elder abuse and neglect as less prevalent than other forms of abuse, followed by clergy (78%), lawyers (71%), and physicians (71%). These four professional groups were alone in rating elder abuse as rare: police (14%), clergy (11%), physicians (7%) and lawyers (7%). Nurses (62%) and social workers (54%) were most likely to rate elder abuse and neglect as at least as common as spouse and child abuse. None of the police respondents felt that elder abuse and neglect was as common as other forms of domestic abuse.

Although there are differences in the perception of the prevalence of elder abuse and neglect, there is considerable consistency among professionals in their perception of the seriousness of this abuse. Anderson (1989) asked the professionals she surveyed to rate the seriousness of eighteen abusive acts against older adults. These acts involved both physical violence (such as pushing or kicking the elder or tying the elder in a chair) and non-physical violence (such as unnecessary institutionalization, withholding food and selling the elder's home without consent). Rating were dichotomized from a four-point scale into "very serious" and "not very serious." Seventy percent of all respondents rated the act as very serious for most of the items.

Beliefs about the Causes of Abuse of Older Adults

Research suggests that the professionals view the risk factors and explanations of elder abuse and neglect differently, according to their training and background. Nurses tend to place relatively more emphasis on biological explanations for abuse (Campbell & Humphreys, 1984). Social workers tend to view elder abuse and neglect with a family-systems approach (Anetzberger, 1987; Hamilton, 1989). A protocol manual for social workers in Canadian health care facilities (CASWAHF, 1989) stated that money was the primary causal factor in cases of elder abuse. Police are likely to see intergenerational trends in abuse, external stress, and chemical abuse as key factors (Calgary Police Service, 1990; Hickey & Douglass, 1981; Wahl & Purdy, 1991).

The earliest research on perceived causes of elder abuse and neglect was conducted in Michigan by Douglass, Hickey and associates (Douglass, 1983; Douglass & Hickey, 1983; Hickey & Douglass, 1981). These researchers surveyed professionals from a variety of areas including police, lawyers, adult protective service workers, mental health workers, social and aging service workers, clergy and morticians. To qualify for this study, at least one-third of the respondents' time must have been spent in direct service activity. In one part of the interview, professionals were presented with four of the most commonly-believed models of elder abuse and neglect of the day. The participants were asked to rate the importance of these theories in explaining mistreatment.

The dependency model was supported the most by lawyers and adult protective service workers, and was rejected by police and physicians. This model was measured by response to the statement, "A person who relies on someone else for his care is more likely to be neglected and/or abused." The lifecycle model which was assessed by the statement, "A

child who is abused or witnesses abuse grows up to be an abusive adult," received most of its support from police, nurses and morticians. Social and aging service workers, lawyers and clergy were least likely to believe that violence is perpetuated within a family. The situational model, which was tested by the statement, "Life crises in either the abused or abuser trigger abusive behaviour," was supported by mental health workers and rejected by adult protective services workers. Finally, the stress model was examined using the statement, "Environmental factors (such as crowded living quarters or physical isolation) play a major role in bringing about neglectful and abusive behaviour." This statement was supported by social workers, physicians, and aging service workers, and not supported by nurses and mental health workers.

This early study confirmed that professional orientation affects perception about the causes of elder abuse and neglect. Police, who may have witnessed violence in several generations of family members, are likely to see intergenerational violence, or social learning theory, as a primary factor. In a public awareness guide prepared by Calgary Police Services (1990), only intergenerational violence and stress were mentioned as factors in elder abuse and neglect. In contrast American adult protection (APS) workers surveyed by Dolon and Blakely (1989) felt that the top risk factors in elder abuse were family conflict, stress, and physical dependency. Risk factors in elder neglect mentioned by the APS workers were physical dependency, inadequate support services, lack of financial resources, substandard living conditions, and mental health problems.

In summary, these studies suggest that there are differences between individuals of different professional orientations in their perception of the cause of elder abuse and neglect, although there is no clear evidence about the exact nature of these differences. In a more

recent study of police (Dolon & Hendricks, 1989), respondents rated family conflict, physical dependency, lack of financial resources and living conditions as the most important factors contributing to elder abuse, while family conflict, living conditions, lack of financial resources and the mental health of the abuser were seen as the four most important factors affecting elder neglect. Intergenerational abuse was not offered among the factors to rate, so it is unknown how these police would have ranked this factor. However, the importance that police in this sample place on these factors was very similar to the way adult protective workers viewed the same factors.

Interventions in Elder Abuse and Neglect Cases

In contrast to research in the areas of child abuse and spousal abuse, very little research has been conducted in Canada on intervention in elder abuse and neglect cases. Frankel-Howard (1989) reviewed the clinical and empirical literature on all forms of family abuse, with an emphasis on Canadian content. She included extensive reviews of intervention strategies used for child abuse and spouse abuse situations, but the parallel section for elder abuse and neglect sections was virtually non-existent.

Protocol and policies adopted in Canada are based on studies of intervention conducted in the United States. Because the social, medical and legal systems of the two countries differ in many important ways, the effectiveness of various intervention strategies adopted in Canada cannot be assumed, based only on American data. Similarly, evidence of variations in American professionals' attitudes toward, and use of, various interventions can only hint at the situation in Canada.

Research conducted in the United States suggests that, like perceptions about the cause and prevalence of elder abuse and neglect, the types of interventions used to deal with

mistreatment of older adults is affected by the professional orientation of the intervener. Social workers attempt to change aspects of the situation or behaviour that they feel caused the abuse. Police look to legal options in dealing with mistreatment. Nurses intervene by trying to restore the health of the abused elder (Quinn & Tomita, 1986).

The range of services used to deal with elder abuse and neglect is as diverse as the professions involved. Sengstock et al. (1989) examined the types of services that were offered to 204 elder abuse and neglect victims in a model project in Illinois. The average number of services offered to the total sample was 2.67. Victims of confinement/deprivation were offered the highest number of services, and victims of physical abuse were offered the least number of services. In most (83%) of the cases, services were provided to the victim only, while in 15% of the cases services were given to both the victim and the abuser. However, there were differences in the types of services offered, and consequently the types of professionals involved in the intervention, depending on the type of abuse encountered. Case management was provided in virtually all cases of abuse and neglect, and case managers coordinated other services provided. Police were involved by providing visits to the victim in only 4.9% of the total number of cases. However, police visits were provided in 9.1% of the cases of physical abuse, and 11.1% of the cases of financial abuse. Miscellaneous legal services were provided to about one-quarter of all cases, but over one-half (53%) of the financial abuse cases and 41% of the confinement/deprivation cases.

Although a wide range of services are offered, these interventions are not viewed as equally effective. The 1137 Adult protection service workers surveyed by Dolon and Blakely (1989) rated the effectiveness of fourteen community resources in reducing elder abuse and neglect. Not surprisingly, social services and workers who provide services in the home

(such as visiting nurses and homemakers) were viewed as most effective. Police were ranked eighth most effective out of fourteen for reducing abuse, and thirteen out of fourteen for reducing neglect. Lawyers were ranked last in both categories. Similar results were obtained when direct service providers were asked to rate the effectiveness of the fourteen community resources in treating elder abuse and neglect (Blakely & Dolon, 1991).

When police respondents were asked to rate the effectiveness of these same community resources, most of the social service and in-home service providers were rated as not very helpful or no help at all (Dolon & Hendricks, 1989). The only resources that were rated as helpful or somewhat helpful with regard to elder abuse were emergency room staff, physicians, public welfare caseworkers and the clergy. When considering elder neglect, only emergency room staff and public welfare caseworkers were considered somewhat helpful. The authors conclude that, since police are crisis-oriented and available on a 24-hour basis, they tend to rate similar professions (such as emergency room staff) as most helpful in their handling of elder abuse and neglect cases.

In contrast to the social service providers included in this study, police rated police protection as potentially the most effective intervention in reducing abuse or neglect. The social service providers ranked police protection as ninth and eleventh, respectively, in its potential for reducing elder abuse and neglect. Whereas service providers ranked visiting nurses as most effective in reducing both abuse and neglect, police ranked this service as third most effective. Agency homemakers were viewed as third most effective by service providers, but by police they were viewed as eleventh most effective out of fourteen for reducing abuse and tenth most effective for reducing neglect.

Once again, there are clear differences between police and non-police professionals in

the types of interventions that they view as most effective. It is not clear, however, how these perceptions would affect working relationships in a multi-disciplinary intervention team. If the contributions of co-workers are not valued by some professionals, tension and conflicting goals could jeopardize the effectiveness of the team as a whole.

Coordination Among Professionals

Recognizing that, like other victims of domestic abuse, older victims of abuse and neglect require a wide range of services, task forces and multi-disciplinary teams have been touted as the ideal way to meet the needs of these victims (Heisler, 1991; Podnieks et al., 1990; Kerr, 1985). For instance, the Task Force in Northumberland County has outlined a protocol that involves a variety of professionals in the referral, investigation and treatment processes. All professionals are involved in the detection and referral of elder abuse to the Task Force. If the abuse involves a chargeable offense, police are involved in the investigation process. If the abuse cannot be charged, health and social service personnel perform clinical assessments. For the treatment process, chargeable offenses are handled by police and legal workers. All victims are given access to social support.

Despite these attempts, such inter-professional coordination does not always run smoothly. The case records examined by Sengstock and Hwalek (1986) suggested that the roles of police and adult protective service (APS) workers were virtually independent. In the rare cases in which police referred cases to the adult protection workers, these tended to be cases which were not within the mandate of the APS workers. Instead, these were typically "difficult" cases which the police attempted to "dump" on the APS workers, such as landlord-tenant problems, and cases involving persons with mental difficulties. Conversely, the only cases in which the APS attempted to involve the police were those in which court orders or

forced entries were required. Similar views were expressed by professionals in Canada. Police officers sometimes felt as if the problem of family abuse had been dumped on them. For police to act on cases of abuse and neglect, good referral services must exist (National Forum on Family Violence, 1989).

The American police surveyed by Plotkin (1988) had a more positive view of inter-agency coordination. Most of these respondents felt that such cooperation was valuable. Information could be shared between professions when parallel investigations were conducted. It was also helpful to know that these agencies were available to refer clients and to offer assistance in dealing with elder abuse and neglect cases. Most of these police (72%) worked with social workers, and many dealt with mental health workers (60%), victim service workers (58%) and elder protective service workers (40%). More than two-thirds of these respondents (68%) stated that they were moderately or very satisfied with the cooperation they receive from other non-police agencies.

Summary

There is evidence from research with all forms of domestic abuse that professional orientation can affect the way workers perceive abuse, the way they intervene in abuse cases, and their perception of the effectiveness of various interventions. Although little research has been conducted on the attitudes of professionals toward elder abuse and neglect, research on child and spouse abuse may provide clues as to the attitudes of these workers. Frail older victims of abuse may encounter attitudes similar to those of child-abuse victims: sympathy from service providers and determination, particularly among police officers, to ensure that abusers are punished. Well-elderly victims, particularly victims of spouse-abuse, may be faced with less sympathetic attitudes, consistent with professional attitudes toward non-elderly

spouse abuse.

Professionals hold differing views of the prevalence of elder abuse and neglect, and of the causes of this abuse. These differences can be accounted for either because of differences in experience with abuse cases, or because of their level of education on this issue.

Perceptions of the effectiveness of interventions can also be traced to differences in training, experience and orientation.

Members of different professions place emphasis on certain types of interventions, although they typically recognize the value of other interventions. Social service professionals emphasize individual and family counselling and in-home services, although they concede that more punitive measures may be necessary in extreme cases. These professionals would therefore value intervention strategies and legislation that takes into account the service needs of victims, and the therapeutic needs of both the victim and abuser, ahead of concerns about the punishment of the abuser.

Police officers place higher value on "tough" measures, such as arrests and restraining orders, especially in cases involving severe abuse of vulnerable victims. However, officers acknowledge that counselling and rehabilitation should follow up such acts. Members of this profession would hold intervention and legislation that prescribes penalties for the abuser in higher esteem than penalties which emphasize rehabilitation.

Although inter-professional coordination would provide the best range of services for abuse victims, such interaction can be frustrating at times. Negative stereotypes about the insensitivity of police make social service workers reluctant to involve them in cases of abuse. Perceived indifference of lawyers and judges frustrate the efforts of police in attempting to adhere to arrest policies. Such difficulties can create roadblocks to effective intervention.

Chapter 4

Statement of Problem and Hypotheses

Statement of Problem

In Chapter 3 evidence was presented which suggested that perceptions and attitudes about domestic abuse, intervention strategies used, and perceptions about the effectiveness of these strategies are affected by the professional orientation of the worker involved in the case. In particular, differences exist between police and non-police service providers in the ways they view and treat domestic abuse cases. Although it is evident that differences exist, there is little consensus on the exact nature of these differences. Depending on the geographic area in which the study was conducted, the professions included, and the amount of experience the professionals have in encountering domestic abuse cases, the nature and extent of these differences vary.

With few exceptions (Carriere et al., 1991; Lavoie et al., 1989), the studies which address differences among professional groups in handling domestic abuse cases were conducted in the United States. The studies conducted by Dolon and his colleagues (1989, 1991) and by Anderson (1989) have been the most extensive in examining the differences between professions in dealing with elder abuse and neglect cases. Plotkin's (1988) study of law enforcement officers was one of the most thorough analyses of this group of professionals.

The purpose of this study was to examine the attitudes and perceptions of professionals in Canada. Research reviewed in the previous chapter suggested that police play a large role in spouse abuse cases, while social service providers are relatively more involved in child abuse cases (Besharov, 1987; Buzawa & Buzawa, 1985). Elder abuse and neglect is

unique in that it includes both intra-spousal abuse, and intergenerational abuse between parent and child. Therefore, both police and non-police service providers can be expected to be involved in the investigation and treatment of elder abuse and neglect cases. Research on elder abuse and neglect has underscored the importance of both of these groups of professionals for detection and intervention (Anderson, 1991; Blakely & Dolon, 1991; Dolon & Blakely, 1989; Dolon & Hendricks, 1989; Hickey & Douglass, 1981).

A previous study examined information provided by police and non-police service providers on a survey of elder abuse and neglect legislation conducted in 1991 by Bond et al. (1992). This survey obtained information about the elder abuse and neglect cases encountered by the offices of respondents in 1990. For the current investigation a subsample of 44 police and 34 non-police respondents in Canada were selected for analysis. The survey included items about the number of elder abuse and neglect cases encountered, the characteristics of these cases (including types of abuse and demographic characteristics of the victims and abusers), the types of intervention offered, and the effectiveness of legislation which may be used to deal with abuse cases. The two groups of professionals (police versus non-police) were compared on these aspects.

The current study also included a follow-up mail survey completed by respondents of the 1991 survey. The purpose of the follow-up survey was to obtain information about the attitudes of police and non-police respondents toward elder abuse and neglect cases.

Specifically, the participants were questioned about their views on the prevalence of elder abuse and neglect in their community, about the risk factors and theoretical explanations of abuse, and about the types of interventions, including criminal, which are most effective in dealing with elder abuse and neglect cases.

For the sections of the follow-up mail survey that dealt with risk factors, theoretical explanations, and types of intervention, only physical abuse and financial abuse of older adults were examined. To maximize response rates, the mail survey was kept short, taking less than 15 minutes to complete. By restricting the number of abuse types investigated rather than the range of information on each abuse type, the survey provided a relatively comprehensive picture of the perceived causes and preferred interventions on two of the abuse types.

The two abuse types, physical and financial, were chosen for two main reasons. First, preliminary analysis of the 1991 survey data revealed that financial abuse and physical abuse were the two types of abuse most frequently encountered by the respondents. Of the total sample of 78 respondents, 89% of those responding to the question reported that their offices had encountered physical abuse cases, and 82% reported that their offices had seen financial abuse cases. By contrast, 54% of the offices of the respondents had encountered psychological abuse cases and 60% had seen neglect cases. Second, studies in both Canada (Podnieks et al., 1989) and the U.S. (Wolf & Pillemer, 1989) have suggested that the causes and risk factors of physical abuse, compared with financial abuse, are quite dissimilar. Physical abuse is more likely than situations involving financial abuse to be perpetrated by spouses, and to result from inter- or intra-individual problems. Financial abuse cases are more likely than physical abuse cases to involve younger perpetrators, and to result from financial hardship. Participants may find that it is easier to respond to items if the abuse types do not overlap. The items pertaining to perceived prevalence of abuse, and the effectiveness of various types of legislation, apply more broadly to all categories of elder abuse and neglect, to be comparable to similar items in the 1991 survey data.

The following section outlines the specific research questions that were addressed by

this study. Descriptions of the creation of variables and the statistical methods used to test these questions are included in the sections in the following chapters.

Hypotheses

Hypothesis I - Differences in Experience with Elder Abuse and Neglect Cases

The first hypothesis under investigation pertains to the differences between police and non-police service providers in their experience with elder abuse and neglect cases. Variables include the percent of abuse or neglect cases encountered by the offices of the respondents, relative to the number of cases involving older adults (60 years or over). Other variables include the types of abuse encountered by the offices of the respondents and the demographic characteristics of typical abusers and victims.

The first comparison between police and non-police service providers involved the proportion of cases involving adults 60 years or over, which include abuse or neglect. Past research has attempted to determine if certain professionals are more likely than others to encounter elder abuse and neglect in their practice (Douglass, 1983; Hickey & Douglass, 1981; Dolon & Blakely, 1989). However, the results of these studies have been inconclusive. Using 1991 survey data, Hypothesis I-A examined the proportion of abuse among cases involving older adults, encountered by police versus non-police service providers.

Older adults may be more reluctant than younger adults to contact the police, particularly for cases of abuse perpetrated by family members (Calgary Police Service, 1990). Therefore, police may encounter relatively fewer cases of elder abuse and neglect than service providers. Although older adults may also be reluctant to contact non-police service providers, this group of professionals may be more likely to come into contact with older victims of abuse while serving needs other than abuse, such as providing in-home services for

frail elderly. The hypothesis can be stated as follows:

Hypothesis I-A: Among cases involving adults 60 years and over, police encounter a lower proportion of elder abuse and neglect cases in their practice than do non-police service providers.

The second comparison of these two groups of professions concerned the types of elder abuse and neglect cases encountered in their practice. Some evidence suggests that the types of abuse and neglect that come to the attention of various workers is dependent on their profession. For instance, lawyers may be more likely to encounter financial abuse cases, which can be prosecuted using civil legislation. Police may be more likely to be presented with physical abuse cases, since these cases can be dealt with using criminal legislation (Bookin & Dunkle, 1985; Blakely & Dolon, 1991; Campbell & Humphreys, 1984; Hickey & Douglass, 1981). To address the question of differences between police and non-police respondents in the types of elder abuse and neglect encountered, two approaches were taken with 1991 survey data. The first approach was to determine whether there were differences between the groups in the presence or absence of the four types of abuse and neglect, in the cases encountered by their offices in 1990. The second approach compared the groups on the type of abuse or neglect which constituted the largest percentage of the abuse cases encountered by their office in 1990.

Police may be expected to encounter more cases of physical abuse than other professionals. This manifestation of abuse is the behaviour typically considered in spouse abuse cases, in which police play a large role. Therefore, they are likely to be contacted when similar abuse occurs toward older adults. In addition, physical abuse can be prosecuted under the Criminal Code, which makes police the logical recipient of the complaint. In

contrast, treatment for psychological abuse and neglect cases are likely to involve services provided by non-police social service providers. Financial abuse may be more likely to be reported to lawyers, who can initiate action in civil courts. Therefore, non-police service providers are more likely than police to encounter these other types of abuse. Hypothesis I-B can be stated as:

Hypothesis I-B: Police and non-police service providers differ in their likelihood to encounter different abuse types, and in the most typical abuse/neglect type encountered in their practice.

Differences in the types of elder abuse and neglect cases encountered by professionals could affect the characteristics of the "typical" abuser and victim. Wolf and Pillemer (1989) found that most physical abuse was perpetrated by spouses. Abuse by adult children was more likely to involve emotional abuse or exploitation. If professionals encounter only cases of exploitation, the "typical" abuser that they encounter is likely to be much younger than that of professionals who see mostly physical abuse. Other evidence suggests that neglect is related primarily to the dependency needs of the victim (Wolf, 1986). Victims of neglect may be more frail, and therefore possibly older, than victims of other forms of abuse. Therefore, the demographic characteristics of abusers and victims encountered by different professions will be dependent on the type of abuse that is typically presented to the workers.

Four variables from the 1991 survey data were included in this set of analyses. The most common ages of the abuser and the victim, and the more common gender of the abuser and the victim, were compared between police and non-police respondents.

If Hypothesis I-B is accepted, and police and non-police respondents differ in their experience with various types of abuse, there may be differences in the typical age and gender

of the abusers and victims encountered. There may be no differences between police and non-police service providers in the types of abuse most commonly encountered, but differences do exist with regard to the demographic characteristics of the abusers and victims. In this case, victim/abuser characteristics, rather than type of abuse, may be the factor predicting which service organization is approached for or uncovers abuse. Regardless of type of abuse, victims may be more likely to approach law enforcement agencies for help at certain ages compared with others, or men may be more or less likely than women to seek help from these sources.

The hypothesis is:

Hypothesis I-C: Police and non-police service providers differ in the ages and gender of typical elder abuse and neglect victims encountered in their practice.

Hypothesis II - Perceptions of the Prevalence of Elder Abuse and Neglect

The precise prevalence of elder abuse and neglect is difficult to determine for many reasons, including differences in the types of abuse included in the definition and under-reporting by victims (Hudson, 1986; Pedrick-Cornell & Gelles, 1982). However, there is some evidence that professionals differ in their perception of the prevalence of elder abuse and neglect, relative to other forms of domestic abuse (Anderson, 1989; Carriere et al., 1991; Plotkin, 1988). In these studies, police officers were likely to report that elder abuse was not a serious problem in the community, and that it was less prevalent than other forms of domestic abuse. Social workers were more likely to believe that elder abuse was at least as prevalent as child abuse and spouse abuse. Such beliefs have important implications for service provision, and the willingness of professionals to expend time and energy learning about this form of family abuse.

The variables used to examine possible differences between police and non-police professionals in their perception of the prevalence of elder abuse were taken from the follow-up mail survey. Items assess whether participants believed that elder abuse is more prevalent, about as prevalent, or less prevalent than 1) spouse abuse among younger adults, and 2) child abuse.

If the experience in Canada is similar to the United States, police can be expected to perceive elder abuse and neglect as less prevalent than child abuse and spouse abuse. The hypotheses are:

Hypothesis II-A: Police are more likely than non-police service providers to believe that elder abuse and neglect cases are less prevalent than spouse abuse cases involving younger adults.

Hypothesis II-B: Police are more likely than non-police service providers to believe that elder abuse and neglect cases are less prevalent than child abuse cases.

Hypothesis III - Views about the Causes of Elder Abuse and Neglect.

The importance of various risk factors and the theoretical explanations for elder abuse and neglect have been addressed in past research (Kosberg, 1988, Phillips, 1986). Chapter 2 described some of the risk factors and theories that are most commonly identified by researchers and practitioners. Research suggests that professional orientation affects the workers' perceptions about the factors which make abuse more likely, and about the theoretical explanations of elder abuse and neglect (Dolon & Hendricks, 1989; Douglass & Hickey, 1983; Hickey & Douglass, 1981). Such differences have also been found in research pertaining to spouse abuse (Waaland & Keeley, 1985) and child abuse (Kelly, 1990; Saunders, 1988).

Differences were assessed in the degree to which police and non-police respondents believed that physical and financial abuse are affected by two sets of risk factors and by three theoretical explanations. Information about these perceptions was obtained from the follow-up mail survey. Dependency, both of the abuser on the victim and the victim on the abuser, was considered a risk factor. Because of time limitations in the survey, only the two types of dependency which have had the most support in previous studies were included: financial dependency of the abuser on the victim, and physical dependency of the victim on the abuser. Inter- and intra- individual problems were offered as explanations. Intra-individual problems included emotional or mental illness of the abuser and of the victim, and chemical abuse (alcohol or drugs) by the abuser. The effect of inter-individual problems was assessed by suggesting unresolved conflict in the relationship between the abuser and the victim as a possible risk factor.

The importance of the social learning theory in explaining financial and physical abuse was explored by asking the participants to rate the effect that witnessing or experiencing abuse as a child by the abuser had on the occurrence of elder abuse. Components of the social learning theory were assessed by asking if living in a society that promotes violence (society of violence theory) or if lacking the skills to cope with difficulties (resource hypothesis) caused elder abuse to occur. The situational theory (and therefore, the influence of stressors) was addressed by asking participants whether excessive stress in the environment of the abuser and the victim, increased the likelihood that abuse will occur. Finally, the effect of imbalanced relationships was explored (social exchange theory). Items assessed the effect of imbalance in favour of the abuser (resentment by the abuser about caregiving) and in favour of the victim (resentment by the abuser about being financially dependent on the victim).

Because research has suggested that the importance of these risk factors and theories is dependent on the type of abuse or neglect under examination (Pillemer & Wolf, 1989; Wolf, 1986), these factors were rated separately for both types of abuse. In addition, respondents were asked to rate the importance of risk factors only if their offices had encountered the specified abuse type in the past two years. For each risk factor, participants were asked to indicate whether, based on their experience, the factor had a large effect, somewhat of an effect, a little effect, or no effect in causing the abusive situations their offices encountered. Ratings for each factor, by type of abuse, were compared to determine if there were differences in the perceptions of police and non-police participants.

Research conducted in the United States suggests that police are more likely to view risk factors such as intra-individual problems (chemical abuse) and external stress as more important than other factors. Non-police service providers are more likely to support risk factors which address dependency issues and intra-individual problems. The hypothesis is:

Hypothesis III-A: Police and non-police service providers differ in the degree to which they believe certain factors increase the risk of physical and financial abuse.

Police encounter victims of spouse and child abuse in their own homes, and are often required to reach decisions about cause and intervention quickly. Therefore, they are likely to use pragmatic, visible criteria for evaluating cause. When considering the causes of elder abuse and neglect, police may support the social learning theory, since they are often in a position to witness abusive behaviours in several generations of households to which they are called. They are also likely to support the situational theory, which emphasizes economic and living conditions which are easily evaluated by visiting officers. The orientation of non-police

service providers emphasizes holistic family or societal causes of abuse. Therefore, these professionals may support society of violence, resource and social exchange theories, which address interaction between individuals and their social environment, more so than police service providers. The hypothesis is:

Hypothesis III-B: Police and non-police service providers differ in the extent to which they believe that the theoretical explanations of elder abuse are supported, for both types of abuse.

Hypothesis IV - Presence and Effectiveness of Intervention and Legislation

Research on child abuse has suggested that different professions, particularly police versus non-police, choose and prefer different forms of intervention (Kelly, 1990; Saunders, 1988; Shireman et al., 1981; Wilk & McCarthy; 1986). In cases involving sexual or physical abuse of children, police were shown to be much more punitive than other service workers, in that they prefer criminal action and separation over individual or family counselling. The role of police in spouse abuse has undergone dramatic changes in the past decades (Breci, 1991; Buzawa & Buzawa, 1985). From preferring to not become involved at all, police response evolved to a service-oriented approach, then to a strategy which involved preferred- or mandatory arrest of abusers. Lack of coordination between service providers limits the effectiveness of the arrest policies.

Research on elder abuse and neglect has found that professionals differ dramatically in the types of intervention they choose, as well as their perception of the effectiveness of various interventions (Blakely & Dolon, 1991; Dolon & Blakely, 1991; Dolon & Hendricks, 1989; Sengstock et al., 1989). Recent research in elder abuse suggests that multi-disciplinary approaches to intervention can be effective in meeting the needs of the victims and in allowing

professionals to successfully intervene in these cases (Plotkin, 1988).

Variables used to assess differences between police and non-police service providers in types of intervention offered were taken from both the 1991 survey data and from the follow-up mail survey. Items from the 1991 survey data determined the types of interventions offered to elder abuse victims by the offices of the respondents, such as referral, placement, legal proceedings or counselling. Information about the form of the offices' intervention (whether crisis, short- or long-term, and with or without follow-up) was also obtained from the 1991 survey. Police and non-police were compared in the types of interventions they offered and in the form of the intervention. In the 1991 survey data, intervention types were not assessed separately by abuse type. Therefore, this set of analyses refers to all the types of abuse encountered by the respondents' offices.

Police may be more likely to adopt crisis-oriented interventions, such as removal to emergency shelters and legal actions, which stop the abuse and remove the victim from danger. Non-police service providers may be more likely to provide in-home and mental health services, which will have a longer-term impact on changing the abusive situation. Police could limit the form of their interventions to crisis or short-term interventions, without follow-up, while non-police service providers might be more likely to provide longer-term interventions and to offer follow-up. The hypotheses are as follows:

Hypothesis IV-A: The offices of police and non-police service providers differ in the types of interventions offered to victims of elder abuse and neglect.

Hypothesis IV-B: The offices of police and non-police service providers differ in whether the intervention provided is typically crisis, short-term or long-term, or whether the offices provide follow-up with this intervention.

Items in the follow-up mail survey assessed the effectiveness of seven interventions in dealing with physical and financial abuse. The interventions included in this analysis were: counselling and education for the victim and for the abuser, in-home services, respite services, separation of the victim from the abuser, and civil and criminal legal proceedings against the abuser. According to the classification of interventions outlined in Chapter 2, intervention models can be classified as either paralleling the child abuse model, the domestic violence model, or the advocacy model (Alberta Ministry Responsible for Seniors, 1992). In-home services, respite care and separation of the parties represent the child-abuse model of intervention. Legal proceedings fit into the domestic violence model, while counselling and education for those involved in the abusive situation represents the advocacy model. For both of the types of abuse under investigation, the various intervention strategies were rated on a four-point scale from "very effective" to "very ineffective" in dealing with abuse and neglect of older adults. The ratings given by police service providers were compared to those given by non-police service providers.

Based on preferred intervention strategies with other forms of family abuse, police may be more likely than non-police service providers to advocate punitive strategies. Police service providers may also suggest that counselling would be effective, but they may be less likely to perceive the effectiveness of in-home and respite services. Non-police service providers are likely to hold opposite views: counselling and in-home services may be seen as more effective than punitive actions for most cases of elder abuse and neglect. The hypothesis is:

Hypothesis IV-C: Police and non-police service providers differ in their perception of the effectiveness of various interventions to deal with both types of elder

abuse.

To assess the effectiveness of inter-agency coordination and multi-disciplinary intervention, participants were asked in the follow-up mail survey about the frequency with which they dealt with workers from other agencies. For those respondents who had participated in inter-agency intervention, the effectiveness of this cooperation was assessed by the degree of satisfaction expressed by respondents.

No research has been conducted in Canada to assess the perceived effectiveness of inter-agency coordination in handling elder abuse and neglect cases, although many Canadian authors have advocated for such coordination. However, the effectiveness of such interaction can be deduced from differences between the professions in their mandates and services available. Police are required to fulfil a law-enforcement role in society, which means that they have little time to provide services other than those which are necessary in crisis situations. Unless the agency has a victim services department which is able to offer a variety of services, police may have to rely on referral to other agencies to meet the needs of the victims of abuse they encounter. Non-police service providers are likely to have a wider mandate, and more services available. These agencies may not need to coordinate with other professionals for service provision to the same extent as police. Social service providers may need to contact police only in those cases which justify the instigation of legal proceedings.

The hypothesis is:

Hypothesis IV-D: Police and non-police service providers differ in the frequency with which they work with other professionals when intervening in elder abuse cases, and in the satisfaction expressed with this inter-agency cooperation.

Evidence from child abuse research suggests that police officers were more likely than non-police service providers to favour jail sentences for offenders. Police also more likely to favour arrest in spouse abuse cases in certain circumstances. This suggests that police may be more likely than other professionals to rate criminal and civil legislation as more effective in dealing with elder abuse and neglect. In the case of elder abuse, there is growing pressure for provinces to adopt specialized legislation to prosecute abusers of older adults.

The last set of analyses in this section deals with the ratings of effectiveness of specialized elder abuse legislation, general civil legislation and general criminal legislation in intervention with elder abuse and neglect cases. In the follow-up mail survey, the effectiveness of these three types of legislation were rated on a four-point scale from "very effective" to "very ineffective."

Police are familiar with the Criminal Code which has statutes to address almost all behaviour that constitutes physical abuse and threats. Therefore, police may be more likely to consider the Criminal Code adequate to deal with the types of cases they encounter. If non-police service providers encounter more cases of neglect and financial abuse, they may see the Criminal Code as relatively inadequate. Non-police service providers may be more likely to feel that specialized legislation to deal with elder abuse and neglect cases would be beneficial, particularly if such legislation contained provisions for services. The hypothesis is:

Hypothesis IV-E: Police and non-police service providers differ in their perception of the effectiveness of specialized elder abuse legislation, general civil legislation and general criminal legislation in their potential for dealing with elder abuse and neglect.

The following chapter (Chapter 5) describes the methodology used in the study. A

description of the 1991 survey, selection of a subsample, and administration of the 1993 follow-up survey is included. In Chapter 6 the analyses, variables used, and results are described.

Chapter 5

Methodology

The focus of this study was to examine the differences between police and non-police service providers in the way the groups perceive and intervene in elder abuse and neglect cases. However, differences on these variables may be present among the non-police service providers, as well as between non-police and police respondents. In particular, legal service providers may differ from social service providers in their perceptions about the causes and most effective interventions in these cases. Differences between legal service providers and other professional groups have not been examined to the same extent as differences between police and non-police service providers. Therefore, each analysis described in this chapter was first conducted using three categories of profession (police, social service and legal service providers). Unless there was a significant difference between the social and legal services groups, they were collapsed into a single "non-police" category.

1991 Survey Data

For some of the hypotheses data from a previously completed study were analyzed. This secondary analysis involved a mail survey on elder abuse and elder abuse legislation conducted in 1991 by Bond et al. (1992).

Administration and Sample Selection

The 1991 study began with a review of the types of existing legislation which could be used to deal with elder abuse cases. Based on the key variables identified by the review of legislation, a mail-survey instrument was constructed to determine the effectiveness of various aspects of legislation. The survey instrument was constructed by the principal investigator and two research assistants, with backgrounds in family studies and sociology, in consultation

with co-investigators from the Faculties of Social Work and Law. The questionnaire included items about the demographics of the respondents and their offices, characteristics of abuse cases they had encountered, management of the elder abuse cases, and various aspects of legislation, to reflect the variables identified in the early review of legislation.

Potential respondents had been identified using a modified "snowball" technique. First, appropriate contact persons in various social service, law enforcement and legal agencies were contacted by mail in July and August of 1991. Letters were sent to all key informants identified as state contact persons regarding elder abuse, identified by Johnson (1991) (one in each state and two for the District of Columbia). In addition, 43 letters were sent to various contact persons in all Canadian provinces and territories, including representatives from departments of health, justice, family and social service, and senior secretariats and directorates. These contact persons were asked to identify individual in all fields working with elder abuse cases.

From the list of potential respondents provided by the contact persons, a non-random sample was selected. The sample was selected to obtain respondents from a variety of professions (including lawyers, social workers, and police officers), and representing various legislative approaches, different administrative levels (e.g. city, state/province), and all states and provinces from which contact persons responded.

A subsequent sample of police respondents in Canada were selected from a directory issued by the Police Chief Association, identifying all detachments of Royal Canadian Mounted Police and provincial/municipal/ city police in Canada. A non-random sample of detachments was selected, including respondents from all provinces and territories, and from federal as well as provincial/municipal forces.

Slightly less than one-half (47.4%) of the key informants, who were asked to provide names of potential respondents for the first sample, responded to the request. Of those who responded, the number of names provided ranged from one name to over 100.

From the first sample of police and non-police professionals, 70 surveys were sent to the United States and 104 surveys were mailed to Canadian professionals, for a total of 174 surveys. The overall response rate was 60.7%, with little difference between countries (61.8% for the U.S. and 60% for Canada). A total of 94 surveys were sent to the second police sample, for a response rate of 46.9%.

Selection of Subsample

Responses from police and non-police service providers in Canada were analyzed. A variable, Profession, was created to distinguish between police and non-police service providers. Non-police service providers include social service providers (social workers, counsellors, and victim services workers), and legal service providers (lawyers and other legal services workers, including legal counsellors).

Restricting the subsample to service providers excluded those respondents whose profession involves only program and policy development, education or research. In this way, the experience of direct service providers with elder abuse cases was examined. In addition, there was only one health care provider in the Canadian sample. This respondent was not included in the subsample.

Only Canadian police and non-police service providers were included in this investigation. One reason for this restriction is that virtually all of the police respondents surveyed came from Canada. To compare the responses of the police sample with non-police professionals in similar environments, American respondents were excluded. A second reason

for limiting analysis to Canadian respondents was to minimize confounding variables, which are likely to affect perceptions of the effectiveness of various intervention and legal strategies. The social service, legal and medical systems in the United States differ sufficiently from those in Canada to warrant this limitation.

Characteristics of the Service Provider Subsample

The subsample of police and non-police service providers was comprised of 78 respondents. There were 44 police (56%) and 34 non-police (44%) service providers. Among the non-police respondents, 22 were social service providers and 12 were legal service providers. These respondents represented every province and territory in Canada (Table D-1).

Most of the respondents reported that their offices were primarily administered by city/town (33%) or provincial (28%) governments. The federal government was responsible for the administration of 14% of the offices, and 13% of the respondents said that their officers were primarily administered by non-profit agencies. Other administrative bodies included rural municipality governments (6%) and corporations (1%). Police respondents were significantly more likely than non-police respondents to report that their office was primarily administered by city or town governments (58% of police versus 3% of non-police respondents). Non-police respondents were more likely to report that their offices were administered by provincial governments (50%) or one of the other administrative bodies (47%) than were police respondents (14% and 28%, respectively) ($\chi^2=25.98$, $df=2$, $p<.001$).

Police respondents most frequently reported that their offices provided law enforcement (95%), crisis intervention (25%), and counselling services (11%) (Table D-2).

Non-police respondents reported that the services provided by their offices included counselling (53%), crisis intervention (41%), legal services (23%), and placement services (21%). The offices of police were significantly more likely than those of non-police respondents to provide law enforcement ($\chi^2=70.32$, $df=1$, $p < .001$). Offices of non-police respondents were more likely than police offices to provide most of the other services listed, including counselling, medical services, financial aid, financial advice, home health care, placement services, mental health services, personal care, guardianship, and housing services (Table D-2).

Dividing non-police respondents into social and legal service professionals resulted in a substantial reduction in proportion of errors in predicting provision of counselling, legal services, medical services, financial aid, and crisis intervention, based on Goodman & Kruskal's tau¹, in comparison with the police versus non-police classification (Table D-3). With the exception of legal services, which were most frequently provided the offices of legal professionals, social service professionals provided these services most often.

Most respondents (82%) reported that their services were not limited to clients of a restricted age. Non-police respondents were more likely to report that their services were thus restricted (38%) than were police respondents (2%, $\chi^2=16.84$, $n=78$, $df=1$, $p < .001$). Twelve respondents (15% of sample) reported that their services were restricted by age and indicated a minimum age for service. Most (83%) reported that their services were restricted to older adults, and of these respondents, minimum ages were either 55 years

¹Goodman & Kruskal's tau, based on the value of chi-square, assesses the proportional reduction in errors of predicting the value of the dependent variable, when information about the independent variable is used in relation to when this information is not used. For further discussion of tau, see Agresti & Agresti (1979: 217-223).

(20%), 60 years (40%) or 65 years (40%). The remaining respondents reported that their services were restricted to adults 16 or 18 years and older.

Over three-fifths of the respondents (63%) did not report the number of cases their offices had in 1990 which involved clients over the age of 60. Twenty-one percent of the respondents could not provide this figure because no statistics on client age were kept by their offices. Twenty-three percent of police and 18% of non-police respondents indicated that no such statistics were kept. A further 28% of respondents simply did not know how many cases they had involved older clients (36% of police and 18% of non-police respondents).

Similarly, over one-half (53%) of the respondents did not indicate how many elder abuse cases their office had encountered in 1990 (according to definitions of abuse provided). Eighteen percent reported that no statistics were kept on elder abuse cases (23% of police and 12% of non-police respondents), while 21% did not know this information (32% of police and 6% of non-police).

For those respondents who were able to provide this information (n=29), the number of cases encountered involving clients 60 years and older ranged from none to 5000 cases. The average number of cases was 579, while the median response was 100. For police respondents (n=14), the number of cases ranged from none to 834, with an average of 114 and median response of 27. Non-police respondents (n=15) reported a range of 16 to 5000 cases, with a mean of 1012 and median response of 400.

Respondents (n=37) reported that their offices saw between 0 and 1400 elder abuse cases in 1990. The mean number of elder abuse cases encountered was 70, and the median number was 10. Only one respondent reported more than 210 elder abuse cases in 1990. Police respondents (n=16) reported between 0 and 156 cases, with a mean of 23 and median

response of 2. Non-police respondents (n=21) reported between 0 and 1400 elder abuse cases, with a mean of 105 and median response of 20.

Follow-up Mail Survey

Selecting the Sample

Follow-up mail surveys were sent to the police and non-police service providers in Canada who had participated in the 1991 survey. Of the 78 participants included in this analysis, participants who had reported that their offices had some experience with elder abuse cases were contacted, including participants who had been unable to provide numbers of cases of elder abuse and neglect. Police respondents, in particular, were able to provide other information on elder abuse and neglect cases encountered, but were unable to gain access to information on the total number of cases. Based on this criterion, 38 police and 32 non-police service providers were contacted, for a total of 70 offices. In the administration of the follow-up mail survey, the offices of these participants retained the same identification number that had been used in the 1991 survey.

Contacting the Participants

This subsample of participants was sent a contact package. Packages were mailed to the individual specified on the mail list for the 1991 survey. If the form requesting a summary report of the 1991 survey indicated a name different from that on the original mail list, the name on the request form was used on the 1993 cover letter.

The cover letter (Appendix B) explained that the follow-up study consisted of a mail survey (Appendix C), which would take about 10-15 minutes to complete. The letter indicated that the named individual or someone from his/her office had participated in the 1991 survey. However, it was not necessary for the respondent who participated in the

follow-up to be the same individual who completed the 1991 survey. As long as the respondent in the follow-up study was from the same office and department, no prior knowledge of the responses provided in the 1991 survey was necessary.

The contact package also contained six copies of the mail survey. Participants were instructed to complete one of the questionnaires, and to pass the other questionnaires to co-workers who had experience with elder abuse and neglect cases. Although five additional questionnaires were included, the contact letter acknowledged that there may not be five other workers in the office who had such experience. In this case, the participants were asked to return the undistributed questionnaires, and to indicate that the questionnaires were not distributed.

Each questionnaire included a postage-paid envelope to return the completed questionnaire. In addition, the questionnaires provided the opportunity for respondents to request a summary of the results of this study, by indicating their name and address on an attached card. This card was removed immediately upon receipt of the completed questionnaire, to maintain confidentiality.

Each completed questionnaire was recorded by the identification of the office (taken from the 1991 survey) and the identification number of the respondent within the office. This latter number was assigned by the researcher upon receipt of the questionnaire, and ranged from "one" (the contact person within the office) to "six." At the conclusion of the data collection period, new identification numbers were created incorporating both of these values.

If, after approximately five weeks, no responses were received from the office of the participants, reminder packages were sent to these offices. This reminder package contained a second contact letter, which repeated much of the information in the first letter as well as

addressed any problem areas raised by those participants who had responded. Six additional questionnaires, complete with return envelopes and summary report requests, were also included.

Response Rate

Contact packages were mailed to 70 offices across Canada. Completed questionnaires were received from 56 of these offices. One office received two contact packages, as this office was chosen in both of the original sampling techniques, but both packages were forwarded to the same person within the office. Therefore, the office representative distributed only one of the two contact packages, which reduced the number of offices contacted to 69. The overall office response rate was 81.2%.

Organizational response rates ranged from 100% in Quebec, Prince Edward Island, Newfoundland, Yukon Territories and Northwest Territories, to a 40% in New Brunswick. With the exception of Ontario (69.2% response), all other provinces had response rates of at least 75%. A complete description of the response rates by province can be found in Table D-4.

Each office returned an average of 3 questionnaires, for a total of 161 questionnaires. The number of questionnaires returned by each responding office ranged from 1 to 6. Almost one-third (29%) of the offices returned only one questionnaire, and 18% returned five or more questionnaires.

Characteristics of the 1993 Follow-up Mail sample

Of the 161 questionnaires returned, almost one-half of the respondents indicated that their profession was law enforcement (78, or 48.4%). Fourteen questionnaires (8.7%) were from legal service providers, and the remaining 69 questionnaires (42.9%) were completed by

social service providers, including social workers, counsellors, and victim service workers.

About one-half (53.5%) of the respondents indicated that they were in a supervisory position within their office. These respondents were responsible for the department (22.8%), the program (26.6%), the entire office or agency (20.3%) or another group of people, such as workers in a shift or members within a detachment (30.4%).

Data Analysis

Due to the small size of the police and non-police samples, detection of association between variables was restricted to chi-square, Fisher exact probability tests, and other non-parametric tests, where appropriate. An alpha level of $p < .05$ was used as the criterion for accepting the hypothesis in all cases. Size of the relationship was determined by Goodman and Kruskal's tau, which is a measure of the reduction in error in categorizing individuals, based on knowledge of the classifying variable (profession) (Agresti & Agresti, 1979).

Chapter 6

Results

Hypothesis I - Differences in Experience with Elder Abuse and Neglect Cases

Hypothesis I-A - Differences in proportion of elder abuse cases. In the 1991 survey, respondents indicated the number of cases their office had encountered in 1990 involving adults over the age of 60, as well as the number of cases which involved elder abuse and neglect during the same year, as defined by the study. The number of elder abuse and neglect cases was divided into the total number of cases involving older adults, to determine the proportion of the senior caseload involving elder abuse and neglect. The proportion of elder abuse cases relative to all cases involving adults aged 60 and over ranged from 0% to 100% of cases for the sample. The median proportion was 7.0% of cases involving older adults. There were only 25 cases on which to base this calculation; 53 cases had missing values on one or both of the variables used to calculate proportion.

For the 11 police respondents who provided valid data, the proportion of cases ranged from 0% to 33%, with a median of 6.67%. The proportion of abuse cases encountered by 14 non-police respondents ranged from 0% to 100%, with a median of 9.84%. Only two of the non-police respondents were legal service providers. The proportions reported by these respondents were 0% and 65%. Of the 12 social service providers, the proportion of cases involving elder abuse ranged from 0% to 100%, with a median of 9.84%. According to the Kruskal-Wallis 1-way ANOVA, the mean rank of police respondents was 11.14 ($n=11$), and that of the non-police respondents was 14.46 ($n=14$). This difference was not significant, based on the chi-square corrected for ties ($\chi^2=1.27$, $n=25$).

Hypothesis I-A, that the offices of police respondents would encounter a lower

proportion of elder abuse and neglect cases than non-police respondents, was not supported.

Hypothesis I-B - Differences in types of abuse cases encountered. The first set of analyses in this section examined whether the offices of the respondents had encountered cases of physical, psychological, or financial abuse, and neglect in 1990. In the 1991 survey, respondents were asked to indicate what percentage of abuse cases involved each of the four types of abuse and neglect. For each respondent who completed the question, responses were dichotomized into presence/absence of abuse type. Analyses, using Fisher exact probabilities, were performed with each of these dichotomous variables, by profession (police versus non-police).

There were no significant differences between police and non-police respondents in experience with physical, financial or psychological abuse, or neglect (Table D-5). Physical and financial abuse were encountered most frequently by both groups of professionals. All of the police respondents had encountered physical abuse cases, compared with four-fifths of the non-police respondents. For financial abuse, 88% of police and 76% of non-police respondents reported this type of abuse. Only between one-half and two-thirds of the police and non-police respondents reported that their offices had encountered psychological abuse or neglect.

Differences between professions did appear, however, when non-police respondents were separated into social service and legal service providers (Table D-6). Police respondents were the most likely to report that their offices had encountered physical abuse (100%), and legal service respondents were the least likely to do so (40%). Knowledge of the three categories of professions reduced the proportion of errors by 22.5% ($\tau=0.225$, $n=37$, $p < .05$) compared to 9.2% using two categories of professions. Police (88.2%) and social

service providers (87.5%) were about as likely to encounter financial abuse, but only 40% of legal service respondents had encountered this abuse type. Using three categories of professions reduced the proportion of errors to 17.4% ($\tau=0.174$, $n=36$, $p < .05$), from only a 2.4% reduction using two categories of profession.

Results from the 1993 survey conflicted with those from 1991. In the 1993 survey respondents were asked if their offices had encountered the various types of abuse in the past two years. Significant differences were found between police and non-police respondents for all four types of abuse and neglect (see Table D-5 for chi-square and tau values). For every type of abuse, non-police were more likely than police respondents to report that their office had encountered abuse. Between 87% and 91% of non-police respondents reported that they had encountered each abuse type. By contrast, the proportion of police respondents who reported that their office experienced the abuse types ranged from 60% for psychological abuse, to 74% for neglect. Only about two-thirds of police respondents reported experience with both physical and financial abuse.

Significant differences remained when three categories of professions were used (see Table D-6)². Social service respondents were the most likely of the three groups to encounter all types of abuse. Psychological abuse was the most frequently encountered type by social service respondents (96.8%), although the least-frequently encountered type, physical abuse, was also reported by the majority of social service providers (89.5%). Police and legal service respondents were similar in their experience with abuse types. Two-thirds

²For $r \times 3$ tables, significance values are reported only for tau. Empty cells or small cell sizes reduce the confidence placed in the statistical significance of Pearson chi-square values, but tau is not dependent upon minimum cell sizes.

of police and three-quarters of legal service respondents had encountered cases of physical abuse in the previous two years. Financial abuse was encountered by about two-thirds of both police (68.9%) and legal service (63.6%) respondents. Just over one-half of police (59.6%) and legal service (54.5%) respondents reported psychological abuse. Experience with neglect cases showed the largest difference between these two groups. About three-quarters of police (73.7%), but only about one-half of legal service respondents (55.6%) reported experience with neglect cases. The use of three categories of professions rather than two did not result in a substantial reduction in proportion of error, with the exception of experience with psychological abuse (7.2% reduction in error; $\tau=0.205$ versus $\tau=0.133$, $n=131$).

The second set of analyses in this section looked at the most common type of abuse encountered by the offices of the respondents. Variables were created which indicated whether each abuse type was the type most commonly encountered by the office, based on the proportion of all abuse cases. The type of abuse which was found in the highest percentage of abuse cases was coded the most common type of abuse/neglect encountered. For each abuse type, a dichotomous variable was created which indicated whether it was the most commonly-encountered form of abuse. Fisher exact probabilities was used to determine if there were differences between police and non-police respondents. There were no significant differences in likelihood that any of the abuse types were most commonly encountered between police and non-police respondents (Table D-7) or between police and social service respondents (Table D-8). Because data were available for only five legal service respondents, this group was excluded from the latter analysis.

Hypothesis I-B, that police and non-police service providers differ in their likelihood of encountering different types of elder abuse and neglect, was supported, although the results

were inconclusive. Using the 1991 survey data, police respondents were more likely than other professionals to report that their offices had encountered cases of physical abuse, but no differences were found in experience with other types of abuse. Data taken from the 1993 survey, however, indicated that social service providers were more likely than the other two groups of professionals to encounter all types of abuse and neglect. Using 1993 survey data, police and legal service providers were similar in their experience with abuse cases. No support was found for the second part of this hypothesis, that the professionals would differ in the type of abuse most frequently encountered by their offices, using 1991 survey data.

Hypothesis I-C - Differences in characteristics of abuser and victims. The analyses in this section involved the typical demographic characteristics of abusers and victims, and included four variables. In the 1991 survey, respondents were asked to indicate the percentage of elder abuse and neglect cases in which the abuser and victim fit into several age categories, and in which the parties were male or female. The age of abuser was collapsed from seven to three categories: 39 years or less, 40 to 59 years, and 60 years or more. A second variable was created, based on the percentages of cases provided by the respondents, indicating whether the elder abuse and neglect cases were perpetrated mostly by males, mostly by females, or equally by males and females. Similar variables were created for the victims' characteristics. Respondents were asked in the 1991 survey to indicate the percentage of cases involving victims of three age groups: 60 to 69 years, 70 to 79 years, and 80 or more years. A fourth variable was created which indicated whether the victims were mostly male, mostly female, or equally male and female. Separate chi-square analyses were performed on these four variables, by profession of respondent.

There were no significant differences in the most common age of abuse victim

encountered, when comparing police with either all non-police respondents (Table D-9) or with social service providers only (Table D-10)³. Although about one-half of police respondents reported that most of their abuse victims were 60-69 years, compared to only 18% of non-police respondents, and a higher proportion of non-police respondents reported that most of their victims were 80 years of age or more, these differences were not great enough to reach statistical significance.

Significant differences were found, however, in the gender of typical abuse victims (Table D-11). The majority of non-police respondents (89.5%) indicated that most of the victims they encountered were female, compared to only about one-half (47.1%) of police respondents. Roughly one-quarter of police respondents indicated that most of the victims encountered by their offices were either male, or were equally likely to be male and female (Goodman & Kruskal's tau = 0.144, n=36, $p < .01$). Comparing only police and social service providers again produced significant differences in ability to predict most common gender of victim based on profession, with no improvement in tau (Goodman & Kruskal's tau=0.124, n=33, $p < .05$).

The reduction in proportion of error in predicting the most common age of abuser, based on knowledge of the respondents' profession, was significant when comparing police with both all non-police respondents and with social service providers only (Tables D-13 and D-14). Over three-quarters of police respondents (76.9%) reported that most of the abusers encountered by their office were 39 years of age or less. None of the police respondents reported that most of their abusers were 60 years or older. In contrast, the responses of non-

³For all analyses in this section, legal service providers were excluded from this analysis because of small cell size.

police were relatively evenly distributed among all three age categories (Goodman & Kruskal's $\tau=0.153$, $n=26$, $p < .05$). Selecting only social service providers for comparison reduced the overall proportion in errors from 15.3% to 22.7% ($\tau=0.227$, $n=24$, $p < .01$). Almost one-half (45.5%) of social service respondents reported that most of the abusers encountered by their officers were 60 years old or more.

There were no differences in most common gender of abuser encountered by the respondents' offices, regardless of the categorization of profession (Tables D-15 and D-16). The majority of police (82.4%) and non-police (87.5%) respondents reported that the abusers they encountered were usually male.

Support for Hypothesis I-C, that police and non-police respondents differ in the ages and genders of typical victims and perpetrators, was supported for only two of the four variables examined. Differences were found between the professional groups in the most common gender of abuse victims, but not in age. Typical ages of abusers differed between the professional groups, but typical gender did not. These differences were apparent when police respondents were compared with both the entire group of non-police respondents, and when they were compared with social service providers only.

Hypothesis II - Perceptions of the Prevalence of Elder Abuse and Neglect

Two items on the 1993 mail survey assessed the perceived prevalence of elder abuse and neglect, relative to other types of domestic abuse. The first item rated the prevalence of elder abuse and neglect on a 5-point scale, in comparison with the prevalence of spouse abuse involving younger couples. Participants were asked if, compared to spouse abuse, elder abuse was either a little or a lot more prevalent, about as prevalent, or either a little or a lot less prevalent. The second item was identical in format, but asked the participants to rate the

prevalence of elder abuse relative to child abuse.

These two variables were included in chi-square analyses by profession. The variables were collapsed from a five-point scale, to a dichotomous one, indicating that elder abuse was either relatively less prevalent or not less prevalent than other types of abuse.

Hypothesis II-A - Prevalence relative to spouse abuse. Most of the respondents believed that, relative to spouse abuse involving younger adults, elder abuse and neglect was less prevalent (Table D-17). Over three-quarters of the police respondents (79.5%) believed that elder abuse was a little less, or a lot less, prevalent than spouse abuse. About one-half of the non-police respondents (50.7%) perceived elder abuse as less prevalent than spouse abuse, and 42.5% felt that the two types of abuse occurred to about the same extent. None of the respondents felt that elder abuse and neglect was a lot more prevalent than spouse abuse. Only a few respondents indicated that elder abuse and neglect was a little more prevalent than spouse abuse. After collapsing this variable into two categories (less prevalent vs. not less prevalent), significant differences were found between the two groups of professionals, with almost ten percent of the error reduced (chi-square=13.86, $n=151$, $df=1$, $p < .001$; Goodman & Kruskal's tau=0.092, $p < .001$).

Significant differences were again present using three categories of professions (Table D-18). Police respondents (79.5%) and legal service respondents (91.7%) were significantly more likely than social service respondents (42.6%) to believe that elder abuse and neglect was less prevalent than spouse abuse among younger couples (chi-square=24.54, $n=151$, $df=2$). Using three categories of profession rather than two reduced the proportion of error in predicting perceived prevalence from 9.2% to 16.3% ($p < .001$).

Hypothesis II-A, that police would be more likely than non-police respondents to

believe that elder abuse was less prevalent than spouse abuse involving younger adults, was supported. These findings support earlier research by Anderson (1989), and suggest that Canadian and American service providers share similar views of the relative prevalence of elder abuse.

Hypothesis II-B - Prevalence relative to child abuse. The respondents' perceptions about the prevalence of elder abuse and neglect relative to child abuse were almost identical to those comparing elder abuse with spouse abuse. Again, most of the police respondents (79.5%) believed that elder abuse and neglect was less prevalent than child abuse (Table D-19). Similar proportions of non-police respondents felt that elder abuse was less prevalent than child abuse (50.7%), or occurred to about the same extent as child abuse (41.3%). Only 1.3% of non-police respondents believed that elder abuse occurred a lot more often than child abuse. Differences in the likelihood that respondents perceived elder abuse as less prevalent than child abuse were statistically significant ($\chi^2=14.03$, $n=153$, $df=1$, $p<.001$).

As with the comparison to spouse abuse, significant differences in perceived prevalence of elder abuse relative to child abuse were maintained when three categories of professions were used (Table D-20). Police (79.5%) and legal service respondents (91.7%) were again more likely than social service respondents (42.9%) to believe that elder abuse was less prevalent than child abuse. Using three categories of profession rather than two reduced the proportion of errors in predicting perceived prevalence from 9.2% to 16.1% ($\tau=0.161$, $n=153$, $p<.001$).

Support was shown for the hypothesis that police respondents would be more likely than non-police service providers to believe that elder abuse was relatively less prevalent than child abuse, once again supporting Anderson's (1989) previous research. In both of the

hypotheses in Section Two, the perceptions of police respondents were similar to those of legal service providers, but differed from the beliefs of social service providers.

Hypothesis III (A and B) - Views about the Causes of Elder Abuse

A series of items in the 1993 survey determined whether differences exist in the risk factors and theoretical explanations which are considered by service providers to be important in accounting for the occurrence of physical abuse and financial abuse. If the participants indicated that their offices had encountered cases of physical and financial abuse, they were asked to rate the extent to which they believed the risk factors and theoretical explanations played a role in these abuse cases. Each of the causal factors were rated on a four-point scale, from "no effect at all" to "a large effect."

Physical abuse cases had been encountered by 100 respondents (62% of the sample). Of the remaining 61 respondents, 29 indicated that their offices had not encountered such abuse, 28 did not know if there had been physical abuse cases, and 4 did not respond. Financial abuse cases were seen by the office of 102 respondents (63.4%), while 27 did not encounter such abuse, 30 did not know, and 2 did not respond. Ratings of those respondents whose offices had definitely encountered the abuse type were analyzed.

To eliminate empty or cells with low frequency of responses, beliefs about the extent to which risk factors and theoretical explanations account for elder abuse were dichotomized into none/little effect, and somewhat/large effect. With few exceptions, at least one-half of the police and non-police respondents believed that the factors had somewhat or a large effect on the occurrence of physical abuse (Table D-21). In general, these factors received weaker support with regards to the occurrence of financial abuse, but still the majority of factors were perceived as important in financial abuse cases by at least one-half of the respondents (Table

D-23).

In the case of physical abuse cases, there were few differences between police and non-police respondents in the degree to which they believed the factors played somewhat or a role or a large role (Table D-21). Non-police respondents were significantly more likely than police respondents to believe that dependence of the abuser on the victim to provide financial support (chi-square=4.92, $n=98$, $df=1$, $p < .05$), emotional or mental illness of the abuser (chi-square=4.21, $n=95$, $df=1$, $p < .05$), and chemical abuse by the abuser (chi-square=12.71, $n=92$, $df=1$, $p < .01$) played a moderate-to-large role in the physical abuse cases they encountered.

When three categories of profession were used rather than two, respondents differed significantly on their perception of the same three factors (Table D-22). Most of the social service respondents (90.0%) felt that dependence of the abuser on the victim to provide financial support had somewhat or a large effect on the occurrence of physical abuse. By contrast, about two-thirds of police (67.5%) and legal service respondents (62.5%) believed that this factor had a moderate to large effect. The proportion of error was reduced from 5.0% to 8.2% using three professions ($\tau=0.082$, $n=98$, $p < .05$).

About three-quarters (76.0%) of the social service respondents believed that emotional or mental illness of the abuser accounted for the occurrence of physical abuse. Almost one-half of the police (47.4%), but only 14.3% of legal service respondents, believed that the abuser's emotional illness played somewhat of a role or a large role in physical abuse cases. Using three professions, proportion of error was reduced from 4.4% to 14.7% ($\tau=0.147$, $n=95$, $p < .001$).

Social service providers (91.8%) were also the most likely of the three professions to

believe that chemical abuse was a moderate-to-strong factor in the occurrence of physical abuse. Two-thirds of legal service respondents (66.7%), and 56.8% of police respondents rated this factor as having somewhat or a large effect on the occurrence of physical abuse. With three professions, tau was improved only slightly, from 13.8% to 15.8% ($\tau=0.158$, $n=92$, $p < .001$).

Only one risk factor used to account for financial abuse showed significant differences between police and non-police respondents (Table D-23). About two-thirds of non-police respondents believed that unresolved conflict in the relationship between the abuser and victim played somewhat of a role or a large role in explaining financial abuse. However, only about two-fifths (41.7%) of police respondents had this belief ($\chi^2=5.70$, $n=88$, $df=1$, $p < .05$).

Using three categories of professions, unresolved conflict and one additional factor affecting the occurrence of financial abuse reached statistical significance (Table D-24). While 70.2% of social service respondents felt that unresolved conflict had a moderate-to-large effect on the occurrence of financial abuse, only about two-fifths of police (41.7%) and legal service respondents (40.0%) believed this. Proportion of error was reduced only slightly using three groups of professionals, from 6.5% to 8.4% ($\tau=0.084$, $n=88$, $p < .05$). In addition to this factor, differences between the three groups of professions in the degree to which they believed the emotional or mental illness of the victim had somewhat of an effect or a large effect was statistically significant. Police respondents (76.3%) were the most likely to believe that this factor played a role, followed by social service respondents (68.8%) and legal service providers (20.0%) (Goodman & Kruskal's $\tau=0.107$, $n=91$, $p < .05$).

Hypotheses III, that police and non-police service providers would differ in the degree

to which they believed that the presence of risk factors or theoretical explanations accounted for physical and financial abuse, had limited support. Differences were found in the ratings of only a few risk factors and explanations. In these cases, police were similar in their perceptions to legal service providers, but both of these groups differed from social service providers.

Hypothesis IV - Presence and Effectiveness of Intervention and Legislation

Hypothesis IV-A - Differences in types of intervention offered. In the 1991 survey, respondents were presented with a list of 22 interventions, and were asked to circle all those which were provided by their office. In addition to performing Fisher exact probability and Goodman & Kruskal tau tests for each of these interventions by profession, a principal component analysis was conducted to determine if there were distinct categories of interventions provided. Significance tests were then performed to determine if there were differences between police and non-police service providers in category of intervention provided.

In total, 37 police and 27 non-police indicated that they offered some interventions in cases of elder abuse and neglect. There were significant differences between police and non-police respondents in their likelihood of offering 9 of the 22 services listed (Table D-25). Police respondents (89.5%) were more likely than non-police respondents (22.2%) to initiate legal proceedings against the abuser (chi-square=29.41, $n=64$, $df=1$, $p < .001$; Goodman & Kruskal's tau=0.460, $p < .001$). Non-police respondents offered financial aid (14.8%), respite care (22.2%), adult foster care or day care (18.5%), on-going health care (18.5%), and guardianship/conservatorship services (25.9%), whereas none of the police respondents offered these services. Non-police respondents were also more likely to offer on-going

homemaking services (18.5%), financial counselling (25.9%), and aid with alternative housing or placement (37.0%) than were police respondents (2.7% provided each of the services) (see Table D-25 for chi-square and tau values).

When three categories of professions were used, all of the statistically significant reductions in proportion of error were maintained, as well as three additional differences (Table D-26). Police (89.2%) were more likely than legal service respondents (42.9%) and social service respondents (15.0%) to initiate legal proceedings against the abuser (Goodman & Kruskal's $\tau=0.486$, $n=64$, $p<.001$). For the other eight types of intervention previously found to differ between professions, with the exception of guardianship/conservatorship services, none of the legal service respondents provided the service; social service providers were most likely to provide these services. Legal service respondents (28.6%) were more likely than social service respondents (25.0%) and police (0%) to provide guardianship and conservatorship services. In addition to these services, social service respondents were more likely to provide mental health or psychological counselling, and education, for the victim (40.0% and 45.0%, respectively) than were legal service providers (0% for both) and police (10.8% and 13.5%, respectively).

A principal component analysis was performed on the 22 types of intervention provided, using varimax rotation. Four major components were isolated (Table D-27). The Protective/Victim Services component comprised of provision of emergency shelter, nutritional aid and counselling, financial counselling, respite care, adult day care/foster care, provision of on-going home-making, provision of on-going health care, and aid with alternative housing or placement (eigen value=7.25, 33.0% of variance explained, $\alpha=0.92$). The Financial Aid component consisted of provision of emergency financial

aid, financial aid, and assignment of a protection service worker (eigen value=2.19, 9.9% of variance explained, $\alpha=0.81$). The Education and Counselling component was comprised of education, and mental health/psychological counselling, for both the abuser and the victim (eigen value=1.85, 8.4% of variance explained, $\alpha=0.63$). The final component, Legal and Medical Services, was made up of legal assistance, advice or services, and medical aid or treatment (eigen value=1.53, 6.9% of variance explained, $\alpha=0.63$).

There were no differences in provision of any of the service components, comparing only police and non-police respondents (Table D-28). However, using three categories of professions, significant reductions in error were found in predicting service component provision of Protective/Victim Services and Education and Counselling (Table D-29). Three-fifths of the social service providers offered Protective/Victim Services, compared with 27% of police and none of the legal service providers (Goodman & Kruskal's $\tau=0.162$, $n=64$, $p < .01$). Social service respondents (55.0%) were also more likely to provide Education and Counselling than both police (24.3%) and legal service providers (0.0%) (Goodman & Kruskal's $\tau=0.145$, $n=64$, $p < .05$). Differences between police (5.4%), social service (25.0%) and legal service (0.0%) respondents in likelihood of provision of Financial Aid services approached significance (Goodman and Kruskal's $\tau=0.095$, $n=64$, $p=0.0501$).

Hypothesis IV-A, that police and non-police service providers would differ in the specific types of intervention offered in cases of elder abuse and neglect, was supported for 12 of the 22 interventions, when three categories of professionals were included in the analysis. When the intervention types were grouped into four categories, differences were found in the likelihood of service providers to offer protective and victim services, and education and counselling services, with social service providers more likely than police or legal service

providers to make such services available.

Hypothesis IV-B - Differences in duration of intervention and provision of follow-up.

In the 1991 survey, respondents were asked to indicate what percentage of intervention that they provided in cases of elder abuse and neglect was crisis-oriented, and short-term (less than six months), and long-term (more than six months) in duration, with or without follow-up. Four dichotomous variables were created. The first variable distinguished respondents who provided crisis-oriented intervention in some of their cases from those who did not. Two variables distinguished respondents who offered short-term intervention (with or without follow-up), and long-term intervention (with or without follow-up) from those who did not. The final variable identified respondents who offered follow-up to their intervention, in conjunction with either short- or long-term intervention. Each of these four variables were included in chi-square analyses, by profession.

There were no differences between police and non-police respondents in the likelihood that they provided crisis intervention or short-term intervention lasting less than six months (Table D-30). However, whereas none of the police respondents provided long-term intervention lasting more than 6 months, about one-half (52.6%) of the non-police respondents did so (chi-square=11.79, n=34, df=1, $p < .001$; Goodman & Kruskal's tau=0.337, $p < .001$).

When police were compared with only social service providers⁴, however, profession significantly reduced the proportion of errors in predicting service provision in two types of intervention (Table D-31). Social service respondents (80.0%) were more likely than police

⁴For these analyses, legal service providers were excluded because of small cell sizes.

(37.5%) to offer short-term intervention (Goodman & Kruskal's $\tau=0.185$, $n=31$, $p < .05$).

About one-half of the social service respondents (53.3%) provided long-term intervention, and none of the police did so (Goodman & Kruskal's $\tau=0.371$, $n=30$, $p < .001$).

There were no significant differences between police and non-police respondents (Table D-30) or between police and social service respondents (Table D-31) in the likelihood that they provided follow-up to either short-term or long-term intervention. Only one-quarter of the police respondents and about one-half of the non-police respondents (53.3% of social service respondents) indicated that they follow through on their intervention.

Hypothesis IV-B, that police and non-police respondents would differ in their likelihood of providing crisis, short-term or long-term intervention in cases of elder abuse and neglect was supported only for the provision of short-term and long-term intervention. Police were less likely than either all non-police respondents, or social service providers only, to provide these types of interventions. No support was found for the hypothesis that the professionals would differ in their provision of follow-up intervention.

Hypothesis IV-C - Differences in perceived effectiveness of intervention strategies. In the 1993 survey, seven specific intervention strategies to deal with abuse were listed. For cases of physical and financial abuse that their offices had encountered, participants were asked to rate the effectiveness of the strategies, using a four-point scale ranging from "very ineffective" to "very effective." To eliminate empty cells and cells with low frequency of responses, these variables were collapsed into effective/ineffective. Differences between police and non-police service providers in perceived effectiveness of these interventions were analyzed separately for each type of abuse, using chi-square analyses.

There were no differences between police and non-police respondents (Table D-32) or

among police, social service and legal service respondents (Table D-33) in their perception of the effectiveness of the seven intervention strategies to deal with physical abuse cases. In-home services to care for the victim, respite care or adult day care, separation of the victim from the abuser, and criminal legal proceedings against the abuser were rated as effective by over 80% of both police and non-police respondents. Counselling and education for the abuser was perceived as less effective, and was endorsed by only about two-thirds of police (67.7%) and non-police (64.6%) respondents.

In financial abuse cases, there were significant differences between police and non-police respondents in their perception of two of the seven intervention strategies listed (Table D-34). Police (84.8%) were more likely than non-police respondents (43.9%) to believe that in-home services to care for the victim were effective (chi-square=13.03, $n=74$, $df=2$, $p<.001$; Goodman & Kruskal's tau=0.176, $p<.001$). Respite care, adult day care or foster care were also more frequently rated as effective by police (86.4%) than non-police respondents (48.6%) (chi-square=8.39, $n=59$, $df=1$, $p<.01$; Goodman & Kruskal's tau=0.142, $p<.01$). Separating social service and legal service respondents did not substantially reduce the proportion of errors in predicting effectiveness (Table D-35); these two groups of professions were similar in their ratings of the intervention strategies.

Little support was found for Hypothesis IV-C, that police and non-police respondents would differ in the perceived effectiveness of interventions to deal with elder abuse. No differences were found between the professions in ratings of the effectiveness of interventions to deal with physical abuse. Police were more likely than both social and legal service providers to support in-home and respite services in cases of financial abuse.

Hypothesis IV-D - Differences in coordination with other agencies. The first item in this section asked participants in the 1993 survey to indicate the frequency with which their offices dealt with workers from other agencies when investigating elder abuse and neglect cases. The scale used for this item had four valid values (every case, most cases, some cases, and never), as well as one missing value (not applicable, because their office does not investigate elder abuse and neglect cases). A second item duplicated this item, but assessed the frequency with which the participant involved workers from other agencies when intervening or treating elder abuse and neglect cases. Differences between the groups of professionals in the frequency with which their offices involved workers from other agencies were assessed using chi-square analyses.

For the first set of analyses, frequency of coordination was collapsed into a dichotomous variable indicating presence or absence of inter-agency cooperation. There were no differences between police (87.7%, n=65) and non-police (96.8%, n=63) respondents, or among police, social service (98.2%, n=55) and legal service (87.5%, n=8) in reporting that they had cooperated with other agencies to some extent during investigation of elder abuse cases.

However, non-police respondents (98.5%, n=67) were more likely than police (86.4%, n=66) to work with other agencies during intervention with elder abuse and neglect cases (chi-square=7.05, n=133, df=1, $p < .01$ based on Fisher's two-tailed exact probability test, Goodman & Kruskal's tau=0.053). Using three groups of professions did not improve the value of tau; 98.3% of social service (n=59) and 100% of legal service (n=8) coordinated with other agencies (Goodman & Kruskal's tau=0.053, n=133, $p < .05$).

Of those respondents who had coordinated with other agencies, there were no

differences between police and non-police respondents (Table D-35), or between police and social service providers⁵ (Table D-36) in the frequency with which this cooperation took place during investigation. Similarly, no differences were found between police and either the non-police respondents or the social service providers only in the frequency with which they worked with other agencies during intervention with elder abuse and neglect cases.

Participants who indicated that their office dealt with other workers in every, most or some investigations or interventions were asked how satisfied they were with the cooperation their office received from other agencies. Satisfaction was rated on a four-point scale, ranging from "very satisfied" to "very unsatisfied."

Satisfaction with these coordination experiences was dichotomized into very satisfied/not very satisfied. One-half of the non-police respondents (50.0%, n=66) and 58.2% of police respondents (n=55) were very satisfied when coordinating with other agencies to investigate or intervene in elder abuse and neglect cases. Of the non-police respondents, 50.9% of social service respondents (n=57) and 44.4% of legal service respondents (n=9) were very satisfied with this coordination. Neither of these differences were statistically significant.

For the most part Hypothesis IV-D, that police and non-police respondents would differ in the frequency with which they coordinate with other workers during investigation and intervention with elder abuse and neglect cases was not supported. Although social and legal service providers were more likely than police to report that they involved workers from other agencies during intervention, no other differences were found among professions in the

⁵For these analyses, legal service providers were excluded because of small cell size.

presence or frequency of inter-agency coordination. Likewise, the professions were similarly satisfied with the cooperation they received during inter-agency coordination.

Hypothesis IV-E - Differences in perceived effectiveness of legislation. Variables for this section were taken from both the 1991 survey and the 1993 survey. In the 1991 survey, respondents were asked about the perceived effectiveness of legislation to deal with elder abuse and neglect. This item referred to any legislation in-place in the province or territory which could be applied to elder abuse and neglect cases. There were no significant differences between police and non-police respondents (Table D-38), or among police, legal service and social service respondents (Table D-39) in their perception of the effectiveness of such legislation.

In the 1993 survey, the effectiveness of specific types of legislation were examined, including both special legislation specific to elder abuse and broader general legislation. About one-quarter (28.0%, n=45) of the respondents indicated that special legislation existed in their province to deal exclusively with elder abuse and neglect. Among these respondents, there were significant differences in their perception of the effectiveness of this special legislation (Tables D-38 and D-39). All of the police respondents felt that the special legislation was effective in dealing with elder abuse and neglect, whereas only 46.4% of non-police respondents felt that such legislation was effective (chi-square=10.29, n=40, df=1, $p < .001$; Goodman & Kruskal's tau=0.257, $p < .01$). When respondents were categorized into three professions, the differences were even more pronounced. Whereas all of the police felt that special legislation was effective, none of the legal service providers rated it effective. About one-half of the social service respondents (56.5%) perceived special legislation as effective (chi-square=15.88, n=40, df=2; Goodman & Kruskal's tau=0.397, $p < .001$).

About two-fifths of the respondents reported that there was no special legislation in their province or territory (28.0%) or that they did not know if such legislation existed (13.7%). Eighty percent of the 50 police respondents and 67.2% of the 37 non-police respondents felt that such legislation would be beneficial, but this difference was not statistically significant (Table D-38). Social service respondents and legal service respondents were similar in their rating of the benefits of such legislation (Table D-39).

General criminal legislation, such as the Criminal Code, was rated as effective in dealing with elder abuse and neglect cases by 80.9% of police respondents, but only by 49.3% of non-police respondents (chi-square=14.88, $n=135$, $df=1$, $p < .001$; Goodman and Kruskal's tau=0.110, $p < .001$) (Table D-38). While police were still most likely to rate criminal legislation as effective, 66.7% of legal service providers, compared with only 45.5% of social service providers rated this legislation as effective (chi-square=16.83, $n=135$, $df=2$, $p < .001$; Goodman and Kruskal's tau=0.125, $p < .001$).

General civil legislation was perceived as effective in dealing with elder abuse cases by only 59.2% of police and 37.0% of non-police respondents (chi-square=5.05, $n=103$, $df=1$, $p < .05$; Goodman & Kruskal's tau=0.049, $p < .05$) (Table D-38). Of the non-police respondents, legal service respondents (50.0%) were more likely than social service respondents (34.1%) to rate general civil legislation as effective (Table D-39). Differences among the three groups of professionals in their perception of the effectiveness of this legislation were not significant (chi-square=5.88, $n=103$, $df=2$; Goodman & Kruskal's tau=0.057).

Some aspects of the hypothesis that police and non-police respondents would differ in their perception of the effectiveness of legislation to deal with elder abuse and neglect were

supported. No differences were found between professions in the effectiveness of unspecified legislation in place as of 1991. Of those living in areas with specialized legislation to deal with elder abuse and neglect in 1993, police were the most likely profession to perceive this legislation as effective, and legal service providers were the least likely. General criminal and civil legislation were most likely to be perceived as effective by police, and least likely to be rated as effective by social service providers.

Chapter 7

Conclusions and Implications

The purpose of this study was to discover whether differences existed among groups of professionals in their attitudes toward, and experiences with, elder abuse and neglect cases. Using both 1991 and 1993 survey data, respondents from social service, legal service and law enforcement offices across Canada were asked about their experiences with elder abuse and neglect cases, including the number of cases encountered, the types of abuse seen, and the characteristics of typical abuse victims and perpetrators. Respondents were surveyed about the types of interventions their offices provided to abuse victims and their families; they also rated the effectiveness of various intervention strategies to deal with abuse cases. Finally, the professionals were asked for their opinions on the relative prevalence of elder abuse and neglect, and on the causes of select types of abuse.

The results from both of these surveys show that police, social service, and legal service respondents differ in their exposure to elder abuse and neglect cases, and in the availability of and perception of intervention strategies. This study confirmed many of the findings from earlier studies conducted in the United States which showed differences due to professional orientation (Anderson, 1989; Dolon & Hendricks, 1989; Douglass, 1983; Douglass & Hickey, 1983). The results also pointed to important similarities between the groups of professionals. This chapter summarizes the findings of the surveys as they relate to the specific research hypotheses outlined in Chapter 4.

Comparing Police and Non-police respondents

Overall, this study provided some support for examining the influence of profession in experience with elder abuse and neglect cases. The experience of police respondents differed

in many ways from that of non-police service providers. Differences were found between police and non-police respondents in exposure to elder abuse and neglect cases (1993 survey), in their perception of the prevalence and causes of elder abuse, in the types of intervention that they are able to provide, and in their perceptions of the effectiveness of legislation to deal with elder abuse and neglect.

Although the original purpose of this study was to identify differences in attitude and experience between police and non-police professionals, in some cases the use of three categories of professionals rather than two provided more insight into the influence of professional orientation. In most previous studies, respondents from specific professions were compared, rather than categories of professions. For instance, social service providers and police officers were compared in Dolon and Hendricks' (1989) study. Anderson (1989) and Douglass and his colleagues (Douglass, 1983, Hickey & Douglass, 1983) compared professionals from a variety of orientations, including police, lawyers, clergy, healthcare professionals, and social workers.

Given the unique role of police officers in spouse abuse cases and evidence from past research on elder abuse that police differed significantly from other professionals, police were initially compared with the remaining group of professionals, which included social service, victim service and legal service providers. Relative to the quantity of research examining the differences between police and social service providers, little research has examined the experience and attitudes of legal service providers. This study shows that, in some cases, isolating legal service providers into a separate category improved the odds of correctly classifying respondents on the basis of profession. For instance, the proportion of error in predicting responses to items was reduced (Goodman and Kruskal's tau) using three categories

of profession rather than two in predicting experience with different types of abuse (1991 survey). In some analyses, such as the effectiveness of some intervention strategies and legislation, tau did not show significant improvement using three categories of professions, but differences found between the groups when using two categories remained significant (using tau).

There were several instances in which legal service respondents appeared more similar to police respondents than to social service respondents. For instance, the responses of police and legal service providers were similar in terms of their experience with types of abuse reported in 1993, and in perceptions of the prevalence of abuse and its causes. Some analyses which excluded legal service providers because of small cell sizes, such as predicting most common age category of abusers, magnified differences between police and other professionals. This suggests that the responses of the legal service providers were more similar to those of police than social service providers, and combining legal and social service providers minimized differences between police and non-police respondents. Such findings suggest that police and legal service providers could be combined for comparison with social service providers. These professionals are both part of the larger criminal justice system, and therefore may be expected to express similar views toward cases they encounter. Both groups tend to provide services which protect the rights of victims while punishing offenders, but are limited in the ability to provide other practical help to victims.

While such classification may have some merit, it cannot be argued conclusively on the basis of this study. In both surveys used in this study, very few legal service providers responded (12 in the 1991 survey, 14 in the 1993 survey). Although some significant differences emerged using the three categories of profession, caution should be used in

interpreting these results. The small cells size of the legal service providers category puts the significance of the chi-square value, on which tau is based, into question.

Experience with Elder Abuse and Neglect Cases

Using 1991 survey data, there were no differences between police and non-police respondents in the proportion of abuse cases encountered by their offices relative to other cases involving older adults (Hypothesis I-A). These findings are contrary to those of earlier studies, which found that some professionals were more likely than others to encounter abuse in their practice (Dolon & Blakely, 1989; Douglass, 1983; Douglass & Hickey, 1981). Earlier studies were inconclusive, however, about which professionals were most likely to encounter abuse cases. Whereas Douglass (1983) found that police were one of the groups of professionals most likely to encounter elder abuse, most of the police in Dolon and Blakely's (1989) study seldom encountered abuse, when compared with social service providers.

Analysis of proportion of elder abuse cases in the 1991 survey was hampered by very low response rate on the items used to calculate proportion. Of the 78 respondents, only one-third (n=25) provided information on both the total number of cases involving adults over 60 years, and total number of elder abuse and neglect cases. In many cases, respondents from all professions indicated that they did not know the exact number of cases for either or both variables. Gaining access to this information through case records was either too time consuming, or impossible because case data was not classified by age of victim.

Other researchers have encountered this difficulty in the past, particularly when surveying police officers. In her study of 175 police departments across the United States, Plotkin (1988) found that the majority of departments did not know how many cases of elder abuse and neglect they had encountered. Most often, this was because there was no case

classification of elder abuse, and victims' demographic statistics were not entered in the case records.

One of the difficulties in comparing these results with those of earlier studies is inconsistencies in the way "experience" with elder abuse and neglect cases is quantified. In some earlier studies (for example, Douglass, 1983), experience was operationalized as the presence of elder abuse and neglect cases, rather than the proportion. That is, the presence of at least one case of abuse or neglect in a specified time period was used to categorize the professionals.

Using this method on the 1991 survey data, 29 of the 37 respondents who were able to complete the question on number of elder abuse and neglect cases encountered indicated that their offices had seen at least one abuse case in the previous year. Almost all (94.4%) of the 18 social service providers had encountered abuse, compared with only about two-thirds of the police (62.5%, $n=16$) and legal service (66.7%, $n=3$) providers. Social service providers were significantly more likely to have encountered at least one case of abuse than the combined group of police and legal service providers ($\chi^2=5.34$, $df=1$, $n=37$, $p<.05$).

In the 1993 survey, 90.2% of social service providers ($n=68$) and 85.7% of legal service providers ($n=14$) reported that their offices had encountered at least one of the types of abuse in the previous two years. Only 73.1% of police respondents ($n=78$) reported this; this group was significantly less likely than social and legal service providers to report experience with abuse ($\chi^2=8.17$, $n=160$, $df=2$, $p<.05$, Goodman & Kruskal's $\tau=5.1$, $p<.05$).

Blakely and Dolon (1991) concluded that, depending on the geographic area,

differences exist in which group of professionals are most likely to encounter abuse.

Although some police detachments from smaller communities were surveyed, the majority of police, social and legal service agencies were located in large towns and cities. Most of these cities have social services in place to deal specifically with domestic abuse and other family difficulties. With such services available, police and legal service agencies may not be approached as readily as social service agencies. It is also possible that, unless the victims or their families know that the abuse can be treated using legal methods, the family service agencies may be approached first to determine the best method of intervention. Depending on the types of agencies available, differences may exist in which agency receives elder abuse and neglect reports, and is responsible for intervention or case management. Differences may exist not only in the willingness of victims to approach various agencies, but also in the effectiveness of the agencies' ability to uncover abusive situations.

Apart from the agencies responding to the survey, there is no information about the range of services available from other agencies within the community, about other aspects of the structure and hierarchy of service agencies, or about the assertiveness of agencies to reach abuse victims. Therefore, no clear explanations for the findings can be garnered from the study.

Examining presence versus absence of cases, differences were found among the three categories of professionals in their experience with the four types of elder abuse and neglect (Hypothesis I-B). Police respondents in the 1991 survey were significantly more likely to have encountered physical abuse cases, followed by social service providers (Table D-6). Police and social service providers were both more likely than legal service providers to have encountered financial abuse cases. There were no significant differences among the groups in

their experience with psychological abuse and neglect cases. There were also no differences among the professionals in which type of abuse was most frequently encountered by their offices (Table D-7, D-8).

The 1993 survey revealed slightly different experiences with abuse cases. In this survey, social service providers were significantly more likely than the other professionals to have encountered all four types of abuse and neglect. Police and legal service providers were similar in their experience with abuse cases.

Although these results do not bring us closer to a clear picture of the relative experience of different groups of professionals with regard to types of abuse encountered, both results do have some basis in past research. Sengstock et al. (1989) found that police were more likely to be involved in cases of physical and financial abuse of the elderly than in cases of neglect. Other researchers also concluded that police are likely to be involved in physical abuse cases, since these cases can be dealt with using criminal legislation (Bookin & Dunkle, 1985; Blakely & Dolon, 1991). This would account for the results of the 1991 survey, in which the majority of police indicated that they had experience with physical and financial abuse.

In Sengstock et al.'s (1989) study, social services and case management were provided in the majority of elder abuse and neglect cases, regardless of type. It is therefore understandable that, in the 1993 survey, social service providers were the most likely of the three groups of professionals to have experience with the abuse types.

Little more can be obtained from the current surveys about the involvement of professionals in elder abuse of different types. The data did not provide information about the nature of the professionals' involvement with cases of each abuse type, or whether the

respondents were responsible for detecting or verifying the existence of abuse. Both surveys were problematic in the way in which these items were asked. In the 1991 survey, respondents were initially requested to indicate the percentage of elder abuse and neglect cases which fell into each category. For many respondents, this question posed the same difficulty as the item asking for number of abuse cases encountered. This information was difficult or impossible to pull from case records, and some respondents may not have been comfortable providing an educated guess. As a result, the response rate on this question was low. The effect of a low response rate on the results cannot be ascertained.

In the 1993 survey, respondents indicated whether their offices had encountered each abuse type or not, or whether the respondents did not know this information. While this method improved the relative response rate for these questions, it provides no information about the relative frequency of each abuse type. The improved response rate in the latter survey may have uncovered some differences that previously went undetected.

Just as the 1991 survey showed differences between groups of professionals in their experience different types of abuse, some differences were found in the characteristics of the typical abusers and victims encountered (Hypothesis I-C). Significant differences were found in the most common gender of abuse victims encountered by the service providers (Table D-12). The majority of social service providers indicated that most of the victims seen by their office were female. In contrast, only about one-half of the police respondents stated that most victims were female; one-quarter of the police respondents indicated that their victims were most likely to be male, or to be of either gender.

Police were significantly more likely than social service providers to state that most of the abusers their office encountered were 39 years old or younger. The abusers seen by the

offices of social service providers were typically older, often 60 years of age or older. There were no significant differences between the professionals in the typical gender of the abuser. The majority of all professionals reported that most of the abusers they encountered were male.

These results suggest that police are more likely to encounter inter-generational abuse, while social service providers encounter spousal abuse. Despite the substantial role of police in spouse abuse involving younger adults, it is not altogether surprising that older spouse abuse victims shy away from calling the police, particularly if the abuse is long-standing. Not only are older adults less willing to contact the police for family problems, victims of long-standing spousal abuse may have decided after unsuccessful encounters that the criminal justice system is not as effective as the social service system in meeting their long-term needs.

Inter-generational abuse may be seen by participants and witnesses as more deviant than spousal abuse. Cases involving such abuse may be more readily come to the attention of professionals who can prosecute the offenses through criminal or civil means. There is also a greater chance that older victims and younger abusers are not residing in the same house, which would make the introduction of legal charges and restraining orders easier to uphold.

Like earlier research, differences have been found between professionals of various orientations in their experience with elder abuse and neglect cases. Differences in likelihood of encountering different types of abuse, and in the characteristics of abuse victims and perpetrators, suggest that professionals have access to slightly different subgroups of abuse victims and perpetrators. Coordination of professionals on abuse cases may not occur in all situations, but may be limited to select categories of cases.

Perceived Prevalence of Elder Abuse and Neglect

Both hypotheses that predicted differences between groups of professionals in their perception of the relative prevalence of elder abuse compared with spouse and child abuse, were supported (Hypotheses II-A and II-B). Like the professionals in Anderson's (1989) study, police and legal service professionals believed that elder abuse and neglect occurred with less prevalence than either child abuse or spouse abuse. Compared with Anderson's study, the police respondents in the current study were slightly more likely to perceive elder abuse as about as prevalent or more prevalent than both child abuse and spouse abuse, but over three-quarters believed that elder abuse was less prevalent than the other forms of abuse. Almost all of the legal service providers in the 1993 survey rated elder abuse as less prevalent than other forms of abuse. In contrast, the lawyers surveyed by Anderson were slightly more likely to believe that elder abuse and neglect occurred with about the same prevalence as child and spouse abuse.

Over one-half of the social service providers in the 1993 felt that elder abuse was at least as prevalent as child and spouse abuse. The social workers in Anderson's (1989) study expressed similar views.

Whereas Anderson did not differentiate between spouse abuse and child abuse, professionals in the 1993 were asked to rate the relative prevalence of elder abuse compared with the two other forms of abuse separately. However, within each profession the perceived prevalence of elder abuse compared with spouse abuse was almost identical with that compared with child abuse (Tables D-18 and D-20).

Perceptions that elder abuse and neglect is not prevalent relative to other forms of family abuse may influence the extent to which agencies and their workers are willing to

devote time and money to learn more about elder abuse and neglect, or to develop intervention strategies. Agencies which deal with multi-generational clients may have developed strategies to deal with spouse- and child-abuse. Rather than develop new strategies for a type of abuse not frequently encountered, they may choose to borrow the existing methods when dealing with elder abuse and neglect. These strategies may be inadequate to meet the special needs of older victims.

To illustrate, emergency shelters for battered wives are available in most communities. Rather than open another shelter for abused elderly individuals, agencies may place older victims in the same shelters as younger victims, who are often accompanied by their small children. The strain of being placed in a noisy, overcrowded environment may be detrimental to the mental and physical health of older victims. Shelters may not be accessible to older adults with limited mobility. Older males who are abused are not likely to be welcome in these existing facilities at all.

Even agencies which limit their client base to older adults may not devote a great deal of time or resources to develop protocols and strategies dealing with the problem of elder abuse and neglect, if few cases are detected. Without these guidelines, the quality of services offered to abuse victims may suffer. Complete assessments, particularly those aimed at detecting abuse among the general client population, may not be conducted in all cases. After abuse is detected, the types of interventions offered may be dependent on the knowledge and expertise of the case worker, rather than based on set procedures. Intervention individualized for the client is advantageous to some extent. However, consistency in procedures and treatment is important to make both the agency worker and the victim comfortable with the detection and intervention experience. Without clear guidelines, some clients may "slip

through the cracks," and others may not be offered the full range of services needed.

Hamlet (1992) strongly stressed the need for adequate training of Canadian professionals in the area of elder abuse and neglect. Such training would not only make professionals aware of the complexity of this form of abuse, it would also emphasize to the professionals that elder abuse and neglect is a significant problem in every community. Training would improve detection of abuse cases, which may increase the relative prevalence of elder abuse and neglect. Increased training and exposure to abuse cases may subsequently increase the quantity and quality of services made available to victims and their families.

Perceived Causes of Physical and Financial Abuse

There were very few differences among groups of professionals in their perception of the extent to which risk factors account for physical or financial abuse (Hypothesis III-A). None of the theoretical explanations were rated differently among the service providers (Hypothesis III-B). This contrasts with the findings of Douglass and Hickey (Douglass, 1983; Douglass & Hickey, 1983; Hickey & Douglass, 1981), who found differences in the degree to which professionals support explanations of abuse and neglect. One possible explanation for the lack of differences in the current study is that, in the decade following Douglass and Hickey's research, professionals have received training which increased their awareness of the wide range of possible causes of elder abuse and neglect. Contemporary professionals, regardless of their orientation, may appreciate the roles of a variety of factors of the occurrence of abuse, and large group differences may not be apparent.

One area of difference in the current study was physical abuse; social service providers were more likely than police or legal service providers to feel that three risk factors played a role in the occurrence of abuse (Table D-22). Intra-individual problems of the

abuser, such as emotional or mental illness and chemical abuse, were seen as playing a large role by the majority of social service providers. About one-half of the police respondents felt that the abusers' mental illness was an important contributing factor, but very few of the legal service providers expressed this view. Second, chemical abuse of the abuser was seen as a contributing factor by two-thirds of the legal service providers, and more than one-half of the police respondents. This finding is consistent with past research. Social service providers, unlike professionals in the criminal justice system, emphasize personal variables to explain abuse. The third risk factor to differ in its perceived importance was the dependence of the abuser on the victim to provide financial support (financial dependence of abuser). Almost all of the social service providers felt that this factor played a large role in the occurrence of physical abuse. In contrast, about two-thirds of the police and legal service providers rated this factor as important. The importance of this factor is supported in the literature. Pillemer (1985, 1986) found that older physically abused victims were more likely than non-abused adults to be providing financial resources such as housing and basic needs. It is not clear whether the abuse victims encountered by police and legal service providers did not fit this profile, or whether information of this nature was not collected by these professionals.

In financial abuse cases, two risk factors were perceived differently among the groups of professionals (Table D-24). One of these risk factors falls into the category of intra-individual problems. Three-quarters of police respondents and two-thirds of social service providers believed that emotional or mental illness of the victim played a large role in this type of abuse. Few of the legal service providers rated this factor as important. The other risk factor, unresolved conflict in the relationship between the abuser and victim, was perceived as having a large effect by almost three-quarters of the social service providers. In

contrast, only about two-fifths of police and legal service providers rated inter-individual problems as important. Once again, personal and inter-personal problems were rated as important by social service providers. While police rated the victims' competence as having a large effect, they were less likely to view inter-personal conflict as important.

Few studies have examined the risk factors associated with financial abuse. Wolf and Pillemer (1989) found that the financial needs and chemical abuse of the abuser, and social isolation of the victim may play a role. These researchers found that the social network of the victim may have been recently reduced, and that the abusers were often distantly related with little emotional attachment to the victims. Podnieks (1988) also found that the abusers and victims were not immediately related. The findings of the 1993 survey have some similarities to these earlier findings. Victims may be socially isolated and vulnerable because of their mental difficulties. Abusers may be less reluctant to take advantage of the older adults if their feelings toward the victims are antagonistic or weak, or if the victims' cognitive and emotional limitations reduce the risk of being reported by the victim.

The similarities among the groups of professions are as interesting as the differences in their perception of the causes of elder abuse. In general, risk factors were rated as playing a slightly larger role in physical abuse than were theoretical explanations. The three factors which received the most support from all professionals were the dependence of the victim on the abuser to meet his/her physical needs (physical dependence of the victim), the abuser's lack of skills to deal with his/her problems (resource hypothesis), and unresolved conflict in the relationship between the abuser and the victim (inter-individual problems). The influences of emotional illness of the victim (intra-individual problems of the victim), shame felt by the abuser for his/her dependence (social exchange theory), and environmental factors

such as crowding and isolation (situational theory), received consistently weaker support from the service providers.

The risk factors generally received less consistent support with regard to financial abuse. Of the 12 risk factors, financial dependence of the abuser on the victim and the abuser's lack of skills to deal with his/her problems received the most support. The majority of other factors were viewed as playing a large role in financial abuse cases by less than two-thirds of the respondents.

Such findings regarding risk factors add to the body of knowledge on the perceived causes of elder abuse. Little comparison can be made between this study and earlier studies with regard to differences among professionals, for several reasons. Ratings of the importance of risk factors by professionals in the studies by Douglass and his colleagues (Douglass, 1983; Douglass & Hickey, 1983; Hickey & Douglass, 1981) were made on elder abuse and neglect in general, rather than on specific types of abuse. Likewise, adult protection workers surveyed by Dolon and Blakely (1989) rated risk factors separately for elder abuse and elder neglect, but elder abuse was not differentiated into various types.

Differences in ratings of the risk factors of physical abuse in comparison with financial abuse support earlier findings that various types of abuse and neglect are associated with different causal or related factors. Wolf (1988) concluded that physical abuse was associated with emotional illness and chemical abuse of the abuser, and poor emotional health of the victim. In the current study, chemical abuse and emotional illness of the abuser were seen as important factors by social service providers, but as less significant factors by police and legal service providers. According to Wolf (1988), financial or material abuse was related to the financial needs and chemical dependence of the abuser. These two factors were

considered to have an effect in financial abuse cases by the majority of professionals of all orientations.

One limitation of this study is that it could not escape the problem of basing the cause on conventional wisdom rather than empirical evidence. Professionals were asked to rate the risk factors and theoretical explanations based on their perceptions. Ratings were not based on data contained in case records. Although only professionals who had encountered the specified type of abuse were asked to complete these ratings, perceptions may reflect the personal views and attitudes of the respondents rather than case information.

Intervention

Social service providers reported in the 1991 survey that they offered a much wider range of services to deal with elder abuse and neglect cases than either police or legal service providers (Table D-26). Significant differences were found between the groups of professionals in 9 of the 22 types of intervention listed using the police versus non-police classification, and among 12 of the interventions using three professional categories (Hypothesis IV-A). The only intervention that police offered more frequently than the other respondents was legal proceedings against the abuser. This is consistent with their role in both spouse- and child-abuse cases. In these types of abuse, police officers typically have intervened by pressing charges against the abuser. Although this intervention was offered by the majority of the police respondents, it was not the only intervention provided. As with spouse-abuse, police often play a social-service role when responding to cases of domestic abuse. Referral to other offices, the provision of emergency shelter, legal assistance or advice and medical assistance were also provided by many of the police agencies.

Legal service providers offered few services to deal with elder abuse cases.

Guardianship or conservatorship services were offered by legal service providers more often than by police, but to a similar degree as social service providers. Legal service providers were also more likely than social service providers to initiate legal proceedings against the abuser, but were less likely to do so than police respondents. Apart from referral and legal assistance, in which legal service providers were not significantly different from other professionals, the legal service providers offered no other services to victims.

In contrast, the social service providers offered a wide range of services. They were significantly more likely than the other professionals to offer nutritional counselling, financial aid, financial counselling, psychological counselling and education, respite care services, adult day care, the provision of on-going health care and home-making, and aid with alternative housing. Very few services were offered for the abuser. When categories of intervention were used, social service providers were more likely than police or legal service providers to offer education and counselling services to the victim, and to offer protective services and practical services for the victim, such as homemaking, emergency shelter, and respite care.

There is no evidence to conclude whether the offices of the social service providers actually provided all of these services in-house, or whether the social service workers, in their role as case managers, referred the client to other agencies for these services. In Sengstock et al.'s (1989) study, case managers were active in almost all cases of abuse and neglect, and coordinated access to other services such as law enforcement and legal counsel.

The diversity of the services offered by the social service providers, compared to the dearth of services provided by police and legal workers, may be related to the greater duration of the intervention given. Social service workers provided interventions of all durations (Hypothesis IV-B). Few police respondents offered short-term intervention, and

none of them offered services that lasted longer than six months. Two-thirds of the social service providers offered crisis intervention. The majority of social service providers offered short-term intervention, and over one-half provided intervention that lasted longer than six-months.

The specific interventions that the social service providers indicated that they provided are reflected in this range of intervention durations. Services such as the provision of emergency shelter and financial aid, and medical treatment, can be categorized as crisis-type intervention. Short-term intervention includes services such as counselling, respite care and day care, and aid with alternative housing. Longer-term intervention can consist of counselling, and the provision of on-going services in the home.

Social service providers were also the most likely of the three groups to follow their intervention with client contact. About one-half of these service providers had contact with their clients beyond the period of active intervention. Few police respondents offered such services.

Conclusions cannot be drawn on the nature of the intervention offered by legal service providers. Only four of the legal service providers responded to this question. Two of these service providers stated that their offices offered long-term intervention as well as client follow-up. The long-term nature of this intervention may be related to the time required to pass a case through the court system, rather than to a period of active intervention. Whether it involves criminal or civil charges, case disposition can take several months simply to reach a courtroom.

The types and duration of services provided may reflect the point at which the service providers become involved with elder abuse and neglect cases. Some elder abuse and neglect

cases, like spouse abuse cases, may first come to the attention of emergency responders such as police. Police may then be required to offer crisis intervention, before involving other professionals. Social service providers may be involved initially, or following intervention by the police; therefore, they are required to provide both the crisis services offered by the police and longer-term services. They are also likely to act as case managers, and may be involved in abuse cases as advocates after other services are provided. Legal service providers may be involved only in cases in which legal proceedings can be initiated, and may meet the victims only after they receive emergency aid and counselling from other professionals.

Consistent with their role as case managers, social service providers in the 1993 survey indicated that they were more likely than police to coordinate with other agencies when intervening in elder abuse and neglect cases (Hypothesis IV-D). The types of agencies with which they worked included law enforcement and legal service agencies, as well as other social service agencies and health-care workers. Legal service providers stated that they worked with social service agencies, which may be the clients' case managers, and police officers who may have initiated the legal proceedings and filed the initial report.

Most of the professionals stated that they were very satisfied in their coordination efforts with other professionals; few indicated any dissatisfaction at all. However, there were some problems encountered when dealing with other agency workers. Among these problems were frustration with the lack of other resources available to help with the abuse cases, and the insensitivity and ignorance of some professionals with regard to the dynamics of elder abuse and neglect. One respondent stated that, as awareness among the professionals increased, so did the level of cooperation between agencies.

These findings point to the potential benefits of multi-disciplinary coordination, while

advocating for increased training. The three groups of professionals provide unique services to help the older abuse victim; none of the groups of professionals were able to provide all the services necessary to meet the needs of abuse victims and their families. Professionals from different orientations do not need to be involved throughout the entire intervention process. Efficient case management would ensure that relevant professionals are involved when their skills and expertise can be put to maximum use. However, training of all professionals is necessary. Professionals need to be aware not only of the dynamics of elder abuse and neglect, but also of the types of services provided by workers in other professions. Sengstock and Hwalek (1986) found that many of the police and adult protective service workers in their survey were not fully aware of the role of the other group of professionals. This led to frustration and resentment when the two groups did coordinate their efforts. Such frustration and misunderstanding has been found in research on spouse- and child-abuse as well. Skoog and O'Sullivan (1993) concluded that multi-disciplinary efforts to deal with spouse-, child- and elder-abuse can produce clear benefits in case intervention, but that understanding and communication between groups of professionals is key to successful coordination.

Although there were clear differences between the types of services offered by the groups of professionals, there were few differences in their perception of the effectiveness of various intervention strategies to deal with abuse cases, assessed in the 1993 survey (Hypothesis IV-C). There were no differences among the professionals in the degree to which they believed the seven intervention strategies were effective to combat physical abuse (Table D-33). All of the intervention strategies were rated as effective by at least 60 percent of the respondents. Separation of the victim from the abuser, criminal legal proceedings against the

abuser, and in-home services were rated as effective by most of the professionals. Civil legal proceedings against the abuser and counselling for the abuser received the least support, although about two-thirds of the respondents felt that such action could be effective.

Professionals differed in their ratings of the effectiveness of two of the seven intervention strategies with regard to financial abuse. The majority of police respondents felt that in-home services to care for the victim, as well as respite care or adult day care services, are effective in dealing with financial abuse. By contrast, less than one-half of the social service and legal service respondents rated these two strategies as effective.

In the United States General Accounting Office report to the Select Committee on Aging (1991), in-home services for the elderly were viewed by state officials in offices on aging to be the most effective strategy to prevent and treat elder abuse and neglect cases. Hamlet (1992) suggested that the most effective intervention strategy to deal with abuse may be to strengthen the social support network of the victim and decrease his/her isolation, which could be accomplished through home visits by care professionals.

What is puzzling about this finding is not that such services were perceived as effective, but that police rated them as more effective than other professionals. Neither of the two aforementioned reports differentiated among forms of elder abuse. Intuitively, such "caregiving" interventions may be seen as effective for problems related to inadequate care provision, which would likely be manifested in neglect and psychological abuse. Interventions which are usually advocated to relieve caregiver stress seem, at first glance, to have little potential for treating a type of abuse which is typically not perpetrated by a caregiver. However, as Hamlet (1992) indicated, frequent home visits by concerned professionals reduces the isolation, and therefore the vulnerability to abuse, of older adults.

Visitors who make regular visits to the homes of older adults may be able to detect misappropriation of funds and coercion by relatives, and may gain the trust of the older adults who confide in the visitor about such crimes.

Depending on the interpretation of these intervention strategies, therefore, such attempts may be effective in treating and preventing financial abuse. However, the relative ratings of the groups of professionals is inconsistent with past literature. In the work of Dolon and his colleagues (Blakely & Dolon, 1991; Dolon & Blakely, 1989; Dolon & Hendricks, 1989) police were more likely than social service providers to rate in-home services as being somewhat ineffective or not effective at all. In these studies, police respondents considered crisis-type interventions to be more helpful in handling elder abuse and neglect cases, while social service providers preferred in-home and community services.

Several factors may help to explain the inconsistency between the current findings and those of past research. The first factor, already suggested, is uncertainty about how professionals interpret the statements describing intervention strategies. The two statements referring to in-home and respite services may have been viewed by social and legal service providers from the perspective of reducing caregiver stress. Police may have interpreted the same statements as reducing isolation and placing a "watchdog" in the home of the older adults. Such differences in interpretation could easily affect the ratings of effectiveness of these intervention strategies. The second factor which may argue for caution in interpreting these results is that these two items had low valid response rates. Many of the professionals, in all groups, indicated that they did not know how effective the in-home and respite services would be in treating financial abuse cases. Rather than being representative of the sample of professionals, the results on these two items may reflect the views of a smaller proportion of

professionals with stronger views about the effectiveness of these strategies. Finally, the wording of the question does not clearly instruct the respondents whether to indicate how effective the intervention strategies were in intervention with actual recent cases, or to rate how effective they could be in such cases. The problem of elder abuse and neglect encompasses a wide range of victim, abuser and environmental characteristics. In individual cases, dependent on the characteristics of the individuals involved and the dominant causal factors, all of the intervention strategies have the potential for being effective. Too little is known about elder abuse and neglect to eliminate an intervention strategy as ineffective.

With the exception of in-home and respite services, the ratings of the other intervention strategies with regard to financial abuse were similar to those referring to physical abuse. Counselling and education for the victim, separation of the abuser and the victim, and civil and criminal legal proceedings were rated as effective by the majority of professionals from all groups. Only counselling and education for the abuser was generally rated as ineffective by the service providers.

Legislation

Although the perceived effectiveness of using legislation to combat elder abuse was similar among the groups of professionals, ratings of the legislation itself showed some variation among the service providers (Hypothesis IV-E). In the 1991 survey, respondents rated the effectiveness of whatever legislation was in place in the province, which could be used to deal with elder abuse and neglect. Most of the professionals rated this legislation as effective. Because of variations in the types of legislation which existed in the provinces, these findings are difficult to interpret. For respondents in the Maritime provinces, the effectiveness of special adult protection legislation may have been evaluated. For respondents

in other provinces, this rating may be based on criminal or civil legislation in general, or on specific statutes. From this survey, the respondents' interpretation of this question cannot be ascertained.

In the 1993 survey, four questions were included tapping the effectiveness of specific legislation. For those respondents who indicated that special legislation existed in their area to deal with elder abuse and neglect, they rated the effectiveness of this legislation. There was significant variation in this rating. All of the police believed that their special legislation was effective, while only one-half of the social service providers, and none of the legal service providers, felt that it was effective.

Respondents without special legislation were asked how beneficial they believed such legislation would be. The majority of professionals felt that the legislation would be beneficial, but the differences between police and non-police respondents were not significant. Respondents may have had difficulty responding to this question. Models of special legislation to deal with elder abuse and neglect can take varying forms. Differences in whom the legislation targets, reporting mechanisms, and the consequences of abuse can all influence the perceived benefits of the laws. Respondents should have been asked to indicate which types of legislation they believed would be most beneficial to deal with elder abuse and neglect. As the item was worded, questions about how the item was interpreted and the basis on which it was answered limit the ability to draw any conclusions.

That police rated special legislation as more effective than other service providers conflicts with the hypothesized result. It was presumed that social service providers would feel the need for specialized legislation to meet the needs of older abuse victims more strongly than other groups of professionals. However, there is once again a problem of interpretation.

The question does not explore the type of special legislation being referred to, or on what basis the respondents believe it is "special." There is also uncertainty about the basis on which the legislation is deemed effective. Police may feel it is effective because, like most of the domestic abuse legislation, it initiates both contact between the victim and service providers, and steps to punish the abuser. Social service providers may believe that special legislation is in fact more effective than general legislation, but that any legislation is ineffective to deal with elder abuse compared to alternative interventions. Legislation introduced in the initial stages of the detection and intervention process may indeed prove to be effective. However, legal service providers are more likely to deal with the frustration of trying to carry through out the legislation. Setbacks which are common in spouse-abuse cases, such as the reluctance of the victim to continue with the charges and insensitivity of some judicial workers, may plague the legal service worker and colour their perception of the effectiveness of such legislation.

Two items assessed the effectiveness of criminal and civil legislation which could be applied to cases other than elder abuse and neglect. The effectiveness of general civil legislation was consistently rated as low among the professionals. General criminal legislation, such as the Criminal Code, was perceived as significantly more effective by police respondents than other professionals. About two-thirds of the legal service providers felt that this legislation was effective, compared to less than one-half of the social service providers. This finding was in the hypothesized direction. Police respondents, who are familiar with the potential of criminal legislation to deal with a wide variety of situations, were more likely to view such legislation as effective than professionals less familiar with all its aspects. However, it is not clear which aspects of the criminal legislation are being assessed.

Obviously, some aspects of criminal legislation are more effective in dealing with elder abuse and neglect than are others. Respondents were not required to indicate which statutes were effective in dealing with specific types of abuse, or abuse cases with certain characteristics.

Summary

The professionals surveyed in the 1991 and 1993 surveys differed in several ways based on their professional orientation. Although police did appear, in many cases, to have unique experiences and attitudes relative to non-police service providers, differences were frequently magnified when three categories of professional orientation (police, social service and legal service providers) were used for comparison.

Police and legal service providers were significantly different from social service providers in the types of abuse encountered, and were more likely to perceive elder abuse and neglect as occurring less often than spouse- and child- abuse. These differences can influence both the types of interventions that the service providers make available for elder abuse victims, and their willingness to devote time and resources to modifying or developing interventions to meet the needs of older victims.

Beliefs about the causes of elder abuse and neglect were generally more consistent among the three groups of professionals, but social service providers were more likely than the other groups to believe that inter- and intra-personal factors played a role in the occurrence of physical and financial abuse. Social service providers were more likely than police and legal service providers to attribute the cause of physical abuse to the deficiencies of the abuser. This contrasts with earlier research on child abuse, in which police tended to blame the perpetrator while social service providers blamed the abuser, the other parent, and society in general. Research on the assessment of blame in spouse abuse cases are

inconclusive. While police have been accused of victim-blaming, beliefs about the cause of abuse are dependent on the specific aspects of the abuse situation. Both police and social service providers in this survey attributed financial abuse to mental deficiencies of the victim.

In general, statements assessing the influence of risk factors of the occurrence of abuse received more support than statements relating to theoretical explanations. The influence of intra- and inter-individual problems, relationships characterized by dependency, and lack of skills of the abuser were supported by the majority of professionals, particularly social service providers. Less support was given to explanations based on the situational theory (stress), the social exchange theory, and the social learning theory.

Variations in the relative ratings of these risk factors and explanations between the two types of abuse support earlier findings that different types of abuse are affected by different factors. The 12 factors listed received more support in relation to physical abuse than to financial abuse. This suggests that another set of factors, not listed, may play a larger role in the occurrence of financial abuse.

Significant differences were found in the types of intervention offered by the service providers, although most of the professionals agreed on the effectiveness of various interventions in dealing with abuse. Police and legal service providers tended to follow the spouse-abuse model of intervention, focussing on the use of legislation and crisis intervention which does little to alter the causes of abuse in the long-term. Social service providers offered a wide range of services, which spanned the child abuse, spouse abuse and advocacy models. Although respondents were limited in their ability to provide such interventions, the majority of professionals from all groups believed that interventions from all models could be effective in dealing with elder abuse. In situations involving physical abuse, interventions

which were perceived as most effective included in-home services and separation of the abuser and the victim (child abuse model), criminal legal proceedings (spouse abuse model). The interventions rated as most effective to deal with financial abuse included counselling and education for the victims (advocacy model), separation of the abuser and victim (child abuse model), and the use of legislation (spouse abuse model). Legislation was generally seen as more effective by police respondents, who often initiate these proceedings, and least effective by legal service providers whose role is to follow through this legislation.

One implication of these findings relates to the role and benefit of multi-disciplinary coordination to prevent and combat elder abuse and neglect cases. The professional orientations represent specialists in different aspects of case intervention. Each group has an important role to play in successful intervention with abuse cases. However, case management is necessary to ensure that these specialists work together effectively. Most of the professionals agree on the importance of a variety of risk factors and explanations of abuse, and can recognize the potential effectiveness a variety of intervention strategies. Additional training to increase familiarity among all professionals with elder abuse can further improve consensus and understanding among professionals and increase their willingness to accept new theories and approaches.

There is little information available on the actual effectiveness of various interventions, including legislation, in dealing with elder abuse and neglect cases. Effectiveness is dependent not only on the implementation of the strategies, characteristics of the victim and his/her environment, and range of services available, but also on the definition of successful outcome. Information is needed about which interventions, offered at specific junctures and to varying degrees, provide the maximum benefit to alleviate the abuse of older

adults. The importance of various criteria on which the assessment of effective outcome is based should be examined.

Limitations of the study

In addition to those already mentioned, this study had several limitations. These include the use of non-random sampling, lack of background information on the respondents, and oversimplification of elder abuse investigation and intervention.

First, the sample used for these surveys were non-random, and therefore the results cannot be generalized to all service providers in Canada. Most of the social service, legal service and police respondents surveyed had been identified by key individuals within each province, who were asked to name specific professionals or agencies likely to encounter elder abuse and neglect cases. Identification of these individuals, therefore, was dependent not only the willingness of the key individuals to cooperate, but also their familiarity with elder abuse and neglect. The range of potential respondents identified was limited to the key individuals' familiarity with the services available to deal with elder abuse and neglect in their province. Once the list of potential respondents was gathered, the sample was selected purposefully based on characteristics such as the type of agency, the type of legislation in the area, and other factors.

The second sample of police respondents was also purposeful. From a list of police chiefs in Canada, detachments were targeted based on characteristics such as the type of agency (e.g. municipal versus provincial police), province, and type of legislation. While care was taken in both samples to survey a wide range of agencies, the resulting sample cannot be considered representative of agencies across Canada.

The second main limitation of this study is the lack of background information on the

respondents themselves. Although the 1991 survey contained items which probed characteristics of the agencies, no information was gathered about the individuals completing the survey. This limitation is particularly salient in the 1993 survey. The perceptions of the respondents may be affected by characteristics such as training, years of service, extent of direct experience with clients, sociodemographic characteristics, and personal beliefs about and attitudes toward family violence in general. Not enough legal service providers responded to either the 1991 or 1993 survey to provide a clear picture of the experience and attitudes of this group.

Third, the surveys, by necessity, simplify the complex problem of elder abuse and neglect. Most researchers agree that the elder abuse and neglect cases encompass a vast range of victim and abuser characteristics, manifestations, and causal factors. Older adults are more heterogeneous than individuals of any other age group. It is not surprising that the problems of older adults are equally diverse and complex. Profiles of "typical" abuse situations seldom hold up to scrutiny.

Respondents were asked to rate the causes of abuse and effectiveness of intervention types for the cases they encountered "in general." However, all cases are individual. It may have been difficult for the respondents to give such global responses. It is likely that all causal factors could play a role in the occurrence of abuse. The respondents may not possess enough information about each case to rule out a causal factor. The effectiveness of intervention may likewise be dependent on the specific case. Like researchers, the service providers may not know enough about elder abuse and neglect cases to conclusively identify "effective" strategies. During actual intervention by service providers, all strategies might be attempted, in a trial-and-error manner, until something affects a positive change.

No attempt was made to tie intervention strategy with causal factor. For example, respite care might be effective in cases of financial abuse in which chemical abuse plays a role, but not in other cases of financial abuse. Such clarification is not available from this data.

Future research

Much research has yet to be conducted on the attitudes and experience of Canadian professionals with regard to elder abuse and neglect cases. Some information can be surmised from the handful of American studies looking at professional differences, but this method is imperfect given the differences in the social, legal and health systems between the two countries.

Future research should also attempt to link effective intervention strategies with specific characteristics of the abuse cases. As mentioned in the previous section, the causal factors contributing to the abuse may influence the effectiveness of the intervention strategy. Other factors may also affect this intervention, such as the age, gender and health status of the abuse victim, the social environment of the victim and the availability of a support network, and the range of service options available for the victim, abuser and their families.

The attitudes of professionals and their familiarity with elder abuse and neglect cases should be examined, taking into consideration the training, job experience and personal factors of the professionals themselves. In addition, a wider range of professionals should be surveyed. In particular, health care professionals may encounter abuse in emergency rooms and clinics, and may, because of their training, differ in their attitudes toward effective intervention and causes.

Once a clearer picture of the influence of profession on attitudes is obtained, the

impact of these differences on multidisciplinary coordination should be explored in greater detail. Where differences occur in perceived effectiveness of intervention strategies, does this adversely affect the ability of various service providers to work together during intervention? Do differences in perceived cause of abuse create tension with regard to the preferred intervention strategy? If conflict does occur, how is this tension alleviated so the best interests of the client are served? Are coordination efforts more effective in some types of abuse cases than in others? Multidisciplinary approaches are advocated by researchers looking at all forms of domestic abuse. Little research has been conducted examining the problems and benefits of such an approach.

Finally, the role of training in the area of elder abuse and neglect warrants more thorough examination. Hamlet (1992) argues that training of professionals is crucial to better understanding among workers of the complex issues of elder abuse and neglect. Issues such as which methods of information presentation are most effective, and the types of information found to be most useful to professionals should be explored. In addition, analysis of the effect of training on attitudes toward elder abuse, and on ability to coordinate with other agencies, should be conducted. Evidence has shown that police officers who received training on spousal abuse were more effective in dealing with abuse situations, and viewed the efforts of other professionals more tolerantly (Levens and Dutton, 1980). Similar research should be conducted in the area of elder abuse and neglect, across a wide range of professionals.

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APPENDIX A

**1991 Survey of the Relationship between
Laws and Elder Abuse Questionnaire**

Survey of the Relationship between

Laws and Elder Abuse

The enclosed survey has been designed to probe the relations between elder abuse and a variety of laws in both Canada and the United States. Areas of inquiry include issues regarding reporting mechanisms, investigation, legal action, registries, intervention, and service delivery. It is our hope that, through this survey, the most effective approaches to dealing with the increasingly recognized situations of elder abuse may be determined.

For interpretation of the results, it is important that respondents use the same basic definitions. Therefore, in your answers to the survey, we would ask you to respond using the following definitions. (Application of all definitions are to be restricted for the purpose of this study to abuse within a trusting relationship):

Physical abuse: the wilful infliction of physical pain or injury, and/or sexual assault, e.g. rough handling, shoving, slapping, pinching, kicking, and restriction of movement.

Psychological abuse: behaviour that produces debilitating emotional stress or mental anguish, e.g. insults, intimidation, threats, infantilization, humiliation, harassment, coercion, social isolation.

Financial abuse: all misappropriation or improper or illegal conversions of money and/or other valuable possessions, e.g. theft, "conning," extortion, forced changes of wills, titles and misuse of power of attorney.

Neglect, both passive and active: failure or refusal to fulfil a caregiving role to provide for the necessities of life, e.g. provide adequate health, clothing, hygienic conditions, food, exercise, and including the withholding of medications and abandonment.

Survey ID # _____

Survey of the Relationship between
Laws and Elder Abuse

1. What is your profession? _____

2. Where is your office located?
 - 1) United States
 - 2) Canada

3. The administration of your office is carried out by: (please circle the one most appropriate choice)
 - 1) federal government
 - 2) provincial/state government
 - 3) county/rural municipality government
 - 4) city/town government
 - 5) non-profit agency
 - 6) corporate administration
 - 7) combination (please specify):

4. What types of services do you/your office provide?
(Circle all that apply)
 - 1) law enforcement
 - 2) legal services
 - 3) legal aid and advice
 - 4) medical services
 - 5) financial aid
 - 6) financial advice
 - 7) counselling
 - 8) crisis intervention
 - 9) emergency shelter
 - 10) mental health services
 - 11) home health care
 - 12) personal care
 - 13) guardianship (conservatorship) services
 - 14) housing services
 - 15) placement services
 - 16) Other (specify): _____

5. Are the services of your office limited to clients of a restricted age?
 - 1) Yes
 - 2) No

If YES, for what ages of clients are your services available?

6. How many cases did your office handle **IN 1990** involving **INDIVIDUALS 60 YEARS OF AGE AND OVER**?
_____ (number of cases)

7. How many of your office's **SENIOR (60 and over) CASELOAD** involved elder abuse, according to the definitions on page 1?
_____ (number of cases)

ABUSE SITUATION

8. Using the definitions on page 1 as a guide, in your estimation approximately what percentage of the ELDER ABUSE cases which your office encountered in 1990 would fall into each of the following categories?

| | | |
|----------------------------|-------|---|
| Physical Abuse | _____ | % |
| Psychological Abuse | _____ | % |
| Financial Abuse | _____ | % |
| Neglect (Active & Passive) | _____ | % |

9. Who are the most frequent sources of reports of ELDER ABUSE to your office? From the following list, CIRCLE the numbers of the **THREE** most frequent sources of reports of elder abuse.

For **each one of the three** that you indicate, please indicate the PERCENTAGE of the total number of reports received by your office which are obtained by the three sources.

| | % |
|------------------------------------|-------|
| 1) Abuse Victims | _____ |
| 2) Physicians | _____ |
| 3) Other Health Care Professionals | _____ |
| 4) Social Agency Workers | _____ |
| 5) Lawyers | _____ |
| 6) Police | _____ |
| 7) Financial Officers | _____ |
| 8) Housing Managers | _____ |
| 9) Family Members | _____ |
| 10) Friends or Neighbours | _____ |
| 11) Other (specify) _____ | _____ |

10. In your estimation, what percentage of the elder abuse cases encountered by your office are perpetrated by the ELDER ABUSE VICTIM'S:

| | % |
|--|-------|
| Son | _____ |
| Daughter | _____ |
| Husband (including common-law) | _____ |
| Wife (including common-law) | _____ |
| Other Family Members (Grandchild, Niece, Nephew) | _____ |
| Other Household Member | _____ |
| Friend or Neighbour | _____ |

11. In your estimation, what percentage of the ABUSERS are:

| | % |
|--------------|-------|
| UNDER age 30 | _____ |
| age 30-39 | _____ |
| age 40-49 | _____ |
| age 50-59 | _____ |
| age 60-69 | _____ |
| age 70-79 | _____ |
| 80 and over | _____ |

12. In your estimation, what percentage of the ABUSERS are:

%

Male _____

Female _____

13. In your estimation, what percentage of the ELDER ABUSE VICTIMS are:

%

age 60-69 _____

age 70-79 _____

80 and OVER _____

14. In your estimation, what percentage of the ELDER ABUSE VICTIMS are:

%

Male _____

Female _____

15. How effective do you believe the legislation in your jurisdiction regarding ELDER ABUSE is?

- 1) Very effective
- 2) Somewhat effective
- 3) Somewhat ineffective
- 4) Very ineffective
- 5) Not applicable (no legislation exists)

ASSESSMENT AND INTERVENTION

16. Do staff in your office have the types of jobs in which they are able to detect the occurrence of elder abuse?

- 1) Yes
- 2) No

If YES, what is the typical detection process carried out by your office, including how detection occurs, procedures following detection, approximate time frame and collateral contacts made (answer below or attach explanation to report):

17. Is your office responsible for the investigation of elder abuse?

- 1) Yes
- 2) No

If YES, what is the typical investigation process carried out by your office, including how cases are referred to your office, investigation procedures, approximate time frame and collateral contacts made (answer below or attach explanation to report):

18. Approximately what percentage of elder abuse reports received by you are NOT verified or substantiated upon investigation? _____ %

19. What types of intervention are administered by your office once elder abuse is verified? (circle all that apply):
- 1) NO INTERVENTION PROVIDED
 - 2) referral to another office (specify office):

 - 3) legal proceedings against abuser
 - 4) assignment of protective-service worker
 - 5) provision of emergency shelter
 - 6) provision of emergency financial aid
 - 7) legal assistance, advice or services
 - 8) medical aid/treatment
 - 9) nutritional aid/counselling
 - 10) financial aid
 - 11) financial counselling
 - 12) mental health/psychological counselling for ABUSE VICTIM
 - 13) support group for ABUSE VICTIM
 - 14) education for ABUSE VICTIM
 - 15) mental health/psychological counselling for ABUSER
 - 16) support group for ABUSER
 - 17) education for ABUSER
 - 18) respite care
 - 19) adult day care/foster care
 - 20) provision of on-going home-making, personal care
 - 21) provision of on-going health care
 - 22) aid with alternative housing/placement
 - 23) guardianship/conservatorship services
20. What percentage of the interventions carried out by your office are:
- | | % |
|---|-------|
| Crisis-intervention | _____ |
| Short-term (<6 months), no follow-up | _____ |
| Short-term (<6 months), with follow-up | _____ |
| Long-term (>6 months), no follow-up | _____ |
| Long-term (>6 months), with follow-up | _____ |
21. Approximately what percentage of **TOTAL** elder abuse cases handled by your office result in separation of elder abuse victim and abuser via:
- | | % |
|--------------------------------------|-------|
| relocation of the ELDER ABUSE VICTIM | _____ |
| relocation of the ABUSER | _____ |
22. For each of the following, approximately what percentage of the total elder abuse cases handled by your office result in:
- | | % |
|--|-------|
| A legal restraining order against the ABUSER | _____ |
| Appointment of a state trustee/conservator | _____ |
| Appointment of a guardian | _____ |

LEGAL ISSUES

23. Does Adult Protection Legislation currently exist in your state or province?

- 1) Yes
- 2) No

If YES, to whom does the legislation apply?

- 1) All dependent/vulnerable adults (age 18 and over)
- 2) The elderly only (age 60 and over)
- 3) Other (specify) _____

24. Is there legislation in your state or province, other than Adult Protection Legislation, which can be applied to acts of elder abuse, as defined on page 1?

- 1) Yes
- 2) No

If YES, what is that legislation (circle all that may apply):

- 1) Criminal Code
- 2) Mental Health Act
- 3) Consumer Protection Act
- 4) Trustee/Conservator Acts
- 5) Guardianship Acts
- 6) Other (specify) _____

25. Who is responsible for administering the Adult Protection Legislation in your state or province?

- 1) Not Applicable (no Adult Protection Legislation)
- 2) Government Department (specify): _____
- 3) Government Funded Agency (specify): _____
- 4) Private Agency by Contract (specify): _____
- 5) Other (specify): _____

26. In your state or province, is the reporting of suspected elder abuse mandatory or voluntary?

- 1) Mandatory
- 2) Voluntary

If MANDATORY, who is required by law to report suspected cases of elder abuse? (circle all that apply):

- 1) Physicians
- 2) Other Health Professionals (nurses, therapists)
- 3) Social Workers
- 4) Lawyers
- 5) Police
- 6) Clergy
- 7) Financial Officers (bank managers, tellers)
- 8) Housing Managers
- 9) Anyone who has reason to suspect abuse is occurring
- 10) Other (specify) _____
- 11) Don't Know

27. To whom are reports of suspected ELDER ABUSE made in your jurisdiction? (circle all that apply):
- 1) Police
 - 2) State or Provincial Ombudsman
 - 3) Government Office (specify) _____
 - 4) Social Service Agency (specify) _____
 - 5) Other (specify) _____
 - 6) Don't Know
28. Who is responsible for administering the report of suspected elder abuse?
- 1) Police
 - 2) State or Provincial Ombudsman
 - 3) Government Office (specify) _____
 - 4) Social Service Agency (specify) _____
 - 5) Other (specify) _____
 - 6) Don't Know
29. Does legislation in your state or province restrict the release of information contained in the report of suspected elder abuse?
- 1) Yes
 - 2) No
 - 3) Don't know
30. Where information may be released, what is the nature of that information? (Circle all that may apply):
- 1) Identity of the VICTIM
 - 2) Identity of the ALLEGED ABUSER
 - 3) Address of the VICTIM
 - 4) Address of the ALLEGED ABUSER
 - 5) Nature of the abuse
 - 6) Injuries sustained
 - 7) Nature of the relationship between victim and alleged abuser
 - 8) ALLEGED ABUSER'S criminal record
 - 9) Previous reports of abuse by VICTIM
 - 10) Don't know
 - 11) Other (specify) _____
31. Does the law in your state or province provide for a registry of ABUSERS to be maintained?
- 1) Yes
 - 2) No
 - 3) Don't know
- If YES, at what stage is the ABUSER'S name entered on the registry?
- 1) Following the report of suspected elder abuse
 - 2) Upon completion of an investigation
 - 3) Only after the suspected abuse is substantiated
 - 4) Only after the suspected ABUSER is charged
 - 5) Only after the suspected ABUSER is convicted
32. Does the law in your state or province provide for a registry of ABUSE VICTIMS to be maintained?
- 1) Yes
 - 2) No
 - 3) Don't know
- If YES, at what stage is the ABUSE VICTIM'S name entered on the registry?
- 1) Following the report of suspected elder abuse
 - 2) Upon completion of an investigation
 - 3) Only after the suspected abuse is substantiated
 - 4) Only after the suspected ABUSER is charged
 - 5) Only after the suspected ABUSER is convicted

33. How many cases of elder abuse were reported in your jurisdiction DURING 1990?
number: _____ OR Don't know _____
34. Of the total number of cases reported IN 1990, how many were reported by individuals who are legally required to do so?
number: _____ OR Don't know _____ OR Not applicable _____
35. Of the total number of cases reported IN 1990, how many cases were reported voluntarily?
number: _____ OR Don't know _____
36. How many cases of failure to report suspected elder abuse by those legally required to do so occurred in your jurisdiction DURING 1990?
number: _____ OR Don't Know _____ OR Not applicable _____
37. In how many cases DURING 1990 were the following penalties imposed for failure to report suspected elder abuse, where there was a legal requirement to do so?
- | | # |
|--|-------|
| 1. Not applicable (no penalties for failure to report) | _____ |
| 2. Imprisonment only | _____ |
| 3. Fine only | _____ |
| 4. Fine and imprisonment | _____ |
| 5. Licensing penalties | _____ |
| 6. Other (specify): _____ | _____ |
| 7. Don't Know | _____ |
38. How many elder abuse cases occurred in your jurisdiction DURING 1990 in which the victim refused to cooperate with an INVESTIGATION?
number: _____ OR Don't know _____
39. How many elder abuse cases occurred in your jurisdiction DURING 1990 in which the VICTIM refused to accept INTERVENTION?
number: _____ OR Don't know _____
40. In how many elder abuse cases reported in your jurisdiction DURING 1990 were the following actions taken with respect to a VICTIM who refused to accept INTERVENTION?
- | | # |
|---|-------|
| 1. Court order to submit to investigation | _____ |
| 2. Ministerial order to submit to investigation | _____ |
| 3. Court order to submit to medical examination | _____ |
| 4. Ministerial order to submit to medical examination | _____ |
| 5. Removal of VICTIM from source of abuse | _____ |
| 6. Temporary order of guardianship | _____ |
| 7. Temporary order of trusteeship/conservatorship | _____ |
| 8. Permanent order of guardianship | _____ |
| 9. Permanent order of trusteeship/conservatorship | _____ |
| 10. NO ACTION TAKEN | _____ |
| 11. Other (specify): _____ | _____ |

41. Of those cases in which the elderly victim was removed from the abusive situation, how many were removed to:

- | | |
|---------------------------|-------|
| | # |
| 1. Hospital | _____ |
| 2. Nursing Home | _____ |
| 3. Emergency shelter | _____ |
| 4. Another residence | _____ |
| 5. Other (specify): _____ | _____ |

42. In how many cases of elder abuse reported DURING 1990 was the ALLEGED ABUSER removed from the abusive situation?

number: _____ OR Don't know _____

43. In how many cases of elder abuse reported DURING 1990 were criminal charges laid against the ALLEGED ABUSER?

number: _____ OR Don't know _____

44. Of those cases in which criminal charges were laid DURING 1990, how many cases of elder abuse actually went before the courts?

number: _____ OR Don't know _____

45. In how many of those cases that went before the courts during 1990 did the ALLEGED ABUSER enter a guilty plea?

number: _____ OR Don't know _____

46. In how many of those cases that went before the courts during 1990 were the ALLEGED ABUSER found guilty?

number: _____ OR Don't know _____

47. Which of the following sentences were given to those found guilty of each of the types of abuse, as defined on page 1? (circle all that apply):

| | PHYSICAL ABUSE | PSYCHOLOGICAL ABUSE | FINANCIAL ABUSE | NEGLECT (ACTIVE & PASSIVE) |
|----------------------------------|-------------------|------------------------|--------------------|----------------------------------|
| Fine | 1 | 2 | 3 | 4 |
| Probation order | 1 | 2 | 3 | 4 |
| Jail | 1 | 2 | 3 | 4 |
| Jail with probation to follow | 1 | 2 | 3 | 4 |
| Other (specify below): _____ | 1 | 2 | 3 | 4 |

48. Is government funding provided for the following? (circle one response for each):

| | YES | NO | DON'T KNOW |
|--|-----|----|---------------|
| 1. Personnel to administer the legislation | 1 | 2 | 3 |
| 2. Research into the effectiveness of legislation | 1 | 2 | 3 |
| 3. Shelters for abused elders | 1 | 2 | 3 |
| 4. Support services to VICTIMS | 1 | 2 | 3 |
| 5. Support services to ABUSERS | 1 | 2 | 3 |

49. Since Adult Protection legislation has been in place, has there been an INCREASE, DECREASE, or NO CHANGE in government funding for any of the following? (circle one response for each):

* IF NO ADULT PROTECTION LEGISLATION EXISTS IN YOUR STATE OR PROVINCE, SKIP TO QUESTION 53.

| | INCREASE | DECREASE | NO CHANGE | DON'T KNOW |
|--|----------|----------|-----------|------------|
| Personnel to administer the legislation | 1 | 2 | 3 | 4 |
| Research into the effectiveness of legislation | 1 | 2 | 3 | 4 |
| Shelters for abused elders | 1 | 2 | 3 | 4 |
| Support services to VICTIMS | 1 | 2 | 3 | 4 |
| Support services to ABUSERS | 1 | 2 | 3 | 4 |
| Other (specify) _____ | 1 | 2 | 3 | 4 |

50. Based on your experience, which of the following changes have followed the passage of Adult Protection Legislation? (circle all that apply):

- 1) NOT APPLICABLE (No adult protection legislation)
- 2) Increase in the number of elder abuse cases reported
- 3) Decrease in the number of elder abuse cases reported
- 4) More charges being laid
- 5) More cases going before the courts
- 6) More convictions
- 7) Stiffer penalties for ABUSERS of the elderly
- 8) More programs for ELDERLY VICTIMS OF ABUSE
- 9) More programs for ABUSERS OF THE ELDERLY
- 10) NO CHANGES since passage of legislation
- 11) Other (specify) _____

51. What problems have been encountered in enforcing Adult Protection Legislation? (Circle all that apply):

- 1) NOT APPLICABLE (No adult protection legislation)
- 2) Reluctance to report
- 3) Lack of cooperation (VICTIM) during investigation
- 4) Lack of cooperation (ABUSER) during investigation
- 5) Lack of cooperation (VICTIM) with service intervention
- 6) Lack of cooperation (ABUSER) with service intervention
- 7) Lack of services for VICTIMS
- 8) Lack of services for ABUSERS
- 9) Charges not being laid
- 10) Cases not going before the courts
- 11) Too few convictions
- 12) Penalties not severe enough
- 13) Personnel shortages
- 14) Challenges under the Constitution (U.S.) or Charter of Rights and Freedoms (Canada)
- 15) Other (specify): _____

52. How have those problems indicated above been remedied?
-
-

53. If you were to make recommendations with regards to legislation in your jurisdiction for dealing with ELDER ABUSE:

a) Which aspects of the existing laws would you recommend remain as they are:

b) Which aspects of the existing law would you recommend NOT be included?

c) What additional aspects should be added to existing laws?

If there are any additional comments you would like to make, please do so here:

The information on this page is optional, but needed if you would like a summary of the report. If you wish, please detach from the survey, and mail in a separate envelope.

Your name _____

Position _____

Name and Address of Agency

Telephone number: (_____) _____ - _____

Are you interested in receiving a summary report of this study?

1. YES
2. NO

Thank you for taking the time to complete this questionnaire. Your answers will be kept confidential, and only group data will be included in the final report.

APPENDIX B
Follow-up Mail Survey Contact Letters

Contact Letter - Initial Mailing

November 4, 1993

Dear 2~,

Approximately one and a half years ago, you or someone from your office participated in a mail survey conducted by researchers from the University of Manitoba. This survey addressed the issue of elder abuse legislation. Your input helped make that project a success. At this time, we are conducting a follow up survey with participants in that project. We would greatly appreciate your further cooperation in allowing us a few minutes of your time.

Participation in the follow-up will consist of completing a very **short questionnaire**, which will take approximately **10-15 minutes** of your time. We will be asking some questions about your beliefs about the prevalence and causes of elder abuse and neglect, and most effective intervention in such cases. This information will further our knowledge about this serious social problem, and will be of value to researchers, policy makers, and service providers.

We have included 6 copies of this questionnaire. We would like you to complete one of the questionnaires yourself. Then, we would like you to pass along the other copies of the questionnaire to up to 5 co-workers in your office, who have had exposure to elder abuse and neglect cases in the past two years. This way, we will be able to hear the opinions of a variety of professionals. We realize that there may be fewer than 5 other people in your office who have had exposure to such cases. Please distribute as many questionnaires as you feel are appropriate.

Once all of the questionnaires have been completed, please return the completed questionnaires (as well as any blank questionnaires) in the envelope that we have provided.

Thank you very much for your assistance in this project. We look forward to hearing from you! If you have any questions, please feel free to call L. Greenslade at 204-474-6296.

Sincerely,

Dr. John B. Bond Jr.
Department of Family Studies
University of Manitoba

Loreley Greenslade
Department of Family Studies
University of Manitoba

Contact Letter - Second Mailing

December 10, 1993

Dear 2~,

Approximately one month ago, we sent you a package containing questionnaires about elder abuse and neglect. These questionnaires included questions about your opinions about the causes of, and most effective interventions with, elder abuse cases. To date, we have not received any questionnaires from your office. If you or your coworkers have already sent your questionnaires back to us, we thank you for taking the time to fill out these surveys.

If you have not yet filled out these questionnaires, we ask you for a few minutes of your time. Your response is very important to us. We would like to hear the opinions of all professionals who may encounter abused older adults in their practice.

We recognize the difficulties some of you may be experiencing in filling out these questionnaires. For some of you, cases may be classified as 'abuse', but not specifically as 'elder abuse'. We do not require 'official' statistics of elder abuse. If this is the case, we encourage you to refer to any cases you have encountered which involved individuals over the age of 60, who were experiencing some type of mistreatment at the hands of trusted individuals.

Even if you have not encountered elder abuse and neglect cases within the specified time frame, we value your opinions on some of the other questions on the survey.

We have included 6 more copies of this questionnaire. We would like you to complete one of the questionnaires yourself, at your earliest convenience. When you have completed the questionnaire, please return it in the postage-paid envelope provided.

In addition, we would like you to pass along the other copies of the questionnaire to up to 5 co-workers in your office, who have had exposure to elder abuse and neglect cases in the past two years. This way, we will be able to hear the opinions of a variety of professionals. We realize that there may be fewer than 5 other people in your office who have had exposure to such cases. Please distribute questionnaires to the number of co-workers that you feel is appropriate. If there are any extra questionnaires that you did not distribute, please return any blank questionnaires in one of the envelopes provided, and write 'not distributed' on the back of the envelope.

Thank you very much for your assistance in this project. We look forward to hearing from you! If you still feel that you will be unable to participate in this survey, we would appreciate if you could send us a note, in one of the postage-paid envelopes, explaining why you feel your participation is inappropriate. If you have any questions, please feel free to call L. Greenslade at 204-474-6296.

Sincerely,
John B. Bond Jr., Ph.D.
Department of Family Studies
University of Manitoba

Loreley Greenslade
Department of Family Studies
/Centre on Aging
University of Manitoba

APPENDIX C

Follow-up Mail Survey Questionnaire

Follow-up Mail Survey Attitudes and Perceptions about Elder Abuse and Neglect

L. Greenslade and J.B. Bond
Department of Family Studies

University of Manitoba
Winnipeg, Manitoba R3T 2N2

November, 1993

Thank you for agreeing to complete this short survey. Early last year you or someone from your office participated in a survey which was concerned with elder abuse and neglect cases encountered by your office. At this time, we are conducting a follow-up to update some of the information provided last year about your office, and to ask you about your views on some aspects of elder abuse and neglect. We would like to hear the opinions of any professional who is familiar with elder abuse and neglect cases.

This survey will take 10-15 minutes to complete. If you do not wish to complete a question, you are free to leave that question blank. All responses on this survey will be kept confidential. Only group data will be included in the final report.

This study is concerned only with abuse and neglect that occurs to adults 60 years of age and older. This abuse is perpetrated by individuals in a trusting relationship with the victim, and may include family, friends and neighbours. Definitions of the four types of abuse and neglect used by this study are:

Physical abuse: the wilful infliction of physical pain or injury, and/or sexual assault, e.g. rough handling, shoving, slapping, pinching, kicking, and restriction of movement.

Psychological abuse: behaviour that produces debilitating emotional stress or mental anguish, e.g. insults, intimidation, threats, infantilization, humiliation, harassment, coercion, social isolation.

Financial abuse: all misappropriation or improper or illegal conversions of money and/or other valuable possession, e.g. theft, 'conning', extortion, forced changes of wills, titles and misuse of power of attorney.

Neglect, both passive (unintentional) and active (intentional): failure or refusal to fulfil a caregiving role to provide for the necessities of life, e.g. provide adequate health, clothing, hygienic conditions, food, exercise, and including the withholding of medications and abandonment.

When you have completed the questionnaire, please return it to the researchers in the postage-paid envelope provided. Thank you.

Please indicate if this survey was:
(please check)

mailed to you by the researcher

given to you by someone in your office

ABOUT YOU

1. Which category most closely describes your profession: (check one)
- law enforcement officer
- lawyer or legal services worker
- social worker
- counsellor
- victim services worker
- other (Specify: _____)
2. Are you in a supervisory position within your office?
- Yes → IF YES, are you supervisor of: (check one)
- the department
- the program
- the office/agency
- other (Specify: _____)
- No

PREVALENCE OF ELDER ABUSE AND NEGLECT

- 3.a) Compared to spouse abuse cases involving younger adults, do you believe that elder abuse and neglect in your community is: (check one)
- A lot more prevalent than spouse abuse
- A little more prevalent than spouse abuse
- About as prevalent as spouse abuse
- A little less prevalent than spouse abuse
- A lot less prevalent than spouse abuse
- b) Compared to child abuse cases, do you believe that elder abuse and neglect in your community is: (check one)
- A lot more prevalent than child abuse
- A little more prevalent than child abuse
- About as prevalent as child abuse
- A little less prevalent than child abuse
- A lot less prevalent than child abuse

ELDER ABUSE AND NEGLECT CASES ENCOUNTERED BY YOUR OFFICE

4. a) According the definitions on page 1, during the past 2 years, has your office encountered any cases of psychological abuse of older adults?: (check one)
- Yes
- No
- Don't know
- b) Has your office seen any cases of neglect in the past 2 years? (check one)
- Yes
- No
- Don't know

5. According to the definitions on page 1, has your office encountered any cases of physical abuse of older adults? (check one)

Yes No Don't know
 ↓ ↓ ↓
 ↓ (If NO or DON'T KNOW, skip to question 6)

IF YES,

Some people believe that there are risk factors which make physical abuse of older adults more likely. In addition, people use a variety of theories to explain why physical abuse occurs.

For each of the following statements, indicate the extent to which you believe that the statement predicts or explains the occurrence of physical abuse of older adults. Circle the number corresponding to the extent to which each factor affects physical abuse, according the following scale:

- The statement has:
- 3 - A large effect
 - 2 - Somewhat of an effect
 - 1 - Only a little effect
 - 0 - No effect at all
 - 8 - don't know

| STATEMENT | SIZE OF EFFECT | | | | |
|---|----------------|---------------|--------|------|----|
| | large | some -what | little | none | DK |
| Dependence of the victim on the abuser to meet his/her physical needs | 3 | 2 | 1 | 0 | 8 |
| Dependence of the abuser on the victim to provide financial support | 3 | 2 | 1 | 0 | 8 |
| Emotional or mental illness of abuser | 3 | 2 | 1 | 0 | 8 |
| Emotional or mental illness of victim | 3 | 2 | 1 | 0 | 8 |
| Chemical abuse (drugs, alcohol) by abuser | 3 | 2 | 1 | 0 | 8 |
| Unresolved conflict in the relationship between the abuser and victim | 3 | 2 | 1 | 0 | 8 |
| A child who is abused or witnesses abuse grows up to be an abusive adult | 3 | 2 | 1 | 0 | 8 |
| The society we live in promotes violence as a way of life | 3 | 2 | 1 | 0 | 8 |
| The abuser lacks skills to cope with his/her problems | 3 | 2 | 1 | 0 | 8 |
| Environmental factors (such as crowded living quarters or physical isolation) bring about abusive behaviour | 3 | 2 | 1 | 0 | 8 |
| The abuser resents the victim for the care that he/she requires | 3 | 2 | 1 | 0 | 8 |
| The abuser feels ashamed or resentful because he/she is dependent on the victim financially or emotionally | 3 | 2 | 1 | 0 | 8 |

6. According to the definitions on page 1, has your office encountered any cases of financial abuse of older adults? (check one)

Yes No Don't know
 ↓ ↓ ↓
 ↓ (If NO or DON'T KNOW, skip to question 7)

IF YES,

Some people believe that there are risk factors which make financial abuse of older adults more likely. In addition, people use a variety of theories to explain why financial abuse occurs.

For each of the following items, indicate the extent to which you believe that the item predicts or explains the occurrence of financial abuse of older adults. Circle the number corresponding to the extent to which each factor affects financial abuse, according the following scale:

- The statement has:
- 3 - A large effect
 - 2 - Somewhat of an effect
 - 1 - Only a little effect
 - 0 - No effect at all
 - 8 - don't know

| STATEMENT | SIZE OF EFFECT | | | | |
|---|----------------|---------------|--------|------|----|
| | large | some -what | little | none | DK |
| Dependence of the victim on the abuser to meet his/her physical needs | 3 | 2 | 1 | 0 | 8 |
| Dependence of the abuser on the victim to provide financial support | 3 | 2 | 1 | 0 | 8 |
| Emotional or mental illness of abuser | 3 | 2 | 1 | 0 | 8 |
| Emotional or mental illness of victim | 3 | 2 | 1 | 0 | 8 |
| Chemical abuse (drugs, alcohol) by abuser | 3 | 2 | 1 | 0 | 8 |
| Unresolved conflict in the relationship between the abuser and victim | 3 | 2 | 1 | 0 | 8 |
| A child who is abused or witnesses abuse grows up to be an abusive adult | 3 | 2 | 1 | 0 | 8 |
| The society we live in promotes violence as a way of life | 3 | 2 | 1 | 0 | 8 |
| The abuser lacks skills to cope with his/her problems | 3 | 2 | 1 | 0 | 8 |
| Environmental factors (such as crowded living quarters or physical isolation) bring about abusive behaviour | 3 | 2 | 1 | 0 | 8 |
| The abuser resents the victim for the care that he/she requires | 3 | 2 | 1 | 0 | 8 |
| The abuser feels ashamed or resentful because he/she is dependent on the victim financially or emotionally | 3 | 2 | 1 | 0 | 8 |

INTERVENTION IN ELDER ABUSE AND NEGLECT CASES

7. How effective do you feel each of the following interventions would be in dealing with the types of abuse of older adults that your office has encountered? For each type of abuse that your office has encountered, rate the effectiveness of each intervention listed. If your office has not encountered one of the types of abuse, leave the column BLANK. Using the following scale, indicate in each box the number corresponding to your evaluation of the effectiveness of the intervention for the type of abuse in that column.

- 4 - Very effective
 3 - Somewhat effective
 2 - Somewhat ineffective
 1 - Very ineffective
 8 - Don't know

| Intervention | Physical Abuse | Financial Abuse |
|--|----------------|-----------------|
| Counselling and education for victim | | |
| Counselling and education for abuser | | |
| In-home services to care for victim | | |
| Respite care, adult day care or foster care | | |
| Separation of the victim from the abuser | | |
| Civil legal proceedings against the abuser | | |
| Criminal legal proceeding against the abuser | | |

COORDINATION WITH OTHER AGENCIES

8. How often does your office deal with workers from other agencies when **investigating** elder abuse and neglect cases? (check one)
- Every case
 Most cases
 Some cases
 Never → Why not: _____
 Not applicable - don't investigate elder abuse and neglect cases
9. How often does your office deal with workers from other agencies when **intervening or treating** elder abuse and neglect cases? (check one)
- Every case
 Most cases
 Some cases
 Never → Why not: _____
 Not applicable - don't investigate elder abuse and neglect cases

IF YOU HAVE NEVER WORKED WITH OTHER AGENCIES ('never' or 'not applicable' to BOTH question 8 and question 9) SKIP TO QUESTION 13.

IF YOU HAVE WORKED WITH OTHER AGENCIES ↓

10. Which agencies does your office typically deal with:

11. How satisfied are you with the cooperation your office receives from workers from other agencies, when (investigating/intervening in) elder abuse and neglect cases:
 ___ Very satisfied
 ___ Somewhat satisfied
 ___ Somewhat dissatisfied
 ___ Very dissatisfied

12. What problems have you encountered when dealing with workers from other agencies?
 ___ NONE, OR

GO TO QUESTION 13

LEGISLATION

13. Does your jurisdiction now have special legislation to deal exclusively with elder abuse and neglect?

___ Yes
↓

___ No
↓

___ Don't Know
↓

IF YES:
 Do you feel that this legislation is:
 (check one)
 Very effective ___
 Somewhat effective ___
 Somewhat ineffective ___
 Very ineffective ___
 Don't know ___

IF NO OR DON'T KNOW:
 How beneficial do you think special legislation would be to deal with cases of elder abuse and neglect in your jurisdiction? (check one)
 Very beneficial ___
 Somewhat beneficial ___
 Only a little beneficial ___
 Not beneficial at all ___
 Don't know ___

14. Other than specialized legislation, how effective is other criminal legislation, such as the Criminal Code, in dealing with elder abuse and neglect cases: (check one)
- Very effective _____
 Somewhat effective _____
 Somewhat ineffective _____
 Very ineffective _____
 Don't know _____
15. Other than specialized legislation, how effective is other civil legislation in dealing with elder abuse and neglect cases: (check one)
- Very effective _____
 Somewhat effective _____
 Somewhat ineffective _____
 Very ineffective _____
 Don't know _____
16. In your opinion, is mandatory reporting of elder abuse and neglect cases to a central reporting body: (check one)
- Effective in all cases _____
 Effective in some cases _____ →Specify which types of cases: _____
 Only a little effective _____
 Not effective at all _____
 Don't know _____

Thank you very much for your cooperation in participating in this survey. Your help is greatly appreciated. Do you have any other comments that you would like to share?:

A summary of these results should be available in spring. Would you like to receive these results?

- _____ Yes → Please fill out the information on the next page. To maintain confidentiality, this page will be removed by the researcher immediately upon receipt of the questionnaire. If you wish, you may return it in a separate envelope.
- _____ No

PLEASE RETURN THIS QUESTIONNAIRE IN THE POSTAGE-PAID
 ENVELOPE ENCLOSED AT YOUR EARLIEST CONVENIENCE.

THANK YOU AGAIN FOR YOUR COOPERATION!

I would like to receive results from this study. Please send a summary report to:

Name: _____

Address: _____

Telephone Number: () _____

APPENDIX D

Data Tables

Table D-1. Percentage of respondents from each province and territory - 1991 survey.

| Province or Territory | % of respondents (n=78) |
|-----------------------|----------------------------|
| British Columbia | 20.5% |
| Alberta | 6.4 |
| Saskatchewan | 7.7 |
| Manitoba | 9.0 |
| Ontario | 20.5 |
| Quebec | 6.4 |
| Nova Scotia | 11.5 |
| New Brunswick | 7.7 |
| Prince Edward Island | 1.3 |
| Newfoundland | 2.6 |
| Yukon | 2.6 |
| Northwest Territories | 3.8 |

Table D-2. Percentage of police and non-police respondents who reported that their offices provided the following services - 1991 survey.

| Type of Service Provided by Office of Respondent | Police respondents (n=44) | Non-police respondents (n=34) | Chi-square ¹ | Goodman & Kruskal's tau |
|--|---------------------------|-------------------------------|-------------------------|-------------------------|
| Law enforcement | 95.0% | 0.0% | 70.32*** | 0.902*** |
| Legal services | 4.5 | 23.5 | 6.18* | 0.079* |
| Legal aid and advice | 6.8 | 5.9 | 0.03 | 0.000 |
| Medical services | 0.0 | 17.6 | 8.41** | 0.108** |
| Financial aid | 0.0 | 17.6 | 8.41** | 0.108** |
| Financial advice | 0.0 | 17.6 | 8.41** | 0.108** |
| Counselling | 11.4 | 52.9 | 15.95*** | 0.204*** |
| Crisis intervention | 25.0 | 41.2 | 2.30 | 0.030 |
| Emergency shelter | 2.3 | 11.8 | 2.88 | 0.037 |
| Mental health services | 2.3 | 17.6 | 5.55* | 0.071* |
| Home health care | 0.0 | 14.7 | 6.91* | 0.089** |
| Personal care | 0.0 | 11.8 | 5.46* | 0.070* |
| Guardianship (conservatorship) services | 0.0 | 8.8 | 4.04 | 0.052* |
| Housing service | 0.0 | 8.8 | 4.04 | 0.052* |
| Placement services | 0.0 | 20.6 | 9.95** | 0.128** |

* $p < .05$ ** $p < .01$ *** $p < .001$

¹ Significance based on either Pearson or Fisher's exact probability value, as appropriate.

Table D-3. Percentage of police, social service and legal service respondents who reported that their offices provided the following services - 1991 survey.

| Type of Service Provided by Office of Respondent | Police respondents (n=44) | Social service respondents (n=22) | Legal service respondents (n=12) | Chi-square ¹ | Goodman & Kruskal's tau |
|--|---------------------------|-----------------------------------|----------------------------------|-------------------------|-------------------------|
| Law enforcement | 95.0% | 0.0% | 0.0% | na | 0.902*** |
| Legal services | 4.5 | 9.1 | 50.0 | na | 0.228*** |
| Legal aid and advice | 6.8 | 4.5 | 8.3 | na | 0.003 |
| Medical services | 0.0 | 22.7 | 8.3 | na | 0.137** |
| Financial aid | 0.0 | 18.2 | 16.7 | na | 0.108* |
| Financial advice | 0.0 | 22.7 | 8.3 | na | 0.137** |
| Counselling | 11.4 | 72.7 | 16.7 | 27.68 | 0.355*** |
| Crisis intervention | 25.0 | 54.5 | 16.7 | 7.42 | 0.095* |
| Emergency shelter | 2.3 | 9.1 | 16.7 | na | 0.046 |
| Mental health services | 2.3 | 22.7 | 8.3 | na | 0.096* |
| Home health care | 0.0 | 18.2 | 8.3 | na | 0.105* |
| Personal care | 0.0 | 13.6 | 8.3 | na | 0.076 |
| Guardianship (conservatorship) services | 0.0 | 4.5 | 16.7 | na | 0.091* |
| Housing service | 0.0 | 9.1 | 8.3 | na | 0.052* |
| Placement services | 0.0 | 27.3 | 8.3 | na | 0.171** |

* $p < .05$ ** $p < .01$ *** $p < .001$

¹ Chi-square values not reported if more than 25% of the cells held fewer than 5 cases (na).

Table D-4. Return rates from each province and territory - 1993 survey.

| Province or Territory | # of offices to which questionnaires were mailed* | # of offices returning questionnaires | Office response rate | % of respondents in each province (n=161) |
|-----------------------|---|---------------------------------------|----------------------|---|
| British Columbia | 14 | 11 | 78.6% | 16.1% |
| Alberta | 5 | 4 | 80.0 | 5.6 |
| Saskatchewan | 6 | 5 | 83.3 | 8.7 |
| Manitoba | 5 | 5 | 100.0 | 11.8 |
| Ontario | 13 | 9 | 69.2 | 19.3 |
| Quebec | 5 | 5 | 100.0 | 7.5 |
| Nova Scotia | 8 | 7 | 87.5 | 16.8 |
| New Brunswick | 5 | 2 | 40.0 | 3.1 |
| Prince Edward Island | 1 | 1 | 100.0 | 1.9 |
| Newfoundland | 2 | 2 | 100.0 | 5.6 |
| Yukon | 2 | 2 | 100.0 | 1.2 |
| Northwest Territories | 3 | 3 | 100.0 | 2.5 |
| TOTAL | 69 | 56 | 81.2 | 100.0 |

* One department in one office, which was sent 2 contact packages, returned only 1 set of questionnaires, resulting in a decrease in the number of offices surveyed to 69 from 70.

Table D-5. Percentage of police and non-police respondents indicating that their office had encountered the types of elder abuse and neglect - 1991 and 1993 surveys.

| Type of abuse | Encountered by office in past year (1991 survey) | | | |
|---------------------|--|------------------------|-------------------------|-------------------------|
| | Police respondents | Non-police respondents | Chi-square ¹ | Goodman & Kruskal's tau |
| Physical abuse | 100.0% (n=16) | 81.0% (n=21) | 3.42 | 0.092 |
| Financial abuse | 88.2 (n=17) | 76.2 (n=21) | 0.91 | 0.024 |
| Psychological abuse | 53.3 (n=15) | 55.0 (n=20) | 0.01 | 0.000 |
| Neglect | 53.3 (n=15) | 65.0 (n=20) | 0.49 | 0.014 |
| Type of abuse | Encountered by office in past 2 years (1993 survey) | | | |
| | Police respondents | Non-police respondents | Chi-square ¹ | Goodman & Kruskal's tau |
| Physical abuse | 66.7% (n=60) | 87.0% (n=69) | 7.58** | 0.059** |
| Financial abuse | 68.9 (n=61) | 88.2 (n=68) | 7.30** | 0.057** |
| Psychological abuse | 59.6 (n=57) | 90.5 (n=74) | 17.40*** | 0.133*** |
| Neglect | 73.7 (n=57) | 88.7 (n=71) | 4.86* | 0.038* |

* $p < .05$ ** $p < .01$ *** $p < .001$

¹ Significance based on either Pearson or Fisher's exact probability value, as appropriate.

Table D-6. Percentage of police, social service and legal service respondents indicating that their office had encountered the types of elder abuse and neglect - 1991 and 1993 surveys.

| Type of abuse | Encountered by office in past year (1991 survey) | | | | |
|---------------------|--|----------------------------|---------------------------|-------------------------|-------------------------|
| | Police respondents | Social service respondents | Legal service respondents | Chi-square ¹ | Goodman & Kruskal's tau |
| Physical abuse | 100.0% (n=16) | 88.2% (n=17) | 50.0% (n=4) | na | 0.225* |
| Financial abuse | 88.2 (n=17) | 87.5 (n=16) | 40.0 (n=5) | na | 0.174* |
| Psychological abuse | 53.3 (n=15) | 68.8 (n=16) | 0.0 (n=4) | na | 0.174 |
| Neglect | 53.3 (n=15) | 75.0 (n=16) | 25.0 (n=4) | na | 0.109 |
| Type of abuse | Encountered by office in past 2 years (1993 survey) | | | | |
| | Police respondents | Social service respondents | Legal service respondents | Chi-square | Goodman & Kruskal's tau |
| Physical abuse | 66.7% (n=60) | 89.5% (n=57) | 75.0% (n=12) | 8.77 | 0.068* |
| Financial abuse | 68.9 (n=61) | 93.0 (n=57) | 63.6 (n=11) | 12.10 | 0.094** |
| Psychological abuse | 59.6 (n=57) | 96.8 (n=63) | 54.5 (n=11) | 26.88 | 0.205*** |
| Neglect | 73.7 (n=57) | 93.5 (n=62) | 55.6 (n=9) | 12.55 | 0.098** |

* $p < .05$ ** $p < .01$ *** $p < .001$

¹ Chi-square values not reported if more than 25% of the cells held fewer than 5 cases (na).

Table D-7. Most common type of abuse encountered - percentage of police and non-police respondents - 1991 survey.

| Most common type of abuse | Police respondents (n=15) | Non-police respondents (n=22) | Chi-square | Goodman & Kruskal's tau |
|---------------------------|---------------------------|-------------------------------|------------|-------------------------|
| Physical abuse | 40.0% | 22.7% | 1.27 | 0.034 |
| Financial abuse | 26.7 | 45.5 | 1.34 | 0.036 |
| Psychological abuse | 0.0 | 9.1 | 1.44 | 0.039 |
| Neglect | 13.3 | 13.6 | 0.00 | 0.000 |

Table D-8. Most common type of abuse encountered - percentage of police and social service respondents - 1991 survey.

| Most common type of abuse | Police respondents (n=15) | Social service respondents (n=18) | Chi-square | Goodman & Kruskal's tau |
|---------------------------|---------------------------|-----------------------------------|------------|-------------------------|
| Physical abuse | 40.0% | 16.7% | 2.25 | 0.068 |
| Financial abuse | 26.7 | 44.4 | 1.12 | 0.034 |
| Psychological abuse | 0.0 | 11.1 | 1.77 | 0.054 |
| Neglect | 13.3 | 16.7 | 0.07 | 0.002 |

Table D-9. Percentage of police and non-police respondents indicating that most of their abuse victims fall into the following age categories - 1991 survey.

| Age category of abuse victim | Police respondents (n=15) | Non-police respondents (n=17) |
|------------------------------|---------------------------|-------------------------------|
| 60-69 years | 46.7% | 17.6% |
| 70-79 years | 40.0 | 47.1 |
| 80 or more years | 13.3 | 35.3 |

Goodman & Kruskal's tau = 0.053

Table D-10. Percentage of police and social service respondents indicating that most of their abuse victims fall into the following age categories - 1991 survey.

| Age category of abuse victim | Police respondents (n=15) | Social service respondents (n=15) |
|------------------------------|---------------------------|-----------------------------------|
| 60-69 years | 46.7% | 13.3% |
| 70-79 years | 40.0 | 46.7 |
| 80 or more years | 13.3 | 40.0 |

Goodman & Kruskal's tau = 0.072

Table D-11. Percentage of police and non-police respondents indicating that their abuse victims are mostly male, mostly female, or equally male and female - 1991 survey.

| Most common gender of abuse victim | Police respondents (n=17) | Non-police respondents (n=19) |
|------------------------------------|---------------------------|-------------------------------|
| Mostly female | 47.1% | 89.5% |
| Mostly male | 23.5 | 5.3 |
| Equally male and female | 29.4 | 5.3 |

Goodman & Kruskal's tau = 0.144, $p < .01$

Table D-12. Percentage of police and social service respondents indicating that their abuse victims are mostly male, mostly female, or equally male and female - 1991 survey.

| Most common gender of abuse victim | Police respondents (n=17) | Social service respondents (n=16) |
|------------------------------------|---------------------------|-----------------------------------|
| Mostly female | 47.1% | 87.5% |
| Mostly male | 23.5 | 6.3 |
| Equally male and female | 29.4 | 6.3 |

Goodman & Kruskal's tau = 0.124, $p < .05$

Table D-13. Percentage of police and non-police respondents indicating that most of their abusers fall into the following age categories - 1991 survey.

| Age category of abuser | Police respondents (n=13) | Non-police respondents (n=13) |
|------------------------|------------------------------|----------------------------------|
| 39 years or less | 76.9% | 30.8% |
| 40-59 years | 23.1 | 30.8 |
| 60 or more years | 0.0 | 38.5 |

Goodman & Kruskal's tau = 0.153, $p < .05$

Table D-14. Percentage of police and social service respondents indicating that most of their abusers fall into the following age categories - 1991 survey.

| Age category of abuser | Police respondents (n=13) | Social service respondents (n=11) |
|------------------------|------------------------------|--------------------------------------|
| 39 years or less | 76.9% | 18.2% |
| 40-59 years | 23.1 | 36.4 |
| 60 or more years | 0.0 | 45.5 |

Goodman & Kruskal's tau = 0.227, $p < .01$

Table D-15. Percentage of police and non-police respondents indicating that their abusers are mostly male, mostly female, or equally male and female - 1991 survey.

| Most common gender of abuser | Police respondents (n=17) | Non-police respondents (n=16) |
|------------------------------|------------------------------|----------------------------------|
| Mostly female | 5.9% | 0.0% |
| Mostly male | 82.4 | 87.5 |
| Equally male and female | 11.8 | 12.5 |

Goodman & Kruskal's tau = 0.006

Table D-16. Percentage of police and social service respondents indicating that their abusers are mostly male, mostly female, or equally male and female - 1991 survey.

| Most common gender of abuser | Police respondents (n=17) | Social service respondents (n=17) |
|------------------------------|------------------------------|--------------------------------------|
| Mostly female | 5.9% | 0.0% |
| Mostly male | 82.4 | 92.9 |
| Equally male and female | 11.8 | 7.1 |

Goodman & Kruskal's tau = 0.018

Table D-17. Perceived prevalence of elder abuse and neglect cases relative to cases of spouse abuse involving younger adults - police and non-police respondents - 1993 survey.

| Perceived prevalence of elder abuse, relative to spouse abuse | Police respondents (n=78) | Non-police respondents (n=73) |
|---|---------------------------|-------------------------------|
| Less prevalent ¹ | 79.5% | 50.7% |
| Not less prevalent | 20.5 | 49.3 |

¹ Chi-square=13.86, df=1; $p < .001$; Goodman & Kruskal's tau = .092, $p < .001$

| Perceived prevalence of elder abuse, relative to spouse abuse | Police respondents (n=78) | Non-police respondents (n=73) |
|---|---------------------------|-------------------------------|
| A lot less prevalent | 51.3% | 19.2% |
| A little less prevalent | 28.2 | 31.5 |
| About the same prevalence | 16.7 | 42.5 |
| A little more prevalent | 3.8 | 6.8 |

Table D-18. Perceived prevalence of elder abuse and neglect cases relative to cases of spouse abuse involving younger adults - police, social service and legal service respondents - 1993 survey.

| Perceived prevalence of elder abuse, relative to spouse abuse | Police respondents (n=78) | Social service respondents (n=61) | Legal service respondents (n=12) |
|---|---------------------------|-----------------------------------|----------------------------------|
| Less prevalent ¹ | 79.5% | 42.6% | 91.7% |
| Not less prevalent | 20.5 | 57.4 | 8.3 |

¹ Chi-square=24.54, df=2; $p < .001$; Goodman & Kruskal's tau = .163, $p < .001$

| Perceived prevalence of elder abuse, relative to spouse abuse | Police respondents (n=78) | Social service respondents (n=61) | Legal service respondents (n=12) |
|---|---------------------------|-----------------------------------|----------------------------------|
| A lot less prevalent | 51.3% | 13.1% | 50.0% |
| A little less prevalent | 28.2 | 29.5 | 41.7 |
| About the same prevalence | 16.7 | 49.2 | 8.3 |
| A little more prevalent | 3.8 | 8.2 | 0.0 |

Table D-19. Perceived prevalence of elder abuse and neglect cases relative to cases of child abuse - police and non-police respondents - 1993 survey.

| Perceived prevalence of elder abuse, relative to child abuse | Police respondents (n=78) | Non-police respondents (n=75) |
|--|---------------------------|-------------------------------|
| Less prevalent ¹ | 79.5% | 50.7% |
| Not less prevalent | 20.5 | 49.3 |

¹ Chi-square=14.03, df=1; p < .001; Goodman & Kruskal's tau = .092, p < .001

| Perceived prevalence of elder abuse, relative to child abuse | Police respondents (n=78) | Non-police respondents (n=75) |
|--|---------------------------|-------------------------------|
| A lot less prevalent | 34.6% | 18.7% |
| A little less prevalent | 44.9 | 32.0 |
| About the same prevalence | 14.1 | 41.3 |
| A little more prevalent | 6.4 | 6.7 |
| A lot more prevalent | 0.0 | 1.3 |

Table D-20. Perceived prevalence of elder abuse and neglect cases relative to cases of child abuse - police, social service and legal service respondents - 1993 survey.

| Perceived prevalence of elder abuse, relative to child abuse | Police respondents (n=78) | Social service respondents (n=63) | Legal service respondents (n=12) |
|--|---------------------------|-----------------------------------|----------------------------------|
| Less prevalent ¹ | 79.5% | 42.9% | 91.7% |
| Not less prevalent | 20.5 | 57.1 | 8.3 |

¹ Chi-square=24.63, df=2; p < .001; Goodman & Kruskal's tau = .161, p < .001

| Perceived prevalence of elder abuse, relative to child abuse | Police respondents (n=78) | Social service respondents (n=63) | Legal service respondents (n=12) |
|--|---------------------------|-----------------------------------|----------------------------------|
| A lot less prevalent | 34.6% | 12.7% | 50.0% |
| A little less prevalent | 44.9 | 30.2 | 41.7 |
| About the same prevalence | 14.1 | 47.6 | 8.3 |
| A little more prevalent | 6.4 | 7.9 | 0.0 |
| A lot more prevalent | 0.0 | 1.6 | 0.0 |

Table D-21. Percentage of police and non-police respondents indicating that the risk factors/theoretical explanations had somewhat of an effect or a large effect on the occurrence of physical abuse - 1993 survey.

| Risk factor/Theoretical explanation | Police respondents (%) | Non-police respondents (%) | Chi-square ¹ | Goodman & Kruskal's tau |
|---|------------------------|----------------------------|-------------------------|-------------------------|
| Dependence of the victim on the abuser to meet his/her physical needs | 82.5 % (n=40) | 74.5 % (n=55) | 0.85 | 0.009 |
| Dependence of the abuser on the victim to provide financial support | 67.5 (n=40) | 86.2 (n=58) | 4.92* | 0.050* |
| Emotional or mental illness of abuser | 47.4 (n=38) | 68.4 (n=57) | 4.21* | 0.044* |
| Emotional or mental illness of victim | 63.2 (n=38) | 52.7 (n=55) | 1.00 | 0.011 |
| Chemical abuse (drugs, alcohol) by abuser | 56.8 (n=37) | 89.1 (n=55) | 12.71*** | 0.138*** |
| Unresolved conflict in the relationship between the abuser and victim | 66.7 (n=39) | 80.0 (n=55) | 2.13 | 0.023 |
| A child who is abused or witnesses abuse grows up to be an abusive adult | 77.8 (n=36) | 75.5 (n=53) | 0.06 | 0.001 |
| The society we live in promotes violence as a way of life | 71.1 (n=38) | 69.1 (n=55) | 0.04 | 0.000 |
| The abuser lacks skills to cope with his/her problems | 81.6 (n=38) | 80.7 (n=57) | 0.01 | 0.000 |
| Environmental factors (such as crowded living quarters or physical isolation) bring about abusive behaviour | 51.3 (n=39) | 57.1 (n=56) | 0.32 | 0.003 |
| The abuser resents the victim for the care that he/she requires | 67.5 (n=40) | 71.9 (n=57) | 0.22 | 0.002 |
| The abuser feels ashamed or resentful because he/she is dependent on the victim financially or emotionally | 48.6 (n=37) | 49.1 (n=53) | 0.00 | 0.000 |

* p < .05 *** p < .001

¹ Significance based on either Pearson or Fisher's exact probability value, as appropriate.

Table D-22. Percentage of police, social service and legal service respondents indicating that the risk factors/theoretical explanations had somewhat of an effect or a large effect on the occurrence of physical abuse - 1993 survey.

| Risk factor /Theoretical explanation | Police respondents (%) | Social service respondents (%) | Legal service respondents (%) | Chi-square ¹ | Goodman & Kruskal's tau |
|--|------------------------|--------------------------------|-------------------------------|-------------------------|-------------------------|
| Dependence of the victim on the abuser to meet his/her physical needs | 82.5% (n=40) | 72.9% (n=48) | 85.7% (n=7) | 1.43 | 0.011 |
| Dependence of the abuser on the victim to provide financial support | 67.5 (n=40) | 90.0 (n=50) | 62.5 (n=8) | 8.02* | 0.082* |
| Emotional or mental illness of abuser | 47.4 (n=38) | 76.0 (n=50) | 14.3 (n=7) | 13.95*** | 0.147*** |
| Emotional or mental illness of victim | 63.2 (n=38) | 55.1 (n=49) | 33.3 (n=6) | na | 0.022 |
| Chemical abuse (drugs, alcohol) by abuser | 56.8 (n=37) | 91.8 (n=49) | 66.7 (n=6) | na | 0.158*** |
| Unresolved conflict in the relationship between the abuser and victim | 66.7 (n=39) | 79.2 (n=48) | 85.7 (n=7) | 2.27 | 0.024 |
| A child who is abused or witnesses abuse grows up to be an abusive adult | 77.8 (n=36) | 78.7 (n=47) | 50.0 (n=6) | na | 0.028 |
| The society we live in promotes violence as a way of life | 71.1 (n=38) | 67.3 (n=49) | 83.3 (n=6) | 0.69 | 0.007 |
| The abuser lacks skills to cope with his/her problems | 81.6 (n=38) | 82.0 (n=50) | 71.4 (n=7) | 0.46 | 0.005 |
| Environmental factors bring about abusive behaviour | 51.3 (n=39) | 56.0 (n=50) | 66.7 (n=6) | na | 0.006 |
| The abuser resents the victim for the care that he/she requires | 67.5 (n=40) | 74.5 (n=51) | 50.0 (n=6) | na | 0.018 |
| The abuser feels ashamed or resentful because he/she is dependent on the victim financially or emotionally | 48.6 (n=37) | 47.9 (n=48) | 60.0 (n=5) | na | 0.003 |

* p < .05 ***p < .001

¹ Chi-square values not reported if more than 25% of the cells held fewer than 5 cases (na).

Table D-23. Percentage of police and non-police respondents indicating that the risk factors/theoretical explanations had somewhat of an effect or a large effect on the occurrence of financial abuse - 1993 survey.

| Risk factor/Theoretical explanation | Police respondents (%) | Non-police respondents (%) | Chi-square ¹ | Goodman & Kruskal's tau |
|---|------------------------|----------------------------|-------------------------|-------------------------|
| Dependence of the victim on the abuser to meet his/her physical needs | 62.5% (n=40) | 67.9% (n=56) | 0.30 | 0.003 |
| Dependence of the abuser on the victim to provide financial support | 73.2 (n=41) | 86.0 (n=57) | 2.50 | 0.025 |
| Emotional or mental illness of abuser | 48.6 (n=37) | 57.7 (n=52) | 0.71 | 0.008 |
| Emotional or mental illness of victim | 76.3 (n=38) | 64.2 (n=53) | 1.54 | 0.017 |
| Chemical abuse (drugs, alcohol) by abuser | 57.1 (n=35) | 75.0 (n=56) | 3.16 | 0.035 |
| Unresolved conflict in the relationship between the abuser and victim | 41.7 (n=36) | 67.3 (n=52) | 5.70* | 0.065* |
| A child who is abused or witnesses abuse grows up to be an abusive adult | 65.7 (n=35) | 47.8 (n=46) | 2.58 | 0.032 |
| The society we live in promotes violence as a way of life | 46.2 (n=39) | 54.7 (n=53) | 0.66 | 0.007 |
| The abuser lacks skills to cope with his/her problems | 68.4 (n=38) | 76.8 (n=56) | 0.81 | 0.009 |
| Environmental factors (such as crowded living quarters or physical isolation) bring about abusive behaviour | 52.6 (n=38) | 60.7 (n=56) | 0.61 | 0.006 |
| The abuser resents the victim for the care that he/she requires | 50.0 (n=36) | 70.4 (n=54) | 3.81 | 0.042 |
| The abuser feels ashamed or resentful because he/she is dependent on the victim financially or emotionally | 45.9 (n=37) | 55.6 (n=54) | 0.81 | 0.009 |

* $p < .05$

¹ Significance based on either Pearson or Fisher's exact probability value, as appropriate.

Table D-24. Percentage of police, social service and legal service respondents indicating that the risk factors/theoretical explanations had somewhat of an effect or a large effect on the occurrence of financial abuse - 1993 survey.

| Risk factor /Theoretical explanation | Police respondents (%) | Social service respondents (%) | Legal service respondents (%) | Chi-square ¹ | Goodman & Kruskal's tau |
|--|------------------------|--------------------------------|-------------------------------|-------------------------|-------------------------|
| Dependence of the victim on the abuser to meet his/her physical needs | 62.5 % (n=40) | 68.6 % (n=51) | 60.0 % (n=5) | na | 0.005 |
| Dependence of the abuser on the victim to provide financial support | 73.2 (n=41) | 86.3 (n=51) | 83.3 (n=6) | na | 0.026 |
| Emotional or mental illness of abuser | 48.6 (n=37) | 61.7 (n=47) | 20.0 (n=5) | na | 0.044 |
| Emotional or mental illness of victim | 76.3 (n=38) | 68.8 (n=48) | 20.0 (n=5) | na | 0.107* |
| Chemical abuse (drugs, alcohol) by abuser | 57.1 (n=35) | 76.5 (n=51) | 60.0 (n=5) | na | 0.041 |
| Unresolved conflict in the relationship between the abuser and victim | 41.7 (n=36) | 70.2 (n=47) | 40.0 (n=5) | na | 0.084* |
| A child who is abused or witnesses abuse grows up to be an abusive adult | 65.7 (n=35) | 47.6 (n=42) | 50.0 (n=4) | na | 0.032 |
| The society we live in promotes violence as a way of life | 46.2 (n=39) | 54.2 (n=48) | 60.0 (n=5) | na | 0.008 |
| The abuser lacks skills to cope with his/her problems | 68.4 (n=38) | 76.5 (n=51) | 80.0 (n=5) | na | 0.009 |
| Environmental factors bring about abusive behaviour | 52.6 (n=38) | 62.7 (n=51) | 40.0 (n=5) | na | 0.017 |
| The abuser resents the victim for the care that he/she requires | 50.0 (n=36) | 72.0 (n=50) | 50.0 (n=4) | na | 0.051 |
| The abuser feels ashamed or resentful because he/she is dependent on the victim financially or emotionally | 45.9 (n=37) | 57.1 (n=49) | 40.0 (n=5) | na | 0.015 |

* $p < .05$

¹ Chi-square values not reported if more than 25% of the cells held fewer than 5 cases (na).

Table D-25. Percentages of police and non-police respondents whose office provides the following interventions in a case of elder abuse and neglect - 1991 survey.

| Type of intervention provided | Police respondents (n=37) | Non-police respondents (n=27) | Chi-square ¹ | Goodman & Kruskal's tau |
|--|------------------------------|----------------------------------|-------------------------|-------------------------|
| Referral to another office | 59.5% | 55.6 | 0.10 | 0.002 |
| Legal proceedings against abuser | 89.2 | 22.2 | 29.41*** | 0.460*** |
| Assignment of protective-service worker | 5.4 | 11.1 | 0.71 | 0.011 |
| Provision of emergency shelter | 27.0 | 25.9 | 0.01 | 0.000 |
| Provision of emergency financial aid | 2.7 | 11.1 | 1.88 | 0.029 |
| Legal assistance, advice or services | 29.7 | 33.3 | 0.09 | 0.001 |
| Medical aid/treatment | 24.3 | 18.5 | 0.31 | 0.005 |
| Nutritional aid/counselling | 2.7 | 18.5 | 4.60 | 0.072 |
| Financial aid | 0.0 | 14.8 | 5.85* | 0.091* |
| Financial counselling | 2.7 | 25.9 | 7.70** | 0.120** |
| Mental health/psychological counselling for victim | 10.8 | 29.6 | 3.63 | 0.057 |
| Support group for victim | 13.5 | 7.4 | 0.60 | 0.009 |
| Education for victim | 13.5 | 33.3 | 3.59 | 0.056 |
| Mental health/psychological counselling for abuser | 2.7 | 7.4 | 0.77 | 0.012 |
| Support groups for abuser | 2.7 | 0.0 | 0.74 | 0.012 |
| Education for abuser | 2.7 | 11.1 | 1.88 | 0.029 |
| Respite care | 0.0 | 22.2 | 9.07** | 0.142** |
| Adult day care/foster care | 0.0 | 18.5 | 7.43* | 0.116** |
| Provision of on-going home-making, personal care | 2.7 | 25.9 | 7.70** | 0.120** |
| Provision of on-going health care | 0.0 | 18.5 | 7.43* | 0.116** |
| Aid with alternative housing/placement | 2.7 | 37.0 | 12.93*** | 0.202*** |
| Guardianship/conservatorship services | 0.0 | 25.9 | 10.77** | 0.168** |

* p < .05 ** p < .01 *** p < .001

¹ Significance based on either Pearson or Fisher's exact probability value, as appropriate

Table D-26. Percentages of police, social service and legal service respondents whose office provides the following interventions in a case of elder abuse and neglect - 1991 survey.

| Type of intervention provided | Police respondents (n=37) | Social service respondents (n=20) | Legal service respondents (n=7) | Chi-square ¹ | Goodman & Kruskal's tau |
|--|---------------------------|-----------------------------------|---------------------------------|-------------------------|-------------------------|
| Referral to another office | 59.5% | 60.0% | 42.9% | na | 0.011 |
| Legal proceedings against abuser | 89.2 | 15.0 | 42.9 | na | 0.486*** |
| Assignment of protective-service worker | 5.4 | 15.0 | 0.0 | na | 0.036 |
| Provision of emergency shelter | 27.0 | 35.0 | 0.0 | na | 0.051 |
| Provision of emergency financial aid | 2.7 | 15.0 | 0.0 | na | 0.061 |
| Legal assistance, advice or services | 29.7 | 30.0 | 42.9 | na | 0.008 |
| Medical aid/treatment | 24.3 | 25.0 | 0.0 | na | 0.034 |
| Nutritional aid/counselling | 2.7 | 25.0 | 0.0 | na | 0.131* |
| Financial aid | 0.0 | 20.0 | 0.0 | na | 0.147** |
| Financial counselling | 2.7 | 35.0 | 0.0 | na | 0.211** |
| Mental health/psychological counselling for victim | 10.8 | 40.0 | 0.0 | na | 0.142* |
| Support group for victim | 13.5 | 10.0 | 0.0 | na | 0.018 |
| Education for victim | 13.5 | 45.0 | 0.0 | na | 0.152** |
| Mental health/psychological counselling for abuser | 2.7 | 10.0 | 0.0 | na | 0.030 |
| Support groups for abuser | 2.7 | 0.0 | 0.0 | na | 0.012 |
| Education for abuser | 2.7 | 15.0 | 0.0 | na | 0.061 |
| Respite care | 0.0 | 30.0 | 0.0 | na | 0.228*** |
| Adult day care/foster care | 0.0 | 25.0 | 0.0 | na | 0.186** |
| Provision of on-going home-making, personal care | 2.7 | 35.0 | 0.0 | na | 0.211** |
| Provision of on-going health care | 0.0 | 25.0 | 0.0 | na | 0.186** |
| Aid with alternative housing /placement | 2.7 | 50.0 | 0.0 | na | 0.344*** |
| Guardianship/conservatorship services | 0.0 | 25.0 | 28.6 | na | 0.169** |

* p < .05 ** p < .01 *** p < .001

¹ Chi-square values not reported if more than 25% of the cells held fewer than 5 cases (na).

Table D-27. Principal component analysis of interventions offered in cases of elder abuse and neglect - 1991 survey.

| Category of Intervention | Interventions in Category* (with factor score coefficient) | Statistics |
|----------------------------|--|--|
| Protective/Victim Services | <ul style="list-style-type: none"> - nutritional aid/counselling (.87) - respite care (.83) - provision on on-going health care (.82) - provision of on-going homecare (.77) - alternative housing/placement (.75) - financial counselling (.72) - adult day care/foster care (.68) - provision of emergency shelter (.62) | eigen value: 7.25 % of variance: 33.0% Cronbach's alpha: .92 |
| Financial Aid | <ul style="list-style-type: none"> - provision of emergency financial aid (.80) - assignment of protective service worker (.79) - financial aid (.65) | eigen value: 2.19 % of variance: 9.9% Cronbach's alpha: .81 |
| Education/Counselling | <ul style="list-style-type: none"> - education for abuser (.78) - psychological counselling for victim (.70) - psychological counselling for abuser (.56) - education for victim (.55) | eigen value: 1.85 % of variance: 8.4% Cronbach's alpha: .63 |
| Legal and Medical Services | <ul style="list-style-type: none"> - legal assistance, advice or services (.80) - medical aid or treatment (.72) | eigen value: 1.53 % of variance: 6.9% Cronbach's alpha: .63 |

Cumulative % of variance explained: 58.3%

* interventions not categorized:

- guardianship/conservatorship services
- referral to another office
- legal proceedings against abuser
- support group for victim
- support group for abuser

Table D-28. Percentage of police and non-police respondents who provide the following service components - 1991 survey.

| Category of intervention | Police respondents (n=37) | Non-police respondents (n=27) | Chi-square ¹ | Goodman & Kruskal's tau |
|----------------------------|------------------------------|----------------------------------|-------------------------|-------------------------|
| Protective/Victim Services | 27.0% | 44.4% | 2.10 | 0.033 |
| Financial Aid | 5.4 | 18.5 | 2.76 | 0.043 |
| Education and Counselling | 24.3 | 40.7 | 1.96 | 0.031 |
| Legal and Medical Services | 35.1 | 40.7 | 0.21 | 0.003 |

¹ Significance based on either Pearson or Fisher's exact probability value, as appropriate.

Table D-29. Percentage of police, social service and legal service respondents who provide the following service components - 1991 survey.

| Category of intervention | Police respondents (n=37) | Social Service respondents (n=20) | Legal service respondents (n=7) | Chi-square ¹ | Goodman & Kruskal's tau |
|----------------------------|------------------------------|--------------------------------------|------------------------------------|-------------------------|-------------------------|
| Protective/Victim Services | 27.0% | 60.0% | 0.0 | na | 0.162** |
| Financial Aid | 5.4 | 25.0 | 0.0 | na | 0.095 |
| Education and Counselling | 24.3 | 55.0 | 0.0 | na | 0.145* |
| Legal and Medical Services | 35.1 | 40.0 | 42.9 | na | 0.004 |

* $p < .05$ ** $p < .01$

¹ Chi-square values not reported if more than 25% of the cells held fewer than 5 cases (na).

Table D-30. Percentage of police and non-police respondents who provide the following categories of intervention - 1991 survey.

| Category of intervention | Police respondents | Non-police respondents | Chi-square ¹ | Goodman & Kruskal's tau |
|--------------------------------------|--------------------|------------------------|-------------------------|-------------------------|
| Crisis intervention | 85.0% (n=20) | 57.9% (n=19) | 3.54 | 0.091 |
| Short-term intervention (< 6 months) | 37.5 (n=16) | 68.4 (n=19) | 3.34 | 0.096 |
| Long-term intervention (> 6 months) | 0.0 (n=15) | 52.6 (n=19) | 11.79*** | 0.337*** |
| Follow-up intervention | 25.0 (n=16) | 52.6 (n=19) | 2.76 | 0.079 |

*** p < .001

¹ Significance based on either Pearson or Fisher's exact probability value, as appropriate.

Table D-31. Percentage of police and social service respondents who provide the following categories of intervention - 1991 survey.

| Category of intervention | Police respondents | Social Service respondents | Chi-square | Goodman & Kruskal's tau |
|--------------------------------------|--------------------|----------------------------|------------|-------------------------|
| Crisis intervention | 85.0% (n=20) | 66.7% (n=15) | 1.63 | 0.047 |
| Short-term intervention (< 6 months) | 37.5 (n=16) | 80.0 (n=15) | 5.74* | 0.185* |
| Long-term intervention (> 6 months) | 0.0 (n=15) | 53.3 (n=15) | 11.50*** | 0.371*** |
| Follow-up intervention | 25.0 (n=16) | 53.3 (n=15) | 2.62 | 0.085 |

* p < .05 *** p < .001

¹ Significance based on either Pearson or Fisher's exact probability value, as appropriate.

Table D-32. Percentage of police and non-police respondents who rated the interventions as effective for intervening in physical abuse cases - 1993 survey.

| Intervention strategy | Police respondents (%) | Non-police respondents (%) | Chi-square ¹ | Goodman & Kruskal's tau |
|---|------------------------|----------------------------|-------------------------|-------------------------|
| Counselling and education for victim | 77.1% (n=35) | 74.5% (n=55) | 0.08 | 0.001 |
| Counselling and education for abuser | 67.7 (n=31) | 64.6 (n=48) | 0.08 | 0.001 |
| In-home services to care for victim | 93.8 (n=32) | 81.6 (n=49) | 2.42 | 0.030 |
| Respite care, adult day care or foster care | 87.0 (n=23) | 91.5 (n=47) | 0.35 | 0.005 |
| Separation of the victim from the abuser | 94.6 (n=37) | 92.7 (n=55) | 0.13 | 0.001 |
| Civil legal proceedings against the abuser | 73.1 (n=26) | 65.0 (n=40) | 0.47 | 0.007 |
| Criminal legal proceedings against the abuser | 80.6 (n=36) | 85.1 (n=47) | 0.30 | 0.004 |

¹ Significance based on either Pearson or Fisher's exact probability value, as appropriate.

Table D-33. Percentage of police, social service and legal service respondents who rated the interventions as effective for intervening in physical abuse cases - 1993 survey.

| Intervention strategy | Police respondents (%) | Social service respondents (%) | Legal service respondents (%) | Chi-square ¹ | Goodman & Kruskal's tau |
|---|------------------------|--------------------------------|-------------------------------|-------------------------|-------------------------|
| Counselling and education for victim | 77.1% (n=35) | 74.5% (n=47) | 75.0% (n=8) | 0.08 | 0.001 |
| Counselling and education for abuser | 67.7 (n=31) | 64.3 (n=42) | 66.7 (n=6) | na | 0.001 |
| In-home services to care for victim | 93.8 (n=32) | 82.2 (n=45) | 75.0 (n=4) | na | 0.032 |
| Respite care, adult day care or foster care | 87.0 (n=23) | 92.9 (n=42) | 80.0 (n=5) | na | 0.017 |
| Separation of the victim from the abuser | 94.6 (n=37) | 91.5 (n=47) | 100.0 (n=8) | 0.94 | 0.010 |
| Civil legal proceedings against the abuser | 73.1 (n=26) | 64.7 (n=34) | 66.7 (n=6) | na | 0.007 |
| Criminal legal proceedings against the abuser | 80.6 (n=36) | 82.1 (n=39) | 100.0 (n=8) | na | 0.022 |

¹Chi-square values not reported if more than 25% of the cells held fewer than 5 cases (na).

Table D-34. Percentage of police and non-police respondents who rated the interventions as effective for intervening in financial abuse cases - 1993 survey.

| Intervention strategy | Police respondents (%) | Non-police respondents (%) | Chi-square ¹ | Goodman & Kruskal's tau |
|---|------------------------|----------------------------|-------------------------|-------------------------|
| Counselling and education for victim | 80.6% (n=36) | 76.9% (n=52) | 0.17 | 0.002 |
| Counselling and education for abuser | 42.4 (n=33) | 35.6 (n=45) | 0.38 | 0.005 |
| In-home services to care for victim | 84.8 (n=33) | 43.9 (n=41) | 13.03*** | 0.176*** |
| Respite care, adult day care or foster care | 86.4 (n=22) | 48.6 (n=37) | 8.39** | 0.142** |
| Separation of the victim from the abuser | 81.1 (n=37) | 85.4 (n=48) | 0.29 | 0.003 |
| Civil legal proceedings against the abuser | 78.8 (n=33) | 81.1 (n=37) | 0.06 | 0.001 |
| Criminal legal proceedings against the abuser | 83.8 (n=37) | 85.0 (n=40) | 0.02 | 0.000 |

** $p < .01$ *** $p < .001$

¹ Significance based on either Pearson or Fisher's exact probability value, as appropriate.

Table D-35. Percentage of police, social service and legal service respondents who rated the interventions as effective for intervening in financial abuse cases - 1993 survey.

| Intervention strategy | Police respondents (%) | Social service respondents (%) | Legal service respondents (%) | Chi-square ¹ | Goodman & Kruskal's tau |
|---|------------------------|--------------------------------|-------------------------------|-------------------------|-------------------------|
| Counselling and education for victim | 80.6% (n=36) | 78.3% (n=46) | 66.7% (n=6) | na | 0.002 |
| Counselling and education for abuser | 42.4 (n=33) | 35.0 (n=40) | 40.0 (n=5) | na | 0.005 |
| In-home services to care for victim | 84.8 (n=33) | 43.2 (n=37) | 50.0 (n=4) | na | 0.177*** |
| Respite care, adult day care or foster care | 86.4 (n=22) | 50.0 (n=32) | 40.0 (n=5) | na | 0.145* |
| Separation of the victim from the abuser | 81.1 (n=37) | 83.3 (n=42) | 100.0 (n=6) | 1.35 | 0.016 |
| Civil legal proceedings against the abuser | 78.8 (n=33) | 78.1 (n=32) | 100.0 (n=5) | 1.35 | 0.019 |
| Criminal legal proceedings against the abuser | 83.8 (n=37) | 82.4 (n=34) | 100.0 (n=6) | 1.23 | 0.016 |

* $p < .05$ *** $p < .001$

¹ Chi-square values not reported if more than 25% of the cells held fewer than 5 cases (na).

Table D-36. Of respondents who coordinate with other agencies during investigation or treatment of elder abuse and neglect, percentage of police and non-police respondents who coordinate in some, most or all cases - 1993 survey.

| Frequency of Coordination with other Agencies during Investigation* | | Police Respondents (n=57) | Non-Police Respondents (n=61) |
|--|------------|----------------------------------|--------------------------------------|
| Coordinate in: | some cases | 40.4% | 24.6% |
| | most cases | 42.1 | 49.2 |
| | all cases | 17.5 | 26.2 |
| Frequency of Coordination with other Agencies during Treatment** | | Police Respondents (n=57) | Non-Police Respondents (n=66) |
| Coordinate in: | some cases | 43.9% | 30.3 |
| | most cases | 42.1 | 42.4 |
| | every case | 14.0 | 27.3 |

* Chi-square = 3.60, df=2, Goodman & Kruskal's tau = 0.015

** Chi-square = 4.07, df=2, Goodman & Kruskal's tau = 0.014

Table D-37. Of respondents who coordinate with other agencies during investigation or treatment of elder abuse and neglect, percentage of police and social service respondents who coordinate in some, most or all cases - 1993 survey.

| Frequency of Coordination with other Agencies during Investigation* | | Police Respondents (n=57) | Social Service Respondents (n=54) |
|---|------------|------------------------------|--------------------------------------|
| Coordinate in: | some cases | 40.4% | 25.9% |
| | most cases | 42.1 | 48.1 |
| | all cases | 17.5 | 25.9 |
| Frequency of Coordination with other Agencies during Treatment** | | Police Respondents (n=57) | Social Service Respondents (n=58) |
| Coordinate in: | some cases | 43.9% | 31.0 |
| | most cases | 42.1 | 39.7 |
| | every case | 14.0 | 29.3 |

* Chi-square = 2.86, df=2, Goodman & Kruskal's tau = 0.012

** Chi-square = 4.39, df=2, Goodman & Kruskal's tau = 0.016

Table D-38. Percentage of police and non-police respondents indicating that the following types of legislation is effective in dealing with elder abuse and neglect cases - 1991 and 1993 surveys.

| Type of legislation | Police respondents (%) | Non-police respondents (%) | Chi-square ¹ | Goodman & Kruskal's tau |
|---|------------------------|----------------------------|-------------------------|-------------------------|
| Legislation in-place in province (1991 survey) | 72.7% (n=22) | 58.8% (n=17) | 0.83 | 0.021 |
| Special legislation to deal with elder abuse and neglect ² - effectiveness (1993 survey) | 100.0 (n=12) | 46.4 (n=28) | 10.29** | 0.257** |
| Special legislation to deal with elder abuse and neglect ³ - benefit (1993 survey) | 80.0 (n=50) | 67.6 (n=37) | 1.74 | 0.020 |
| General criminal legislation, such as the Criminal Code | 80.9 (n=68) | 49.3 (n=67) | 14.88*** | 0.110*** |
| General civil legislation | 59.2 (n=49) | 37.0 (n=54) | 5.05* | 0.049* |

* $p < .05$ ** $p < .01$ *** $p < .001$

¹ Significance based on either Pearson or Fisher's exact probability value, as appropriate.

² Applicable to those who indicated that special legislation to deal with elder abuse and neglect existed in their province or territory.

³ Applicable to those who indicated that special legislation to deal with elder abuse and neglect did not exist in their province or territory.

Table D-39. Percentage of police, social service and legal service respondents indicating that the following types of legislation is effective in dealing with elder abuse and neglect cases - 1991 and 1993 surveys.

| Type of legislation | Police respondents (%) | Social service respondents (%) | Legal service respondents (%) | Chi-square ¹ | Goodman & Kruskal's tau |
|---|------------------------|--------------------------------|-------------------------------|-------------------------|-------------------------|
| Legislation in-place in province (1991 survey) | 72.7% (n=22) | 50.0% (n=12) | 80.0% (n=5) | na | 0.058 |
| Special legislation to deal with elder abuse and neglect ² - effectiveness (1993 survey) | 100.0 (n=12) | 46.4 (n=23) | 0.0 (n=5) | na | 0.397*** |
| Special legislation to deal with elder abuse and neglect ³ - benefit (1993 survey) | 80.0 (n=50) | 68.8 (n=32) | 60.0 (n=5) | na | 0.022 |
| General criminal legislation, such as the Criminal Code | 80.9 (n=68) | 45.5 (n=55) | 66.7 (n=12) | 16.83 | 0.125*** |
| General civil legislation | 59.2 (n=49) | 34.1 (n=44) | 50.0 (n=10) | 5.88 | 0.057 |

*** $p < .001$

¹ Chi-square values not reported if more than 25% of the cells held fewer than 5 cases (na).

² Applicable to those who indicated that special legislation to deal with elder abuse and neglect existed in their province or territory.

³ Applicable to those who indicated that special legislation to deal with elder abuse and neglect did not exist in their province or territory.