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Author: **Kendon J. Conrad, PhD, Madelyn Iris, PhD, and John W. Ridings, MSW**

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Final Report
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Conceptualizing and Measuring Financial Exploitation and Psychological Abuse of Elderly Individuals

PI: Kendon J. Conrad, PhD
University of Illinois at Chicago

Co-PI: Madelyn Iris, PhD
CJE SeniorLife

Co-Investigator: John W. Ridings, MSW
Metropolitan Family Services

Research Assistants: Kate Langley, Kimberly Fairman, and Abby Rosen
University of Illinois at Chicago

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Abstract

Financial exploitation and psychological abuse of elderly individuals (60 years of age or older) are hidden and pervasive problems that have not been well conceptualized nor well measured. *Goals.* This research developed concept maps, theoretical hierarchies, and measures to be used in screening and detecting financial exploitation and psychological abuse in older adults. *Methods.* In Phase 1, the research team used concept mapping with input from 16 experts in the field to conceptualize and organize measure development for these two abuse constructs. Phase 2 of this project was comprised of a feasibility study of a financial exploitation measure and of a psychological abuse measure based on the concept map and expert panel input. Phase 2 consisted of focus groups and cognitive interviews at community sites (e.g., senior centers and case coordination units) to develop procedures for obtaining sensitive information concerning financial exploitation and psychological abuse and to develop new items and refine existing items assessing these areas. Although our original objective was only to develop questionnaires for consumers, we learned that it would be useful to have staff questionnaires that would measure the same constructs. Therefore, we also developed the staff questionnaires. Phase 3 was a full-scale field test of the two abuse subcomponents, i.e., financial exploitation and psychological abuse, with data collection on 227 substantiated elder abuse clients and their 22 corresponding elder abuse investigators with a subsequent psychometric analysis of the resulting client self-report data. *Results.* The products were: 1) conceptual frameworks for financial exploitation (Conrad, Ridings, Iris, et al., in press) and psychological abuse of the elderly (Conrad, Iris, Ridings, et al., in press), 2) a set of procedures for obtaining sensitive information concerning financial exploitation and psychological abuse from suspected or substantiated clients, and 3) an empirically tested abuse measure that obtains information from the client perspective. *Significance.* These products should help to open this neglected area for improved services and research. They may help researchers to understand prevalence better by enabling more accurate self and third party reporting. Better measurement will also enable practitioners to screen clients more efficiently, systematically and precisely, so that, with the development of cutoff scores, cases may be triaged more effectively into appropriate interventions.

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Chicago Department on Aging; Cook County Office of the Public Guardian; Cook County State's Attorney's Office Seniors and Persons with Disabilities Division; CJE SeniorLife, Chicago, IL; Illinois Department on Aging; Metropolitan Family Services, Evanston, Midway, and South Chicago Offices; Pillars Community Center, Western Springs, IL; Catholic Charities, South Suburban Senior Services, Harvey, IL; Centers for New Horizons, Chicago, IL; Mt. Sinai Community Institute, Chicago, IL; Senior Services Associates, Aurora, IL; Southwest Suburban Council on Aging, LaGrange, IL; North Shore Senior Center, Northfield, IL

Executive Summary

This executive summary begins with a statement of the goals of the project and with brief statements of accomplishments. Current drafts of the products, in progress, are included in the results section, including appendices, which follows the executive summary.

1 & 2. Status of Goals

Goal 1. Conceptualize elder abuse constructs and develop item banks that represent these constructs. We drafted conceptual frameworks, definitions and corresponding measures to be used in screening and detecting financial exploitation (FE) and psychological abuse (PA) among elderly individuals. More specifically, we used concept mapping (Trochim, 1989a,b) to conceptualize and organize measure development for these two abuse constructs: financial exploitation (FE) and psychological abuse (PA). Objectives under Goal 1 were:

Obj. 1. Refine two preliminary sets of statements/items in preparation for concept mapping. We have further reviewed the literature to improve our conceptualization of FE and PA as well as the other areas of abuse. We composed a measure development plan (Table 1). The statements or concepts obtained from the literature were presented in the form of construct maps (Tables 2-13) that present stimuli and the responses/items designed to assess them. These stimuli and responses were arranged in a theory-based hierarchy from low to high severity.

Obj. 2. Develop concept maps (Trochim, 1989a,b) to conceptualize the topography of FE & PA, with an expert panel. We applied for and received IRB approval for the concept mapping procedure. We convened the local panel of ten persons for brainstorming, sorting and rating; and we convened the national panel of six persons (Table 14 has descriptors of participants).

Obj. 3. Using statements from the concept maps, develop items that operationalize the constructs. The concept maps were developed with a local and a national panel. The procedures and results are described in the full report below. The items that were developed are described in Appendix A, p. 76, and the client questionnaires are in Appendix B, p. 94. Although our objective was only to develop questionnaires for consumers, we learned that it would be useful to have staff questionnaires that would measure the same constructs. Therefore, we also drafted the staff questionnaires which are included in Appendix C, p. 105. This phase of the project has resulted in two articles that have been accepted for publication in *The Journal of Elder Abuse and Neglect* (Appendix G, p. 130). "Conceptual Model and Map of Financial Exploitation of Older Adults" and "Conceptual Model and Map of Psychological Abuse of Older Adults.

Goal 2. Refine procedures for obtaining sensitive information concerning abuse in the community and develop new items and refine existing items assessing financial exploitation and psychological abuse. Goal 2 specific objectives are to:

Obj. 1. Determine sensitive and effective methods of asking elders about abuse. We submitted the IRB application to conduct focus groups which was approved.

Obj. 2. Review the wording of items and the format of the questionnaire. We originally planned ten focus groups, five with staff and five with consumers. We completed five with staff and four with consumers. Since we felt that we did not get additional information from the fourth consumer group we concluded a fifth was not needed. The focus groups and their results are

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described below. We conducted cognitive interviews with three clients of Behavioral Health Pillars in Western Springs, Illinois and one client of CJE SeniorLife (formerly Council for Jewish Elderly) in Chicago, IL. These were consumers who had experienced elder abuse and who had not participated in the focus groups. This allowed us to "hear new voices" and get an idea of the reactions of actual clients to the items in their penultimate form. Participants were chosen based on availability and willingness to participate. The cognitive interviews covered both FE and PA.

Obj. 3. Revise the items of the two constructs and revise the administration procedures, incorporating recommendations made by professionals and consumers, so that they will be appropriate for use with older adults. On September 25, 2007 we contracted with the University of Illinois at Chicago Survey Research Lab through Dr. Timothy Johnson to review our questionnaires and make recommendations before we would go into the field. We met with Jennifer Parsons of Survey Research Laboratory on October 22 to go over the recommendations, and we incorporated many wording and format changes.

Obj. 4. Conduct a feedback meeting with representatives of each of the ten sites to ensure that all parties are fully informed about and supportive of the proposed field test of the two revised measures. Although this was not included in our objectives, on August 27, 2007, we convened with three members of our expert panel, Margarite Angelari, Gregory Pavesa, and Kathleen Wilbur to review our report to NIJ. Overall the review was glowing, and it included constructive feedback that we have acted upon.

October 12, 2007, Dr. Conrad, Dr. Iris, and Kimberly Fairman attended a meeting of representatives from elder abuse provider agencies in suburban Cook County. The purpose of our attendance was to describe the study, report progress, and recruit agencies to participate in the study. At least nine agencies were represented at the meeting. Dr. Conrad described the study, and each agency representative received an abstract, the Elder Abuse Measurement Field Test Protocol, and our cooperative agreement with the Illinois Department on Aging (IDOA). Earlier we had done a trial run feedback and training meeting at Metropolitan Family Services (MFS), Midway Office at 12pm, Wednesday, October 3, 2007. Subsequently on Nov. 15, we had a feedback and training meeting at the Southwest Suburban Center on Aging. On November 20, 2007, we held a feedback and training meeting at Catholic Charities – Harvey, IL. Jan. 25, 2008, we held a feedback and training meeting at North Shore Senior Center, Northfield, IL. We have also trained staff at Centers for New Horizons in Chicago, Mt. Sinai Community Institute in Chicago, and Senior Services Associates in Aurora, IL. The data collection period ended October 31, 2008.

Goal 3. Full scale field test.

The specific objectives for Goal 3 were:

Obj. 1. Collect data from a varied sample of 200 consumers in preparation for psychometric analyses, including construct dimensionality, internal consistency, targeting, construct validity, and cut-points that indicate presence and elevated risk for abuse.

To achieve Goal 3 we administered the measures of financial exploitation and psychological abuse to substantiated clients and corresponding elder abuse investigators who were trained by us as well as by the human subjects committee of the University of Illinois at Chicago at the 7 sites participating in the full-scale field test. We used the resulting database to estimate the psychometric properties of the two measures. The IRB proposal was approved by the UIC human subjects subcommittee. We received an approved research agreement with the Illinois Department on Aging which agreed to support our project with the elder abuse providers in the state (Appendix E, p. 126). We received a six-month extension in order to complete data collection. We completed 227 client interviews with 227 corresponding staff questionnaires. This was well beyond the initial objective of collecting 200 questionnaires on substantiated clients only.

Four scales have been developed, i.e., client and staff-report versions for financial exploitation and psychological abuse. All four of these scales meet stringent Rasch analysis fit

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and unidimensionality criteria; all four measures have high person (internal consistency) and item reliability. The details of the psychometric analyses are below in the full report.

Obj. 2. Conduct a feedback meeting on study findings and obtain input on future directions. This objective will be accomplished before the study completion date.

Obj. 3. Develop the final report and a manuscript for publication.

This is a draft of the final report. In the final two months of the project, we will draft two manuscripts for publication that report the psychometrics of the financial exploitation and psychological abuse measures for both client and staff versions.

3. Corrective actions. No corrective actions are required at this time.

4. Identify Changes. The changes, i.e., additional staff questionnaires and an additional national panel teleconference are described above. We also added a review of our NIJ report by three members of the national panel. Adjustments in the nature of the focus groups are a natural and expected occurrence and are appropriate in Phase 2. The addition of the staff questionnaires included data collection for each client using both the client version and the staff version. We propose to do this under the current budget if time allows. However, since it was a no-cost addition to the proposal, we were not obliged to do the analysis of the staff questionnaire. However, we were able to complete these analyses.

5. Technical Assistance. None needed at this time.

6. Results of the Project. The products were: 1) conceptual frameworks for financial exploitation (Conrad, Ridings, Iris, et al., in press) and psychological abuse of the elderly (Conrad, Iris, Ridings, et al., in press), 2) a set of procedures for obtaining sensitive information concerning financial exploitation and psychological abuse, and 3) two empirically tested abuse measures that obtain information from both client and staff perspectives.

The items were administered to 227 substantiated clients by their corresponding elder abuse investigators (n=22) in a full-scale field test. Since they were the primary focus of the project, the client data were higher in quality in the sense that they were 227 independent client self-reports whereas the staff data were 227 reports nested within the 22 staff. The resulting database was used to estimate the psychometric properties of the client self-reports, using the Rasch item response theory model and traditional validation techniques. The staff measures were also developed in this project, but they were not presented in this report since they were not original goals of this project. This being the case they were somewhat lacking in representativeness and statistical power as compared with the client measures. They will be the subject of future development and research.

Results. The client self-report measures met stringent Rasch analysis fit and unidimensionality criteria; had high person (internal consistency) and item reliability. The validity results supported the client measures and led to reconsideration of aspects of the hypothesized theoretical hierarchy. Short forms were developed. The details of the results of the psychometric analyses are below in the full report.

Significance. The use of patient-reported outcomes has become common in assessing patient and client health and social status. This is because no outside observer, given short time frames and limited access to information, can know and report the details of a client's situation as well as the client him/herself if they are cognitively able to report. This study has used expert and client input involving 83 informed stakeholders to develop items; it then collected data on 227 substantiated clients and analyzed it. The results were supportive of the validity of using the OAMA Client Self-Reports of Financial Exploitation and Psychological Abuse in helping to assess the existence and the level of financial exploitation of older adults who are able to report using a Mini-Mental Status Exam score of at least 17 or investigator judgment as the criterion for adequate cognitive capacity.

These measures are now available to aid in the assessment of financial exploitation and psychological abuse of older adults by both clinicians and researchers. Theoretical refinements developed using the Rasch item hierarchy may help to improve assessment and intervention. These

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measures, used appropriately as long and short forms, should help to open these neglected areas for improved services and research. They may help researchers to understand prevalence better by enabling more accurate self and third party reporting. Better measurement will also enable practitioners to screen clients more efficiently, systematically and precisely, so that, with the development of cutoff scores, cases may be triaged more effectively into appropriate interventions.

The full report contains details of the current status of the products and results of the project. This includes the two manuscripts describing the conceptual and developmental work in Appendix G, p. 130, that have been accepted by the *Journal of Elder Abuse and Neglect*.

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6. Results of the Project

Literature Review

We have reviewed the literature to improve our conceptualization of financial exploitation and psychological abuse as well as the other areas of abuse. The review has expanded our bank of concepts/items which we have organized in construct maps (Tables 2-13). The revised literature review is presented here.

Financial Exploitation and Psychological Abuse (hereafter referred to as FE & PA) of elderly individuals and older women are hidden and pervasive problems (Reed, 2005; Rabiner, O'Keeffe, Brown, 2004; Brownell et al., 1999; Lithwick and Beaulieu, 1999) that are not well conceptualized nor well measured (Tueth, 2000; Choi, Kulick, & Mayer, 1999).

Given the complex nature of elder abuse, it is crucial to design conceptual and measurement models that take into account multiple forms of abuse. This is because signs and symptoms of specific types of abuse (e.g., FE & PA) may be insights into a larger system of abuse that includes more damaging consequences if left undiagnosed and untreated, e.g., physical abuse, sexual abuse, neglect, and eventually death). This further supports the position that a single abuse model that does not differentiate the individual components of elder abuse has limited usefulness and is not the most efficient way to conceptualize the process of elder abuse (National Research Council, 2003). *Up to this time, no attempt has been made to conceptualize the individual components of elder abuse in order to guide the development of measurement models, i.e., items designed to assess each component. The conceptualization and measurement of individual components will have the side benefit of enabling empirical examination of complex relationships.*

Background

The National Elder Abuse Incidence Study (NEAIS) (1998) documents the existence of a previously unidentified and unreported stratum of elder abuse and neglect, confirming the "iceberg" theory of elder abuse. The study estimates that for every abused and neglected elder reported and substantiated, there are more than five additional abused and neglected elders who are not reported.

The limited research on most forms of elder abuse has lacked an overall conceptual framework to guide data collection efforts and provide effective assessment of the risk factors for, and consequences of, different types of abuse. Godkin, Wolf, and Pillemer (1989) conducted a study of 59 abused elders and 49 non-abused clients from a home care program and developed five conceptual components of abusive relationships from those data: 1) psychological status of the abuser, 2) intergenerational transmission of violent behavior, 3) dependence and exchange relationships, 4) external stress, and 5) social isolation. Anetzberger (2000) developed the Exploratory Model for Elder Abuse. She stated, "Elder abuse is primarily a function of characteristics of the perpetrator and secondarily, characteristics of the victim. Context is also important; first as that which brings victim and perpetrator together and second, as that which fosters the occurrence of abuse" (p. 47). Rabiner, O'Keeffe, and Brown (2004) present a conceptual model that can be used to better understand the etiology of FE as well as examine the likelihood that an event or set of events will lead to financial and other types of harm to an older person (p. 55). Microprocess factors of the Conceptual Framework of Financial Exploitation of Older Persons include: 1) characteristics of older persons that suggest vulnerability for abuse, 2) characteristics of the perpetrator, 3) status inequality, 4) relationship type, 5) power and exchange dynamic, 6) social network of victim, 7) social network of the perpetrator, and 8) financial abuse.

These models have several commonalities; primary among them is that they both recognize the importance of including the perpetrator and his/her characteristics as well as the social network. However, both models are only able to explain the etiology of general abuse. They are not designed to illustrate co-occurring types of abuse (such as psychological abuse and physical abuse). They do not present examples of items that represent the constructs, nor do they indicate which components

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are most important to elder abuse or which are most severe. Understanding these issues is essential to obtaining accurate assessments of types and levels of abuse.

Measurement of Financial Exploitation (FE). Most broadly, financial exploitation is the illegal or improper use of a vulnerable adult's funds or property for another person's profit or advantage (AARP International, 2006). The usual definition includes a perpetrator who is in a position of trust with the elder (Hafemeister, 2003) in contrast to quick scams or thievery by strangers. We can get a sense of the prevalence from Canadian studies (Podnieks, et al., 1990; Vezina & Ducharme, 1992; Lukawiecki, 1993), where financial exploitation was the most prevalent type of elder abuse reported. In the U.S., Heisler and Tewksbury (1991) reviewed one national and three regional studies where prevalence of financial exploitation among abuse cases ranged from 20% to 73.2%. The problems are likely to expand exponentially with the aging of the baby boom generation. Billions of dollars of retirement funds will be in the hands of a huge and increasingly vulnerable demographic group that is increasingly targeted by unscrupulous criminals, con artists, greedy relatives and acquaintances, and even dangerous fanatical groups. Given their potential to live longer than previous generations, baby boomers will be vulnerable longer as well.

In Illinois, FE is one of the most commonly identified forms of elder abuse. Dimah (2001) examined the records of a single provider agency in Illinois and found that FE was a factor in almost one quarter of cases, with no differences between African Americans and Whites. However, considerable evidence suggests that despite its prevalence, financial exploitation is extremely difficult to define, identify, and prove (Reed, 2005; Wilber & Reynolds, 1996; Wilber, 1990). Like other forms of abuse, FE most often occurs in a private setting, making it very difficult to detect (Dessin, 2000). When frail elders lack the capacity to manage their own finances, their dependency on others may expose them to a greater risk of abuse. As Wilber notes, emotional vulnerability related to losses in older age may leave the older adult particularly at risk for FE (Wilber, et al., 1996). This may be particularly true for those elders with paid or unpaid caregivers who have access to the elders' financial assets, such as bank accounts, money market funds, etc. (Anetzberger, 2000).

While a range of screening instruments that assess elder abuse have been developed over the past 20 years, including the Comprehensive Geriatric Assessment (Dyer & Goins, 2000), Risk Factor Checklist (Canadian Task Force on the Periodic Health Examination, 1994), the Mount Sinai/Victim Service Agency Elder Abuse Project Questionnaire (Mount Sinai, 1988), the Elder Abuse Instrument (Fulmer & Cahill, 1984; Fulmer et al., 2000), and the Indicators of Abuse Screen (Reis & Nahmiash, 1998), *very few have the specific intent of detecting psychological or financial abuse among elders.* Further, most screening instruments rely on clinician assessments rather than self-report by seniors (Marshall et al., 2000) and are designed to evaluate quality of care-giving (e.g., Bravo et al, 1995), to identify abusive caregivers of older people (Reis & Nahmiash, 1995), or to help health professionals detect problems (Reis & Nahmiash, 1998).

In Illinois, financial exploitation is defined as the misuse or withholding of an older person's resources by another, to the disadvantage of the elderly person and/or the profit or advantage of someone else. Illinois' screening instrument has 38 individual codes for FE, but the presence or absence of these indicators is based on the clinician's assessment. A brief protocol related to money management or FE (Protocol for Identification of Elder Abuse for Health Care Professionals, Illinois Dept. on Aging) is also used (Holly Zielke, Director, Elder Abuse Program, Illinois Dept. on Aging, personal communication). But no measures have been found that are designed to address the issue of financial exploitation directly, although existing tools are useful in identifying abuse more generally, as these may be indicators of risk for FE. However, since FE may take place when other, more obvious, types of abuse are either present or absent (Rabiner, Brown, & O'Keeffe, 2004), *there remains a need for an instrument specifically designed to identify FE whether or not other types of abuse are present.* Conrad, et al. (2006) demonstrated that money mismanagement and financial exploitation can be validly assessed in persons with serious mental illness by way of self-report via interview. This work attempts to extend this prior success to older persons.

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Measurement of Psychological Abuse (PA). Another construct that is lacking from a measurement perspective is psychological abuse, i.e., a verbal or nonverbal act that inflicts emotional pain, anguish, or distress on the elder, which can range from a simple verbal insult to an extreme form of verbal punishment. Examples include: ignoring the elder, habitual scapegoating or blaming, name-calling, threatening to punish or deprive, attacks against property, intimidation, treating an elder like an infant, and yelling or screaming. Such treatment would typically occur in private and be difficult for a clinician to report.

The small amount of literature published exclusively on PA is understandable given the difficulty in developing a precise definition which would lead to valid and reliable measures. Difficulty in detecting PA leads to underreporting (Schofield & Mishra, 2003), and thus statistics are sparse, yet high percentages in extant studies indicate the pervasiveness of the problem. Brownell et al. (1999) found that among 402 cases of abuse of elders 54% involved PA; a similar study revealed that 41% of incidents of elders abused were psychological (41%). Anetzberger (1998) found that in cases where there was PA, additional forms of abuse were present 89.7% of the time, including physical neglect and FE. Similarly, the National Elder Abuse Incidence Study (1998) found that 35% of their sample had experienced PA. Lithwick and Beaulieu (1999) found that among 128 cases of mistreatment of elders, a staggering 87% included PA. Vladescu, et al. (1999) and Godkin et al. (1989) also reported high percentages (73% and 72% respectively) though both studies had small samples. Differences in the definition of PA used by each study may account for the discrepancies.

Theoretical Model. In 2004, with funding from the Department of Veterans Affairs (HSR&D, IIR-98154-1), a Money Mismanagement Measure (M3) was developed that may be useful in screening for risk of FE among the elderly (Conrad, Lutz, et al., 2006; Conrad, Matters, et al., 2006). The objective of the M3 project was to develop and test a measure of the construct "money mismanagement" in persons with serious mental illness. The M3 produced a reliable (Cronbach's alpha = .85; Rasch person reliability = .85) and valid assessment (Conrad, Matters, et al., 2006).

To guide the revision of the M3 to the M3E (Money Mismanagement Measure for the Elderly), we drafted a theoretical model of FE and risk of abuse in the elderly. The model was developed through a detailed literature review and group discussions, and depicts: the population and environment of interest; the concept underlying the problem to be measured by the M3E; the concept of the intervention needed to address the problem; the strategy to be used to develop a revised M3E specifically for the elderly (meaning 60+); and the outcomes to be addressed in measuring the effectiveness of an intervention. This work was supported in part by the Summer Training on Aging Research Topics in Mental Health Program, funded by NIMH (Ridings, Conrad, Iris, 2003).

To address problems related to the identification of risk of FE, and money mismanagement, the applicants received a small grant from the Retirement Research Foundation to gather information from consumers and professionals regarding their ideas about money management issues and FE of the elderly. Using the M3 as our template, we tested the feasibility and assessed the usefulness of the measure for detecting money mismanagement and FE in a community-dwelling elderly population (i.e., the M3E). We developed 71 items to measure tendencies to mismanage money and to be exploited financially. The items fall into eight domains: risk, illegal financial activities, social obligation/pressure, cognitive, IADLs, running out of money, money management, and trust/control. These domains now constitute the theoretical components or conceptual content of the M3E. This theoretically based set of items was thoroughly reviewed by expert professionals and consumers (Iris et al., 2004; Ridings, Seymour, Iris, Conrad, 2006). We now propose to understand better the relationship of FE to PA. Therefore, the conceptualization of PA and its relationship with FE will be a primary focus. Table 1 present the plan for measure development which includes stimuli and response for all the various stakeholders in the issue of elder abuse.

Risk Factors of Older Persons

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Similar to other forms of relationship violence, PA happens most often to individuals with the least power and resources (Lueders, 2002). As people age, they may become more frail, especially after 85, (given individual variation, reduced disability, and increased longevity frailty is not a given) and hence may be more vulnerable to abuse. Older women appear to be more abused than any other group (Miller, 1995), although Pillemer found older men were more susceptible because they were more likely to live with someone. However, there is a likelihood that abuse of older women will be reported more often, particularly for the oldest old (NCEA, 1998). Cognitive and functional impairments appear to be significant risk factors for all types of elder abuse (Rabiner et al., 2004 for review). Dimah (2001) found that over 60% of African American and more than 55% of White victims had some functional impairment. Approximately one quarter were described as having either Alzheimer's disease or being disoriented. Other factors such as social isolation, recent loss of loved ones and loneliness have been cited (Rabiner et al., 2004). In a long-term study, Lachs, et al. (1998) found increased mortality for elders who had experienced mistreatment compared to those who had not. These risk factors and potentially useful items for assessment from the perspective of collaterals are presented in Table 2. However, we note that there have not been rigorous and thorough studies about risk factors so it is not possible to make strong assertions in this regard.

Risk Factors of Abusers

Rabiner et al. (2004) reviewed the characteristics of the perpetrator. In the measurement framework, we regard these as risk factors of abusers. These include: having a criminal record or a history of violence, substance abuse, gambling and other debt, a sense of entitlement to the elder's resources, mental illness, external stress, social isolation, recent changes in family relationships or living arrangements, and slightly more likely to be male. The Illinois Department on Aging (1998) found that over 75% of primary abusers were the victim's spouse, child, or other relative. Dimah (2001) found that 72% were children of the victims, and that the abusers usually lived with (79%) the victims. Dimah (2001) did not find race, i.e., black vs. non-black to be a significant factor on most abuse characteristics with the possible exception of emotional abuse (more in non-blacks). Godkin et al. (1989) also noted that the abuser may have unrealistic expectations of the older person. The abuser may see a power or resource deficit in the exchanges with the older person, and they restore the balance with violence (Godkin et al., 1989). These risk factors are potentially useful items for assessment from the perspective of older persons are presented in Table 3.

The complexities of defining abuse include honest confusion over the family's rights to their elder's assets since the desire to pass down one's wealth to the next generation is a powerful motive for many older persons. This motive is often mixed with the concurrent wish to prevent the elder's assets from being spent down. However, it is not clear if this is related to spend down issues for establishing eligibility for public benefits, or Medicaid recovery. Therefore, for many elders and their families, the line between being a benefactor vs. a victim may be blurry (Langan & Means, 1996).

Potential Reporters

Several studies have found that third parties, rather than victims, are most likely to report elder abuse (Choi & Mayer, 2000; Moskowitz, 1998; Tueth, 2000). Dimah (2001) found that social workers were the most likely reporters with 36% of cases at an elder abuse provider agency in Illinois. The most likely to report to adult protective services are friends and neighbors, hospitals, and family members (NCEA, 1998), but there has been very little work in attempting to improve reporting from others such as older persons themselves, law enforcement, and even the abusers. Regarding reporting by the victims themselves, Oswald, Jogerst, Daly, and Bentler (2004) had the seemingly contrary finding that there was a significant correlation between the practice of asking all patients direct questions regarding elder abuse and whether physicians had seen a case of elder abuse in the past year. Oswald et al. (2004) concluded that amongst physicians, the most important factor in identifying cases of elder abuse and reporting them seemed not to be knowledge of elder abuse, but

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the practice of asking all elderly patients direct questions regarding elder abuse. Therefore, it may be that some victims are not reporting because they are not being asked. It appears that when physicians ask, many elders will report their abuse. The physicians then report to adult protective services. However, while the presence of an elder abuse reporting protocol increases physicians' likelihood of reporting, only 24% of the physicians in the study had such a protocol, and many of the physicians were not aware that reporting was mandatory (Oswald, et al., 2004). The General Accounting Office stated that increasing public and professional awareness of the nature and existence of elder abuse was more important than mandatory reporting requirements. Currently, 43 states mandate reporting of suspected cases of elder abuse, and all 50 states require reporting of confirmed cases (Sellas & Krouse, 2008; Rabiner, et al., 2004).

The fact is that elder mistreatment studies have relied heavily on reports from professionals although these may be infrequent and incomplete. More direct reports from those involved, e.g. elders and abusers, have been lacking (National Research Council, 2003, p. 22). Reports by professionals are not appropriate for purposes such as screening and estimating prevalence. Thus, methods are needed to aid in obtaining older persons' own accounts of their perceptions and experiences (National Research Council, 2003, p. 23).

Indeed, since the designated fiduciary or financial caregiver is often the perpetrator of exploitation or abuse, the caregiver would be an appropriate reporter of information. In fact, there is a legal principle that, once the fiduciary relationship is established, i.e., someone has assumed the responsibility of caregiving or is expected to do so (Hafemeister, 2003), the burden of proof is on the fiduciary to show responsible stewardship (Angelari & Schmiedel, 2005). It follows that measures of responsible and irresponsible stewardship should, naturally, be obtained in the course of checking up on dependent elders.

Measurement Procedures

Bass, Anetzberger, Ejaz, & Nagpaul (2001) provide a Referral Protocol for abuse problem identification and reporting that is generic enough to be adapted for various service providers. The protocol includes decision points, action steps, and footnotes with definitions of terms and when to use assessment tools. They offer three instruments: Actual Abuse Tool, Risk of Abuse Tool, and Suspected Abuse Tool for further evaluation if the gateway screening questions are positive. The distinction between risk of abuse and suspected abuse is critical in Ohio for determining the appropriate intervention. Suspected abuse is appropriate for adult protective services legal action and referral to service agencies, whereas risk of abuse does not fall within these jurisdictions (Bass, et al., 2001).

Nagpaul (2001) notes five keys to obtaining accurate information from clients: 1) assist the client in feeling comfortable enough to share personal information honestly; 2) preferable to conduct the interview in the client's home; 3) a warm, empathetic, non-judgmental approach; 4) willingness and ability to gently probe, especially when the client is non-responsive; 5) assessment of the client's ability to provide accurate information, e.g., cognition, memory, confusion, orientation to time, place, and person. With competent clients, one must still evaluate emotional assets and limitations such as willingness to accept help, make choices, and handle change impacts.

Brandl et al. (2007) provide the following advice: "Effective interviews with older people, victims of abuse, and people with disabilities require skill, patience, and creativity. In general, victims of abuse respond best to someone who has taken the time to build a rapport. Asking general questions leading to more specific ones is often a useful strategy. A private place for the interview, out of view and earshot of the abuser, is generally most effective."

Who can use the measures? These measures were developed both for research purposes and for clinical screening and outcome assessment. As such, their intended uses are to estimate elder abuse prevalence in surveys, to screen for appropriate client targeting in intervention studies, and to measure the outcomes of interventions. The measures may be adapted for use in clinical practice as

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well. For example, Adult Protective Services (APS) staff is required to take in and process reports of elder abuse, exploitation, neglect, and self-neglect. Staff must make face-to-face contact with the client to determine the level of risk; assess the person's capacity to give informed consent; conduct a thorough investigation of the allegations; determine if there is an actionable case; and, where appropriate, arrange for services to be provided to reduce the risk of further abuse (Brandl, et al., 2007). In this process, short screening instruments may be helpful in obtaining uniform self-reports from clients, third-parties, and the APS staff itself. Where further evidence is needed, longer forms of the measures may subsequently be used. The measures may be used at screening to indicate the areas of need in treatment planning, and subsequent follow-up assessments may help to document improvement or worsening of the client's condition.

Health care providers, such as physicians, nurses, dentists, therapists and eye specialists, have a responsibility to report elder abuse in most states. Law enforcement officials respond to calls from citizens regarding possible violations of the law. At times they may be called to do a "wellness" or "welfare" check to be sure that an older person has not been harmed (Brandl, et al., 2007). For financial exploitation, in particular, the civil justice system documents the need for guardianship and advocates for clients regarding the protection of their assets. Since these professionals and officials may often lack specific training in determining the nature and extent of elder abuse and financial exploitation, short screeners may be helpful to them to focus their interviews and data collection with standardized, validated measures and procedures.

While prior efforts have been constructive within the framework of classical test theory, there are new measurement models that use computer-administered and computer-adaptive techniques to obtain measures that are as reliable and valid as long forms, but are short and convenient to use. These have yet to be developed in the assessment of elder abuse.

Develop Concept Maps

Goal

The goal of this project was to conceptualize financial exploitation and psychological abuse of the elderly using concept maps (Trochim, 1989a,b) to represent spacially the topography of these constructs. The concepts that would be generated in this process would be used to develop items to be used in questionnaires. For more detail on the development of concept maps, please refer to Appendix G, p. 130, which includes two articles on Concept Maps and Theories of Financial Exploitation and Psychological Abuse of Older Adults. In the body of this report, we include brief summaries of the two articles.

Conceptual Model and Map of Financial Exploitation of Older Adults. *Objectives*. The article in the appendix describes the processes and outcomes of three-dimensional concept mapping to conceptualize financial exploitation of older adults. *Methods.* Statements were generated from literature review and by local and national panels consisting of 16 experts in the field of financial exploitation (Table 14). These statements were sorted and rated (Table 15) using Concept Systems software which employed multidimensional scaling and hierarchical cluster analysis to group the statements into clusters and depict them as a map (Figure 1). *Results.* Statements were grouped into six clusters, and ranked by the experts as follows in descending severity: 1) theft and scams, 2) financial victimization, 3) financial entitlement, 4) coercion, 5) signs of possible financial exploitation, and 6) money management difficulties. From this hierarchy, the authors posited a measurement theory of financial exploitation of older adults (Table 16). *Discussion.* The hierarchical model can be used to identify elder financial exploitation and differentiate it from related but distinct areas of victimization. The severity hierarchy may be used to develop measures that will enable more precise screening for triage of clients into appropriate interventions.

Conceptual Model and Map of Psychological Abuse of Older Adults. Psychological abuse of older adults is a hidden and pervasive problem that is not well conceptualized nor well

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measured. *Goals.* The goals were to: 1) conceptualize psychological abuse using three-dimensional concept maps, and 2) develop theoretical models. *Methods.* Statements describing the construct were generated by local and national panels. These were sorted and rated using Concept System software (Table 17) whereby the concepts were depicted as a map (Figure 2). *Results.* Statements were grouped into five clusters, and ranked by the experts as follows in descending severity: 1) isolation, 2) threats and intimidation, 3) insensitivity and disrespect, 4) shaming and blaming, 5) and trusted other risk factors. The concept maps guided development of theoretical hierarchies. From this hierarchy, the authors posited a measurement theory of psychological abuse of older adults (Table 18). *Significance.* Theoretical models may help to develop measures to estimate prevalence better and may enable more precise screening for triage into appropriate interventions.

Phase 2: Focus Groups

Project Approval. On January 2, 2007, the Institutional Review Board (IRB) application for Phase 2: Focus Groups was submitted to the University of Illinois at Chicago Office for the Protection of Research Subjects (OPRS) for review. On January 19, 2007, OPRS requested modifications to the informed consent as well as a few other details including sample fliers that will be posted in the eldercare facilities from whom the focus groups will be comprised. These modifications were resubmitted on February 2, 2007 with subsequent further modifications on March 7, 2007, submitted to the University of Illinois at Chicago Office for the Protection of Research Subjects for review. On March 12, 2007, OPRS approved the IRB application thereby permitting research on the focus groups to commence.

Consumer and Staff Questionnaires. We employed the following approach to questionnaire development and testing in our study of financial exploitation and psychological abuse of the elderly, funded by the National Institute of Justice. Although our proposal only concerned developing Client Questionnaires, we realized that sometimes consumers cannot or will not respond to questions. Therefore, from the beginning we developed parallel consumer and staff questionnaires. The staff questionnaires are designed to be amenable to obtaining information from multiple third parties when the consumers cannot or will not respond.

Developing the actual questionnaires involved the following steps:

1) Compiled a list of all items developed from the concept mapping procedure and from the construct maps that were made up of items culled from the literature.
2) Printed out the items for both FE and PA and cut them into paper strips with one item per strip.
3) Investigators sorted the items of each construct into categories developed from the concept mapping procedure.
4) Deleted any duplicate items or items that were clearly very similar.
5) Arranged the items within each subgroup according to a hierarchy of importance developed in the concept mapping procedure.
6) Composed separate items, though they contain the same content, for consumers and staff.

Development of the staff questionnaire addressed the issue of how to collect information on elder abuse from persons who score 17 or less on the MMSE (Folstein, Folstein, McHugh, 1975). Scores of 17-18 are typically considered a cut-off differentiating moderate from more severe cognitive impairment. The MMSE has been shown to be a valid test of cognitive function, with good validity and reliability (Kim, Karlawich, & Caine, 2002). Although there is no gold standard for determining capacity to consent to research (or treatment), based on previous experience (Iris) we felt that persons scoring 17 or higher could provide reasonable information regarding their treatment by a trusted other. Those scoring below 17 are often considered unable to give consent to participate in research or medical treatment, and their responses would likely be unreliable. Therefore, a staff person may use the staff questionnaire to

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record his/her own observations or the responses of "3rd parties" or proxies. Hence, this version of the assessment instrument will be useful in this study to assist validation of the client questionnaire. Once validated the staff questionnaire will be useful beyond this study in practice for elders who are unable to answer the client version of the questionnaire or for those who refuse to speak with the investigator. The questionnaires are located in Appendices B, p. 94, and C, p. 105.

Focus Groups. The plan was to conduct 10 focus groups, five with staff and five with consumers. The Research Assistants, Abby Rosen and Kimberly Fairman, worked in conjunction with Dr. Iris, Mr. Ridings, and Dr. Conrad to organize the groups throughout April, May, June, and July of 2007. The checklist for the focus groups included: Tape recorder and microphone, refreshments, handouts (consumer or staff questionnaire), consent form (2 copies for each person), and money to pay participants.

Groups were moderated by Dr. Iris, a trained focus group leader, or Kendon Conrad. Both are highly experienced in conducting focus groups: in particular, Dr. Iris has many years of experience leading groups with older adults. Groups lasted approximately one hour-and-a-half. The goal was to review all the items in both the FE and PA measures. However, due to time constraints, all positive constructs were deleted, i.e., positive caregiving and positive money management.

In this project traditional focus group methodology (see Krueger & Casey, 2008) was adapted to fit the specific purpose of reviewing and amending the FE and PA measures. Therefore, no specific focus group question guide was used. Instead, following completion of informed consent documents, group discussions began with a review of the instrument instructions. These were examined for language, comprehension, and applicability to the target audience (i.e., staff or clients). Next, the group was asked to move to either the FE or PA measure. Staff participants were asked to think of a client they had worked with, and to review the questions with that client in mind. In some groups, one participant volunteered to be the primary respondent and to complete the measure out loud, inviting comments from other staff. Groups with older adults simply reviewed the items, though participants were asked to think about people or situations they might know that involved elder abuse. They were not asked to share specifics.

Focus Group Results: Groups with Professionals

Metropolitan Family Services, Midway Office, May 16, 2007, Staff. The group was led by Dr. Iris with Dr. Conrad and Abby Rosen, the research assistant serving as recorders. Seven staff from the adult protective services division participated: one program manager, one supervisor, and five elder abuse investigators. The topic was a version of the Elder Abuse Screening Instrument (EASI)—Staff Questionnaire that consisted of selected items and sections from the original 20 page version,

The major issue regarding the instructions concerned whether the term “trusted other” was appropriate to refer to the alleged abuser. Unanimous consensus was that the term was an improvement over “alleged abuser” which the staff usually used. One person noted that seniors themselves do not use the label of abuser. The discussion turned to the time period of 3 months used in the current version. Consensus was that 12 months was more useful since that is the usual reporting period used by adult protective services (APS).

Next, we discussed the issue of determining cognitive impairment. Consensus was that investigators can usually determine the presence of cognitive impairment, but not always. The consensus was that we should add an unsure category to the current yes/no.

The group then reviewed the psychological abuse section. For the “fear” section, all items were appropriate, but the group preferred response categories referring to time.
For “history of abuse—risks” item #4 was discussed. This went on with most items being accepted. Only 6 of 35 had suggested revisions. The details may be found in Appendix A, p. 76.

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The discussion turned to the financial exploitation section. Again, items and response categories were discussed within each section. Details of the revision are located in Appendix A. Revisions were suggested for 18 of 65 items. Revisions were suggested to the response categories of two sections. Two items were observed to be redundant, and suggestions were made for two new items. In general, participants thought that the items did a good job of assessing financial exploitation.

Council for Jewish Elderly, Staff, May 17, 2007. The group was led by Dr. Iris with Dr. Conrad and Abby Rosen serving as recorders. Seven staff from the social work division participated: one social work manager, 2 private care managers, and four social work counselors. The topic was a version of the Elder Abuse Screening Instrument (EASI)—Staff Questionnaire that consisted of selected items and sections from the original 20 page version. The group started with a discussion of the instructions. Dr. Iris stated that we would mention the previous focus group's suggestions as we went through the questionnaire. We started the discussion on deciding how to record/determine if the elder has a cognitive impairment. The participants suggested a rating of mild to moderate to severe.

The discussion began with financial exploitation going in reverse so we could have the chance to cover those questions more in-depth. It was determined that many of the questions needed clarification as to not create confusion. The group decided to combine many of the questions. One issue discussed along these lines was the duplicated questions. We discussed that some duplicates are a good indicator of the validity of the test and tester so we decided to leave some of the questions the same. The details may be found in Appendix A, p. 76. The group as a whole felt that these questions, along with one other additional question, were good indicators of assessing financial exploitation.

The discussion then turned to the psychological abuse section. Time started to run out but we did make it through all of the questions on psychological abuse. For the most part, the members in this focus group liked the questions and only had minor wording changes. Only 6 of the 35 had suggested revisions. The details may be found in Appendix A, p. 76.

Office of the Cook County Public Guardian, Staff, July 26, 2007. The group was led by Dr. Iris with Dr. Conrad, Abby Rosen, and Kimberly Fairman serving as recorders. Nine members of the Public Guardians Office participated including the assistant deputy public guardian, two case management supervisors including one for health, two attorneys, and three investigators. The group began with a description of the procedures used by the Public Guardian's Office to assess elder abuse and exploitation, and to learn how our financial exploitation measure conforms to those procedures. Time was also spent doing a mock completion of the FE questionnaire with a subsequent critique. We asked about the usual procedures for adjudicating whether an elder needed to become a ward of the public guardian. This is the last recourse for elderly persons who are unable to care for themselves and have no one to provide positive caregiving. Such persons are easy prey for abuse and neglect.

Referrals come from elder abuse agencies, police, relatives, hospitals, nursing homes and so on. To be eligible for services from the Office of Public Guardian, the elder must have $25,000 or more in assets, including their home and there must be a medical diagnosis that they need a guardian. Investigators conduct their own assessments but sometimes they need to hire an expert, e.g., physician, psychologist. Case management supervisors also visit the home and examine the person's abilities, living arrangements, and the care situation. Good tip offs to need for guardianship are elders who say one thing about the trusted other, but are obviously conflicted because of their poor physical condition, poor living conditions, and financial difficulties. During the assessment, staff query whether the elder has any insight into their financial affairs; check whether there is a history of abuse for the elder even in childhood and their marriage; see if the elder is living in squalor; try to determine whether the elder has good judgment; determine whether there has been financial exploitation and whether it is possible to

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get the money back. They may also need to check bank records. They also try to determine whether the elder has paid their taxes in the last 10 years.
Other areas of investigation include whether or not the elder has an ATM or credit cards. Questions include: if the elder has an ATM or credit cards, do they know how to use them. If they say they use their ATM, do they know their pin number? Do they know the social security number? Their direct deposit amount? The name of their bank? Where the key to the safe deposit box is? Pension information? Can they write their own checks? Are there large transfers and withdrawals? Is there a pile up of mail? Can't get junk mail stopped? Are there continuous unsolicited calls?

If the decision is that the person needs to become a ward of the public guardian, a petition is filed, a court date is assigned, notice is served, and a Guardian Ad Litem visits the older person and determines if the person has an objection to the proceedings. Delays may occur, such as when a physician does not show up in court or when an attorney makes a cross-petition to stop the guardianship.

Participants emphasized the need to communicate with and get the cooperation of banks and elder abuse intervention agencies as they can help create a paper trail as evidence. For example, they need to document how much money is gone. Bank tellers can be especially helpful since they may see the elder and their trusted other and can tell if there is undue influence.

Participants felt that greed usually sets the exploiter apart. Abusers can include people in authority such as attorneys and clergy who can be especially harmful since they can take advantage of their position of trust. Oftentimes, a tenant in a two-flat will take advantage of an elderly land lord.

Finally, we asked if they thought it would be a good idea to do a focus group with a group of bankers. They thought it would be a good idea since frontline banking staff are often key informants and collaterals.

Illinois State's Attorney's Office, Seniors and Persons with Disabilities Division, August 2, 2007, Staff. The group was led by Dr. Iris with Dr. Conrad, Abby Rosen, and Kimberly Fairman serving as recorders. The participants were four attorneys that all had extensive (at least eight years) experience investigating and prosecuting persons charged with financial exploitation of the elderly. Criminal prosecution is the role of the state's attorney's office; PA is usually not something for which persons are prosecuted, as it is more difficult to prove.

We began with a discussion of the process for dealing with FE in the state's attorney's office. Police conduct investigations, The state's attorney's office gets involved after an arrest is made, and following review by the assistant state's attorney. The primary concern is whether there is proof that abuse happened? If the case is approved for investigation, then the division decides whether to follow up. They take on seniors who need special handling as a victim, since there is a great deal of time and effort needed to get the victim ready for trial. They want to take the case to trial and need the victim's testimony. The state's attorney's office gets involved pre-arrest when police contact them regarding medical or financial records that need to be analyzed. They sit with the detective to determine whether they have all the documents needed to determine whether there is a case.

For example, social service agencies contact the police who contact the state's attorney's office. The state's attorney's office gets involved to see if the person was financially exploited or not. It is much better now than it used to be. Suburban offices usually have the old problems of not being able to handle the elderly and disabled. Biggest gap in the suburban offices is that since they have less volume, they have less capacity. For example, a call came from an attorney saying that a building was taken by some people. The victim had been in the building for years, had bought it from her parents. She wanted work done and met a person from an agency who

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said she was too old to get work done on the building. He said he would help her get the work done by signing the building over to his son. They would do the work and then sign back the building to the woman. The trusted other went through an attorney to transfer the title. Meanwhile, the woman paid the attorney's fees and continued paying for the building expenses. The trusted others started doing rehab. They did the upper floors, but left her in squalor in the basement. She started asking when they would sign the building back over to her. When she continued asking, they cut off the heat and evicted her. Metropolitan Family Services of Chicago got involved and got her into a nursing home. The state's attorney's office talked to police and victim. It was in civil court, but it was a crime, so the state's attorney's office should get involved. They were trying to get the title back to building. The trusted others were charged with theft by deception. It went to a jury trial, and the father and son were sentenced to 15 years each. It often is the case that the offenders are caregivers.

In Illinois, the elder abuse act is not a criminal act. The state's attorney's office has to go by criminal code, so definitions are not the same. Usually the state's attorney's office sees cases that are blatant and therefore able to be proved in court. Neglect is rarely seen, Most cases are financial cases, theft, and violent crimes such as armed robbery. Elder abuse is different from other crimes because the person is targeted because they are an older person. The office determines whether there is enough evidence to charge, not whether it really happened.

Cognitive status is important so that the elder has the ability to testify. However, there is statutory theft, where the victim is unable to give consent to turn over the funds-- the charge is theft because the use of funds is unauthorized. If it happened in the distant past the office may need to bring in a doctor to testify about the past cognitive status. As an example, sometimes the trusted others don't want the parent to go to a nursing home, because they want to bilk them of their money. They take large sums of money, buy fancy cars, and take lavish vacations. Meanwhile, the elder may get minimal care or neglect while their money is being spent down.

"Anna Nicole cases" are examples of theft by deception. For example, a woman told an elderly man that they would get married, and he bought her a house. She insisted it be in her name only. He also bought her vehicles. The state's attorney's office charged her to try to get the house back. The victim stopped cooperating because he "loved" her. Ultimately, though, they got his house back. Unfortunately, even if the state's attorney's office is successful in getting the money back, the elder has been through a horrible time of going to court and testifying. Since they are often near the end of life, they may have little time to enjoy the money.

After this discussion, we reviewed the latest version of the staff FE questionnaire. Comments were recorded on the forms and revisions were made accordingly and documented in the appendix.

5/3 Bank, **October 23, 2007**, **Staff.** Dr. Conrad met with 10 bankers at the Chicago downtown office of 5/3 Bank, 222 Riverside Plaza. This included persons in the following positions: three financial center managers, one financial service representative, one lead teller, and five relationship managers. We began with a discussion of each person's experience with financial exploitation in the banking setting. Examples included an older woman who was being exploited by multiple relatives including her son (checks written to him from her IRA), an adopted daughter (overuse of cell phone and withdrawals from joint account), and a brother who had her withdraw money for him. The banker intervened by restricting the account, and lying to family members about the amount of money in it and informing a sister about the problems. The exploitation subsequently stopped. Another example was a man who gave access to his account to multiple parties. When he learned from the bank that he was being scammed, he reacted by blaming the bank and withdrawing his money. The banker said that some people react by refusing to trust the bank again and keeping their money at home "under the mattress." As another example, a daughter came in and tried to take out a credit card in her mother's name. If

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she had succeeded, she could have used the card to run up large bills, and her mother would have been liable.

During review of the FE measure, new items were generated: Has an agency or nursing home staff member obtained financial authority for the elder in the staff person's own name? Has an agency or nursing home obtained financial authority for the elder?

Metropolitan Family Services, Evanston Office, July 12, 2007, Elder Abuse Investigators. In addition to the focus groups conducted for the purpose of review of the measures, we also conducted a meeting with staff at the Evanston, IL offices of Metropolitan Family Services. The purpose was to learn more about the procedures involved in elder abuse referral, intake, screening, assessment, substantiation and treatment. The group was led by Dr. Iris with Dr. Conrad, Abby Rosen, and Kimberly Fairman serving as recorders. This session was attended by seven elder abuse field staff. These were bachelor's and master's level social workers with extensive experience in intake, screening, assessment, substantiation and treatment of elder abuse cases including the principal foci of our measures financial exploitation and psychological abuse. The description below pertains specifically to the referral through treatment process at Metropolitan Family Services' Evanston Office, but overall, these are the steps followed by all elder abuse provide agencies around the state. All EA investigators attend state-wide training sessions in order to ensure standardized procedures across agencies and offices.

The typical elder abuse referral involves an adult child with substance abuse disorders who lives at home, pays no rent, and takes the parent's money, property, or ATM card. Referrals come from police, social workers at other agencies, the elder abuse hotline, hospitals, etc. The intake worker triages cases as to whether they are: Level 1, life threatening; Level 2, passive neglect, confinement, deprivation; or Level 3, emotional abuse.

Intake is followed by a visit that usually is unannounced. The assessment worker may be accompanied by a police officer if there is concern for safety. The assessment is done with the alleged victim in privacy. Sometimes this may involve the alleged victim coming to the office or meeting away from the home or arranging a time when the abuse is known to be out of the house. The assessor introduces him/herself and says that there was a "call of concern" and rarely has trouble getting into the house. They make small talk, get comfortable, discuss allegations, go through concerns, get an idea of the person's competence, and discuss the issues of concern. The Illinois Department on Aging Elder Abuse Assessment Form is used to record the findings. The visit usually lasts 60-90 minutes, but almost always less than two hours. Afterwards, the worker checks with collaterals. In most cases there are one or two face-to-face meetings, but lots of phone calls to agencies, relatives, and the alleged abuser.

The group thought it would be a good idea to have a list of positive characteristics or strengths in addition to the abuse characteristics. This would help in determining appropriate remediation. For example, if there was willful deprivation, the person should be removed from the home; but if there was passive neglect in an otherwise caring relationship, the case could be remediated with a paid caregiver who would come into the home to provide the needed care. However, there was always concern expressed that more time and paperwork were unwanted.

After substantiation of elder abuse, 30 days are allowed for further investigation. This is followed by 60 days for intensive casework with at least two in-person visits which is then followed by up to 12 months of periodic contact until administrative closure, i.e., one phone contact per month and one face-to-face every three months.

Following this discussion, the group went through an exercise where they read through the Staff Financial Exploitation Questionnaire in 10 minutes. They then gave their impressions of how useful it might be given the current procedures. They said it was too long. Some items were repetitive of IDOA items. The items referred to different types of abusers such as adult children,

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friends, new acquaintances and organizations. They thought the questions should be grouped in this way.

Focus Group Results: Groups with Consumers

Three focus groups were held with older adults consumers: two were conducted at CJE SenorLife (Council for Jewish Elderly), and one was held at Metropolitan Family Services Southeast in Chicago. Thirteen consumers participated at CJE SeniorLife: all were non-Hispanic white and all were over age 60. No other demographic data is available. Of the 7 participants at Metropolitan Family Services Southeast office, 3 were Hispanic and 4 were African American. All were over age 65. There were 6 women and 1 man in this group.

Council for Jewish Elderly Consumers, May 17, 2007. The group was led by Dr. Iris with Dr. Conrad and Abby Rosen serving as recorders. Seven consumers from the Council for Jewish Elderly research database participated. All participants were non-Hispanic white, and all were over age 60. The topic was a version of the Elder Abuse Screening Instrument (EASI)—Staff Questionnaire that consisted of selected items and sections from the original 20 page version. Dr. Iris stated that the Client Questionnaire was in the final stages but not yet completed. The participants were told that the Staff Questionnaire was similar enough to Client Questionnaire and it could still be analyzed. The major issue concerned whether or not these questions could really weed out the "abusers." Many of the participants were concerned that some of these acts are not intended abuse but could be seen in that way. After Dr. Iris explained, most of the participants agreed that these questions, if enough or specific ones were positively identified, could possibly lead to or actually be abuse. Following discussion of how the elder would feel about answering the questions with a negative connotation, we decided to alter some of the questions on the Client Questionnaire to make them slightly more positive. Next, we discussed the issue that some elder consumers might not understand some of the questions. As a group, we changed some wording and made some questions less complicated for elderly individuals to understand. The discussion turned to the psychological abuse section. Most of the questions were acceptable to the consumers however they determined that questions #20, #26, #33, and #34 might not be appropriate to ask. Only 7 of 35 had suggested revisions. The details may be found in Appendix A, p. 76.

Finally, we discussed the financial exploitation section. Again, appropriateness of questions was discussed within each section. Details of the revision are located in Appendix A. Revisions were suggested for 23 of 65 items. The participants suggested deleting 4 questions, combining 3 sets of 2 questions, and changing wording on 13 questions. In general, participants thought that the items did a good job of assessing financial exploitation and the questions made them realize what could potentially occur.

Council for Jewish Elderly, June 5, 2007, Consumers. The group was led by Dr. Iris with Dr. Conrad, Abby Rosen, and Kimberly Fairman serving as recorders. Six consumers affiliated with the Council for Jewish Elderly participated in the focus group. The topic was a version of the Elder Abuse Screening Instrument (EASI)—Client Questionnaire that consisted of selected items and sections from a previous version. The group started with a discussion of the instructions and the cognitive impairment tests.

The discussion turned to the psychological abuse section. Each item in the section was reviewed. Based on the group discussion, several of the items were redundant, and group members suggested removing some of these items from the questionnaire. Four of the twenty-two items were removed from the questionnaire. Focus group members devoted a large percentage of time to revising or editing items. Five of the twenty-two items in the psychological abuse section were revised, and one was split into two items. The details may be found in Appendix A, p. 76.

The discussion turned to the financial exploitation section. Again, items and response categories were discussed within the section. As items in the financial exploitation section were

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reviewed, the group noted that a question of whether the person handles his/her own money should precede the section. Some group members believed "anyone" could replace the term "trusted other" in some of the items. Twenty-six of the 65 financial exploitation items were revised, and four items were removed. Details of the revision are located in Appendix A. The group provided valuable insight and feedback to improve the questionnaire.

Metropolitan Family Services, South Chicago, July 27, 2007, Consumers. The group was led by Dr. Iris with Dr. Conrad, Abby Rosen, and Kimberly Fairman serving as recorders. No information is available on their professional backgrounds. The topic was the Consumer Questionnaires for PA and FE. We started by discussing the general issue of financial exploitation of the elderly. A number of issues were raised, including the need for elders to budget well, especially for medications since they are so expensive. Also, people may have to depend on children, but they don't like to. Finance is the biggest issue especially if you are ill: Who will pay especially if you are ill? A lot of time it is the person who is in charge of your money, someone else's name is on your account. They can use your money and when you need it, it's gone. A participant asked how would the elder abuse screening interviewer come together with the consumer? Participants noted that sometimes bank tellers get suspicious or doctors will ask, especially if there are signs of physical abuse. Often it is a neighbor or family member. Older people don't usually want to talk about financial exploitation or abuse. One participant noted that older people are aware of elder abuse, but she had not encountered it in her life.

Upon reviewing the PA Questionnaire, participants felt that people are brainwashed and won't say anything because they are afraid to speak out. One participant suggested if it is a social worker there be a preliminary conversation to find out who the Trusted Other is, then the alleged abuser's name can be used, or the relationship, instead of the term trusted other. It was also suggested that the investigator find out if the elder is doing PA to the trusted other. Dr. Iris clarified that it does not matter because the concern is that the senior is safe since they are more at risk. You can tell if the abuser is there and the senior is afraid to speak, they clam up.

Participants felt the response categories were useful and appropriate. They noted that a lot depends on how the trusted other talks to the elder. If they are very bossy, the elder can become brainwashed and lose their sense. People with Alzheimer's cannot answer these questionnaires. The point is that the answers you get will not be okay. We explained that the staff questionnaire is to be used in such cases. The discussion went on into the particular items. We recorded the suggested changes on the paper copy of the questionnaire. Below are some examples of the types of comments that were made.

- Blaming happens when the TO says they could be doing something else if it weren't for you.
- My children don't want me to go anywhere, treatment like a child can be a positive sign of love or a negative type of control where they don't let you do anything for your self.
- "Felt uncomfortable" not good because any one who needs a caregiver feels uncomfortable about it. On the other hand it could be a good introduction to get the person thinking about it. Could be the TO is snooping and taking money out of their purse.
- #7. Use the words threaten or scare.
- #14. "Keep you from leaving your home" could be a positive thing. Bad item.
- Anything else?—threaten to take the car keys away.
- Without good cause has TO prevented you from doing something that you like to do.

Presentation. On June 8, 2007, we presented "Mixed Methods to Develop Modern Measures of Elder Abuse and Self-Neglect" at the Rush University Medical Center Section of Geriatric Medicine Rush Elder Rights Forum 2007. Other presenters included: Carmel Bitondo Dyer, MD, AGSF, FACP, The University of Texas Health Science Center at Houston; Terry Fulmer, PhD, RN, FAAN, New York University College of Nursing; Mark S. Lachs, MD, MPH, Weill Medical College of Cornell University-NYPH.

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Project Approval. On June 25, 2007, the Institutional Review Board (IRB) application for Phase 3: Full Scale Field Test was submitted to the University of Illinois at Chicago Office for the Protection of Research Subjects (OPRS) for review. On July 5, 2007, OPRS requested modifications to the informed consent. These modifications were resubmitted on July 17, 2007. On July 19, 2007, OPRS approved the IRB application thereby permitting research on the full scale field test to commence.

Expert Panel Review of Report. On August 27, 2007, we convened a telephone conference call with three members of our expert panel, Margarite Angelari, Gregory Pavesa, and Kathleen Wilbur to review our report to NIJ. Overall the review was glowing including "Amazing. I was impressed with how much you have accomplished in a short time." Also, "This is just what the field needs in terms of getting standardized measurement out where people can use it." Helpful comments concerned improving the discussion of issues covered in the literature review, the working measurement theories, and the wording of the items. A major recommendation was to make the concept mapping section simpler and easier to understand by including the key tables and figures in the text and putting the rest in appendices.

Cognitive Interviews

We conducted cognitive interviews with three clients of Behavioral Health Pillars in Western Springs, Illinois on August 28 and 29, 2007. An additional cognitive interview was conducted later in the fall with a client at CJE SeniorLife (Council for Jewish Elderly). Participants were chosen based on availability and willingness to participate. These were older adults who had not participated in the focus groups: All had personal experiences with FE or PA. Participants included 3 females and 1 male. All were non-Hispanic whites and all were over age 65. Two participants were divorced but were living together; and both were identified as victims of mutual PA. The ex-husband was also the caregiver for his former wife. The two other interviewees were victims of FE.

The purpose of the cognitive interviews was to further test for readability and comprehension of the instruments, including instructions, individual items, and response categories. The cognitive interviews covered both FE and PA. The methodology uses a "think-aloud" technique, in which participants are asked to complete a task (i.e., review the FE or PA measure), and to verbally talk about what they are thinking as they complete the task (Willis, 2005; Patton, 2002).

Interview Guide. Below is the introduction that we presented to these older adults**:**

> **"**In this interview, we will be reviewing the Financial Exploitation and Psychological Abuse measures for older adults that we have developed as part of our research study. We will go through each measure question by question. Please answer each question as best you can, even if you feel it doesn't apply to you. Then, when we have finished the question, I will ask you to go back and tell me as best you can, what you were thinking as you answered the question: what you think it means, what you think it is asking about, etc. If you have reactions to specific words, please tell me about those. As you read the possible responses, tell me what you think each response means and whether it is clear to you or not. Thinking aloud may be new and unfamiliar to you, but please know there are no wrong answers. I am only interested in knowing what is going through your mind. Before we begin, I'd like to ask you a 'warm-up' question to introduce you to the think aloud process: 'Try to visualize the place where you live, and think about how many windows there are in that place. As you count the windows, tell me what you are seeing and thinking about.' Do you have any questions at this time? Let's begin the interview."

Results of cognitive interviews. The cognitive interviews resulted in many wording changes that simplified the items. We condensed question 16 from two separate questions to:

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“Has your trusted other deliberately made you feel bad?” An item that was added because it came up in an interview was: “Has your trusted other failed to support you or back you up when you needed it?” In addition, "Did you let your trusted other spend your money on themselves, but you felt badly about it?" was deleted because the interviewees did not find it completely clear and it was also redundant. We also deleted "Has a family member or friend started asking about your money?" because we already had a similar but more general question being asked. The interviewees did not like the term "money manager" so we substituted "trusted other."

The biggest change occurred with the response categories. All of the interviewees had a difficult time making a distinction between "none of the time," "a little of the time," "about half of the time," and "most or all of the time." What everyone agreed upon was "none of the time," "sometimes," and "most or all of the time." These response categories were changed for the majority of the psychological abuse questionnaire. The financial exploitation questionnaire remained the same with "yes," "no," and "not applicable."

Review of Questionnaires by University of Illinois at Chicago Survey Research Lab

On September 25, 2007 we contracted with the University of Illinois at Chicago Survey Research Lab through Dr. Timothy Johnson to review our questionnaires and make recommendations before we would go into the field. We met with Jennifer Parsons of Survey Research Laboratory on October 22 to go over the recommendations, and we incorporated many wording and format changes.

Goal 3. Full scale field test.

To achieve Goal 3, we administered the two measures to 227 consumers at the seven sites participating in the full-scale field test, and used the resulting database to estimate the psychometric properties of the two measures. The IRB proposal has been approved by the UIC human subjects subcommittee. We have a research agreement approved by the Illinois Department on Aging which has agreed to support our project with the elder abuse providers in the state. See Appendix E, p. 126.

Agency Recruitment Meetings.

The P.I. and Co-P.I. held individual meetings with the directors and other administrative leaders at Elder Abuse Provider Agencies in the greater Chicago area, to inform people of the project and solicit the agencies’ participation. For example, during September, October, and November 2007, we met with elder abuse agency staff to recruit field staff to conduct assessments using our new questionnaires along with their usual procedures using the forms of the Illinois Department on Aging. These included staff from: 1) Metropolitan Family Services, Midway Office; 2) Metropolitan Family Services, Evanston Office; and 3) a recruitment meeting at AgeOptions, Oak Park, Illinois.

AgeOptions, Oak Park, IL Meeting. Friday, October 12, 2007, Dr. Conrad, Dr. Iris, and Kimberly Fairman attended a meeting of representations from the Elder Abuse Provider Agencies in suburban Cook County. The purpose of our attendance was to recruit agencies to participate in the study. At least nine agencies were represented at the meeting. Dr. Conrad described the study, and each agency representative received an abstract, the Elder Abuse Measurement Field Test Protocol, and the IDOA agreement.

Agency representatives asked several questions. One representative asked a question concerning the provider agency’s IRB review of the study. Another representative asked if a second year Masters student could complete the interview, and if a relationship was required between the elder abuse investigator and the elder. A representative questioned the length of the questionnaire, and Dr. Conrad explained that based on the client’s background, some of the questions would not apply, and the questionnaire should not take long to complete. There was also a question concerning how we would pay agencies, and it was noted that some agencies may want to take the money directly. We collected contact information from nine agencies, so that we could follow-up with each agency to determine interest to participate in the study.

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Catholic Charities South Suburban Senior Services (Harvey, IL) Meeting. Thursday, October 25th, 2007**.** Drs. Iris and Conrad met with elder abuse counselors, MaryAnn Bibat, Juanita, Cynthia, and Justine. Our purpose was to present the project to them in more detail than we were able to do at AgeOptions where MaryAnn attended. We covered the IRB training, training session, follow-up meetings, etc. They seemed interested and agreed that they would be willing to participate. Given their case load, they felt that they could recruit and assess 20 substantiated clients EACH, for a total of 60 for that site. They also discussed having one of their student interns (an MSW with EA training) participate. They had no concerns about providing us with the IDOA forms. MaryAnn said she would speak with her supervisor, Wendy Seifert, who is the Catholic Charities Division Manager.

Southwest Suburban Center on Aging in LaGrange Meeting. Monday, Oct. 29th, 2007. We met with representatives from two agencies: Southwest Suburban Center on Aging (Louise Starman) and PLOWS Council on Aging (Riki Kaufmann). We explained the project and elicited their participation. They agreed to poll their investigators to determine how many would be interested in participating.

Catholic Charities, Chicago, Northwest Side. December 20th, 2007**.** Dr. Conrad spoke with Betty MacLennan, the supervisor of elder abuse treatment staff. She had participated in the local concept mapping group. He explained the progress of the study and requested participation in the field test. She said that she would discuss it with her three staff, but was concerned that they were already over-burdened and were scheduled to have peer-review in January, 2008. On Jan. 4, Dr. Conrad called her again and she said that January was just too busy, but that he should call again near the end of the month. This agency was unable to participate in the study due to heavy workload and time constraints.

Mt Sinai Health System, Westside Health Partnership, Chicago, IL. January 23rd, 2008**.** Drs. Iris and Conrad met with Angela Brown, Supervisor of Elder Abuse Interventions. She was very enthusiastic about our study and said she would work to recruit her three field staff for our field test. Following this meeting, the risk management supervisor, and the CEO of the organization approved participation. We scheduled a training date in March for the field staff.

In addition, Dr. Iris contacted people at Oak Park Township Senior Services, Berwyn-Cicero Council on Aging, Kenneth Young Center, West Suburban Senior Services but these agencies have declined to participate. We also await return phone calls from two more provider agencies that serve the south side of the City of Chicago. We are hopeful that they will agree to participate. At this time, we also plan to contact provider agencies in two "collar counties": Lake and DuPage, in order to expand the number of sites.

Centers for New Horizons, Chicago, IL , Metropolitan Family Services Midway Office in Chicago and **Senior Services Associates, Aurora, IL.** were also recruited and individual meetings were held with senior staff, prior to training EA investigators.

Training Meetings with Providers Regarding Informed Consent, Questionnaire Administration, and Procedures.

In the training sessions, we began by reviewing procedures for obtaining informed consent for participation in research. Since the investigators are required to obtain consent for an EA assessment, they were already familiar with the issue of consent, and, in addition, they were all required to have completed on-line training in the protection of human subjects. Next, we reviewed the instructions for completing the assessment instruments (both client and staff versions). Finally, we moved to a role-playing strategy, whereby Dr. Conrad led a staff member through the assessment process. Ample time was allowed by questions. Each training session lasted between 1 and 1 ½ hours. Refreshments were provided and staff were reimbursed for their time, if the trainings were held during their lunch break. Each staff member received the following items:

- Elder Abuse Measurement Field Test Protocol

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- Instructions to complete the Collaborative IRB Training Initiative (CITI) online and a hard copy of the training reading
- Illinois Department on Aging (IDOA) agreement
- Client and staff informed consent forms
- Client and staff questionnaires

Dr. Iris described the University of Illinois Institutional Review Board (IRB) requirement to complete human subjects training, and she reviewed the CITI training documents. Once staff members completed the online human subjects training sponsored by the University of Illinois at Chicago, Kimberly scheduled a time with them to pick up their training certificates. Dr. Iris and Dr. Conrad reviewed the client and staff consent forms and questionnaires. They reviewed the IDOA agreement which gives the research staff access to client information obtained on the IDOA forms. Drs. Iris and Conrad noted that the versions of the consent forms and questionnaires were not final, and that the UIC (IRB) must approve the forms prior to using them for the field test.

Each staff member was asked to complete twenty interviews with clients. Only substantiated clients will be asked to complete the interview, and staff may look at previous files, but the interviews must be completed within six months of initial contact with the client. The project research assistant will provide copies of the questionnaires, informed consent, and IDOA forms to the staff, and will coordinate times with the staff members to pick-up the forms from the MFS office. Staff were informed that after each staff member had completed at least one interview interview, we will schedule a meeting to discuss the field testing procedures. Examples of individual meetings with several agencies are provided below, to illustrate the content of the training and the interactive process that evolved.

Training Meeting at Metropolitan Family Services (MFS), Midway Office, Chicago. The meeting was held at 12pm, Wednesday, October 3, 2007, and lasted for approximately one hour. The purpose of the meeting was to discuss training and data collection procedures for the field test. Three staff members (two males and 1 female) attended the meeting. These staff members have experience with conducting assessments for suspected elder abuse victims. Dr. Iris and Dr. Conrad led the meeting with Kimberly Fairman serving as a recorder. One of the staff members provided the following six IDOA Elder Abuse and Neglect Forms:

- Client Status (pink)
- Preparation for the Assessment/Case Recording (white)
- Client Assessment Form (green)
- Overall Initial Risk Assessment (blue)
- Overall Risk Assessment Update (purple)
- Overall Substantiated Risk Assessment (yellow)

The staff members shared ideas on how to best store completed sets of questionnaires and consent forms at the MFS office.

Training meeting at the Southwest Suburban Center on Aging, LaGrange, IL. November 15th, 2007**.** Drs. Conrad and Iris led the training of Jenny Bahamon (speaks Spanish), Ruth, Liz Thompson, Erica. Ruth will be the primary contact person.

Training Meeting: Catholic Charities – Harvey, IL. November 20th, 2007**.** The purpose of the meeting was to discuss the procedures for the field test. Drs. Conrad and Iris led the training, and Kimberly Fairman served as the recorder. Four staff members attended the meeting: Justine, Lenita, Cynthia, and Sarah (intern). Staff members are to complete the Human Subjects Training online by Friday, December 7th. Staff members questioned the elder's competency or impairment. We established the minimum MMSE score required for the study. We also agreed that case notes would not be accepted, and if a client requests, staff could provide an additional questionnaire. A staff member raised the question of how a client will

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benefit from participating in the study. Although we are not paying the client directly for participating in the study, the agency may decide to provide compensation directly to the client. Upon completion of the online training, Kimberly coordinated a meeting with the staff to pick up the training certificates, drop off the forms, and provide the incentives.

Training Meeting North Shore Senior Center, Northfield, IL. January 25th, 2008**.** Drs. Iris and Conrad and Abby Rosen met with four elder abuse services staff and completed the interview training. They agreed to complete the IRB training and begin collecting data.

Data Gathering and Data Entry

We enlisted the participation of 22 elder abuse investigators to collect data. All completed human subjects training. We received completed assessments, both client and staff, for 227 elder abuse clients. To our knowledge this is the largest data base on substantiated elder abuse clients in existence. Appendix E, p. 126, lists the seven agencies that participated in the project, their status, and the number of completed assessments received from each through October 31, 2008. Kimberly Fairman and Abby Rosen, the RAs, have worked with Dr. Conrad and developed the SPSS database, and completed test runs of data entry. We used a double entry system with cross-checking of all data in order to minimize data entry errors.

Southwest Suburban Center on Aging Debriefing. May 1, 2008**.** Drs. Conrad and Iris, Kimberly Fairman, and Peter Juang, a new Research Assistant on the project, met with Ruth Folkening and Liz Thompson. At this time, there was about a 40-50% increase in intakes, and with one staff member on sick leave and one who recently resigned, there are currently two staff members available. Competency of clients was discussed as a significant issue. An estimated 2 clients out of 15-20 are competent. Many clients do not view abuse as abuse, and if abuse is occurring the severity of abuse is not high enough for clients to classify it as elder abuse. Some clients fear the alleged abuser will hear the interview, and it is difficult for staff members to interview the client privately.

Staff members like the staff questionnaire, but the term 'abuse' in the Client Questionnaire should be described and not labeled as abuse. It is painful to complete the questionnaire with clients. The initial interview with clients is informal, and transitioning from an informal interview to a formal questionnaire is difficult. The perception of abuse is negative and many clients do not want to view themselves as victims. The term 'victim' connotes a loss of control and fear. 'Abuse' should be changed to 'mistreatment.' The IDOA forms are not completed directly with the client. All substantiated cases must have a gold form.

Centers for New Horizons Debriefing. May 2, 2008**.** Drs. Conrad and Iris, Kimberly Fairman, and Peter Juang held a debriefing meeting held at the Centers for New Horizons. Jason and Tia were present as staff members from the agency. They felt that the questionnaires did a good job of capturing abuse, but the answer choice 'No' was confused with 'Not Applicable'. The items allow for more probing of underlying issues. Capacity is not an issue at Centers for New Horizons. The MMSE score would be too difficult to collect for everyone, but the Client Status Form contains the MMSE score for clients who completed the assessment. The term 'trusted other' should be clarified. Item #70 was briefly discussed: Has your trusted other lived with you, but refused to pay their share of expenses? Staff members questioned if 'refused' should be changed to 'did not' and it was decided that the item will remain the same. Some clients took offense to item #77: Has your trusted other exploited your alcoholism or drug dependency to get money? It was determined that the item was bad, and it was removed from the questionnaire.

Catholic Charities – Harvey Debriefing. May 19, 2008. Drs. Conrad and Iris, and Kimberly Fairman attended the meeting. The following staff members were present: Justine, Lenita, Cynthia, and Sarah (intern). Dr. Conrad read the introduction to the assessment manual and requested feedback from the staff. Staff agreed using a blank space for 'trusted other'

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throughout the questionnaire. The term 'manipulated' is not understood by many of the clients, and staff members replace 'manipulated' with phrases such as 'strongly encourage'. Dr. Iris suggested creating a thesaurus of alternative terms used for words like 'manipulate'. After discussing which IDOA forms were missing from the data, staff emphasized the redundancy of the Goldenrod form with the Green, Pink, and Blue forms. Upon hearing the feedback from staff and reviewing the forms, we determined that we will stop entry of the Goldenrod form, because the same information is contained in the Green, Pink, and Blue forms. During the role play exercise in which the spouse was the abuser, we discussed unique issues of using the questionnaire when the spouse is identified as the abuser. Many of the items will not apply when the client is married to the abuser. In the answer choices of the Client Questionnaire, 'maybe' may replace 'suspected'.

North Shore Senior Center Debriefing. June 10, 2008. We discussed the wording of the responses: "suspected" and "don't know" and concluded that they worked well and did not need to be changed. We are hoping for 20 clients. Staff feel about the questionnaire is, in general, a good therapeutic moment. They concurred that the term trusted other needed to be changed since the trusted other often was never trusted. They thought that we should change DK/NA to No information/not applicable.

Debriefing with Senior Services Associates, Aurora, IL. July 23, 2008. The principal feedback was that the questionnaires were working well. Staff reported that they helped to uncover some issues that had not been uncovered in previous investigations. For example, an incidence of clear financial exploitation was uncovered through use of the questionnaire in a substantiated case of physical and psychological abuse. Other similar occurrences have been reported in previous debriefings.

Additional debriefing meetings were held with the agencies in July and August to ensure we captured feedback from the participating staff members. We met again with Catholic Charities-Harvey and Centers for New Horizons in July 2008. We met with Sinai Community Institute in August. In October, we scheduled final meetings with the agencies to collect any remaining sets of questionnaires and receive feedback. In cases where a meeting was not feasible, we scheduled a phone call.

Catholic Charities—Harvey. October 20, 2008**.** Dr. Conrad, Peter Juang, and Kate Langley, a Research Assistant new to the project, met with staff in Harvey to discuss the project. Justine, Lenita, Cynthia and Sarah attended. We collected an additional 40 sets of questionnaires from the agency and discussed the articles on PA and FE. Staff expressed strong interest in participating in similar projects in the future.

Senior Services Associates, Inc. October 22, 2008. Dr. Conrad, Peter Juang, and Kate Langley met with staff from the agency. Debbie, Cindy, Heather, Sondra, and Marsha attended. The group discussed that the questionnaire was long and emotional for some clients. Staff requested copies of the revised PA and FE papers, which Kate provided after the meeting. Staff members also discussed common abuser scenarios with Peter. We collected 10 sets of questionnaires.

Centers for New Horizons. October 23, 2008**.** Dr. Conrad and Kate Langley met with Erma, Jason, and Tia one last time to collect completed sets of questionnaires and discuss the project. Staff members expressed a need for a choice of assessment tools and were excited about how the outcomes of the project might improve their work. We collected 16 sets of questionnaires. Kate emailed copies of the revised PA and FE articles following the meeting. Staff expressed strong interest in participating in similar projects in the future.

Metropolitan Family Services—Evanston, IL. October 30, 2008**.** Kate Langley spoke to Carla to obtain feedback on the project. She remarked that the questionnaires were long and finding participants had been difficult. Kate agreed to pick up her completed sets of questionnaires and collected 3 on November 17th.

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Sinai Community Institute, Chicago, IL. October 27, 2008**.** Dr. Conrad and Kate Langley met with Jacinta, Lisa, and Vanessa. Staff members provided positive feedback on their experience and turned in 10 sets of questionnaires.

Phase 3: Full Scale Field Test

Objectives

This study tested the staff observation and client self-report measures of financial exploitation of older adults using item response theory, i.e., Rasch model, and traditional validation techniques. The specific objectives were:

1. To test the construct dimensionality of the Older Adult Financial Exploitation Measure (OAFEM), i.e., Did the items form a single overarching financial exploitation construct?
2. To test the fit of the items to the model where misfit was defined as greater that 1.33 mean square (Wilson, 2005) on both infit and outfit statistics.
3. To assess internal consistency reliability of the OAFEM where a goal of .80 person reliability was set as the standard for a measure that would be useful for research.
4. To examine appropriateness for the target population, i.e., items centering on the sample as opposed to having floor and ceiling effects.
5. To test construct validity by positing a hierarchy of item difficulties (Table 18 displays hierarchy of concepts) that conforms to expectations developed in a prior research phase and by testing a set of hypothesized relationships using correlation analysis.

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Methods

Since obtaining a representative sample would be very difficult and prohibitively expensive, we obtained a research agreement from the Illinois Department on Aging which agreed to support our project with the elder abuse providers in the state. We then recruited 7 adult protective services agencies in Chicago and its collar counties. The client self-report measures of financial exploitation were administered via interview to 227 clients who were substantiated for at least one type of elder mistreatment. The 22 investigators who participated were all very experienced in working with elder abuse clients, and they completed a staff questionnaire on each of the clients. Since interviewing clients with a standardized questionnaire was not previously done as part of their screening procedures, they were trained in interviewing for this study by the two lead authors as well as by the human subjects committee online training program of the University of Illinois at Chicago (UIC). The human subjects research proposal and informed consent forms were approved by the UIC internal review board via the human subjects subcommittee. We received an approved research agreement with the Illinois Department on Aging. We used the resulting database to estimate the psychometric properties of the staff and client measures.

Background Characteristics of the Sample

As shown in the Table 19, the sample of 22 staff persons was predominantly female (86.36%). More than half were Caucasian (59.09%), a quarter were African American (27.27%), and the remainder Hispanic or mixed race. The staff members' average years of experience was 5.46 years. In Table 20, the consumer sample of 227 clients was also predominantly female (70.4%). The majority of clients were African American (61.3%), more than one third were Caucasian (35.5%), and the remainder was of mixed race or other. Most were non-Hispanic (92.9%). The majority of clients were between 75-90 years (58.7%).

Statistical Analysis

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The Rasch measurement model (Rasch, 1960) was chosen for this analysis because it is the only item response theory model that has the desirable scaling properties of linear, interval measurement (Embretson & Reise, 2000). The Rasch rating scale model (Wright & Masters, 1982) used for this analysis, estimates the probability that a respondent will choose a particular response category for an item as:

$$\ln \frac{P_{nij}}{P_{ni(j-1)}} = B_n - D_i - F_j ,$$

where P_{nij} is the probability of respondent n scoring in category j of item i, $P_{ni(j-1)}$ is the probability of respondent n scoring in category j-1 of item i, B_n is the person measure of respondent n, D_i is the difficulty of item I, and F_j is the difficulty of category step j. Rating scale categories are ordered steps on the measurement scale. Completing the j^{th} step can be thought of as choosing the j^{th} alternative over the $(j-1)^{th}$ in the response to the item (Litz et al., 1990).

Rasch analysis places persons (B_n) and items (D_i) on the same measurement scale (illustrated in Figure 2) where the unit of measurement is the logit (log odds unit). Person reliability in Rasch is analogous to Cronbach's alpha in TST. It is more conservative, i.e., usually lower, since it estimates standards errors for each individual and each item. Thereby, it gives an idea of how reliably persons and items are placed on the scale. The Winsteps Computer Program was used for these calculations (Linacre, 2009). Reliability estimates are calculated from 0 to 1.00 on scales that are actually infinite in either direction (Linacre, 2002).

Dimensionality. Since the Rasch model requires unidimensionality, principal component analysis of residuals is used to examine whether a substantial factor exists in the residuals after the primary measurement dimension has been estimated (Linacre, 1998; Smith, E., 2002). Although there are no hard rules for interpreting principal components results, our rule of thumb for unidimensionality was variance explained of >40% by the measurement dimension (Linacre, 2006), e.g., Reckase, (1979) used 20%, and we set <15% as the criterion for variance explained the first principal component of the residuals. Simply put, using 20% variance as the criterion for a substantial dimension, the measurement dimension must be large, while any additional component must be small. Additional criteria for unidimensionality were employed using item fit statistics.

Quality control with fit statistics. Rasch analysis provides fit statistics to test assumptions of fundamental measurement (Wright & Stone, 1979). "Fitting the model" simply means meeting basic assumptions of measurement, e.g., high scorers should endorse or get right almost all of the easy items. Once identified, persons and items that "misfit" can then be examined qualitatively to determine the causes of the problems. Problems may include items with confusing wording or items that assess a construct that is different from the principal one being measured, i.e., multidimensionality. Understanding poor fit can lead to improving or dropping items. The following link provides a handy guide to interpreting fit statistics: http://www.rasch.org/rmt/rmt82a.htm. The Rasch model provides two indicators of misfit: infit and outfit. Person fit indicates the extent to which the person's performance is consistent with the way the items are used by the other respondents. Item fit indicates the extent to which the use of a particular item is consistent with the way the sample respondents have responded to the other items. For this type of analysis, values between .75 and 1.33 are considered acceptable (Wilson, 2005; Smith, R., 2000) although there is a range of criteria depending on the purpose. Low fit values, i.e., <.75 which resemble Guttman-type items, provide less motivation for item editing than do high values (Wilson, 2005, p. 129), unless obvious duplication is found, e.g., a repeated question or a double-scanned response form. Low fit values do not disturb the meaning of a measure though they may reduce precision (Linacre & Wright, 1994). A certain proportion of Guttman-type items will occur by chance, especially for persons in large samples, and do not necessarily define the person as over-fitting. All items that were analyzed are presented in Appendix H, p. 188, which shows the items that were removed due to poor fit. We also used

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statistical significance, i.e., standardized Z, as a criterion to examine items that should be dropped. Our criteria to cut items to create the initial long forms were as follows: both infit and outfit mean square greater than 1.4 with accompanying statistical significance (standardized Z) greater than 2.0. To make the short forms, these criteria were tightened, and decisions were based on the items positions on the map with the intention of covering the full range as well as possible. Person fit statistics were examined in order to inform better the clinical interpretation of the measures but no persons were dropped.

Rating scale. The proper functioning of the rating scale is examined using: 1) fit statistics where outfit mean-squares should be less than 2.0, 2) average measures advance monotonically with each category, and 3) step calibrations increase monotonically (Linacre, 1999; 2002; Zhu, 2002; Zhu, Updike, & Lewandowski, 1997). Step calibrations are indicators of the probabilities of categories being observed based on the observed measures of the respondents. Therefore, knowing a respondent's measure should help us to predict what step on the rating scale s/he would choose. In this study, we did not expect the "suspected" category to perform as a typical rating scale category. We expected it to be used very rarely, but, based on qualitative input, it was important to include. A "not applicable/don't know" category was coded as missing data.

For an overview and for references to articles that illustrate the applications noted above, we recommend Conrad & Smith (2004). For a complete treatment of Rasch analysis, we recommend Bond & Fox (2007) which includes a glossary of Rasch measurement terminology. Terminology may also be accessed online via *Rasch Measurement Transactions* located at http://www.rasch.org/rmt/. The results tables are modified from Winsteps 3.67 (Linacre, 2009) with annotated explanations and interpretations.

Construct Validation. In Rasch analysis the item hierarchy that is created by the item difficulty estimates provides an indication of construct validity (Smith, 2001). The items should form a ladder of low severity symptoms on the bottom to high severity symptoms on the top. In our prior work (Conrad et al., in press), 16 experts grouped the items into six groups and rated the severity of the items on a scale from 1-5. These item severities were then averaged within each group. The result was a theoretical hierarchy of six conceptual components of financial exploitation arranged in descending severity as follows (expert rating in parentheses): Theft and Scams (4.31), Financial Victimization (4.20), Financial Entitlement (4.04), Coercion (3.92), Signs of Possible Abuse (3.27), and Money Management Difficulties (1.94), To test whether this hierarchy was validated by the client respondents in this study, we obtained the Rasch calibration on each item and averaged those within each group to see if the hierarchy would remain the same.

Multi-trait, Multi-method Analysis. Construct validation also may be tested by setting up a pattern of theoretical expectations and testing whether those expectations are supported by the data (Campbell & Fiske, 1959). As Campbell and Fiske pointed out, measures of the same construct should be highly correlated and especially so if they use the same method of observation.

Measures Used in Construct Validation. The IDoA questionnaire, which is required by IDoA for elder abuse investigations, covers many forms of elder abuse, including emotional abuse, and financial exploitation. The IDoA form contains several sections that ask staff members to circle indicators of abuse for each type. At the bottom of each of these sections, the staff member is asked to substantiate the abuse. The IDoA form also asks staff members to give a closing status on the case, identifying which types of abuse are substantiated. We looked at this closing status substantiation decision on financial exploitation and emotional abuse to correlate with the OAMA questionnaires. OAMA staff data involved 22 elder abuse investigators who report their observations on 227 substantiated clients. OAMA client data involved the same 227

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clients giving their self-reports on a separate questionnaire. Full psychometric analyses of the staff observations and the psychological abuse measures can be found in Conrad et al. (2009).

1) *Client Gender:* coded male=0, female=1

2) *Financial Exploitation Substantiation Decision:* We considered financial exploitation substantiated if the staff member coded it as "verified" or "some indication." For those cases where the staff marked "no indication" or "unable to verify," the financial exploitation was not substantiated.

3) *Emotional Abuse Substantiation Decision:* Similarly, for emotional abuse, we relied on the substantiation decision in the IDoA's closing status. We considered emotional abuse substantiated if it was marked as "verified" or "some indication."

4) *OAMA Staff Financial Exploitation:* The Rasch person reliability on 227 clients for Staff-reported (n=22) Financial Exploitation was very high at .94 with a Cronbach's alpha of .97. The Rasch item reliability was also very high at .97. The final 82 items of Staff-reported Financial Exploitation met stringent Rasch analysis fit and unidimensionality criteria.

5) *OAMA Client Financial Exploitation:* The Rasch person reliability for 79 item version for the Client-reported Financial Exploitation was very high at .92 which corresponded with the Cronbach's alpha of .96. The Rasch item reliability was also very high at .95. The Client-reported Financial Exploitation measure met stringent Rasch analysis fit and unidimensionality criteria.

6) *OAMA Staff Psychological Abuse:* The Rasch person reliability was high at .87 which corresponded with the Cronbach's alpha of .92. The Rasch item reliability was very high at .96. The final 53 items of Staff-reported Psychological Abuse met stringent Rasch analysis fit and unidimensionality criteria.

7) OAMA Client Psychological Abuse: The Rasch person reliability was high at .86 which corresponds with the Cronbach's alpha of .92. The Rasch item reliability was very high at .97. The final 31 items of Client-reported Financial Exploitation meet stringent Rasch analysis fit and unidimensionality criteria.

The direction and strength of construct pairs will depend on method and theoretical expectations, e.g., financial exploitation and psychological abuse are different constructs but should be positively correlated especially if measured in similar ways. We set up a pattern of expected correlations roughly corresponding to Cohen's guidelines (1988, 1992) where NS=non-significant, >.1=low, >.3=moderate, and > .5 is high. We note that others have used >.2=moderate, and >.4 as high, so there are no absolute guidelines available. This hypothesized pattern and the resulting correlations are in the upper right half of Table 23. The diagonal entries are the person reliabilities. The hypothesized correlations are stated above each correlation coefficient and were all in the positive direction except where noted as NS. We expected that all correlations except five would be either moderate or high. For example, Staff FE Substantiation Decision would be highly correlated with OAMA Client FE and other staff estimations of FE, including OAMA Staff FE. The same construct with different methods would likely be a moderate correlation. We posited a low correlation for OAMA Client FE with Emotional Abuse Substantiation Decision. This correlation involved different methods and different constructs even though FE and PA were believed to be somewhat correlated. Based on our reading of the literature, we hypothesized a low correlation of measures of emotional or psychological abuse with client or staff FE estimates since these were different constructs which were believed to be positively correlated. For example, Anetzberger (1998) found that in cases where there was psychological abuse, additional forms of abuse were present 89.7% of the time, including physical neglect and financial exploitation. All correlations were expected to be positive.

1) *Client Gender:* We had no reason to expect differential exploitation by gender so all gender correlations were expected to be NS.

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2) *Financial Exploitation Substantiation Decision:*
- Low correlation with Emotional Abuse Substantiation Decision
- High correlation with OAMA Staff FE
- Moderate correlation with OAMA Client FE
- Low correlation with OAMA Staff Psychological Abuse
- Low correlation with OAMA Client Psychological Abuse

3) *Emotional Abuse Substantiation Decision:*
- Low correlation with OAMA Staff FE
- Low correlation with OAMA Client FE
- High correlation with OAMA Staff Psychological Abuse
- Moderate correlation with OAMA Client Psychological Abuse

4) *OAMA Staff Financial Exploitation:*
- High correlation with OAMA Client FE
- Moderate correlation with OAMA Staff Psychological Abuse
- Moderate correlation with OAMA Client Psychological Abuse

5) *OAMA Client Financial Exploitation:*
- Moderate correlation with OAMA Staff Psychological Abuse
- Moderate correlation with OAMA Client Psychological Abuse

6) *OAMA Staff Psychological Abuse:*
- High correlation with OAMA Client Psychological Abuse

In the multi-trait, multi-method analyses, the most complete versions of all OAMA measures were used.

Results

The OAMA client FE self-report questionnaires were completed by 227 clients via interview.

Analyses for Client-reported Financial Exploitation Items

Table 21 displays the item infit and outfit statistics and point measure correlations for the client financial exploitation items. Items were dropped because they did not meet our criteria for fit, i.e., if they had both infit and outfit greater than 1.33, and for point measure correlation, i.e., less than .2. If an item met any of the above criteria, it was a candidate to be dropped. Since this was an iterative analysis, i.e., items were dropped, then the analysis was rerun. All of the remaining 79 items fit on the second and final run.

The raw variance explained by the measures in the remaining 79 items was 44.3%. This was a large amount that was supportive of a strong principal measurement dimension. The unexplained or residual variance that was explained by the first contrast was a small 7.0%. This meant that there was no substantial rival dimension, i.e., also supportive of unidimensionality.

The Rasch person reliability for Client-reported Financial Exploitation was very high at .92 which corresponded with the Cronbach's alpha of .96. A separation value of 3.45 gives approximately three and a half separation levels, thus splitting the persons into over 3 groups on the Rasch ruler. This is a very high value.

The Rasch item reliability was also very high at .95 with a high separation at 4.31 which means that the items could be separated into about five groups. The final 79 items of Client-reported Financial Exploitation met stringent Rasch analysis fit and unidimensionality criteria.

Shorter, User-Friendly Measures

Seventy-nine items are too many to administer to most clients, so we went on to develop two shorter forms containing 54 items and 30 items respectively.

Fifty-four item form. The Rasch person reliability for the 54 item form was very high at .88 which corresponded with the Cronbach's alpha of .95. The person separation was 2.75

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which is also high. The Rasch item reliability was also very high at .95 with item separation of 4.35. The 54 items of Client-reported Financial Exploitation met stringent Rasch analysis fit and unidimensionality criteria.

Thirty item form. The Rasch person reliability for the 30-item form was very high at .85 which corresponded with the Cronbach's alpha of .93. The person separation was 2.41, a high value. The Rasch item reliability was also very high at .96 with item separation at 4.73. The final 30 items of Client-reported Financial Exploitation met stringent Rasch analysis fit and unidimensionality criteria.

In Table 22, the Rasch map or ruler for the 30 item version is displayed. Persons are arrayed on the left of the dashed line and items on the right. The items form a hierarchy of severity with lower severity items at the bottom and higher severity items at the top. The persons are also displayed according to their measure on the FE scale. There is a substantial floor of persons at the bottom who are not registering any financial exploitation. This was expected since all substantiated clients were accepted, i.e., whether or not they were substantiated specifically for financial exploitation. Although the persons in the floor are included on the map, they were not included in the calculation of the mean (-.79) and SD (1.02). We interpret this as reasonably well targeted since the person mean is within one logit and about one item SD of the item mean of zero.

It is also notable that 164 (72%) of the sample had "some indication" of Financial Exploitation using IDOA criteria, but this designation lacked specifics about what this means. If we look at Figure 1, the person/item map, we see that above -1.0 on the ruler, the item meanings and locations indicate that this may be a useful cutoff score for financial exploitation. Above this -1.0 level were 102 persons. These persons had a score of 12 or more of a possible 60 points on the measure. If we use 0 on the ruler as the criterion for serious psychological abuse, there were 41 persons above this level having even more severe symptomatology

Construct Validation

Expert hierarchy compared with client calibrations. Looking at the left half of Table 24, "Original Concept Group," the ordering of the conceptual components of financial exploitation was the same for both experts, averaging their concept map ratings, and clients, averaging their Rasch measurement calibrations, in 4 out of 6 cases. The first difference between experts and clients was Coercion which jumped in rank from fourth most severe as rated by experts to second most severe based on client endorsements. Clients ranked Abuse of Trust fifth whereas experts had ranked it second.

Factor analysis of client data. In the right half of Table 24, a factor analysis of the client data for the 30 item measure indicated differences from the experts in the grouping of the items. With only a few minor differences, the 54 item measure had the same factor structure as the 30 item measure. The factor analysis results of the client data, indicated that there were four factors which we described as Theft and Scams, Lesser Theft and Scams, Entitlement and Expectations, and Abuse of Trust/Deceit. The Risk Factor items were misfitting items in the Rasch analysis so they were dropped as a component of a unidimensional measure of financial exploitation. However, we see in Table 24 that, if the were included, they would rank above Abuse of Trust/Deceit.

Multi-trait, Multi-method Analysis. We hypothesized that all gender correlations would be NS and all 6 correlations were (Table 23). Of the remaining 15 expectations, 10 were verified or were very close. The four that were very close were: Em. Abuse Sub Decision with OAMA Staff PA (High/.478) was slightly lower than expected. OAMA Staff FE with OAMA Staff PA (Mod/.261) and with OAMA Client PA (Mod/.236) were both slightly lower than expected. Finally, OAMA Client FE with OAMA Client PA (Mod/.521) was slightly higher than expected.

There were 5 negative correlations that were very different from expectations since all correlations were expected to be positive. These were: FE Sub Decision with Em. Abuse Sub

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Decision (Mod/-.301), OAMA Staff PA (Mod/-.162), and OAMA Client PA (Low-1.41); likewise, Em. Abuse Sub Decision with OAMA Staff FE (Low/-.262) and OAMA Client FE (Low/-.104).

Psychological Abuse

The client self-report measure (Appendix, p. 94) of psychological abuse resulted from the prior study using qualitative focus groups and cognitive interviews. The self-report questionnaires were completed by 226 clients via interview. Subsequently, the adult protective services staff, n=22, completed 226 corresponding staff questionnaires.

Analyses for Client-reported Psychological abuse Items

Table 25 displays the item infit and outfit statistics and pt. measure correlations for the Client-reported Psychological Abuse items. No items were dropped because they all met our criteria for fit, i.e., both infit and outfit less than 1.33, and for pt. measure correlation, i.e., greater than .20.

In Table 26, the raw variance explained by the measure was 43.1%. This was a large amount that was supportive of a strong principal measurement dimension. The unexplained or residual variance that was explained by the first contrast was a small 10.5%. This, along with the well fitting items, meant that there was no substantial rival dimension, i.e., also supportive of unidimensionality.

In Table 27, the Rasch ruler is displayed. Persons are arrayed on the left of the dashed line and items on the right. The items form a hierarchy of severity with lower severity items at the bottom and higher severity items at the top. The persons are also displayed according to their measure on the psychological abuse scale. There is a substantial floor of persons at the bottom who are not registering any Client-reported Psychological Abuse. The Rasch person reliability was very high at .86 which corresponds with the Cronbach's alpha of .92. The person separation was 2.49 which is high. The Rasch item reliability was also very high at .97 with a very high item separation at 5.27. The final 31 items of Client-reported Psychological abuse met stringent Rasch analysis fit and unidimensionality criteria; the measure as a whole had high person and item reliability. Although the persons in the floor are included on the map, they were not included in the calculation of the mean (-.59) and SD (.93). We interpret this as reasonably well targeted since the person mean is within one logit and about one item SD of the item mean of zero.

It is notable that only 97 (43%) of the sample had some indication of psychological abuse using IDOA criteria, but this lacks specifics about what this means. If we look at Figure 1, the person/item map, we see that above -1.0 on the ruler, the item meanings and locations indicate that this may be a useful cutoff score for psychological abuse. Above this -1.0 level were 134 persons. These persons scored 6 or more of a possible 36 score. If we use 0 on the ruler as the criterion for serious psychological abuse, there were 53 persons above this level having even more severe symptomatology.

Construct Validation

Expert hierarchy compared with client calibrations. Looking at the left half of Table 28, "Original Concept Group," the ordering of the conceptual components of psychological abuse was the same for both experts, averaging their concept map ratings, and clients, averaging their Rasch measurement calibrations. This was supportive of the construct validity of the measure.

Factor analysis of client data. In the right half of Table 28, a factor analysis of the client data for the 31 item measure indicated differences from the experts in the grouping of the items. The factors were named according to their interpretation by the authors. The factor analysis results of the client data, indicated that there were five factors which we described in descending severity order as Neglect & Deprivation, Isolation, Infantilization, Insensitivity & Disrespect,

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and Threats & Intimidation. The two Risk Factor items in the expert analysis, i.e., "afraid of" and "uncomfortable with," were placed by the factor analysis in the Threats & Intimidation factor. The item by item details of the expert concepts and rankings as well as the factors and their rankings are located in the articles in the Appendix G, p. 130.

Multi-trait, Multi-method Analysis. We hypothesized that all gender correlations would be NS and all 6 correlations were (Table 23). Of the remaining 15 expectations, 10 were verified or were very close. The four that were very close were: Em. Abuse Sub Decision with OAMA Staff PA (High/.478) was slightly lower than expected. OAMA Staff FE with OAMA Staff PA (Mod/.261) and with OAMA Client PA (Mod/.236) were both slightly lower than expected. Finally, OAMA Client FE with OAMA Client PA (Mod/.521) was slightly higher than expected.

There were 5 negative correlations that were very different from expectations since all correlations were expected to be positive. These were: FE Sub Decision with Em. Abuse Sub Decision (Mod/-.301), OAMA Staff PA (Mod/-.162), and OAMA Client PA (Low-1.41); likewise, Em. Abuse Sub Decision with OAMA Staff FE (Low/-.262) and OAMA Client FE (Low/-.104).

Eighteen item form. The final 18 items, delineated in Appendix H, of Client-reported Psychological Abuse met stringent Rasch analysis fit and unidimensionality criteria and maintained the measurement range of the 31 item ruler. The Rasch person reliability for the 18-item form was still reasonably high at .78 which corresponded with the Cronbach's alpha of .87. The Rasch item reliability was also very high at .96.

Discussion

Financial Exploitation

A bank of 79 items that contributed to a unidimensional measure of client-reported financial exploitation was developed. Subsequently, shorter forms consisting of 54 items and 30 items were developed. These 79, 54 and 30 item measures had very similar factor structures whereby Risk Factors items did not break out as a separate factor. Since the Risk Factors items misfit in the Rasch analyses, we regarded Risk Factors as an important, but distinct, construct, and we removed it from the Client-Reported Financial Exploitation Measure. The fact that, when we examined the calibrations, Risk Factors was ranked higher than Abuse of Trust/Deceit was interpreted as indicating that there can be financial exploitation present even when the victim is not endorsing risk factors. In other words, this finding supports the common sense notion that older adults that are able and alert, i.e., lacking risk factors, may still be exploited. Then those who endorse higher severity financial exploitation are very likely to have more risk factors. However, to include risk factors in the measure of financial exploitation could be misleading since people can have risk factors even though there might be a complete absence of financial exploitation. Therefore, risk factors should not be confused with financial exploitation but may be measured separately.

The structure of the client data presents a simpler picture of financial exploitation than did the expert groups and ratings. There were four factors consisting, in descending order of severity, of Theft and Scams, Lesser Theft and Scams, Entitlement and Expectations, and Abuse of Trust/Deceit. These were basically the same as the experts' concept groups except that Signs and Risk Factors were out and the Coercion items were simply incorporated into the other types of financial exploitation and not broken out as a distinct factor.

Multi-trait, Multi-method Construct Validation

As hypothesized client gender was not significantly related to any indicators. Financial Exploitation Substantiation Decision was surprising since it showed a significant negative correlation with the Emotional Abuse Substantiation Decision. This means that clients who were substantiated for financial exploitation tended not to be substantiated for emotional abuse. Likewise, the Financial Exploitation Substantiation Decision was negatively associated with the

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OAMA Staff and Client Psychological Abuse measures. This was contrary to our expectations, based on literature review, of at least a low positive correlation on all of these indicators. One plausible interpretation is that, using their current procedures, investigators tended to substantiate clients on either financial exploitation or emotional abuse, but not both.

The Emotional Abuse Substantiation Decision behaved as expected except that it had negative correlations with OAMA Staff and Client Financial Exploitation measures. Again, when financial exploitation was observed, this time with the OAMA, there was a negative correlation with the emotional abuse substantiation decision.

If we look at the OAMA correlations alone however, we find that they were consistent with theoretical expectations. The OAMA Staff Financial Exploitation was highly correlated with the OAMA Client Financial Exploitation, and it was moderately correlated with OAMA Staff and Client Psychological Abuse measures. The OAMA Client Financial Exploitation was moderately correlated with the OAMA Staff Psychological Abuse, and it was unexpectedly highly correlated with the OAMA Client Psychological Abuse. The OAMA Staff Psychological Abuse was highly correlated with the OAMA Client Psychological Abuse. All of these were consistent with our theoretical expectations and supportive of the construct validity of the OAMA measures. The fact that the staff substantiation decisions for financial exploitation and psychological abuse unexpectedly correlated negatively is counter-intuitive. Therefore, based on their concurrence with theoretical expectations, the construct validity of the OAMA measures was supported.

Psychological Abuse

A measure consisting of 31 items was validated as a unidimensional measure of client-reported financial exploitation. Subsequently, a shorter form consisting of 18 items was developed.

Multi-trait, Multi-method Construct Validation

As hypothesized client gender was not significantly related to any indicators. Financial Exploitation Substantiation Decision was surprising since it showed a significant negative correlation with the Emotional Abuse Substantiation Decision. This means that clients who were substantiated by investigators for financial exploitation tended not to be substantiated for emotional abuse. Likewise, the Financial Exploitation Substantiation Decision was negatively associated with the OAMA Staff and Client Psychological Abuse measures. This was contrary to our expectations, based on literature review, of at least a low positive correlation on all of these indicators. One plausible interpretation is that, using their current procedures, investigators tended to substantiate clients on either financial exploitation or emotional abuse, but not both.

The Emotional Abuse Substantiation Decision behaved as expected except that it had negative correlations with OAMA Staff and Client Financial Exploitation measures. Again, when financial exploitation was observed, this time with the OAMA, there was a negative correlation with the emotional abuse substantiation decision.

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on their concurrence with theoretical expectations, the construct validity of the OAMA measures was supported.

Factor Analysis

The client factors were ranked the same by both the experts and by the client Rasch calibrations (Table 28). This was supportive of construct validity. The factor analysis of the client data was similar in many respects to the expert concept groups such that three had the same names, i.e., Isolation, Insensitivity & Disrespect, and Threats & Intimidation. However, there were several key differences. First, the Risk Factors concept was absorbed into Threats & Intimidation. This was logical since the items, i.e., "uncomfortable with" and "afraid of," can be interpreted as sequelae of threats and intimidation. Second, while Isolation remained as a factor, a new factor, i.e., Neglect & Deprivation, emerged as the most severe with a calibration of 0.593 whereas Isolation became second most severe at 0.503. Third, another new factor was identified, Infantilization, which ranked third in severity.

Conclusion

The use of patient-reported outcomes has become common in assessing patient and client health and social status. This is because no outside observer, given short time frames and limited access to information, can know and report the details of a client's situation as well as the client him/herself if they are cognitively able to report. This study has used expert and client input involving 83 informed stakeholders to develop items; it then collected data on 227 substantiated clients and analyzed it. The results were supportive of the validity of using the OAMA Client Self-Report of Financial Exploitation and Psychological Abuse in helping to assess the existence and the level of financial exploitation and psychological abuse of older adults who are able to report using a Mini-mental Status Exam score of at least 17 or investigator judgment as the criterion for adequate cognitive capacity.

These measures, used appropriately as long and short forms, should help to open the neglected areas of financial exploitation and psychological abuse of older adults for improved services and research. They may help researchers to understand prevalence better by enabling more accurate self reporting. The measures provide theoretically supportable gradations along the continuum of abuse severity that can enable better decision-making. With the development of validated cutoff scores, cases may be triaged more effectively into appropriate interventions.

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References

AARP International (2006). Keeping the Wolves from Grandma's Door: Financial Exploitation of the Elderly. International Network for the Prevention of Elder Abuse, World Elder Abuse Awareness Day, United Nations, New York, New York.

Anetzberger, G. (1998). Psychological abuse and neglect: A cross-cultural concern to older Americans. Understanding and Combating Elder Abuse in Minority Communities, Archstone Foundation, 141-151.

Anetzberger, G. (2000). Caregiving: Primary cause of elder abuse? *Generations*, XXVI(II), 46-51.

Angelari, M. & Schmiedel, P. (2005). Elder Abuse & Guardianship Issues: Protecting Clients with Disabilities: Video about challenges that arise in elder abuse and adult guardianship. www.illinoisprobono.org/index.cfm?fuseaction=home.dsp_content&contentID=4436.

Bass, D.M.. Anetzberger, G.J., Ejaz, F.K., & Nagpaul, I. (2001). Screening tools and referral protocol for stopping abuse against older Ohioans: A guide for service providers. *Journal of Elder Abuse & Neglect*, 13(2), 23-38.

Bond, T.G. & Fox, C.M. (2007). *Applying the Rasch Model: Fundamental measurement in the human sciences*. (*2nd Ed*.) Mahwah, NJ: Erlbaum Associates.

Brandl, B., Dyer, C.B., Heisler, C.J., Otto, J.M., Stiegel, L.A., Thomas, R.W. (2007). *Elder Abuse Detection and Intervention: A Collaborative Approach.* New York: Springer.

Bravo, G., Girouard, D., Gosselin, S., Archambualt, C., & Dubois, M. (1995). Further validation of the QUALCARE scale. *Journal of Elder Abuse & Neglect, 7*(4), 29-48.

Brownell, P. et al. (1999). Mental Health and Criminal Justice Issues Among Perpetrators of Elder Abuse. *Journal of Elder Abuse & Neglect*, Vol. 11, No. 4, 81-94.

Canadian Task Force on Periodic Health Examination. (1994). Periodic health examination, 1994 update: 4. Secondary prevention of elder abuse and mistreatment. *Canadian Medical Association Journal, 151*, 1413-1420.

Choi, N., & Mayer, J. (2000). Elder abuse, neglect, and exploitation: Risk factors and prevention strategies. *Journal of Gerontological Social Work, 33*(2), 5-25. Concept Systems, Inc. (n.d.). *Domain coverage*. Retrieved June 26, 2006, from http://www.conceptsystems.com/kb/00000314.cfm.

Choi, N.G., Kulick, D.B., & Mayer, J. (1999) Financial exploitation of elders: Analysis of risk factors based on county adult protective services data. *Journal of Elder Abuse & Neglect, 10*(3/4). 39-62.

Conrad, K.J., Lutz, G., Matters, M., Clark, E., Donner, L., Lynch, P. (2006). Randomized Trial of Psychiatric Care Coordinated with Representative Payee for Serious Mental Illness, *Psychiatric Services*, 57(2).

Conrad, K.J., Matters, M.D., Luchins, D., Hanrahan, P., Quasius, D.L., Lutz, G. (2006). Development of a Money Mismanagement Measure and Cross-validation Due to Suspected Range Restriction. *Journal of Applied Measurement*, 7(2), 206-224.

Conrad, K.J. & Smith, E.V. (2004). International conference on objective measurement: Applications of Rasch analysis in health care. *Medical Care, 2004; 42* (suppl I) 1-6.

Dessin, C. L. (2000). Financial abuse of the elderly. *Idaho Law Review*, 36(2), 203-241.

Dimah, K.P. (2001) Patterns of elder abuse and neglect in an Illinois elder abuse and neglect provider agency: A comparative analysis. *Journal of Elder Abuse and Neglect, 13*(1):27-44.

Dyer, C. B., & Goins, A. M. (2000). The role of interdisciplinary geriatric assessment in addressing self-neglect of the elderly. *Generations*, 24, 23-27.

Embretson, S. E. & Reise, S. P. (2000). *Item response theory for psychologists.* Mahwah, N.J.: Erlbaum.

Folstein, M., Folstein, S. & McHugh, P. (1975). Mini-mental state. A practical method forgrading the cognitive state of patients for the clinician. Journal of Psychiatric Research 12(3). 189-98.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Fulmer, T., & Cahill, V. M. (1984). Assessing elder abuse: A study. Journal of Gerontological Nursing, 10, 16-20.
Fulmer, T., Paveza, G., Abraham, I., & Fairchild, S. (2000). Elder neglect assessment in the emergency department. *Journal of Emergency Nursing*, 26, 436-443.
Godkin, M., Wolf, R., & Pillemer, K. (1989). A case-comparison analysis of elder abuse and neglect. *International Journal of Aging and Human Development*, 28(3), 207-225.
Hafemeister, T.L. (2003). Financial abuse of the elderly in domestic settings, in *Elder Mistreatment: Abuse, Neglect, and Exploitation in an Aging America* (Panel to Review Risk and Prevalence of Elder Abuse and Neglect, Richard J. Bonnie & Robert B. Wallace, eds.), National Research Council of the National Academies.
Heisler, C.J., & Tewksbury, J.E. (1991). Fiduciary abuse of the elderly: A prosecutor's perspective. Journal of Elder Abuse & Neglect, 4(4). 25-35.
Iris, M, Conrad, K, Seymour, R & Ridings, J. (2004). Development of the Money Mismanagement Measure for the Elderly: Final Report. Retirement Research Foundation, Chicago, IL.
Iris, M, Conrad, KJ, Ridings, JW. (2006). Feasibility Study of a Self-Neglect Assessment Measure for Older Adults. Final Report. Retirement Research Foundation, Chicago, IL.
Kim, S., Karlawish, J. & Caine, E. (2002). Current state of research on decision-making competence of cognitively impaired elderly persons. *American Journal of Geriatric Psychiatry* 10(2). 151-165.
Krueger, R. & Casey, M. (2008). *Focus groups*, 4th Ed. Thousand Oaks, CA: Sage Publications, Inc
Lachs, M, Williams, C, O'brien, S, Pillemer, K, Charlson, M. (1998). The mortality of elder mistreatment. *JAMA* Aug 5;280(5):428-32.
Langan, J. & Means, R. (1996). Financial management and elderly people with dementia in the U.K.: As much a question of confusion as abuse? *Ageing and Society*, 16, 287-314.
Linacre, J.M. (1998). Detecting multidimensionality: Which residual data-type works best? Journal of Outcome Measurement, 2(3), 266-283.
Linacre J.M. (2006). Data Variance Explained by Measures. Rasch Measurement Transactions, 20:1, 1045.
Linacre, J.M. (2007). *Winsteps Rasch Measurement* (Version 3.64.2). www.winsteps.com. Author.
Linacre J.M., Wright B.D. (1994) Chi-Square Fit Statistics. Rasch Measurement Transactions 8:2 p. 350.
Lithwick, M. et al. (1999). The mistreatment of older adults: Perpetrator-Victim relationships and interventions. *Journal of Elder Abuse & Neglect,* 11(4), 95-112.
Lueders, B. (2002). Emotional and Verbal Abuse. Focus on the Family
Lukawiecki, T. (1993). Financial abuse of seniors. Ottawa, ON: National Clearinghouse on Family Violence, Health and Welfare Canada.
Marshall, C. E., Benton, D., & Brazier, J. M. (2000). Elder abuse: Using clinical tools to identify clues of mistreatment. Geriatrics, 55(2), 42-53.
Miller, M.S. (1995). *No Visible Wounds: Identifying Non-Physical Abuse of Women by Their Men*. New York, Fawcett Columbine.
Mount Sinai/Victim Services Agency Elder Abuse Project. (1988). *Elder mistreatment guidelines for health care professionals: Direction, assessment and intervention*. New York: Author.
Nagpaul, K. (2001). Application of elder abuse screening tools and referral protocol: techniques and clinical considerations. *Journal of Elder Abuse & Neglect*, 13(2), 59-78.
National Center on Elder Abuse. (1998). The national elder abuse incidence study: Final report. Washington, DC: Author.
National Research Council (2003). Elder Mistreatment: Abuse, Neglect, and Exploitation in an Aging America. Panel to Review Risk and Prevalence of Elder Abuse and Neglect. Richard J. Bonnie and Robert B. Wallace, Editors. Committee on National Statistics and Committee on

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Law and Justice, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.
Norman, G.R., Sloan, J.A., & Wyrwich, K.W. (2003). Interpretation of changes in health-related quality of life: The remarkable universality of half a standard deviation. *Medical Care, 41(5),* 582-592.
Oswald, R.A., Jogerst, G.J., Daly, J.M., & Bentler, S.E. (2004). Iowa family physician's reporting of elder abuse. *Journal of Elder Abuse & Neglect*, 16(2), 75-88.
Patton, M. (2002). Qualitative Research and Evaluation Methods. 3rd Edition. Thousand Oaks, CA: Sage Publications, Inc.
Podnieks, E., Pillemer, K., Nicholson, J.P., Shillington, T., & Frizzle, A. (1990). National survey on abuse of the elderly in Canada. Toronto, ON: Ryerson Polytechnical Institute.
Reis, M. & Nahmiash, D. (1998). Validation of the indicators of abuse (IOA) screen. *The Gerontologist*, 28(4), 471-480.
Ries, M., & Nahmiash, D. (1995). Validation of the caregiver abuse screen (CASE). *Canadian Journal on Aging*, 14, 45-60.
Rabiner, D., O'Keeffe, J., & Brown, D. (2004). A conceptual framework of financial exploitation of older persons. *Journal of Elder Abuse & Neglect*, 16(2), 53-73.
Rabiner, D., Brown, D., & O'Keeffe, J. (2004). Financial exploitation of older person: Policy issues and recommendations for addressing them. *Journal of Elder Abuse & Neglect*, 16(1), 65-84.
Reed, K. (2005). When elders lose their cents: Financial abuse of the elderly. In: *Clinics in Geriatric Medicine: Elder abuse and neglect*. Edited by M. Gorbien. Philadelphia: Saunders (Elsevier, Inc.), 365-382.
Ridings, J., Seymour, R, Iris, M. & Conrad, K. (2006). A money mismanagement and risk of financial exploitation of the elderly assessment instruments. Presentation at the Joint Conference of the National Council on the Aging and the American Society on Aging, Anaheim, CA.
Schofield, M & Mishra, G. (2003). Validity of self-report screening scale for elder abuse: Women's health Australia Study. The Gerontologist 43(1):110-120.
Sellas, M & Krouse, L. (2008). Elder Abuse. http://www.emedicine.com/EMERG/topic160.htm. Accessed January 30, 2008.
Smith, E.V. (2001). Evidence for the reliability of measures and validity of measure interpretation: A Rasch measurement perspective. Journal of Applied Measurement, 2(3), 281-311.
Smith, E.V. (2002). Detecting and evaluating the impact of multidimensionality using item fit statistics and principal component analysis of residuals. Journal of Applied Measurement, 3(2), 205-231.
Trochim, W. (1989a). An introduction to concept mapping for planning and evaluation. Evaluation and Program Planning, 12(1), 1-16.
Trochim, W. (1989b). Concept mapping: Soft science or hard art? Evaluation and Program Planning, 12(1), 355-366.
Trochim, W., Milstein, B., Wood, B., Jackson, S., & Pressler, V. (2003a). Setting objectives for community and systems change: An application of concept mapping for planning a statewide health improvement initiative. Journal of Health Promotion Practice, 1-12.
Tueth, M.J. (2000). Exposing financial exploitation of impaired elderly persons. *American Journal of Geriatric Psychiatry*, 8(2). 104-111.
Vezina, M., & Ducharme, G. (1992). The sad abuse of seniors. *Canadian Banker*, 99(1), 58-61.
Vladescu, D. et al. (1999). An evaluation of a client-centered management program of elder abuse. Journal of Elder Abuse & Neglect, 11(4), 5-22.
Wilber, K.W. (1990). Material abuse of the elderly: When is guardianship a solution? In E. Dejowski (Ed). Protecting judgment-impaired adults: Issues, interventions and policies. (pp. 89-104).

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Wilber, K. & Reynolds, S. (1996). Introducing a framework for defining financial abuse of the elderly. Journal of Elder Abuse and Neglect, 8(2):61-80.
Willis, G. (2005). Cognitive Interviewing: A tool for improving questionnaire design. Thousand Oaks, CA; Sage Publications, Inc.
Wilson, M. (2005). *Constructing measures: An item response modeling approach.* Mahwah, NJ: Erlbaum Associates.
Wright, B.D., & Stone, M.H. (1979). *Best test design.* Chicago: University of Chicago, MESA Press.

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Table 1. Elder Abuse: Measure Development Plan

Stimulus	Response	Stimulus	Response	Activity	Concepts
					Risk
Abuser	Abuser	Elder	Elder	Questionnaire	Finan. Exploitation
Caregiver	Elder		Abuser		Psych. Abuse
Family	Collaterals		Collaterals	Checklist or	Neglect
Trusted Other	-law enforcement		APS archives	Questionnaire	Sexual
Institution	-Svc. Agency staff			Focus groups	Physical
Outsider	-Neighbors			(topic guide)	Positive Money
	-Health care providers			Partic. Obs.	Management
	-Relatives			(Abuse screening)	
	-Friends			Obtain related measures	
	APS* archives			Read everything	
				Construct maps	
				Concept mapping	
					Positive aspects of all concepts

*APS = Adult Protective Services

Table 2. Elder Risk Factors, Collateral Perspective

Elder Characteristics	High / Low	Collateral Responses
Bruises, welts, burns or other sign of physical abuse		
Internal injuries, e.g., fractures, sprains, aches		
Painful body movement, trouble walking or standing Reference to sexual assault or unwanted advances		
Anxious, trembling, scared of someone/thing B01		
Elder is fearful of others close to him/her History of abuse, violence, neglect		
Evidence of relationship problems, e.g., coercion B01		
Evidence of anger and hostility Mental health or emotional problems Evidence of extreme jealousy or possessiveness Elder depends on others for help with ADL & IADL		
Alzheimer's, cognitive impairment or dementia		
Problems with use of alcohol or other drugs		
Elder is weaker due to functional or mental issues		
Elder is emotionally dependent Recent loss of loved one Wheelchair bound Lack of a regular doctor		
Social isolation Parties have unrealistic expectations of each other		
Elder is over 80 years old		
Recent change in family relationships or living arrangements		
Lack or loss of social support		
Lonely		
Lacking decision-making capacity		
Other person manages the elder's money		

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Table 3. Abuser Risk Factors, Elder Perspective

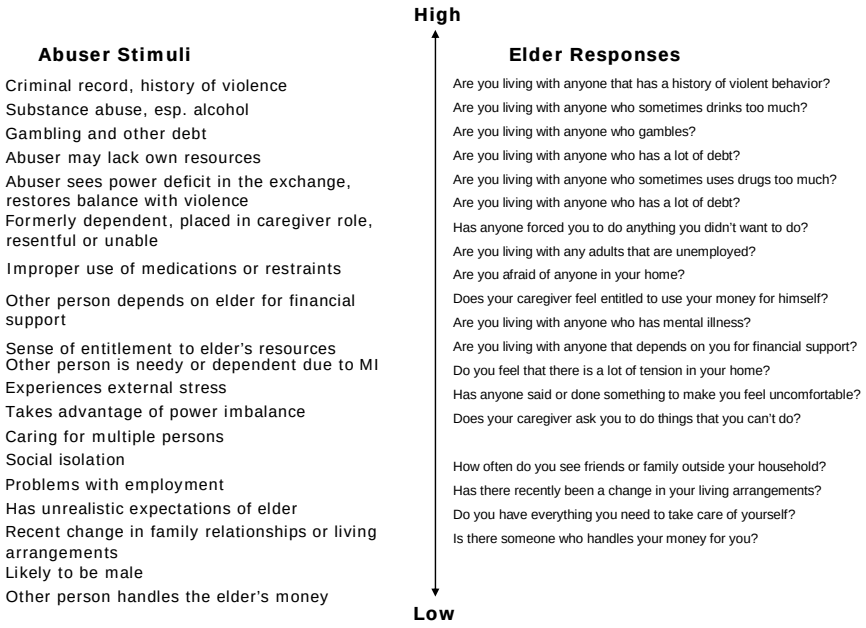

Table 4. Abuser Risk Factors, Abuser Perspective

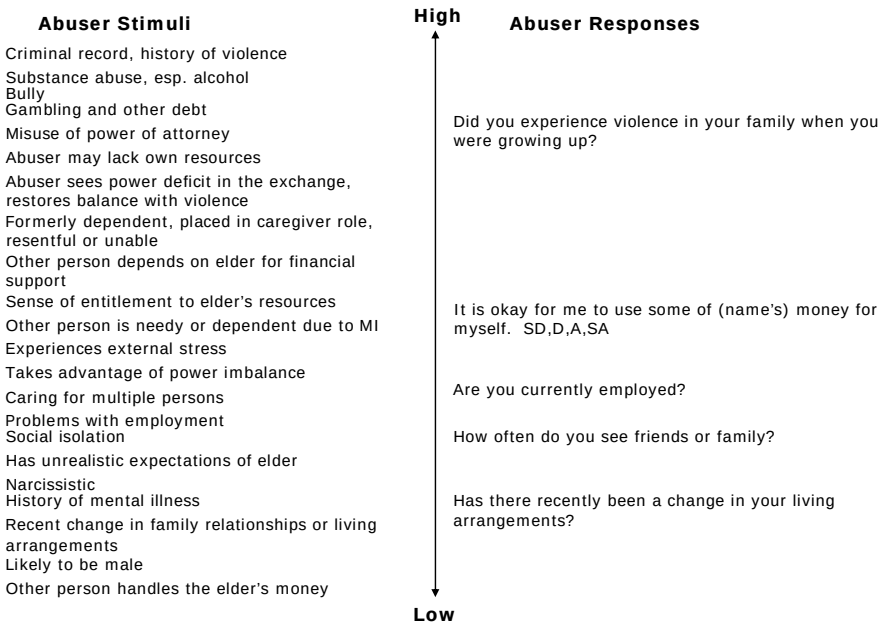

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Table 5. Money Mismanagement and Victimization

Elder Stimuli		**Elder Responses**
	High	Unauthorized withdrawals from your bank account?
		Unpaid bills, e.g. nursing home, when elder should have money?
		Pressured to sign checks or legal documents
Victimization even in the areas of basic needs		Tricked into buying something that you now regret buying
Mental illness problems are being exploited		Persuaded to give personal property
Elder is dependent on others for basic needs		Anyone stay with you when you did not want them there?
		Owed more than monthly income?
Elder in debt		Has anyone sold any of your property w/o permission?
		Tricked into selling valuable possession
Elder's substance abuse problems are exploited		Persuaded to use $ in ways you did not want to?
		Persuaded to buy drugs?
Elder's problems are exacerbated by being taken advantage of		Have you run out of money for transportation?
		Argued with people about money?
		Persuaded you to give them money?
		Taken anything without your permission?
Elder has serious problems due to poor money management, lack of funds		Able to pay your bills with your income?
		Have you run out of money to pay the rent?
		Felt cheated after someone sold you something?
		Someone owe you $, had trouble getting back?
Elder has trouble saving, keeping track of funds		Have you had to borrow money?
		Has anyone open your mail without your permission?
		Have you run out of money for food?
Elder has no estate plan		Have you run out of money to pay utilities?
		Anyone borrowed from you and not given it back?
Elder has some trouble budgeting, but is able to manage money without serious problems		Anyone live with you, but refuses to pay their share of expenses?
		Have you had trouble keeping track of your $
	Low	Trouble saving money for something expensive?
		How do you feel about the way you handled your $
		Participated in planning your budget?

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Table 6. Financial Exploitation of Elderly

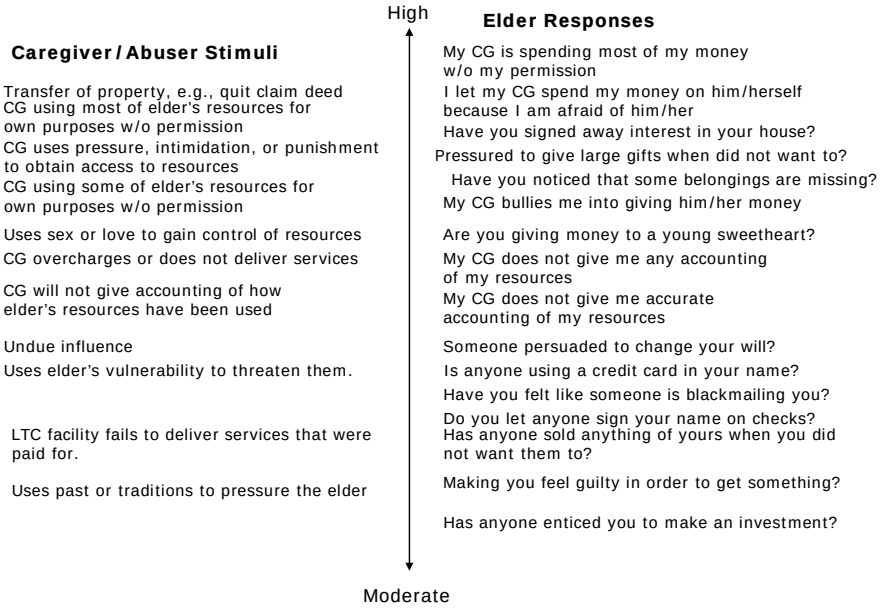

Table 6 (cont.). Financial Exploitation of Elderly

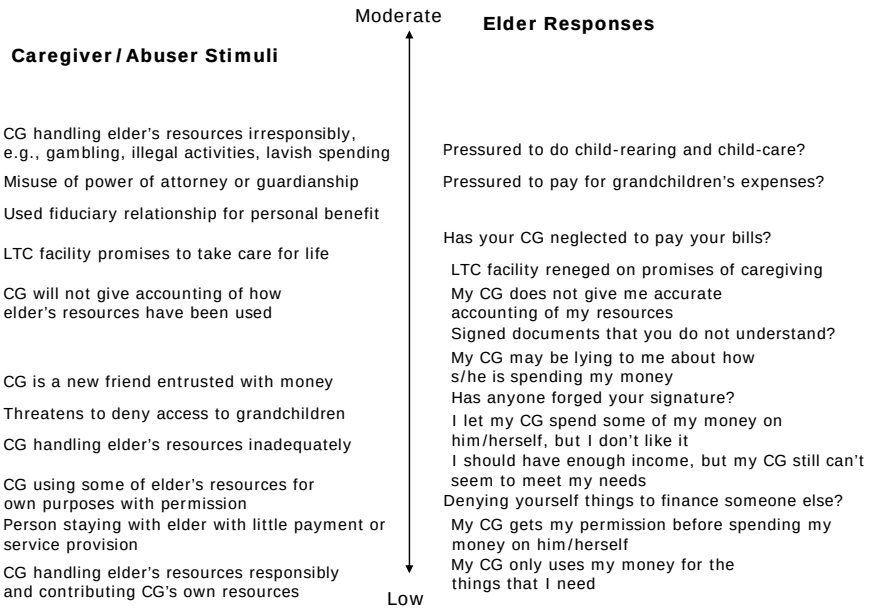

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Table 7. Financial Exploitation of Elderly

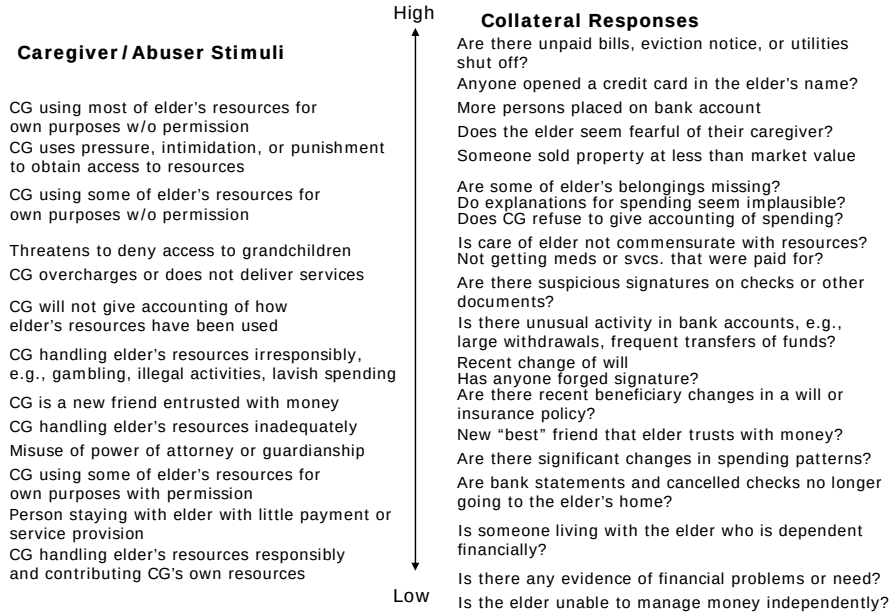
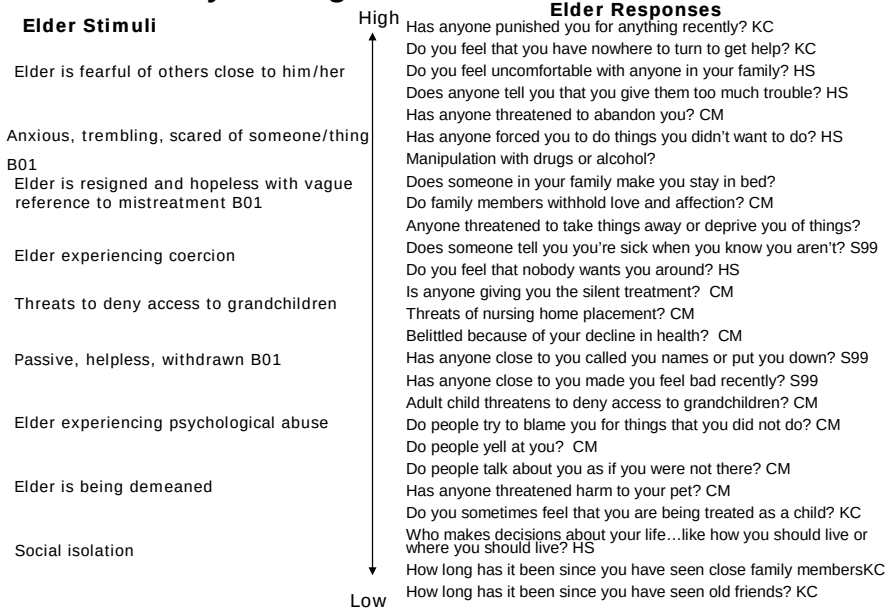


Table 8. Psychological Abuse



Hwalek-Sengstock Elder Abuse Screening Test (HS); Schofield, 1999 (S99); Bass, 2001 (B01)

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Table 9. Neglect

Elder Stimuli	Collateral Responses
High	
Underweight, frail, or dehydrated	
Unsafe or unclean environment including insect infestation and unmaintained animals	Are you deprived of food? Are you deprived of medication?
Inadequate utilities, e.g., heat, water, electricity and toilet	
Medication non-adherence or confusion about prescriptions	
Inadequate food & meal prep facilities	
Neglected household finances; unpaid rent, bills	
Unclean physical appearance	
Low	

For some stimuli above, see Bass, 2001

Table 10. Money management (MM) provides:

	High
• Advocacy:	Frequent contact with CM to foster treatment needs Help to educate the family about risk factors Reduce money problems and stress, which can aggravate symptoms Helps with anticipatory decision-making Helps obtain legal counsel, e.g., advance directives, will Securing appropriate supportive services as needed Negotiates with creditors Work with family to avoid undo influence Liaison to landlords and establish relationships in community
• Protection:	Full disclosure of all financial affairs Respects the wishes of the elder Helps make burial plans Helping elder to get into a healthy living environment Advising about harmful spending, e.g., get rich quick, or unneeded or fraudulent maintenance Promoting positive and appropriate expectations with family Stabilize income flow, benefits, and housing Discussing how to protect assets from exploiters MM keeps client away from currency exchanges that charge large fees and where dealers wait to victimize clients Has an estate plan
• Skills Training:	Weekly allowance limits frivolous spending and ensures basic needs Explaining bills, statements, legal documents Shopping
• Maintenance:	Budgeting Pay rent and bills
	Low

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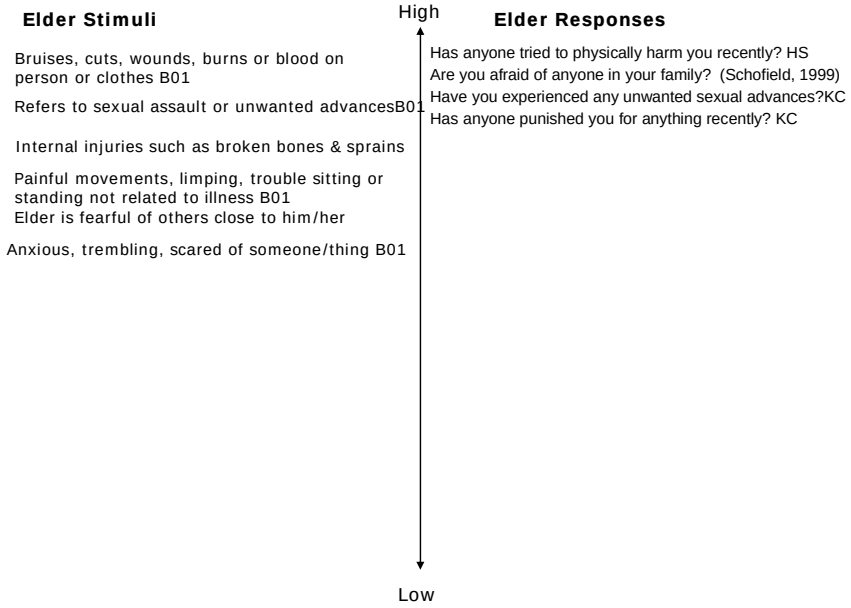
Table 11. Physical Abuse



Hwalek-Sengstock Elder Abuse Screening Test (HS); Schofield, 1999 (S99); Bass, 2001 (B01)

Table 12. Ideas for Detection or diagnosis

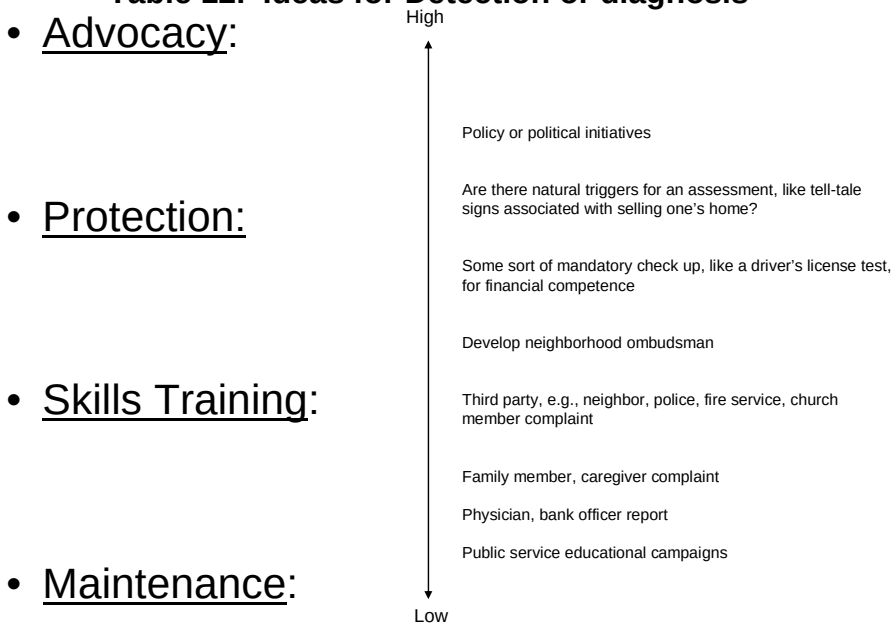


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Table 13. Self-Neglect, Environment

Home Stimuli		Elder Responses
	High	Human or animal feces/urine on the floor
Environment not fit for human habitation		Toilets not working
		Bathroom facilities not in working order
		Home unsafe due to fire hazards
		Water not turned on
		Sinks not working
Environment is has safety violations		Refrigerator not working
		Cooking appliance(s) not working
		Kitchen appliances are inaccessible due to obstacles
		Evidence of vermin in the unit
Environment is uncomfortable		Lighting not working
		Accumulation of stuff the presents a hazard
		No access to needed areas of the home
		Inaccessible bathroom facilities
		Telephone(s) not working
		Home not properly ventilated/cooled/heated
Environment is dirty, messy		Odors in the home which may raise concerns
		Garbage accumulation
	Low	House, apartment in need of maintenance

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Table 14. Descriptors of Local and National Panel Members

Local Panel			
Number	Sex	Expertise	Job Title
1	F	Protective Services	Executive Director
2	F	Social Work	Regional Ombudsman
3	F	Social Work	Associate Professor
4	F	Gerontology	Elder Abuse Program Coordinator
5	F	Aging	Elder Rights and Social Services Specialist
6	M	Nursing	Geriatric Nurse Practitioner
7	F	Elder Protective Services	Program Director
8	M	Geriatrics	Physician
9	F	Elder Protective Services	Director
10	F	Money Management	Directory of Agency
National Panel			
Number	Sex	Expertise	Job Title
1	F	Health Services	Professor
2	F	Law	Law Professor and Director
3	M	Social Work	Professor
4	M	Elder Abuse	Associate Dean
5	F	Guardianship	Probate Director
6	F	Law	Associate Staff Director
7	F	Gerontology	Professor

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Table 15. Financial Exploitation

Item #	*Clusters and Statements*	*Bridging Value*	*Severity*
Cluster 1: Theft		.39	4.25
59	Trusted other steals from senior	.02	4.93
51	Trustee misuses ATM card or credit cards belonging to the senior	.04	4.64
60	Trusted other takes prized belongings (jewelry) without permission	.09	4.64
24	Items are substituted within the seniors home by a trusted other (high level items with lower level items)	.14	3.50
57	Caregiver overcharges for their services	.15	4.29
54	Trusted other agrees to do work for the senior, takes their money, but does not perform the task	.16	4.36
1	Trusted other steals identity of senior or helps someone else steals the identity of the senior	.16	4.79
64	Fiduciary uses money on own behalf instead of the seniors benefit	.17	4.36
22	Unauthorized withdrawals from seniors bank account	.35	4.71
33	Seniors attorney misappropriates funds	.37	4.86
19	Deprivation of services to use money for inappropriate purposes	.37	4.71
75	Someone sells senior's property w/o their permission	.47	4.93
71	Coercion to sign contracts	.55	4.93
79	Trusted other handles seniors resources inadequately	.63	3.36
52	Care of senior is not commensurate with the available resources	.67	3.71
50	Senior feels cheated after someone sells something to them	.88	2.86
45	Senior is tricked into buying something that they now regret buying	.88	2.64
4	Suspicious signatures on checks or other documents (forgery)	1.00	4.29
Cluster 2: Scams		.55	4.61
67	Institution commits fraud (overbilling and underbilling) using seniors identifying information (such as social security number)	.44	4.79
58	Senior pays for work and is scammed or ripped off	.54	4.57
38	Scams that involve giving to bogus charities	.56	4.36
11	An institution affiliated with the senior misuses his or her funds	.68	4.71
Cluster 3: Coercion		.21	3.92
9	Trusted other takes advantage of cultural or family expectations to obtain seniors resources	.01	3.29
53	Trusted other exploits seniors alcoholism or drug dependency to get money	.14	4.64
47	Trusted other forces senior to sign legal documents	.15	4.93
36	Forcing child rearing and cost of child care on elders/grandparents raising/support grandkids	.16	3.71
5	Senior is pressured to co-signs a loan for a trusted other who has no ability to repay the loan	.18	4.29
18	Trusted other uses pressure, intimidation, or punishment to obtain access to resources belonging to the senior	.21	4.86
41	Senior is brainwashed by trusted other and makes financial decisions they would not normally make	.21	4.50
2	Senior lets trusted other spend some of their money on themselves, but the senior does not like it	.23	2.71
8	Trusted other says senior should give them money because they gave money to a sibling or other relative	.23	2.79
10	Trusted other promises companionship in exchange for seniors money	.27	3.57
68	Senior persuaded to give others money or personal property	.29	4.00
76	Senior lets caregiver spend their money on him/herself because they are fearful of them	.30	4.50
73	Senior consents to let caregiver spend some of their money on themselves, but the senior does not like it	.33	3.14

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Cluster 4: Financial Exploitation		.07	4.20
43	Trusted other says they are buying something for the senior, but it is really for their own use	.01	4.14
69	Trusted other tricks senior into signing legal documents	.03	4.79
39	Trusted other prevents or deters senior from spending money in an effort to maximize their inheritance	.03	4.07
70	Trusted other uses some of the seniors resources for his or her own purposes with the permission of the senior	.04	2.93
23	Trusted other borrows money from a senior but does not pay it back	.04	3.86
61	Senior pays money so they can stay in the home but then are made to leave	.05	4.64
62	Trusted other convinces senior to turn title of home over to them and then sells house and keeps money	.06	4.93
37	In-home caregiver promising lifetime care for the senior, but then does not deliver care	.07	4.29
42	Trusted other misuses funds primarily allocated for the seniors care	.07	4.71
16	Trusted other misuses elders power of attorney or guardianship	.07	4.93
6	Senior gives an adult child money but frequently does not get back change or not all the change	.09	2.43
21	Trusted other misuse of funds allocated for the seniors care	.09	4.71
40	Trust other allows senior to give them large sums of cash as a gift, or buy them cars or homes	.10	3.07
20	Someone takes advantage of seniors weakness to get a hold of their resources such as a house, car, or money	.10	4.86
77	Trusted other handles seniors resources irresponsibly (e.g., gambling, illegal activities)	.12	4.43
48	Senior is tricked by trusted other into selling valuable possession	.12	4.43
Cluster 5: Signs of Possible Financial Abuse		.13	3.27
72	Senior frequently writes out checks made out to cash	.00	3.00
31	Senior has recent beneficiary changes in a will or insurance policy	.02	2.69
63	Trusted other commingles his/her funds with those of the senior	.07	3.64
56	Trusted other will not give accounting of how seniors resources have been used	.08	4.07
26	The senior signs over their will to a neighbor or friend	.10	3.57
17	Senior makes excuses for adult child	.11	2.29
13	Trusted other is financially dependent on the senior	.13	2.50
35	Senior has unusual activity in his or her bank accounts	.13	3.86
14	Family members frequently fight over seniors money	.13	2.86
74	Sudden changes in seniors financial management (titles are changes, retirements or investments cashed in)	.14	3.57
65	Seniors relationship of trust with someone includes an element of dependency	.14	2.29
3	Senior changes long time providers (bankers, etc.)	.14	2.50
55	Trust other refuses to change living arrangements because finances coming from the senior contributes to the household	.16	3.50
34	Senior signs documents without understanding the nature of transaction	.17	3.93
25	Trusted other has senior add them to bank account as signatory	.17	3.21
15	Changes occur in senior's will or trust in favor of only 1 family member or other individual	.17	3.00
49	Trusted other plans the seniors budget without their input	.18	2.86
28	Trusted other refuses to give accounting of spending to the senior	.19.	4.50
29	Trusted other gets senior to modify will	.23	4.21
Cluster 6: Financial Entitlement		.20	4.04
78	Someone lives with the senior, but refuses to pay their share of	.11	3.71

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	expenses		
46	Trusted other feels entitled to use senior's money for him/herself	.16	4.29
7	Trusted other gives implausible explanations for spending seniors money	.16	3.64
27	Senior is talked into making investments that are not in the seniors best interest	.38	4.50
Cluster 7: Money Management Difficulties		.11	1.94
30	Senior has trouble saving money for something expensive	.04	1.79
44	Senior is unable to manage money independently	.05	1.92
66	Senior has serious problems due to poor money management	.05	2.64
12	Senior presents with financial problems or need	.14	2.00
32	Senior has some trouble budgeting, but is able to manage money without help	.28	1.36

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Table 16. Measurement Model of Older Adult Financial Exploitation

Types of Financial Exploitation	*Older Adult's Condition*	*Link to Previous Conceptual Models*	*Staff or Third Party Evaluation*
High Severity Indicators at the Top			
Theft and scams, e.g., ATM fraud, quit claim deed, misappropriates funds	Meets fraud and theft standards with or without vulnerability; results in life-altering or life-threatening conditions	Trusting relationship may exist but is not required	Severe financial exploitation requiring intervention including investigation and prosecution, housing, medical care
Financial victimization: Stealing, over-charging, forgery	Serious mental, physical or environmental consequences	Not considering effects on others: victim, family, public welfare system	Serious financial exploitation: investigate, prosecute, obtain social services
Financial entitlement: Spending older adult's money on self, refusing to pay their share	Deleterious mental, physical or environmental consequences	Status inequality; deprivation or willful neglect of older adult's interests	Chronic financial exploitation requiring intervention, e.g., new rep. payee, separation from trusted other, etc.
Coercion: Taking advantage, pressuring, intimidation	Financial exploitation causing poor life-style, but older adult's understanding may be unclear	Power struggle: Undue influence, secretiveness, deceit, coercion	Financial exploitation: Unpaid bills, lack of needed services and resources requiring supervision and education
Signs of possible financial exploitation; financial dependence, commingling funds, etc.	Consent may be given, but possible undue influence; not substantial life-style impact	Lacking open examination of financial processes and relationship of older adult with alleged exploiter.	Suspected financial exploitation: Who benefits? Did a qualified expert assess? Were the transactions ethical?
Older adult risk factors such as money management difficulties; trusted other is involved in older adult's finances	Risk of financial exploitation (high to low)	Vulnerability	Primary prevention & capacity assessment: What does the older adult understand? Are constructive plans in place?
Low Severity Indicators at the Bottom			

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Table 17. Psychological Abuse

Item #	*Clusters and Statements*	*Bridging Value*	*Severity*
Cluster 1: Isolation		.41	4.65
46	Trusted other prevents senior from having contact with the external world via newspapers, news, etc.	.24	4.33
54	Trusted other keeps the senior from contacting family and friends or community resources	.24	4.67
3	Involve person confines the senior	.27	4.83
52	Trusted other denies seniors use of the telephone	.35	4.50
47	Trusted other prevents senior from getting medical care or meds	.43	5.00
5	Trusted other impedes seniors ability to see, hear, taste food, touch or feel others.	.55	4.75
1	Someone makes the senior stay in bed	.57	4.25
28	Trusted other deprives senior of glasses, hearing aids, prosthetics, walker, wheelchair, etc.	.62	4.83
Cluster 2: Disrespect		.39	4.21
12	Trusted other deliberately confuses the senior, making them think they are crazy	.24	4.58
22	Trusted other ignores effect of pain and physical disease on the senior	.32	4.42
39	Trusted other ignores the seniors wishes	.49	4.08
26	Trusted other wont let senior speak for him or herself	.50	3.75
Cluster 3: Exploiting Vulnerability		.51	3.81
38	Trusted other discounts the seniors feelings and treating them as invalid	.18	3.92
33	Trusted other does not acknowledge elders psychological state	.22	3.33
16	Trusted other denies seniors traumatic history	.38	3.42
25	Trusted other does not acknowledge/minimizes the seniors need for med support	.39	4.25
41	Trusted other treats the senior as a child	.45	3.67
51	Someone shares family secrets or business related to the senior with outsiders	.94	3.58
21	Trusted other exploits the seniors cognitive deficits	1.00	4.50
Cluster 4: Shaming and Blaming		.14	3.80
11	Someone close to the senior deliberately made them feel bad	.00	3.42
32	Trusted other blames the senior for his or her problems	.04	3.50
40	Someone close to the senior called them names or put them down	.04	3.92
7	Someone close to the senior tells the senior that they give them too much trouble when they really are not	.06	3.00
55	Trusted other tells senior that no one wants them around	.06	4.25
15	Trusted other makes the senior feel guilty	.07	3.67
10	Trusted other blames senior for things the senior did not do	.07	3.42
44	Trusted other treats senior in undignified manner when assisting with activities of daily living	.08	4.25
20	Trusted other makes the senior feel useless	.09	3.83
30	Trusted other talks about the senior as if they were not there	.11	3.67
13	Trusted other shames the senior	.14	4.25
24	Trusted other continually mentions the seniors diminishing mental or physical or sexual capacity or frailties and dependency	.15	4.08
27	Trusted other consistently belittles the senior	.18	4.08
49	Trusted other belittles friends and family members of the senior	.23	3.42
42	Trusted other yells at senior	.44	4.00
43	Trusted other swears at the elder	.54	4.08
Cluster 5: Threats and Intimidation		.26	4.29
23	Someone makes verbal threats of nursing home placement against the senior	.04	4.25
29	Someone makes threats of violence related to second parties known to the senior (kids, pets, etc.)	.08	4.67
18	Someone makes threats of violence to the senior	.09	4.75

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53	Trusted other threatens to take things away or deprive the senior of things	.12	4.17
35	Trusted other threatens to abandon the senior	.19	4.50
56	Someone performs non-verbal behaviors that frighten or intimidate or traumatize or control the senior	.27	4.42
9	Someone recently punished the senior for no specific reason	.29	4.17
8	Trusted other threatens to withhold family/social contact from the senior	.29	3.92
50	Adult child threatens to deny access to grandchildren to the senior	.32	4.08
19	Someone forces senior to do things the senior does not want to do	.37	4.42
48	Trusted other gives senior the silent treatment	.43	3.67
37	Trusted other withholds affection and love in order to manipulate the senior	.45	4.17
2	Trusted other manipulates senior with drugs or alcohol	.48	4.58
Cluster 6: Trusted Other Risk Factors		.37	3.19
6	Trusted other has suffered from domestic violence	.00	2.25
45	Trusted other suffered from child abuse	.10	2.33
14	Trusted other has history of committing violent acts	.32	3.25
17	Senior defers all questions, even basic, to the trusted other	.45	2.92
34	Senior is afraid of someone in the family	.45	4.00
31	Senior feels uncomfortable with trusted other	.52	3.33
4	Senior is afraid of anyone angering the trusted other	.55	3.25
36	Senior feels that they have nowhere to turn for help	.55	4.17

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Table 18. Working Measurement Model of Psychological Abuse

Offender	Types of Psychological Abuse	Consumer Consequences	Staff or Third Party Evaluation and Intervention
High Severity Indicators at the Top			
Confines older adult, denies elder contact with family	Isolation, deprivation	Dangerous, life-threatening situation	Requiring immediate social, legal or medical intervention
Threatens nursing home, threats of violence	Threats and intimidation	Trauma with deleterious mental, e.g., depression, and physical health consequences	Severe psychological abuse requiring treatment and separation
Confuses older adult, ignores effects of pain, discounts feelings, minimizes needs	Insensitivity and disrespect	Affecting mental and physical health	Serious psychological abuse that may require family intervention or therapy
Blames older adult for problems, belittles elder	Shaming and blaming	Older adult feels bad, guilty, useless, inadequate	Low to moderate psychological abuse that deserves careful watching and/or counseling
History of violence, makes the older adult afraid	Risk factors	Overly deferent, seems uncomfortable and/or afraid	Risk of abuse (high to low); focus on primary prevention such as education and periodic checking in
Low Severity Indicators at the Bottom			

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TABLE 19. Demographic Characteristics of Staff Sample

Characteristics for Staff (N=22)

	Percent	Number
Years of Experience, Mean (sd) 5.46 (5.68)		
Gender		
Male	13.86	3
Female	86.36	19
Race		
African American	27.27	6
Caucasian	59.09	13
Hispanic	9.09	1
Mixed/other	4.55	2
[a] **Numbers may not add up to 100% due to missing values**		

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TABLE 20. Demographic Characteristics of Client Sample

Characteristics for Clients (N=227)

	Percent	**Number**
Age, Mean (sd): 78.33 (9.95)		
< 65 years	7.5	15
65-74 years	25.8	52
75-90 years	58.7	118
>90 years	8.0	16
Gender		
Male	29.6	
Female	70.4	
Race		
American Indian/Alaskan Native	.5	1
Asian/Pacific Islander	.5	1
African America	61.3	133
Caucasian	35.5	77
Mixed/Other	1.8	4
Refused	.5	1
Hispanic		
Yes	7.1	14
No	92.9	182

[a] Numbers may not add up to 100% due to missing values

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TABLE 21. Financial Exploitation Client Item Statistics, Misfit Order: 79 Items

INPUT: 227 PERSONS 204 ITEMS MEASURED: 227 PERSONS 79 ITEMS 3 CATS 3.67.0

PERSON: REAL SEP.: 3.43 REL.: .92 ... ITEM: REAL SEP.: 4.27 REL.: .95

ITEM STATISTICS: MISFIT ORDER

ENTRY	TOTAL			MODEL		INFIT		OUTFIT		PT-MEASURE		EXACT MATCH		
NUMBER	SCORE	COUNT	MEASURE	S.E.	MNSQ	ZSTD	MNSQ	ZSTD	CORR.	EXP.	OBS%	EXP%	ITEM	
204	39	174	.51	.16	1.00	.1	2.82	2.5	A .45	.48	87.1	85.4	CrgvOvrchgE4Srv	
124	121	220	-.31	.10	1.18	1.7	2.81	4.6	B .52	.58	61.3	63.4	E$DepOthBasNeed	
184	71	199	.06	.12	1.14	1.1	2.37	2.9	C .44	.51	70.1	71.7	EPrzBlgTkNoPrms	
135	151	220	-.58	.10	1.18	1.9	2.00	3.3	D .53	.61	51.2	57.2	ETrblMng$OnOwn	
127	258	218	-1.56	.09	1.22	2.3	1.92	2.5	E .55	.62	51.7	56.6	AA$DependentOnE	
140	109	212	-.30	.10	1.27	2.4	1.90	2.7	F .47	.56	58.7	63.6	EWritChkOth2Csh	
191	131	194	-.60	.10	1.40	3.8	1.89	2.9	G .46	.59	46.4	54.3	AALivENoPayExps	
136	81	216	.11	.12	1.36	2.5	1.85	2.0	H .45	.54	70.6	72.6	ETrstNewPrsnW/$	
155	29	195	.73	.17	.85	-.6	1.85	1.3	I .42	.40	92.7	89.3	EBillSentDfAddr	
161	91	203	-.04	.11	1.08	.7	1.75	2.0	J .53	.57	67.7	68.2	ENotCareCanAffo	
123	134	217	-.46	.10	1.22	2.1	1.61	2.1	K .52	.59	55.7	59.1	AANamOnEBnkAcct	
162	74	195	.02	.12	1.06	.5	1.59	1.5	L .50	.53	71.1	72.0	MisusEATM/CrdtC	
126	116	209	-.36	.10	1.16	1.5	1.59	1.9	M .54	.58	60.1	61.3	EPrsStyLivArngm	
177	34	192	.71	.16	.82	-.8	1.58	1.0	N .46	.44	91.5	88.0	SrvW/held4More$	
141	75	195	.01	.12	1.20	1.5	1.57	1.5	O .46	.53	67.8	69.8	SudChngE$Mngmt	
178	20	173	.92	.20	1.01	.1	1.57	.9	P .33	.35	94.4	92.2	EGvBdMeansChari	
147	92	206	-.09	.11	.99	.0	1.47	1.4	Q .54	.55	68.1	65.9	ESigDoxW/OUstdg	
128	115	216	-.30	.10	1.17	1.6	1.37	1.3	R .51	.56	60.5	62.7	ERelyOth2CshChx	
202	115	201	-.32	.11	.89	-1.0	1.36	1.2	S .61	.59	66.1	62.4	EBNdNMetEngIncm	
137	60	196	.27	.13	1.06	.4	1.33	.8	T .47	.49	78.5	76.7	EChgWllTrstFvFM	
134	78	199	-.04	.12	1.10	.8	1.30	.9	U .50	.53	68.5	68.6	CallBillCllctNo	
152	66	210	.27	.12	.73	-2.0	1.27	.7	V .57	.51	80.9	76.6	AAKptEFrSeeMail	
168	13	177	1.20	.24	1.26	.8	.88	.1	W .25	.29	94.5	94.8	EVicScmBogusChr	
157	114	210	-.31	.10	1.02	.2	1.25	.9	X .55	.58	61.3	63.4	ESuspSigNmNoPrm	
194	70	186	.12	.12	1.08	.6	1.25	.7	Y .49	.51	72.6	73.0	AAUseLov2CntrE$	
130	138	200	-.63	.10	1.22	2.2	1.06	.3	Z .54	.59	52.7	55.0	AAReas2Exploit	
BETTER FITTING OMITTED														
192	115	212	-.35	.10	.83	-1.6	.94	-.1	z .63	.58	65.3	63.2	Tk$DoSthg4EDidnt	
142	39	187	.53	.15	.93	-.3	.46	-1.1	y .48	.43	86.8	84.0	AAConvETrovTitl	
199	71	206	.12	.12	.92	-.5	.72	-.7	x .55	.53	77.4	75.1	AASp$SfBcEAfdAA	
132	80	206	-.02	.12	.91	-.7	.88	-.3	w .56	.54	70.5	70.0	EMailP/UpUnpdBi	
131	115	211	-.31	.10	.91	-.9	.69	-1.1	v .61	.58	63.6	63.0	ELackInfo$Affrs	
186	43	185	.46	.15	.91	-.5	.64	-.6	u .51	.47	86.7	84.4	EOvch4WkSrvPoor	
188	109	208	-.30	.11	.88	-1.1	.68	-1.2	t .61	.57	64.2	64.1	EFrcd$DecNotNor	
173	28	183	.77	.17	.86	-.5	.67	-.4	s .42	.39	91.2	88.5	EPrssr2ModWill	
148	49	196	.37	.14	.86	-.8	.62	-.8	r .52	.47	86.3	81.7	Leg$DoxFreqChng	
165	79	198	-.05	.12	.85	-1.1	.71	-.8	q .58	.54	69.8	68.1	UnathW/dEBnkAcc	
151	45	188	.49	.15	.85	-.8	.62	-.7	p .52	.49	84.1	83.4	AAPayeeEChk$4Sf	
185	25	191	.90	.18	.84	-.6	.62	-.4	o .43	.39	93.2	90.9	ExpsItmSwtc4Che	
187	53	160	.19	.14	.84	-1.0	.49	-1.3	n .56	.50	78.0	76.2	AAMisusPOA/Gshp	
163	96	199	-.24	.11	.84	-1.4	.70	-1.0	m .60	.56	65.0	65.1	UnusActvEBnkAcc	
203	197	217	-1.00	.09	.84	-1.9	.68	-1.4	l .67	.62	53.5	51.2	AAFltEntitl2E$	
189	137	202	-.59	.10	.83	-1.9	.63	-1.6	k .64	.59	56.4	54.7	AATkAdvntE4Reso	
149	78	199	-.03	.12	.82	-1.5	.75	-.7	j .57	.52	73.0	68.4	AAESgDxNoEBsInt	
183	93	214	-.06	.11	.81	-1.7	.51	-1.7	i .62	.56	68.7	67.4	AAPrch4EUsdSlf	
138	136	203	-.58	.10	.80	-2.2	.60	-1.8	h .65	.59	55.9	55.7	AAPoorRe4SpndE$	
180	180	211	-.94	.10	.80	-2.3	.73	-1.1	g .67	.63	54.4	52.8	AAUsd$OnSlfNotE	
145	136	200	-.55	.10	.80	-2.1	.61	-1.7	f .66	.60	58.1	57.2	AARef2GvActSpE$	
201	71	192	.20	.12	.79	-1.5	.53	-1.3	e .60	.54	75.7	74.6	AAPrELfCrNvrPrv	
174	68	203	.11	.12	.78	-1.7	.47	-1.6	d .56	.49	76.6	73.4	AAFrcESigLeg$Dx	
179	36	198	.63	.16	.77	-1.1	.48	-.9	c .52	.45	91.2	88.3	AAObNewCrdCENam	
154	18	198	1.24	.22	.76	-.7	.60	-.3	b .43	.37	95.1	94.3	AAChngDirDpDest	
144	147	205	-.70	.10	.76	-2.7	.58	-1.9	a .67	.61	58.2	57.2	AALyingAbtSpdE$	

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Table 22. Map of Financial Exploitation Person and Item Hierarchies

```
INPUT: 227 PERSONS  204 ITEMS  MEASURED: 224 PERSONS  30 ITEMS  3 CATS    3.67.0
--------------------------------------------------------------------------------
          PERSONS - MAP - ITEMS
               <more>|<rare>
    3            .#  +
Empty rows TRUNCATED here
    2              .  +
                      |
                      |
                      |
                   .  |
                   .  |  1ChngDirDpDestin
                      |T
                      |
                    T|
                   .  |  1ExpnsvSwtc4Cheap
    1              .  +
                   .  |  1EPrssr2ModWill
                   .  |
                   .  |S 1ConvTrnrOvrTitl     1EPrsrCoSigLoans
                   #  |  1EOvch4WkSrvPoor     1PayeeOnChkUse4Sf
                   .  |  1Leg$DoxFreqChng
                   .  |  2PresBuyItmRgrtBuy
                   .  |  3PrmLifCarNvrPrvd
                   . S|  2AAFrcESigLeg$Dx     2CoerceE2GivBigGft
                         2PrvntESpnd2MaxInhrt 3Sp$SfBcEAfraid
                   .  |
    0              #  +M 2HndlE$Irrspnsbly    2SignDxNotBstInt   3TkAdvtCult/FamExp
                         4AAPrch4EUsdSlf      4UnathW/dEBnkAcc
                  .#  |
                   #  |  4UnusActvEBnkAcc
                   #  |  4Tk$2DoSmthgNvrDid
                  .#  |
                   .  |
                  .#  |  2TkAdvntE4Resors     4PoorReas4SpndE$   4Refus2GivAcct$
                 .##  |S 3AADemanded$FromE
                   # M|  4AALyingAbtSpdE$     4UnexplDisappPoss
                   .  |
   -1              .#  +
                   #  |  3AAFltEntitl2E$      4AAUsd$OnSlfNotE
                   .  |
                   .  |  4AABrrw$NotPdBck
                      |T
                 .##  |
                   .  |
                   .  |
                 .## S|
                      |
   -2              .  +
                   .  |
                   #  |
                 .##  |
                      |
                      |
                      |
                   .  |
                     T|
                      |
   -3   ############  +
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Table 23. Hypothesized and Actual Correlations for Financial Exploitation and Psychological Abuse

Hypothesized Correlation Over Resulting Correlation	FE Sub. Decision (IDoA)	Em. Abuse Sub. Decision (IDoA)	OAMA Staff FE	OAMA Client FE	OAMA Staff PA	OAMA Client PA
Client Gender M=0, F=1	NS .049	NS -.042	NS -.083	NS .004	NS -.076	NS .026
FE Sub. Decision (IDoA)	--	Low -.301**	High .544**	Mod .310**	Low -.162*	Low -.141*
Em. Abuse Sub. Decision (IDoA)		--	Low -.262**	Low -.104	High .478**	Mod .360**
OAMA Staff FE			.94[a]	High .734**	Mod .261**	Mod .236**
OAMA Client FE				.92	Mod .337**	Mod .521**
OAMA Staff PA					.87	High .700**
OAMA Client PA						.86

[a] Person reliabilities of OAMA scales are located on the diagonal.

** Correlation is significant at the 0.01 level (2-tailed)

* Correlation is significant at the .05 level (2-tailed)

Hypothesized correlations: NS = non-significant, >.1= low, >.3 = moderate, and > .5 = high.

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Table 24. Financial Exploitation:
Expert Item Groups and Rankings Compared with Client Factors and Rankings

Original Concept Group (Expert Order)	Average Measure[a] (Client Order)	Factor Group (Measure Order)	Average Measure
Theft and Scams (1)	**0.42 (1)**	**Theft and Scams (1)**	**0.83**
Abuse of Trust (2)	**-0.13[b] (5)**	**Lesser Theft/Scams (2)**	**0.1**
Financial Entitlement (3)	**-0.03 (3)**	**Entitlement and Expectations (3)**	**-0.198**
Coercion (4)	**0.03[b] (2)**	**Risk Factors (not a factor)**	**-0.326**
Signs of Possible Abuse (5)	**-0.07 (4)**	**Abuse of Trust/Deceit (4)**	**-0.48**
Risk Factors (6)	**-0.34 (6)**		

[a] Based on the client endorsement of the items.

[b] Abuse of Trust and Coercion were the only concepts whose Rasch average measure was out of order with the original expert ranking.

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TABLE 25. Psychological Abuse Client Item Statistics, Misfit Order: 31 items

ENTRY NUMBER	TOTAL SCORE	COUNT	MEASURE	MODEL S.E.	INFIT MNSQ	INFIT ZSTD	OUTFIT MNSQ	OUTFIT ZSTD	PT-MEASURE CORR.	PT-MEASURE EXP.	ITEM
86	52	208	.66	.13	1.08	.5	2.67	3.0	A .38	.44	PreventContactFam*
98	22	182	1.20	.18	1.10	.5	2.18	1.6	B .25	.32	ManipW/Drugs*
95	127	204	-.26	.10	1.14	1.4	1.82	3.2	C .55	.60	Failed2Support
84	21	202	1.31	.19	.94	-.1	1.76	1.1	D .28	.32	Confined
92	43	179	.60	.14	.94	-.3	1.71	1.6	E .42	.40	TreatUndignified*
88	176	209	-.64	.10	1.28	3.0	1.52	2.4	F .56	.63	KeptThingsFromLied
87	26	195	1.20	.17	.93	-.2	1.43	.8	G .34	.35	DepriveAsstvDevice*
91	152	219	-.35	.10	1.27	2.8	1.38	1.9	H .54	.61	SilentTreatment*
102	110	216	.09	.11	1.07	.7	1.32	1.3	I .55	.58	DelibConfused
78	143	207	-.36	.10	1.14	1.5	1.31	1.5	J .56	.60	NonverbGestFist
75	80	207	.24	.11	1.03	.3	1.29	1.0	K .48	.50	Abandoned
77	53	200	.54	.13	1.25	1.6	1.01	.2	L .40	.45	ThreatHarmSomeone*
76	78	206	.33	.11	1.15	1.3	1.16	.6	M .46	.50	ThreatNursHme
100	93	213	.21	.11	1.04	.4	1.11	.5	N .54	.55	NotLetSpeak
94	58	191	.52	.13	1.00	.0	1.11	.4	O .49	.50	NeglectMedSvs
74	157	214	-.44	.10	1.06	.7	.98	.0	P .60	.61	TakenThingsAway
99	115	215	-.04	.10	.96	-.4	1.04	.3	o .58	.57	TalkedAsIfNotThere
80	190	216	-.66	.09	.96	-.5	.99	.0	n .65	.64	FrightenIntimidate
96	128	222	-.07	.10	.96	-.4	.94	-.2	m .61	.59	MadeFeelSmall
97	220	221	-.91	.10	.90	-1.1	.76	-1.1	l .69	.66	Manipulated
83	148	213	-.36	.10	.90	-1.1	.83	-.9	k .63	.61	AfraidOfAA
89	190	218	-.66	.10	.90	-1.1	.90	-.5	j .67	.64	CalledUnkindNames
104	153	212	-.41	.10	.89	-1.2	.77	-1.3	i .64	.61	BlamedForProbs*
79	92	198	.17	.11	.88	-1.1	.85	-.5	h .56	.53	W/holdAffection*
103	83	198	.30	.11	.86	-1.2	.70	-1.0	g .58	.53	MinimizdInjuries*
85	31	206	1.08	.16	.84	-.7	.85	-.1	f .40	.37	PreventContactOutsd
105	119	214	-.04	.10	.84	-1.7	.68	-1.5	e .63	.58	MadeAshamed*
82	195	212	-.81	.10	.83	-2.0	.80	-1.0	d .68	.64	UncomfortableW/AA
93	222	222	-.92	.10	.82	-2.2	.68	-1.5	c .71	.66	SworeOrYelled*
90	198	217	-.79	.10	.81	-2.2	.74	-1.4	b .70	.65	HurtEsFeelings*
101	191	216	-.71	.10	.77	-2.8	.62	-2.1	a .71	.64	NotSensitv2Feel*

* Items that were dropped to make the 18 item form.

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Table 26. Wright Map of Persons and Items on the Rasch Ruler of Client-reported Psychological Abuse

```
INPUT: 227 PERSONS  105 ITEMS  MEASURED: 226 PERSONS  31 itemS  3 CATS    3.67.0
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                  . T|T Confined
                     |  DepriveAsstvDevice         ManipW/Drugs
                  .  |  PreventContactOutsd
    1                +
                  .  |
                  #  |
                  #  |  PreventContactFam
                  #  |S TreatUndignified
                  .  |  NeglectMedSvs              ThreatHarmSomeone
                 ##  |
                 .# S|  MinimizdInjuries           ThreatNursHme
                 .#  |  Abandoned                  NotLetSpeak
                        W/holdAffection
                .##  |  DelibConfused
    0           .###  +M MadeAshamed               TalkedAsIfNotThere
                  .  |  MadeFeelSmall
                 .#  |
                .###  |  Failed2Support
                 .##  |  AfraidOfAA                 BlamedForProbs
                        NonverbGestFist             SilentTreatment
                        TakenThingsAway
              .####  |
                 ## M|S KeptThingsFromLied
                 ##  |  CalledUnkindNames          FrightenIntimidate
                        NotSensitv2Feel
                  .#  |  HurtEsFeelings             UncomfortableW/AA
                 .##  |  Manipulated                SworeOrYelled
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TABLE 27. Principal Components Test of Unidimensionality on Client-reported Psychological Abuse

---

Table of STANDARDIZED RESIDUAL variance (in Eigenvalue units)

		-- Empirical --			Modeled
Total raw variance in observations	=	54.5	100.0%		100.0%
Raw variance explained by measures	=	23.5	43.1%		42.0%
Raw variance explained by persons	=	14.7	27.0%		26.3%
Raw Variance explained by items	=	8.8	16.1%		15.7%
Raw unexplained variance (total)	=	31.0	56.9%	100.0%	58.0%
Unexplned variance in 1st contrast	=	3.3	6.0%	10.5%	

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Table 28. Expert Item Groups and Rankings Compared with Client Factors and Rankings

Expert Ranking	Expert Concept Name	Expert Groups Average Rasch Measure		Client Factor Rank	Client Factor Name	Factor Analysis Average Rasch Measure
1	Isolation	0.688		1	Neglect & Deprivation	0.593
2	Threats & Intimidation	-0.024		2	Isolation	0.503
3	Insensitivity & Disrespect	-0.036		3	Infantilization	-0.17
4	Shaming & Blaming	-0.315		4	Insensitivity & Disrespect	-0.345
5	Risk Factors	-0.585		5	Threats & Intimidation	-0.537

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Figure 1. Concept map of financial exploitation.

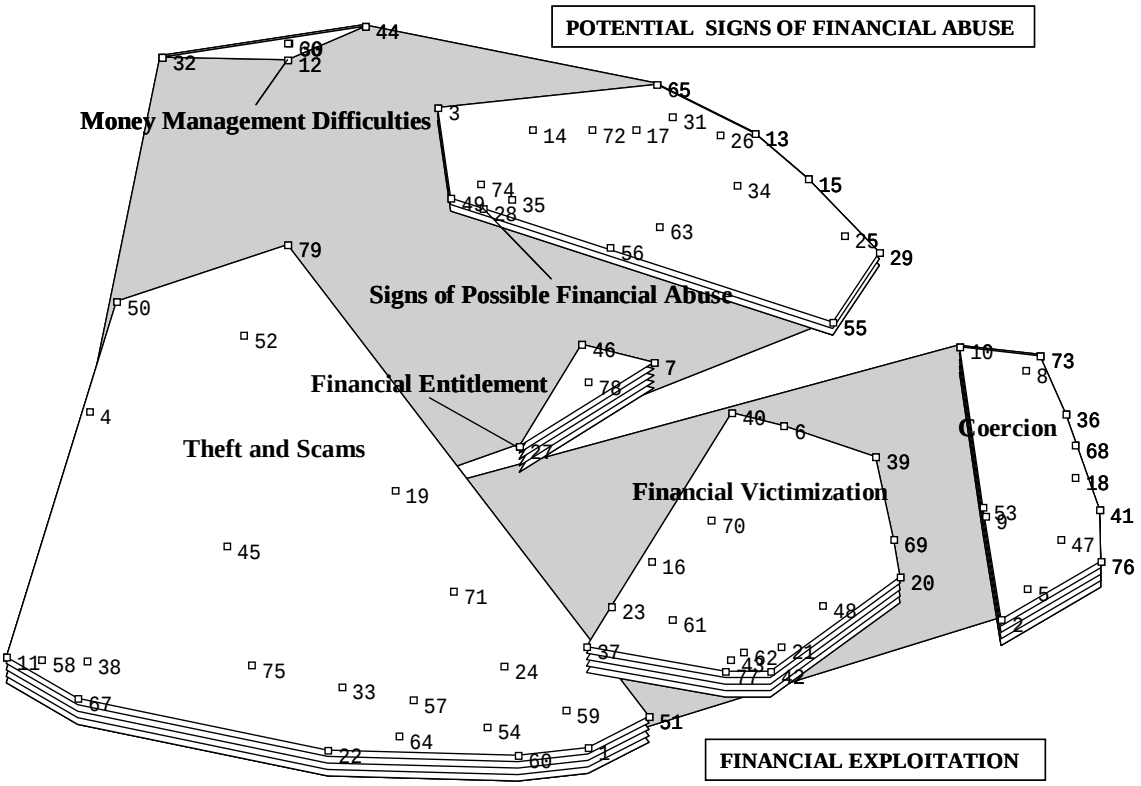

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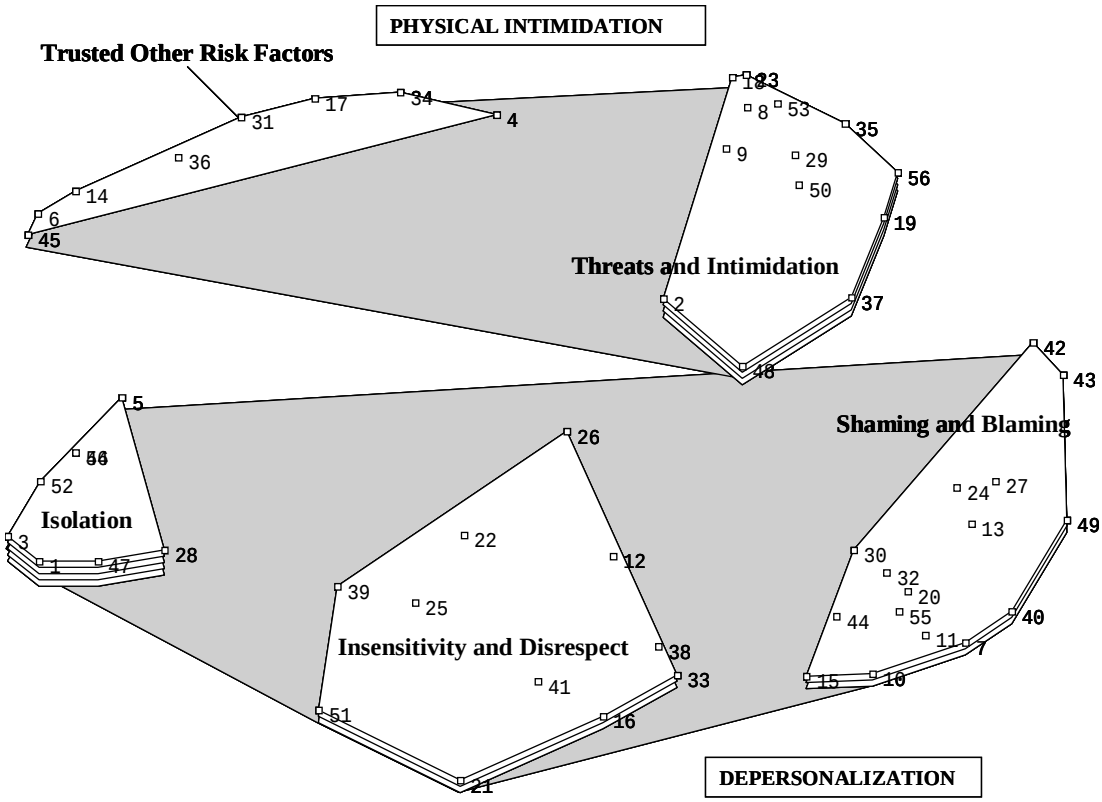
Figure 2. Concept map of psychological abuse.



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Appendices

Appendix A. Items Measuring Financial Exploitation and Psychological Abuse: A Record of the Original, Intermediate, and Final Items, p. 76

Appendix B. Current Client Questionnaire, p. 94

Appendix C. Current Staff Questionnaire, p.105

Appendix D. Timelines, p. 120

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Appendix F. IDOA Agreement, p. 127

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Appendix A: Item Development from Beginning to Final Versions

ORIGINALS	REVISED FOR 1ST GROUP	REVISED FOR 5th GROUP	FINAL ITEMS
Psychological Abuse - Positives			
Does the involved person treat the elder as an adult?			
Does the involved person treat the elder with a gentle sense of humor?			
Does the involved person devote time to listening?			
Does the involved person honor the elder?			
Is there positive communication?			
Is the involved person helping the older person to interact with their environment and the external world?			
Is the involved person helping the elder make a contribution?			
Is the involved person taking steps to reduce the elder's isolation?			
Does the involved person help facilitate a sense of belonging and usefulness?			
Does the involved person work to include the elder with activities and family?			
Does the trusted other accept and encourage elder's relationships with others?			
Does the involved person encourage relationships between the elder and other family members?			
Does the involved person support the elder to engage in the world (should be in keeping with historical and religious preferences)?			
Does the involved person acknowledge			

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the older person's previous accomplishments?			
Is the involved person patient with the elder?			
Does the involved person value the history and stories of the elder?			
Does the involved person have overall respect for the elder?			
Does the involved person give the elder a sense of dignity?			
Is the involved person gentle and kind towards the elder?			
Does the involved person validate the elder's feelings?			
Does the involved person acknowledge cultural, religious preferences of the older person?			
Does the involved person support the older person verbally in the choices and decisions they make?			
Does the involved person respect the elder's privacy?			
Does the involved person recognize the older person's rights?			
Does the involved person affirm older person's sense of self?			
Does the involved person respect older person's wishes?			
Does the involved person encourage the older person's autonomy?			
Does the involved person help the older person recognize a sense of control and safety?			
Does the involved person take the older adult where they want to go?			
Does the involved person view elderhood as a valued condition or stage of life?			

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Does the involved person try to build on the strengths of the elder?			
Does the involved person understand the older person's strengths and limitations?			
Does the involved person have tolerance for elder's disabilities?			
Does the involved person help the elder identify appropriate work roles and social roles?			
Does the involved person accept the older person's limitations that can not be remedied?			
Does the involved person relieve the older person of certain responsibilities (holiday dinners)?			
Does involved person acknowledge and discuss loss?			
Is the involved person honest about issues related to end of life?			
Does the trusted other learn about how to develop empathy and understanding of the aging process?			
Is there willingness for family mediation?			
Are there steps taken to prevent caregiver burnout?			
Does the community provide education and screening for psych abuse?			
Psychological Abuse			
Does the elder defer all questions, even basic, to the trusted other?	Does the elder defer all questions, even basic, to the trusted other?	Has the elder deferred all questions, even basic, to the trusted other?	Has the elder looked to the trusted other to answer all questions, even basic?
Is the elder afraid of anyone angering the trusted other?			
Does the elder feel uncomfortable with a trusted other?	Does the elder seem uncomfortable with the trusted other?	Has the elder seemed uncomfortable with the trusted other?	Has the elder seemed uncomfortable with the trusted other?

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Is the elder afraid of someone in the family?	Does the elder seem afraid of someone in the family?	Has the elder seemed afraid of someone in the family?	Has the elder seemed afraid of the trusted other?
Does a trusted other have history of committing violent acts?	Does the trusted other have history of committing violent acts?	Has the trusted other had a history of committing any violent acts against elder or anyone else?	Has the trusted other physically hurt someone?
Has a trusted other suffered from domestic violence?			
Does the trusted other have a history of substance abuse?	Does the trusted other have a history of substance abuse?	Has the trusted other had a history of substance abuse?	Has the trusted other had a problem of excessive use of drugs or alcohol including over-the-counter medication?
Does the trusted other have a history of mental illness?	Does the trusted other have a history of mental illness?	Has the trusted other had a history of mental illness?	Has the trusted other had a diagnosis of mental illness?
Has a trusted other suffered from child abuse?			
Does the elder have substance abuse problems?	Does the elder have substance abuse problems?	Has the elder had substance abuse problems?	Has the elder had problems with excessive use of drugs or alcohol including over-the-counter medication?
Does the elder seem drugged or over-medicated?	Does the elder seem drugged or over-medicated?	Has the elder seemed drugged or over-medicated?	Has the elder seemed drugged or over-medicated?
Has someone close to the elder deliberately made them feel bad?	Has the trusted other deliberately made the elder feel bad?	Has the trusted other deliberately made the elder feel bad and/or shamed the elder?	Has the trusted other deliberately made the elder feel bad or hurt his/her feelings?
Has the involved person blamed the elder for his or her problems?	Has the trusted other blamed the elder for his or her problems?	Has the trusted other blamed the elder for his or her problems?	Has the trusted other blamed the elder for the trusted other's problems?
Has the involved person talked about the elder as if they were not there?	Has the trusted other talked about the elder as if they were not there?	Has the trusted other talked about the elder as if they were not there?	Has the trusted other talked about the elder as if they were not there?
Has the caregiver not let elder speak for themselves?	Has the trusted other not let the elder speak for themselves?	Has the trusted other not let the elder speak for themselves?	Has the trusted other not let the elder speak for themselves?
Has someone close to the elder called elder names or put down the elder?	Has the trusted other called the elder names or put down them down?	Has the trusted other called the elder names or put down them down?	Has the trusted other called the elder unkind names or put them down?
Has the involved person shamed the elder?	Has the trusted other shamed the elder?		
Has the involved person deliberately confused the elder, making them think they are crazy?	Has the trusted other deliberately confused the elder, making them think they are crazy?	Has the trusted other deliberately confused the elder, making them think they are confused?	Has the trusted other deliberately confused the elder?
Does the person minimize or deny the victim's injuries or complaints?	Has the trusted other minimized or denied the elder's injuries or complaints?	Has the trusted other minimized or denied the elder's injuries or complaints?	Has the trusted other minimized the elder's injuries or complaints?

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Is the elder experiencing injuries from repeated accidents?			
Has a trusted other treated the older person as a child?	Has the trusted other treated the elder as a child?	Has the trusted other treated a competent elder as a child?	Has the trusted other made the elder feel small, such as treating a competent elder as a child?
Are you living with any adults that are unemployed?			
Has a trusted other discounted the older person's feelings and treated them as invalid?	Has the trusted other discounted the elder's feelings?	Has the trusted other discounted the elder's feelings?	Has the trusted other not been sensitive to the elder's feelings?
Has the involved person treated the older person in an undignified manner when assisting with activities of daily living?	Has the trusted other treated the elder in an undignified manner when assisting with activities of daily living?	Has the trusted other treated the elder in an undignified manner when assisting with activities of daily living?	Has the trusted other treated the elder in an undignified or inappropriate manner when assisting them with activities of daily living?
Is the elder weaker due to functional and mental issues?			
Has a trusted other exploited the older person's cognitive deficits?	Has the trusted other exploited the elder's cognitive deficits?	Has the trusted other exploited the elder's cognitive deficits?	
Has the involved person given the older person the silent treatment?	Has the trusted other given the elder the silent treatment?	Has the trusted other given the elder the silent treatment?	Has the trusted other given the elder the silent treatment?
Is the elder experiencing a recent loss of loved one?			
Has a trusted other withheld affection and love in order to manipulate elder?	Has the trusted other withheld affection and love in order to manipulate the elder?	Has the trusted other withheld affection and love in order to manipulate the elder?	Has the trusted other manipulated the elder by withholding affection and love?
Has the involved person prevented older person from having contact with the external world via newspapers, news, etc.?	Has the trusted other prevented the elder from having contact with the external world via telephone, newspapers, news, etc.?	Has the trusted other prevented the elder from having contact with the external world via telephone, newspapers, news, etc.?	Has the trusted other prevented the elder from having contact with the external world via telephone, newspapers, news, etc.?
Has the involved person kept the older person from contacting family and friends or community resources?	Has the trusted other threatened to keep or has the trusted other kept the elder from contacting family and friends or community resources?	Has the trusted other threatened to keep or has the trusted other kept the elder from contacting family and friends or community resources?	Has the trusted other prevented the elder from contacting family, friends, or community resources?
Has a trusted other threatened to abandon elder?	Has the trusted other threatened to abandon the elder?	Has the trusted other threatened to abandon the elder?	Has the trusted other abandoned or threatened to abandon the elder?
Has there been	Has there been sensory	Has there been sensory	

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sensory deprivation?	deprivation of the elder?	deprivation of the elder (e.g. smell, taste, sound, etc.)?	
Has the involved person confined elder?	Has the trusted other confined the elder?	Has the trusted other confined the elder? If so, how?	Has the trusted other confined the elder against their will?
Has someone threatened to take things away or deprive elder of things?	Has the trusted other threatened to take things away or deprive the elder of things?	Has the trusted other threatened to take things away or deprive the elder of things?	Has the trusted other taken things or threatened to take things away from the elder?
Has someone made verbal threats of nursing home placement?	Has the trusted other made verbal threats of nursing home placement?	Has the trusted other made verbal threats of nursing home placement?	Has the trusted other threatened nursing home placement when it was not appropriate?
Has someone performed non-verbal behaviors that frighten, intimidate, traumatize, or control the older person?	Has the trusted other performed non-verbal behaviors that frighten, intimidate, or traumatize the elder?	Has the trusted other performed non-verbal behaviors that frighten, intimidate, or traumatize the elder?	Has the trusted other behaved in ways that frighten or intimidate the elder?
Has someone close to the elder told them that they give them too much trouble when the elder does not?			
Has someone made threats of violence related to second parties (kids, pets, etc.)?	Has the trusted other made threats of violence related to second parties (kids, pets, etc.)?	Has the trusted other made threats of or committed violence related to second parties (kids, pets, etc.)?	Has the trusted other harmed or threatened to harm someone or something close to the elder such as kids, pets, etc.?
Has someone made threats of violence to elder?	Has the trusted other made threats of violence toward the elder?	Has the trusted other made threats of or committed violence toward the elder?	
Has the trusted other not acknowledged the elder's need for medical services and support?	Has the trusted other denied the elder's need for medical services and support?	Has the trusted other denied the elder's need for medical services and support?	Has the trusted other refused or neglected to get medical services that the elder needed?
Has the involved person manipulated elder with drugs or alcohol?	Has the trusted other manipulated the elder with drugs or alcohol?	Has the trusted other manipulated the elder with drugs or alcohol?	Has the trusted other manipulated or tried to control the elder with drugs or alcohol?
Has the involved person deprived elder of glasses, hearing aids, prosthetics, walker, wheelchair, etc. (assistive devices)?	Has the trusted other deprived the elder of glasses, hearing aids, prosthetics, walker, wheelchair, etc. (assistive devices)?	Has the trusted other deprived the elder of glasses, hearing aids, prosthetics, walker, wheelchair, dentures, etc. (assistive devices)?	Has the trusted other deprived the elder of glasses, hearing aids, prosthetics, walker, wheelchair, dentures, etc. (assistive devices)?
Has the involved person yelled at elder (yelling may be cultural – historical pattern)?			
Has a trusted other ignored older person's wishes?			
Has the involved			

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person consistently belittled the elder?			
Is there a recent change of family relationships or living arrangement?			
Has the involved person sworn at the elder?	Has the trusted other sworn or yelled at the elder?	Has the trusted other sworn or yelled at the elder?	Has the trusted other sworn or yelled at the elder?
Has a trusted other threatened to withhold family/social contact?			
Has the older person felt that they have nowhere to turn for help?			
Has the involved person belittled friends and family members of the elder?			
Has the involved person said no one wants elder person around?			
Has a trusted other denied elder use of the telephone?			
Does the involved person blame the elder for being clumsy or difficult?			
Has a trusted other made older person feel useless?			
Has the involved person continually mentioned the elder's diminishing mental or physical or sexual capacity or frailties and dependency?			
Has the involved person made the elder feel guilty?			
Has a trusted other blamed elder for things elder did not do?			
Has the trusted other shared family secrets or business with outsiders?			
Has an adult child threatened to deny access to grandchildren?			
Has someone recently punished the elder for no specific reason?			
Has a trusted other made the elder stay in			

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bed?			
Has someone forced elder to do things the elder does not want to do?			
Has the involved person not acknowledged elder's psychological state?			
Has the involved person denied elder's traumatic history?			
Has the involved person ignored effects of pain and physical disease?			
Has the involved person prevented elder from getting medical care or meds?			
			Has the trusted other used nonverbal behavior such as shaking a fist, pushing, poking, or slapping?
			Has the trusted other kept things from the elder or lied about things that the elder should know about?
			Has the trusted other manipulated or tried to control the elder in any way?
			Has the trusted other failed to support or back up the elder when the elder needed it?
			Has the trusted other told something about the elder that made the elder feel ashamed?
Financial Exploitation - Positives			
Did the trusted other clearly explain what they have done and why, so elder understands?			
Does the trusted other respect and act in accordance with the values of the older person?			
Does the trusted other or adult child intervene to prevent or stop financial abuse?			

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Does the trusted other keep eyes out on savings and special bargains?			
Does the trusted other contribute own finances to the elder's accounts to ensure well being?			
Does the trusted other take care of the elder's financial interest?			
Is the trusted other financially independent of the elder?			
Does the trusted other work with elder to help pay their bills?			
Financial Exploitation			
			Does the elder handle his/her own money?
			Does the elder pay his/her own bills?
			Did the elder expect someone to provide financial support and they did not?
Have there been changes in the elder's will or trust in favor of only 1 family member or other individual?	Did the elder make changes in their will or trust in favor of only 1 family member or other individual?	Has the elder made changes in their will or trust in favor of only 1 family member or other individual?	Has the elder made recent changes in their will, trust, or insurance beneficiary in favor of any family members or other individuals?
Has the elder signed documents without understanding the nature of the transaction?	Did the elder signed documents without understanding the nature of the transaction?	Has the elder signed documents without understanding the nature of the transaction?	Has the elder signed documents without understanding what they were signing?
Has a trusted other gotten elder to modify will?	Did the trusted other get the elder to modify their will?	Has the trusted other gotten the elder to modify their will?	Has the trusted other pressured the elder to modify their will?
Has a trusted other forced the elder to sign legal documents?	Did the trusted other force the elder to sign legal documents?	Has the trusted other manipulated the elder into signing legal documents?	Has the trusted other persuaded the elder to sign any documents even though it was not in the elder's best interest?
Has the elder had recent beneficiary changes in a will or insurance policy?			
Has a trusted other given implausible explanations for spending the elder's money?	Did the trusted other give implausible explanations for spending the elder's money?	Did the trusted other give unreasonable explanations for spending the elder's money?	Has the trusted other given unreasonable explanations for spending the elder's money?
Has a fiduciary used money on their own behalf instead of for	Did a fiduciary use the elder's money on their own behalf instead of for	Did a trusted other use the elder's money on their own behalf instead of for	Has the trusted other used the elder's money on their own behalf

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the elder's benefit?	the elder's benefit?	the elder's benefit?	instead of for the elder's benefit?
Has a trusted other misused elder's power of attorney or guardianship?	Did the trusted other misuse the elder's power of attorney or guardianship?	Did the trusted other misuse their power of attorney or guardianship?	Has the trusted other misused their power of attorney or guardianship of the elder?
Has the elder been unable to manage money independently?	Was the elder unable to manage money independently?	Was the elder unable to manage money independently?	Has the elder been unable to manage money independently?
Has a trusted other tricked the elder into signing legal documents?	Has a trusted other tricked the elder into signing legal documents?	Did the trusted other force the elder into signing legal or financial documents?	Did the trusted other force the elder into signing legal or financial documents?
		Have legal documents been frequently changed?	Have the elder's legal or financial documents been frequently changed?
Has the elder's relationship of trust included an element of dependency?	Did the elder's relationship of trust include an element of dependency?	Has the elder's relationship of trust included an element of dependency?	
Has the elder had serious problems due to poor money management, lack of funds?	Did the elder have serious problems due to poor money management or lack of funds?	Has the elder had serious problems due to their money management or lack of funds?	Has the elder had serious problems due to poor money management?
Have family members been fighting over the elder's money?	Were family members fighting over the elder'smoney?	Were family members fighting over the elder's money?	Has the elder had family members fighting over their money?
Has the elder written out checks made out to cash?	Did the elder write checks made out to cash?	Has the elder written checks made out to cash?	Has the elder written checks made out to cash?
Have there been sudden changes in elder's financial management (titles are changed, retirements or investments cashed in)?	Were there sudden changes in the elder's financial management (titles are changed, quit claim deeds, retirements or investments cashed in)?	Were there sudden changes in the elder's financial management (titles are changed, quit claim deeds, retirements or investments cashed in, second mortgage)?	Has the elder had sudden changes in their financial management (titles are changed, quit claim deeds, retirements or investments cashed in, second mortgage)?
Has there been a sudden transfer of funds or real estate?			
			Has the elder had trusted other's name put on their bank account?
			Has the elder lacked information about financial affairs, for example, does not know where check book, ATM, or credit card is, or ATM pin number, name of bank, direct deposit amount, or pension information?
			Has the elder had mail piled up, including unpaid bills?
			Has the elder given the

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			trusted other access to their financial accounts?
			Has the elder received calls from bill collectors without knowing why?
Has there been a transfer of property, e.g., quit claim deed?			
Has the elder had trouble saving money for something expensive?			
Has the older person signed over their will to a neighbor or friend?			
Has a trusted other not given accounting of how the elder's resources have been used?			
Has the elder made excuses for an adult child?			
Has the elder been dependent on others for basic needs?	Was the elder dependent on others for meeting their basic needs (food, rent, utilities, etc.)?	Was the elder physically dependent on others for meeting their basic needs (food, rent, utilities, etc.)?	Has the elder needed financial assistance to meet their basic needs?
Has the elder's attorney misappropriated funds?			
Has the elder not participated in planning their budget?			
Has the elder had some trouble budgeting, but is able to manage money without help?			
Has the elder had trouble saving, keeping track of funds?			
Has the elder not been able to pay bills with their income?			
Has there been evidence of financial problems or need?			
		Has the elder had to rely on someone else to cash their checks?	Has the elder had to rely on someone else to cash their checks?
Has the elder run out of money for food?			
Has the elder run out of money to pay their rent?			
Has the elder run out of money for transportation?			

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Has the elder had to borrow money?			
Has the elder run out of money to pay utilities?			
Is a trusted other financially dependent on elder?	Was the trusted other financially dependent on the elder?	Was the trusted other financially dependent on the elder?	Has the trusted other been financially dependent on the elder?
Has the elder been in debt?			
Has the elder had trouble keeping track of their money?			
Have bills gone unpaid despite availability of adequate funds?	Did the elder have unpaid bills, eviction notice, and/or have utilities been shut off, despite availability of adequate funds?	Did the elder have unpaid bills, eviction notice, and/or have utilities been shut off, despite availability of adequate funds?	Has the elder had unpaid bills, eviction notice, and/or utilities shut off, despite availability of adequate funds?
Has the elder trusted someone with their money?	Has the elder trusted someone with their money?	Has the elder trusted someone with their money?	Has the elder trusted someone with their money?
Does the elder have new best friend that he/she trusts with their money?	Did the elder trust someone with their money (e.g., a new “best” friend?	Did the elder trust someone with their money (e.g., a new “best” friend?	Has the elder trusted someone new with their money?
Does the elder have someone who handles money for them?			
Does the elder live with anyone who gambles?	Did the elder live with anyone who might have reasons to exploit them (e.g., someone who gambles, is unemployed, has substance abuse problems, abuses alcohol)?	Did the elder have a trusted other who might have reasons to exploit them (e.g., someone who gambles, is unemployed, has substance abuse problems, abuses alcohol, history of violent behavior, has a lot of debt, mental illness)? (circle one)	Has the elder had a trusted other who might have reasons to exploit them (for example, someone who gambles, is unemployed, has substance abuse problems)?
	Has anyone been frequently asking the elder for money?	Has anyone been frequently asking the elder for money?	Has anyone been frequently asking the elder for money?
		Has anyone kept asking about the elder’s money even though it made them feel uncomfortable?	Has anyone kept asking about the elder’s money even though it made them feel uncomfortable?
		Did anyone put pressure on the elder to get a reverse mortgage?	Did anyone put pressure on the elder to get a reverse mortgage?
			Has the trusted other obtained or changed a power of attorney?
			Has the trusted other become the payee on the elder’s benefit check and used the money for themselves?
Does the elder live			

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with anyone who has mental illness?			
Does the elder live with any adults that are unemployed?			
Does the elder live with anyone who has a lot of debt?			
Does the elder live with someone who has a substance abuse problem?			
Does the elder live with anyone that has a history of violent behavior?			
		Has the trusted other not permitted the elder to see his/her own mail?	Has the trusted other kept the elder from seeing his/her own mail?
Has the older person given an adult child money but did not get back all or any of the change?	Did the elder give the trusted other money but not get back all or any of the change?	Did the elder give the trusted other money to make a purchase but not get back all or any of the change?	Has the trusted other taken the elder's money to make a purchase but not returned all or any of the change?
			Has the trusted other changed the direct deposit destination so as to benefit themselves?
			Has the trusted other has the elder's bills sent to a different address, for example, the trusted other's address so as to benefit themselves?
			Has the trusted other used the elder's bank pin number or account number for their own gain?
			Did the trusted other convince the elder to contribute beyond their means to churches or charities?
			Did the trusted other obtain a new credit card in the elder's name?
			Has the trusted other overcharged the elder for work or services that were done poorly or never done?
			Has the trusted other felt entitled to use the elder's money for him/herself?
Has the elder let the caregiver spend some of their money on themselves, but the elder does not like it?	Did the elder let the trusted other spend some of their money on themselves, but the elder did not like it?		

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Has a trusted other said elder should give them money because they gave money to a sibling or other relative?			
Has a trusted other coerced the elder to give larger than usual gifts (money, cars, homes)?	Did the trusted other coerce the elder to give larger than usual gifts (money, cars, homes)?	Did the trusted other manipulate the elder to give larger than usual gifts (money, cars, homes)?	Has the trusted other manipulated the elder to give him/her larger than usual gifts (money, cars, homes)?
Has the caregiver taken advantage of cultural or family expectations to obtain elder's resources?	Did the trusted other take advantage of cultural or family expectations to obtain the elder's resources?	Did the trusted other take advantage of cultural or family expectations to obtain the elder's resources?	Has the trusted other taken advantage of cultural or family expectations to get the elder's resources?
Have trusted others handled elder's resources inadequately?			
Has a trusted other refused to change the elder's living arrangements to a more appropriate setting, because the elder's financial contribution is needed to support the present household?	Did the trusted other refuse to change the elder's living arrangements to a more appropriate setting, because the elder's financial contribution was needed to support the present household?	Did the trusted other refuse to change the elder's living arrangements to a more appropriate setting, because the elder's financial contribution was needed to support the present household?	Has the trusted other refused to change the elder's living arrangements to a more appropriate setting, because the elder's financial contribution was needed to support the present household?
Has someone promised companionship in exchange for elder's money?	Did the trusted other promise companionship in exchange for the elder's money?	Did the trusted other promise companionship in exchange for the elder's money?	Has the trusted other promised companionship in exchange for the elder's money?
Has someone lived with the elder, but refused to pay their share of expenses?	Did the trusted other live with the elder, but refuse to pay their share of expenses?	Did the trusted other live with the elder, but refuse to pay their share of expenses?	Has the trusted other lived with the elder, but refused to pay their share of expenses?
Has there been forced child rearing and cost of child care on elders/grandparents raising/support grandkids?			
Has a trusted other borrowed money but hasn't paid it back?	Did the trusted other borrow money but not pay it back?	Did the trusted other borrow money but not pay it back?	Has the trusted other borrowed money from the elder but not paid it back?
Has the elder been persuaded to give others money or personal property?			
Have trusted others prevented or deterred spending by elder to maximize inheritance?	Did the trusted other prevent or deter spending by the elder to maximize inheritance?	Did the trusted other prevent or deter spending by the elder to maximize their inheritance?	Has the trusted other prevented or deterred spending by the elder to maximize their inheritance?
Has a trusted other said they are buying	Did the trusted other say they were buying	Did the trusted other say they were buying	Has the trusted other said they were buying

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something for the elder, but it is really for their own use?	something for the elder, but it was really for their own use?	something for the elder, but it was really for their own use?	something for the elder, but it was really for their own use?
Has the elder been pressured to Co-signLoans for family members who had no ability to repay the loans?	Was the elder pressured to Co-signLoans for family members who had no ability to repay the loans?	Was the elder pressured to Co-signLoans for a trusted other who had no ability to repay the loans?	Has the trusted other pressured the elder to Co-signLoans even though the trusted other could not repay them?
Have caregivers overcharged for their services?	Did caregivers overcharge for their services?	Did caregivers overcharge for their services?	Did caregivers overcharge for their services?
Has the in-home caregiver promised lifetime care or family members but then get ripped off?	Did the in-home caregiver or a family member promise lifetime care for the elder but then not provide it?	Did the in-home caregiver or a family member promise lifetime care for the elder but then not provide it?	Has the trusted other promised lifetime care for the elder but then did not provide it?
Has a trusted other agreed to do work, taken money, but did not perform task?	Did the trusted other agree to do work or provide services, take the money, but not perform the task?	Did the trusted other agree to do work or provide services, take the money, but not perform the task?	Has the trusted other taken the elder's money to do something for them but never did it?
Have trusted others handled elder's resources irresponsibly, e.g., gambling, illegal activities?	Did the trusted other handle the elder's resources irresponsibly, e.g., gambling, illegal activities?	Did the trusted other handle the elder's resources irresponsibly, e.g., gambling, illegal activities, substance abuse?	Has the trusted other handled the elder's money irresponsibly (for example, gambling, illegal activities)?
Has the caregiver refused to give accounting of spending to the elder?	Did the trusted other refuse to give an accounting of spending to the elder?	Did the trusted other refuse to give an accounting of spending to the elder?	Has the trusted other refused to give the elder an accounting of how the elder's money was spent?
Has the elder let caregiver spend their money on him/herself because they were fearful?	Did the elder let the trusted other spend their money on him/herself because they were fearful?	Has the elder let their trusted other spend their own money on themselves because the elder was afraid of them?	Has the elder let their trusted other spend their own money on themselves because the elder was afraid of them?
Has the elder paid for work and was scammed or ripped off?			
Has the elder paid for something and was not given it (give money so they can stay in the home – but does not happen)?			
Has a trusted other exploited elder's alcoholism or drug dependency to get money?	Did the trusted other exploit the elder's alcoholism or drug dependency to get money?	Did the trusted other exploit the elder's alcoholism or drug dependency to get money?	Has the trusted other exploited the elder's alcoholism or drug dependency to get money?
Has a trusted other taken prized belongings (jewelry) without permission?	Did the trusted other take the elder's prized belongings (e.g., jewelry) without permission?	Did the trusted other take the elder's prized belongings (e.g., jewelry) without permission?	Has the trusted other taken the elder's prized belongings (for example, jewelry) without permission?
Has someone deprived the elder of	Did the trusted other deprive the elder of	Did the trusted other deprive the elder of	Has the trusted other withheld services

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needed services, and instead used the elder's money for inappropriate purposes?	needed services, and instead use the elder's money for inappropriate purposes?	needed services, and instead use the elder's money for inappropriate purposes?	because they wanted more money?
Has a trusted other misused funds allocated for the elder's care?			
Has trusted other used pressure, intimidation, or punishment to obtain access to resources?			
Has a trusted other stolen from elder?			
Have there been unexplained disappearances of funds/possessions?	Have there been unexplained disappearances of funds or possessions?	Have there been unexplained disappearances of funds or possessions?	Have there been unexplained disappearances of funds or possessions?
Has the caregiver demanded money?	Did the trusted other demand money from the elder?	Did the trusted other demand money from the elder?	Has the trusted other demanded money from the elder?
Has the elder had enough income, but their caregiver still can't seem to meet their needs?	Did the elder have enough income, but the trusted other couldn't seem to meet their needs?	Did the trusted other not meet the elder's basic needs even though the elder had enough income?	Has the trusted other not met the elder's basic needs even though the elder had enough income?
Has the caregiver used pressure, intimidation, or punishment to obtain access to resources?	Has the trusted other used pressure, intimidation, or punishment to obtain access to resources?	Has the trusted other used pressure, intimidation, or punishment to obtain access to resources?	Did the trusted other use pressure, intimidation, or punishment to obtain access to resources?
Has the caregiver used some of elder's resources for own purposes without permission?			
Has a trusted other used sex or love to gain control of resources?	Did the trusted other used sex or love to gain control of resources?	Did the trusted other use sex, love, or intimacy to gain control of resources?	Did the trusted other use love, (sex, or intimacy, if applicable) to gain control of money?
Does the long-term care facility fail to deliver services that were paid for?			
Does a trusted other use some of elder's resources for own purposes with permission?			
Is the care of elder not commensurate with resources?	Was the care of the elder not commensurate with resources?	Was the care of the elder not commensurate with resources (e.g. accustomed to a certain lifestyle)?	Has the elder not received the kind of care he/she can afford (for example, accustomed to a certain lifestyle)?
Does a trusted other feel entitled to use elder's money for him/herself?	Did the trusted other feel entitled to use the elder's money for him/herself?	Did the trusted other feel entitled to use the elder's money for him/herself?	Has the trusted other felt entitled to use the elder's money for him/herself?

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Does the elder think caregiver is lying about how they are spending the elder's money?	Did the elder think the trusted other was lying about how they were spending the elder's money?	Did the elder think the trusted other was lying about how they were spending the elder's money?	Has the trusted other lied about how they were spending the elder's money?
Has a family member or new friend had new interest in assets?	Did a family member or new friend have new interest in the elder's assets?	Did a family member or new friend have new interest in the elder's assets?	Has anyone had new interest in the elder's assets?
Has the elder been tricked into buying something that they now regret buying?	Did a trusted other trick the elder into buying something that they now regret buying?	Did a trusted other trick the elder into buying something that they now regret buying?	Did the trusted other trick or pressure the elder into buying something that the elder now regrets buying?
Has the elder felt cheated after someone sold something to them?	Did the elder felt cheated after the trusted other sold something to them?	Did the elder felt cheated after the trusted other sold something to them?	Did the trusted other sell the elder something at too high a price?
Has there been undue influence – was the elder brainwashed to make financial decisions they would not normally make?	Did the trusted other brainwash the elder to make financial decisions they would not normally make?	Did the trusted other manipulate the elder to make financial decisions they would not normally make?	Has the trusted other manipulated the elder to make financial decisions they would not normally make?
Has the elder been talked into making investments that are not in the elder's best interest?	Was the elder talked into making investments that were not in their best interest?	Was the elder talked into making investments that were not in their best interest?	Has the trusted other talked the elder into making investments that were not in their best interest?
Has someone taken advantage of elder's weakness to get a hold of their resources such as a house, car, or money?	Did the trusted other taken advantage of the elder's weakness to get a hold of their resources such as a house, car, or money?	Did the trusted other take advantage of the elder to get a hold of their resources such as a house, car, or money?	Did the trusted other take advantage of the elder to get a hold of their resources such as a house, car, or money?
Has the elder been coerced to sign contracts?			
Has a trusted other convinced elder to turn title of home over to them and then sells house and keeps money?	Did the trusted other convince the elder to turn title of home over to them and then sell house and keep money?	Did the trusted other convince the elder to turn title of home over to them?	Did the trusted other convince the elder to turn title of home over to them?
Have there been suspicious signatures on checks or other documents (forgery)?	Have there been suspicious signatures on checks or other documents (forgery)?	Have there been suspicious signatures on checks or other documents (forgery)?	Have there been suspicious signatures (forgery)?
Has there been ATM card misuse?	Has there been ATM card misuse?	Has there been ATM or credit card misuse?	Has there been ATM or credit card misuse?
Have there been unauthorized withdrawals from elder's bank account?	Have there been unauthorized withdrawals from the elder's bank account?	Have there been unauthorized withdrawals from the elder's bank account?	Have there been unauthorized withdrawals from the elder's bank account?
Has the elder changed long time providers (bankers, etc.)?			
Has a trusted other had elder add them to	Did the trusted other have the elder add them to	Did the trusted other have the elder add them to	Have there been persons added to the elder's bank

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bank account as signatory?	their bank account as signatory?	their bank account as signatory and/or commingle his/her funds with those of the elder?	account as signatory and/or commingling of funds?
Has a trusted other commingled his/her funds with those of the elder?	Did the trusted other commingle his/her funds with those of the elder?		
Has there been unusual activity in bank accounts, e.g., large withdrawals?	Was there unusual activity in the elder's bank accounts, e.g., large withdrawals?	Was there unusual activity in the elder's bank accounts, e.g., large withdrawals, large and/or frequent transfers of funds?	Have there been unusual activities in the elder's bank accounts, for example, large withdrawals, frequent transfers of funds?
Have there been frequent transfers of funds?	Were there frequent transfers of funds from the elder's accounts?		
Were items substituted within the senior's home (high level items with lower level items)?	Were items substituted within the elder's home (high level items with lower level items)?	Were items substituted within the elder's home (high level items with lower level items)?	Did the trusted other substitute items within the elder's home (high value items with lower value items)?
Were there scams that involved giving to bogus charities?	Were there scams that involved the elder giving to bogus charities?	Were there scams that involved the elder giving to charities?	Has the elder been a victim of a scam that involved giving to bogus charities?
Was the elder tricked into selling valuable possession?	Was the elder tricked into selling valuable possession?	Was the elder tricked into selling valuable possessions?	Did the trusted other trick the elder into selling valuable possessions for less than they were worth?
Has an institution misused funds?	Did an institution misuse the elder's funds?	Did an institution misuse the elder's funds?	Did an institution misuse the elder's funds?
Has an institution committed fraud, such as Medicaid overcharges, using elder's name?	Has an institution committed fraud, such as Medicaid overcharges, using the elder's name?	Has an institution/professional/someone committed fraud, such as Medicaid overcharges, using the elder's name?	Has an institution/professional/someone committed fraud, using the elder's name?
Has there been identity theft – did the involved person steal the identity of elder or help someone else steal the identity of the elder?			
Has someone sold elder's property without their permission?			

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Date:_____

Case #:_____

Older Adult Mistreatment Assessment
Client Questionnaire

Please answer these questions openly and honestly.

We thank you for your time and effort in completing this questionnaire.

Time Period: All questions refer to the past 12 months.

1. Your name: _____

2. Date of birth: _____

3. Are you of Hispanic or Latino origin? Yes No

4. What is your race or ethnicity (please circle one)?
   American Indian or Alaskan Native……. 1
   Asian or Pacific Islander……...… 2
   African American…….…. 3
   Caucasian……...4
   Mixed/Other…….. 5
   Don't know……6
   Refused……..7

5. Your gender: Male …….. 1
   Female…… 2
   Other…… 3

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Definitions: Throughout this questionnaire, you will see a blank space in many of the questions. As you read the question, please fill in the blank with the name or relationship of the person you believe is mistreating or taking advantage.

What is this person's relationship to the older adult (for example; son daughter, husband, etc.)?
_____

Are there any other people who are mistreating or taking advantage? If yes, please list them by their relationship to the older adult?
_____
_____

Time Period: All questions refer to the past 12 months

Psychological

Please circle the number after each question:
Yes = 1

No = 2

Suspected = 3

Don't Know or Not Applicable (DK/NA) = 4

A. In the past 12 months (repeat for each question as needed):	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
1. Has _____ been diagnosed with mental illness?	1	2	3	4
2. Has _____ had problems with excessive use of drugs, including over-the-counter medication, or alcohol?	1	2	3	4
3. Has_____ physically hurt someone?	1	2	3	4
4. Have you (referring to the older adult) had problems with excessive use of drugs, including over-the-counter medication, or alcohol?	1	2	3	4
5. Have you felt drugged or overmedicated?	1	2	3	4

B. In the past 12 months has _____:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
6. Taken things away or threatened to take things away from you?	1	2	3	4

In the past 12 months has _____:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**

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7. Abandoned or threatened to abandon you?	1	2	3	4
8. Threatened to place you in a nursing home when it was not appropriate?	1	2	3	4
9. Harmed or threatened to harm someone or something close to you (kids, pets, etc.)?	1	2	3	4
10. Used non-verbal behavior such as shaking a fist, pushing, poking, or slapping, to threaten or scare you?	1	2	3	4
11. Manipulated you by withholding affection and love?	1	2	3	4
12. Behaved in ways that frighten or intimidate you?	1	2	3	4

In the past 12 months:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
13. Have you looked to _____ to answer all questions, even basic?	1	2	3	4
14. Have you been uncomfortable with_____?	1	2	3	4
15. Have you been afraid of _____?	1	2	3	4

C. In the past 12 months, has _____:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
16. Confined you against your will?	1	2	3	4
17. Prevented you from having contact with the outside world via telephone, newspapers, television, or radio, etc.?	1	2	3	4
18. Prevented you from contacting family, friends, or community resources?	1	2	3	4
19. Deprived you of glasses, hearing aids, prosthetics, walker, wheelchair, or any other assistive devices that you needed?	1	2	3	4
20. Kept things from you or lied about things that you should know about?	1	2	3	4

D. In the past 12 months has _____:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
21. Called you unkind names or put you down?	1	2	3	4

In the past 12 months has _____:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**

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22. Deliberately made you feel bad or hurt your feelings?	1	2	3	4
23. Given you the silent treatment?	1	2	3	4
24. Treated you in an undignified or inappropriate way while assisting you with dressing, eating, bathing and so on?	1	2	3	4
25. Sworn or yelled at you?	1	2	3	4
26. Refused or neglected to get medical services that you needed?	1	2	3	4

In the past 12 months:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
27. Has_____ failed to support you or back you up when you needed it?	1	2	3	4

E. In the past 12 months has _____:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
28. Made you feel small, for example, treated you like a child?	1	2	3	4
29. Manipulated or tried to control you in any way?	1	2	3	4
30. Manipulated you with drugs or alcohol?	1	2	3	4
31. Talked about you as if you were not there?	1	2	3	4
32. Not let you speak for yourself?	1	2	3	4
33. Not been sensitive to your feelings?	1	2	3	4
34. Deliberately confused you?	1	2	3	4
35. Minimized your injuries or complaints?	1	2	3	4

F. In the past 12 months, has _____:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
36. Blamed you for their problems?	1	2	3	4
37. Said something about you that made you feel ashamed?	1	2	3	4

The next section concerns financial exploitation

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Definitions: Throughout this questionnaire, you will see a blank space in many of the questions. As you read the question, please fill in the blank with the name or relationship of the person you believe is mistreating or taking advantage.

What is this person's relationship to the older adult (for example; son, daughter, husband, etc.) for **financial** matters?

_____

Are there any other people who are mistreating or taking advantage of financial matters? If yes, please list them by their relationship:

_____
_____

Time Period: Again, all questions refer to the past 12 months.

Please circle the number after each question:
Yes = 1

No = 2

Suspected = 3

Don't Know or Not Applicable (DK/NA) = 4

Financial

	Yes = 1	No =2	DK/NA = 4
Do you handle your own money?	1	2	4
Do you pay your own bills?	1	2	4
Did you expect someone to provide financial support and they did not?	1	2	4

A. In the past 12 months:	Yes = 1	No = 2	Suspected = 3	DK/NA=4
1. Has_____ felt entitled to use your money for themselves?	1	2	3	4
2. Was _____name put on your bank account?	1	2	3	4
3. Have you been financially dependent on others for meeting your basic needs (food, rent, utilities, etc.)?	1	2	3	4
4. Have you had serious problems due to poor money management?	1	2	3	4

In the past 12 months:

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	Yes = 1	No = 2	Suspected = 3	DK/NA=4
5. Have you felt pressured to stay in your current living arrangement because your money is needed for support of others?	1	2	3	4
6. Has_____ been financially dependent on you?	1	2	3	4
7. Have you had to rely on someone else to cash your checks?	1	2	3	4
8. Have you trusted someone else with your money?	1	2	3	4
9. Have you had a trusted other who might have reasons to exploit you (for example, someone who gambles, is unemployed, has substance abuse problems)?	1	2	3	4
10. Have you lacked information about financial affairs (for example, do not know where checkbook, ATM, or credit card is. Do not know ATM pin number, name of bank, direct deposit amount, or pension information)?	1	2	3	4
11. Have you had mail piled up, including unpaid bills?	1	2	3	4
12. Have you given _____ access to your financial accounts?	1	2	3	4
13. Have you received calls from bill collectors without knowing why?	1	2	3	4

B. In the past 12 months:	Yes = 1	No = 2	Suspected = 3	DK/NA=4
14. Have you had trouble managing your money on your own?	1	2	3	4
15. Have you trusted someone new with your money?	1	2	3	4
16. Have you made changes in your will or trust in favor of any family members or individuals?	1	2	3	4
17. Did _____ give poor reasons for spending your money?	1	2	3	4
18. Were family members fighting over your money?	1	2	3	4

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In the past 12 months:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
19. Have you written out any checks for someone else to cash?	1	2	3	4
20. Have there been any sudden changes in your financial management (titles are changed, quit claim deeds, retirements or investments cashed in)?	1	2	3	4
21. Has _____convinced you to turn the title of your home over to them?	1	2	3	4
22. Even though you should have enough money, have you had unpaid bills, eviction notice, or utilities shut off?	1	2	3	4
23. Have you thought _____ was lying about how they were spending your money?	1	2	3	4
24. Has _____ refused to give you an accounting of spending your money?	1	2	3	4
25. Have there been unexplained disappearances of your money or possessions?	1	2	3	4
26. Have you signed documents without understanding what you were signing?	1	2	3	4
27. Have your legal or financial documents been frequently changed?	1	2	3	4
28. Has _____persuaded you to sign any documents even though it was not in your best interest?	1	2	3	4
29. Has _____ obtained or changed a power of attorney?	1	2	3	4
30. Has_____ become the payee on your benefit check and used the money for themselves?	1	2	3	4
31. Has _____ kept you from seeing your own mail?	1	2	3	4
32. Has anyone had a new interest in your assets?	1	2	3	4

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33. Has_____ changed the direct deposit destination so as to benefit themselves?	1	2	3	4

In the past 12 months:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
34. Has _____ had your bills sent to a different address (for example, the trusted other's address) so as to benefit themselves?	1	2	3	4
35. Has _____ used your bank pin or account number for their own gain?	1	2	3	4
36. Have you suspected someone of signing your name without permission?	1	2	3	4
37. Has anyone been frequently asking you for money?	1	2	3	4
38. Has anyone kept asking about your money even though it made you feel uncomfortable?	1	2	3	4
39. Did anyone put pressure on you to get a reverse mortgage?	1	2	3	4
40. Have you **not been** getting the kind of care that you can afford?	1	2	3	4

C. In the past 12 months:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
41. Has anyone misused your ATM or credit card?	1	2	3	4
42. Was there unusual activity in your bank accounts, for example, large withdrawals, frequent withdrawals?	1	2	3	4
43. Did _____ mix their funds with your funds?	1	2	3	4
44. Have there been unauthorized withdrawals from your bank account?	1	2	3	4

D. In the past 12 months:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
45. Has _____ tricked or pressured you into buying something that you now regret buying?	1	2	3	4
46. Have you felt cheated after _____ sold something	1	2	3	4

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to you?

In the past 12 months:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
47. Have you been a victim of a scam that involved giving to bogus charities?	1	2	3	4
48. Have you been tricked or pressured into selling a valuable possession for less than its worth?	1	2	3	4
49. Has an institution misused your funds?	1	2	3	4
50. Has a health care provider used your name to file false claims?	1	2	3	4
51. Were you talked into making investments that were not in your best interest?	1	2	3	4
52. Have you been pressured to modify your will?	1	2	3	4
53. Has _____ forced you to sign legal or financial documents?	1	2	3	4
54. Has _____ coerced you to give them larger than usual gifts (money, cars, homes)?	1	2	3	4
55. Have you been pressured to co-sign any loans?	1	2	3	4
56. Have services been withheld by anyone, because they wanted more money?	1	2	3	4
57. Have you been convinced to contribute beyond your means to churches or charities?	1	2	3	4
58. Has _____ obtained a new credit card in your name?	1	2	3	4

E. In the past 12 months:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
59. Has _____used your money on themselves instead of for you?	1	2	3	4
60. Has_____ bought things for you but not given you back your change?	1	2	3	4

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61. Has _____ borrowed money and not paid it back?	1	2	3	4

In the past 12 months:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
62. Has _____said they were buying something for you, but it was really for their own use?	1	2	3	4
63. Has _____ taken your prized belongings (for example, jewelry) without permission?	1	2	3	4
64. Has anyone switched some of your expensive items for cheaper ones?	1	2	3	4
65. Has _____overcharged you for work or services that were done poorly or never done?	1	2	3	4

F. In the past 12 months:	**Yes = 1**	**No= 2**	**Suspected = 3**	**DK/NA=4**
66. Did _____ misuse their power of attorney or guardianship?	1	2	3	4
67. Were you forced into making financial decisions you would not normally make?	1	2	3	4
68. Did you think that _____ has taken advantage of you to get a hold of your resources such as a house, car, or money?	1	2	3	4
69. Has _____ tried to prevent you from spending your money in order to maximize their inheritance?	1	2	3	4
70. Has_____ lived with you, but refused to pay their share of expenses?	1	2	3	4
71. Has _____taken your money to do something for you but never did?	1	2	3	4
72. Has _____handled your money irresponsibly, for example, gambling, illegal activities?	1	2	3	4
73. Has _____used love (sex, or intimacy, if applicable) to gain control of your money?	1	2	3	4
74. Has _____ promised companionship in exchange for your money?	1	2	3	4

In the past 12 months:	**Yes = 1**

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		No= 2	Suspected = 3	DK/NA=4
75. Has _____ demanded money from you?	1	2	3	4
76. Has _____ used pressure, intimidation, or punishment to try to get your money?	1	2	3	4
77. Item removed based on debriefing feedback				
78. Did you let _____spend your money on themselves because you were afraid of them?	1	2	3	4
79. Has _____ taken advantage of cultural or family expectations to get your resources?	1	2	3	4
80. Has _____ promised you lifetime care but then did not provide it?	1	2	3	4
81. Has _____ not met your basic needs even though you had enough income?	1	2	3	4
82. Has_____ felt entitled to use your money for him/herself?	1	2	3	4
83. Have caregivers overcharged you for their services?	1	2	3	4

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Date:_____

Case #:_____

Older Adult Mistreatment Assessment
Staff Questionnaire

We thank you for your time and effort in completing this questionnaire.

1. Your name: _____

2. Your position: _____

3. Agency name: _____

4. Number of years experience working with the elderly: _____

5. Are you of Hispanic or Latino origin? Yes No

6. What is your race or ethnicity? (please circle one)

American Indian or Alaskan Native…….. 1

Asian or Pacific Islander……...… 2

African American…….…. 3

Caucasian…….. 4

Mixed/Other…….. 5

Don't know……... 6

Refused……. 7

7. Your gender: Male …….. 1

Female…… 2

Other…….. 3

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Definitions: Throughout this questionnaire, you will see a blank space in many of the questions. As you read the question, please fill in the blank with the name or relationship of the person you believe is mistreating or taking advantage.

What is this person's relationship to the older adult (for example; son daughter, husband, etc.)?
_____
Are there any other people who are mistreating or taking advantage? If yes, please list them by their relationship to the older adult? _____

_____

Time Period: All questions refer to the past 12 months.

Does the older adult appear to have a cognitive impairment? (please circle appropriate number)

No ……1

Yes, Mild …….2

Yes, Moderate …….3

Yes, Severe ……..4

Not Sure ……..5,
if not sure, why?_____

If yes, please circle source(s) of assessment:
Mini-mental status exam……1

Observation……...…….2

Report by other (family, friend, neighbor, etc.)….3

Report by medical professional……..4

Other ……..….5
(please cite):_____

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Psychological:

It may be necessary to check with people familiar with the older adult, i.e. 3rd parties, such as bankers, neighbors, family, police, and other agency personnel who have had contact with the older adult and the alleged exploiter over the past year. Please answer these questions openly and honestly, based upon your professional judgment, reports from the older adult directly, or a 3rd party.

Please circle the number after each question:
Yes = 1

No = 2

Suspected = 3

Don't Know or Not Applicable (DK/NA) = 4

A. In the past 12 months, has the OLDER ADULT:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
1. Had problems with excessive use of drugs or alcohol including over-the-counter medication?	1	2	3	4
2. Seemed drugged or over-medicated?	1	2	3	4

B. In the past 12 months, has the OLDER ADULT:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
3. Looked to _____ to answer all questions, even basic?	1	2	3	4
4. Seemed uncomfortable with_____?	1	2	3	4
5. Seemed afraid of _____?	1	2	3	4

C. In the past 12 months, has _____:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
6. Physically hurt someone?	1	2	3	4
7. Had a diagnosis of mental illness?	1	2	3	4
8. Had a problem of excessive use of drugs or alcohol including over-the-counter medication?	1	2	3	4

In the past 12 months, has _____:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
9. Manipulated the older adult by withholding affection and love?	1	2	3	4

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10. Abandoned or threatened to abandon the older adult?	1	2	3	4

In the past 12 months, has_____:	**Yes=1**	**No=2**	**Suspected=3**	**DK/NA=4**
11. Taken things away or threatened to take things away from the older adult?	1	2	3	4
12. Threatened nursing home placement when it was not appropriate?	1	2	3	4
13. Behaved in ways that frighten or intimidate the older adult?	1	2	3	4
14. Harmed or threatened to harm someone or something close to the older adult such as kids, pets, etc.?	1	2	3	4
15. Used nonverbal behavior such as shaking a fist, pushing, poking, or slapping?	1	2	3	4

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E. In the past 12 months, has_____:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
16. Given the older adult the silent treatment?	1	2	3	4
17. Prevented the older adult from having contact with the external world via telephone, newspapers, news, etc.?	1	2	3	4
18. Prevented the older adult from contacting family, friends or community resources?	1	2	3	4
19. Confined the older adult against their will?	1	2	3	4
20. Refused or neglected to get medical services that the older adult needed?	1	2	3	4
21. Deprived the older adult of glasses, hearing aids, prosthetics, walker, wheelchair, dentures, etc. (assistive devices)?	1	2	3	4

In the past 12 months, has _____:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
22. Kept things from the older adult or lied about things that the older adult should know about?	1	2	3	4

F. In the past 12 months, has _____:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
23. Talked about the older adult as if they were not there?	1	2	3	4
24. Not let the older adult speak for themselves?	1	2	3	4
25. Called the older adult unkind names or put them down?	1	2	3	4

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26. Not been sensitive to the older adult's feelings?	1	2	3	4
27. Treated the older adult in an undignified or inappropriate manner when assisting them with activities of daily living?	1	2	3	4
28. Deliberately confused the older adult?	1	2	3	4
29. Minimized the older adult's injuries or complaints?	1	2	3	4
30. Failed to support or back up the older adult when the older adult needed it?	1	2	3	4
31. Sworn or yelled at the older adult?	1	2	3	4
32. Deliberately made the older adult feel bad or hurt his/her feelings?	1	2	3	4

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G. In the past 12 months, has _____:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
33. Made the older adult feel small, such as treating a competent older adult as a child?	1	2	3	4

In the past 12 months, has _____:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
34. Manipulated the older adult with drugs or alcohol?	1	2	3	4
35. Manipulated or tried to control the older adult in any way?	1	2	3	4

H. In the past 12 months, has _____:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
36. Told something about the older adult that made the older adult feel ashamed?	1	2	3	4
37. Blamed the older adult for the trusted other's problems?	1	2	3	4

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Definitions: Throughout this questionnaire, you will see a blank space in many of the questions. As you read the question, please fill in the blank with the name of the person you believe is mistreating or taking advantage.

What is this person's relationship to the older adult (for example; son, daughter, husband, etc.) for **financial** matters?

_____
_____
_____

Are there any other people who are mistreating or taking advantage of financial matters? If yes, please list them by their
relationship:_____
_____
_____

Time Period: Again, all questions refer to the past 12 months.

Financial

The next section concerns financial exploitation. To answer some of these questions, it may be necessary to check with people familiar with the older adult such as bankers, neighbors, family, police, and other agency personnel who have had contact with the older adult and the alleged exploiter over the past year.

Please circle the number after each question:
Yes = 1

No = 2

Suspected = 3

Don't Know or Not Applicable (DK/NA) = 4

Financial	**Yes = 1**	**No =2**	**DK/NA = 4**
Does the older adult handle his/her own money?	1	2	4
Does the older adult pay his/her own bills?	1	2	4
Did the older adult expect someone to provide financial support and they did not?	1	2	4

A. In the past 12 months, has the OLDER ADULT:	**Yes = 1**	**No = 2**	**Sometimes = 3**	**DK/NA=4**
1. Been unable to manage money independently?	1	2	3	4
2. Had serious problems due to poor money management?	1	2	3	4

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In the past 12 months, has the OLDER ADULT:	**Yes=1**	**No=2**	**Suspected=3**	**DK/NA=4**
3. Had family members fighting over their money?	1	2	3	4
4. Written checks made out to cash?	1	2	3	4
5. Had sudden changes in their financial management (titles are changed, quit claim deeds, retirements or investments cashed in, second mortgage)?	1	2	3	4
6. Had _____ name put on their bank account?	1	2	3	4
7. Had to rely on someone else to cash their checks?	1	2	3	4
8. Trusted someone with their money?	1	2	3	4
9. Had a trusted other who might have reasons to exploit them (for example, someone who gambles, is unemployed, has substance abuse problems)?	1	2	3	4
10. Needed financial assistance to meet their basic needs?	1	2	3	4
11. Had unpaid bills, eviction notice, and/or utilities shut off, despite availability of adequate funds?	1	2	3	4
12. Lacked information about financial affairs, for example, does not know where check book, ATM, or credit card is, or ATM pin number, name of bank, direct deposit amount, or pension information?	1	2	3	4
13. Had mail piled up, including unpaid bills?	1	2	3	4
14. Given_____ access to their financial accounts?	1	2	3	4
15. Received calls from bill collectors without knowing why?	1	2	3	4

B. In the past 12 months has the OLDER ADULT:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
16. Made recent changes in their will, trust, or insurance beneficiary in favor of any family members or other individuals?	1	2	3	4
17. Signed documents without understanding what they were signing?	1	2	3	4

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In the past 12 months has the OLDER ADULT:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
18. Trusted someone new with their money?	1	2	3	4

In the past 12 months:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
19. Have the older adult's legal or financial documents been frequently changed?	1	2	3	4
20. Has anyone been frequently asking the older adult for money?	1	2	3	4
21. Has anyone kept asking about the older adult's money even though it made them feel uncomfortable?	1	2	3	4
22. Did anyone put pressure on the older adult to get a reverse mortgage?	1	2	3	4
23. Has anyone had new interest in the older adult's assets?	1	2	3	4

In the past 12 months, has _____:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
24. Persuaded the older adult to sign any documents even though it was not in the older adult's best interest?	1	2	3	4
25. Obtained or changed a power of attorney?	1	2	3	4
26. Given unreasonable explanations for spending the older adult's money?	1	2	3	4
27. Felt entitled to use the older adult's money for themselves?	1	2	3	4
28. Been financially dependent on the older adult?	1	2	3	4
29. Misused their power of attorney or guardianship of the older adult?	1	2	3	4

In the past 12 months, has_____:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
30. Become the payee on the older adult's benefit check and used the money for themselves?	1	2	3	4
31. Lied about how they were spending the older adult's money?	1	2	3	4

In the past 12 months, has _____:	**Yes=1**	**No=2**	**Suspected=3**	**DK/NA=4**
32. Kept the older adult from seeing his/her own mail?	1	2	3	4

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In the past 12 months, has_____:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
33. Changed the direct deposit destination so as to benefit themselves?	1	2	3	4
34. Had the older adult's bills sent to a different address, for example, the trusted other's address so as to benefit themselves?	1	2	3	4
35. Used the older adult's bank pin number or account number for their own gain?	1	2	3	4
36. Refused to give the older adult an accounting of how the older adult's money was spent?	1	2	3	4

C. In the past 12 months, have there been:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
37. Suspicious signatures (forgery)?	1	2	3	4
38. ATM or credit card misuse?	1	2	3	4
39. Unauthorized withdrawals from the older adult's bank account?	1	2	3	4
40. Persons added to older adult's bank account as signatory and/or commingling of funds?	1	2	3	4
41. Unusual activities in the older adult's bank accounts, for example, large withdrawals, frequent transfers of funds?	1	2	3	4

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D. In the past 12 months, did_____:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
42. Trick or pressure the older adult into buying something that the older adult now regrets buying?	1	2	3	4
43. Sell the older adult something at too high a price?	1	2	3	4

In the past 12 months, did_____:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
44. Take advantage of the older adult to get a hold of their resources such as a house, car, or money?	1	2	3	4
45. Convince the older adult to turn the title of their home over to them?	1	2	3	4

In the past 12 months, did_____:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
46. Convince the older adult to contribute beyond their means to churches or charities?	1	2	3	4
47. Obtain a new credit card in the older adult's name?	1	2	3	4
48. Substitute items within the older adult's home (high value items with lower value items)?	1	2	3	4
49. Trick the older adult into selling valuable possessions for less than they were worth?	1	2	3	4

In the past 12 months:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
50. Did an institution misuse the older adult's funds?	1	2	3	4
51. Has an institution/professional/someone committed fraud, using the older adult's name?	1	2	3	4
52. Has the older adult been a victim of a scam that involved giving to bogus charities?	1	2	3	4

E. In the past 12 months, did _____:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
53. Use pressure, intimidation, or punishment to obtain access to resources?	1	2	3	4
54. Use love, (sex, or intimacy, if applicable) to gain control of money?	1	2	3	4
55. Pressured the older adult to modify their will?	1	2	3	4

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56. Forced the older adult into signing legal or financial documents?	1	2	3	4
57. Withheld services because they wanted more money?	1	2	3	4

F. In the past 12 months, has _____:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
58. Used the older adult's money on their own behalf instead of for the older adult's benefit?	1	2	3	4
59. Taken the older adult's money to make a purchase but not returned all or any of the change?	1	2	3	4

In the past 12 months, has _____:

	Yes = 1	**No = 2**	**Suspected = 3**	**DK/NA=4**
60. Borrowed money from the older adult but not paid it back?	1	2	3	4
61. Overcharged the older adult for work or services that were done poorly or never done?	1	2	3	4
62. Taken the older adult's prized belongings (for example, jewelry) without permission?	1	2	3	4

G. In the past 12 months, has _____:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
63. Manipulated the older adult to give him/her larger than usual gifts (money, cars, homes)?	1	2	3	4
64. Taken advantage of cultural or family expectations to get the older adult's resources?	1	2	3	4
65. Refused to change the older adult's living arrangements to a more appropriate setting, because the older adult's financial contribution was needed to support the present household?	1	2	3	4
66. Taken the older adult's money to do something for them but never did it?	1	2	3	4
67. Handled the older adult's money irresponsibly (for example, gambling, illegal activities)?	1	2	3	4

In the past 12 months, has _____:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**

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68. Promised companionship in exchange for the older adult's money?	1	2	3	4
In the past 12 months, has _____:	Yes = 1	No = 2	Suspected = 3	DK/NA=4
69. Lived with the older adult, but refused to pay their share of expenses?	1	2	3	4
70. Prevented or deterred spending by the older adult to maximize their inheritance?	1	2	3	4
In the past 12 months, has _____:	Yes = 1	No = 2	Suspected = 3	DK/NA=4
71. Said they were buying something for the older adult, but it was really for their own use?	1	2	3	4
In the past 12 months, has_____:	Yes = 1	No = 2	Suspected = 3	DK/NA=4
72. Pressured the older adult to co-sign loans even though _____ could not repay them?	1	2	3	4
73. Item removed based on debriefing feedback				
74. Promised lifetime care for the older adult but then did not provide it?	1	2	3	4
75. Demanded money from the older adult?	1	2	3	4
76. Not met the older adult's basic needs even though the older adult had enough income?	1	2	3	4
=				
77. Felt entitled to use the older adult's money for him/herself?	1	2	3	4
In the past 12 months, has_____:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
78. Manipulated the older adult to make financial decisions they would not normally make?	1	2	3	4
79. Talked the older adult into making investments that were not in their best interest?	1	2	3	4
In the past 12 months:	**Yes = 1**	**No = 2**	**Suspected = 3**	**DK/NA=4**
80. Did caregivers overcharge for their services?	1	2	3	4

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81. Have there been unexplained disappearances of funds or possessions?	1	2	3	4
82. Has the older adult not received the kind of care he/she can afford (for example, accustomed to a certain lifestyle)?	1	2	3	4
83. Has the older adult let _____ spend their own money on him/herself because the older adult was afraid of them?	1	2	3	4

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Appendix D. Timeline

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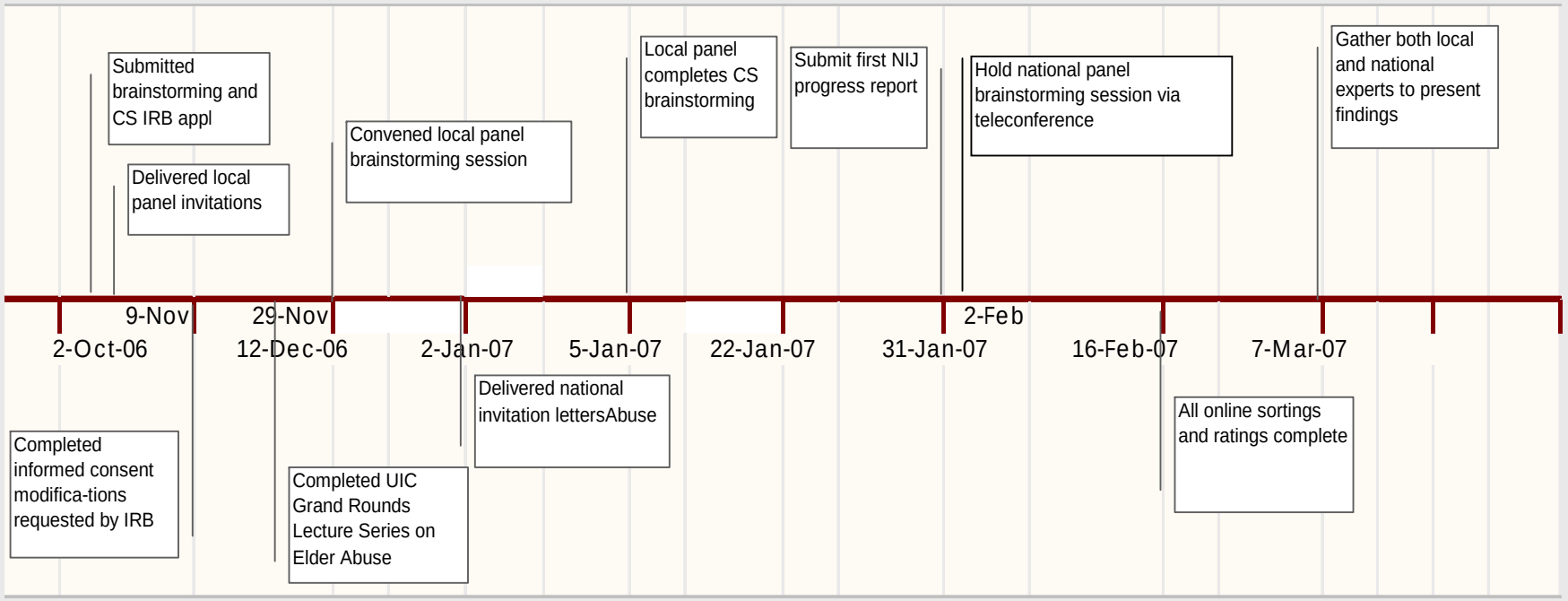
Phase I: Project Accomplishments



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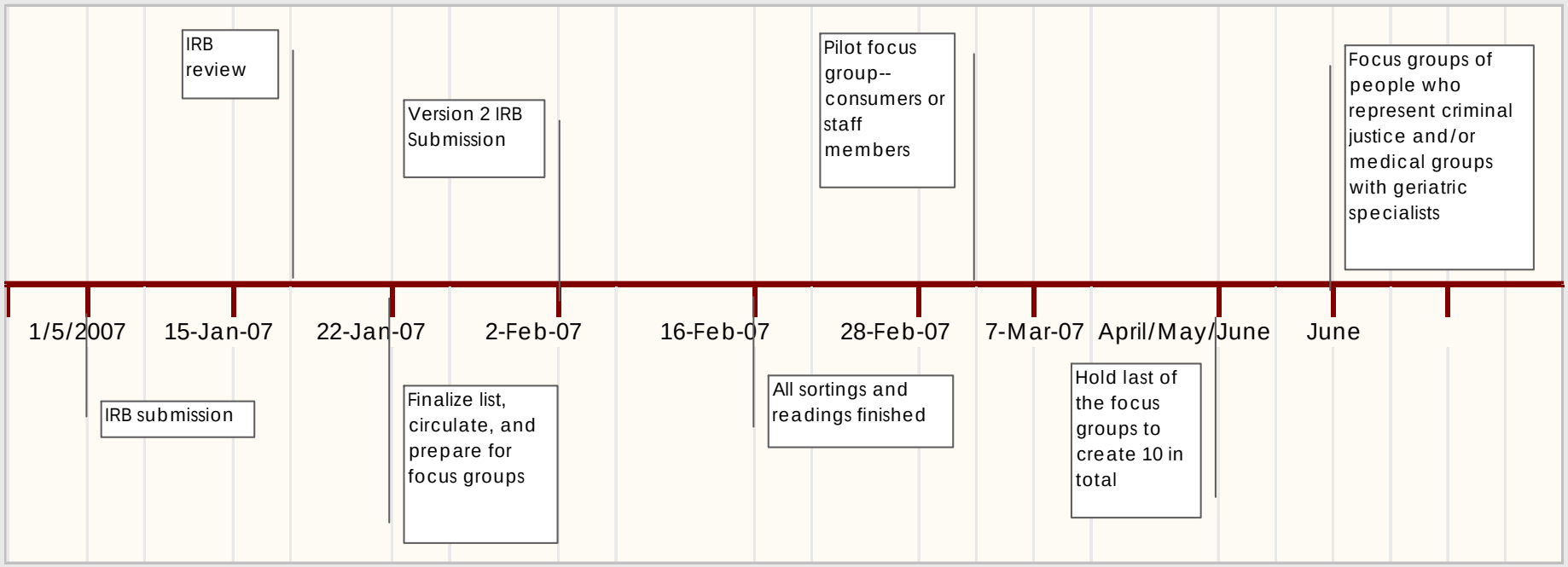
Timeline Phase 2: Focus Groups



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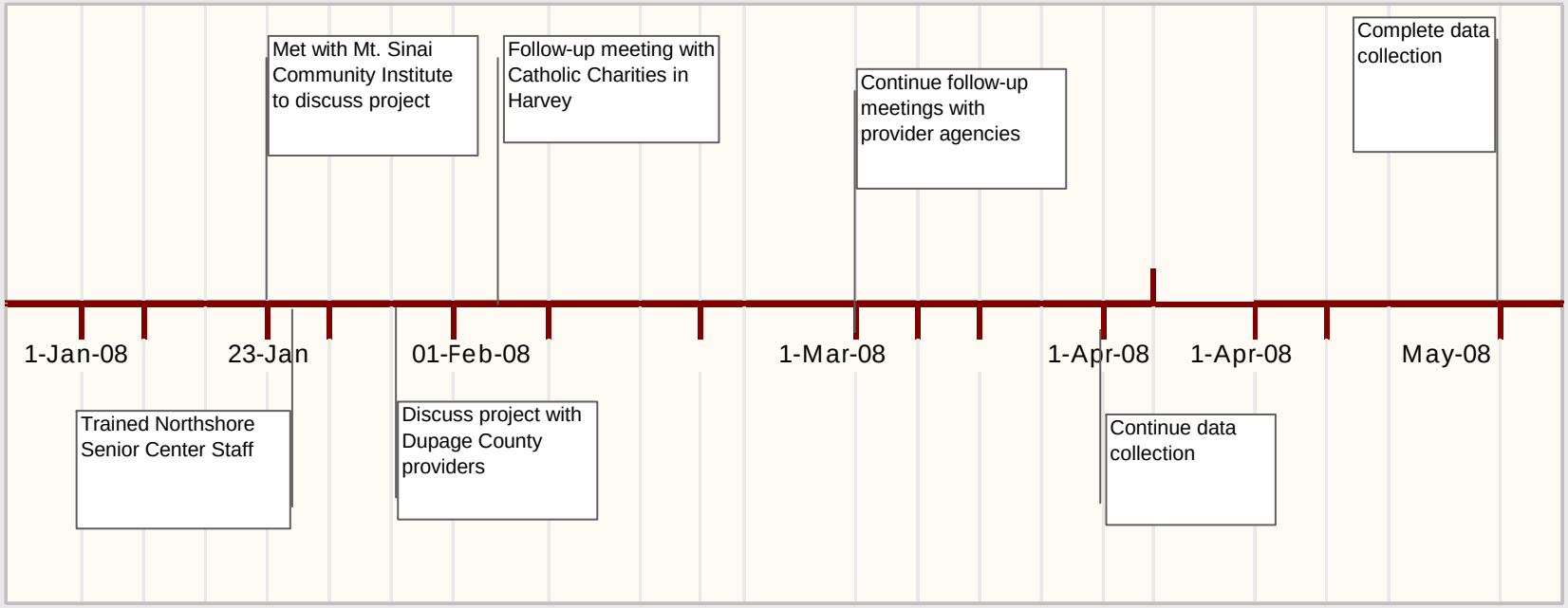
Phase 3: January 2008 - April 2008 Timeline



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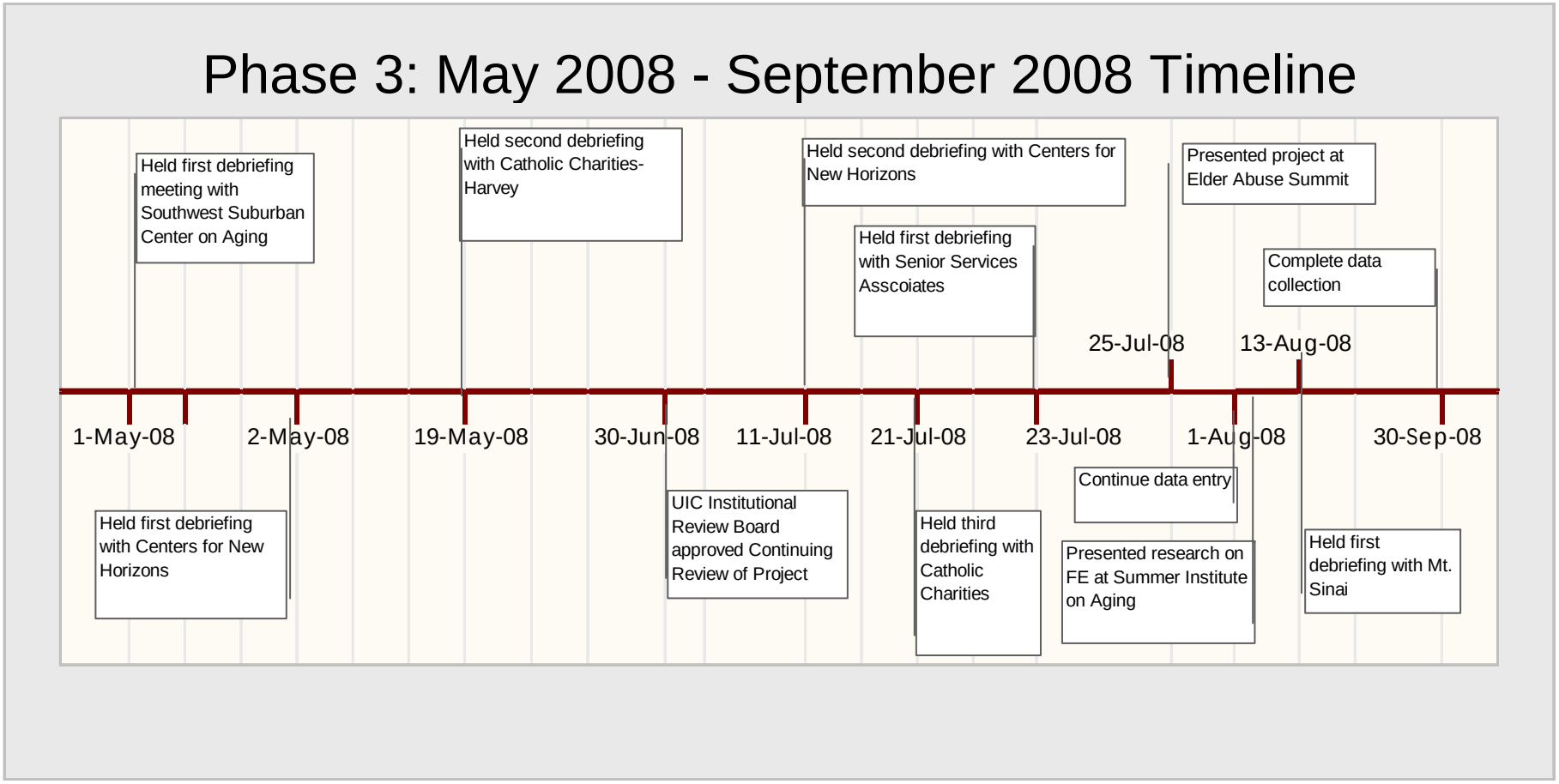
Appendix D (continued)



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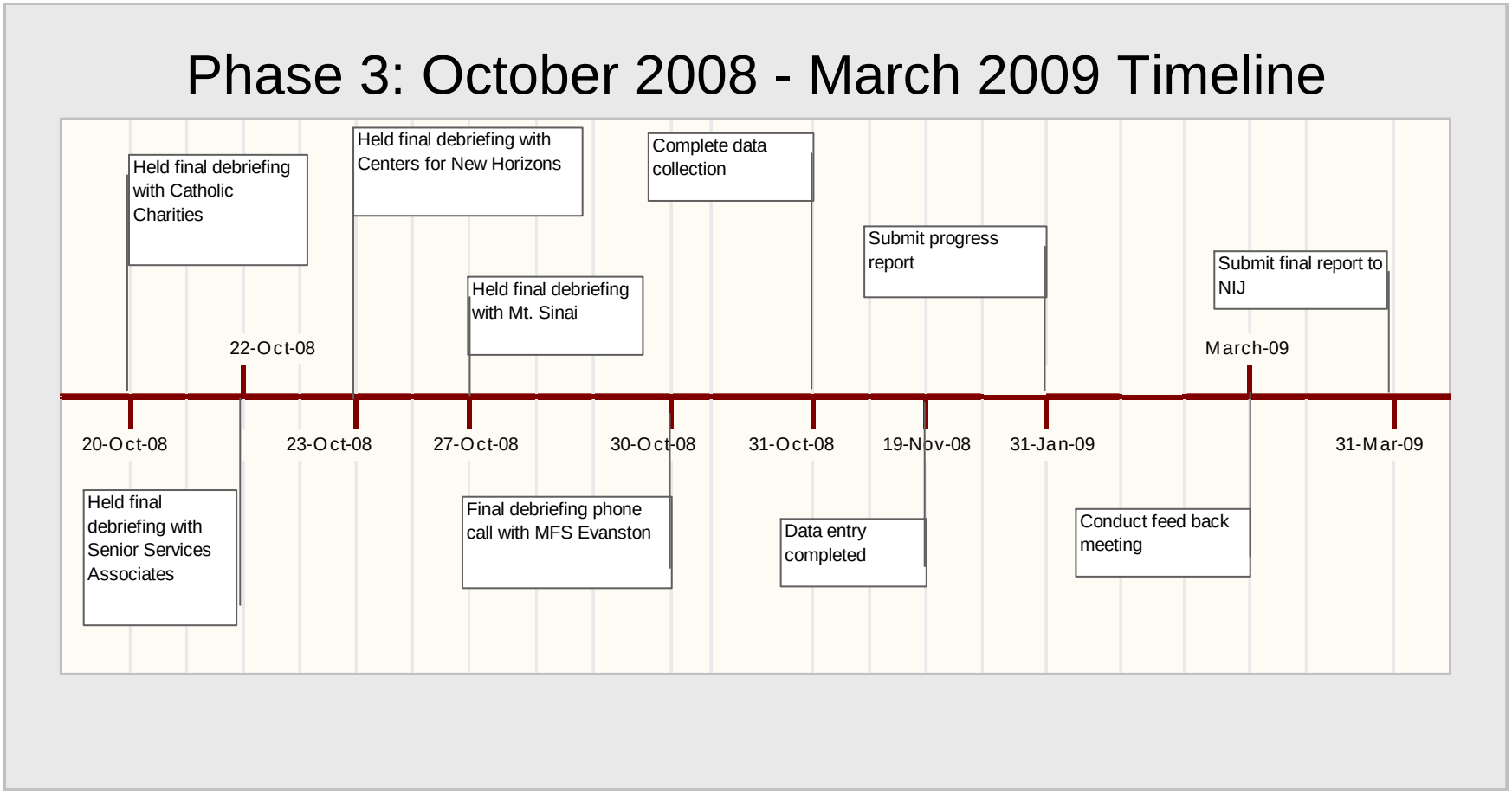
Appendix D (continued)



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Appendix E. Tracking Participating Agencies and Sets of questionnaires Completed

7/24/2008

Agency	# Staff	# Completed	Training Date
Cath. Charities Harvey	4	120	11/20/2007
Centers for New Horizons	2	40	2/18/2008
MFS Evanston	1	7	10/18/2007
Mt. Sinai Community Inst.	3	28	3/12/2008
Northshore Senior Center	4	2	1/25/2008
Sr. Services Associates	7	26	4/10/2008
SWSCOA	2	4	11/15/2007
Total		**227**	

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Appendix F

IDOA Agreement (includes the text of the agreement without the signatures. PI will send signed agreement on request.)

Cooperative Agreement
by and between the
Illinois Department on Aging
and
Kendon J. Conrad, Ph.D., University of Illinois at Chicago

This Agreement is made and entered into by and between Kendon J. Conrad, Ph.D., of the University of Illinois at Chicago (hereinafter the Principal Researcher) and the Illinois Department on Aging (hereinafter the Department), to facilitate the collaboration between the parties in a research project (hereinafter the Project).

The parties hereby agree:

1. The primary objective of this Agreement is to develop a collaborative effort between the Principal Researcher and the Department on a Project for **Conceptualizing and Measuring Financial Exploitation and Psychological Abuse of Elderly Individuals.** This is a research effort funded by the National Institute of Justice. The plan, goal and procedures of the Project are described below for this Project, which is incorporated in this Agreement.

2. A copy of the summary page of the application of the principal researcher to the National Institute of Justice for funding for this Project is attached and incorporated into this Agreement. The description of the collaborative phase of the Project is as follows:

(a) The final phase of the Project (Phase 3) will be a full-scale field test of measures of the two elder abuse subcomponents, i.e., financial exploitation and psychological abuse that were developed in Phases 1 and 2, the conceptualization and questionnaire development phases. It will involve data collection on 200 clients with a subsequent psychometric analysis of the resulting data.

(b) To achieve Goal 3, case workers at elder abuse provider agencies that have chosen voluntarily to participate will administer the measures to 200 consumers at the ten provider agencies (approximately 20 consumers per site) participating in the full-scale field test. The case workers themselves will complete a separate form regarding their perspective on the clients' financial exploitation and psychological abuse.

(c) Copies of the current client data forms in use by the agencies will be provided to the Principal Researcher to be used in validating the new measures. The resulting database will be used to estimate the psychometric properties of the measures.

(d) The Project will pay to the participating agencies for program support $50 for each client interviewed. This includes the completed client and case worker forms. The Project will also pay $20 per client interview for Early Intervention Service (EIS, funds to support elders' personal needs on an "as needed" basis) for a total of $70 per client interview.

(e) The Project will also construct an online case worker form for the convenience of the elder abuse caseworkers.

3. The anticipated products of the Project are:

(a) a comprehensive conceptual framework for the assessment of financial exploitation and psychological abuse of elderly individuals and older women,

(b) a set of standardized procedures that will enable elder abuse investigators and other appropriate persons to obtain sensitive information from vulnerable elders concerning abuse, and

(c) empirically tested elder abuse measures for financial exploitation and for psychological abuse that may be used in Illinois as well as other states and countries for clinical and research purposes.

4. It is the goal of both parties that the Project enhance the understanding of the assessment of elder abuse, and that this will lead to improvements in both the Department's Elder Abuse and Neglect Program. These improvements will be of great benefit to the public.

5. All research and other collaborative activities pursuant to this Agreement shall be conducted in accordance with the laws and regulations governing each party.

6. The Principal Researcher shall seek and obtain full approval for the research methodology and procedures from the University of Illinois at Chicago prior to the commencement of the research phase of the Project.

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6. The Director of the Department hereby approves the access to confidential information by the Principal Researcher and such research assistants deemed necessary and appointed by the Principal Researcher. This access is granted pursuant to the statutory authority granted by Section 8(7) of the Elder Abuse and Neglect Act [320 ILCS 20/8(7)]; said statutory authorization allowing the Director to grant, for bona fide research purposes authority for the Elder Abuse and Neglect Program to share otherwise confidential information on elder abuse and neglect (including financial exploitation) cases. Such access shall not include the names of, or specific identifying information on, reporters of elder abuse, neglect and financial exploitation cases.

7. This Agreement shall constitute the writing by the Director required by the cited statute. This approval of the Director of the Department grants to Principal Researcher and the designated research assistants permission to interview elder abuse caseworkers (as the designated agents of the Department for the investigation of elder abuse reports) regarding elder abuse cases, particularly those which also involved guardianships. The Director specifically authorizes elder abuse caseworkers to share relevant information on cases with the Principal Researcher and his designated researchers for the Project.

8. The Department reserves the right to review and comment on any document or data set completed as a result of the sharing of information described herein before the release to any entity. Any publication resulting from these data must indicate that the administrative data was provided by the Department and must include a disclaimer to the effect that published material does not necessarily reflect the views of the Department.

9. The Principal Researcher agrees to maintain the strictest possible confidentiality, including all reasonable methods of protecting the physical security of files and notes. The Principal Researcher will keep all confidential information (that information which identifies a specific case or client) within the group of designated researchers of the Project. No information identifying specific individuals or cases shall be publicly revealed, or included in any publicly distributed report.

10. The specific research procedures, interview protocols, modes of analysis, and compilation of the results of the Project will be developed and coordinated by the Principal Researcher, in conformity with generally accepted standards of social science research and analysis.

11. The Department is aware that the Principal Researcher will disseminate and publish articles, information and conclusions from the Project. The Department will cooperate on the dissemination of the results of the research. The Principal Researcher will cooperate with the Department in the application and utilization of the products of the Project to the Elder Abuse and Neglect Program.

12. Notwithstanding any contrary provision in this Agreement, this Agreement may be terminated at the option of the Department upon thirty (30) days written notice to the Principal Researcher.

13. In the event of the Principal Researcher's failure to comply with the terms of this Agreement, the Department will provide notice to the Principal Researcher of the breach. If such breach is not cured within thirty (30) days after such notice, or within such time as reasonably determined by the Department and specified in the notice, the Department may proceed to immediate termination of this Agreement by serving written notice upon the Principal Researcher.

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14. All written notices, requests and communications may be: (i) delivered in person, obtaining a signature indicating successful delivery; (ii) sent by a recognized overnight delivery service, obtaining a signature indicating successful delivery; (iii) sent by certified mail, obtaining a signature indicating successful delivery; or (iv) transmitted by telefacsimile, producing a document indicating the time and place of successful transmission, to the address or telefascilmile number set forth below. All telephonic communications between the parties shall be made to the telephone numbers set forth below. Either party may at any time give notice in writing to the other party of a change of name, address, or telephone number.

15. Contact with the Department by the Principal Researcher shall be through: Holly Zielke, Illinois Department on Aging, Michael A. Bilandic Building, 160 North LaSalle, Suite n-700, Chicago, Illinois 60601-3031; telephone: 312-814-8447; telefacsimile: 312-814-2916. Holly Zielke shall serve as the manager of the Department's participation in the Project.

16. This Agreement shall take effect when executed by the parties. This Agreement may be modified by the mutual agreement of both parties. This Agreement shall terminate two (2) years after the date of execution, or upon the date of the completion of the Project. The parties may, by mutual written consent, extend this Agreement.

17. The terms and conditions of this Agreement shall constitute the entire agreement of the parties.

Signed:

By the Principal Researcher:

_____

Kendon J. Conrad Date

For the Illinois Department on Aging:

_____

Charles D. Johnson, Director Date

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Appendix G. Two Articles on Concept Maps and Theories of Financial Exploitation and Psychological Abuse of Older Adults

CONCEPTUAL MODEL OF FINANCIAL EXPLOITATION

Conceptual Model and Map of Financial Exploitation of Older Adults

Corresponding Author:
Kendon J. Conrad, PhD
Professor of Health Policy and Administration
School of Public Health (MC 923)
University of Illinois at Chicago
1603 West Taylor Street
Chicago IL 60612-4394
Tel: 312 996 3185 Fax: 312 996 5356
E-mail: kjconrad@uic.edu

John W. Ridings, PhD
Metropolitan Family Services, Chicago
Director of Outcomes and Evaluation
One North Dearborn St.
Suite 1000
Chicago, IL 60614
312-986-4037
ridingsj@metrofamily.org

Madelyn Iris, PhD
Director
Leonard Schanfield Research Institute
CJE SeniorLife
3003 W. Touhy Ave.
Chicago, IL 60645
(773) 508-1076
micki.iris@cje.net

Kimberly P. Fairman
School of Public Health
University of Illinois at Chicago
1603 West Taylor Street
Chicago IL 60612-4394
312-996-0194
kfairman@gmail.com

Kathleen H. Wilber
Mary Pickford Foundation Professor of Gerontology
Andrus Gerontology Center, MC 0191
University of Southern California

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University Park
Los Angeles, CA 90089-0191
wilber@usc.edu
(213) 740-1736

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AUTHORS' NOTE

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Dr. Georgia Anetzberger, Cleveland State University; Marguerite Angelari, Loyola University Chicago School of Law; Dr. XinQi Dong, Rush University Medical Center, Chicago, IL; Nancy Flowers, Evanston Commission on Aging, Evanston, IL; Dr. Jordan Kosberg, University of Alabama School of Social Work; Patricia Lynch, Independent Positive Living Under Supervision, Lake County, IL; Bette MacLennan, Catholic Charities Elder Protective Services, Chicago, IL; Daniel Maher, Rush University Medical Center, Chicago, IL; Dr. Gregory Pavesa, University of South Florida Lakeland; Kathleen Quinn, National Adult Protective Services Association, Springfield, IL; Mary Joy Quinn, San Francisco Probate Court; Barbara Shaw, Illinois Violence Prevention Authority; Marcia Spira, Loyola University School of Social Work, Chicago, IL; Heather Underwood, Age Options, Oak Park, IL; Dr. Kathleen Wilber, University of Southern California; Holly Zielke, Illinois Department on Aging.

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Conceptual Model and Map of Financial Exploitation of Older Adults

Abstract

Objectives. This article describes the processes and outcomes of three-dimensional concept mapping to conceptualize financial exploitation of older adults. *Methods.* Statements were generated from literature review and by local and national panels consisting of 16 experts in the field of financial exploitation. These statements were sorted and rated using Concept Systems software which grouped the statements into clusters and depicted them as a map. *Results.* Statements were grouped into six clusters, and ranked by the experts as follows in descending severity: 1) theft and scams, 2) financial victimization, 3) financial entitlement, 4) coercion, 5) signs of possible financial exploitation, and 6) money management difficulties. *Discussion.* The hierarchical model can be used to identify elder financial exploitation and differentiate it from related but distinct areas of victimization. The severity hierarchy may be used to develop measures that will enable more precise screening for triage of clients into appropriate interventions.

Key Words: financial abuse, abuse theory, mistreatment, victimization, theoretical hierarchy

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Conceptual Model and Map of Financial Exploitation of Older Adults

Introduction

Elder abuse is widely recognized as a significant social problem with serious consequences for victims, their family members, and society. Yet, until recently, elder abuse, especially financial exploitation, has received little systematic attention from researchers. A systematic review of 49 studies of elder abuse (Cooper, Selwood, & Livingston, 2008), did not identify any studies specifically devoted to the conceptualization and measurement of financial exploitation of older adults. Among the various types of elder abuse, financial exploitation is considered to be the least studied, least understood and, perhaps, the most difficult to detect (Hafemeister, 2003). Because approaches to elder abuse modeled on child abuse and intimate partner violence do not explain financial exploitation (Wilber & McNeilly, 2001), a different analytical framework is required (Hafemeister, 2003).

Financial exploitation is the illegal or improper use of a vulnerable adult's funds or property for another person's profit or advantage (AARP International, 2006) or, simply, the illegal or improper use of an elder's funds, property, or assets (National Center on Elder Abuse, 1998). In practice, it may be difficult to define, detect, and confirm (Wilber, 1990) for a variety of reasons. The onset is often gradual and insidious, with subtle deception that may mimic legitimate transactions and escalate over time. The perpetrator may use his or her position of trust through psychological manipulation or misrepresentation. There may be indications of consent by the elder, (e.g., a signed document, an apparent gift) which makes differentiating exploitation from legitimate transactions challenging (Wilber & Reynolds, 1996). Risk factors of the elder, such as mild cognitive impairment or lack of financial sophistication may also cloud the distinction between willing assent and exploitation. Moreover, when frail elders lack the capacity to manage their own finances, their dependency on others may expose them to a greater risk of abuse. Sensory loss or emotional vulnerability related to losses in older age may leave the older adult particularly at risk (Wilber & Reynolds, 1996). These risks may increase for those older adults with paid or unpaid caregivers who have access to the elders' financial assets, such as bank accounts, money market funds, etc. (Anetzberger, 2000).

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Identifying the demarcations along the spectrum of resource sharing and gifting that develop into a pattern of exploitation is challenging. The complexities involved in assessment include honest confusion over the family's rights to their older adult's assets since the desire to pass down one's wealth to the next generation is a powerful motive for many older adults (Kane, 1996). This motive is often mixed with the concurrent wish to prevent the older adult's assets from going to nursing homes by giving away or spending down the elder's resources to qualify for Medicaid. Additionally, familial and/or cultural expectations sometimes blur the line between parental generosity toward children and exploitation of a parent by children or other trusted persons. Therefore, for many older adults and their families, the line between being a parental benefactor versus a victim of financial exploitation may be blurry (Langan & Means, 1996).

Despite the risks associated with financial exploitation and other forms of elder abuse, prevalence and incidence rates are relatively unknown. Several elder abuse studies in Canada (Podnieks, Pillemer, Nicholson, Shillington, & Frizzle, 1990; Vezina & Ducharme, 1992) found that financial exploitation was the most prevalent type of elder abuse reported. In the U.S., Heisler and Tewksbury (1991) reviewed one national and three regional studies where prevalence of financial exploitation among abuse cases ranged from 20% to 73.2%. In Illinois, financial exploitation was one of the most commonly identified forms of elder abuse (Dimah, 2001), a factor in almost one quarter of cases. As Kemp and Mosqueda (2005) suggest, the problem of elder financial exploitation is expected to grow as a result of: 1) increasing size of the older adult population; 2) the large share of wealth belonging to older adults; 3) increasing vulnerability to exploitation; and 4) increasing variety, novelty, and creativity of methods to take advantage of vulnerable elders, e.g., using the internet and email to contact and prey upon them.

Given the dearth of research related to conceptual development and measurement in elder abuse, there is increasingly recognition that we need valid and reliable consensus about what constitutes these phenomena (Cooper, Selwood, & Livingston, 2008). Therefore, the purpose of this study was to conceptualize financial exploitation of older adults using a concept map generated by experts from various fields (Trochim, 1989). Concepts, also known as clusters, generated in this process can be used to develop a model for elder financial exploitation screening and triage. Moreover, this approach can be used to develop measures over a spectrum of severity where ranges and cutoffs may be determined.

Conceptual Models

Although conceptual development in elder abuse research is sparse, several authors have suggested theoretical approaches to guide data collection efforts and provide effective assessment of the risk factors for and

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the consequences of different types of abuse (Godkin, Wolf, and Pillemer, 1989; Anetzberger, 2000). In financial exploitation, a number of indicators of abuse have been identified, e.g., suspicious signatures on checks, missing documentation about financial arrangements, and unusual banking activities (National Committee for the Prevention of Elder Abuse, 2008; Quinn & Tomita, 1997).

Over the last decade, there have been several efforts to develop broader conceptual frameworks specific to financial exploitation. For example, Wilber and Reynolds (1996) identified four components of financial elder abuse: vulnerabilities of the elder; characteristics of the relationship between the older adult and the alleged perpetrator; an assessment of who benefits from the relationship and how; and consideration of the process and tactics used and whether or not these meet the standards of undue influence, deceit, coercion or theft. Building on this framework, Kemp and Mosqueda (2005) developed and tested a model, that added several new areas, including: the older adult or the transactions are kept isolated, controlled or secret; a qualified expert did not assess the elder's capacities nor whether the transaction was in the older adult's best interest; common business or personal ethics are not followed; the perpetrator does not consider the effect on others including the victim, family, beneficiaries, or the public welfare system.

Rabiner, O'Keeffe, and Brown (2004) presented a comprehensive conceptual model that included micro processes such as power and exchange dynamics, characteristics of the relationship in addition to the victim and perpetrator, status inequality, and social networks. They also included the broader sociocultural and policy context to understand better the etiology of financial exploitation.

These various models have several commonalities; primary among them is that they recognize the importance of including the perpetrator and his/her characteristics as well as the social network. In addition, the relationship itself must be assessed in terms of the: 1) extent to which the perpetrator is in a "position of trust," 2) status inequality between perpetrator and victim, 3) patterns of interaction over time, and 4) extent to which there is reciprocity versus highly skewed benefits and losses. While the models help explain the etiology of general abuse and the nature of financial abuse, they do not present examples of statements to represent individual components of financial exploitation, nor do they indicate which components are most important or most severe. Understanding these issues is essential to obtaining accurate assessments of types and levels of exploitation.

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Methods

Concept Mapping and Instrument Development

Concept mapping is "an integrated approach whose steps include brainstorming, statement analysis and synthesis, unstructured sorting of statements, multidimensional scaling and cluster analysis, and the generation of numerous interpretable maps and data displays" (Concept Systems, 2006; Kane and Trochim, 2007, p. 1). It has been used for a variety of purposes, including: survey design and analysis (Jackson & Trochim, 2002), program planning, development and needs assessment (Trochim, Cook, & Setze, 1994), community building (Davis, 2007), and constructing evaluation tools and protocols (Galvin, 1989; Stokols et al., 2003; Rosas and Camphausen, 2007). Recently, it has been used in aging to identify key components for developing quality report cards for geriatric care (Groenewoud, van Exel, Berg et al, 2008).Similar to these studies, this study used the following steps: (1) planning, (2) statement generation and structuring, (3) sorting and rating, (4) data analysis, and (5) data interpretation (Trochim, 1989). The process for each is described below.

Planning: Developing Local and National Expert Panels

Following approval by the Institutional Review Board at the University of Illinois at Chicago, our first step in developing concept maps of financial exploitation was to bring together local and national experts in the field of elder abuse and neglect and aging to generate descriptive statements defining these concepts. All panel members and their affiliations are listed in the acknowledgments. Preparatory work included the lead author reading every available article on financial exploitation and constructing severity hierarchies of existing items (Detailed report available from lead author). These were available as suggestions to the expert panels during brainstorming sessions.

Local panel of experts. The local group of participants, all from Illinois, had substantial expertise in elder abuse investigation and intervention. Of 16 that were invited, 10 individuals participated in the session. The demographics of the 10 local panel members were as follows: 8 were female and 2 were male. Nine were

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Caucasian and 1 was Asian. Eight worked in a non-medical setting including, 3 from a social service agency, 2 from a state agency, and 3 other types of setting. Nine were from the Chicago metropolitan area.

National panel of experts. Participants on the national panel were chosen because they had made sustained, seminal contributions to the characterization, theory and treatment of elder abuse. Of 12 that were invited, 6 participated in a teleconference to brainstorm concepts for financial exploitation. Their professional backgrounds included: applied social science, social work, nursing, law, and public administration. All were from outside Illinois: 4 were female and 2 were male. One worked in a legal agency and 5 worked in academic institutions. Two were from Western and Southern regions of the United States and 4 were from the Midwest.

Item Generation and Structuring

Our first step in developing concept maps was to generate descriptive statements or "items" that represent key behaviors in the area of financial exploitation.

Focus prompts. For brainstorming sessions, the groups were prompted with the following focus statement: "Please give us some brief statements describing the characteristics of financial exploitation among older adults." Concept Systems (2006) recommends that the number of descriptive statements be limited to 100. The groups reviewed the statements for content and face validity and identified areas that were not yet covered that might lead to the creation of new statements. Expert panel review insured that all domains of the construct were addressed, determined whether the construct had been defined adequately without being too broad or too narrow, and provided feedback regarding appropriate wording.

Sorting and Rating Procedures

After generating statements, participants visited the Concept Systems Global web site and: sort the statements into groups based on similarity, name the groups, and rate each statement according to severity, using a scale of 1 = not severe at all to 5 = extremely severe. Fifteen panelists, 10 from the local group and 5 from the national group, completed the sorting procedure and 14 panelists the severity rating.

Data Analysis

The fourth step was a quantitative analysis. Maps were developed using two-dimensional non-metric multi-dimensional scaling and hierarchical cluster analysis (Trochim, 1986) using Concept Systems CORE

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software (Concept Systems, 2006). Based on the results of the sorting task, multi-dimensional scaling and hierarchical cluster analysis were used to create graphic representations of the structures of the statements called "point and cluster maps."

Point maps represent how individual statements are placed within an average proximity of each other. Placement, represented by a number, is based on the aggregated sorts of all local and national panel members, which are plotted using multi-dimensional scaling. Once the point map is constructed, the cluster map can then be developed using hierarchical cluster analysis to estimate which points (or statements) should be grouped together. Within a cluster map, the placement of clusters on the map does not reflect any order or priority; but rather, visually represents the conceptual relationship of the statements to one another (see Figure 1).

Bridging values. A bridging value ranges from 0 to 1 (Brown & Calder, 2000) and gives an idea of the uniqueness of the statement versus the extent to which it clusters with other statements. Bridging values near 0 indicate that a statement was sorted with others that are close to it on the map, i.e., is integral to that cluster and not to others; whereas a value nearer 1 indicates that the statement was often sorted with others that are farther away on the map. Bridging values can also be calculated for clusters as a whole. Clusters with low bridging values are usually more cohesive, easier to interpret, and reflect the content well in that part of the map. For a cluster as a whole, a bridging value of 0 means that the cluster was clearly differentiated from others in the map. A cluster bridging value of 1 indicates that the cluster is as much related to the other domains, and not unique.

Rating Map. Rating maps show a different number of layers based on the average rating for that cluster. Each cluster is represented as having between 1 and 5 layers; clusters with more levels indicate a higher severity and fewer levels indicate lower severity. This shows at a glance the high and low severity clusters and the relationship among the various clusters (Kane and Trochim, 2007).

Interpretation Session

The interpretation session was done through an audio/video conference of the expert panel and the research team. Attempting to foster generalizability, yet with a manageable number of participants, six

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national panel members participated in the interpretation session via teleconference. The panel examined the underlying ideas represented in the clusters and determined the appropriateness of the number of clusters and their names. Based on the way the concepts were grouped on the map, larger theoretical constructs were identified, termed regions of meaning. These regions involved a grouping of clusters, which were also given unique names.

Results

Idea Generation and Structuring

The local group generated 159 statements related to elder financial exploitation, and the national participants generated 117 statements. From these, the research team collated and consolidated the total list into a final set of 79 unique statements. The consensus process involved consolidation of very similar statements and integration of extremely detailed statements into broader ones (Trochim, Milstein, Wood, Jackson, & Pressler, 2004). These 79 statements were then entered into the web-based project space so sorting and rating exercises could be conducted remotely by panel members.

Interpretation of Maps

Clusters. Figure 1 is the concept map that resulted from the aggregated sorts of 15 panel members. It included six clusters that were labeled as: 1) theft and scams, 2) coercion, 3) financial victimization, 4) signs of possible financial abuse, 5) financial entitlement, and 6) money management difficulties. Each cluster was comprised of a differing number of individual statements, which are indicated on Figure 1 by statement number. The appendix shows the statements by number comprising each cluster along with bridging values and severity ratings. *Regions of Meaning.* The map had two regions of: 1) possible signs of financial abuse and 2) financial exploitation (see Figure 2). The "possible signs of financial abuse" region included three clusters: money management difficulties, signs of possible financial abuse, and financial entitlement and shared the theft and scams cluster with the "financial exploitation" region. The financial exploitation region included three clusters: theft and scams (shared), victimization, and coercion. Financial entitlement was central among all the constructs and like theft and scams, was shared by the two regions.

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Bridging Values. The appendix displays each cluster's statements with their bridging values and severity ratings. These statements are in bridging value order because this order represents how close each is to the essential idea of the concept. For example, in the "Theft" cluster, the statement "Trusted other steals from senior," which is the epitome of the concept of theft, has the lowest bridging value of .02. On the other hand, the statement with the highest bridging value of 1.00 is "Suspicious signature on checks or other documents." Although a suspicious signature may indicate theft or be a sign of possible theft, it could be explained by other factors and thus is less clear-cut than those statements with lower bridging values.

In addition to bridging values, Appendix A displays the cluster bridging values. In bridging value ascending order, the concepts are ranked as follows: financial victimization (.07), money management difficulties (.11), signs of possible financial abuse (.13), financial entitlement (.21), coercion (.21), theft and scams (.42). Therefore, while the construct of theft and scams is very severe, it is the least germane of the six to the overall construct of elder financial exploitation.

Rating results. Figure 1 also graphically represents the average severity ratings with five layers (see Appendix). The clusters with the highest severities were theft and scams and financial victimization, each of which had five layers on the map, with mean ratings of 4.20 to 4.31 respectively. In contrast, the money management difficulties cluster had the lowest severity rating (1.94) with only one layer on the map. In severity descending order, the concepts were ranked as: theft and scams (4.31), financial victimization (4.20), financial entitlement (4.04), coercion (3.92), signs of possible financial abuse (3.27), money management difficulties (1.94). Coercion, financial entitlement, financial victimization and theft and scams all had five layers, so they were all regarded as high severity. While we based our model on this severity hierarchy, these were not distinct levels, but were based on statement averages. Therefore, the statement severities within levels overlap with each other, especially the top four. For an older adult, multiple components of financial exploitation may be occurring at the same time, and the severity hierarchy may vary depending on the case.

Discussion

Several important points emerged from the concept mapping procedures. First, and most importantly, the clusters in the financial exploitation region of meaning (Figure 1) were identified by the experts as the

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most severe in the overall presentation of financial exploitation. The feelings of entitlement cluster was shared by the two regions and was a key, central component of the general construct of financial exploitation. The panel rated "signs of possible financial abuse" of moderate severity so that these signs should be taken seriously as potential indicators that should be watched or investigated. Among all of the clusters within the concept map, money management difficulties was identified as the least severe by professionals in relation to the overall conceptualization of financial exploitation. For elders who have money management difficulties, it is how the trusted other behaves in addressing those difficulties that defines financial exploitation. In the following sections we discuss the six clusters in order of descending severity. Figure 1 and the appendix provide details of the clusters and statements.

Theft and scams. This cluster extended across the two regions and had the highest severity rating (4.31) and the highest bridging value (.42) meaning that the statements were often sorted with statements in other clusters. Statements in the "possible signs of financial abuse" region suggested that the other party was not in a close position of trust. For example, these statements included deprivation of services (#19), senior pays for work (#58) and is scammed or ripped off, forgery (#4), senior is tricked into buying something (#45), and senior feels cheated (#50). In contrast, the statements in the financial exploitation region included: trusted other steals from senior (#59), caregiver overcharges (#57), and unauthorized withdrawals from bank account (#22).

Financial victimization. With the second highest severity (4.20), it consisted of statements that suggested a breach of trust by someone who was in a position of trust and had responsibility for financial matters. It had the lowest bridging value (.07) indicating that its statements were least likely to be sorted with statements from other clusters. It was also farthest from the money management difficulties cluster. Examples are: trusted other tricks senior into signing legal documents (#69), trusted other borrows money from a senior but does not pay it back (#23), trusted other misuse of funds allocated for the senior's care (#21), and trusted other handles senior's resources irresponsibly (e.g., gambling, illegal activities) (#77).

Financial entitlement. This cluster indicated a trusted other that feels entitled to use the senior's money for him/herself (#46), give implausible explanations for spending the senior's money (#78), and talk

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the senior into making bad investments (#27). This cluster had the third highest severity rating (4.04) and the third highest bridging value. Its placement in the center of the map shows its centrality to the construct and its relationship to all the other clusters.

Coercion. This cluster was composed of statements connoting the presence of expectations, pressure, persuasion, and intimidation designed to convince the elder to part with their resources. It had the fourth highest severity rating (3.92), and a fairly low bridging value (.21). Although it was somewhat lower in severity than the clusters discussed above, it was still quite integrated and especially distinct from the money management difficulties cluster.

Signs of possible financial abuse. This cluster indicated suspicious activities or situations that could present occasions or opportunities for financial exploitation. As such, the cluster had the fifth highest severity rating (3.27), and the fourth highest bridging value (.13) indicating a cluster that was quite integrated with statements usually sorted together. This suggests that these indicators reflect risk factors, such that investigators should search further for the possible or likely presence of abuse.

Money management difficulties. This cluster was composed of statements indicating that the elder was having various problems handling money on their own. It was the lowest rated in severity (1.94), and had the fifth lowest bridging value (.11), which meant that it was very highly integrated and not very associated with the other clusters. In this cluster, the experts identified risks that increase elders' vulnerability to unscrupulous people. This cluster describes characteristics of the elder rather than behaviors of the alleged abuser and builds on the literature (Wilber & Reynolds, 1996; Kemp & Mosqueda, 2005). Vulnerability to exploitation may stem from a variety of causes, including problems with financial literacy, cognitive impairment, sensory deficits, etc. Since most crimes are crimes of opportunity, vulnerability itself is not the problem but, given a vulnerable elder, there may be plenty of unscrupulous others who feel sufficiently entitled to the elder's resources to take advantage of the situation. The implication for prevention is to provide valid screening that will identify those in need of education, money management services, ongoing surveillance, and additional support and assistance.

Conceptual Model of Financial Exploitation

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Findings from this study agree in several key ways with previous conceptual models. First, the importance of examining risk factors of both the older adult and the perpetrator as well as the process and exchanges within the relationship is reinforced (Anetzberger, 2000). Table 1 displays our model of financial exploitation, which was derived from the concept maps, the severity ratings, the individual statements, and the literature review. Column 1 identifies the type of financial exploitation based on the concept map rankings, including examples of some of the abusive behaviors presented in the six clusters. Types of financial exploitation vary in severity, as described on the concept map, from serious crimes that leave the elder severely deprived to money management difficulty that suggests a risk factor rather than confirmed abuse. Column 2 presents the elder's condition resulting from exploitation from high to low severity. The third column links the model to conceptual models found in the literature. In the fourth column, we display the expected condition of the elders and the intervention that would result based on the staff or other third party responses to the questions in the staff questionnaire, i.e., their evaluation of the consumer and recommendations for intervention.

The model of financial exploitation presented here has several implicit components. First, at the bottom of the scale are risk factors without evidence that abuse has occurred (though investigation and screening are still needed). Second, the specific act(s) of elder financial exploitation actually falls in the middle of the model and not at the top. At the highest severity level, there is clear theft with little or no benefit or compensation for the older adult. These actions may not always constitute elder financial exploitation because they are crimes regardless of the vulnerabilities or age of the victim. e.g., pick-pocketing, fraud, scams, robbery. The distinction lies in establishing a relationship with the older adult that the offender exploits.

Types of financial exploitation. To commit acts represented in the first column of Table 1, there must be a trusted other who is at risk of, suspected of, or alleged to be exploiting the older adult (National Center on Elder Abuse, 2003). Offenders may have obvious risk factors such as substance abuse, unemployment, and mental illness or they may actually be employed and well-to-do. Our study suggests that a sense of entitlement to the older adult's resources is central to their financial exploitation. The offenders may be taking

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advantage financially while also providing other types of in-kind benefits to the elder, or they may be engaging in multiple types of abuse concurrently.

Elder's condition. In column two, we depict the effects on the older adult that will vary in severity depending on the deprivation that is engendered by the exploitation. What is taken may not be tangible to the elder who may be unaware of the exploitation, or the elder may be left penniless and homeless.

Linking to previous conceptual models. We build on prior models in column three to posit a severity hierarchy which follows naturally from the current model. The severity hierarchy indicates, at the low end, a vulnerable older adult and a trusted other who is vulnerable to becoming an exploiter. Next higher in severity is a lack of open examination of the financial processes that are in place and of the relationship of the older adult with the trusted other. Above this is the role of power dynamics or the struggle to control the older adult to obtain their resources. Once the exploiter's control is established the older adult may suffer serious deprivation. With status inequality and the exploiter in control, there are potential consequences to family and the public welfare system. Frauds and scams are at the highest severity level, where from the outset there may be no real evidence of a trusting relationship, there is little if any regard for the older adult's well being, and the sole intention may be exploitation.

Third party evaluation. The fourth column shows types of intervention that might be required from primary prevention, such as general education to supervision of the household to separation from the trusted other to medical care and law enforcement. Primary prevention includes public education to alert elders, family and neighbors to recognize problems of financial exploitation in older adults. Education models that reduce vulnerability should be developed, tested, and translated into practice. Next, standards of financial management should be developed, tested and disseminated that could serve as "rules of the road" that everyone should learn as they age. For more severe cases, where independence cannot be maintained and where there is no able and trustworthy caregiver, it may be necessary to enlist the help of a social service or reputable financial service organization that offers money management (Nerenberg, 2008; Wilber & Buturain, 1992). In cases of chronic and severe financial exploitation, the state's attorney may have to prosecute and involve the public guardian to assume the care of the older adult.

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Strengths, Limitations and Future Directions

This study was rare insofar as it obtained consensus on statements and concepts from 16 experts from various perspectives on elder abuse including service providers to all types of clients (see acknowledgments). While we attempted to achieve a diverse sample within time and budget constraints, both the local panel of 10 out of 16 that were asked and the national panel of 6 out of 12 that were asked were volunteers that turned out to be mostly urban, female, and Caucasian. While experts who deal with substantiated victims daily were included, the scope did not include reaching elder abuse clients themselves or their alleged abusers. Subsequent concept map studies would be useful to test the reproducibility of these results with older adult clients themselves as well as with different expert participants and with alleged abusers.

This work suggests that developing assessments of the alleged abusers may be a constructive, though admittedly difficult, future direction. There may be questions that will indicate latent constructs in the abusers such as insensitivity to the older adult's feelings and needs as well as an attitude of disrespect that underlies and enables abusive behavior. The ability to discern such attitudes may lead to the development of improved screening to indicate potential and actual offenders as well as to more targeted prevention and intervention.

Conclusions

This study has generated theoretical hierarchies of elder financial exploitation using the input of 16 service providers and national experts that should help to improve our understanding of this type of abuse. The hierarchies provide a starting point for the development of benchmarks that may be useful in screening, triage, intervention and sentencing.

The central cluster of "sense of entitlement" for financial exploitation may indicate key characteristics of offenders that are useful in detection as well as in education, prevention and remediation. An implication of this is that a high score on a "sense of entitlement" questionnaire administered to appropriate subjects, e.g., potential abusers or older adults, may prove to be more predictive of abuse than other risk factors such as unemployment or substance abuse. Research on the psychology of offenders is an area needing development that could draw from the criminal justice literature on criminal thinking styles (Walters, 2002) and psychopathy (Hare, 2003) which have been found to be predictive of criminal behavior.

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The concept maps were composed of statements that will be useful in measurement. Of course, measurement is a key to opening a field for scientific study. In future work, full scale data collection using the financial exploitation measures with a subsequent analysis using item response theory, i.e., Rasch measurement model, will provide empirical hierarchies that will confirm or deny the hierarchies developed here. The resulting rulers may help researchers to understand prevalence better by enabling more accurate self and third party reporting. Better measurement will also enable practitioners to screen clients more efficiently, systematically and precisely, so that, with the development of cutoff scores, cases may be triaged more effectively into appropriate interventions.

References

AARP International. (2006). Keeping the wolves from grandma's door: Financial exploitation of the elderly. International Network for the Prevention of Elder Abuse, World Elder Abuse Awareness Day, United Nations, New York, New York.

Anetzberger, G. (2000). Caregiving: Primary cause of elder abuse? *Generations*, XXVI(II), 46-51.

Brown, J., & Calder, P. (2000). Concept mapping the needs of foster parents. *Child Welfare, LXXIX*(6), 729-746.

Concept Systems. (2006). Concept Systems, Inc. Training Manual (4th ed.). Concept Systems, Inc.: Ithaca, NY.

Cooper, C., Selwood, A., Livingston, G. (2008). The prevalence of elder abuse and neglect: a systematic review. *Age and Ageing*, 37(2), 151-160.

Davis, T. (2007). Mapping Patterns of Perceptions: A community-based approach to cultural competence assessment. *Research on Social Work Practice*, 17(3), 358-379.

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Dimah, K.P. (2001) Patterns of elder abuse and neglect in an Illinois elder abuse and neglect provider agency: A comparative analysis. *Journal of Elder Abuse and Neglect,* 13(1):27-44.

Galvin, P.F. (1989). Concept mapping for planning and evaluation of a big brother/big sister program. *Evaluation and Program Planning, 12*, 53-57.

Godkin, M., Wolf, R., & Pillemer, K. (1989). A case-comparison analysis of elder abuse and neglect. *International Journal of Aging and Human Development,* 28(3), 207-225.

Groenewoud, A.S., van Exel, N.J.A., Berg, M., & Huijsman, R. (2008). Building quality report cards for geriatric care in the Netherlands: Using concept mapping to identify the appropriate "building blocks" from the consumer's perspective. *The Gerontologist,* 48(1), 79-92.

Hafemeister, T.L. (2003). Financial abuse of the elderly in domestic settings, in *Elder Mistreatment: Abuse, Neglect, and Exploitation in an Aging America* (Panel to Review Risk and Prevalence of Elder Abuse and Neglect, Richard J. Bonnie & Robert B. Wallace, eds.), National Research Council of the National Academies.

Hare, R. D. (2003). *Manual for the Revised Psychopathy Checklist* (2nd ed.). Toronto, ON, Canada: Multi-Health Systems.

Heisler, C.J., & Tewksbury, J.E. (1991). Fiduciary abuse of the elderly: A prosecutor's perspective. *Journal of Elder Abuse & Neglect,* 4(4), 25-35.

Jackson, K.M. & Trochim, W. (2002). Concept mapping as an alternative approach for the analysis of open-ended survey responses. *Organizational Research Methods*, Vol. 5 No. 4, October 2002, 307-336: Sage Publications.

Kane, R.A. (1996). Legacy and aging: Personal and societal choices. *Generations,* 20(3)

Kane, M., & Trochim, W. (2007). *Concept Mapping for Planning and Evaluation.* Thousand Oaks, CA: Sage Publications.

Kemp, B.R., Mosqueda, L.A. (2005) Elder financial abuse: An evaluation framework and supporting evidence. *Journal of the American Geriatrics Society,* 53 (7), 1123–1127.

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Langan, J. & Means, R. (1996). Financial management and elderly people with dementia in the U.K.: As much a question of confusion as abuse? *Ageing and Society*, 16, 287-314.

National Center on Elder Abuse. (1998). The national elder abuse incidence study. Website: http://www.aoa.gov/eldfam/Elder_Rights/Elder_Abuse/ABuseReport_Full.pdf.

National Center on Elder Abuse. (2003). The basics: Major types of abuse. Website: http://www.elderabusecenter.org/default.cfm?p=basics.cfm

National Committee for the Prevention of Elder abuse. (2008). Website: http://www.preventelderabuse.org/elderabuse/fin_abuse.html

Nerenberg, L. (2008). *Elder abuse prevention: Emerging trends and promising strategies.* New York: Springer Publishing Company.

Podnieks, E., Pillemer, K., Nicholson, J.P., Shillington, T., & Frizzle, A. (1990). National survey on abuse of the elderly in Canada. Toronto, ON: Ryerson Polytechnical Institute.

Quinn, M. J. & Tomita, S. K. (1997). *Elder Abuse and Neglect: Causes, Diagnosis, and Intervention Strategies*. New York: Springer Publishing Company.

Rabiner, D., O'Keeffe, J., & Brown, D. (2004). Financial exploitation of older person: Policy issues and recommendations for addressing them. *Journal of Elder Abuse and Neglect,* 16(1), 65-84.

Ries, M., & Nahmiash, D. (1995). Validation of the caregiver abuse screen (CASE). *Canadian Journal on Aging*, 14, 45-60.

Reis, M. & Nahmiash, D. (1998). Validation of the indicators of abuse (IOA) screen. *The Gerontologist,* 28(4), 471-480.

Rosas, S., & Camphausen, L. (2007). The use of concept mapping for scale development and validation in evaluation. *Evaluation and Program Planning,* 30, 125-135.

Stokols, D., Fuqua, J., Gress, J., Harvey, R., Phillips, K., Baezconde-Garbanati, L., Unger, J., Palmer, P., Clark, M., Colby, S., Morgan, G., Trochim, W. (2003). Evaluating transdisciplinary science. *Nicotine and Tocacco Research, 5*(Supp. 1), S21-S39.

Trochim, W. (1986). Conceptualization for evaluation and planning. *Evaluation and*

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Program Planning, 9, 289-308.

Trochim, W. (1989). An introduction to concept mapping for planning and evaluation. *Evaluation and Program Planning*, 12(1), 1-16.

Trochim, W., Cook, J.A. and Setze, R.J. (1994). Using concept mapping to develop a conceptual framework of staff's views of a supported employment program for individuals with severe mental illness. *Journal of Consulting and Clinical Psychology*, 62(4), 766–775.

Trochim, W., Milstein, B., Wood, B., Jackson, S., & Pressler, V. (2004). Setting objectives for community and systems change: An application of concept mapping for planning a statewide health improvement initiative. *Health Promotion Practice*, 5, 8-19.

Vezina, M., & Ducharme, G. (1992). The sad abuse of seniors. *Canadian Banker*, 99(1), 58-61.

Walters, G.D. (2002). The Psychological Inventory of Criminal Thinking Styles: A review and meta-analysis. *Assessment*, 9(3), 278-291.

Wilber, K.W. (1990). Material abuse of the elderly: When is guardianship a solution? In E. Dejowski (Ed). *Protecting judgment-impaired adults: Issues, interventions and policies* (pp. 89-104). Binghamton, NY: Haworth Press, Inc.

Wilber, K. H. & Buturain, L. (1992). Daily money management: An emerging service in long term care. In G. Larue & R. Bayly (Eds.), *Long-Term care in an aging society: Choices and challenges for the '90s* (pp. 93-117). New York: Prometheus Books Inc.

Wilber, K. H. & McNeilly, D. (2001). Elder abuse and victimization. In J.E. Birren and K.W. Schaie (Eds.), *Handbook of the psychology of aging*, 5th Edition (pp: 569-591). San Diego, CA: Academic Press.

Wilber, K. & Reynolds, S. (1996). Introducing a framework for defining financial abuse of the elderly. *Journal of Elder Abuse and Neglect*, 8(2):61-80.

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Table 1. *Measurement Model of Older Adult Financial Exploitation*

Types of Financial Exploitation	*Older Adult's Condition*	*Link to Previous Conceptual Models*	*Staff or Third Party Evaluation*
High Severity Indicators at the Top			
Theft and scams, e.g., ATM fraud, quit claim deed, misappropriates funds	Meets fraud and theft standards with or without vulnerability; results in life-altering or life-threatening conditions	Trusting relationship may exist but is not required	Severe financial exploitation requiring intervention including investigation and prosecution, housing, medical care
Financial victimization: Stealing, over-charging, forgery	Serious mental, physical or environmental consequences	Not considering effects on others: victim, family, public welfare system	Serious financial exploitation: investigate, prosecute, obtain social services
Financial entitlement: Spending older adult's money on self, refusing to pay their share	Deleterious mental, physical or environmental consequences	Status inequality; deprivation or willful neglect of older adult's interests	Chronic financial exploitation requiring intervention, e.g., new rep. payee, separation from trusted other, etc.
Coercion: Taking advantage, pressuring, intimidation	Financial exploitation causing poor life-style, but older adult's understanding may be unclear	Power struggle: Undue influence, secretiveness, deceit, coercion	Financial exploitation: Unpaid bills, lack of needed services and resources requiring supervision and education
Signs of possible financial exploitation; financial dependence, commingling funds, etc.	Consent may be given, but possible undue influence; not substantial life-style impact	Lacking open examination of financial processes and relationship of older adult with alleged exploiter.	Suspected financial exploitation: Who benefits? Did a qualified expert assess? Were the transactions ethical?
Older adult risk factors such as money management difficulties; trusted other is involved in older adult's finances	Risk of financial exploitation (high to low)	Vulnerability	Primary prevention & capacity assessment: What does the older adult understand? Are constructive plans in place?
Low Severity Indicators at the Bottom			

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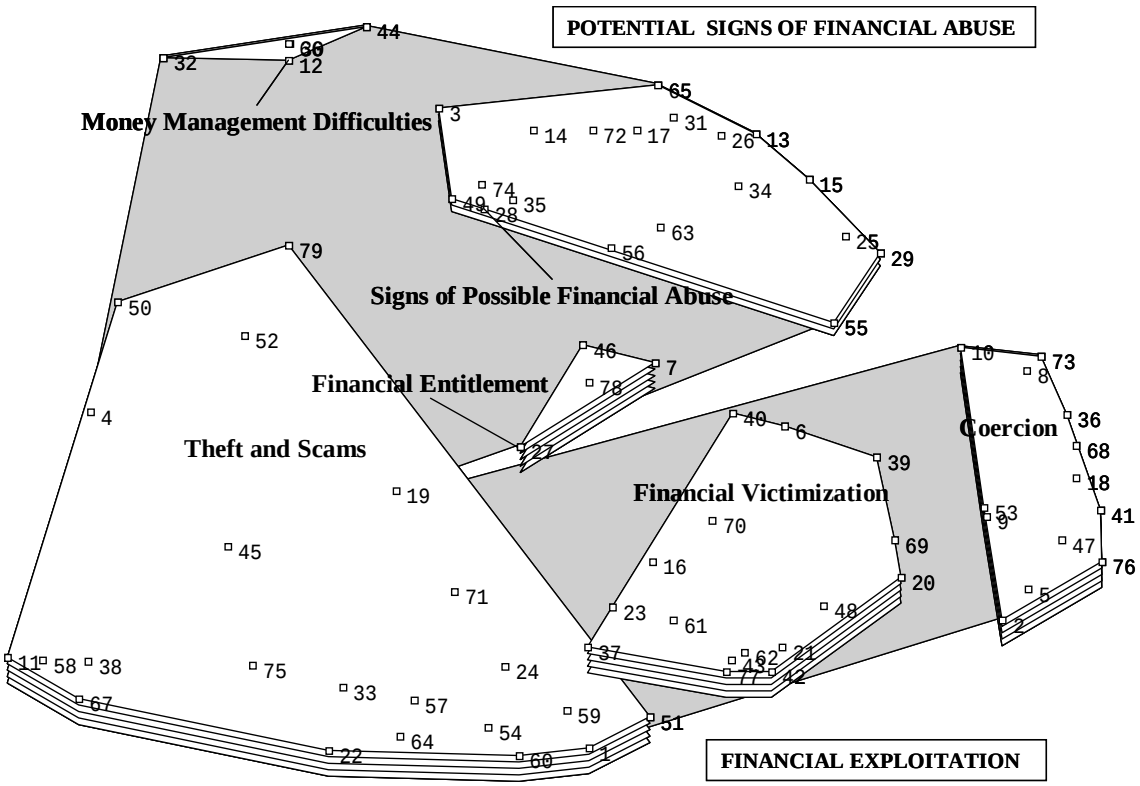
Figure 1. Concept map of financial exploitation.



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Appendix. *Financial Exploitation Clusters and Statements*

Item #	*Clusters and Statements*	*Bridging Value*	*Severity*
Cluster 1: Theft and Scams		.42	4.31
59	Trusted other steals from senior	.02	4.93
51	Trustee misuses ATM card or credit cards belonging to the senior	.04	4.64
60	Trusted other takes prized belongings (jewelry) without permission	.09	4.64
24	Items are substituted within the senior's home by a trusted other (high level items with lower level items)	.14	3.50
57	Caregiver overcharges for their services	.15	4.29
54	Trusted other agrees to do work for the senior, takes their money, but does not perform the task	.16	4.36
1	Trusted other steals identity of senior or helps someone else steal the identity of the senior	.16	4.79
64	Fiduciary uses money on own behalf instead of the senior's benefit	.17	4.36
22	Unauthorized withdrawals from senior's bank account	.35	4.71
33	Seniors attorney misappropriates funds	.37	4.86
19	Deprivation of services to use money for inappropriate purposes	.37	4.71
67	Institution commits fraud (overbilling and underbilling) using seniors identifying information (such as social security number)	.44	4.79
75	Someone sells senior's property w/o their permission	.47	4.93
58	Senior pays for work and is scammed or ripped off	.54	4.57
71	Coercion to sign contracts	.55	4.93

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38	Scams that involve giving to bogus charities	.56	4.36
79	Trusted other handles senior's resources inadequately	.63	3.36
52	Care of senior is not commensurate with the available resources	.67	3.71
11	An institution affiliated with the senior misuses his or her funds	.68	4.71
50	Senior feels cheated after someone sells something to them	.88	2.86
45	Senior is tricked into buying something that they now regret buying	.88	2.64
4	Suspicious signatures on checks or other documents (forgery)	1.00	4.29
Cluster 2: Coercion		.21	3.92
9	Trusted other takes advantage of cultural or family expectations to obtain senior's resources	.01	3.29
53	Trusted other exploits senior's alcoholism or drug dependency to get money	.14	4.64
47	Trusted other forces senior to sign legal documents	.15	4.93
36	Forcing child rearing and cost of child care on elders/grandparents raising/support grandkids	.16	3.71
5	Senior is pressured to co-signs a loan for a trusted other who has no ability to repay the loan	.18	4.29
18	Trusted other uses pressure, intimidation, or punishment to obtain access to resources belonging to the senior	.21	4.86
41	Senior is brainwashed by trusted other and makes financial decisions they would not normally make	.21	4.50
2	Senior lets trusted other spend some of their money on themselves, but the senior does not like it	.23	2.71
8	Trusted other says senior should give them money because they gave money to a sibling or other relative	.23	2.79
10	Trusted other promises companionship in exchange for	.27	3.57

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	seniors money		
68	Senior persuaded to give others money or personal property	.29	4.00
76	Senior lets caregiver spend their money on him/herself because they are fearful of them	.30	4.50
73	Senior consents to let caregiver spend some of their money on themselves, but the senior does not like it	.33	3.14
Cluster 3: Financial Victimization		.07	4.20
43	Trusted other says they are buying something for the senior, but it is really for their own use	.01	4.14
69	Trusted other tricks senior into signing legal documents	.03	4.79
39	Trusted other prevents or deters senior from spending money in an effort to maximize their inheritance	.03	4.07
70	Trusted other uses some of the senior's resources for his or her own purposes with the permission of the senior	.04	2.93
23	Trusted other borrows money from a senior but does not pay it back	.04	3.86
61	Senior pays money so they can stay in the home but then are made to leave	.05	4.64
62	Trusted other convinces senior to turn title of home over to them and then sells house and keeps money	.06	4.93
37	In-home caregiver promises lifetime care for the senior, but then does not deliver care	.07	4.29
42	Trusted other misuses funds primarily allocated for the senior's care	.07	4.71
16	Trusted other misuses elders power of attorney or guardianship	.07	4.93
6	Senior gives an adult child money but frequently does not get back change or not all the change	.09	2.43
21	Trusted other misuse of funds allocated for the senior's care	.09	4.71
40	Trusted other allows senior to give them large sums of cash	.10	3.07

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	as a gift, or buy them cars or homes		
20	Someone takes advantage of senior's weakness to get a hold of their resources such as a house, car, or money	.10	4.86
77	Trusted other handles senior's resources irresponsibly (e.g., gambling, illegal activities)	.12	4.43
48	Senior is tricked by trusted other into selling valuable possession	.12	4.43
Cluster 4: Signs of Possible Financial Abuse		.13	3.27
72	Senior frequently writes out checks made out to cash	.00	3.00
31	Senior has recent beneficiary changes in a will or insurance policy	.02	2.69
63	Trusted other commingles his/her funds with those of the senior	.07	3.64
56	Trusted other will not give accounting of how senior's resources have been used	.08	4.07
26	The senior signs over their will to a neighbor or friend	.10	3.57
17	Senior makes excuses for adult child	.11	2.29
13	Trusted other is financially dependent on the senior	.13	2.50
35	Senior has unusual activity in his or her bank accounts	.13	3.86
14	Family members frequently fight over senior's money	.13	2.86
74	Sudden changes in senior's financial management (titles are changes, retirements or investments cashed in)	.14	3.57
65	Senior's relationship of trust with someone includes an element of dependency	.14	2.29
3	Senior changes long time providers (bankers, etc.)	.14	2.50
55	Trust other refuses to change living arrangements because finances coming from the senior contributes to the household	.16	3.50
34	Senior signs documents without understanding the nature of transaction	.17	3.93

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25	Trusted other has senior add them to bank account as signatory	.17	3.21
15	Changes occur in senior's will or trust in favor of only 1 family member or other individual	.17	3.00
49	Trusted other plans the senior’s budget without their input	.18	2.86
28	Trusted other refuses to give accounting of spending to the senior	.19	4.50
29	Trusted other gets senior to modify will	.23	4.21
Cluster 5: Financial Entitlement		.20	4.04
78	Someone lives with the senior, but refuses to pay their share of expenses	.11	3.71
46	Trusted other feels entitled to use senior's money for him/herself	.16	4.29
7	Trusted other gives implausible explanations for spending seniors money	.16	3.64
27	Senior is talked into making investments that are not in the senior’s best interest	.38	4.50
Cluster 6: Money Management Difficulties		.11	1.94
30	Senior has trouble saving money for something expensive	.04	1.79
44	Senior is unable to manage money independently	.05	1.92
66	Senior has serious problems due to poor money management	.05	2.64
12	Senior presents with financial problems or need	.14	2.00
32	Senior has some trouble budgeting, but is able to manage money without help	.28	1.36

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Conceptual Model and Map of Psychological Abuse of Older Adults

Kendon J. Conrad, PhD

University of Illinois at Chicago

Madelyn Iris, PhD

CJE SeniorLife, Chicago

John W. Ridings, PhD

Metropolitan Family Services, Chicago

Abby Rosen, MHA

Kimberly P. Fairman, MPH

University of Illinois at Chicago

Georgia J. Anetzberger, PhD

Cleveland State University

Key words: emotional abuse, abuse theory, mistreatment, victimization, theoretical hierarchy

Corresponding Author:
Kendon J. Conrad, PhD
Professor of Health Policy and Administration
School of Public Health (MC 923)
University of Illinois at Chicago
1603 West Taylor Street
Chicago IL 60612-4394
Tel: 312 996 3185 Fax: 312 996 5356
E-mail: kjconrad@uic.edu

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Abstract

Psychological abuse of older adults is a hidden and pervasive problem that is not well conceptualized nor well measured. *Goals.* The goals were to: 1) conceptualize psychological abuse using three-dimensional concept maps, and 2) develop theoretical models. *Methods.* Statements describing the construct were generated by local and national panels. These were sorted and rated using Concept System software whereby the concepts were depicted as a map. *Results.* The concept maps guided development of theoretical hierarchies. *Significance.* Theoretical models may help to develop measures to estimate prevalence better and may enable more precise screening for triage into appropriate interventions.

Key words: emotional abuse, abuse theory, mistreatment, victimization, theoretical hierarchy

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Conceptual Model and Map of Psychological Abuse of Older Adults

Introduction

Psychological abuse of older adults is a construct that is lacking in development from a measurement perspective. While a range of instruments that assess elder abuse have been developed over the past 20 years, including the Comprehensive Geriatric Assessment (Dyer & Goins, 2000), Risk Factor Checklist (Canadian Task Force on the Periodic Health Examination, 1994), the Mount Sinai/Victim Service Agency Elder Abuse Project Questionnaire (Mount Sinai, 1988), the Elder Abuse Instrument (Fulmer & Cahill, 1984; Fulmer et al., 2000), the Indicators of Abuse Screen (Reis & Nahmiash, 1998), and a Referral Protocol for Abuse Problem Identification and Reporting (Bass, Anetzberger, Ejaz, & Nagpaul, 2001), very few have the specific intent of assessing psychological abuse. Further, most screening instruments usually rely on clinician assessments rather than self-report by older adults (Marshall et al., 2000), and are designed to evaluate quality of caregiving (e.g., Bravo et al., 1995), identify abusive caregivers of older adults (Reis & Nahmiash, 1995), or help health professionals detect problems (Reis & Nahmiash, 1998). Wang (2006) conducted the only survey asking professional caregivers in a Taiwanese nursing home setting about abuse (2005), but the measure lacked theory development and convergent validity indicators. Fulmer, Ramirez, and Fairchild (1999) reported the prevalence of abuse among people attending adult day health care programs in New York. The authors devised a list of physical indicators of abuse, e.g., unexplained bruises and frequent injuries, and whether the person appeared apprehensive. They reported low internal consistency for the scale (alpha = 0.60).

In a systematic review of 49 studies of elder abuse (Cooper, Selwood, & Livingston, 2008), 6% of older adults reported significant abuse in the last month and 5.6% of couples reported physical violence in their relationship in the last year. These authors reported that nearly a quarter of the older adults reported significant levels of psychological abuse. Sixteen percent of nursing home staff admitted significant psychological abuse, and a third of family

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caregivers reported being involved in significant abuse. However, only a small proportion of this abuse was known to protective services. One in 6 professional caregivers reported committing abusive acts but over four-fifths observed it. Unfortunately, only 7 of the studies that were reviewed used measures for which any type of reliability and validity had been assessed (Cooper, Selwood, & Livingston, 2008). Cooper et al. concluded that valid, reliable measures and consensus on what constitutes an adequate standard for validity of abuse measures are needed.

Definition

The National Center on Elder Abuse defines emotional or psychological abuse as the infliction of anguish, pain, or distress through verbal or nonverbal acts. Emotional/psychological abuse includes but is not limited to verbal assaults, insults, threats, intimidation, humiliation, and harassment. In addition, treating an older person like an infant; isolating an elderly person from his/her family, friends, or regular activities; giving an older person the "silent treatment;" and enforced social isolation are examples of emotional/psychological abuse (NCEA, n.d.). Such treatment would typically occur in private and be difficult for third parties to detect.

The small amount of literature published exclusively on psychological abuse of older adults is understandable given the difficulty in developing a precise definition which would lead to valid and reliable measures. Any definition of psychological abuse may reflect a cultural perspective. For example, there are studies which suggest that Asian Americans view acts like "silence treatment" or yelling at the older adult more harshly than non-Asian Americans (e.g., Anetzberger, Korbin, & Tomita, 1996). In addition, foreign-born Asians seem to view such acts even harsher than American-born Asians (e.g., Moon, Tomita, & Jung-Kamei, 2001). Furthermore, some believe that the meaning of psychological abuse is best represented not through any illustrative act, but rather through the perceived effect of the act on the victim, which then allows for

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consideration of cultural variation in definition (e.g., Nerenberg, 2008) and reinforces the importance of obtaining client self-reports.

It is common to recognize five types of elder abuse (National Center on Elder Abuse, 2003): physical, sexual, financial, psychological, and neglect. Physical and sexual abuse, sometimes included together as physical abuse, e.g., Lachs & Pillemer (1995), are immediate, painful experiences for older adults since they involve sudden physical violation (Burgess, 2006). Physical and sexual abuse may sometimes be detected by health professionals, family, etc. on physical examination. Neglect, with abandonment as an extreme form, is more readily observable by third parties on examination of elders and their surroundings (Dyer, Connelly, & McFeeley, 2003; Iris, Ridings, & Conrad, 2006).

In contrast, psychological abuse is insidious and not readily observable by third parties since there may be little physical evidence, and it may involve a gradual onset and worsening that develops into intimidation and isolation with eventual dire consequences. Perhaps because it is so hidden and difficult to observe, psychological abuse has received the least attention as a measure. For psychological abuse this may be because there are fine lines and gray areas in the spectrum of normal bickering and name calling that develop into a pattern of psychological mistreatment, and the physical, behavioral and social consequences are not as readily observable and attributable. For these reasons, it will be important to develop measures over a spectrum of severity where ranges and cutoffs may be determined.

Prevalence

Difficulty in detecting psychological abuse leads to underreporting (Schofield & Mishra, 2003), and thus statistics are sparse. Yet high percentages in extant studies indicate the pervasiveness of the problem. Brownell et al. (1999) found that among 402 cases of abuse of older adults, 54% involved psychological abuse; a similar study revealed that 41% of incidents of abuse of older adults were psychological (Anetzberger, 1998). Anetzberger (1998) found that in cases where there was

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psychological abuse, additional forms of abuse were present 89.7% of the time, including physical neglect and financial exploitation. Similarly, the National Elder Abuse Incidence Study (1998) found that 35% of the sample had experienced psychological abuse. Lithwick and Beaulieu (1999) found that among 128 cases of mistreatment of older adults, 87% included psychological abuse. Vladescu et al. (1999) and Godkin et al. (1989) also reported high percentages (73% and 72% respectively) though both studies had small samples. Differences in the definition and measurement of psychological abuse used by each study above may account for some discrepancies.

Conceptual Models

The limited research on most forms of elder abuse, including psychological abuse, has lacked an overall conceptual framework to guide data collection efforts and provide effective assessment of the risk factors for and the consequences of different types of abuse. Godkin, Wolf, and Pillemer (1989) developed five conceptual components of abusive relationships. Anetzberger (2000) developed the Exploratory Model for Elder Abuse which examined characteristics of the perpetrator as the primary consideration, and secondarily, characteristics of the victim and the context in a temporal arrangement. Rabiner, O'Keeffe, and Brown (2004) presented a conceptual model that can be used to understand better the etiology of financial exploitation as well as examine the likelihood that an event or set of events will lead to financial and other types of harm to an older person.

These models have several commonalities; primary among them is that they recognize the importance of including the perpetrator and his/her characteristics as well as the social network. While the models are able to explain the etiology of general abuse, they do not present examples of items that represent psychological abuse, nor do they indicate which components are most important to elder abuse or which are most severe. Understanding these issues is essential to obtaining accurate assessments of types and levels of abuse.

This review of the literature did not reveal any studies specifically devoted to the conceptualization of theories with concomitant development of measures of psychological abuse of

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older adults. Measures that are well founded conceptually will be crucial to any research involving these constructs. Ultimately, such measures may facilitate improved screening and outcome evaluation for treatment programs.

Goal

Therefore, the goal of this project was to conceptualize psychological abuse of older adults using concept maps (Trochim, 1989a,b) to represent graphically the topography of this construct. The concepts generated in this process were then used to develop a theory that could guide measure development for screening and outcome assessment.

Methods

Concept Mapping and Instrument Development

Concept mapping is defined by Kane and Trochim (2007) as "an integrated approach whose steps include brainstorming, statement analysis and synthesis, unstructured sorting of statements, multidimensional scaling and cluster analysis, and the generation of numerous interpretable maps and data displays" (p. 1). Concept mapping has been used by a wide array of professionals for a variety of purposes, including: survey design and analysis (Jackson & Trochim, 2002), program planning and development and needs assessment (Trochim, Cook, & Setze, 1994), community-building (Davis, 2007), and building quality report cards for geriatric care (Groenewoud, van Exel, Berg, & Huijsman, 2008).

Related to the work described in this paper, concept mapping has been used as a technique to help construct evaluation tools and protocols (Galvin, 1989; Stokols et al., 2003), as well as establish the foundation of a needs assessment survey (Filiberto, 2005). Most recently, Rosas and Camphausen (2007) conducted a study in which they integrated concept mapping with traditional scale-development processes to strengthen the creation of a scale for inclusion in an evaluation instrument for a multi-site family support program. The researchers used feedback to develop a conceptual framework of the intended benefits of program participants, which ensured

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that the scale had a strong foundation in the program theory. This study demonstrated the utility of concept mapping as an integrated part of measure development.

Similar to these studies, the concept mapping method (Concept Systems, 2006) that was utilized in this study followed a five-step process: (1) study preparation, (2) statement generation and structuring, (3) sorting and rating, (4) data analysis, and (5) data interpretation (Trochim, 1989a).

Human Subjects Review, Sampling and Study Preparation

This project was approved by the University of Illinois at Chicago Office for the Protection of Research Subjects (OPRS). Following approval, our first step in developing concept maps of psychological abuse was to bring together local and national experts in the field of elder abuse and neglect and aging to generate descriptive statements defining psychological abuse.

Local panel. The local panel was intended to provide input from the perspective of service providers and administrators in state and municipal elder abuse service agencies. The local group, all from Illinois, was invited to participate in the first concept mapping exercise. They were representatives of private sector non-profit organizations, academic programs, health care providers, and public or not-for-profit agencies and organizations. Providers had expertise in elder abuse investigation and intervention. Of 16 that were invited, 10 participated in the session.

The demographics of the 10 local panel members are as follows: 8 were female and 2 were male. Nine were Caucasian and 1 panelist was Asian. Eight worked in a non-medical setting. Of these, 3 worked for a social service agency, 2 worked for a state agency, and 3 worked in some other service setting. Nine of the panelists were from the Chicago metropolitan area.

National panel. Of 12 that were invited, 6 national panelists participated in a teleconference in February, 2007, to brainstorm concepts for psychological abuse. Professional

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backgrounds of confirmed participants included: applied social science, social work, nursing, law, and public administration. All participants were from outside Illinois. These experts were chosen because they had made sustained, seminal contributions to the characterization, theory and treatment of elder abuse and could provide a more nationally representative perspective.

Demographics of the 6 national panelists are as follows: 4 of the panel members were female and 2 were male. One of the panelists worked with a legal agency and 5 worked in academic institutions. Of the 6 panel members, 3 worked in the Western and Southern regions of the United States and 3 worked in the Midwest. The "acknowledgments" contains names and institutions of all panelists.

Idea Generation and Structuring Phase

The second step in developing the concept map of psychological abuse was to generate descriptive statements defining this construct. For this a "brainstorming" methodology was used which consisted of open-ended discussions and spontaneous elicitation of statements. Preparatory work included the lead author reading every available article on financial exploitation and constructing severity hierarchies of existing items (Detailed report available from lead author). These were available as suggestions to the expert panels during brainstorming.

Focus prompts. We used the following focus statement: "Please give us some brief statements describing the characteristics of psychological abuse among older persons." The live brainstorming session was used to gather the responses. Concept Systems (2006) recommends that the number of descriptive statements be limited to 100 in order to be manageable.

The local panel of experts was then asked to review the concepts for content and face validity and to identify concepts that were not yet covered that might lead to the creation of new statements. Expert panel review is of vital importance (1) to insure that all domains of the construct are addressed by the scale, (2) to determine whether the construct has been defined

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adequately without being too broad or too narrow, and (3) to receive feedback regarding wording of the statements and response categories. The same procedure was followed with the national panel.

Next, the research team consolidated the statements generated by both panels into a single set. This involved consolidation of very similar statements and integration of detailed statements into broader ones (Trochim, Milstein, Wood, Jackson, & Pressler, 2004). The statements were then entered into the web-based project space on the Concept Systems website so sorting and rating exercises could be conducted remotely by panel members.

Sorting and Rating Procedures

Each participant was then asked to visit the Concept Systems Global website and conduct three activities: (1) sort statements into groups based on similarity; (2) name the groups; and (3) rate each statement according to severity. The rating for severity used a scale of one to five (1 = not severe at all to 5 = extremely severe). National panelists were asked to complete a sorting and rating exercise on the Concept Systems website within approximately one month.

Data Analysis

The fourth step involved a quantitative analysis conducted by the researchers. Based on the results of the sorting exercise described above, we were able to create graphic representations of the structure of psychological abuse, including point maps, cluster maps, and rating maps. Maps were developed using two-dimensional non-metric multi-dimensional scaling and hierarchical cluster analysis (Trochim, 1986) using Concept Systems CORE software (Concept Systems, 2006).

Point and cluster maps. Point maps represent how individual statements are placed within an average proximity of each other based on the aggregated sorts of the panel members plotted using multi-dimensional scaling. Once the point map is constructed, the cluster map can then be developed using hierarchical cluster analysis to estimate which points should be grouped

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together. Within a cluster map, the placement of clusters or domains on the map does not reflect any order, or priority, but rather, represents the conceptual relationship of the ideas to one another as in Figure 1.

Bridging values. A bridging value ranges from 0 to 1 (Brown & Calder, 2000) and gives an idea of the uniqueness of the statement or cluster. A bridging value near 0 indicates that a statement was sorted with others that are close to it on the map, i.e., is integral to that cluster and not to others; whereas a value nearer 1 indicates that the concept was often sorted with statements that are farther away on the map, i.e., share more with other clusters. Clusters with low bridging values are usually more cohesive, easier to interpret, and reflect the content well in that part of the map. For clusters as a whole, a bridging value of 0 means that the clusters are clearly differentiated from others in the map. In contrast, a cluster bridging value of 1 indicates that the cluster is highly related to the other domains, and not unique.

Clusters in the middle of the map may contain statements that are linked to multiple regions on the map, as they were frequently grouped with statements that now appear in the other clusters. Clusters that are conceptually clear may appear near the boundaries of the map, because many participants matched the statements in this domain together and did not put them with those that fall into other domains on the map. This results in the domain being pushed away from the rest of the clusters and toward the edges of the map. A larger cluster that encompasses more space on the map often represents a domain that is quite broad or that bridges two related ideas on the map (Concept Systems, 2006).

Rating Map. In addition to the standard map, rating maps were generated. The rating map shows a different number of layers, i.e., 1= low severity to 5= high severity, based on the average rating for that cluster (see Figure 1). The strength of this approach is that the map shows at a glance which are the concentrations of high and low severity domains and statements (Kane and Trochim, 2007).

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Interpretation Session

The fifth step of the concept mapping process is the interpretation session. In this study the interpretation session was done via an audio/video conference of the expert panel and the research team, again using teleconferencing software. During this session panelists reviewed the statements, identified regions of meaning, gave unique names to the regions, decided on the final number of clusters, gave unique names to the clusters, and identified next steps.

Results

Idea Generation and Structuring Phase

The local group of participants developed 57 statements related to elder psychological abuse. The group of national participants generated 67 statements related to psychological abuse, some of which overlapped with those generated by the local group. The research team then collated and consolidated these into a final set of 56 unique statements.

Sorting and Rating

Twelve panel members also completed the psychological abuse sorting procedure, and 12 completed the psychological abuse severity rating procedure. The maps that were generated are discussed below.

Interpretation of Maps

Attempting to foster generalizability, yet with a manageable number of participants, six national panel members participated in the interpretation session via teleconference. During this step, panelists finalized the psychological abuse concept map names and number of clusters within each map.

Clusters. The concept map that resulted from the aggregated sorts was comprised of 5 distinct clusters depicting psychological abuse. These concepts were: 1) isolation, 2) insensitivity and disrespect, 3) shaming and blaming, 4) threats and intimidation, and 5) trusted other risk factors (Figure 1).

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Regions of Meaning. In our interpretation of the results of the concept mapping process, the experts further divided the map into two areas or regions of meaning to form an overall conceptual framework: 1) physical intimidation and 2) depersonalization. The physical intimidation region included two clusters: trusted other risk factors and threats and intimidation. The depersonalization region included three clusters: isolation, insensitivity and disrespect, and shaming and blaming (see Figure 1).

Bridging Values. Appendix A displays each cluster's statements with their bridging values and severity ratings. Again, the statements are in bridging value order because this order represents how often the statements tended to be sorted with the statements in their cluster (low bridging value) or with statements in other clusters (high bridging value). If the statement's bridging value is the lowest within the cluster, this statement should be the one that is most germane, descriptive or integral to that cluster. For example, in the "Isolation" cluster, the statement "Trusted other keeps the senior from contacting family and friends or community resources" is integral to the concept of isolation; it has the lowest bridging value, .24, in the cluster. On the other hand, the statement with the highest bridging value of .62 in the cluster is "Trusted other deprives senior of glasses, hearing aids, prosthetics, walker, wheelchair, etc." This statement would contribute to isolation, but is not isolation in itself.

Appendix A also displays bridging values for the clusters. These represent how much the concept represented by the cluster is related to the other concepts. In bridging value ascending order, the concepts are ranked as follows: shaming and blaming (.14), threats and intimidation (.26), trusted other risk factors (.37), isolation (.41), and insensitivity and disrespect (.47). The bridging values indicate that shaming and blaming has the most uniqueness and shares the fewest statements with other clusters. It is especially distinct from isolation and trusted other risk factors which are the farthest from it on the map. Insensitivity and disrespect is the most central cluster and has the highest bridging value; it is the cluster whose statements were most often

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sorted with other statements.

Rating Results. Figure 1 also graphically represents the average severity ratings for each of the five psychological abuse clusters. In severity rating descending order, the concepts were ranked as follows: isolation (4.65), threats and intimidation (4.29), insensitivity and disrespect (3.95), shaming and blaming (3.80), and trusted other risk factors (3.19).

Discussion

In the following sections, we discuss the five clusters in order of their descending severity ratings. The numbers at the end of each of the concepts listed below can be located in Figure 1 and Table 1. While we based our model on this severity hierarchy, these were not distinct levels, but were based on statement averages. Therefore, the levels overlap with each other, especially the top four. For an individual older adult, multiple components of psychological abuse may be occurring at the same time, and the severity hierarchy may vary depending on the case.

Isolation. The "isolation" cluster, is composed of statements indicating various types of social and sensory deprivation such as "prevents senior from having contact with the external world via newspapers, news, etc." (46), "confines the older adult" (3), and "impedes older adult's ability to see, hear, taste food, touch or feel others" (5). This cluster is rated as highest in severity at 4.65, and it has the second highest bridging value. The high bridging value of .41, with the highest possible value being 1.00, indicates that statements in this cluster were sorted a fair amount of the time with statements in other clusters. Some of the statements, while being extremely severe, e.g., "prevents older adult from getting medical care or medications" (47), with the highest possible severity rating of 5.00, may actually be more indicative of physical abuse and not psychological abuse.

Threats and Intimidation. The "threats and intimidation" cluster, is composed of a variety of threats of varying severity. The lowest severity statement in the cluster is "gives

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senior the silent treatment" (48), while the highest is "makes threats of violence to the senior" (18). Overall, this cluster has the second highest severity rating at 4.29 and the fourth highest bridging value at .26. The latter indicates that this cluster's statements were often sorted with each other rather than with statements in other clusters. While it is rated as quite high in severity, it is most closely associated with shaming and blaming and with insensitivity and disrespect.

Insensitivity and Disrespect. The "insensitivity and disrespect" cluster, is composed of eleven statements listed in terms of their increasing bridging values: "confuses the older adult, making them think they are crazy" (12), "ignores effects of pain and physical disease" (22), "ignores older adult's wishes" (39), "discounts the older adult's feelings and treats them as invalid" (38), "does not acknowledge older adult's psychological state" (33), and "won't let older adult speak for him or herself" (26). This cluster has the third highest severity rating of 3.95 and the highest bridging value of .47. Therefore these statements were those most often sorted with statements in other clusters. The central position of the insensitivity and disrespect cluster on the map indicates that it is related to all of the others.

The central concept of "insensitivity and disrespect" may indicate key characteristics of offenders that are useful in detection as well as in education, prevention and remediation. An implication of this is that a high score on an "insensitivity and disrespect" questionnaire administered to appropriate subjects, e.g., potential abusers or older adults, may prove to be more predictive of abuse than other risk factors such as unemployment or substance abuse of the potential abuser. We interpret this cluster to be a key enabler of psychological abuse in terms of the behaviors and attitude of the offender. The "trusted other risk factors" cluster describes factors that might indicate the risk of an abuser or identify a risky situation, while, in contrast, the disrespect cluster indicates a key moderate severity indicator that might be observable in the suspected abuser.

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Shaming and Blaming. The "shaming and blaming" cluster, consists of issues involving demeaning, blaming, or shaming the senior in various ways as well as direct verbal attacks such as yelling and swearing. This is the fourth most severe cluster at 3.80 and has the lowest bridging value of .14. This means that these statements are those most commonly sorted with each other rather than with statements from other clusters. We interpret this as meaning that shaming and blaming is an integrated cluster of statements of moderate severity that is least associated with isolation.

Trusted Other Risk Factors. The "trusted other risk factors" cluster, refers to the troubled history of the trusted other and the fear or discomfort of the older adult with regard to the trusted other. This cluster has the lowest severity rating at 3.19 and a median bridging value of .37. We interpret this cluster as useful for indicating risk, potential, or suspicion of abuse, but not abuse per se.

Several important points emerge from our analysis of the results of our concept mapping method and cluster mapping procedures. First, there is a hierarchy of abuse that may be measured, observed and intervened upon to prevent escalation. Second, the trusted other risk factors cluster was identified as the least severe by professionals in relation to the overall conceptualization of psychological abuse. We interpret this as meaning that, while a trusted other may have risk factors such as a history of violence or of being abused as a child, it does not mean that these risk factors determine or are even strongly associated with psychological abuse. Rather, it is the behavior of the trusted other that defines them as a respectful and loving caregiver or a disrespectful and threatening abuser. Isolation is rated as the most severe cluster while the insensitivity and disrespect cluster is central to psychological abuse.

It is also important to note what is absent from the concept map. There are no statements describing the older adult except in relation to fear of or discomfort with the trusted other. This may indicate the belief by professionals that it is not the older adult that is responsible for

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psychological abuse, i.e., bringing it on or causing it, but rather it is perceived by professionals in the field as the responsibility of the offender. Or, it may be that in representing psychological abuse, the focus of the concept's meaning is on the act and its consequences to the victim, rather than on any indication of responsibility.

Working Measurement Model of Psychological Abuse

Table 1 displays our working measurement model of psychological abuse that was derived from the concept mapping study. It shows the three parties that are involved: the offender, the older adult, and staff or other third parties. For the offender in the first column, we list some of the abusive behavior. The types (a.k.a., concepts or components) of psychological abuse questions are also displayed in severity order in the second column based on the concept map rankings (levels on the map and in Appendix A). We have listed the expected condition or situation of the consumers from high to low severity in the third column. In the fourth column, we display the expected intervention that would result based on the staff or other third party responses to the questions in the staff questionnaire, i.e., their evaluation of the consumer.

Offender. There must be a trusted other who is at risk, suspected or alleged to be mistreating the older adult. No measures are as yet available from the trusted other's perspective for assessing their risk factors or their actual emotionally abusive behaviors. However, they are likely to make the older adult afraid, to blame and belittle the older adult, to confuse them, ignore their pain, discount their feelings and minimize their needs. At the higher levels of severity, the offender may punish the older adult and threaten violence, abandonment, and nursing home placement. The most severe level includes sensory deprivation, including denying contact with the family and outside world, restriction to bed, and confinement. Again, trusted others or alleged abusers may be from all walks of life, so risk factors may mean little as indicated by the low severity ranking. Instead, it is actual behaviors that define a trusted other as an abuser.

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Types of Psychological Abuse. This model includes risk factors that emanate from the offender. Mistreatment escalates in severity to shaming and blaming, then to insensitivity and disrespect, threats and intimidation, and ultimately to isolation and deprivation.

Consumer Consequences. The condition of the older adult will vary in severity from low level discomfort, fear or agitation to being observably upset to having severe emotional disturbance to psychological symptomatology such as depression, hopelessness, loss of appetite, and eventual hospitalization and death.

Staff or Third Party Evaluation and Intervention. Where there is risk of abuse, the focus should be on education and establishing systems that facilitate observation and check ups. These levels have corresponding types of intervention from careful watching and counseling that may help to prevent escalation, then up the severity hierarchy, to family therapy, to separation from the alleged abuser with corresponding treatment of the older adult, and further up to immediate social, legal or medical intervention.

Strengths, Limitations and Future Directions

This study was rare insofar as it obtained consensus on resulting statements and concepts from 16 experts from various perspectives on elder abuse including service providers to all types of clients (see acknowledgments). While we attempted to achieve a diverse sample, both the local panel of 10 out of 16 that were asked and the national panel of 6 out of 12 that were asked were volunteers that turned out to be mostly urban, female, and Caucasian. While experts who deal with substantiated victims daily were included, the sample did not include elder abuse clients themselves who may have a different perspective. Subsequent concept map studies would be useful to test the reproducibility of these results with older adults clients themselves as well as with different expert participants.

Conclusion

This study generated theoretical hierarchies of psychological abuse that should help

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improve our understanding of this type of elder abuse. The hierarchies provide a starting point for the development of benchmarks that may be useful in intervention and legal proceedings, including sentencing, on alleged abusers. In addition, the concept mapping approach generated statements that will be useful in measurement.

Measurement is a key to opening a field for scientific study. A full scale data collection using the psychological abuse measure with a subsequent analysis using item response theory, e.g., Rasch measurement model, will provide empirical hierarchies to confirm or deny the hierarchies developed here. The resulting rulers may help researchers to understand prevalence better by enabling more accurate self and third party reporting. Better measurement will also enable practitioners to screen clients more systematically and to use cutoffs that will need to be developed so that cases may be triaged more effectively into appropriate interventions.

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References

Anetzberger, G. (1998). Psychological abuse and neglect: A cross-cultural concern to older Americans. Understanding and Combating Elder Abuse in Minority Communities, Archstone Foundation, 141-151.

Anetzberger, G. (2000). Caregiving: Primary cause of elder abuse? *Generations*, XXVI(II), 46-51.

Anetzberger, G. J., Korbin, J. E., and Tomita, S. K. (1996). Defining elder mistreatment in four ethnic groups across two generations. *Journal of Cross-Cultural Gerontology*, 11, 187-212.

Bass, D.M., Anetzberger, G.J., Ejaz, F.K., & Nagpaul, I. (2001). Screening tools and referral protocol for stopping abuse against older Ohioans: A guide for service providers. *Journal of Elder Abuse & Neglect*, 13(2), 23-38.

Bravo, G., Girouard, D., Gosselin, S., Archambualt, C., & Dubois, M. (1995). Further validation of the QUALCARE scale. *Journal of Elder Abuse and Neglect, 7*(4), 29-48.

Brown, J., & Calder, P. (2000). Concept mapping the needs of foster parents. *Child Welfare*, *LXXIX*(6), 729-746.

Brownell, P., Berman, J., Salamone, A. (1999). Mental Health and Criminal Justice Issues Among Perpetrators of Elder Abuse. *Journal of Elder Abuse and Neglect*, 11(4), 81-94.

Burgess, A.W. (2006). Elderly victims of sexual abuse and their offenders, Report to National Institute of Justice, NIJ 216550.

Canadian Task Force on Periodic Health Examination. (1994). Periodic health examination, 1994 update: 4. Secondary prevention of elder abuse and mistreatment. *Canadian Medical Association Journal, 151,* 1413-1420.

Concept Systems. (2006). Concept Systems, Inc. Training Manual (4th ed.). Concept Systems, Inc.: Ithaca, NY.

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Conrad, K.J., Iris, M., Ridings, J.W., Fairman, K. & Rosen. (2008). Conceptualizing and Measuring Financial Exploitation and Psychological Abuse of Elderly Individuals. Report to the National Institute of Justice. Project # 2006-MU-MU-0004.

Cooper, C., Selwood, A., & Livingston, G. (2008). The prevalence of elder abuse and neglect: a systematic review. *Age and Aging,* 37(2):151-160.

Davis, T. (2007). Mapping Patterns of Perceptions: A community-based approach to cultural competence assessment. *Research on Social Work Practice*, *17*(3), 358-379.

Dyer, C.B., Connolly, M.T., & McFeeley, P. (2003). The clinical and medical forensics of elder abuse and neglect. In National Research Council, Elder mistreatment: Abuse, neglect, and exploitation in an aging America (pp. 339-381). Washington, DC: The National Academies Press.

Dyer, C. B., & Goins, A. M. (2000). The role of interdisciplinary geriatric assessment in addressing self-neglect of the elderly. *Generations*, 24, 23-27.

Filiberto, D. (2005). A structured conceptualization approach to survey questionnaire development. In *Paper presented at the American Evaluation Association annual conference*, Toronto, Ont.

Fulmer, T., & Cahill, V.M. (1984). Assessing elder abuse: A study. *Journal of Gerontological Nursing*, 10, 16-20.

Fulmer, T., Paveza, G., Abraham, I., & Fairchild, S. (2000). Elder neglect assessment in the emergency department. *Journal of Emergency Nursing*, 26, 436-443.

Fulmer T., Ramirez M., Fairchild S., Holmes, D., Koren, M., Teresi, J. (1999). Prevalence of elder mistreatment as reported by social workers in a probability sample of adult day health care clients. *Journal of Elder Abuse and Neglect* 11:25–36.

Galvin, P.F. (1989). Concept mapping for planning and evaluation of a big brother/big sister program. *Evaluation and Program Planning,* 12: 53-57.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Godkin, M., Wolf, R., & Pillemer, K. (1989). A case-comparison analysis of elder abuse and neglect. *International Journal of Aging and Human Development*, 28(3), 207-225.

Groenewoud, A.S., van Exel, N.J.A., Berg, M., & Huijsman, R. (2008). Building quality report cards for geriatric care in the Netherlands: Using concept mapping to identify the appropriate "building blocks" from the consumer's perspective. *The Gerontologist*, 48(1), 79-92.

Iris, M., Ridings, J.W., & Conrad, K.J. (2006). Concept map for elder self-neglect. Report to the Retirement Research Foundation, Grant #RRF 2005-336.

Jackson, K.M. & Trochim, W. (2002). Concept mapping as an alternative approach for the analysis of open-ended survey responses. *Organizational Research Methods*, Vol. 5 No. 4, October 2002 307-336: Sage Publications.

Kane, M., & Trochim, W. (2007). *Concept Mapping for Planning and Evaluation.* Thousand Oaks, CA: Sage Publications.

Lachs, M.S. & Pillemer, K. (1995). Abuse and neglect of elderly persons. *The New England Journal of Medicine*, 332(7): 437-443.

Lithwick, M., Beaulieu, M., Gravel, S., Straka, S. M. (1999). The mistreatment of older adults: Perpetrator-Victim relationships and interventions. *Journal of Elder Abuse and Neglect*, 11(4), 95-112.

Marshall, C.E., Benton, D., Brazier, J.M. (2000). Elder abuse: Using clinical tools to identify clues of mistreatment. *Geriatrics*, 55(2), 42-53.

Moon, A., Tomita, S.K., & Jung-Kamei, S. (2001). Elder mistreatment among four Asian American groups: An exploratory study on tolerance, victim blaming and attitudes toward third-party intervention. *Journal of Gerontological Social Work*, 36(1-2), 153-169.

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Mount Sinai/Victim Services Agency Elder Abuse Project. (1988). Elder mistreatment guidelines for health care professionals: Direction, assessment and intervention. New York: Author.

National Center on Elder Abuse. (1998). The national elder abuse incidence study: Final report. Washington, DC: Author.

National Center on Elder Abuse. (n.d.). The basics: Major types of elder abuse. Retrieved October 6, 2008 from http://www.elderabusecenter.org/default.cfm?p=basics.cfm

Nerenberg, L. (2008). Elder abuse prevention: Emerging trends and promising strategies. New York: Springer Publishing Company.

O'Hagen, K. (1995). Emotional and psychological abuse: Problems of definition. *Child Abuse and Neglect*, Vol. 19, No. 4, pp. 449-461.

Rabiner, D., O'Keeffe, J., & Brown, D. (2004). Financial exploitation of older person: Policy issues and recommendations for addressing them. *Journal of Elder Abuse and Neglect*, 16(1), 65-84.

Ries, M., & Nahmiash, D. (1995). Validation of the caregiver abuse screen (CASE). *Canadian Journal on Aging*, 14, 45-60.

Reis, M. & Nahmiash, D. (1998). Validation of the indicators of abuse (IOA) screen. *The Gerontologist*, 28(4), 471-480.

Rosas, S., & Camphausen, L. (2007). The use of concept mapping for scale development and validation in evaluation. *Evaluation and Program Planning, 30,* 125-135.

Trochim, W. (1986). Conceptualization for evaluation and planning. *Evaluation and Program Planning*, 9, 289-308.

Trochim, W. (1989a). An introduction to concept mapping for planning and evaluation. *Evaluation and Program Planning*, 12(1), 1-16.

Trochim, W. (1989b). Concept mapping: Soft science or hard art? *Evaluation and Program Planning*, 12(1), 355-366.

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Trochim, W., Cook, J.A. and Setze, R.J., (1994). Using concept mapping to develop a conceptual framework of staff's views of a supported employment program for individuals with severe mental illness. *Journal of Consulting and Clinical Psychology* **62** 4, pp. 766–775.

Trochim, W., Milstein, B., Wood, B., Jackson, S., & Pressler, V. (2004). Setting objectives for community and systems change: An application of concept mapping for planning a statewide health improvement initiative. *Journal of Health Promotion Practice*, 5(1): 8-19.

Schofield, M & Mishra, G. (2003). Validity of self-report screening scale for elder abuse: Women's health Australia Study. *The Gerontologist* 43(1):110-120.

Stokols, D., Fuqua, J., Gress, J., Harvey, R., Phillips, K., Baezconde-Garbanati, L., Unger, J., Palmer, P., Clark, M., Colby, S., Morgan, G., Trochim, W. (2003). Evaluating transdisciplinary science. *Nicotine and Tocacco Research, 5*(Supp. 1), S21-S39.

Vladescu, D., Eveleigh, K., Ploeg, J., Patterson, C. (1999). An evaluation of a client-centered management program of elder abuse. *Journal of Elder Abuse and Neglect*, 11(4), 5-22.

Wang, J.J. (2005). Psychological abuse behavior exhibited by caregivers in the care of the elderly and correlated factors in long-term care facilities in Taiwan. *Journal of Nursing Research* 13(4):271-80.

Wang, J.J. (2006). Psychological abuse and its characteristic correlates among elderly Taiwanese. *Archives of Gerontology Geriatrics* 42:307–18.

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Figure 1. Concept map of psychological abuse.

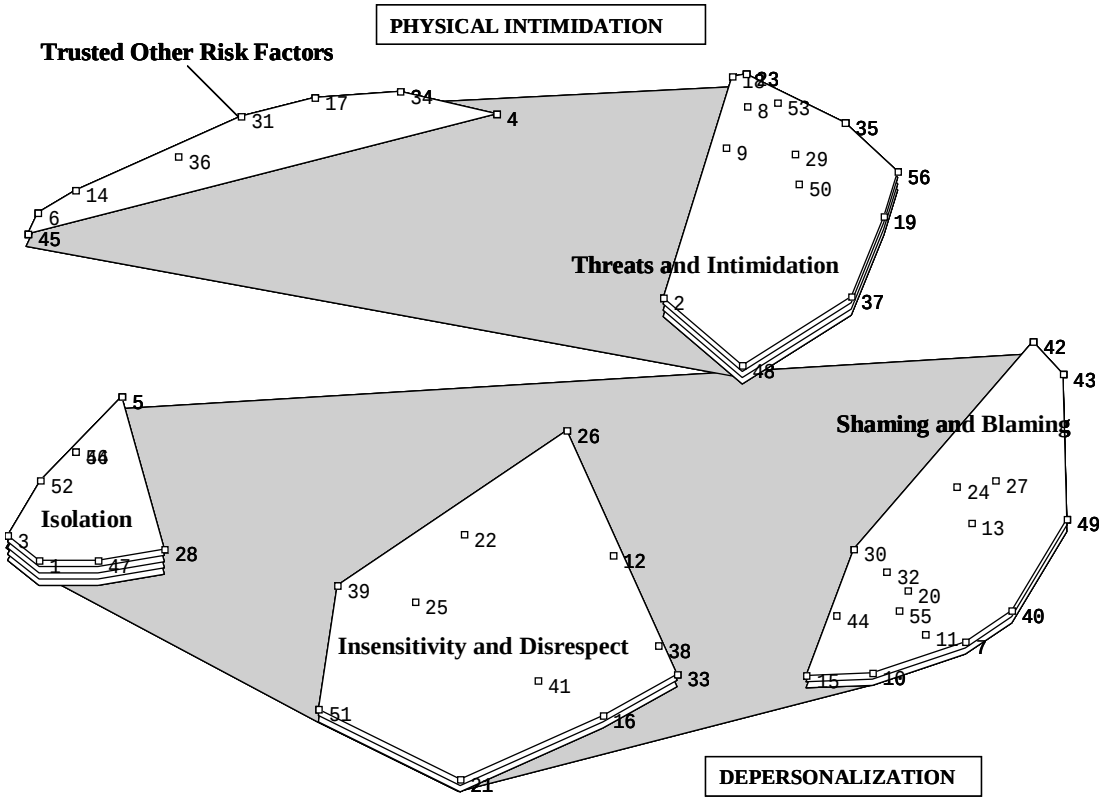

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Table 1. Working Measurement Model of Psychological Abuse			
Offender	**Types of Psychological Abuse**	**Consumer Consequences**	**Staff or Third Party Evaluation and Intervention**
High Severity Indicators at the Top			
Confines older adult, denies elder contact with family	Isolation, deprivation	Dangerous, life-threatening situation	Requiring immediate social, legal or medical intervention
Threatens nursing home, threats of violence	Threats and intimidation	Trauma with deleterious mental, e.g., depression, and physical health consequences	Severe psychological abuse requiring treatment and separation
Confuses older adult, ignores effects of pain, discounts feelings, minimizes needs	Insensitivity and disrespect	Affecting mental and physical health	Serious psychological abuse that may require family intervention or therapy
Blames older adult for problems, belittles elder	Shaming and blaming	Older adult feels bad, guilty, useless, inadequate	Low to moderate psychological abuse that deserves careful watching and/or counseling
History of violence, makes the older adult afraid	Risk factors	Overly deferent, seems uncomfortable and/or afraid	Risk of abuse (high to low); focus on primary prevention such as education and periodic checking in
Low Severity Indicators at the Bottom			

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Appendix A. Psychological Abuse

Concept #	*Clusters and Statements*	*Bridging Value*	*Severity*
Cluster 1: Isolation		**.41**	**4.65**
46	Trusted other prevents older adult from having contact with the external world via newspapers, news, etc.	.24	4.33
54	Trusted other keeps the older adult from contacting family and friends or community resources	.24	4.67
3	Trusted other confines the older adult	.27	4.83
52	Trusted other denies older adult's use of the telephone	.35	4.50
47	Trusted other prevents older adult from getting medical care or meds	.43	5.00
5	Trusted other impedes older adult's ability to see, hear, taste food, touch or feel others.	.55	4.75
1	Someone makes the older adult stay in bed	.57	4.25
28	Trusted other deprives older adult of glasses, hearing aids, prosthetics, walker, wheelchair, etc.	.62	4.83
Cluster 2: Insensitivity and Disrespect		**.47**	**3.95**
38	Trusted other discounts the older adult's feelings and treating them as invalid	.18	3.92
33	Trusted other does not acknowledge older adult's psychological state	.22	3.33
12	Trusted other deliberately confuses the older adult, making them think they are crazy	.24	4.58
22	Trusted other ignores effects of pain and physical disease on the older adult	.32	4.42
16	Trusted other denies older adult's traumatic history	.38	3.42
25	Trusted other does not acknowledge/minimizes the older adult's	.39	4.25

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	need for med support		
41	Trusted other treats the older adult as a child	.45	3.67
39	Trusted other ignores the older adult's wishes	.49	4.08
26	Trusted other won't let older adult speak for him or herself	.50	3.75
51	Someone shares family secrets or business related to the older adult with outsiders	.94	3.58
21	Trusted other exploits the older adult's cognitive deficits	1.00	4.50
Cluster 3: Shaming and Blaming		**.14**	**3.80**
11	Someone close to the older adult deliberately made them feel bad	.00	3.42
32	Trusted other blames the older adult for his or her problems	.04	3.50
40	Someone close to the older adult called them names or put them down	.04	3.92
7	Someone close to the older adult tells the senior that they give them too much trouble when they really are not	.06	3.00
55	Trusted other tells older adult that no one wants them around	.06	4.25
15	Trusted other makes the older adult feel guilty	.07	3.67
10	Trusted other blames older adult for things the senior did not do	.07	3.42
44	Trusted other treats older adult in undignified manner when assisting with activities of daily living	.08	4.25
20	Trusted other makes the older adult feel useless	.09	3.83
30	Trusted other talks about the older adult as if they were not there	.11	3.67
13	Trusted other shames the older adult	.14	4.25
24	Trusted other continually mentions the older adult's diminishing mental or physical or sexual capacity or frailties and dependency	.15	4.08
27	Trusted other consistently belittles the older adult	.18	4.08
49	Trusted other belittles friends and family members of the older adult	.23	3.42
42	Trusted other yells at older adult	.44	4.00
43	Trusted other swears at the older adult	.54	4.08
Cluster 4: Threats and Intimidation		**.26**	**4.29**

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23	Someone makes verbal threats of nursing home placement against the adult	.04	4.25
29	Someone makes threats of violence related to second parties known to the older adult (kids, pets, etc.)	.08	4.67
18	Someone makes threats of violence to the older adult	.09	4.75
53	Trusted other threatens to take things away or deprive the older adult of things	.12	4.17
35	Trusted other threatens to abandon the older adult	.19	4.50
56	Someone performs non-verbal behaviors that frighten or intimidate or traumatize or control the older adult	.27	4.42
9	Someone recently punished the older adult for no specific reason	.29	4.17
8	Trusted other threatens to withhold family/social contact from the older adult	.29	3.92
50	Adult child threatens to deny access to grandchildren to the older adult	.32	4.08
19	Someone forces senior to do things the older adult does not want to do	.37	4.42
48	Trusted other gives older adult the silent treatment	.43	3.67
37	Trusted other withholds affection and love in order to manipulate the older adult	.45	4.17
2	Trusted other manipulates older adult with drugs or alcohol	.48	4.58
Cluster 5: Trusted Other Risk Factors		**.37**	**3.19**
6	Trusted other has suffered from domestic violence	.00	2.25
45	Trusted other suffered from child abuse	.10	2.33
14	Trusted other has history of committing violent acts	.32	3.25
17	Older adult defers all questions, even basic, to the trusted other	.45	2.92
34	Older adult is afraid of someone in the family	.45	4.00
31	Older adult feels uncomfortable with trusted other	.52	3.33
4	Older adult is afraid of anyone angering the trusted other	.55	3.25
36	Older adult feels that they have nowhere to turn for help	.55	4.17

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Appendix H. Tables and Scales for Financial Exploitation and Psychological Abuse

Scale and Item Information for STAFF Financial Exploitation.

Subscale Name and Item Stem	Item Number/Source	Results of Analyses
In the past 12 months, has the OLDER ADULT: (Repsonse set: Yes=1, No=2, Suspected=3. Unknown=4)		
1. Been unable to manage money independently? UnableManage$Indep	1-S1/OAMA	Removed
2. Had serious problems due to poor money management? PoorMoneyManagement	2-S2/OAMA	
3. Had family members fighting over their money? FamilyFightingOver$	3-S3/OAMA	
4. Written checks made out to cash? WritttenChecksToCash	4-S4/OAMA	
5. Had sudden changes in their financial management (titles are changed, quit claim deeds, retirements or investments cashed in, second mortgage)? SuddenChanges$Mgmt	5-S5/OAMA	
6. Had _____ name put on their bank account? AA'sNameOnBankAccount	6-S6/OAMA	
7. Had to rely on someone else to cash their checks? RelyOnSomeoneCashChecks	7-S7/OAMA	
8. Trusted someone with their money? TrustedSomeoneWith$	8-S8/OAMA	
9. Had a trusted other who might have reasons to exploit them (for example, someone who gambles, is unemployed, has substance abuse problems)? AAHasReasonsToExploit	9-S9/OAMA	
10. Needed financial assistance to meet their basic needs? NeedAssistanceMeetNeeds	10-S10/OAMA	Removed
11. Had unpaid bills, eviction notice, and/or utilities shut off, despite availability of adequate funds? UnpaidBillsEvictionEtc	11-S11/OAMA	Removed
12. Lacked information about financial affairs, for example, does not know where check book, ATM, or credit card is, or ATM pin number, name of bank, direct deposit amount, or pension information? LackedInfoRe$Affairs	12-S12/OAMA	
13. Had mail piled up, including unpaid bills? MailBillsPiledUp	13-S13/OAMA	
14. Given_____ access to their financial accounts? AAaccessTo$Accounts	14-S14/OAMA	
15. Received calls from bill collectors without knowing why? CallsFromBillCollectors	15-S15/OAMA	
16. Made recent changes in their will, trust, or insurance beneficiary in favor of any family members or other individuals? RecentChangesInWillOrTrust	16-S16/OAMA	
17. Signed documents without understanding what they were signing? SignedDocsW/OUnderstanding	17-S17/OAMA	
18. Trusted someone new with their money? TrustedSomeoneNewWith$	18-S18/OAMA	
In the past 12 months:		
19. Have the older adult's legal or financial documents been frequently changed? LegalOr$DocsFreqChanged	19-S19/OAMA	
20. Has anyone been frequently asking the older adult for money?	20-S20/OAMA	

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Subscale Name and Item Stem	Item Number/Source	Results of Analyses
FrequentlyAskingE4$		
21. Has anyone kept asking about the older adult's money even though it made them feel uncomfortable? AskingE's$FeelUncomfortable	21-S21/OAMA	
22. Did anyone put pressure on the older adult to get a reverse mortgage? PressureGetReverseMortgage	22-S22/OAMA	
23. Has anyone had new interest in the older adult's assets? NewInterestInE'sAssets	23-S23/OAMA	
In the past 12 months, has the ALLEGED ABUSER:		
24. Persuaded the older adult to sign any documents even though it was not in the older adult's best interest? PersuadedToSignDocuments	24-S24/OAMA	
25. Obtained or changed a power of attorney? ObtainedOrChangedPowerAttny	25-S25/OAMA	
26. Given unreasonable explanations for spending the older adult's money? UnreasonableExplanationsSpendingE's$	26-S26/OAMA	
27. Felt entitled to use the older adult's money for themselves? FeltEntitledUseE's$4Self	27-S272/OAMA	
28. Been financially dependent on the older adult? $dependentOnElder	28-S28/OAMA	
29. Misused their power of attorney or guardianship of the older adult? MisusedPowerAttyOrGuardianship	29-S29/OAMA	
30. Become the payee on the older adult's benefit check and used the money for themselves? PayeeUsed$4Self	30-S30/OAMA	
31. Lied about how they were spending the older adult's money? LiedAboutSpending	31-S31/OAMA	
32. Kept the older adult from seeing his/her own mail? KeptFromSeeingMail	32-S32/OAMA	
33. Changed the direct deposit destination so as to benefit themselves? ChangedDirectDeposit	33-S33/OAMA	
34. Had the older adult's bills sent to a different address, for example, the trusted other's address so as to benefit themselves? BillsSentToDifferentAddress	34-S34/OAMA	
35. Used the older adult's bank pin number or account number for their own gain? UsedPin#4OwnGain	35-S35/OAMA	
36. Refused to give the older adult an accounting of how the older adult's money was spent? RefusedGiveAccounting	36-S36/OAMA	
In the past 12 months, has there been:		
37. Suspicious signatures (forgery)? SuspiciousSignatures(forgery)	37-S37/OAMA	
38. ATM or credit card misuse? ATMOrCreditCardMisuse	38-S38/OAMA	
39. Unauthorized withdrawals from the older adult's bank account? UnauthorizedWithdrawals	39-S39/OAMA	
40. Persons added to older adult's bank account as signatory and/or commingling of funds? AddedToE'sBankAccount	40-S40/OAMA	
41. Unusual activities in the older adult's bank accounts, for example, large withdrawals, frequent transfers of funds? UnusualActBankAccts(Large/FreqWithdraw)	41-S41/OAMA	
In the past 12 months, has the ALLEGED ABUSER:		

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Subscale Name and Item Stem	Item Number/Source	Results of Analyses
42. Trick or pressure the older adult into buying something that the older adult now regrets buying? TrickIntoBuyingSomething	42-S42/OAMA	
43. Sell the older adult something at too high a price? SellTooHighAPrice	43/S43/OAMA	
44. Take advantage of the older adult to get a hold of their resources such as a house, car, or money? TakeAdvantageToGetResources	44-S44/OAMA	
45. Convince the older adult to turn the title of their home over to them? TurnoverTitleOfHome	45-S45/OAMA	
46. Convince the older adult to contribute beyond their means to churches or charities? ConvinceEContributeBeyondMeans	46-S46/OAMA	
47. Obtain a new credit card in the older adult's name? ObtainNewCreditCardE'sName	47-S47/OAMA	
48. Substitute items within the older adult's home (high value items with lower value items)? SubtituteItemsInE'sHome	48-S48/OAMA	
49. Trick the older adult into selling valuable possessions for less than they were worth? TrickIntoSellingValuablePossessions	49-S49/OAMA	
In the past 12 months:		
50. Did an institution misuse the older adult's funds? InstitutionMisuseE'sFunds	50-S50/OAMA	
51. Has an institution/professional/someone committed fraud, using the older adult's name? CommitFraudUsingE'sName	51-S51/OAMA	
52. Has the older adult been a victim of a scam that involved giving to bogus charities? VictimScamToBogusCharities	52-S52/OAMA	
In the past 12 months, did the ALLEGED ABUSER:		
53. Use pressure, intimidation, or punishment to obtain access to resources? Pressure,Intimidation	53-S53/OAMA	
54. Use love, (sex, or intimacy, if applicable) to gain control of money? UseLoveGainControlOf$	54-S54/OAMA	
55. Pressured the older adult to modify their will? Pressured E ModifyWill	55-S55/OAMA	
56. Forced the older adult into signing legal or financial documents? ForcedEToSignLegalOr$Docs	56-S56/OAMA	
57. Withheld services because they wanted more money? WithheldSvs4More$	57-S57/OAMA	
In the past 12 months, has the ALLEGED ABUSER:		
58. Used the older adult's money on their own behalf instead of for the older adult's benefit? UsedE's$4Self	58-S58/OAMA	
59. Taken the older adult's money to make a purchase but not returned all or any of the change? TakenE's$NoChange	59-S59/OAMA	
60. Borrowed money from the older adult but not paid it back? Borrowed$NotPaidBack	60-S60/OAMA	
61. Overcharged the older adult for work or services that were done poorly or never done? OverchargedE4Work	61-S61/OAMA	
62. Taken the older adult's prized belongings (for example, jewelry) without permission?	62-S62/OAMA	

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Subscale Name and Item Stem	Item Number/Source	Results of Analyses
TakenE'sPrizedBelongings		
63. Manipulated the older adult to give him/her larger than usual gifts (money, cars, homes)? ManipulatedToGetLargerGifts	63-S62/OAMA	
64. Taken advantage of cultural or family expectations to get the older adult's resources? TakeAdvantageCulturalExpectations	64-S64/OAMA	
65. Refused to change the older adult's living arrangements to a more appropriate setting, because the older adult's financial contribution was needed to support the present household? LivingArrangementsBecause E's$Needed	65-S65/OAMA	
66. Taken the older adult's money to do something for them but never did it? Took E's$ToDoButNeverDid	66-S66/OAMA	
67. Handled the older adult's money irresponsibly (for example, gambling, illegal activities)? Handled E's$Irresponsibly(gambling)	67-S67/OAMA	
68. Promised companionship in exchange for the older adult's money? CompanionshipInExchange4 E's$	68-S68/OAMA	
69. Lived with the older adult, but refused to pay their share of expenses? RefusedToPayShareExpenses	69-S69/OAMA	Removed
70. Prevented or deterred spending by the older adult to maximize their inheritance? DeterredSpendingBy E ToMaxInheritance	70-S70/OAMA	
71. Said they were buying something for the older adult, but it was really for their own use? BoughtSomethingReally4ownUse	71-S71/OAMA	
72. Pressured the older adult to co-sign loans even though _____ could not repay them? Co-signLoans	72-S72/OAMA	
73. Item S73 removed based on debriefing feedback	73-S73/OAMA	
74. Promised lifetime care for the older adult but then did not provide it? PromisedCare4EDidNotProvide	74-S74/OAMA	
75. Demanded money from the older adult? Demanded$FromE	75-S75/OAMA	
76. Not met the older adult's basic needs even though the older adult had enough income? NotMetBasicNeeds	76-S76/OAMA	
77. Felt entitled to use the older adult's money for him/herself ? FeltEntitledTo E's$	77-S77/OAMA	
78. Manipulated the older adult to make financial decisions they would not normally make? ManipulatedE's $Decisions	78-S78/OAMA	
79. Talked the older adult into making investments that were not in their best interest? TalkedEIntoBadInvestments	79-S79/OAMA	
In the past 12 months:		
80. Did caregivers overcharge for their services? Overcharge4Services	80-S80/OAMA	
81. Have there been unexplained disappearances of funds or possessions? UnexplainedDisappearances$OrPosessions	81-S81/OAMA	
82. Has the older adult not received the kind of care he/she can afford (for example, accustomed to a certain lifestyle)?	82-S82/OAMA	

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Subscale Name and Item Stem	Item Number/Source	Results of Analyses
NotCareCanAfford		
83. Has the older adult let _____ spend their own money on themself because the older adult was afraid of them? LetAASpendBecauseAfraid	83-S83/OAMA	
Indicators of Financial Exploitation		
Unusual/Inappropriate Bank Activities of Elder		
1. Depleted: bank account/investments	84-G701/IDoA	Removed
2. Does not sign for withdrawals	85-G702/IDoA	Removed
3. Put someone on: bank accounts/assets	86-G703/IDoA	Removed
4. Questionable: assets/property transfer	87-G704/IDoA	Removed
5. Questionable changes in will	88-G705/IDoA	Removed
6. Elder's resources for life essentials affected	89-G706/IDoA	Removed
7. Checks made out to cash	90-G707/IDoA	Removed
8. Inappropriate use of resources	91-G708/IDoA	Removed
Unusual Cash Transactions/Behaviors of Elder		
1. Made unusually large gift	92-G709/IDoA	Removed
2. Out of money	93-G710/IDoA	Removed
3. Social security/other check missing	94-G711/IDoA	Removed
4. Unpaid bills when income is adequate	95-G712/IDoA	Removed
5. Misappropriation of funds or property		
Inappropriate Decision Making by Abuser	96-G713/IDoA	Removed
1. Alleged abuser refuses or unable to obtain entitlements	97-G714/IDoA	
2. Executed power of attorney unnecessarily	98-G715/IDoA	
3. Misuse of POA/Guardianship	99-G716/IDoA	Removed
4. Overcharging for services rendered	100-G717/IDoA	Removed
5. Alleged abuser not paying accounts	101-G718/IDoA	Removed
6. Mismanagement of funds or property	102-G719/IDoA	Removed
7. Misuse of telephone	103-G720/IDoA	Removed
8. Sells/rents house without permission	104-G721/IDoA	
9. Services/items purchased from elder not at market value	105-G722/IDoA	Removed
Theft		
1. Money, possessions missing or stolen	106-G723/IDoA	Removed
2. Unexplained disappearance of valuables, money	107-G724/IDoA	Removed
3. Assets of alleged abuser do not match standard of living	108-G725/IDoA	
4. Stolen money or property	109-G726/IDoA	Removed
Abuser Controls Banking Decisions		
1. No receipts for bank withdrawals	110-G727/IDoA	Removed
2. Unusually large bank withdrawals	111-G728/IDoA	Removed
Abuser Controls Cash		
1. Financially dependent on elder	112-G729/IDoA	Removed
2. Forges signature of elder	113-G730/IDoA	Removed
3. Lives with elder but pays no rent	114-G731/IDoA	Removed
4. Misuse of credit cards/ATM/LINK	115-G732/IDoA	Removed
5. Prevents elder from collecting debts	116-G733/IDoA	Removed
6. Receives elder's checks/forced to hand over	117-G734/IDoA	Removed
7. Signature on check does not match elder's	118-G735/IDoA	Removed
8. Taking elder's money/assets for own purpose	119-G736/IDoA	Removed
9. Withholds money	120-G737/IDoA	Removed
Vandalism by Abuser		
1. Misused/damaged property of elder	121-G738/IDoA	Removed

Rationale for Removing Staff FE items

The majority of the removed items are from the IDoA form. The state form includes 38 items on financial exploitation, which is most often completed in full when FE is suspected or reported. Because the nature of the abuse was not limited to FE, many cases did not involve it.

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As a result, the IDoA items were not marked. The OAMA, on the other hand, was completed for all 227 cases. Its FE items were answered not matter the nature of the abuse report.

Thirty-three of the IDoA FE items were removed, and four were kept. Three of these are grouped as Inappropriate Decision Making by Abuser: "Alleged abuser refuses or unable to obtain entitlements"; "Executed power of attorney unnecessarily"; and "Sells/rents house without permission." Finally, "Assets of alleged abuser do not match standard of living"was also kept from the IDoA form. These four items do not represent severe criminal behavior. At the same time, these four items deal with more serious financial matters than several of the other common financial concerns on the IDoA.

Four of the 83 items of the OAMA were also removed. They included: "Been unable to manage money independently"; "Needed financial assistance to meet their basic needs"; "Had unpaid bills, eviction notice, and/or utilities shut off, despite availability of adequate funds"; and "Lived with the older adult, but refused to pay their share of expenses." The first item may not have fit because so many of the participating elder's were managing their own funds. In terms of financial assistance, perhaps the participating elders did not require assistance, considered only formal assistance programs when talking to the investigator, or were in a position to serve as a financial resource to others in their lives. Perhaps the third item was removed because eviction and the termination of utilities is quite severe; perhaps a financial problem was identified or reported prior to such an outcome. Finally, in cases where alleged abusers are living with the elder, perhaps the elders do not expect payment. Or perhaps the elder is living with family members and financially dependent.

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APPENDIX H (continued)

Scale and Item Information for CLIENT Financial Exploitation.

Subscale Name and Item Stem	Item Number/Source	Results of Analyses
In the past 12 months: (Repsonse set: Yes=1, No=2, Suspected=3. Unknown=4)		
1. Has_____ felt entitled to use your money for themselves? AAFeltEntitledToUseEld$ForThemselves	122-C1/OAMA	Included in 54 Item Analysis
2. Was _____name put on your bank account? AANameOnEldBankAccount	123-C2/OAMA	Included in 54 Item Analysis
3. Have you been financially dependent on others for meeting your basic needs (food, rent, utilities, etc.)? EldFinanDepOnOthersForMeetingBasicNeeds	124-C3/OAMA	
4. Have you had serious problems due to poor money management? EldHadSeriousProbsDueToPoor$Management	125-C4/OAMA	
5. Have you felt pressured to stay in your current living arrangement because your money is needed for support of others? EPressureStayLivArrang/$NeedSuppOths	126-C5/OAMA	Included in 54 Item Analysis
6. Has_____ been financially dependent on you? AABeenFinanciallyDependentOnEld	127-C6/OAMA	
7. Have you had to rely on someone else to cash your checks? EldRelyOnSomeoneElseToCashTheirChecks	128-C7/OAMA	
8. Have you trusted someone else with your money? EldTrustedSomeoneElseWithEld's$	129-C8/OAMA	Removed in first run
9. Have you had a trusted other who might have reasons to exploit you (for example, someone who gambles, is unemployed, has substance abuse problems)? AAReasonsToExploit(Gambles/Unemployed)	130-C9OAMA	Included in 54 Item Analysis
10. Have you lacked information about financial affairs (for example, do not know where checkbook, ATM, or credit card is. Do not know ATM pin number, name of bank, direct deposit amount, or pension information)? ELackInfoFinanAff(CBook/ATM/CredCd/PIN)	131-C10/OAMA	
11. Have you had mail piled up, including unpaid bills? EldHadMailPiledUp,IncludingUnpaidBills	132-C11/OAMA	
12. Have you given _____ access to your financial accounts? FrightenIntimidateEld	133-C12/OAMA	Removed in first run
13. Have you received calls from bill collectors without knowing why? EReceivCallsFrmBillCollectNotKnowingWhy	134-C13/OAMA	Included in 54 Item Analysis
14. Have you had trouble managing your money on your own? EldHasHadTroubleManaging$OnTheirOwn	135-C14/OAMA	
15. Have you trusted someone new with your money? EldTrustedSomeoneNewWith$	136-C15/OAMA	
16. Have you made changes in your will or trust in favor of any family members or individuals? EChangeWill/TrustInFavorOfFamMemb/Indiv	137-C16/OAMA	
17. Did _____ give poor reasons for spending your money? **4PoorReas4SpndE$**	138-C17/OAMA	**Short Form Item**
18. Were family members fighting over your money? EldFamMembersFightOverE$	139-C18/OAMA	Included in 54 Item Analysis
19. Have you written out any checks for someone else to cash? EWrittenOutChecksForOthToCash	140-C19/OAMA	
20. Have there been any sudden changes in your financial management (titles are changed, quit claim deeds, retirements or investments cashed in)? SudChangeInE'sFinanMan(Titles,Deeds)	141-C20/OAMA	

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Subscale Name and Item Stem	Item Number/Source	Results of Analyses
21. Has _____convinced you to turn the title of your home over to them? **1ConvTrnrOvrTitl**	142-C21/OAMA	**Short Form Item**
22. Even though you should have enough money, have you had unpaid bills, eviction notice, or utilities shut off? EldShdHaveEnough$ButUnpaidBillsEvictNoticeUtilShutOff	143-C22/OAMA	Included in 54 Item Analysis
23. Have you thought _____ was lying about how they were spending your money? **4AALyingAbtSpdE$**	144-C23/OAMA	**Short Form Item**
24. Has _____ refused to give you an accounting of spending your money? **4Refus2GivAcct$**	145-C24/OAMA	**Short Form Item**
25. Have there been unexplained disappearances of your money or possessions? **4UnexplDisappPoss**	146-C25/OAMA	**Short Form Item**
26. Have you signed documents without understanding what you were signing? EldSignedDocsWithoutUnderstanding	147-C26/OAMA	
27. Have your legal or financial documents been frequently changed? **1Leg$DoxFreqChng**	148-C27/OAMA	**Short Form Item**
28. Has _____persuaded you to sign any documents even though it was not in your best interest? **2SignDxNotBstInt**	149-C28/OAMA	**Short Form Item**
29. Has _____ obtained or changed a power of attorney? AAObtain/ChangedPOA	150-C29/OAMA	
30. Has_____ become the payee on your benefit check and used the money for themselves? **1PayeeOnChkUse4Sf**	151-C30/OAMA	**Short Form Item**
31. Has _____ kept you from seeing your own mail? AAKeptEldFromSeeingOwnMail	152-C31/OAMA	Included in 54 Item Analysis
32. Has anyone had a new interest in your assets? NewInterestInEldAssets	153-C32/OAMA	
33. Has_____ changed the direct deposit destination so as to benefit themselves? **1ChngDirDpDestin**	154-C33/OAMA	**Short Form Item**
34. Has _____ had your bills sent to a different address (for example, the trusted other's address) so as to benefit themselves? AASentEBillsToDiffAddrBenefitSelf	155-C34/OAMA	
35. Has _____ used your bank pin or account number for their own gain? AAUsedEldBankPINOrAcctNumForOwnGain	156-C35/OAMA	
36. Have you suspected someone of signing your name without permission? EldSuspectsSomeoneSignNameNoPermission	157-C36/OAMA	Included in 54 Item Analysis
37. Has anyone been frequently asking you for money? EldFreqAskedFor$	158-C37/OAMA	Included in 54 Item Analysis
38. Has anyone kept asking about your money even though it made you feel uncomfortable? EldAskedAbout$FeltUncomfort	159-C38/OAMA	Included in 54 Item Analysis
39. Did anyone put pressure on you to get a reverse mortgage? EldPressureToGetReverseMortgage	160-C39/OAMA	
40. Have you *not been* getting the kind of care that you can afford? EldNotGettingCareTheyCanAfford	161-C40/OAMA	Included in 54 Item Analysis
41. Has anyone misused your ATM or credit card? MisuseEldATM/CredCard	162-C41/OAMA	Included in 54 Item Analysis
42. Was there unusual activity in your bank accounts, for example, large withdrawals, frequent withdrawals? **4UnusActvEBnkAcc**	163-C42/OAMA	**Short Form Item**

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Subscale Name and Item Stem	Item Number/Source	Results of Analyses
43. Did _____ mix their funds with your funds? AAMixFundsWithEld	164-C43/OAMA	Included in 54 Item Analysis
44. Have there been unauthorized withdrawals from your bank account? **4UnathW/dEBnkAcc**	165-C44/OAMA	**Short Form Item**
45. Has _____ tricked or pressured you into buying something that you now regret buying? **2PresBuyItmRgrtBuy**	166-C45/OAMA	**Short Form Item**
46. Have you felt cheated after _____ sold something to you? EFeltCheatedAfterAASoldSomethingToE	167-C46/OAMA	
47. Have you been a victim of a scam that involved giving to bogus charities? EVictimOfScamBogusCharities	168-C47/OAMA	Included in 54 Item Analysis
48. Have you been tricked or pressured into selling a valuable possession for less than its worth? AATrick/PressureSellValuPossessLessThanItsWorth	169-C48/OAMA	Included in 54 Item Analysis
49. Has an institution misused your funds? InstitutionMisusedEldFunds	170-C49/OAMA	
50. Has a health care provider used your name to file false claims? EldHealthcareProvFiledFalseClaims	171-C50/OAMA	Removed
51. Were you talked into making investments that were not in your best interest? ETalkedIntoInvestmtNotInBestInterest	172-C51/OAMA	Included in 54 Item Analysis
52. Have you been pressured to modify your will? **1EPrssr2ModWill**	173-C52/OAMA	**Short Form Item**
53. Has _____ forced you to sign legal or financial documents? **2AAFrcESigLeg$Dx**	174-C53/OAMA	**Short Form Item**
54. Has _____ coerced you to give them larger than usual gifts (money, cars, homes)? **2CoerceE2GivBigGft**	175-C54/OAMA	**Short Form Item**
55. Have you been pressured to co-sign any loans? **1EPrsrCoSigLoans**	176-C55/OAMA	**Short Form Item**
56. Have services been withheld by anyone, because they wanted more money? ServWithheldForMore$	177-C56/OAMA	Included in 54 Item Analysis
57. Have you been convinced to contribute beyond your means to churches or charities? EldContributeBeyondMeansToChurch/Charity	178-C57/OAMA	Included in 54 Item Analysis
58. Has _____ obtained a new credit card in your name? AAObtainedNewCredCardInEldName	179-C58/OAMA	
59. Has _____used your money on themselves instead of for you? **4AAUsd$OnSlfNotE**	180-C59/OAMA	**Short Form Item**
60. Has_____ bought things for you but not given you back your change? AABoughtThingsEldNeverGaveBackChange	181-C60/OAMA	Included in 54 Item Analysis
61. Has _____ borrowed money and not paid it back? **4AABrrw$NotPdBck**	182-C61/OAMA	**Short Form Item**
62. Has _____said they were buying something for you, but it was really for their own use? **4AAPrch4EUsdSlf**	183-C62/OAMA	**Short Form Item**
63. Has _____ taken your prized belongings (for example, jewelry) without permission? EldPrizedBelongingsTakenWithoutPermiss	184-C63/OAMA	Included in 54 Item Analysis
64. Has anyone switched some of your expensive items for cheaper ones? **1ExpnsvSwtc4Cheap**	185-C64/OAMA	**Short Form Item**
65. Has _____overcharged you for work or services that were done poorly or never done?	186-C65/OAMA	**Short Form Item**

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Subscale Name and Item Stem	Item Number/Source	Results of Analyses
1EOvch4WkSrvPoor		
66. Did _____ misuse their power of attorney or guardianship? AAMisusePOAOrGuardianship	187-C66/OAMA	Included in 54 Item Analysis
67. Were you forced into making financial decisions you would not normally make? EForceIntoFinanDecNotNormMade	188-C67/OAMA	
68. Did you think that _____ has taken advantage of you to get a hold of your resources such as a house, car, or money? **2TkAdvntE4Resors**	189-C68/OAMA	**Short Form Item**
69. Has _____ tried to prevent you from spending your money in order to maximize their inheritance? **2PrvntESpnd2MaxInhrt**	190-C69/OAMA	**Short Form Item**
70. Has_____ lived with you, but refused to pay their share of expenses? AALivedWithEldRefusePayExpenses	191-C70/OAMA	Included in 54 Item Analysis
71. Has _____taken your money to do something for you but never did? **4Tk$2DoSmthgNvrDid**	192-C71/OAMA	**Short Form Item**
72. Has _____handled your money irresponsibly, for example, gambling, illegal activities? **2HndlE$Irrspnsbly**	193-C72/OAMA	**Short Form Item**
73. Has _____used love (sex, or intimacy, if applicable) to gain control of your money? AAUsedLove(Sex/Intimacy)ToGainContOfE$	194-C73/OAMA	Included in 54 Item Analysis
74. Has _____ promised companionship in exchange for your money? AAPromisECompanionshipExchFor$	195-C74/OAMA	
75. Has _____ demanded money from you? **3AADemanded$FromE**	196-C75/OAMA	**Short Form Item**
76. Has _____ used pressure, intimidation, or punishment to try to get your money? AAPressure/Intimid/PunishToGetE$	197-C76/OAMA	
77. Item 77 removed based on debriefing feedback	198-C77/OAMA	
78. Did you let _____spend your money on themselves because you were afraid of them? **3Sp$SfBcEAfraid**	199-C78/OAMA	**Short Form Item**
79. Has _____ taken advantage of cultural or family expectations to get your resources? **3TkAdvtCult/FamExp**	200-C79/OAMA	**Short Form Item**
80. Has _____ promised you lifetime care but then did not provide it? **3PrmLifCarNvrPrvd**	201-C80/OAMA	**Short Form Item**
81. Has _____ not met your basic needs even though you had enough income? EldBasicNeedsNotMetThoughEnoughIncome	202-C81/OAMA	
82. Has_____ felt entitled to use your money for him/herself? **3AAFltEntitl2E$**	203-C82/OAMA	**Short Form Item**
83. Have caregivers overcharged you for their services? CaregiversOverchargeEldForServ	204-C83/OAMA	

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APPENDIX H (continued)

Scale and Item Information for STAFF Psychological Abuse.

Subscale Name and Item Stem	Item Number/Source	Results of Analyses
In the past 12 months, has the OLDER ADULT: (Repsonse set: Yes=1, No=2, Suspected=3. Unknown=4)		
84. Seemed uncomfortable with _____? (Euncomfortable with the AA)	4-S4/OAMA	
85. Seemed afraid of _____? (EAfraidOfAA)	5-S5/OAMA	
In the past 12 months , has the ALLEGED ABUSER:		
86. Physically hurt someone? (AAHurtSomeone)	6-S6/OAMA	
87.		BLANK?
88. Had a problem of excessive use of drugs or alcohol including over-the-counter medication? (AAUseofDrugsAlcIncludingOTCMed)	8-S8/OAMA	
89. Manipulated the older adult by withholding affection and love? (AAManipulatedElderByWithholdAffection)	9-S9/OAMA	
90. Abandoned or threatened to abandon the older adult? (AAAbandonedThreatAbandonEld)	10-S10/OAMA	
91. Taken things away or threatened to take things away from the older adult? (AATookThreatenTakeThingAwayFromEld)	11-S11/OAMA	
92. Threatened nursing home placement when it was not appropriate? (AAThreatNursingHomePlaceNotApprop)	12-S12/OAMA	
93. Behaved in ways that frighten or intimidate the older adult? (AABehavedInWaysThatIntimidateEld)	13-S13/OAMA	
94. Harmed or threatened to harm someone or something close to the older adult such as kids, pets, etc.? (AAThreatHarmSomeone/ThingCloseToE)	14-S14/OAMA	
95. Used nonverbal behavior such as shaking a fist, pushing, poking, or slapping? (AAUsedNonVerbBehavShakeFistPokeSlap)	15-S15/OAMA	
96. Given the older adult the silent treatment? (AAGaveEldSilentTreatment)	16-S16/OAMA	
97. Prevented the older adult from having contact with the external world via telephone, newspapers, news, etc.? (AAPreventEldHavingContactExtWorld)	17-S17/OAMA	
98. Prevented the older adult from contacting family, friends or community resources? (AAPreventEContactFamFrndsComm)	18-S18/OAMA	
99. Confined the older adult against their will? (AAConfinedEldAgainstWill)	19-S19/OAMA	
100. Refused or neglected to get medical services that the older adult needed? (AARefuse/NeglectGetMedSvsNeeded)	20-S20/OAMA	
101. Deprived the older adult of glasses, hearing aids, prosthetics, walker, wheelchair, dentures, etc. (assistive devices)?	21-S21/OAMA	
102. Kept things from the older adult or lied about things that the older adult should know about? (AAKeptThingsFromEld/LiedAbThings)	22-S22/OAMA	
103. Talked about the older adult as if they were not there? (AATalkedAboutEldAsIfNotThere)	23-S23/OAMA	

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Subscale Name and Item Stem	Item Number/Source	Results of Analyses
104. Not let the older adult speak for themselves?	24-S24/OAMA	
105. Called the older adult unkind names or put them down? (AAcalledElderUnkindNamesOrPutDown)	25-S25/OAMA	
106. Not been sensitive to the older adult's feelings? (AAWasn'tSensitiveToEldsFeelings)	26-S26/OAMA	
107. Treated the older adult in an undignified or inappropriate manner when assisting them with activities of daily living? (AATreatedEldUndig/InappropAsstADLs)	27-S27/OAMA	
108. Deliberately confused the older adult? (AADeliberatelyConfusedEld)	28-S28/OAMA	
109. Minimized the older adult's injuries or complaints? (AAMinimizedEld'sInjuries/Complaints)	29-S29/OAMA	
110. Failed to support or back up the older adult when the older adult needed it? (AAFailedToSupport/BackUpEld)	30-S30/OAMA	
111. Sworn or yelled at the older adult? (AASwore/YelledAtElder)	31-S31/OAMA	
112. Deliberately made the older adult feel bad or hurt his/her feelings? (AADeliberateMadeEFeelBad/HurtFeelings)	32-S32/OAMA	
113. Made the older adult feel small, such as treating a competent older adult as a child? (AAMadeEldFeelSmallTreatEAsChild)	33-S33/OAMA	
114. Manipulated the older adult with drugs or alcohol?	34-S34/OAMA	
115. Manipulated or tried to control the older adult in any way? (AAManipulated/TriedToControlEld)	35-S35/OAMA	
116. Told something about the older adult that made the older adult feel ashamed? (AAToldSomethingThatMadeEFeelAshamed)	36-S36/OAMA	
117. Blamed the older adult for the trusted other's problems? (AABlamedEldForAA'sProblems)	37-S37/OAMA	
Indicators of Physical Abuse		
Behavior of Elder		
1. Fearful/avoidant behavior	38-A133/IDoA	
Indicators of Sexual Abuse		
Behavior of Elder		
1. Elder demonstrates fear of abuser	39-B207/IDoA	Removed—item is one dealing with sexual abuse
Indicators of Emotional Abuse		
Actions of Abuser		
1. Blames elder	40-C301/IDoA	Removed-similar item already included
2. Calls elder name	41-C302/IDoA	
3. Humiliates elder	42-C303/IDoA	
4. Insults elder	43-C304/IDoA	
5. Interrupts elder when talking	44-C305/IDoA	
6. Makes harassing phone calls	45-C306/IDoA	Removed—behavior is more extreme than other items
7. Overcritical of elder	46-C307/IDoA	
8. Stalks elder	47-C308/IDoA	Removed—behavior is more extreme than other items
9. Swears at elder	48-C309/IDoA	
10. Talks of elder's death	49-C310/IDoA	Removed

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Subscale Name and Item Stem	Item Number/Source	Results of Analyses
11. Talks of elder as a burden	50-C311/IDoA	Removed
12. Threatens elder with abandonment	51-C312/IDoA	Removed-similar item already included
13. Threatens elder with confinement	52-C313/IDoA	Removed-similar item already included
14. Threatens elder with guardianship	53-C314/IDoA	Removed
15. Threatens elder with institutionalization	54-C315/IDoA	Removed-similar item already included
16. Threatens elder with violence	55-C316/IDoA	
17. Uses harsh tones	56-C317/IDoA	
18. Uses verbal threats/assaults	57-C318/IDoA	
19. Elder demonstrates fear of abuser	58-C319/IDoA	
20. Words/gestures that put elder in fear of harm	59-C320/IDoA	
Indicators of Confinement		
Inappropriate Physical Restraint		
1. Not permitted to leave home	60-D407/IDoA	Removed—item is one dealing with confinement
2. Not allowed to have visitors	61-D409/IDoA	Removed—item is one dealing with confinement
Indicators of Passive Neglect		
Social Isolation		
1. No cognitive stimulation	62-E525/IDoA	
2. No opportunity to be with others	63-E526/IDoA	
3. No planned activities	64-E527/IDoA	
General Behavioral Indicators		
Statements of Elders		
1. Afraid of abuser	65-H819/IDoA	
2. Afraid of family member(s)	66-H820/IDoA	Removed
3. Afraid of neighbors	67-H821/IDoA	Removed
4. Afraid of friends or visitors	68-H822/IDoA	Removed
5. Doesn't want abuser around	69-H823/IDoA	
6. Has no friends	70-H824/IDoA	Removed
7. States the abuser harmed him/her	71-H825/IDoA	
8. Feels rejected by family	72-H826/IDoA	Removed
9. Does not trust abuser	73-H827/IDoA	

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APPENDIX H (continued)

Scale and Item Information for CLIENT Psychological Abuse.

Subscale Name and Item Stem	Item Number/Source	Results of Analyses
In the past 12 months , has the ALLEGED ABUSER:		
6. Taken things away or threatened to take things away from you? **(TakenThingsAway)**	74-C6/OAMA	**Short Form Item**
7. Abandoned or threatened to abandon you? **(Abandoned)**	75-C7/OAMA	**Short Form Item**
8. Threatened to place you in a nursing home when it was not appropriate? **(ThreatNursHme)**	76-C8/OAMA	**Short Form Item**
9. Harmed or threatened to harm someone or something close to you (kids, pets, etc.)? (ThreatenHarmSomeone)	77-C9/OAMA	
10. Used non-verbal behavior such as shaking a fist, pushing, poking, or slapping, to threaten or scare you? **(NonverbGestFist)**	78-C10/OAMA	**Short Form Item**
11. Manipulated you by withholding affection and love? (WithholdingAffection)	79-C11/OAMA	
12. Behaved in ways that frighten or intimidate you? **(FrightenIntimidate)**	80-C12/OAMA	**Short Form Item**
In the past 12 months:		
13. Have you looked to _____ to answer all questions, even basic? (LookedAAanswerQs)	81-C13/OAMA	Removed due to high infit and outfit MNSQ
14. Have you been uncomfortable with _____? **(UncomfortableW/AA)**	82-C14/OAMA	**Short Form Item**
15. Have you been afraid of _____? **(AfraidOfAA)**	83-C15/OAMA	**Short Form Item**
In the past 12 months , has the ALLEGED ABUSER:		
16. Confined you against your will? **(Confined)**	84-C16/OAMA	**Short Form Item**
17. Prevented you from having contact with the outside world via telephone, newspapers, television, or radio, etc.?.? **(PreventContactOutsd)**	85-C17/OAMA	**Short Form Item**
18. Prevented you from contacting family, friends, or community resources? (PreventedContactFamily)	86-C18/OAMA	
19. Deprived you of glasses, hearing aids, prosthetics, walker, wheelchair, or any other assistive devices that you needed? (DeprivedOfAssistiveDevices)	87-C19/OAMA	
20. Kept things from you or lied about things that you should know about? (KeptThingsFromEldOrLied)	88-C20/OAMA	**Short Form Item**
21. Called you unkind names or put you down? (CalledUnkindNames)	89-C21/OAMA	**Short Form Item**
22. Deliberately made you feel bad or hurt your feelings? (HurtEldFeelings)	90-C22/OAMA	
23. Given you the silent treatment? (SilentTreatment)	91-C23/OAMA	
24. Treated you in an undignified or inappropriate way while assisting you with dressing, eating, bathing and so on? (TreatEldUndignifiedWay)	92-C24/OAMA	
25. Sworn or yelled at you? (SworeOrYelled)	93-C25/OAMA	
26. Refused or neglected to get medical services that you needed?	94-C26/OAMA	**Short Form Item**

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Subscale Name and Item Stem	Item Number/Source	Results of Analyses
(NeglectMedSvs)		
In the past 12 months:		
27. Has_____ failed to support you or back you up when you needed it? **(Failed2Support)**	95-C27/OAMA	**Short Form Item**
In the past 12 months, has the ALLEGED ABUSER:		
28. Made you feel small, for example, treated you like a child? **(MadeFeelSmall)**	96-C28/OAMA	**Short Form Item**
29. Manipulated or tried to control you in any way? **(Manipulated)**	97-C29/OAMA	**Short Form Item**
30. Manipulated you with drugs or alcohol? (ManipulatedWithDrugs)	98-C30/OAMA	
31. Talked about you as if you were not there? **(TalkedAsIfNotThere)**	99-C31/OAMA	**Short Form Item**
32. Not let you speak for yourself? **(NotLetSpeak)**	100-C32/OAMA	**Short Form Item**
33. Not been sensitive to your feelings? (NotSensitiveFeelings)	101-C33/OAMA	
34. Deliberately confused you? (DeliberatelyConfused)	102-C34/OAMA	**Short Form Item**
35. Minimized your injuries or complaints? (MinimizedInjuries)	103-C35/OAMA	
36. Blamed you for their problems? (BlamedForProblems)	104-C36/OAMA	
37. Said something about you that made you feel ashamed? (MadeEldFeelAshamed)	105-C37/OAMA	

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