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Holmes, Bernadette J.

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The Ohio State University

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VICTIMIZATION OF THE ELDERLY:
ANALYSIS OF THE LEVEL OF SOCIAL FUNCTIONING IN THE COMMUNITY
AN EXPLORATORY STUDY

DISSERTATION

Presented in Partial Fulfillment of the Requirements for
the Degree doctor of Philosophy in the Graduate
School of The Ohio State University

By
Bernadette J. Holmes, B.A., M.A.

The Ohio State University
1985

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Department of Sociology
There is a lesson to be learned from this experience, it is not hatred nor self-doubt, but somewhere in between find it and grow.

B.T. Holmes 1982
ACKNOWLEDGEMENTS

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEDICATION</td>
<td>ii</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>iii</td>
</tr>
<tr>
<td>VITA</td>
<td>vi</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>x</td>
</tr>
<tr>
<td>Chapter</td>
<td>1</td>
</tr>
<tr>
<td>I. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Statistical Profile</td>
<td>1</td>
</tr>
<tr>
<td>Myths and Stereotypes About the Elderly</td>
<td>8</td>
</tr>
<tr>
<td>Victimization of the Elderly</td>
<td>11</td>
</tr>
<tr>
<td>Purpose and Objectives</td>
<td>13</td>
</tr>
<tr>
<td>Definitions</td>
<td>15</td>
</tr>
<tr>
<td>Significance of the Study</td>
<td>16</td>
</tr>
<tr>
<td>Summary</td>
<td>18</td>
</tr>
<tr>
<td>II. REVIEW OF THE LITERATURE</td>
<td>19</td>
</tr>
<tr>
<td>Elderly victimization</td>
<td>19</td>
</tr>
<tr>
<td>The Scope of the Problem</td>
<td>20</td>
</tr>
<tr>
<td>Types of Victimization</td>
<td>27</td>
</tr>
<tr>
<td>Characteristics of Abused Elderly</td>
<td>29</td>
</tr>
<tr>
<td>Characteristics of Abusers</td>
<td>29</td>
</tr>
<tr>
<td>Criminal Victimization</td>
<td>30</td>
</tr>
<tr>
<td>Causal Explanations of Abuse</td>
<td>35</td>
</tr>
<tr>
<td>Additional Factors in Abuse</td>
<td>39</td>
</tr>
<tr>
<td>III. THEORETICAL FRAMEWORK</td>
<td>44</td>
</tr>
<tr>
<td>Social Exchange Perspective: An Overview</td>
<td>44</td>
</tr>
<tr>
<td>Equity Formulation</td>
<td>47</td>
</tr>
<tr>
<td>Theoretical Implications</td>
<td>51</td>
</tr>
<tr>
<td>Theoretical Conclusions</td>
<td>55</td>
</tr>
</tbody>
</table>

vii
TABLE OF CONTENTS (Contd.)

IV. METHODOLOGY ........................................ 58
   Research Setting ........................................ 58
   Subject Selection ........................................ 60
   Instrumentation .......................................... 63
      Validity .............................................. 65
      Reliability .......................................... 65
   Data Collection .......................................... 67
   Data Analysis ........................................... 68
   Chapter Summary .......................................... 69

V. DATA ANALYSIS ........................................ 70
   Part 1: Elderly Respondents ............................. 71
      Background Information ................................ 71
      Demographic Characteristics ......................... 71
      Social Functioning .................................... 71
         Community Involvement ................................ 84
         Community Activities ................................ 84
         Transportation and Mobility ......................... 84
         Perceptions of Fear ................................ 86
         Social Network ....................................... 89
         Psychological Adaptation ............................ 91
      Victimization .......................................... 93
         Criminal Victimization ................................ 95
         Physical Victimization ................................ 95
         Psychological Victimization ......................... 99
         Material Victimization ............................... 104
      Three Domains of Interview Schedule ................. 106
         Social Functioning .................................. 109
         Psychological Adaptation ............................ 110
         Victimization ........................................ 112
      Relationships Between The Selected Characteristics of The Elderly Respondents and The Extent of Social Functioning, Psychological Adaptation And Victimization ......................... 113
   Part II: Informants Perspectives of Elderly Victimization ................................ 126
      Background ............................................. 126
      Profile of the Victims ................................ 131
         Demographic Characteristics ....................... 131
         Forms of Abuse ...................................... 135
         Criminal Victimization .............................. 135
   Characteristics of Abusers .............................. 121
      Demographic Characteristics ....................... 121
   Relationships Between The Selected Characteristics of The Elderly Respondents and The Extent of Social Functioning, Psychological Adaptation And Victimization ......................... 113

# TABLE OF CONTENTS (Contd.)

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Battering/Abuse</td>
<td>136</td>
</tr>
<tr>
<td>Neglect</td>
<td>136</td>
</tr>
<tr>
<td>Psychological Abuse</td>
<td>137</td>
</tr>
<tr>
<td>Misuse of Funds or Resources</td>
<td>138</td>
</tr>
<tr>
<td>Violation of Rights</td>
<td>138</td>
</tr>
<tr>
<td>Profile of Abusers</td>
<td>140</td>
</tr>
<tr>
<td>Demographic Characteristics</td>
<td>141</td>
</tr>
<tr>
<td>Contributing Factor in Abuse</td>
<td>146</td>
</tr>
<tr>
<td>Legal Issues</td>
<td>147</td>
</tr>
<tr>
<td>Recommendations of Informants</td>
<td>149</td>
</tr>
<tr>
<td>Chapter Summary</td>
<td>151</td>
</tr>
<tr>
<td>Summary of the Elderly Respondents' Findings</td>
<td>151</td>
</tr>
<tr>
<td>Background</td>
<td>152</td>
</tr>
<tr>
<td>Social Functioning</td>
<td>153</td>
</tr>
<tr>
<td>Victimization</td>
<td>154</td>
</tr>
<tr>
<td>Characteristics of Abusers</td>
<td>155</td>
</tr>
<tr>
<td>Summary of the Informant's Findings</td>
<td>156</td>
</tr>
<tr>
<td>Background Information</td>
<td>156</td>
</tr>
<tr>
<td>Perspectives on Elderly Victims</td>
<td>156</td>
</tr>
<tr>
<td>Perspectives on Victimization</td>
<td>157</td>
</tr>
<tr>
<td>Perspectives on Abusers</td>
<td>158</td>
</tr>
<tr>
<td>VI. SUMMARY, CONCLUSION AND IMPLICATIONS</td>
<td>159</td>
</tr>
<tr>
<td>Summary and Conclusions</td>
<td>159</td>
</tr>
<tr>
<td>Research Objectives</td>
<td>161</td>
</tr>
<tr>
<td>Results from Informants</td>
<td>166</td>
</tr>
<tr>
<td>Discussion</td>
<td>168</td>
</tr>
<tr>
<td>Recommendations and Implications</td>
<td>174</td>
</tr>
<tr>
<td>APPENDIXES</td>
<td>179</td>
</tr>
<tr>
<td>A. Correspondence Concerning the Study</td>
<td>179</td>
</tr>
<tr>
<td>B. Interview Schedules</td>
<td>191</td>
</tr>
<tr>
<td>C. Adult Protection Forms</td>
<td>210</td>
</tr>
<tr>
<td>D. Research Sites: Senior Services</td>
<td>263</td>
</tr>
<tr>
<td>E. Tables</td>
<td>287</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>295</td>
</tr>
</tbody>
</table>
# LIST OF TABLES

<table>
<thead>
<tr>
<th>TABLE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A Comparison of Crude Birth Rates and Total Fertility Rates in 1979</td>
<td>288</td>
</tr>
<tr>
<td>2. Department of Development: Population Project By Age and Sex in Franklin County</td>
<td>289</td>
</tr>
<tr>
<td>3. Columbus Ohio Police Department: Offenses Reported 65+ and Older</td>
<td>290</td>
</tr>
<tr>
<td>4. Type of Victimization of Elderly Victims by Race And Sex, 1975</td>
<td>291</td>
</tr>
<tr>
<td>5. Type of Victimization of Elderly Women By Race - 1975</td>
<td>292</td>
</tr>
<tr>
<td>6. Cronbach's Alpha on Three Domains of the Instrument</td>
<td>66</td>
</tr>
<tr>
<td>7. Age of the Elderly Respondents</td>
<td>71</td>
</tr>
<tr>
<td>8. Sex of the Elderly Respondents</td>
<td>72</td>
</tr>
<tr>
<td>9. Race of the Elderly Respondents</td>
<td>72</td>
</tr>
<tr>
<td>10. Income of the Elderly Respondents</td>
<td>73</td>
</tr>
<tr>
<td>11. Source of Income of the Elderly Respondents</td>
<td>74</td>
</tr>
<tr>
<td>12. Elderly Economic Contribution to Family and Family Economic Contribution to Elderly</td>
<td>75</td>
</tr>
<tr>
<td>13. Marital Status of the Elderly Respondents</td>
<td>76</td>
</tr>
<tr>
<td>14. Education of the Elderly Respondents</td>
<td>77</td>
</tr>
<tr>
<td>15. Occupation of the Elderly Respondents</td>
<td>78</td>
</tr>
<tr>
<td>16. Religious Affiliation of the Elderly Respondents</td>
<td>78</td>
</tr>
<tr>
<td>17. Health Status of the Elderly Respondents</td>
<td>79</td>
</tr>
<tr>
<td>18. Physical Disabilities that Effect Mobility of the Elderly Respondents</td>
<td>80</td>
</tr>
</tbody>
</table>
TABLE PAGE

19. Type of Resident of the Elderly Respondents 81
20. Living Arrangement of the Elderly Respondents 82
21. Services Contributed to the Family By the Elderly Respondents 82
22. Means and Standard Deviations for Each of the Services Contributed to the Family By the Elderly Respondents 83
23. Community Involvement of the Elderly Respondents 85
24. Means and Standard Deviations for Participations In Community Involvement by the Elderly Respondents 84
25. Interest and Activities by the Elderly Respondents 86
26. Means and Standard Deviations for Participation In Interest and Activities by the Elderly Respondents 86
27. Transportation of the Elderly Respondents 88
28. Method of Transportation of the Elderly Respondents 89
29. Perceptions of Fear Reported by the Elderly Respondents 90
30. Contact with Social Network as Reported by the Elderly Respondents 92
31. Psychological Adaptations of the Elderly Respondents 94
32. Means and Standard Deviation for Psychological Adaptations of the Elderly Respondents 93
33. Criminal Victimization of the Elderly Respondents 96
34. Number of Times Victimized Reported by the Elderly Respondents 97
35. Reporting of Criminal Victimization of the Elderly Respondents 98
<table>
<thead>
<tr>
<th>TABLE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>36. Source of Reporting of Criminal Victimization As Reported by the Elderly Respondents</td>
<td>98</td>
</tr>
<tr>
<td>37. Types of Physical Victimization as Reported By The Elderly Respondents</td>
<td>98</td>
</tr>
<tr>
<td>38. Types of Neglect as Reported by the Elderly Respondents</td>
<td>103</td>
</tr>
<tr>
<td>39. Means and Standard Deviations for Each of the Types of Neglect as reported by the Elderly Respondents</td>
<td>102</td>
</tr>
<tr>
<td>40. Adequate Environmental Care Reported by The Elderly Respondents</td>
<td>104</td>
</tr>
<tr>
<td>41. Psychological Victimization as Reported by the Elderly Respondents</td>
<td>105</td>
</tr>
<tr>
<td>42. Means and Standard Deviations for Each of the Types of Psychological Victimization As Reported By the Elderly Respondents</td>
<td>106</td>
</tr>
<tr>
<td>43. Material Victimization as Reported by The Elderly Respondents</td>
<td>107</td>
</tr>
<tr>
<td>44. Means and Standard Deviations for Each of The Types of Material Victimization As Reported by the Elderly Respondents</td>
<td>108</td>
</tr>
<tr>
<td>45. Reporting of Victimization of the Elderly Respondents</td>
<td>108</td>
</tr>
<tr>
<td>46. Source of Reporting of Victimization As Reported by The Elderly Respondents</td>
<td>109</td>
</tr>
<tr>
<td>47. Elderly Respondents' Extent of Social Functioning</td>
<td>110</td>
</tr>
<tr>
<td>48. Elderly Respondents' Extent of Psychological Adaptation</td>
<td>111</td>
</tr>
<tr>
<td>49. Elderly Respondents' Extent of Victimization</td>
<td>112</td>
</tr>
<tr>
<td>50. Selected Characteristics of the Elderly Respondents Used In the Measurement of Correlation Coefficients</td>
<td>114</td>
</tr>
<tr>
<td>TABLE</td>
<td>PAGE</td>
</tr>
<tr>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td>51. Correlation Matrix Between Characteristics of Elderly Respondents and Each Respondent's Three Mean Scores for the Three Domains</td>
<td>118</td>
</tr>
<tr>
<td>52. Age of Abusers as Reported by The Elderly Respondents</td>
<td>121</td>
</tr>
<tr>
<td>53. Sex of Abusers as Reported by the Elderly Respondents</td>
<td>122</td>
</tr>
<tr>
<td>54. Race of Abusers as Reported by the Elderly Respondents</td>
<td>123</td>
</tr>
<tr>
<td>55. Income of Abusers as Reported by the Elderly Respondents</td>
<td>123</td>
</tr>
<tr>
<td>56. Marital Status of Abuser as Reported by the Elderly Respondents</td>
<td>124</td>
</tr>
<tr>
<td>57. Relationship of Abuser to Victims as Reported by the Elderly Respondents</td>
<td>125</td>
</tr>
<tr>
<td>58. Living Arrangement of Abuser</td>
<td>125</td>
</tr>
<tr>
<td>59. Informant's Professional Affiliation</td>
<td>127</td>
</tr>
<tr>
<td>60. Frequency and Percentage Distribution of the Informant's Years in the Profession</td>
<td>128</td>
</tr>
<tr>
<td>61. Perception and Knowledge of Elderly Abuse</td>
<td>129</td>
</tr>
<tr>
<td>62. Number of Cases of Abuse Encountered by Informants</td>
<td>131</td>
</tr>
<tr>
<td>63. Age of Elderly Victims as Reported by the Informants</td>
<td>132</td>
</tr>
<tr>
<td>64. Sex of Elderly Victims as Reported by the Informants</td>
<td>133</td>
</tr>
<tr>
<td>65. Race of Elderly Victims as Reported by the Informants</td>
<td>133</td>
</tr>
<tr>
<td>66. Income of the Elderly Victims as Reported by the Informants</td>
<td>134</td>
</tr>
<tr>
<td>TABLE</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>---</td>
</tr>
<tr>
<td>67. Marital Status of Elderly Victims as Reported by the Informants</td>
<td>134</td>
</tr>
<tr>
<td>68. Health Status of Elderly Victims as Reported by the Informants</td>
<td>135</td>
</tr>
<tr>
<td>69. Informants Knowledge of Elderly Abuse</td>
<td>139</td>
</tr>
<tr>
<td>70. Source of Report or Referral</td>
<td>140</td>
</tr>
<tr>
<td>71. Age of Abusers as Reported by the Informants</td>
<td>141</td>
</tr>
<tr>
<td>72. Sex of Abusers as Reported by the Informants</td>
<td>142</td>
</tr>
<tr>
<td>73. Race of Abusers as Reported by the Informants</td>
<td>143</td>
</tr>
<tr>
<td>74. Income of Abusers as Reported by the Informants</td>
<td>144</td>
</tr>
<tr>
<td>75. Marital Status of Abusers as Reported by the Informants</td>
<td>144</td>
</tr>
<tr>
<td>76. Relationship of Abuser to Victims as Reported by the Informants</td>
<td>144</td>
</tr>
<tr>
<td>77. Residence of Abusers as Reported by the Informants</td>
<td>145</td>
</tr>
<tr>
<td>78. Legal Awareness of Informants</td>
<td>147</td>
</tr>
<tr>
<td>79. Interview Rapport</td>
<td>151</td>
</tr>
<tr>
<td>80. Protective Service Data Period January 1983 Thru August 1983</td>
<td>293</td>
</tr>
</tbody>
</table>
CHAPTER 1

INTRODUCTION

Statistical Profile

Thirty-five million Americans--eleven percent of the population--are sixty years of age or older. Twenty-five million are over sixty-five years of age; 16.9 million are over seventy years of age; 10.1 million are over seventy-five and 2.3 million are eighty-five or more (U.S. Bureau of Census Statistics, 1984). The latest population projections indicate that all of these age categories will increase with those age eighty-five and older being the fastest growing age group. Population projections for the year 2000 indicate that there will be 45.5 million older Americans.

Within this youth-oriented society and economy, these citizens are being increasingly "structured" out of their just share of material, psychological and social benefits. Increasingly they are being separated from the rest of society, by a kind of geriatric segregation as victims, consumers, residents, relatives, and other roles which they choose or are compelled to assume (Townsend, 1971: 20).

The statistical profile of the elderly yields an aggregation of poverty, sickness, loneliness, powerlessness and victimization. Specifically, on several routine categorizations of the standard of living the elderly register far below the average and often compare
with the oppressed status of minority groups. Over fifteen percent of the elderly had incomes below the poverty line in 1980. The conventional injustices directly affect the role expectations and negative reactions to the elderly in this culture. Consumer fraud, inflation, fixed pensions and social security benefits, street crime, absence of mass transit, spiraling rents and housing cost, inflated medical and drug bills and the virtual end of the extended family unit have a severe discriminatory impact on older persons (Townsend, 1971: 21).

A major difference exists between the life expectancy of elderly men and women. The characteristic pattern of variation of sex ratios (males per 100 females) with respect to age progressively declines throughout the age span, from an excess of young males to a massive deficit of males in extreme old age (U.S. Bureau of Census Statistics, 1984). A major shift begins to occur at age eighteen. In 1980, there were only 68 males per 100 females sixty-five and older. At seventy-five and over, there were only 55 males per 100 females. For example, between 1970 and 1980 the female population sixty-five and over grew more than one-third more rapidly (31 percent) than the male population sixty-five and over (23 percent). The excess of females in proportion to males is expected to become even greater in the future. The projection figures indicate 15.5 percent for females and 10.5 percent for males or a difference of 5.0 percentage points by the year 2000 (U.S. Bureau of Census Statistics, 1984).
Specifically, expectancy of life at birth was an average of 69.5 years for males and 77.2 years for females. White and black females both gained a year between 1960 and 1970 with life expectancies of 74.9 and 67.5 respectively, however, there is a seven and one-half year difference between them (U.S. Bureau of Census Statistics, 1984). The life expectancy for white males was 67.5 years. The effects of institutionalized racism falls most heavily on black males with a life expectancy of 60.1 years, this is seven and one-half years less than that of white males (U.S. Bureau of Census Statistics, 1984). For example, black males have higher infant mortality rates, homocide rates, incarceration rates and dangerous occupations.

The relative importance of genetic and "environmental" factors in the differences in life expectancy of males and females is open to debate. "The tendency for women to live longer than men may result largely or even wholly from differences in the environment, roles and lifestyles of men and women" (Palmore and Jeffers, 1971:38). Further, it is argued that males often engage in more stressful, physically demanding and dangerous occupations. Consequently, much of the difference is attributed to social and environmental differences (Emterline, 1961). Goldberg (1979) examines the constraints and destructiveness of the male role. The repression of emotion, the denial and suppression of vulnerability, the competitiveness, the fear of losing and other psychological and behavioral characteristics contribute to the shorter life expectancy and masochistic life style. However, the projection of future population trends indicate little convergency by sex.
Another tentative hypothesis regarding the difference in life expectancy of the sexes examines biological differences.

A substantial part of the difference reflects the biological superiority of women. With the virtual elimination of the infective and parasitic diseases and the subsequent emergence of the 'chronic degenerative' diseases (e.g., diseases of the heart, malignant neoplasms, and cerebrovascular diseases) as the leading causes, this biological superiority has been increasingly evidenced. For reasons that are not well understood, males succumb more frequently and more readily to most of the latter diseases. A physiological basis for this difference may lie partly in differences between the sexes in hormonal balance, the clotting process, and proneness to injury of the vascular lining. A psychological basis for the difference, giving rise to differences in personality structures and greater male risks of acquiring a cardiovascular disease, may lie in the very different ways in which boys and girls have been socialized vis-a-vis the work-or-perish ethic of our society (Demographic and Socioeconomic Aspects of Aging in the U.S. - Population Reports, 1984: 19).

The proportion of the elderly population varies considerably by race and ethnic origin. In 1982, about twelve percent of whites, eight percent of Blacks, six percent of Asians and Pacific Islanders and Hispanics were sixty-five and over (U.S. Bureau of Census Statistics, 1984). Over the last decade, the elderly white population grew about one-fourth, while the elderly black population grew about one-third. A much smaller proportion of black elderly are

\[\text{1According to U.S. Department of Commerce Bureau of the Census, the discussion on minority elderly is primarily limited to the Black population because of insufficient data on other minority elderly.}\]
sixty-five and over than the white elderly (7.8 percent vs. 11.9 percent in 1980), and the difference has been widening (see Table 1-Table 2, Appendix E). The difference is attributed to higher fertility rates of the black population and to its higher mortality below the age of sixty-five which reduces the number of survivors at old age. Further, the greater declines in mortality at the younger ages among blacks than whites and the large concentration of white immigrants prior to World War I have contributed to this noticeable difference (U.S. Census Bureau Statistics, 1984).

Smaller proportions of blacks than whites survive to old age. This greater excess of the proportion of elderly whites over the proportion for elderly blacks has been associated with a more rapid growth of elderly blacks than elderly whites. This contradiction is explained by the fact that the black population under age sixty-five has also been growing much more rapidly than the corresponding white population (U.S. Census Bureau Statistics, 1984).

There are marked differences between the life expectancy for white and black elderly persons (including other minorities). In 1978, the difference between the races in average years of life from birth to age sixty-five was about 2.5 years (61.3 for whites and 58.8 for blacks and other races), while the difference at age sixty-five was only 0.3 year (16.4 for whites, 16.1 for blacks and other races). The life expectancy in 1983 was 78.7 years for white females, 75.2 years for black females, 71.4 years for white males and 66.5 years for black males (U.S. Bureau of Census Statistics,
1984). According to official statistics, whites have lower death rates under age seventy-five and higher death rates at higher ages. However, at age 75 a reversal occurs in which blacks begin to show a greater survival rate than whites. The explanation for this is unclear. It is posited that aged whites receive better health care and thus more of the weak survive, to die at a greater rate later on (Butler and Lewis, 1973; Kitagwa and Hauser, 1973). According to Dancy (1977), the strong kinship bonds that are characteristic of black families provides much needed emotional support and understanding which may influence longevity at this critical age.

Poverty is widespread among the elderly. The median income of people sixty-five years and older is below the poverty line. The median income of person 65 years of age and older living alone was $5,327. The income level by race and sex indicate extreme poverty. For example, the median income for white males, $5,781 black males, $3,669, white females $4,815 and black females, $3,033 (U.S. Bureau of Census Statistics, 1984). According to the Special Committee on Aging 1984 (Women in Our Aging Society), older women significantly bear the brunt of poverty. "For women of color the situation is particularly distressing. Victims of both sex and race and age discrimination, they live without adequate resources necessary for a decent life." (Holly, 1984:60). Accordingly, the economic problem of older women is acute since fifty percent of all women are currently in jobs with no pension plans (Holley, 1984:60). This results from the fact that 90 percent of the women's labor
force is in clerical, sales and service occupations. Fourteen percent of all people over sixty-five years exist only on social security income. In 1984 the average monthly social security check was only $441. For men the average is $495 and $380 for women (Social Security Bulletin, 1983). Private pensions, property or investments are concentrated among elderly who held high-paying jobs during their working years (Julian and Kornblum, 1983).

Highly populated areas of the aged urban poor neighborhoods turn into squalid and dangerous geriatric ghettos (Schneider, 1976:57). Specifically, more than half of the elderly live in urban areas. Most are located in the central cities. Consequently, the problems of aging are complicated by the problems of the urban environment: crime, decaying neighborhood, the shortage of affordable housing and congestion (Julian and Kornblum, 1983).

Although most elderly people live in urban areas, they also represent the highest proportion of the population of smaller towns. Seemingly, this phenomenon results from patterns of migration that have occurred since World War II when many people moved from farms to small towns (Julian and Kornblum, 1983). Many of these people are now elderly. Moreover, their children have relocated from the small towns to the cities or suburbs (Julian and Kornblum, 1983).

Over seventy percent of the elderly live with family members. About thirty percent of the elderly live alone and five percent live in institutions (Julian and Kornblum, 1983). The President's Task
Force on the Mentally Handicapped (1976) stated that many of the residents of public mental institutions are people sixty-five years old and older. Much of their mental impairment results because of the reduction in human contact and attention. The Committee on Aging of the American Medical Association also stated "that there is no mental condition that results from the passage of time, but the mental condition exists because of their declining contact with friends and families" (Ford, 1976: 3). Thus, the elderly are confronted with a multiplicity of problems that affect their standard of living and their overall adjustment in society.

Myths and Stereotypes about the Elderly

Images of the elderly are portrayed in an extremely negative and stereotypical manner. The elderly are characterized as senile, lacking in individuality, tranquil, unproductive, and resistant to change (Julian and Kornblum, 1983). The negative images of the elderly are basic to ageism that has been institutionalized at all levels in this culture (e.g., age discrimination). Specifically, ageism is "a belief system that maintains inequality by means of the assumption that people of various ages are biologically or socially unfit" (Popenoe, 1983: 202). Thus, ageism leads to serious discrimination against the elderly that is based upon false stereotypes.
Generally, some of the most pernicious myths concerning the elderly are directed toward women. Women become devalued much sooner than men; thus, elderly women tend to have a more negative image than their male counterparts (Julian and Kornblum, 1983). This loss of status, devaluation and neglect are reflective of the emphasis on beauty and youth in American society. Nearly a decade ago, Barbara Payne and Frank Whittlington (1976) analyzed several major studies concerning the stereotypes of old age. They found that most stereotypes were based on cultural expectations of gender roles and social conditions rather than sex itself. In broad terms, the following topics were consider:

(1) Health - Older women are portrayed as hypochondriacs and having more health problems than men. The Duke University Longitudinal Study of Aging shows that there are neither objective nor subjective differences in physical health between men and women. Specifically, Hung (1981) found that elderly women are more likely to avoid necessary medical attention than younger women, and that elderly men are more likely to go to the doctor than younger men. In general, elderly persons who do not suffer from chronic conditions tend to go to the doctor less than younger persons.

(2) Marriage - Traditionally, women have generally achieved worth only through marriage, while widowhood or remaining single are viewed as extremely negative. Fifty-one percent of women sixty-five and older are widowed; 39.7 percent are married and only 9.3 percent are divorced or never married. By contrast nearly seventy-seven percent of men sixty-five and older are married (Census Bureau, 1982). This is due to the fact that females tend to outlive males and that elderly men who remarry after the death of a spouse have a greater choice of partners in their own age group and younger females. Consequently, marriage between older men and younger women is usually socially acceptable, while older women with younger men is socially disapproved.
(3) Widowhood - Stereotypes maintains that a widow continues to base her identity on that of her dead husband. Generally, older women demonstrate a strong sense of personal identity. Their reactions to widowhood are functions not of age, but of class and education. Seemingly, well educated and working class women experience less crisis when confronted with widowhood.

(4) The Rocking-Chair Image - Older women in particular are stereotyped as "grandmotherly" images who are interested only in knitting and rocking by the fireplace. Several studies have indicated that there is no major difference between the leisure activities of older men and women or between middle aged persons. A "crisis of leisure" may occur when individuals are suddenly faced with the prospect of more free time. For women, this may occur around menopause; for men, upon retirement.

(5) Sexuality - According to popular stereotypes the elderly are sexually inactive because they lack the desire and the ability. Several studies have refuted this myth. Pfeiffer, Verwoerdt, and Davis (1972) studied the sexual activities of older people (one sample included subjects as old as ninety-four) and found that while interest and activity tended to decline with age, sex played an important role in the elderly's lives.

The studies revealed that elderly men enjoy more sexual interest and activity than their female counterparts. However, this is based on the fact that elderly men are more likely to have a "readily available, socially sanctioned, sexually compatible partner." Many of the age related changes in sexuality are due primarily to earlier life styles and sexual history. This, it is a social attitudes toward sexuality which tends to be more problematic. (Also see Leudeman, 1981; Masters and Johnson, 1966, 1970).

In a National Survey on the Perception of the Elderly (1974), Dr. Carl Eisdofer of the University of Washington Medical School, Seattle, identified five of the most popular myths about the elderly:

(1) Most of the aged are disabled.

(2) Most of the elderly suffer from serious mental deterioration or senility.
Most men and women over sixty-five have no sexual interest or activity.

Old age is a disease.

Physical limitations imply an inability to function.

According to Atchley (1978), the social problems of the aged are aggravated by three factors that influence the roles assigned to the elderly:

1. **Labeling** - the definition of the old as weak and incapable and the arbitrary application of that definition of anyone age 65 or older;

2. **Work as the basis of personal value** - the prevailing theory inherited from puritan values that links personal worth to one's job and characterizes non-workers as useless and parasitic; and


**Victimization of the Elderly**

Recently the image of the elderly as victims has been given greater consideration by sociologists. Specifically, social gerontology as the subarea of gerontology deals primarily with the nonphysical aspects of aging. This focus is concerned with the developmental and group behavior of adults following maturation and with the social phenomena which gives rise to and arise out of the presence of older people in the population (Atchley, 1977). Thus, the sociological aspects of the victimization of the elderly has become an issue of concern.
The reporting of crime waves, abuse and neglect against the elderly has had a profound impact on examining this problem. A recent Harris poll showed fear of crime to be a major concern to the elderly. "The majority of the respondents ranked this fear above sickness, poverty, loneliness, isolation, and any of the other problems that are commonly associated with old age" (Julian and Kornblum, 1983).

Generally, many elderly do live in high-crime areas and run the risk of being victimized. The elderly tend to suffer more than members of other age groups. Because of physical tenacity, the elderly are more likely to sustain serious injury as a result of physical assault, and to recover more slowly from the injury. One of the most salient age related changes is the decline in the "homeostatic capacity" -- (i.e., the ability to endure stress). This makes the elderly more susceptible to stress, and taking longer to return to normal after exposure to stressful situations (Julian and Kornblum, 1983). In addition, elderly persons often lack social support networks which assist in dispelling fear and depression that often follows victimization (Julian and Kornblum, 1983: 371). As a result, the emotional trauma may be intensified because of isolation.

The incidence of crime recorded against the elderly seemingly suggests that crime occurs more often in areas of high concentration of the aged. Public housing complexes are easy target for criminal victimization with about twenty percent of people in public housing being sixty-five years of age or older (Butler and Lewis, 1973:}
95). Other areas of attacks against the elderly include bus and subway stops, laundry rooms, hallways, back doors and elevators. At the end of the month when social security and welfare checks and food stamps arrive, mailboxes in apartment complexes are often areas of danger for the aged. The vulnerability of the elderly is increased because of disabilities of old age, such as deafness, slowness, blindness and memory loss (Butler and Lewis, 1973).

Most crimes against the elderly include robberies and other property offenses in which assault tends to occur less often. The methods utilized to rob the elderly include purse-snatching, frightening and strong-arming (See Table 3, Appendix E). The extent of crimes committed against the elderly by relatives, landlords and the like are rarely ever reported or prosecuted (Butler and Lewis, 1973). Consequently, the abuse, neglect and victimization of the elderly in actuality may be much broader in scope than previously recognized. A systematic investigation is necessary to ascertain information regarding this complex phenomenon.

**Purpose and Objectives**

The focus of this study was to examine the social psychological aspects of aging. Specifically, it was posited that the victimization of the elderly negatively impacts upon their level of social functioning and integration within the community. This idea was based upon the assumption that the elderly are devalued and socially isolated based upon the negative perceptions and attitudes
resulting from institutionalized ageism. Public disdain and neglect have intensified the problems of aging in a culture which extols youth.

The elderly are often assigned to roles that lack definition and status. Consequently, further research is necessary in order to ameliorate the extent of elderly victimization. Accurate information and presentation of the possible implication of social psychological dimensions of aging can contribute significantly to the sociological literature in this area of research and provide helpful suggestions for future investigation. This study attempted to provide such a realistic picture of elderly victimization.

The inextricable link between the victimization of the elderly and its relationship to society can be examined within the context of social exchange principles. The social exchange perspective was adopted as the major theoretical paradigm in this dissertation. This study used social exchange principles to examine the theoretical underpinnings of the social dynamics of aging. The following research objectives are advanced:

1. To examine the nature and extent of elderly victimization—physical, psychological and material abuse;

2. To examine the extent to which victimizations impacts upon the elderly's level of social functioning within the community;
To test a theoretical orientation of the social psychological processes of the victims; and

To discuss the sociological implications of this research and to elucidate preventive efforts

The procedures utilized for obtaining information about the victimization of the elderly were face-to-face interviews and survey questionnaires. The data was analyzed to determine the scope of this phenomena. The subjects of this investigation were a purposefully selected sample of elderly at a housing complex for the aged and target agencies which service the elderly in Columbus, Ohio.

Definitions of Terms

For the purpose of this discussion, it was necessary to provide conceptualization of the major research definitions in order to adequately explore the issues presented in this investigation. Given the lack of sociological studies on elderly victimization, the researcher attempted to develop definitions that were consistent with the general body of literature on elderly abuse. Specifically, victimization referred to the elderly who had experienced physical, psychological and/or material abuse. The dimensions of victimization include:

1. Physical victimization - crime victim, battering or physical abuse, unreasonable confinement and lack of supervision.
   A. Passive Neglect - isolation and ignored.

\[2\] The categories of neglect (active and passive) are derived from Hickey and Noel (1979) in "A Study of Maltreatment of Elderly and Other Vulnerable Adults."
B. Active Neglect— withholding of food or medical and health care; inadequate hygiene and environmental care.

2. Psychological victimization - verbal abuse, emotional abuse, threats and fear/intimidation.

3. Material victimization--monetary and material thefts or misuse of funds.

The concept of victimization was operationalized by specific test items on the interview schedule. The categories of victimization were delineated under forms of abuse.

4. Elderly--refers to the chronological age category of sixty years of age or older.

5. Social Functioning--refers to participation and/or integration into the community. The categories of social functioning include:
   a. Family network--contact with and support from significant others.
   b. Social network--contact with friends and associates.
   c. Utilization of services--contact with social service agencies (private and public) and membership in organizations, clubs, etc.

Significance of the Study

The paucity of scholarly research on elderly victimization has obscured sociological analysis, intervention and preventative approaches to a critical area of social concern. Consequently, further research is necessary in this area in order to understand the pervasiveness of the phenomenon. The particular contributions of this dissertation toward an understanding of elderly abuse and maltreatment hopefully lie in examining the seriousness and
complexity of the behavioral dynamic of abusive relations. Research in this area of sociology is important in broadening our knowledge base regarding the changing roles of the elderly in this society.

This dissertation has relevance for the sociology of aging, especially regarding the effects of agism and stereotypes that impacts upon the quality of life for an increasingly aging population. The exploratory stance of this investigation should lead to a comprehensive analysis that would enhance conceptual clarity of issues not found in the available literature.

This dissertation is also significant because it attempted to examine the phenomenon within the theoretical framework of the social exchange perspective. Employing a social psychological perspective to guide and direct the analysis of this problem is essential in developing substantive topics and concerns regarding social issues. The pragmatic value and utility of this dissertation is in its contribution to the understanding of elderly victimization and behavioral responses to exploitation.

Finally, the social policy implications of this research have tremendous importance for addressing the needs of the elderly. Indeed, this study effort can provide significantly to the sociological and gerontological literature. Furthermore, practitioners can benefit significantly from this research effort for design and implementation of programs aimed at assisting the elderly within their community.
Summary

There are six chapters in this dissertation. A statement of the problem, purpose, objectives and significance of the study are presented in Chapter I.

Chapter II provides a review of the relevant literature. The aim of this section is to examine the nature and incidence of elderly victimization and maltreatment. This includes a discussion of the forms of abuse, characteristics of the abused, the abuser, and examining sociological explanations and theories of family violence.

Chapter III provides the theoretical framework for this research. Specifically, the major theoretical underpinnings of the social exchange perspective are examined within the context of an explanatory model of exploitive relations.

Chapter IV is devoted to the methodological procedures used in this study. This includes a discussion of the interview schedules, demographic data analysis and description of the statistical procedures utilized for this investigations.

Chapter V includes an analysis of the findings and interpretation of the data.

In Chapter VI, special attention is devoted the a discussion of the conclusions and implication for legal, social and preventive measures. Recommendations for further study are explored.
CHAPTER II
REVIEW OF THE LITERATURE

Elderly Victimization

An analysis of elderly victimization has been limited in scope. The paucity of sociological research on the phenomenon is reflective of the problematic nature of perceiving this issue as a major social concern. Suzanne Steinmetz, author of "Battered Parents," suggests that the 1960's and 1970's were the decades of child abuse and spouse abuse awareness. These forms of abuse have been given adequate research emphasis, however, "only recently has the public demanded protection for these categories of individuals considered to be economically dependent, politically weak, and lacking legal protection - the elderly" (U.S. Department of the Health and Human Services, 1980: 1). Accordingly, now is the time to focus on another weak or dependent person, the abused elderly, to increase social awareness of the existence of abuse, and initiate elderly abuse research (Steinmetz, 1978). Literature on family violence lacks reference to the dynamics of elder victimization. Few researchers and practitioners have examined the possibility that the aged are victims of abuse similar to victims of the battered child and battered wife syndrome (Davidson, 1980). Consequently, even within the context of family violence research, elderly abuse and victimization have not been priorities for scientific study.
The research which does exist on elderly abuse has merely focused on the identification of a critical need for specific investigation with little attention to explanatory variables of abuse. As a consequence, the majority of available research exploring elderly abuse "is in the form of anecdotal data and media coverage of the phenomenon" (U.S. Department of Health and Human Services, 1981:1). However, the gerontological field has produced limited research and analysis on this critical social issue.

**The Scope of the Problem**

The determination of the nature and incidence of elderly victimization is unclear because of the limited research efforts in the area. However, a small number of comprehensive research projects provide some insight into the scope of the problem.

In *The Battered Elder Syndrome: An Exploratory Study* (1979, survey techniques and retrospective analysis were used to establish estimates of the prevalence and characteristics of abuse. According to Block and Sinnott (1979), of the 134 professional (i.e., psychologists, physicians and gerontologists) surveyed, 13.43 percent reported cases of abuse. However, the authors concluded that elderly victimization may occur more often than reported, since 87.93 percent of the individuals not reporting a case of abuse indicated they had heard of the problem or had knowledge of at least one case which they declined to report. Only 12.06 percent of the professionals did not perceive elderly abuse as a social problem.
In addition, reports from senior centers for the elderly revealed that (443 elders contacted, 73 or 16.48 percent responded) 4.1 percent experienced some form of abuse (Block and Sinnott, 1979: 71-73).

According to the research study, *Elderly Abuse in Massachusetts: A Survey of Professionals and Paraprofessions*, O'Malley et al. (1979) reported that fifty-five percent (n=113) cited cases of abuse within an eighteen month period. When "multiple incident" responses (those which were eliminated from the analysis) are included, the percentage of respondents that report abuse increased to fifty-seven percent. No cases of abuse were reported by 149 of the respondents who completed the questionnaire.

Lau and Kosberg (1979) studied that the incidence and nature of abuse cases at the Chronic Illness Center (CIC) in Cleveland, Ohio. This project revealed valuable insight into the problem of physical, psychological and material abuse of the elderly. During a one year period (June 1977 through May 1978), a total of 404 new elderly persons were processed at CIC. A total of thirty-nine cases of abuse were processed, representing 9.6 percent of all elderly persons seen by the agency in one year. Lau and Kosberg (1979) posit that the prevalence of abuse in this study may be underrepresented because of the staff's recording techniques.

In a Michigan pilot study, 228 elderly services professionals (i.e., social workers, adult service workers, medical practitioners, etc.) were interviewed regarding neglect and abuse of "vulnerable
Of the 228 respondents, only 38.7 percent reported no experience with physical abuse. Generally, passive neglect and verbal or emotional abuse were the most frequently reported cases. The authors concluded that most of the practitioners acknowledged awareness of neglect and abuse of the elderly and other vulnerable persons (see Douglas, Hickey and Noel, 1979: 40).

Noel Cazenave's (1981) research on the black elderly concluded that available data on elder abuse by race suggested that research data are not based on random or representative samples, thereby simply reflecting a "sample artifact" of the specific client populations served by professionals surveyed. Consequently, Cazenave (1981: 13-17) pointed out that there are no reliable data on the extent and nature of elder abuse among blacks. Cazenave and Straus (1981) analyzed a sub-sample of a survey on violence of intact American families (see Staus, Gelles, Teinmetz, 1980 and Kosberg, 1983). The study included 147 black families and 427 white families. Specific emphasis was placed on race, social class and extended family networks. The data suggested that "no categorical statement can be made as to whether blacks or white families are more violent."

In addition, victimization patterns may also be influenced by sex. Elderly women are much more vulnerable to certain types of victimization than elderly men (i.e., rape, purse snatching). Elderly women tend to be more fearful of victimization, particularly of crime (Block, 1979). However, data concerning the difference in
victimization by sex do not provide a comprehensive profile of the scope of the vulnerability of elderly women. The specific problem of criminal victimization will be discussed separately in this chapter.

According to Suzanne Steinmetz (Special Committee on Aging, 1980), approximately 500,000 elderly are victimized each year. Based on survey data and a review of major studies, the House Select Committee on Aging estimates that four percent of the nation's elderly may be victims of some sort of abuse, ranging from moderate to severe; consequently, one out of every twenty-five older persons, or about one million persons a year experience abuse. Similarly, Gelles (1979) estimated a figure of 500,000 persons 65 years of age and older are abused by family members. Other studies have indicated that the actual prevalence of abuse may affect one million elderly persons a year (Langley, 1981).

On a national level, the House Select Committee on Aging (1981) in Elder Abuse: An Examination of a Hidden Problem, reported all previous state studies and reports on the problem of elderly abuse. Testimony from experts was heard at four hearings in Massachusetts, New York, New Jersey and the District of Columbia to develop a profile of the scope of the problem. Data were limited and more specifically, the committee concluded that "abuse of the elderly by their families or caretakers appears to occur nationwide and on a scale almost parallel to child abuse" (Langley, 1981: 8). The Committee hearings revealed data that supported earlier projections
that four percent of the elderly were affected by abuse. Thus, about one million, and no less than 500,000, elderly were involved. Despite acknowledging the scope of the problem, they concluded that elderly abuse is the lowest priority at both the Federal and State level (Langley, 1981: 8). Most of the protective service money is allocated for child abuse, and mandatory reporting of elderly abuse has been passed in only sixteen states.

Most experts agree about the following estimates of elderly abuse in the state of Missouri:

In Missouri, it was estimated that five percent of those over sixty-five fell into the categories of abuse/neglect and exploitation. According to the Missouri Association of Prevention of Abuse to Adults, little is available in the way of services or follow-up except placement in a nursing home. Missouri is not at all unique in this regard. The State Human Services Departments confirmed the Committee's findings that the problem of elderly abuse is as significant as child abuse. Although they do not gather statistics regarding crimes against the elderly committed by members of their families, police across the nation did feel that elderly abuse was seldom reported (Langley, 1981: 8).

Additionally, other states reported similar experiences to the Committee. For example, Duval County, Florida gathered statistics for a six month period in 1970-80 by the Department of Health and Rehabilitative Services. Of the total reported cases, forty-nine percent involved physical abuse, thirty-six percent exploitation, and fourteen percent neglect.

In 1978, the University of Iowa Gerontology Clinic conducted a major statewide research project funded by the U.S. Administration on Aging (Langley, 1981). These reports before the national
committee indicated that during the first six months of 1980, the center found that twenty percent of the project's in-home assessments involved physical abuse or severe neglect (Langley, 1981). Consequently, the center experienced dramatic increases in the number of elderly abuse cases.

A three state panel (Arkansas, Connecticut and South Carolina) testifying before the House and/or Joint Committee on Aging hearings also provided critical data. The reports are summarized as follows:

(1) **Connecticut** - The State of Connecticut has had an elderly protective service law since July 1977. The law has been operative since June 1977. Under Connecticut law, the state is required to investigate any complaint alleging abuse, neglect, exploitation, or abandonment of any citizen age sixty or over. In less than one year, they received 600 reports. Of those, 474 had been activated. Of those eighty-seven were physical abuse, 314 were neglect, sixty-five were exploitation, and eight were abandonment.

... They found that abuse and neglect were prevalent in all walks of life. They found that the abusers were mostly children rather than spouses (although if the spouse, more often the husband). They also found that women over seventy-five were more frequently among those reported victims than others.

(2) **Arkansas** - In 1977 Arkansas adopted an adult protective service statute which contained mandatory reporting. In 1979, the statute was implemented. According to Legal Services Development of the Office of Aging, it predicted that perhaps 300 per year would be reported. During the first five months of operation, it found that it had 320 cases and was projecting between 1,000 and 1,200 cases by the end of the year. This occurred without advertising the service.

(3) **South Carolina** - The South Carolina General Assembly enacted a state law to protect frail elderly from abuse, neglect, and exploitation ... According to the director of the State's adult protective agency, over 2,000 cases were treated in six years. The number of new reports increased about twenty-five percent each year (Langley, 1981: 8-9 and Special Committee on Aging, 1980).
According to Burke (1983), domestic violence involving the abused elderly is prevalent in every social, economic, racial, educational, and religious sector of the society. However, little attention is given to empirical research on the subject. Burke (1983) estimates that 500,000 to 2.5 million individuals sixty and over are abuse yearly. The author asserted that the focus of research must emphasize the nature and scope of the problem, with particular emphasis on protection for "battered elders."

The Elder Abuse Awareness Project (1984), was developed to determine the incidence of abuse of the elderly in several rural counties in Illinois. Marrow and Doyle (1984) surveyed service providers regarding their interaction with abused and neglected elderly. Specifically, each service provider was asked about "warning signs or cues that were indications that something was fundamentally wrong or that a senior could be a possible victim of abuse." The major standard responses were identified as "suspicious injuries" and "inconsistency of behavior." Several other problems areas emerged: (1) medical manifestations; (2) interpersonal relationships; (3) neglect; (4) home and living environment; (5) finances; (6) depression and (7) physical disintegration (Marrow and Doyle, 1984).

In summary, the prevalence of elder victimization and abuse is rapidly becoming a major social concern. Although much of the research has been limited, the data clearly indicate the seriousness of the problem. Indeed, the scope of the problem may be much more
pervasive than once realized. There is a critical need for empirical research in order to elucidate the nature and scope of this phenomenon.

Types of Victimization

Elderly victimization is broad in scope—ranging from neglect and maltreatment to various types of crimes committed against the elderly. Unfortunately, "isolated" descriptions of abuse form the bulk of the information concerning the forms of the elderly abuse. Butler (1975) reports the following examples of battered elder cases:

... deliberate victimization does occur and the exploiter may reside in or outside the family.

A sixty-seven year old woman, widowed eight years, was regularly beaten up by her thirty-five year old unmarried son. He stopped working. They subsisted on her monthly social security check. She did some babysitting to supplement the income.

Mrs. James was seventy-eight years old. She retired from a government job and contributed her modest income to have son with whom she lived. But now he had been dead for two years. She and daughter-in-law had many conflicts, and the daughter-in-law would become enraged and strike the older woman. She moved and now lived in one dirty room. The neighborhood children called her a witch and tormented her physically and verbally (p. 156).

According to Block and Senott (1979), the elderly experience several types of abuse, with psychological abuse occurring the most (e.g., verbal assault fifty-eight percent; health forty-six percent; fear fifty percent and isolation fifty-eight percent). Incidence of physical abuse were not moderate.
These findings were in contrast to the Massachusetts Legal Research (O'Malley, Segars, Perez, Mitchell and Knuepfl, 1979) and the research of Lau and Kosberg, (1979). O'Malley et al. reported 183 cases of abuse of which fifty percent involved physical abuse. Mental anguish was cited in forty percent of the cases and thirty-four percent involved physical abuse (Langley, 1981). Thus, the majority of cases reported here included physical victimization. Similarly, Lau and Kosberg (1979) found that three-fourths of thirty-nine cases involved physical abuse (e.g., eleven beatings; nineteen lack of personal care; sixteen lack of food; fourteen lack of medical care; and twelve lack of supervision). Only twenty experienced psychological abuse (e.g., thirteen verbal assault, four threats; seven fear; eight isolation). Consequently, Lau and Kosberg (1979) cited more cases of physical abuse than psychological abuse as reported by Sinnott and Block.

According to Douglas, Hickey and Noel (1979), research on vulnerable adults simply suspected physical abuse but found no direct incidence of physical abuse. It was posited that passive neglect (e.g., ignored, left alone, isolated or forgotten) occurred more often than active neglect (e.g., withholding companionship, medicine, food, exercise, or assistance to bathroom).

In essence, the major research data suggest various types of elderly abuse (psychological to physical) making it difficult to draw a profile of elderly abuse. Thus, various forms of elderly abuse become the focus of this research.
Characteristics of the Abused Elderly

Although the research is generally limited, there are similarities among the elderly experiencing abuse. Block and Sinnott (1979) profiled the abused elder as older in age (seventy-five years), female, Protestant, lower to middle class and residing with a relative. The majority (sixty-two percent) tended to have some type of mental impairment (ranging from severe to mild). Furthermore, Lau and Kosberg (1979) also noted that thirty of the thirty-nine abused cases were women (twenty-nine white and ten black). The majority of the women live with children or other relatives (Office of Human Development, 1980). Collectively, more than three-fourths had at least one major form of physical and/or mental impairment. Langley (1981) concluded that the majority of elderly victimization involves women who are single, dependent and politically unaware. Other research studies reported similar findings on characteristics of abused elderly (see O'Malley, 1979; Douglass, 1979; and Select Committee on Aging, 1980).

Characteristics of Abusers

Generally, the abuser is more often a close relative living with the older person and serves as the major caretaker (Select Committee on Aging, 1980). Specifically, Block and Sinnott (1979) provided similar findings. Eight-one percent of the victims were abused by relatives. Females (fifty-eight percent) were more likely to engage in abusive behavior than males. The majority of abusers
were middle-age, middle class and Protestant. Eighty-eight percent were white, while twelve percent were Black (Administration on Aging, 1980). Similar profiles emerged in other research data (see O'Malley, 1979; Douglas, 1979).

**Criminal Victimization**

Since the problem of crime is a major social issue, in and of itself, the dynamics of criminal victimization of the elderly will be discussed separately. Specifically, the victimization of the elderly must be within the context in which aging itself has been examined, through a process of progressive victimization (Viano, 1983). The relationship between victimization and the aging process is diverse. The elderly may be viewed as a target of criminal victimization because they are perceived by the victimizer as "legitimate" or "deserving" victims, whose loss of humanity, usefulness and productivity make their victimization necessary and justified. According to Fallah (1976), the elderly victim as self-legitimizing occurs through stages:

1. denial and reification of the victim reduced to the status of "non-being,"
2. devaluation of the victim's personal worth based on some of his attributes or qualities,
3. blaming the victim,
4. defining the victimization as an act of justice (pp. 13-14).
Consequently, these processes provide the basis upon which the senseless crimes of brutalization, deprivation and intimidation are directed against the elderly (Viano, 1983).

National interest in crime and the elderly was recognized as a problem of concern during the late 1960's and 1970's. Four issues became the focus of attention. First, interest focused on the notion that the elderly were criminally victimized more than other age groups. However, national survey data revealed that with the possible exceptions of the inner city elderly and crimes of personal larceny, the elderly were undervictimized compared to other age groups (Finley, 1983). Second, it was posited that the physical and financial consequences of victimization were greater for elderly persons. However, it is difficult to differentiate the elderly from other victims of crime in this regard. Third, there was interest in the psychological consequences of victimization impacting more on the elderly than for other groups; however, research findings were not clear (Finley, 1983). The fourth and most important interest suggested that fear of crime was greater among the elderly than among any other age. This assumption has been supported by the literature (Finley, 1983). Indeed, fear of victimization becomes the critical point of analysis on criminal victimization of the elderly.

Hinderlang and Richardson (1978) advance several conclusions on this issue from analyses of the 1974 and 1975 National Crime Surveys.
(1) Elderly Americans (sixty-five years and older) have a substantially greater fear of victimization than do younger Americans.

(2) Elderly Americans in urban areas and in the United States as a whole have higher rates of personal larceny (e.g., purse snatching) than do Americans in some younger age groups.

(3) However, elderly Americans have far lower rates of homicide, robbery, rape, assault, burglary, larceny from the household and motor vehicle theft victimization than do younger Americans.

(4) Elderly Americans are less likely to be injured and less likely to be confronted with weapons in criminal victimizations than younger Americans.

(5) Elderly Americans are no more likely than younger Americans to be victimized by juveniles.

(6) Elderly Americans have not experienced a recent upsurge in criminal victimization (Finley, 1983: 21).

According to Finley (1983), the greatest incidence of elderly criminal victimization actually is in personal larceny and fraud. The incidence of crimes against the elderly is greatly underreported (Finley, 1983). The greatest areas of fraud include: consumer fraud, medical fraud, confidence games, banco, prepaid funeral schemes, health insurance fraud, income security schemes, medical quackery, get well quick methods, work at home-get rich quick schemes, retirement real estate deals, nursing home fraud, home and automobile repair (Braungart, Hoyer and Braungart, 1979).

Similarly, McGhee (1983) maintained that the elderly are mostly vulnerable to consumer fraud. Patterns of consumption, situational characteristics, education and product knowledge, psychological losses, social isolation and psychosocial transitions influence
vulnerability of the elderly to fraud. Moreover, rate and type of fraud is directly related to education and the elderly person's ability to effectively cope with financial and material lost.

According to Block (1979), in "Special Problems and Vulnerability of Elderly Women," elderly women are much more vulnerable to certain types of crime and victimization that men, such as, rape, purse snatching, elder abuse, burglary and fraud (See Table 4, Appendix E). Elderly women were also more fearful of crime and victimization. Moreover, the vulnerability of older women to particular type of crimes is related to race of victim. Black elderly women are at greater risk of burglary, twice as often the victim of rape, and four times as often the victims of homicides as older white women; while white women were more likely to be victims of purse snatching and armed robber (see Table 5, Appendix E).

Sengstock (1981) suggested that surveys dealing with the incidence of crime among the elderly have not taken into account the varying individual and group levels of fear and exposure to the threat of victimization. Using data from Law Enforcement Assistance Administration during a six month period, this analysis concluded that while personal series victimizations of the elderly were relatively rate, failure to deal adequately with them resulted in the underestimation of the prevalence of victimization among the aged. A re-estimate increased the frequency of victimization by ten percent over earlier estimates (Sengstock et al., 1981).

Lawton (1980) illuminanted this critical issue.
Repeatedly in looking at the research in this area one is struck by the contrast between the extreme anxiety over crime as expressed by older people, and on the other hand, the smaller-than expected effects of crime on their behavior or psychological wellbeing, at least as demonstrated thus far. In a series of path analyses viewing fear of crime as an outcome of other background, environmental, and crime related variables, and as a penultimate independent variable for the final dependent variable (wellbeing of a variety of types), fear of crime showed large and significant direct effects on morale, housing satisfaction and neighborhood satisfaction. No effects on behavioral aspects of wellbeing (activity participation, contacts with friends, or contact with relatives) were observed (Finley, 1983: 25).

In "The Elderly Victim at Risk: Explaining the Fear-Victimization Paradox," Hirschel and Rublin (1982), also suggested that victimization of the elderly was lower than for most age groups. However, the elderly expressed higher levels of fear regarding criminal victimization. Based on the data from police reports, this paradox was explained through a "at-risk" hypothesis that accounts for the low rates of victimization and high level of "fear" of criminal victimization among the elderly.

Fear of victimization among the elderly has a direct impact on the level of social functioning within the community. The level of community integration was examined by Gubrum (1974). Specifically, Gubrum suggested that high levels of social integration are directly related to low levels of fear of crime. This assumption has been supported in the research literature (see Conklin, 1976; Lawton, 1984). According to Sundeen (1977), "high levels of fear of burglary are related to a low sense of participation in one's community, to a low estimate of the likelihood that one's neighbors would call the police if they saw the respondent being victimized,
to prior victimization and to neighborhood environment." (Finley, 1983: 27). Garofall and Laub (1978) have suggested that "fear of crime must be examined in the broader frame of a concern for community, for the quality of life, and for community change" (Finley, 1983: 27).

In essence, criminal victimization is a major influence on the conceptualization of fear. Fear of crime among the elderly is consequential for the level of functioning and integration within the community. Moreover, because of these perceptions of potential victimization the quality of life experienced by the elderly is greatly impaired.

**Causal Explanations of Abuse**

No discussion of the victimization of the elderly would be complete without examining "theories" on the causes of elderly abuse. At this juncture, the major explanatory factors of abuse are presented. Several theories have been advanced regarding physical, psychological and material victimization of the elderly. The major theories have examined violence in the context of the family. Specific explanations of elderly abuse have been extrapolated from the broader body of child and spouse abuse research and applied to the problem of elder abuse.

O'Brien (1971) examined the status of family members relative to abuse. In general family violence occurs where dominant family members do not possess the skills, talents, or resources on which
superior status is supposedly based. Staus and Steinmetz (1980) maintain that the problem has historical roots in the contest of societal violence. Thus, child abuse, spouse abuse, siblings hitting each other, and now issues of elderly abuse, all are part of the same syndrome—violence as an integral part of the American family (Administration on Aging, 1980: 26).

Social learning theory posits violent and aggressive behaviors as learned responses reinforced by situational stimuli. This contradicts biological theories which emphasize aggression as an innate tendency (Administration on Aging, 1980). Generally, social research has not supported biological theories of aggression since cross cultural studies reveal societies in which there are few or no manifestations of violence (Langley, 1981). Thus the social theories of violence are supported by cross-cultural research. Through the process of social learning, the individual internalizes, through socialization, positive societal attitudes regarding violence (Administration on Aging, 1979). In addition, myths tend to reinforce this learning process (e.g., child rearing practices and the media).

Integenerational theories of violence have been advanced regarding learning patterns of abuse. Thus, learning about violence may occur from example (i.e., viewing parents abusing one another) which is passed from generation to generation. Persons learn violence as a method of relating to other family members and violence becomes the primary coping mechanism (Langley, 1981). It
must be noted that although the family may have the greatest impact, violence occurs in all aspects of American society (i.e., mass media, sports, etc.), thus, giving social support to the use of violence in the family setting.

Straus (1973) proposed several propositions on causes of family violence:

(1) Violence between family members arises from diverse causes, including normative expectations, personality traits such as aggressiveness, frustrations due to role-blockage and conflicts;

(2) Relative to the rate of publicly known or treated violence between family members, the actual occurrence is extremely high;

(3) The stereotypes of family violence are continually reaffirmed for adults and children through ordinary social interaction and in the mass media;

(4) Violent persons may be rewarded for violent acts if these acts produce the desired results. This reinforcement services to increase the probability that violence will be used again;

(5) Use of violence, when it is contrary to family normal, creates conflict over the use of violence to settle the original conflict. This "secondary conflict", in turn, tends to produce further violence (Davidson, 1979: 52-53).

According to Hickey (1981), analysis of elderly abuse and neglect, environmental contexts and situational problems are major causal variables in family abuse of the aged. Specifically, it was noted that abusive behavior was based on "flawed" development of the perpetrator and "disordered" family relationships resulting from numerous factors.
Sengstock (1982), suggested that severe stress may contribute to the increase in elderly abuse and victimization. To determine the impact of stress on family interaction, twenty elderly abuse victims were interviewed about family dynamics while applying modified version of the Social Readjustment Rating Scale as a measure of stress. The most common type of abuse was psychological. Interestingly, the victim's family was characterized by numerous problems and serious stresses. Stressors in abuse included death or illness of a friend or family member, gain of a new family member, a change in finances, or poor health. In general, the majority of the elderly victims defined their most serious family problems in terms other than direct abuse. The researcher concluded that "denial of resignation", or recognition that abuse is one portion of the greater difficulties they and their families feel.

Similar conclusions were drawn by Porter (1983). Five major variables that promote violence in the family were identified: (1) violence as a behavioral norm; (2) the cyclical nature of violence; (3) violence as a existence of stress in the family; (4) the power-dependent nature of family relationships; and (5) poor communication patterns in the family. Thus, it was concluded that when these five variables are present, they provide the climate in which violence can predictably occur.

The term "generational inversion" was advanced by Steinmetz (1980) and Foulk (1980) for describing families in which the roles of being the parent and child were inverted. Specifically, these
families involve not only role reversal but also generationally linked rights, responsibilities, and expectation that were reversed (Kosberg, 1983: 136). Generationally inverse families (families in which the elderly parent is dependent on the children for emotional, financial, physical or mental support) are rapidly increasing. Four major variables were identified in generationally inversed families:

1. The change in the role of the child from being cared for to that of caretaker may build feelings of resentment and misapprehension in both generations. Feelings of love and respect turn into guilt, hatred, and disappointment as child attempts to function in new roles of caregiver.

2. Unresolved conflict between parents and adolescent age children often continues throughout the life cycle, with the result that contact may remain at the level of obligatory vacation or holiday visits during the child's adulthood.

3. The inability of the elder to understand their child as adults. . . sixty-six percent of the caregivers reported that they were bothered by the elder's lack of respect for their privacy.

4. In some families, an elderly parent may be unable to relinquish power. For example, one respondent stated that her mother believed that "parents are right and always are up until the hour of death, you don't talk back."

Additional Factors in Abuse

Several situational and/or environmental factors have been identified as directly influencing the occurrence of elderly abuse. According to the Special Committee on Aging (1980), Steinmetz (1980) posited several related factors. These factors are briefly summarized below:
(1) Retaliation - Some argue that elderly abuse is a form of retaliation or revenge. Children treated nonviolently as they grow older abuse their parents later only by a ratio of 1 in 400. If a child is mistreated violently by his parents, the chance that he will abuse them later is one in two.

(2) Ageism and Violence as a Way of Life - Another rationale for elderly abuse is thought by some to be the widespread acceptance of violence in American society. In some families, patterns of violence exist from generation to generation as a normal response to stress. This, combined with the negative attitudes society generally holds towards the aged, can increase their likelihood of abuse.

(3) Lack of Close Family Ties - In some families where there are no close ties, the sudden appearance of a dependent elderly parent can precipitate stress and frustration without the love and friendship necessary to counteract the new responsibilities of the adult children. In some cases, the parent may be reunited with children after many years of separation.

(4) Lack of Financial Resources - The pressures and frustrations of family and financial problems is often cited by experts as a factor which drives family members to abusive behavior. The families may contribute a great deal of support to home maintenance, health care, and other needs of their elderly members. Adding to a potentially already tense financial situation is the factor that women, the primary caregivers in families, are increasingly involved in the workforce. If the older person requires supervision or assistance, she may be forced to give up her job, further reducing the family paycheck.

(5) Resentment of Dependency - Often children or relatives may wish to do "the right thing", but they are unable to cope with the resulting financial and emotional stress. They are often faced with multiple responsibilities to spouses, children, and grandchildren. The "child" may be in her fifties or sixties and have diminished strength to cope with the care of aging parents on a 24-hour basis. The situation may be one where one person (the caregiver) is putting her life on hold, spending all day, every day, as the sole companion of a person who may need almost constant attention. Caring for a frail elderly patient who requires a considerable amount of assistance can be very draining.
The older person also may resent his or her dependency and become either more aggressive or withdrawn, which may also be a source of aggravation for the abuser.

(6) **Increased Life Expectancy** - There has been a dramatic increase in the numbers of persons reaching age 75 and over. This is the fastest growing segment of the population. This is also a population more likely to require care. As a result of medical advances and other reasons, the dependency period of old age has been extended. The period of care may be for a long duration.

(7) **Lack of Community Resources** - Even the best of parent-child relationships can deteriorate as the burden of care persists over a long period of time. Those children who are financially equipped to maintain their dependent relatives in their homes oftentimes are unable to find the services in their communities to assist them to do so. Numerous witnesses testified that few support systems currently exist in local communities for caregivers to draw upon and those that do exist are virtually unknown to the average citizen. Some experts see abuse of the elderly as a natural consequence of inadequate services to families caring for a frail elderly relative.

(8) **Stress and Other Life Crises** - The dramatic change that can occur when a frail elderly parent moves in with a family already struggling in several areas of family relationships produces intense stress. For some elderly, constant supervision is necessary. As Suzanne Steinmetz stated to the Committee (Special Committee on Aging, 1980), "the bottom line is that if you increase the stress on family members without adding supports to help them cope with it, you increase the likelihood of violence because a person and a family can handle only so much." Most experts agree that family stress is a major precipitating factor in elderly person as a significant source of stress in sixty-three percent of the reported abuse cases.

(9) **History of Personal or Mental Problems** - In families where the adult child has a history of personal or pathological problems, a potential for abuse exists, in numerous individual cases, mentally impaired children were responsible for abusing their parents.
(10) History of Alcohol and Drug Abuse - The Committee found many instances of abuse wherein the abuser was experiencing alcohol and drug consumption problems. Substance abuse is readily identifiable as contributing to, if not causing, family violence.

(11) Environmental Conditions - Quality of housing, unemployment, family conflict, substance abuse, and crowded neighborhoods and living conditions can precipitate stress and lead to violence singularly or in combination with other factors (Langley, 1931: 12-14).

Finally the problem of elderly abuse is multifaceted in scope. Other factors related to stress are identified by Block and Sinnott (1979).

(1) Economic and Population Changes - Predicted population and economic trends can greatly affect the caretaking abilities of adult children (Steinmetz, 1978). The increasing costs of medical care often go beyond the resources of both the elderly parent and the adult children. Higher cost of living creates greater needs for women to work to meet family expenses. A growing number of persons over sixty-five increases the demand for alternative living arrangements. Burston (1975) views battering of the elderly as a natural consequence of inadequate services to families who need support in caring for older family members.

(2) Changes in Older Parent's Life - The older person may find that this period of life is not a time of comfort and freedom as had been anticipated. "For the aged person himself, the losses he has sustained--an identity of usefulness and productivity, significant status within the family, independence and mobility, and contact with friends and peers, . . . can contribute to an attitude of worthlessness and hopelessness" (Strow and MacKreth, 1977, pp. 30-31). Thus, the older person's sense of control over his own life may decrease and dependency increase.

(3) Changes in the Adult Child's Life - The hopes and expectations of the adult child must also be considered in relation to the potential for violence. The adult child may be near to retirement age and be looking forward to a freer, more relaxed lifestyle. The number of middle-aged women who work continues to rise,
reducing time available for care-giving. Thus, the hard work of caring for a relative with increasing disabilities would not be welcomed in such situations.

(4) **Family Relationships** - Factors within family relationships create the possibility of abuse. Often the responsibility for care falls upon only one adult child in a family. This child may come to regard the parent as a burden without relief. Caregiving responsibilities may create a situation of conflict for married, middle-aged women as they find themselves caught between the needs of their husbands and children and the needs of the parents and parents-in-law. Situations where the caretakers themselves are senile and elderly can lead to abuse because the caretakers are not aware of their behavior and its effects (Lau and Kosberg, 1979).

(5) **Parents Living with Adult Child** - A hastily made decision to have the aging parent come to live in the adult child's home may create the setting for eventual abuse (Burston, 1978). Such a decision may be reached quickly at a time when the emotions of the family are high. Possibilities for the parent to continue to care for themselves in their own living situation may not be explored carefully.

When the older person is living in an adult child's home, a variety of patterns may create the setting for abuse (Renvoise, 1978). Increasing disability of the older person may interfere with what had been a happy relationship with other family members. The family may already be experiencing some form of stress (Block and Sinnott, 1979: 52-55).

In conclusion, the available literature reveals that the scope of the problem of elderly abuse is broad. It involves a wide range of behavioral patterns, characteristics, and explanations of abuse. Indeed, elderly victimization is multidimensional and pervasive involving critical issues for sociological study.
CHAPTER III
THEORETICAL FRAMEWORK

Social Exchange Perspective: An Overview

The social exchange perspective provides the theoretical framework for the analysis of the sociological dynamics of elderly victimization. The rationale for the utilization of exchange principles to the social psychological dynamics of the aging process is that it is applicable to this phenomena. The social exchange perspective examines the responses of the victim to exploitation.

The social exchange perspective was founded on various economic principles and was influenced by the fields of sociology and psychology (Franklin, 1982). The development of exchange theory was influenced by the contributions of John Thibaut, Harold Kelly, Richard Emerson, Peter Blau and the founder, George Homans (1958).

George Homans (1958:607) proposed the idea that human behavior was "an exchange of goods, material and nonmaterial, based on behavioral psychological principles." In general, individuals enter into social exchange because they derive rewards from doing so. Social exchange theorists expand economic analogues of exchange of commodities to include the exchange of social approval, love, attitude, security, recognition, and the like (Van der Zander, 1975).
In exchange, theory individuals engage in interaction based upon rewards, cost and profits (i.e., rewards less costs). Thus social behavior consists of an exchange of activity between at least two people that is perceived as being more or less rewarding or costly to one of the other (Van der Zander, 1975). Social exchange, therefore, emphasizes the interdependency of individuals. It posits that human behavior must be voluntary and is motivated by the extrinsic returns that exchange is expected to bring. The essential feature of social exchange seems to be that behavior must be directed toward certain ends which can only be achieved through social interaction. "... Behavior must be goal-oriented in order for it to be considered social exchange" (Franklin, 1982: 13).

A person's outcomes in an exchange relation can be calculated by subtracting the costs incurred when rewards are received. "Rewards refer to the pleasure, gratifications, and satisfactions received in the exchange. Costs refer to any factors that operate to inhibit or deter the exchange. ..." (Greenburg and Ruback, 1982: 21). Also, cost may include the rewards that a person gives up when one chooses to exchange with one person rather than another. Social exchange may lead to asymmetry of power. "Power refers to a person's ability to affect the quality of someone else's outcomes. A person will have power over another when (1) the person has something the other wants very badly, (2) the other cannot get it from anyone else, (3) the other cannot coerce the person to surrender it, and (4) the other cannot resign himself or herself to
doing without it" (Greenburg and Ruback, 1982). Homans' initial works had great impact on the various concepts of social exchange as expounded in "Social Behavior as Exchange".

Consequently, Homans (1961) expanded his ideas on social exchange in Social Behavior: Its Elementary Forms. Homans posited a more formal explanation of behavior: (1) the behavior must be social -- it must be rewarded or punished by the behavior of others, (2) a particular person acting in some way toward another must be rewarded or punished by that other and not by a third party and (3) the behavior must be actual behavior and not norm of behavior. He labeled the behavior elementary social behavior, and said it was characterized by face-to-face contact, mutual and direct influence and actual behavior (Franklin, 1982).

Homans formulated several main propositions regarding behavior:

1. If in the past the occurrence of a particular stimulus situation has been the occasion on which a man's activity has been rewarded, then the more similar the present stimulus situation is to the past one, the more likely he is to emit the activity, or some similar activity, now.

2. The more often within a given period of time, a man's activity rewards the activity of another, the more often the other will emit the activity.

3. The more valuable to a man a unit of activity another gives him, the more often he will emit activity rewarded by the activity of the other.

4. The more often a man has in the recent past received a rewarding activity from another, the less valuable any further unit of that activity becomes to him.
5. The more to a man's disadvantage the rule of distributive justice falls of realization, the more likely he is to display the emotional behavior we call range.

The final proposition is the statement from which equity theory emerged.

**Equity Formulation**

A major conceptual aspect of the social exchange perspective that can explore problems of the elderly is equity theory. The theory was first developed by Adams (1963, 1965) and was later reformulated by Walster, Berscheid and Walster (1973). Specifically, equity theory is based on the assumption that "man is selfish." Equity theory used concepts such as outcomes and input. Input refers to "the participant's contributions to the exchange which are seen. . . as entitling him to rewards or cost." Input can be assets (i.e, reworks or liabilities) which entitle the person to costs (Walster et al., 1976: 3). The propositions initial of equity were as follows:

1. Individuals will try to maximize their outcomes (outcomes equal rewards minus costs).

2. Groups can maximize collective reward by evolving accepted systems for "equitably" apportioning rewards and cost among members. Thus members will evolve such systems of equity and will attempt to induce members to accept and adhere to these systems.

3. When individuals find themselves participating in inequitable relationships they become distressed. The more equitable the relationship, the more distress individuals feel.
4. Individuals who discover they are in an inequitable relationship attempt to eliminate their distress by restoring equity. The greater the inequity that exists, the more distress they feel, and the harder they try to restore equity.

Propositions three and four may be used to derive plausible explanations of elderly responses to victimization. An underlying premise of this theoretical formulation maintains that because of socialization and resultant association, participation in relationships that are inequitable results in feelings of distress. Feeling distressful increases with corresponding degrees of inequality in the relationship. Such distress results in attempts on the part of participants to reduce the distress through technique known as "equity restoration" (Franklin, 1982).

Attempts at elimination of distress invoke participants to engage in equity restoration through "(1) actually restoring equity by altering own or others' outcomes or inputs or (2) psychologically restoring equity through perceptual distortion of own or others' inputs or outcomes" (Franklin, 1982:215). Perceptual distortion is particularly applicable to elderly abuse and victimization. Generally, as a result of the socialization process, it is assumed that persons are likely to feel distress when they are involved in unequitable relationships as either exploiters or victims. Consequently, distressful feelings will lead to attempts at distress reduction through "actual" restoration of equity as "psychological" restoration of equity (Franklin, 1982).
According to Walster, Berscheid and Walster (1973; 1975), equity's theoretical formulation is especially relevant for explicating the dynamics of exploitative relationships. Thus, the application of this theoretical formulation provides the framework for analyzing the exploitative nature of relationships involving the elderly. Specifically, the authors maintain that when exploitation occurs, the exploiter feels distress which is based upon two factors: (1) fear of retaliation and (2) threatened self-esteem. The primary source of both types of distress is grounded in the socialization process. Early socialization processes enhance feelings of distress for then engaging in inequitable relationships. These feelings of distress are known as "retaliation distress" (Franklin, 1982). Retaliation distress is characterized by a fear of punishment from the victim, the victims' sympathizers, legal agencies or God. Additionally, "self-concept distress" may be generated in exploitative relationships. Self-concept distress is characterized by feeling of discomfort when a person violates his/her own internalized "standards of fairness" thereby experiencing conflict with his/her own self-expectations (Franklin, 1982).

Exploiters in inequitable relations will attempt to reduce distress through actual equity restoration techniques known as "victim compensation." This technique involves increasing their inputs or by allowing victims to decrease inputs. In addition, exploiters may also restore equity in relations through "self-deprivation." This involves lowering their own outcomes and
increasing their input. Walster, Berscheid and Walster (1973; 1975) pointed out that the latter technique for equity restoration occurs infrequently in exploitative relationships.

Moreover, exploiters can also restore equity in inequitable relations involving restoration of "psychological equity." Under such circumstances, the exploiter maintains that the victims' relative outcome are just, or minimizes individual outcome. These attempts at restoration are "characterized by distortions of reality and include 'degradation of the victim' (she or he deserved it), 'minimization of suffering' (I didn't hurt him or her) and 'denial of responsibility for the act' (I did nothing, it just happened or someone else did it)" (Franklin, 1982: 216).

Most importantly, equity restoration techniques also occur via the victim in exploitative relationships. Specifically, Walster, Berscheid and Walster posited a proposition regarding victim distress which states "a participant will be more distressed by inequity when he is a victim, than when he is the harmdoer" (1975: 24). The authors suggested that victims attempt equity restoration via "demands for compensation," "retaliation" and "justification" of the inequitable behavior (distortion of reality-psychological equity). The latter technique occurs when the victim is weak and can only acknowledge exploitation and defenselessness (I love her anyway) or justify the exploitation (I had it coming). In essence, it is the authors' contention that victims often find it less disturbing to restore psychological equity than to admit their
defenseless and vulnerability (see, Lerner and Matthew, 1967). Thus, victims can reduce inequity psychologically by changing their perception of their own inputs—justifying their own victimization (Greenberg and Ruback, 1982).

Theoretical Implications: Equity

The conceptual issues advanced in equity theory provide an impressively broad scheme for evaluating the exploitative relations that may characterize elderly social interaction. A basic assumption here is that the elderly, as a result of victimization, are in inequitable relationships which increases feelings of distress regarding their status in interpersonal relations. The foci here are the feelings of distress experienced by the elderly victim. The tension state which exists within inequitable situations results in actual attempts on the part of the elderly victim to restore equity to exploitive relationships.

Alternative means for inequity reduction involve elderly perceptual distortion (psychological equity). Psychological techniques appear more viable considering the defenseless of elderly persons against exploitation. Rationalization/justification of the abuse will become the coping mechanisms of the elderly. These processes enable the elderly to deal with the psychological effects of victimization. Indeed, it is assumed that the elderly have internalized the ideas of equity more so than other groups in society.
In exploring exploitative relations, exchange theory emphasizes that human interpersonal interaction is mediated by the real and perceived benefits and cost to individuals in relationships (Nye, 1978). According to Solomon (1982), the interaction between care providers and the elderly person, increases interpersonal distance because of contingencies inherent in the sick an caretaker roles and disparities of status. Solomon (1982) focused attention directly on health care providers, however, it is assumed that similar behavioral patterns occur between the elderly and caretakers in general (i.e, family, relative, friend, etc.).

In addition to an increase in interpersonal distance, caretakers perceive long-term outcomes negatively and costly in terms of both emotional and physical energy (Solomon, 1982: 162). Thus, "the caretaker is unlikely to invest much energy to minimize cost and maximize the few benefits gained from working with the elderly. Their behavior becomes unresponsive to the elderly ..." (Solomon, 1982: 162).

From the victim's position, the power disparity forces them to "play the game" by the provider's rules and adjust to the behavior of the caretaker. As old people are more likely to accept the stereotype of old people than are other population group (Tucker and loge, 1953), their expectations of themselves are further minimized and they accept the passivity and dependency necessary for care, thus further minimizing costs while maximizing short-term benefits (Solomon, 1983: 162-163).
The behavioral responses of victimization result in distress from inequitable interaction. The gerontological literature is replete with examples of social psychological effects of exploitive and abusive relationships. Specifically, one of the major psychologic responses of abused elderly is "learned helplessness." The learned helplessness model advanced by Seligman (1972) maintains "that a person may feel as though he or she exerts no control, or that the outcome of a situation as to be as it will be regardless of all efforts to control or escape from it" (Block and Sinnot, 1979: 64). Moreover, the elderly person has no control over response outcome, thus, becoming apathetic and experiences "giving up-given up" syndrome (Solomon, 1983: 161).

The antecedents of learned helplessness are stereotypes about the aged (Solomon, 1983). By stereotyping the aged person as dependent, senile, incompetent and chronically ill, caretakers are able to rationalize and justify neglect or abuse (See Fallah, 1976 and Viano, 1983).

Moreover, the elderly may also perceive that all that can be done for him or her is under the control of the caretaker (Solomon, 1983). Care providers may view the elderly as helpless, dependent, weak and powerless, with the elderly accepting these stereotypes. There is a status and power differential between the caregiver and the elderly person that increases interpersonal distance (Solomon, 1983: 164). The elderly person who experiences the stresses of victimization results in feelings of alienation and anomie, both of
which have been associated with depressive symptomatology (Durkheim, 1898; Becker, 1964; Arkiskal and McClinney, 1973, 1975 and Solomon, 1983). Further, loss of self-esteem occurs with self-blame (e.g., I caused the abuse) that often accompanies self-victimization and acceptance of the behavior. Generally, the anger associated with chronic victimization is turned inward, which may contribute to depression (Solomon, 1983).

Walster, Berscheid and Walster (1975) maintained that the victim in inequitable relationships will attempt equity restoration through "justification" of the inequity (distortion of reality-psychological equity). The elderly victim, who has been victimized, is often infirm, confused or dependent on the abuser. According to Langley (1981:20), one of the major "barriers to service provisions most frequently noted by service providers was the unwillingness (or inability) of the victim to admit the abuse has occurred or to accept services . . . The abuse is often discovered secondarily." Similar to child abuse or spouse abuse, few elderly victims admit that they have been abused by others, particularly family members. Rather, they say it was an "accident" or that they contributed to the abuse.

In essence, social exchange theory contains elements for examining elderly responses to victimization. In order to examine these factors, several questions on the interview schedule were developed to ameliorate the occurrence of these psychological dynamics. For example, questions regarding contributions to the
family (economic and service); physical disabilities affecting mobility; quality of social network; and psychological adaptations of the elderly are explored in order to explore responses to victimization. The elderly will attempt to restore equity by minimizing inputs in interpersonal relationships, low level of social functioning in the community and distortion of reality (psychological equity) which is exemplified in psychological adaptations of the elderly. A description of the survey instrument will be elaborated upon in the Methodology chapter.

Theoretical Conclusions

The theoretical issues presented above suggest that elderly exploitation results in attempts on the part of the victim to employ psychological equity restoration techniques to reduce feelings of distress which occur in exploitative relations. At this juncture, the research objectives that were used to examine this phenomenon are presented and discussed:

(1) Examine the nature and extent of elderly victimization -- physical, psychological and material abuse.

This objective attempted to access the prevalence and scope of elder abuse in a purposively selected population from senior centers and elderly housing complexes. Additionally, a description of the various types of victimization was determined. A profile of the dynamics of the abusive behavior was also analyzed.
(2) Examine the extent to which victimization impacts upon the elderly's level of social functioning within the community.

This object was related to the influence of fear of victimization and its consequence for integration and functioning within the community. It was assumed that this factor is detrimental to community involvement, interest and mobility as well as affecting the quality of interpersonal relationships experienced by the elderly.

(3) Test a theoretical orientation of the social psychological processes of the victims.

The rationale for this objective was to apply social exchange theory as the theoretical framework for this investigation of elderly abuse. Specifically, elements of equity theory provided focus for the numerous explorations of abusive and exploitive relationships. This idea was based on the assumption that inequitable relationship involve certain social psychological and behavioral responses in elderly victims.

(4) Discuss sociological implications of this research and to elucidate preventive efforts.

The final objective of this research was to present and discuss the sociological implications of this issue. The focus was to develop suggestions and recommendations for understanding and preventing abuse. Descriptive research efforts can establish valuable guidelines for further studies.
The exploration of these objects and results of this investigation can provide critical insight into the problem of elderly victimization. The theoretical underpinnings of social exchange theory provides an explanatory and interpretive framework for the purpose of this dissertation.
CHAPTER IV

METHODOLOGY

The purpose of this research was to ascertain information regarding elderly victimization. This study on elderly victimization utilized descriptive survey research and was exploratory in nature. The data were gathered with the cooperation of the Community Health and Nursing Service and Columbus Metropolitan Housing Authority in Columbus, Ohio.

Data were obtained from elderly residents of senior day centers and residential housing via standardized interviews. In addition, informant research was used to supplement this analysis. This chapter describes the research setting, the subject selection process, a description of the interview schedule, the method of data collection and the statistical procedures employed.

Research Setting

The complexity and sensitivity of the subject matter in this dissertation imposed special limitations in securing access to a study population. In order to address this issue two residential facilities and four senior centers provided the respondents. The decision was made to use both types of facilities in order to
achieve variability in the population. This methodological procedure was more feasible because of the homogeneous nature of each type of facility (i.e., predominately black and predominately white elderly attend facilities in their respective communities). In addition, because of time and financial limitations, it was parsimonious to purposively select the research sites while adhering to the statistical constraints of research accuracy.

Residential settings are individual housing complexes that are subsidized for senior citizens. By contrast, the senior centers provide a wide variety of services in a congregate site. The persons may live in single family dwellings, with family members, caretakers or others and attend the centers or recreation, meals and other programs.

The initial research sites were selected from a total listing of thirty-five facilities serving the Franklin County area. Columbus Metropolitan Housing Authority (CMHA) supplied a listing of CMHA housing units (8 facilities). The Community Health and Nursing Service provides a variety of programs for the elderly. However, the Nutrition Involving Community Elderly (NICE) is the largest service offered and thereby, has the greatest individual contract with the elderly population (27 congregate sites). Using these approaches ensured contact with a substantial elderly population for the study.
Subject Selection

According to the U.S. Census in 1981, the elderly population sixty and over for Franklin County was 107,605 persons. Of these, 42,370 (39.4%) were male; 65,235 (60%) female; 94,197 (87.5%) white; 12,446 (11.5%) black; and 986 (1.0%) other (See Table 2). The selection of the six research facilities was based upon the demographic characteristics of the clientele. Since the population of the four congregate sites was relatively small, the decision was made to employ availability sampling by including all of the elements in the population. Consequently, subject selection was determined by client availability with every member of the population having an equal chance to participate. The estimated population using the Wedgewood Center on a daily basis was a forty-five, the population at Goodman Guild was thirty, the population at Sacred Heart was fifty and 1100 E. Broad had an estimated population of fifty-five.

Further, respondents were also included from two purposively selected residential facilities. The population included Poindexter Tower with 121 residents and Worley Terrace with 226 residents. A randomization process could not be employed because the researcher did not have access to a listing of residents. Consequently, availability sampling was also utilized to secure the residential population. A total of 182 seniors, from both types of facilities, were included in the study. Because of the sampling constraints no attempt was made to generalize beyond the study population.
In addition to standardized interviews, informant research was used in this study to gain further insight into the problems that affect the elderly, and more importantly, to obtain the perspective of direct service providers and professionals who interface with the elderly. Specifically, informant research refers to "the reliance on a small number of knowledgeable participants, who observe and articulate social relationships for the researcher" (Seilder, 1974:816). The purpose of utilizing informant research was to supplement the quantitative data as a technique of obtaining reliable information not easily explored numerically.

Consequently, this study selected key professionals who were thirty experts on geriatric issues. These informants were knowledgeable and sensitive to issues on elderly victimization. Further, the informants were concerned with the lack of scholarly attention devoted to elderly abuse and were very supportive of this research efforts. The adult protection division of The Franklin County Department of Human Services and the Community Health and Nursing Service provided professionals working in this area. Adult Protective Services are intended to assist adults who are in danger of harm from abuse, neglect or exploitation. According to Adult Protection statutes, "Abuse is defined as the infliction upon an adult by himself or others of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish. Neglect means the failure of an adult or caretaker to provide goods or services necessary to avoid physical
harm, mental anguish, or mental illness. Adult protection includes the category of self-abuse and self-neglect. Exploitation means the unlawful or improper act of a caretaker using an adult or his resources for monetary or personal benefit, profit or gain" (APS Booklet, 1981). The specific goals of Adult Protective Services include:

1. To prevent, reduce or remedy conditions causing endangerment to adults.
2. To maximize the adult's independence and self-direction.
3. To prevent unnecessary institutionalization by selecting the least restrictive environment (APS Booklet, 1981).

Thus, the informants were extremely knowledgeable about the various aspects of elderly abuse and maltreatment. Notwithstanding, two major issues emerge regarding the (1) representativeness and (2) standardization of informant research. According to Seilder (1974), however, these concerns can be minimized by selecting persons occupying identical positions in each unit of analysis. This technique assumes that the informants will have similar access to information and similar knowledge or perspective.

Elderly victimization has been largely a neglected area of interest in sociology and there are a limited number of professionals working in this area. It should be noted that the lack of a large number of informants does not affect the conclusions drawn in the Data Analysis Section,
Instrumentation

The interview schedule was constructed by the researcher to explore the problems of elderly abuse. The criteria of instrumentation provided guidelines for questionnaire construction. According to Bailey (1978:95), the criteria for questionnaire development includes: "(1) relevance of the study's goals; (2) relevance of questions to the goals of the study; and (3) relevance of the questions to individual respondents." Thus, the instrument consisted of four major sections in order to reflect these criteria. Part I, items 1 through 16, was designed to gather demographic data. This provided a statistical profile and background information on the elderly population included in the sample (Appendix B).

Part II, was designed to assess the level of social functioning within the community. This section, items 1 through 17, was concerned with community involvement, interest, transportation and mobility and social networks with family and friends. Specifically, questions 1 thru 8 represented the first domain of the instrument designed to measure level of social functioning. A four-point likert type scale was adopted for this study (4 = often, 3 = sometimes, 2 = rarely, 1 = never). The final items, 18 and 19, pertain to psychological coping mechanism which represents the second domain measuring psychological adaptations. The items in this section were borrowed in part from Butler and Lewis (1973) diagnostic mental health evaluation checklist.
Part III, items 1 through 15, was designed to examine elderly victimization. Specifically, questions 8, 9, 11, 12 were designed to measure the extent of victimization and represents the third domain of the interview schedule. The questions in this section were derived in part from studies on elderly abuse. Specifically, the categories of abuse (e.g., physical, psychological and material abuse) were a composite of the major indicators of abusive behaviors examined by several studies discussed earlier in Chapter 2 (Block and Sinnott, 1979; Bergan, et al., 1979; Lau and Jordan, 1979; Douglass, et al., 1979). For the purpose of this study, certain categories were expanded (e.g., criminal victimization) while others (e.g., self-neglect or abuse) were excluded.

Finally, Part IV, items 1 through 8, was designed to examine general background data on the abusers of the elderly. The literature cited in Chapter 2 of this dissertation provided the framework for these various issues for questionnaire construction.

The informant interview schedule consisted of a fixed alternative and open-ended questions to elicit professional responses (Appendix B). The elderly service providers were asked general background information regarding professional credentials and knowledge of elderly abuse problem (Questions 1 through 5).

Part II(A) of the informant interview schedule solicited information about specific incidents of abuse. These items included personal characteristics of abused elders, Questions 1 through 6. Forms of abuse included knowledge of criminal victimization,
physical/battering abuse, forms of neglect, psychological abuse, misuse of funds and violation of rights, Questions 7 through 12. Questions 13 through 15 pertained to the administrative handling of the case.

Finally Part III, Questions 1 through 7, asked about the background characteristics of the abusers. Further, questions 8 and 9 included knowledge of the legal aspects of adult protective services.

Validity

The survey instrument used in this study was subjected to validation procedures. Content validation must emphasize: (1) whether the instrument is really measuring the kind of behavior that the researcher assumes; and (2) whether it provides an adequate sample of the kind of behavior" (Selltiz et al., 1976; Bailey, 1978). To ensure the validity of the survey instrument, the researcher submitted the completed questionnaire to a panel of experts in sociology and geriatric professionals for examination. The panel examined and confirmed the content validity of the survey instrument.

Reliability

The instrument was pilot tested at Worley Terrace in order to assess the reliability/internal consistency of the interview schedule. Nineteen senior citizens, all residents in the housing
complex, were asked to respond to the interview schedule. Their responses were analyzed through the use of Cronbach's Alpha procedure. There were three domains used to measure the variables of social functioning, psychological adaptation and victimization. This value was calculated to be .6, .6 and .9 respectively for the three domains, attesting to the internal consistency of the instrument. According to Nunnally (1967:226), "What a satisfactory level of reliability is depends on how a measure is being used. In the early stages of research on predictor tests or hypothesized measure of a construct, one saves time and energy by working with instruments that have only modest reliability, for which purposes reliabilities of .60 or .50 will suffice." Thus, the survey instrument was found to be reliable. Table 6 shows the results of the computation.

TABLE 6
CRONBACH'S ALPHA ON THREE DOMAINS OF THE INSTRUMENT

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>ALPHA</th>
<th>STANDARDIZED ALPHA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain I - Social Functioning</td>
<td>.58</td>
<td>.6</td>
</tr>
<tr>
<td>Domain II - Psychological Adapts</td>
<td>.58</td>
<td>.6</td>
</tr>
<tr>
<td>Domain II - Victimization</td>
<td>.87</td>
<td>.9</td>
</tr>
</tbody>
</table>
Data were obtained from 182 senior citizens via standardized face-to-face interviews. The interview schedule consisted of a four part instrument on elderly victimization. Beginning in January, for twelve consecutive weeks, the survey was administered to the elderly at the research sites. Prior to the scheduled arrival of the researcher, a memorandum was sent to each facility (Poindexter Tower, Worley Terrace, Wedgewood Center, Goodman Guild, Scared Heart and 1100 E. Broad) instructing the facility managers of the arrival of the researcher.

A written announcement was read to the clients informing them of the study and requesting their assistance in the research. Moreover, the subjects were informed of the confidential nature of the study and that they were free to terminate the responses to the questioning at any point. The significance of the research project was discussed. Finally, questions regarding the study were entertained.

After this preliminary introduction, the seniors who were willing to participate were requested to join the researcher at a table located in a private section of the lounge. Given that this was the lunch and recreation periods, the seniors who were

---

1 Students in Sociology assisted the researcher in administering the interview. The students demonstrated excellent ability to gain rapport with the elderly respondents.
willing to participate continued with their leisure activities until it was their time to be interviewed. The specific instructions were read individually to the subjects and the responses recorded by the researcher. Approximately twenty to twenty-five minutes were spent with each subject.

**Data Analysis**

The data in this study were analyzed descriptively by the means of the Statistical Package for the Social Sciences (SPSS), (Nie, et al, 1983). This analysis was exploratory in nature to determine the extent and scope of elderly victimization.

Part I of the analysis provides a descriptive summary of demographic characteristics of the sample; the impact on victimization of the level of social functioning; and finally, it analyzes the extent of elderly victimization. Descriptive statistics are used to present these data. The following statistics were employed: frequencies, percentages, measures of central tendency and measure of variability. Scatter plots were used to indicate the linearity and homoscedasticity of relationships. Since relationships were linear and homoscedastic, the following correlation coefficients were employed in this study: Pearson product-moment correlation coefficient and Spearman correlation coefficient.

Part II presents a summary of the informant interviews. Although supplementary in nature, these data provide insight into the problem of elderly victimization from a professional perspective. Statistical comparisons were made where appropriate.
In summary, by utilizing descriptive statistics and informant research, an exploration of elderly victimization will be presented in the following chapters.

CHAPTER SUMMARY

This was a descriptive study concerned with exploring the nature and extent of elderly victimization. The frame of the study included two residential facilities and four senior centers. The population of the study included 182 elderly respondents. In addition, 30 direct service providers and key professionals in the gerontological area were interviewed to collect supplementary information. The data were collected using standardized face-to-face interviews.

According to Kerlinger (1973) and Van Dalen (1979), frame error, sampling error, measurement error and nonresponse error could affect the internal and external validity of the survey research. Frame and sample of this study were purposefully selected and the nonresponse error did not apply to this research. Measurement errors were minimized by testing the validity and reliability of the interview schedules. Descriptive statistics were used to summarize, organize, simplify and interpret the data. The results of this study were generalized only to those who participated in the study.
CHAPTER V

DATA ANALYSIS

This chapter is devoted to the presentation of the major findings on elderly victimization. More specifically, the focus of this study was to examine the social and psychological dynamics of aging. It was posited that victimization of the elderly negatively impacts upon the level of social functioning and integration within the community. The idea was based upon the assumption that the elderly are devalued and socially isolated based upon the negative perceptions and stereotypes resulting from institutional agism. The social exchange perspective provided the theoretical framework for the analysis of the sociological aspects of elderly victimization. Social exchange principles were used for understanding exploitative relationships.

The population of the study was comprised of 182 elderly respondents at senior day centers and residential housing complexes. In addition, supplementary data from 30 geriatric professionals were also obtained. Standardized face-to-face interviews were used to collect the data. Descriptive statistics and correlations were employed to analyze the data.

For the purpose of clarity, this chapter is divided into two parts. Part I of the analysis is a descriptive summary of the findings from the elderly interview schedule. Part II presents a summary of the informant interviews.
Part 1

ELDERLY RESPONDENTS

BACKGROUND INFORMATION

Demographic Characteristics

Age: The age of the elderly respondents ranged from sixty to ninety-three years old. The mean age was 72.9 years with the standard deviation of 7.7. Table 7 presents the age distribution of the elderly respondents.

<table>
<thead>
<tr>
<th>AGE</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-65</td>
<td>35</td>
<td>19.2</td>
</tr>
<tr>
<td>66-71</td>
<td>49</td>
<td>26.5</td>
</tr>
<tr>
<td>72-77</td>
<td>48</td>
<td>27.0</td>
</tr>
<tr>
<td>78-83</td>
<td>30</td>
<td>16.4</td>
</tr>
<tr>
<td>84-90</td>
<td>18</td>
<td>9.8</td>
</tr>
<tr>
<td>91 and Above</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>18.2</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Mean = 72.9  S.D. = 7.7
Sex: Sixty-two percent (n=114) of the elderly respondents were female, while 37.4 percent (n=68) were male. Table 8 shows the results.

**TABLE 8**

SEX OF THE ELDERLY RESPONDENTS

<table>
<thead>
<tr>
<th>SEX</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>68</td>
<td>37.4</td>
</tr>
<tr>
<td>Female</td>
<td>114</td>
<td>62.6</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>182</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Race: Fifty-eight percent (n=106) of the elderly respondents were white, 39.6 percent (n=72) were black, while 2.2 percent (n=4) were identified as other races, as shown in Table 9.

**TABLE 9**

RACE OF THE ELDERLY RESPONDENTS

<table>
<thead>
<tr>
<th>RACE</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>72</td>
<td>39.6</td>
</tr>
<tr>
<td>White</td>
<td>106</td>
<td>58.2</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>2.2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>182</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Income: Income level of elderly respondents was low. The majority (67.4 percent, n=120), were under $5000. Twenty-two percent (n=40) had an income of $5,000-$7,499, 5.1 percent (n=9) had an income of $7,500-$9,999, 3.9 percent (n=7) had an income of $10,000-$14,999, while only .6 percent (n=1) had an income of $15,000-$19,000, and .6 percent (n=1) had an income of $25,000. The income levels are presented in Table 10.

### Table 10

#### Income of the Elderly Respondents

<table>
<thead>
<tr>
<th>Income</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under $5,000</td>
<td>120</td>
<td>67.4</td>
</tr>
<tr>
<td>$5,000-$7,499</td>
<td>40</td>
<td>22.5</td>
</tr>
<tr>
<td>$7,500-$9,999</td>
<td>9</td>
<td>5.1</td>
</tr>
<tr>
<td>$10,000-$14,999</td>
<td>7</td>
<td>3.9</td>
</tr>
<tr>
<td>$15,000-$19,999</td>
<td>1</td>
<td>.6</td>
</tr>
<tr>
<td>$25,000 and Above</td>
<td>1</td>
<td>.6</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>178*</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*Four of the elderly respondents did not report their income.
Source of Income: The major source of the income of the elderly respondents was reported to be social security (56.6 percent, n=103), 18.1 percent (n=33) received social and pensions, 8.6 percent (n=15) received supplemental security income (SSI) and 6.6 percent (n=12) received social security and SSI. Five percent (n=10) received a private pension, 2.7 percent (n=5) received welfare benefits, 1.1 percent (n=2) received social security and investments, while only .5 percent (n=1) received pension and investment. Table 11 shows the source of income.

### TABLE 11

SOURCE OF INCOME OF THE ELDERLY RESPONDENTS

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security (SS)</td>
<td>103</td>
<td>56.6</td>
</tr>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td>15</td>
<td>8.6</td>
</tr>
<tr>
<td>Private Pensions</td>
<td>10</td>
<td>5.5</td>
</tr>
<tr>
<td>Investments</td>
<td>1</td>
<td>.5</td>
</tr>
<tr>
<td>SS-SSI</td>
<td>12</td>
<td>6.6</td>
</tr>
<tr>
<td>Social Security and Investments</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>Pensions and Investments</td>
<td>1</td>
<td>.5</td>
</tr>
<tr>
<td>Welfare</td>
<td>5</td>
<td>2.7</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>182</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Economic Contribution: The majority of the elderly respondents (81.9 percent, n=145), did not contribute any income to their family while only 18.1 percent (n=32) contributed money to their family. In addition, 82.4 percent (n=150) of the respondents received no income contribution or assistance from their family, while only 14.1 (n=25) received income contribution or assistance from their family. The responses are shown in Table 12.

<table>
<thead>
<tr>
<th>Economic Contribution</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you contribute income to your family?</td>
<td>32</td>
<td>145</td>
</tr>
<tr>
<td>Does your family contribute income to you?</td>
<td>25</td>
<td>150</td>
</tr>
</tbody>
</table>

* Five of the elderly respondents did not report contribution.

Marital Status: Fifty-three percent (n=97) of the elderly respondents were widowed, 17.7 percent (n=32) were divorced, 14.9 percent (n=27) were married, 11 percent (n=20) were never married, while only 2.8 percent (n=5) were separated. The results are shown in Table 13.
TABLE 13

MARITAL STATUS OF THE ELDERLY RESPONDENTS

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>27</td>
<td>14.9</td>
</tr>
<tr>
<td>Never Married</td>
<td>20</td>
<td>11.0</td>
</tr>
<tr>
<td>Separated</td>
<td>5</td>
<td>2.8</td>
</tr>
<tr>
<td>Divorced</td>
<td>32</td>
<td>17.7</td>
</tr>
<tr>
<td>Widowed</td>
<td>97</td>
<td>53.6</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>181*</td>
<td>100.0</td>
</tr>
</tbody>
</table>

* One of the elderly respondents did not report marital status.

Education: As depicted in Table 14, the majority of the elderly respondents, (68.1 percent, n=124), had less than high school education. Thirteen percent (n=25) had high school education, 8.8 percent (n=16) had two year college education, 6.6 percent (n=12) had four year college education, 1.6 percent (n=3) had graduate or professional education, and only one percent (n=2) had other educational training.
TABLE 14
EDUCATION OF THE ELDERLY RESPONDENTS

<table>
<thead>
<tr>
<th>Education</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Than High School*</td>
<td>124</td>
<td>68.1</td>
</tr>
<tr>
<td>High School</td>
<td>25</td>
<td>13.7</td>
</tr>
<tr>
<td>Two Year College</td>
<td>16</td>
<td>8.8</td>
</tr>
<tr>
<td>Four Year College</td>
<td>12</td>
<td>6.6</td>
</tr>
<tr>
<td>Graduate and Professional</td>
<td>3</td>
<td>1.6</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>182</td>
<td>100.0</td>
</tr>
</tbody>
</table>

* The average grade completed was the 8th grade.

**Occupation:** Twenty-nine percent (n=50) of the elderly respondents reported having occupations involving labor and factory work, 26.4 percent (n=48) had service or private household occupations, and 13.3 percent (n=24) had professional occupations. Nine percent (n=18) reported having clerical occupations, 7.7 percent (n=13) had other occupations, 6.6 percent (n=12) were housewives, 3.3 percent (n=6) were farmers, while 2.7 percent (n=5) had managerial occupations. The occupations are presented in Table 15.
TABLE 15

OCCUPATION OF THE ELDERLY RESPONDENTS

<table>
<thead>
<tr>
<th>Occupation</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional</td>
<td>24</td>
<td>13.2</td>
</tr>
<tr>
<td>Managerial</td>
<td>5</td>
<td>2.7</td>
</tr>
<tr>
<td>Sales</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>Clerical</td>
<td>18</td>
<td>9.9</td>
</tr>
<tr>
<td>Labor/Factory</td>
<td>54</td>
<td>29.7</td>
</tr>
<tr>
<td>Farmer</td>
<td>6</td>
<td>3.3</td>
</tr>
<tr>
<td>Service/Private Household</td>
<td>48</td>
<td>26.4</td>
</tr>
<tr>
<td>Housewife</td>
<td>12</td>
<td>6.6</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
<td>7.1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>182</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Religious Affiliation: The majority of the elderly respondents, 75.7 percent (n=137), were Protestant, 16.6 percent (n=30) were Catholic, 6.7 percent (n=12) were other, and 1.1 percent (n=2) were Jewish. Results are presented in Table 16.

TABLE 16

RELIGIOUS AFFILIATION OF THE ELDERLY RESPONDENTS

<table>
<thead>
<tr>
<th>Religious Affiliation</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protestant</td>
<td>137</td>
<td>75.7</td>
</tr>
<tr>
<td>Catholic</td>
<td>30</td>
<td>16.6</td>
</tr>
<tr>
<td>Jewish</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
<td>6.7</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>181*</td>
<td>100.0</td>
</tr>
</tbody>
</table>

* One elderly respondent did not report religious affiliation.
Health Status: Health status of the elderly respondents was reported to be good (38.5 percent, n=70), fair (31.9 percent, n=58), poor (23.6 percent, n=43), and excellent (6 percent, n=11). Table 17 shows the results.

<table>
<thead>
<tr>
<th>Health Status</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>43</td>
<td>23.6</td>
</tr>
<tr>
<td>Fair</td>
<td>58</td>
<td>31.9</td>
</tr>
<tr>
<td>Good</td>
<td>70</td>
<td>38.5</td>
</tr>
<tr>
<td>Excellent</td>
<td>11</td>
<td>6.0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>182</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Physical Disabilities: Fifty-percent (n=91) of the elderly respondents could perform basic personal care without assistance, while fifty percent (n=91) could not perform basic personal care without assistance. Fifty-one percent (n=94) could not prepare their meals, while 48.9 percent (n=88) could prepare their meals. Fifty-one percent could not take medication without assistance, while 48.9 (n=89) could take medication without assistance. Fifty-one percent (n=93) could not perform other household duties without assistance, while 48.9 percent (n=89) could perform other household duties without assistance. Table 18 shows the results.
TABLE 18

PHYSICAL DISABILITIES THAT EFFECT MOBILITY OF THE ELDERLY RESPONDENTS

(N = 182)

<table>
<thead>
<tr>
<th>Physical Disabilities*</th>
<th>Yes</th>
<th>%</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can perform basic personal hygiene without assistance</td>
<td>91</td>
<td>50.0</td>
<td>91</td>
<td>50.0</td>
</tr>
<tr>
<td>Can prepare own food</td>
<td>88</td>
<td>48.4</td>
<td>94</td>
<td>51.6</td>
</tr>
<tr>
<td>Can take own medication</td>
<td>89</td>
<td>48.9</td>
<td>93</td>
<td>51.0</td>
</tr>
<tr>
<td>Other Household duties</td>
<td>89</td>
<td>48.9</td>
<td>93</td>
<td>51.0</td>
</tr>
</tbody>
</table>

* Most of the elderly respondents needed only limited assistance. Most participated in the NICE program while only a few had homemakers or other services.

Type of Residence: Thirty-seven percent (n=68) of the elderly respondents lived in senior residential (CMHA) complex, 20.9 percent (n=38) lived in apartments, 17.6 percent (n=32) lived in single family residence, 11.5 percent (n=21) lived in duplex residence, 9.9 percent (n=18) lived in subsidise housing project, while only 2.7 percent (n=5) other types of residence. The results are reported in Table 19.
### TABLE 19

**TYPE OF RESIDENT OF THE ELDERLY RESPONDENTS**

<table>
<thead>
<tr>
<th>Residence</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Family</td>
<td>32</td>
<td>17.6</td>
</tr>
<tr>
<td>Duplex</td>
<td>21</td>
<td>11.5</td>
</tr>
<tr>
<td>Apartment (under 20 units)</td>
<td>38</td>
<td>20.9</td>
</tr>
<tr>
<td>Subsidise Housing Project*</td>
<td>18</td>
<td>9.9</td>
</tr>
<tr>
<td>Senior Residential Complex</td>
<td>68</td>
<td>37.4</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>2.7</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>182</td>
<td>100.0</td>
</tr>
</tbody>
</table>

* The subsidise housing project had no age requirements and was based on income.

**Living Arrangement:** The majority of the elderly respondents, 81.3 percent (n=148), lived alone. Eleven percent (n=21) lived with a spouse, 5.5 percent (n=10) lived with a relative, and only 1.6 percent (n=3) lived with a friend, as shown in Table 20.

### TABLE 20

**LIVING ARRANGEMENTS OF THE ELDERLY RESPONDENTS**

<table>
<thead>
<tr>
<th>Living Arrangements</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alone</td>
<td>148</td>
<td>81.3</td>
</tr>
<tr>
<td>Spouse</td>
<td>21</td>
<td>11.5</td>
</tr>
<tr>
<td>Friend</td>
<td>3</td>
<td>1.6</td>
</tr>
<tr>
<td>Relative</td>
<td>10</td>
<td>5.5</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>182</td>
<td>100.0</td>
</tr>
</tbody>
</table>
TABLE 21
SERVICES CONTRIBUTED TO THE FAMILY BY THE ELDERLY RESPONDENTS
(N = 182)

<table>
<thead>
<tr>
<th>Services</th>
<th>Often f</th>
<th>%</th>
<th>Sometimes f</th>
<th>%</th>
<th>Rarely f</th>
<th>%</th>
<th>Never f</th>
<th>%</th>
<th>No Response f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childcare</td>
<td>8</td>
<td>4.5</td>
<td>5</td>
<td>2.8</td>
<td>5</td>
<td>2.8</td>
<td>159</td>
<td>89.8</td>
<td>5</td>
<td>2.7</td>
</tr>
<tr>
<td>Housekeeping</td>
<td>21</td>
<td>11.5</td>
<td>11</td>
<td>6.0</td>
<td>9</td>
<td>5.1</td>
<td>136</td>
<td>76.8</td>
<td>5</td>
<td>2.7</td>
</tr>
<tr>
<td>Preparing Meals</td>
<td>21</td>
<td>11.5</td>
<td>12</td>
<td>6.6</td>
<td>9</td>
<td>4.9</td>
<td>135</td>
<td>74.2</td>
<td>5</td>
<td>2.7</td>
</tr>
<tr>
<td>Contribute Money</td>
<td>17</td>
<td>9.3</td>
<td>6</td>
<td>3.3</td>
<td>5</td>
<td>2.7</td>
<td>149</td>
<td>81.9</td>
<td>5</td>
<td>2.7</td>
</tr>
<tr>
<td>Other Services</td>
<td>10</td>
<td>5.5</td>
<td>3</td>
<td>1.6</td>
<td>3</td>
<td>1.6</td>
<td>161</td>
<td>88.5</td>
<td>5</td>
<td>2.7</td>
</tr>
</tbody>
</table>
Service Contribution: Table 21 shows the frequency and percentage distribution of services contributed to the family by the elderly respondents. On a four-point Likert type scale, the overwhelming majority of the elderly respondents indicated that they never contributed any services. Table 22 shows the mean and standard deviation for each service provided.

<table>
<thead>
<tr>
<th>Services</th>
<th>Mean*</th>
<th>S.D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childcare</td>
<td>1.22</td>
<td>.70</td>
</tr>
<tr>
<td>Housekeeping</td>
<td>1.53</td>
<td>1.04</td>
</tr>
<tr>
<td>Preparing Meals</td>
<td>1.54</td>
<td>1.05</td>
</tr>
<tr>
<td>Contribute Money</td>
<td>1.38</td>
<td>.94</td>
</tr>
<tr>
<td>Other Services</td>
<td>1.22</td>
<td>.74</td>
</tr>
</tbody>
</table>

*Note: 1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often
SOCIAL FUNCTIONING

Part II of the elderly interview schedule was concerned with the level of social functioning within the community. The following presents a discussion of this issue.

Community Involvement:

Community Activities: Table 23 shows the frequency and percentage distribution of the elderly respondents' participation in community activities. The majority of the elderly respondents indicated that they never participated in community activities. One category (retiree or senior citizen groups), had a slightly higher level of participation. Table 24 shows the mean and standard deviation for each community activity.

<table>
<thead>
<tr>
<th>Community Involvement</th>
<th>Mean*</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Memberships-organizations, clubs, etc.</td>
<td>1.64</td>
<td>0.08</td>
</tr>
<tr>
<td>Retiree or senior center groups</td>
<td>2.06</td>
<td>1.27</td>
</tr>
<tr>
<td>Veterans organizations</td>
<td>1.09</td>
<td>0.44</td>
</tr>
<tr>
<td>Political activity (including voting behavior)</td>
<td>1.47</td>
<td>0.88</td>
</tr>
<tr>
<td>Voluntary Work</td>
<td>1.68</td>
<td>1.13</td>
</tr>
<tr>
<td>Church Work</td>
<td>1.93</td>
<td>1.21</td>
</tr>
</tbody>
</table>

*Note: 1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often
<table>
<thead>
<tr>
<th>Community Activities</th>
<th>Often</th>
<th>%</th>
<th>Sometimes</th>
<th>%</th>
<th>Rarely</th>
<th>%</th>
<th>Never</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Memberships—organizations, clubs, etc.</td>
<td>24</td>
<td>13.2</td>
<td>19</td>
<td>10.4</td>
<td>8</td>
<td>4.4</td>
<td>131</td>
<td>72.0</td>
</tr>
<tr>
<td>Retiree or senior citizen groups</td>
<td>42</td>
<td>23.1</td>
<td>27</td>
<td>14.8</td>
<td>14</td>
<td>7.7</td>
<td>99</td>
<td>54.4</td>
</tr>
<tr>
<td>Veterans Organizations</td>
<td>2</td>
<td>1.1</td>
<td>4</td>
<td>2.2</td>
<td>4</td>
<td>2.2</td>
<td>172</td>
<td>94.5</td>
</tr>
<tr>
<td>Political Activity (Including voting behavior)</td>
<td>8</td>
<td>4.4</td>
<td>24</td>
<td>13.2</td>
<td>15</td>
<td>8.2</td>
<td>135</td>
<td>74.2</td>
</tr>
<tr>
<td>Voluntary Work</td>
<td>24</td>
<td>13.7</td>
<td>21</td>
<td>11.5</td>
<td>8</td>
<td>4.4</td>
<td>128</td>
<td>70.3</td>
</tr>
<tr>
<td>Church Work</td>
<td>33</td>
<td>18.1</td>
<td>29</td>
<td>15.9</td>
<td>13</td>
<td>7.1</td>
<td>107</td>
<td>58.8</td>
</tr>
</tbody>
</table>
Interest. Table 25 shows the frequency and percentage distribution of the elderly respondents' participation in interest and activities. The majority of the elderly respondents indicated that they never participated in any interest or activities. One category (avocation or hobbies), had a slightly higher level of participation. Table 26 shows the mean and the standard deviation for each interest or activity.

**TABLE 26**

MEANS AND STANDARD DEVIATIONS FOR PARTICIPATION IN INTEREST AND ACTIVITIES BY THE ELDERLY RESPONDENTS (N = 182)

<table>
<thead>
<tr>
<th>Interest and Activities</th>
<th>Mean*</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avocation or hobbies</td>
<td>2.44</td>
<td>1.31</td>
</tr>
<tr>
<td>Sports and exercise</td>
<td>1.78</td>
<td>1.09</td>
</tr>
<tr>
<td>Commercial recreation (Movies, Restaurants, etc.)</td>
<td>1.76</td>
<td>1.00</td>
</tr>
<tr>
<td>Travel</td>
<td>1.67</td>
<td>0.92</td>
</tr>
</tbody>
</table>

*Note: 1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often

Transportation and Mobility: Seventy-three percent (n=134) of the elderly respondents did not drive a car, while 26.4 percent (n=48) did drive a car. Fifty-six percent (n=103) did not have access to a car, while 43.4 percent did have access to a car.
TABLE 25
INTEREST AND ACTIVITIES BY THE ELDERLY RESPONDENTS
(N = 182)

<table>
<thead>
<tr>
<th>Interest And Activities</th>
<th>Often ( f )</th>
<th>( % )</th>
<th>Sometimes ( f )</th>
<th>( % )</th>
<th>Rarely ( f )</th>
<th>( % )</th>
<th>Never ( f )</th>
<th>( % )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avocation or hobbies</td>
<td>58</td>
<td>31.9</td>
<td>39</td>
<td>21.4</td>
<td>10</td>
<td>5.5</td>
<td>75</td>
<td>41.2</td>
</tr>
<tr>
<td>Sports and exercise</td>
<td>20</td>
<td>11.0</td>
<td>33</td>
<td>18.1</td>
<td>16</td>
<td>8.8</td>
<td>113</td>
<td>62.1</td>
</tr>
<tr>
<td>Commercial recreation (Movies, Restaurants, etc.)</td>
<td>13</td>
<td>7.1</td>
<td>36</td>
<td>19.8</td>
<td>29</td>
<td>15.9</td>
<td>104</td>
<td>57.1</td>
</tr>
<tr>
<td>Travel</td>
<td>3</td>
<td>3.8</td>
<td>36</td>
<td>19.8</td>
<td>30</td>
<td>16.5</td>
<td>109</td>
<td>59.8</td>
</tr>
</tbody>
</table>
Furthermore, 93.4 percent (n=170) of the elderly respondents indicated that they had access to the public transportation, while only 6.6 percent (n=12) indicated that no public transportation was available to them. Sixty-nine percent (n=126) indicated that used public transportation and 30.8 percent (n=56) did not use public transportation. The results are presented in Table 27.

**TABLE 27**

TRANSPORTATION AND MOBILITY OF THE ELDERLY RESPONDENTS 
(N=182)

<table>
<thead>
<tr>
<th>TRANSPORTATION AND MOBILITY</th>
<th>YES</th>
<th>%</th>
<th>NO</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you drive a car?</td>
<td>48</td>
<td>26.4</td>
<td>134</td>
<td>73.6</td>
</tr>
<tr>
<td>Do you have access to a car?</td>
<td>79</td>
<td>43.4</td>
<td>103</td>
<td>56.6</td>
</tr>
<tr>
<td>Is public transportation available?</td>
<td>170</td>
<td>93.4</td>
<td>12</td>
<td>6.6</td>
</tr>
<tr>
<td>Do you use public transportation?</td>
<td>126</td>
<td>69.2</td>
<td>56</td>
<td>30.8</td>
</tr>
</tbody>
</table>

*One elderly respondent did not report mobility*

**Method of Transportation:** Forty-three percent (n=78) of the elderly respondents used public transportation, while 22.7 percent (n=41) relied on friends or relatives for transportation. Sixteen percent (n=29), 11.6 percent (n=21), 4.4 percent (n=8) and 2.2 percent (n=4) identified own transportation, walking, taxi and senior citizen vans, respectively, as the methods of transportation, as shown in Table 28.
TABLE 28
METHOD OF TRANSPORTATION OF THE ELDERLY RESPONDENTS
(How Do You Usually Get Around?)
(N=182)

<table>
<thead>
<tr>
<th>METHODS OF TRANSPORTATION</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>78</td>
<td>43.1</td>
</tr>
<tr>
<td>Friend or Relative</td>
<td>41</td>
<td>22.7</td>
</tr>
<tr>
<td>Senior Citizen Van</td>
<td>4</td>
<td>2.2</td>
</tr>
<tr>
<td>Own Transportation</td>
<td>29</td>
<td>16.0</td>
</tr>
<tr>
<td>Taxi</td>
<td>8</td>
<td>4.4</td>
</tr>
<tr>
<td>Walk</td>
<td>21</td>
<td>11.6</td>
</tr>
</tbody>
</table>

* One elderly respondent did not report method of transportation.

Perception of Fear: Eighty-three percent (n=151) of the elderly respondents indicated that they felt safe in their home or apartment, while 17 percent (n=31) did not feel safe. Fifty-eight percent (n=107) went out alone, while 41.2 percent (n=75) did not go alone. By contrast, 70.9 (n=129) percent indicated that they did not feel safe going out at night, while twenty-nine percent (n=53) indicated that they did feel safe going out at night. Seventy-nine percent (n=141) felt safe going out during the day, while 22.5 (n=41) did not feel safe going out in the day. The responses are shown in Table 29.
TABLE 29
PERCEPTIONS OF FEAR REPORTED BY THE ELDERLY RESPONDENTS
(N=182)

<table>
<thead>
<tr>
<th>PERCEPTIONS OF FEAR</th>
<th>YES</th>
<th>%</th>
<th>NO</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you feel safe in your home or apartment?</td>
<td>151</td>
<td>83.0</td>
<td>31</td>
<td>17.6</td>
</tr>
<tr>
<td>Do you go out alone?</td>
<td>107</td>
<td>58.8</td>
<td>75</td>
<td>41.2</td>
</tr>
<tr>
<td>Do you feel safe going out at night?</td>
<td>53</td>
<td>29.1</td>
<td>129</td>
<td>70.9</td>
</tr>
<tr>
<td>Do you feel safe going out during the day?</td>
<td>141</td>
<td>77.5</td>
<td>41</td>
<td>22.5</td>
</tr>
</tbody>
</table>

*One elderly respondent did not report perceptions of fear

The following typifies comments from the elderly respondents regarding fear when going out into the community:

"I'm afraid of getting my purse snatched. Several of the residents had their purse snatched right in front of the building standing at the bus stop. You have to be careful."

A similar observation was reported:

"These ladies haven't learned that you shouldn't carry a purse. I don't carry one. The police came and gave a crime prevention talk but they don't listen. People leave the main doors unlocked or let people in they don't know."

Another respondent stated:

"The young kids in the neighborhood bother with old people. I never go out alone."
Additionally,

... only if someone goes with me ... will not go out in the afternoon or evening. The neighborhood has changed. I don't know any of them... just lots of children and young people.

**Social Network:** Fifth percent (n=34) of the elderly respondents had contact with the spouse and fifty percent (n=34) had no contact with the spouse. The majority of the elderly respondents, 81.3 percent (n=113), had contact with the children, while 18.7 percent (n=26) had no contact with the children. Seventy-one percent (n=98) had contact with the grandchildren, while 28.5 percent (n=39) had no contact with the grandchildren. Sixty-one percent (n=91) had contact with siblings, while 38.5 percent (n=39) had no contact with siblings. Fifty percent (n=83) of the elderly respondents indicated that they had contact with other relatives and 49.4 percent (n=81) had no contact with other relatives. The majority (83.2 percent, n=149) had contact with friends, while only 16.8 percent (n=30) had no contact with friends. Similarly, the majority (84.7 percent, n=150) had contact with neighbors, while only 15.3 percent (n=27) had not contact with neighbors. A summary of the social network is presented in Table 30.
TABLE 30
CONTACT WITH SOCIAL NETWORK AS REPORTED BY THE ELDERLY RESPONDENTS
(N=182)

<table>
<thead>
<tr>
<th>SOCIAL NETWORK</th>
<th>YES</th>
<th>%</th>
<th>NO</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>34</td>
<td>50.0</td>
<td>34</td>
<td>50.0</td>
</tr>
<tr>
<td>Children</td>
<td>113</td>
<td>81.3</td>
<td>26</td>
<td>18.7</td>
</tr>
<tr>
<td>Grandchildren</td>
<td>98</td>
<td>71.5</td>
<td>39</td>
<td>28.5</td>
</tr>
<tr>
<td>Siblings</td>
<td>91</td>
<td>61.5</td>
<td>57</td>
<td>38.5</td>
</tr>
<tr>
<td>Other Relations</td>
<td>83</td>
<td>50.6</td>
<td>81</td>
<td>49.4</td>
</tr>
<tr>
<td>Friends</td>
<td>149</td>
<td>83.2</td>
<td>30</td>
<td>16.8</td>
</tr>
<tr>
<td>Neighbors</td>
<td>150</td>
<td>84.7</td>
<td>27</td>
<td>15.3</td>
</tr>
</tbody>
</table>

*These questions were not applicable to all of the elderly respondents. The N/A category was not included.

The elderly respondents were asked to characterize the quality of their relationship with their family. Excerpts from the elderly respondent exemplifies this issue.

"I have no contact with my only son. I was told that it interfered with marriage. He didn't attend his grandmother's funeral... about twelve years ago. I stopped seeing them." (Note: The respondent asked the researcher not to "tell" anyone she had a son. She has told her friends that she has no children, because other residents get visits.)

Another common response reported by the respondent:

"When he (nephew) has the time he gets to visit. He is a young man and doesn't have time for an 'old women.' He brings supplies and financial help."

Loneliness is my major problem because all my family is dead or in the old country... Roomer doesn't provide any company. There is no one to talk too."
Additionally,

"The family does not come to visit since sister died. I don't see anyone. I don't know their phone numbers or exactly where they live."

A respondent noted:

"I never get a change to see my family. Only see them at funerals once or twice a year. All my friends are dead."

A typical problem with relationships was reported:

"They live too far to come here to visit. It costs too much money. . . I get to see them on special occasions. . . that is all."

Psychological Adaptations: Table 31 presents the frequency and percentage distribution of psychological adaptations. The "Never" and "Sometimes" categories were the most frequent responses. Table 32 presents the mean and standard duration for each psychological adaptation technique. Depression occurred the most with the mean of 2.22 and the standard duration of 1.06

<table>
<thead>
<tr>
<th>Psychological Adaptations</th>
<th>Mean*</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>2.22</td>
<td>1.06</td>
</tr>
<tr>
<td>Anxiety</td>
<td>2.14</td>
<td>1.10</td>
</tr>
<tr>
<td>Loneliness</td>
<td>2.06</td>
<td>1.09</td>
</tr>
<tr>
<td>Guilt</td>
<td>1.40</td>
<td>0.78</td>
</tr>
<tr>
<td>Fearful</td>
<td>1.69</td>
<td>0.96</td>
</tr>
</tbody>
</table>

*Note: 1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often
TABLE 31

PSYCHOLOGICAL ADAPTATIONS OF THE ELDERLY RESPONDENTS
(N = 182)

<table>
<thead>
<tr>
<th>Psychological Adaptation</th>
<th>Often (f, %)</th>
<th>Sometimes (f, %)</th>
<th>Rarely (f, %)</th>
<th>Never (f, %)</th>
<th>No Response (f, %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>19 (10.4)</td>
<td>70 (38.5)</td>
<td>25 (13.7)</td>
<td>67 (36.8)</td>
<td>1 (.5)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>21 (11.5)</td>
<td>63 (34.6)</td>
<td>19 (10.4)</td>
<td>78 (42.9)</td>
<td>1 (.5)</td>
</tr>
<tr>
<td>Loneliness</td>
<td>22 (12.1)</td>
<td>48 (26.4)</td>
<td>29 (15.9)</td>
<td>81 (44.5)</td>
<td>2 (1.1)</td>
</tr>
<tr>
<td>Guilt</td>
<td>5 (2.7)</td>
<td>19 (10.4)</td>
<td>21 (11.5)</td>
<td>136 (74.7)</td>
<td>1 (.5)</td>
</tr>
<tr>
<td>Fearful</td>
<td>10 (5.5)</td>
<td>34 (18.7)</td>
<td>28 (15.4)</td>
<td>109 (59.9)</td>
<td>1 (.5)</td>
</tr>
</tbody>
</table>
VICTIMIZATION

Part III of the elderly interviewing was concerned with the nature and extent of elderly victimization. The following is a discussion of criminal, physical, psychological and material abuse.

**Criminal Victimization:** Eighty-nine percent (N=161) of the elderly respondents had experienced no criminal victimization in the category of assault, while 11 percent (n=20) had experienced the crime of assault. Ninety-one percent (N=166) had not been the victim of burglary, while 8.2 percent (n=15) had experienced the crime of burglary. Eighty-two percent (n=149) had not been the victim of robbery, while 17.7 percent had experienced robbery. Ninety-six percent (n=175) of the elderly respondents had not been the victim of auto thefts, while 3.3 percent (n=6) had experienced auto theft. Eighty-five percent (n=155) had experienced no larceny theft, while 14.4 percent (n=26) had been the victim of larceny theft. Finally, the majority (96.7 percent, n=175) had not experienced the crime of fraud, while only 3.3 percent (n=6) had experienced some type of criminal fraud. The responses are shown in Table 33.
TABLE 33
CRIMINAL VICTIMIZATION OF THE ELDERLY RESPONDENTS
(N=182)

<table>
<thead>
<tr>
<th>CRIMES</th>
<th>YES</th>
<th>%</th>
<th>NO</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assault</td>
<td>20</td>
<td>11.0</td>
<td>161</td>
<td>89.0</td>
</tr>
<tr>
<td>Burglary</td>
<td>15</td>
<td>8.2</td>
<td>166</td>
<td>91.7</td>
</tr>
<tr>
<td>Robbery</td>
<td>32</td>
<td>17.7</td>
<td>149</td>
<td>82.3</td>
</tr>
<tr>
<td>Auto Theft</td>
<td>6</td>
<td>3.3</td>
<td>175</td>
<td>96.7</td>
</tr>
<tr>
<td>Larceny Theft</td>
<td>26</td>
<td>14.4</td>
<td>155</td>
<td>85.6</td>
</tr>
<tr>
<td>Fraud</td>
<td>6</td>
<td>3.3</td>
<td>175</td>
<td>96.7</td>
</tr>
</tbody>
</table>

*One of the elderly respondents did not report criminal victimization.

The following comments are illustrative of the elderly respondents who had experienced criminal victimization.

"I was tied up during a burglary... they (a man and woman) ransacked the apartment. I had seen them before in the building."

Similarly, a respondent noted:

"I came here to live (residential facility) because I was robbed back home. I wanted to come here to Columbus to be near my family for protection."

Another respondent noted a similar experience:

"I put my key in the door and then he came up behind me and push me in my house. I gave him my money. I wasn't hurt just scared. It is difficult talking about it even now. I gave up my house after that... it was difficult."
Finally, one victim of fraud stated:

"She knocked on the door and said that she was the Avon lady. She said that she was the representative in the building. We do have a Avon lady... so I let her in. She talked for a while and then demanded money. I gave it to her... She got my neighbor too."

Number of Times Victimized: The number of times victimized ranged from one to six times, with 1.6 as the mean and the standard duration of 1.0. Table 34 presents the frequency and percentage distribution of times victimized.

<table>
<thead>
<tr>
<th>TIMES VICTIMIZED</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>49</td>
<td>64.5</td>
</tr>
<tr>
<td>Two</td>
<td>15</td>
<td>19.7</td>
</tr>
<tr>
<td>Three</td>
<td>5</td>
<td>6.6</td>
</tr>
<tr>
<td>Four</td>
<td>5</td>
<td>6.6</td>
</tr>
<tr>
<td>Five</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>Six</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>76*</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Mean = 1.6; SD = 1.0

* This question was only applicable to the elderly respondents who had experienced criminal victimization.
Reporting of Criminal Victimization: The majority of the elderly respondents, 80 percent (n=64), who had experienced criminal victimization did report the crime, while only 20 percent (N=16) did not report the crime. In addition, the major source of reporting was to the police (72.2 percent, n=57). The results of reporting practices are presented in Table 35-36.

**TABLE 35**

REPORTING OF CRIMINAL VICTIMIZATION OF THE ELDERLY RESPONDENTS

<table>
<thead>
<tr>
<th>YES</th>
<th>%</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64</td>
<td>80.0</td>
<td>16</td>
</tr>
</tbody>
</table>

*This question was only applicable to the elderly respondents who had experienced criminal victimization.

**TABLE 36**

SOURCE OF REPORTING OF CRIMINAL VICTIMIZATION AS REPORTED BY THE ELDERLY RESPONDENTS

<table>
<thead>
<tr>
<th>SOURCE OF REPORTS</th>
<th>YES</th>
<th>%</th>
<th>NO</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Police</td>
<td>57</td>
<td>72.2</td>
<td>22</td>
<td>27.8</td>
</tr>
<tr>
<td>Social Service</td>
<td>7</td>
<td>9.0</td>
<td>71</td>
<td>91.0</td>
</tr>
<tr>
<td>Physician</td>
<td>10</td>
<td>13.0</td>
<td>67</td>
<td>87.0</td>
</tr>
<tr>
<td>Minister</td>
<td>2</td>
<td>2.6</td>
<td>76</td>
<td>97.4</td>
</tr>
<tr>
<td>Friend</td>
<td>24</td>
<td>30.8</td>
<td>54</td>
<td>69.2</td>
</tr>
<tr>
<td>Relative</td>
<td>22</td>
<td>28.2</td>
<td>56</td>
<td>71.8</td>
</tr>
<tr>
<td>Other*</td>
<td>13</td>
<td>16.5</td>
<td>66</td>
<td>83.5</td>
</tr>
</tbody>
</table>

*The other category consisted of rental offices, landlords, senior van drivers, meal site managers and residential managers.
Physical Victimization

Confinement: Ninety-two percent (n=168) of the elderly respondents reported no physical confinement, while 7.2 percent (N=13) had experienced confinement against their will. Excerpts from the elderly respondents who had experienced confinement are illustrative.

"I really wanted to leave the nursing home and go back to my own apartment... My children thought it best for me to stay."

Another elderly respondent reported:

"... I wanted to leave my daughter's house. I just did not like it there."

Finally,

"My husband did not let me see people. He was abusive. For a long time I did not understand... Now I am seeing a psychiatrist to help me better understand. You just didn't talk about thinks like that in my day."

Alone for Extended Periods: Eighty-four percent (n=153) of the elderly respondents had not experienced being alone for extended periods, while fifteen percent (n=28) had been left alone for extended periods of time. The following comments exemplifies this issue:

"When I returned from hospital, I couldn't get out for six weeks... couldn't do for myself. I was left alone."
Similarly, a respondent stated:

"I came home from the hospital and no one checked up on me. Finally, the doctor suggested that I get a homemaker or aid so that I would not have to be alone.

Finally,

"I was staying with my daughter but she had to work. I was at home all day alone. I understand that you have to work. I wanted to come here (residential complex) to be near people."

**Physical Battering/Abuse:** Eighty-nine percent (n=161) of the elderly respondents had experienced no physical battering or abuse, while 11 percent (n=20) had experienced physical abuse. The elderly who had experienced physical battering often terminated the relationship (i.e., separating or divorcing spouse), or accepted the behavior as normative (remained in relationship). These who stayed in relationships or who were battered during criminal victimization expressed the view that little could be done to change the situation or that they were simply afraid of the abuser. By changing perceptions regarding their own inputs allows the elderly to reduce inequity psychologically. The following were few of the examples given by the elderly.

Most reports of battering involved domestic violence with a spouse.

"My husband use to beat me all the time. I received some serious injuries over the years as a result."
(Note: Respondent started crying when discussing abuse.)
Another respondent noted:

"I was beaten up during robbery attempt. He choked me and hit me in the breast... there were bruises and permanent neck injuries that still bother me."

An elderly respondent reported:

"My nephews push me around and sometimes take my money. They wanted the T.V. and I would not give it to them. I am afraid of them."

Table 37 shows a summary of the results regarding physical victimization.

**TABLE 37**

**TYPES OF PHYSICAL VICTIMIZATION AS REPORTED BY THE ELDERLY RESPONDENTS**

(N=182)*

<table>
<thead>
<tr>
<th>PHYSICAL VICTIMIZATION</th>
<th>YES</th>
<th>%</th>
<th>NO</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever experienced confinement against your will?</td>
<td>13</td>
<td>7.2</td>
<td>168</td>
<td>92.8</td>
</tr>
<tr>
<td>Have you been left alone for extended periods?</td>
<td>28</td>
<td>15.5</td>
<td>153</td>
<td>84.5</td>
</tr>
<tr>
<td>Have you ever experienced physical battering/abuse.</td>
<td>20</td>
<td>11.0</td>
<td>161</td>
<td>89.0</td>
</tr>
</tbody>
</table>

*One elderly respondent did not respond to these questions.
Neglect: Table 38 shows the frequency and percentage distribution of types of neglects. The "Never" and "Rarely" categories were the most frequent responses. Table 39 shows the mean and standard deviation for each types of neglect. Each type of neglect had a mean below 2.0.

TABLE 39
MEANS AND STANDARD DEVIATIONS FOR EACH OF THE TYPES OF NEGLECT AS REPORTED BY THE ELDERLY RESPONDENTS (N = 182)

<table>
<thead>
<tr>
<th>Types of Neglect</th>
<th>Mean*</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isolation</td>
<td>1.47</td>
<td>0.87</td>
</tr>
<tr>
<td>Ignored</td>
<td>1.51</td>
<td>0.89</td>
</tr>
<tr>
<td>Without Food</td>
<td>1.20</td>
<td>0.52</td>
</tr>
<tr>
<td>With Medical Care</td>
<td>1.27</td>
<td>0.64</td>
</tr>
<tr>
<td>Inadequate Hygiene</td>
<td>1.60</td>
<td>0.47</td>
</tr>
</tbody>
</table>

*Note: 1 = Never, 2 = Rarely, 3 = Sometimes, 1 = Often

Environmental Care. Ninety percent (n=168) of the elderly respondents had adequate heat, while 9.9 percent (n=18) did not have adequate heat. In addition, the majority of the elderly respondents, (96.1 percent; n=174 and 96.7 percent, n=175), had adequate water and sanitation, respectively. The results are shown in Table 40.
### TABLE 38

**TYPES OF NEGLECTS AS REPORTED BY THE ELDERLY RESPONDENTS**

(N = 182)

<table>
<thead>
<tr>
<th>Types of Neglect</th>
<th>Often f</th>
<th>%</th>
<th>Sometimes f</th>
<th>%</th>
<th>Rarely f</th>
<th>%</th>
<th>Never f</th>
<th>%</th>
<th>No Response f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isolation</td>
<td>9</td>
<td>4.9</td>
<td>19</td>
<td>10.4</td>
<td>20</td>
<td>11.0</td>
<td>133</td>
<td>73.1</td>
<td>1</td>
<td>.5</td>
</tr>
<tr>
<td>Ignored</td>
<td>8</td>
<td>4.4</td>
<td>26</td>
<td>14.3</td>
<td>17</td>
<td>9.3</td>
<td>130</td>
<td>71.4</td>
<td>1</td>
<td>.5</td>
</tr>
<tr>
<td>Without Food</td>
<td></td>
<td>---</td>
<td>10</td>
<td>5.5</td>
<td>17</td>
<td>9.3</td>
<td>154</td>
<td>84.6</td>
<td>1</td>
<td>.5</td>
</tr>
<tr>
<td>Without Medical Care</td>
<td>2</td>
<td>1.1</td>
<td>14</td>
<td>7.7</td>
<td>15</td>
<td>8.2</td>
<td>150</td>
<td>82.4</td>
<td>1</td>
<td>.5</td>
</tr>
<tr>
<td>Inadequate Hygiene</td>
<td>1</td>
<td>.5</td>
<td>5</td>
<td>2.7</td>
<td>2</td>
<td>8.8</td>
<td>159</td>
<td>87.4</td>
<td>1</td>
<td>.5</td>
</tr>
</tbody>
</table>
TABLE 40
ADEQUATE ENVIRONMENTAL CARE REPORTED BY THE EARLY RESPONDENTS
(N=182)

<table>
<thead>
<tr>
<th>ENVIRONMENTAL CARE</th>
<th>YES</th>
<th>%</th>
<th>NO</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heat</td>
<td>168</td>
<td>90.1</td>
<td>13</td>
<td>9.9</td>
</tr>
<tr>
<td>Water</td>
<td>174</td>
<td>96.1</td>
<td>7</td>
<td>3.9</td>
</tr>
<tr>
<td>Sanitation</td>
<td>175</td>
<td>96.7</td>
<td>6</td>
<td>3.3</td>
</tr>
</tbody>
</table>

*One of the elderly respondents did not report environmental care.

Psychological Victimization

Physchological Abuse: Table 41 presents the frequency and percentage distribution of psychological victimization. The "Never" and "Sometimes" categories were the most frequent responses. Table 42 presents the means and standard deviation for each of the types of psychological victimization. Each type of psychological abuse had a mean below 1.5.
TABLE 41
PSYCHOLOGICAL VICTIMIZATION AS REPORTED BY THE ELDERLY RESPONDENTS
(N = 182)

<table>
<thead>
<tr>
<th>Psychological Victimization</th>
<th>Often</th>
<th></th>
<th>Sometimes</th>
<th></th>
<th>Rarely</th>
<th></th>
<th>Never</th>
<th></th>
<th>No Response</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal Abuse</td>
<td>9</td>
<td>4.9</td>
<td>11</td>
<td>6.0</td>
<td>20</td>
<td>11.0</td>
<td>141</td>
<td>77.9</td>
<td>1</td>
<td>.5</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>7</td>
<td>3.8</td>
<td>12</td>
<td>6.6</td>
<td>14</td>
<td>7.7</td>
<td>148</td>
<td>81.3</td>
<td>1</td>
<td>.5</td>
</tr>
<tr>
<td>Threats</td>
<td>4</td>
<td>1.1</td>
<td>17</td>
<td>9.3</td>
<td>14</td>
<td>7.7</td>
<td>148</td>
<td>81.3</td>
<td>1</td>
<td>.5</td>
</tr>
<tr>
<td>Fear/Intimiditation</td>
<td>4</td>
<td>2.2</td>
<td>21</td>
<td>11.5</td>
<td>11</td>
<td>6.0</td>
<td>145</td>
<td>79.7</td>
<td>1</td>
<td>.5</td>
</tr>
</tbody>
</table>
TABLE 42
MEANS AND STANDARD DEVIATIONS FOR EACH OF THE TYPES OF PSYCHOLOGICAL VICTIMIZATION AS REPORTED BY THE ELDERLY RESPONDENTS (N = 182)

<table>
<thead>
<tr>
<th>Types of Psychological Victimization</th>
<th>Mean</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Verbal Abuse</td>
<td>1.38</td>
<td>0.81</td>
</tr>
<tr>
<td>2. Emotional abuse</td>
<td>1.32</td>
<td>0.76</td>
</tr>
<tr>
<td>3. Threats</td>
<td>1.29</td>
<td>0.68</td>
</tr>
<tr>
<td>4. Fear/Intimidation</td>
<td>1.35</td>
<td>0.77</td>
</tr>
<tr>
<td>Inadequate Hygiene</td>
<td>1.60</td>
<td>0.47</td>
</tr>
</tbody>
</table>

*Note: 1 = Never, 2 = Rarely, 3 = Sometimes, 1 = Often

Material Victimization

Material Abuse: Table 43 shows the frequency and percentage distribution of types of material victimization. The "Never" and "Rarely" categories were the most frequent responses. Table 44 show the mean and standard deviation for each of the types of material victimization. The mean for all categories was below 2.0.
<table>
<thead>
<tr>
<th>Material Victimization</th>
<th>Often f</th>
<th>%</th>
<th>Sometimes f</th>
<th>%</th>
<th>Rarely f</th>
<th>%</th>
<th>Never f</th>
<th>%</th>
<th>No Response f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Theft</td>
<td>4</td>
<td>2.2</td>
<td>18</td>
<td>9.9</td>
<td>2</td>
<td>19.2</td>
<td>124</td>
<td>68.1</td>
<td>1</td>
<td>.5</td>
</tr>
<tr>
<td>Material Theft</td>
<td>4</td>
<td>2.2</td>
<td>17</td>
<td>9.3</td>
<td>28</td>
<td>15.4</td>
<td>132</td>
<td>72.5</td>
<td>1</td>
<td>.5</td>
</tr>
<tr>
<td>Misuse of Funds</td>
<td>3</td>
<td>1.6</td>
<td>9</td>
<td>4.9</td>
<td>6</td>
<td>3.3</td>
<td>163</td>
<td>89.6</td>
<td>1</td>
<td>.5</td>
</tr>
</tbody>
</table>
TABLE 44
MEANS AND STANDARD DEVIATIONS FOR EACH OF THE TYPES OF MATERIAL VICTIMIZATION AS REPORTED BY THE ELDERLY RESPONDENTS (N = 182)

<table>
<thead>
<tr>
<th>Types of Material Victimization</th>
<th>Mean*</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Theft</td>
<td>1.45</td>
<td>0.76</td>
</tr>
<tr>
<td>Material Theft</td>
<td>1.40</td>
<td>0.75</td>
</tr>
<tr>
<td>Misuse of Funds</td>
<td>1.82</td>
<td>0.59</td>
</tr>
</tbody>
</table>

*Note: 1 = Never, 2 = Rarely, 3 = Sometimes, 1 = Often

Reporting of Victimization: The majority of the elderly respondents, 34.6 percent (N=63), who had experienced victimization did report the incident, while 12.6 percent (n=23) did not report the crime. In addition, the most frequent source of reporting was to the police, (55.4 percent, n=46). The results of reporting practices are presented in Table 45-46.

TABLE 45
REPORTING OF VICTIMIZATION OF THE ELDERLY RESPONDENTS

<table>
<thead>
<tr>
<th>Was the Victimization Reported?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>%</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>Was the Victimization Reported?</td>
<td>63</td>
<td>34.6</td>
</tr>
</tbody>
</table>

*This question was only applicable to the elderly respondents who had experienced abuse, neglect or exploitation.
TABLE 46
SOURCE OF REPORTING OF VICTIMIZATION
AS REPORTED BY THE ELDERLY RESPONDENTS

<table>
<thead>
<tr>
<th>SOURCE OF REPORTS</th>
<th>YES</th>
<th>%</th>
<th>NO</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police</td>
<td>46</td>
<td>55.4</td>
<td>37</td>
<td>20.3</td>
</tr>
<tr>
<td>Social Service</td>
<td>4</td>
<td>4.8</td>
<td>79</td>
<td>95.2</td>
</tr>
<tr>
<td>Physician</td>
<td>9</td>
<td>10.8</td>
<td>74</td>
<td>89.2</td>
</tr>
<tr>
<td>Minister</td>
<td>3</td>
<td>3.6</td>
<td>80</td>
<td>96.4</td>
</tr>
<tr>
<td>Friend</td>
<td>20</td>
<td>24.1</td>
<td>63</td>
<td>75.9</td>
</tr>
<tr>
<td>Relative</td>
<td>16</td>
<td>19.3</td>
<td>67</td>
<td>80.7</td>
</tr>
<tr>
<td>Other*</td>
<td>11</td>
<td>13.3</td>
<td>72</td>
<td>86.7</td>
</tr>
</tbody>
</table>

*The other category consisted of rental offices, landlords, senior van drivers, meal site managers and residential managers.

THREE DOMAINS OF THE INTERVIEW SCHEDULE

As discussed in Chapter IV, there were three domains in the interview schedule used to measure the variables of social functioning, psychological adaptation and victimization. A four-point likert-type scale was adapted for this study with 4 being the highest and 1 being the lowest. In order to measure the extent of all three domains, a grand mean score was calculated for each of the elderly respondents.
Social Functioning: The frequency and percentage distribution of the extent of social functioning ranged from 1.00 to 3.30, with the mean of 1.75 and the standard deviation of 0.50. Table 47 shows the results of the computation.

### TABLE 47
ELDERLY RESPONDENTS' EXTENT OF SOCIAL FUNCTIONING

<table>
<thead>
<tr>
<th>SOCIAL FUNCTIONING</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.00</td>
<td>8</td>
<td>4.4</td>
</tr>
<tr>
<td>1.10</td>
<td>5</td>
<td>2.7</td>
</tr>
<tr>
<td>1.20</td>
<td>11</td>
<td>6.0</td>
</tr>
<tr>
<td>1.30</td>
<td>15</td>
<td>8.2</td>
</tr>
<tr>
<td>1.40</td>
<td>15</td>
<td>8.2</td>
</tr>
<tr>
<td>1.50</td>
<td>19</td>
<td>10.4</td>
</tr>
<tr>
<td>1.60</td>
<td>15</td>
<td>8.2</td>
</tr>
<tr>
<td>1.70</td>
<td>12</td>
<td>6.6</td>
</tr>
<tr>
<td>1.80</td>
<td>15</td>
<td>8.2</td>
</tr>
<tr>
<td>1.90</td>
<td>14</td>
<td>7.7</td>
</tr>
<tr>
<td>2.00</td>
<td>8</td>
<td>4.4</td>
</tr>
<tr>
<td>2.10</td>
<td>13</td>
<td>7.1</td>
</tr>
<tr>
<td>2.20</td>
<td>8</td>
<td>4.4</td>
</tr>
<tr>
<td>2.30</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>2.40</td>
<td>3</td>
<td>1.6</td>
</tr>
<tr>
<td>2.50</td>
<td>5</td>
<td>2.7</td>
</tr>
<tr>
<td>2.60</td>
<td>3</td>
<td>1.6</td>
</tr>
<tr>
<td>2.80</td>
<td>3</td>
<td>1.6</td>
</tr>
<tr>
<td>2.90</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>3.00</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>3.10</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>3.20</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>3.30</td>
<td>2</td>
<td>1.1</td>
</tr>
</tbody>
</table>

**TOTAL** 182    100.0

Mean = 1.75; S.D. = .50
Psychological Adaptation. The frequency and percentage distribution of the extent of psychological adaptation ranged from 1.00 to 4.00, with the mean of 1.90 and the standard deviation of 0.67. Table 48 shows the results of the computation.

TABLE 48
ELDERLY RESPONDENTS' EXTENT OF PSYCHOLOGICAL ADAPTATION

<table>
<thead>
<tr>
<th>PSYCHOLOGICAL ADAPTATION</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.00</td>
<td>30</td>
<td>16.6</td>
</tr>
<tr>
<td>1.20</td>
<td>5</td>
<td>2.8</td>
</tr>
<tr>
<td>1.40</td>
<td>27</td>
<td>14.9</td>
</tr>
<tr>
<td>1.60</td>
<td>13</td>
<td>7.2</td>
</tr>
<tr>
<td>1.80</td>
<td>19</td>
<td>10.5</td>
</tr>
<tr>
<td>2.00</td>
<td>19</td>
<td>10.5</td>
</tr>
<tr>
<td>2.20</td>
<td>19</td>
<td>10.5</td>
</tr>
<tr>
<td>2.40</td>
<td>13</td>
<td>7.2</td>
</tr>
<tr>
<td>2.60</td>
<td>12</td>
<td>6.6</td>
</tr>
<tr>
<td>2.80</td>
<td>9</td>
<td>5.0</td>
</tr>
<tr>
<td>3.00</td>
<td>6</td>
<td>3.3</td>
</tr>
<tr>
<td>3.20</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>3.40</td>
<td>4</td>
<td>2.2</td>
</tr>
<tr>
<td>3.60</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>4.00</td>
<td>1</td>
<td>0.6</td>
</tr>
</tbody>
</table>

TOTAL 181* 100.0

Mean = 1.90; S.D. = .67

* One of the elderly respondent did not report psychological adaptation.
Victimization. The frequency and percentage distribution of the extent of victimization ranged from 1.00 to 2.80, with the mean of 1.28 and the standard deviation of 0.35. Table 49 shows the results of the computation.

**TABLE 49**

**ELDERLY RESPONDENTS' EXTENT OF VICTIMIZATION**

<table>
<thead>
<tr>
<th>VICTIMIZATION</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.00</td>
<td>54</td>
<td>29.8</td>
</tr>
<tr>
<td>1.07</td>
<td>24</td>
<td>13.3</td>
</tr>
<tr>
<td>1.13</td>
<td>19</td>
<td>10.5</td>
</tr>
<tr>
<td>1.20</td>
<td>13</td>
<td>7.2</td>
</tr>
<tr>
<td>1.27</td>
<td>10</td>
<td>5.5</td>
</tr>
<tr>
<td>1.33</td>
<td>10</td>
<td>5.5</td>
</tr>
<tr>
<td>1.40</td>
<td>8</td>
<td>4.4</td>
</tr>
<tr>
<td>1.47</td>
<td>7</td>
<td>3.9</td>
</tr>
<tr>
<td>1.53</td>
<td>7</td>
<td>3.9</td>
</tr>
<tr>
<td>1.60</td>
<td>4</td>
<td>2.2</td>
</tr>
<tr>
<td>1.67</td>
<td>3</td>
<td>1.7</td>
</tr>
<tr>
<td>1.73</td>
<td>1</td>
<td>.6</td>
</tr>
<tr>
<td>1.80</td>
<td>7</td>
<td>3.9</td>
</tr>
<tr>
<td>1.87</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>2.00</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>2.07</td>
<td>3</td>
<td>1.7</td>
</tr>
<tr>
<td>2.13</td>
<td>1</td>
<td>.6</td>
</tr>
<tr>
<td>2.27</td>
<td>1</td>
<td>.6</td>
</tr>
<tr>
<td>2.33</td>
<td>1</td>
<td>.6</td>
</tr>
<tr>
<td>2.40</td>
<td>1</td>
<td>.6</td>
</tr>
<tr>
<td>2.53</td>
<td>1</td>
<td>.6</td>
</tr>
<tr>
<td>2.67</td>
<td>1</td>
<td>.6</td>
</tr>
<tr>
<td>2.80</td>
<td>1</td>
<td>.6</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>181</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Mean = 1.28; S.D. = .35

* One of the elderly respondents did not report psychological adaptation.
Relationships Between the Selected Characteristics of the Elderly Respondents and Their Extent of Social Functioning, Psychological Adaptation and Victimization

There were three domains in the interview schedule designed to measure social functioning, psychological adaptation and victimization. A mean score was calculated for each respondents' response for the three domains. The mean scores were interval in nature. Table 50 shows the selected characteristics, their scales of measurement, and the type of correlation coefficient used.

The following scale, suggested by Davis (1971), was used to describe the magnitude of the relationships.

<table>
<thead>
<tr>
<th>Coefficient</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>.70 or higher</td>
<td>Very Strong relationship</td>
</tr>
<tr>
<td>.50 to .69</td>
<td>Substantial relationship</td>
</tr>
<tr>
<td>.30 to .49</td>
<td>Moderate relationship</td>
</tr>
<tr>
<td>.10 to .29</td>
<td>Low relationship</td>
</tr>
<tr>
<td>.01 to .09</td>
<td>Negligible relationship</td>
</tr>
</tbody>
</table>

Scatter diagrams were constructed in order to assess the linearity and homoscedasticity of the relationships; the relationships were found to be linear and homoscedastic. Thus, the assumptions for appropriate correlations were met.

As shown in Table 51, all of the correlation coefficients fell in the negligible or low categories.
TABLE 50
SELECTED CHARACTERISTICS OF THE ELDERLY RESPONDENTS USED IN THE MEASUREMENT OF CORRELATION COEFFICIENTS
(N = 182)

<table>
<thead>
<tr>
<th>CHARACTERISTIC</th>
<th>SCALE OF MEASUREMENT</th>
<th>CORREFFICIENT*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Interval</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Sex</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Race-Black</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Race-White</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Race-Other</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Income</td>
<td>Ordinal</td>
<td>Spearman Correlation Coefficient</td>
</tr>
<tr>
<td>Elderly Income Contribution to Family</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Family Income Contribution to Elderly</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Education</td>
<td>Ordinal</td>
<td>Spearman Correlation Coefficient</td>
</tr>
<tr>
<td>CHARACTERISTIC</td>
<td>SCALE OF MEASUREMENT</td>
<td>CORREFFICIENT*</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>----------------------</td>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>Health Status</td>
<td>Interval</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Type of Residence Single</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Type of Residence Duplex</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Type of Residence Apartment</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Type of Residence Project</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Type of Resident Senior Residential Complex</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Type of Residence Other</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Living Arrangement - Alone</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Living Arrangement - Spouse</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>CHARACTERISTIC</td>
<td>SCALE OF MEASUREMENT</td>
<td>CORREFFICIENT*</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>----------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>Living Arrangement - Friend</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Living Arrangement - Relative</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Services Contributed to Family - Childcare</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Services Contributed to Family - Housekeeping</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Services Contributed to Family - Preparing Meals</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Services Contributed to Family - Money</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Services Contributed to Family - Other</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
</tbody>
</table>
TABLE 50
SELECTED CHARACTERISTICS OF THE ELDERLY RESPONDENTS USED
IN THE MEASUREMENT OF CORRELATION COEFFICIENTS
(N = 182)

<table>
<thead>
<tr>
<th>CHARACTERISTIC</th>
<th>SCALE OF MEASUREMENT</th>
<th>CORREFFICIENT*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel Safe In Home/Apartment</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Go Out Alone</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Feel Safe Going Out At Night</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Feel Safe Going Out During Day</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Own Phone</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Social Network - Spouse</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Social Network - Children</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Social Network - Grandchildren</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Social Network - Siblings</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Social Network - Other Relations</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Social Network - Friends</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
<tr>
<td>Social Network - Neighbors</td>
<td>Nominal</td>
<td>Pearson product-moment correlation</td>
</tr>
</tbody>
</table>
TABLE 51
CORRELATION MATRIX BETWEEN CHARACTERISTICS OF ELDERLY RESPONDENTS
AND EACH RESPONDENT'S THREE MEAN SCORES FOR THE THREE DOMAINS

(N = 182)

<table>
<thead>
<tr>
<th>CHARACTERISTIC</th>
<th>MEAN SCORES</th>
<th>AGE</th>
<th>SEX</th>
<th>RACE-BLACK</th>
<th>RACE-WHITE</th>
<th>RACE-OTHER</th>
<th>INCOME</th>
<th>ELDERLY INCOME CONTRIBUTION TO FAMILY</th>
<th>FAMILY INCOME CONTRIBUTION TO ELDERLY</th>
<th>EDUCATION</th>
<th>HEALTH STATUS</th>
<th>TYPE OF RESIDENCE SINGLE FAMILY</th>
<th>TYPE OF RESIDENCE DUPLEX</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DOMAIN I - SOCIAL FUNCTIONING</strong></td>
<td></td>
<td>-.002&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.10&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.13&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-.12&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-.009&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.24&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-.16&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.01&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.22&lt;sup&gt;b&lt;/sup&gt;</td>
<td>.14&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-.07&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.09&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>DOMAIN II - PSYCHOLOGICAL ADAPTATIONS</strong></td>
<td></td>
<td>-.14&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.21&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.21&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-.25&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-.06&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-.10&lt;sup&gt;b&lt;/sup&gt;</td>
<td>.07&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.06&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-.06&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-.22&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-.07&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.02&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>DOMAIN III - VICTIMIZATION</strong></td>
<td></td>
<td>-.11&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.13&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.27&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-.27&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-.005&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-.09&lt;sup&gt;b&lt;/sup&gt;</td>
<td>.02&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.01&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-.05&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-.08&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-.06&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.06&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<sup>a</sup> = Pearson Product Moment Correlation Coefficient
<sup>b</sup> = Spearman Correlation Coefficient
<table>
<thead>
<tr>
<th>CHARACTERISTIC</th>
<th>MEAN SCORES</th>
<th>SERVICES CONTRIBUTED TO FAMILY-OTHER</th>
<th>FEEL SAFE IN HOME/APARTMENT</th>
<th>GO OUT ALONE</th>
<th>FEEL SAFE GOING OUT AT NIGHT</th>
<th>FEEL SAFE GOING OUT DURING DAY</th>
<th>OWN PHONE</th>
<th>SOCIAL NETWORK SPOUSE</th>
<th>SOCIAL NETWORK CHILDREN</th>
<th>SOCIAL NETWORK GRANDCHILDREN</th>
<th>SOCIAL NETWORK SIBLINGS</th>
<th>SOCIAL NETWORK OTHER RELATIONS</th>
<th>SOCIAL NETWORK FRIENDS</th>
<th>SOCIAL NETWORK NEIGHBORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOMAIN I - SOCIAL FUNCTIONING</td>
<td>.03^a</td>
<td>-.09^a</td>
<td>-.02^a</td>
<td>.06^a</td>
<td>.04^a</td>
<td>.01^b</td>
<td>-.14^a</td>
<td>-.06^a</td>
<td>-.07^b</td>
<td>.008^a</td>
<td>-.0005^a</td>
<td>.01^a</td>
<td>.01^a</td>
<td>.01^a</td>
</tr>
<tr>
<td>DOMAIN II - PSYCHOLOGICAL ADAPTATIONS</td>
<td>-.04^a</td>
<td>.15^a</td>
<td>.18^a</td>
<td>.26^a</td>
<td>.20^a</td>
<td>-.01^b</td>
<td>.35^a</td>
<td>.09^a</td>
<td>.08^b</td>
<td>.17^a</td>
<td>.12^a</td>
<td>.18^a</td>
<td>.10^a</td>
<td></td>
</tr>
<tr>
<td>DOMAIN III - VICTIMIZATION</td>
<td>-.07^a</td>
<td>.17^a</td>
<td>.10^a</td>
<td>.09^a</td>
<td>.14^a</td>
<td>-.01^b</td>
<td>.23^a</td>
<td>.10^a</td>
<td>.23^b</td>
<td>-.18^a</td>
<td>-.21^a</td>
<td>.21^a</td>
<td>.10^a</td>
<td></td>
</tr>
</tbody>
</table>

^a = Pearson Product Moment Correlation Coefficient
^b = Spearman Correlation Coefficient
TABLE 51
CORRELATION MATRIX BETWEEN CHARACTERISTICS OF ELDERLY RESPONDENTS
AND EACH RESPONDENT'S THREE MEAN SCORES FOR THE THREE DOMAINS
(N = 182)

<table>
<thead>
<tr>
<th>CHARACTERISTIC</th>
<th>MEAN SCORES</th>
<th>TYPE OF RESIDENCE APARTMENTS</th>
<th>TYPE OF RESIDENCE PROJECTS</th>
<th>TYPE OF RESIDENCE SENIOR RESIDENTIAL COMPLEX</th>
<th>TYPE OF RESIDENCE OTHER</th>
<th>LIVING ARRANGEMENT ALONE</th>
<th>LIVING ARRANGEMENT SPOUSE</th>
<th>LIVING ARRANGEMENT FRIEND</th>
<th>LIVING ARRANGEMENT RELATIVE</th>
<th>SERVICES CONTRIBUTED TO CHILD CARE</th>
<th>SERVICES CONTRIBUTED TO HOUSEKEEPING</th>
<th>SERVICES CONTRIBUTED TO PREPARING MEALS</th>
<th>SERVICES CONTRIBUTED TO DOMESTIC SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOMAIN I - SOCIAL FUNCTIONING</td>
<td>.18a</td>
<td>.14a</td>
<td>.006a</td>
<td>-.07a</td>
<td>-.06a</td>
<td>.003b</td>
<td>-.11a</td>
<td>.04a</td>
<td>.11b</td>
<td>.04a</td>
<td>-.05a</td>
<td>.01a</td>
<td></td>
</tr>
<tr>
<td>DOMAIN II - PSYCHOLOGICAL ADAPTATIONS</td>
<td>-.05a</td>
<td>.004a</td>
<td>.09a</td>
<td>-.04a</td>
<td>.13a</td>
<td>-.226b</td>
<td>.17a</td>
<td>.017a</td>
<td>.09b</td>
<td>-.04a</td>
<td>-.04a</td>
<td>-.04a</td>
<td></td>
</tr>
<tr>
<td>DOMAIN III - VICTIMIZATION</td>
<td>-.004a</td>
<td>-.10a</td>
<td>.04a</td>
<td>-.08a</td>
<td>.11a</td>
<td>-.10b</td>
<td>.03a</td>
<td>-.07a</td>
<td>-.05b</td>
<td>-.11a</td>
<td>-.11a</td>
<td>.06a</td>
<td></td>
</tr>
</tbody>
</table>
CHARACTERISTICS OF ABUSERS

Part IV of the elderly interview schedule was designed to collect information from the elderly concerning the characteristics of the abusers. The following discussion presents a profile of abusers.

Demographic Characteristics

Age: The ages of the abusers, as reported by the elderly respondents, ranged from ten to forty-six years old. The mean age was 25.4 years with the standard deviation of 12.5. Table 52 presents the age distribution of abusers.

TABLE 52

AGE OF ABUSERS AS REPORTED BY THE ELDERLY RESPONDENTS

<table>
<thead>
<tr>
<th>AGE</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-15</td>
<td>6</td>
<td>10.3</td>
</tr>
<tr>
<td>16-21</td>
<td>25</td>
<td>44.0</td>
</tr>
<tr>
<td>22-27</td>
<td>8</td>
<td>14.0</td>
</tr>
<tr>
<td>28-33</td>
<td>7</td>
<td>12.3</td>
</tr>
<tr>
<td>34-39</td>
<td>3</td>
<td>5.3</td>
</tr>
<tr>
<td>40-45</td>
<td>3</td>
<td>5.3</td>
</tr>
<tr>
<td>46 and Above</td>
<td>5</td>
<td>8.8</td>
</tr>
<tr>
<td>TOTAL</td>
<td>57</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Mean = 25.4; SD = 12.5
Sex. The elderly respondents reported that 80 percent (n=48) of the abusers were male, 11.7 percent (n=7) were females and 8.3 percent (n=5) reported victimization by both sexes. The results are shown in Table 53.

<table>
<thead>
<tr>
<th>SEX</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALE</td>
<td>48</td>
<td>80.0</td>
</tr>
<tr>
<td>FEMALE</td>
<td>7</td>
<td>11.7</td>
</tr>
<tr>
<td>BOTH</td>
<td>5</td>
<td>8.3</td>
</tr>
</tbody>
</table>

TOTAL 60 100.0

*Two of the elderly respondents did not report abuser's sex.

Race. Forty-two percent (n=26) of the elderly respondent reported the race of the abuser as black, 41 percent (n=25) white, 11.5 percent (n=7) both and 4.9 percent (n=3) other. The results are shown in Table 54.
TABLE 54
RACE OF ABUSERS AS REPORTED BY THE ELDERLY RESPONDENTS

<table>
<thead>
<tr>
<th>RACE</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLACK</td>
<td>26</td>
<td>42.6</td>
</tr>
<tr>
<td>WHITE</td>
<td>25</td>
<td>41.0</td>
</tr>
<tr>
<td>OTHER</td>
<td>3</td>
<td>4.9</td>
</tr>
<tr>
<td>BOTH</td>
<td>7</td>
<td>11.5</td>
</tr>
<tr>
<td>TOTAL</td>
<td>61</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Income. The income of the abusers was reported to be low (41.4 percent, n=24). Thirty-nine percent (n=23) did not know the income, while 15.5 percent (n=9) were moderate income, and only 3.4 percent (n=2) were high income, as shown in Table 55.

TABLE 55
INCOME OF ABUSERS AS REPORTED BY THE ELDERLY RESPONDENTS

<table>
<thead>
<tr>
<th>INCOME</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW</td>
<td>24</td>
<td>41.4</td>
</tr>
<tr>
<td>MODERATE</td>
<td>9</td>
<td>15.5</td>
</tr>
<tr>
<td>HIGH</td>
<td>2</td>
<td>3.4</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>23</td>
<td>39.7</td>
</tr>
<tr>
<td>TOTAL</td>
<td>58</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Marital Status. In fifty-seven percent \((n=37)\) of the cases, the marital status of the abuser was not known. Twenty-one percent \((n=14)\) were reported to be divorced, 14.1 percent \((n=14)\) were never married, 4.7 percent were married, while only 1.6 percent \((n=1)\) were separated, as shown in Table 56.

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>(f)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARRIED</td>
<td>3</td>
<td>4.7</td>
</tr>
<tr>
<td>NEVER MARRIED</td>
<td>9</td>
<td>14.1</td>
</tr>
<tr>
<td>SEPARATED</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>DIVORCED</td>
<td>14</td>
<td>21.9</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>37</td>
<td>57.8</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>64</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Relationship: The majority of the elderly respondents \((76.6\%\text{, }n=49)\) were victimized by stranger. Nine percent \((n=6)\), 7.8 percent \((n=5)\), 3.1 percent \((n=2)\), 1.6 percent \((n=1)\) and 1.6 percent \((n=1)\) reported that they were victimized by spouse, neighbor/acquaintance, relative, caretaker and grandchild, respectively, as shown in Table 57.
TABLE 57
RELATIONSHIP OF ABUSER TO VICTIMS AS REPORTED BY THE ELDERLY RESPONDENTS

<table>
<thead>
<tr>
<th>RELATIONSHIP</th>
<th>£</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPOUSE</td>
<td>6</td>
<td>9.4</td>
</tr>
<tr>
<td>GRANDCHILD</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>RELATIVES</td>
<td>2</td>
<td>3.1</td>
</tr>
<tr>
<td>CARETAKER</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>STRANGER</td>
<td>49</td>
<td>76.6</td>
</tr>
<tr>
<td>NEIGHBOR/ACQUAINTANCE</td>
<td>5</td>
<td>7.8</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>64</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Living Arrangement. The overwhelming majority of the elderly respondents (90.5 percent, n=57) reported that abusers did not live with the elderly, while 9.5 percent (n=6) reported that the abuser did live with the elderly respondents. Table 58 shows the results.

TABLE 58
LIVING ARRANGEMENT OF ABUSER

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>£</td>
<td>%</td>
<td>£</td>
</tr>
<tr>
<td>1. Does the abuser live with you?</td>
<td>6</td>
<td>9.5</td>
</tr>
</tbody>
</table>
PART II

INFORMANT PERSPECTIVES OF ELDERLY VICTIMIZATION

The information obtained from the geriatric professionals or informants was utilized to explore the problem of elderly victimization. As stated in Chapter III, the informants were knowledgeable and articulate with respect to current issues regarding the problem of aging and provided major insights which contributed to an understanding of the dynamics of elderly abuse. The following is a discussion of the results from the informants interviews.

BACKGROUND INFORMATION

Professional Affiliation. The informant group of 30 professionals comprised of 73.3 percent (n=22) social workers, 20 percent (n=6) others and 6.7 percent (n=2) registered nurses. The other category consisted of a variety of professional titles involved as social service providers to the elderly. Table 59 shows the results.
TABLE 59
INFORMANT'S PROFESSIONAL AFFILIATION

<table>
<thead>
<tr>
<th>PROFESSION</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurse</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Social Worker</td>
<td>22</td>
<td>73.3</td>
</tr>
<tr>
<td>Other*</td>
<td>6</td>
<td>20.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>30</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*The other category consisted of the following professional levels involved at the Community Health and Nursing Program; Home Delivery Provider Manager, Community Health Accessor, Homemaker Program Director; Congregate Systems Manager and Intake Supervisor.

Years in the Profession. The number of years of professional experience ranged from one to thirty-four years, with 11.4 as the mean and a standard deviation of 7.2. However, most of the respondents in the social work area were involved in all levels of social services prior to the enactment of a specific division of adult protection services established in 1981. Furthermore, most of the professionals in the other categories have been exclusively involved with elderly clients. Table 60 presents the frequency and percentage distribution of years in the profession.
Perceptions and Knowledge of Elderly Abuse. The majority of the informants, 86.7 percent (n=26), perceived elderly abuse as a major social problem while only 13.3 percent (n=40) did not perceive that to be a major problem. In addition, 80 percent (n=24) of the respondents had knowledge of specific cases of abuse, with only 20 percent (n=6) indicating no knowledge of abuse. The responses are shown in Table 61.
TABLE 61
PERCEPTION AND KNOWLEDGE OF ELDERLY ABUSE

<table>
<thead>
<tr>
<th>PROFESSIONAL PERSPECTIVE</th>
<th>YES</th>
<th>%</th>
<th>NO</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you perceive of elder abuse as a major social problem?</td>
<td>26</td>
<td>86.7</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>2. Do you have knowledge of specific cases of abuse?</td>
<td>24</td>
<td>80.0</td>
<td>6</td>
<td>20.0</td>
</tr>
</tbody>
</table>

The following typifies comments from the informants who perceived elderly abuse as a social problem:

"The problem of elderly abuse is similar to child and spouse abuse. However, the problem is hidden from view."

Another respondent reported:

"As professionals working in the field, we are more aware of the frequency of abuse than the public . . . The public is not informed."

Similarly, a respondent noted that:

"... personal experiences have change my perceptions because emphasis is always placed on child and spouse abuse. Most elderly abuse is underreported because it is done by family members."

Finally,

"Elderly abuse is a serious as others . . . isolation makes them less visible."
The informants who did not perceived of elderly abuse as a social problem commented as follows:

"... the isolation of the elderly makes it difficult to determine ... Most abuse is self-imposed."

Professional experiences influenced response.

"... personally I have not handled many cases, but it may occur frequently."

Different cultural backgrounds in family relationships influence perceptions of the problem.

"... my culture (Asian) respects the elderly ... different picture of role of elderly in the family."

Thus, there was considerable agreement of elderly abuse as a problem with consensus of responses regarding the similarity of elderly abuse to child and spouse abuse. According to the respondents, however, the elderly are less visible and experience greater isolation. In general, the public is not aware of the magnitude of the problem of elderly abuse.

**Number of Cases.** The number of cases of abuse, as reported by the informants, ranged from one to ninety cases, with 26.2 as the mean and 26.6 as the standard deviation. A summary of the number of cases of abuse encountered by informants are presented in Table 62.
TABLE 62
NUMBER OF CASES OF ABUSE ENCOUNTERED BY INFORMANTS

<table>
<thead>
<tr>
<th>CASES</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 or Less</td>
<td>10</td>
<td>33.4</td>
</tr>
<tr>
<td>11-20</td>
<td>6</td>
<td>20.0</td>
</tr>
<tr>
<td>21-30</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>31-40</td>
<td>2</td>
<td>6.6</td>
</tr>
<tr>
<td>41-50</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>51-60</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>61-70</td>
<td>-</td>
<td>--</td>
</tr>
<tr>
<td>71-80</td>
<td>-</td>
<td>--</td>
</tr>
<tr>
<td>81-90</td>
<td>2</td>
<td>6.7</td>
</tr>
</tbody>
</table>

TOTAL      | 30 | 100.0|

Mean = 26.2; SD=26.6

PROFILE OF THE VICTIMS

Section II of the informant interview schedule was concerned with a profile of the most frequent type of abuse. The following tables present the demographic characteristics of the elderly victim reported by the informants.

Demographic Characteristics:

Age. The ages of the elderly victims, as reported by the informants ranged from fifty to ninety years. The mean age was 70.6 years with a standard deviation of 7.7. Table 63 presents the age distribution of the victims.
TABLE 63

AGE OF ELDERLY VICTIMS AS REPORTED BY THE INFORMANTS

<table>
<thead>
<tr>
<th>AGE</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>60</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td>65</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>70</td>
<td>11</td>
<td>36.7</td>
</tr>
<tr>
<td>74</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>75</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>80</td>
<td>7</td>
<td>23.3</td>
</tr>
</tbody>
</table>

TOTAL 30 100.0

Mean = 70.6; SD = 7.7

Sex. Ninety-six percent (n=29) of the victims of abuse, as reported by the informants, were female, while only 3.3 percent (n=1) were male. It should be noted that several of the informants had encountered male victims; however, the general profile and most frequent cases were female. Table 64 shows the results.

TABLE 64

SEX OF ELDERLY VICTIMS AS REPORTED BY THE INFORMANTS

<table>
<thead>
<tr>
<th>SEX</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALE</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>FEMALE</td>
<td>29</td>
<td>96.7</td>
</tr>
</tbody>
</table>

TOTAL 30 100.0
Race. Sixty percent (n=18) of the informants indicated no distinction regarding the race of the victims of abuse. Thirty percent (n=9), 6.7 percent (n=2) and 3.3 percent (n=1) identified white, black and others, respectively, as the race of the victims of abuse, as shown in Table 65.

**TABLE 65**

**RACE OF ELDERLY VICTIMS AS REPORTED BY THE INFORMANTS**

<table>
<thead>
<tr>
<th>RACE</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLACK</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>WHITE</td>
<td>9</td>
<td>30.0</td>
</tr>
<tr>
<td>OTHER</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>NO DISTINCTION</td>
<td>18</td>
<td>60.0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>30</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Income. Income of elderly victims, reported by the informants was low (63.3 percent, n=19). Twenty percent (n=6) reported no income distinction, while 16.7 percent (n=5) were of moderate income. The majority of the informants were quick to point out that social service agencies are more likely to intervene and interface with lower income clients. However, elderly victimization crossed all socioeconomic lines. Table 66 shows the results.
TABLE 66

INCOME OF ELDERLY VICTIMS AS REPORTED BY THE INFORMANTS

<table>
<thead>
<tr>
<th>INCOME</th>
<th>$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW</td>
<td>19</td>
<td>63.3</td>
</tr>
<tr>
<td>MODERATE</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td>NO DISTINCTION</td>
<td>6</td>
<td>20.0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>30</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Marital Status. The majority (93.3 percent) of the victimized elderly were reported to be widowed, while only 6.7 percent (n=2) were reported by the informant as never married, as shown in Table 67.

TABLE 67

MARITAL STATUS OF ELDERLY VICTIMS AS REPORTED BY THE INFORMANTS

<table>
<thead>
<tr>
<th>MARITAL STATUS</th>
<th>$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARRIED</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>NEVER MARRIED</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>WIDOWED</td>
<td>28</td>
<td>93.3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>30</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Health Status. Health status of the elderly victims as reported by the informants was found to be poor (77 percent, n=23), fair (7 percent, n=2), good (10 percent, n=3) and excellent (7 percent, n=2). Table 68 shows the results.
TABLE 68
HEALTH STATUS OF ELDERLY VICTIMS AS REPORTED BY THE INFORMANTS

<table>
<thead>
<tr>
<th>HEALTH STATUS</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXCELLENT</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>GOOD</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>FAIR</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>POOR</td>
<td>23</td>
<td>76.7</td>
</tr>
<tr>
<td>TOTAL</td>
<td>30</td>
<td>100.0</td>
</tr>
</tbody>
</table>

FORMS OF ABUSE

Criminal Victimization. Seventy-three percent (n=22) of the informants reported knowledge of criminal victimization of the elderly, while 26.7 percent (n=8) had no knowledge of criminal victimization. Excerpts from the informants exemplifies this issue.

"The elderly are the victim of crimes such as robbery or purse snatching. Their homes are burglarized most often."

Another informant made similar observations:

"Their houses are broken into by kids in the neighborhood. The elderly are terrified of crime and lock themselves in because of fear elements."
Additionally,

"Criminal victimization takes the form of robbery, burglary, fraud or scams. They tell the home delivery drive (NICE) but do not report it to the police. Severe psychological trauma or mental damage results."

**Physical Battering/Abuse.** Eighty percent (n=24) of the informants had knowledge of physical battering or abuse, while twenty percent (n=6) had no knowledge of physical abuse. The following comments are illustrative.

"Physical battering represents a smaller percentage of abuse. The effects are more devastating (i.e., when they are pushed against the wall, they break bones). Generally, abuse occurs in the context of family or in the course of robbery."

Another informant stated:

"In physical abuse there may be signs of injury. The victim will deny the occurrence . . . snowball effect where violence escalates."

By contrast,

"Physical battering is rare there are no overt signs."

**Neglect.** Ninety percent (n=27) of the informants had knowledge of neglect, while only 10 percent (n=3) had no knowledge of forms of neglect. The following comments typifies the problem of neglect.

"Significant others not assuming responsibility a care of basic needs for the senior. They often feel that it is an agency's responsibility. Neglect occurs in food, hygiene and environmental care."
In addition,

"Most are isolated and alienated from family. Positive medical care and environmental care is the major problem."

By contrast, an informant who had knowledge of neglected stated:

"Most frequent is self-neglect (e.g., self-imposed isolation). Neglect is not deliberate. There are several contributing factors. They (elderly) withdraw from the family. Problems are overwhelming."

**Psychological Abuse.** Eighty-seven percent of the informants present (n=26) had knowledge of psychological abuse, while only 13.3 percent (n=4) had no knowledge of psychological abuse of the elderly. The following were few of the examples given by the informants.

"Psychological abuse is more prominent within the family. Devaluing the elderly person's self-esteem. They are considered a burden to the family-dependent."

Similarly, an informant stated:

"Psychological abuse is not uncommon. Results from tension. There is yelling, threats, and general intimidation."

Another respondent stated:

"Generally, misuse of funds occurs through informal arrangements where the abuser misappropriates fund

"Landlord or relative assumes responsibility for monies and uses it for personal benefits, . . . they sign releases often through manipulation. The elderly feel powerless."
In addition, measures are taken to deal with problem.

"Financial guardians have to be appointed because the family abuses the senior's resources. Social security checks are spent for other reasons. Certain personal item are not bought (i.e., paper towel)."

Furthermore,

"The problem is verbal abuse. Intimidation causes fear. The person being abuse tries to keep the peace. They want press charges."

**Misuse of Funds or Resources.** Ninety percent (n=27) of the informants had knowledge of misuse of funds or resources of the elderly person. Only 10 percent (n=3) of the informants had no knowledge of misuse of funds or resources. Excerpts from the informants represent the problem.

"Often social security checks are taken by family for personal gain. They do not pay utilities, food, etc. In addition, strangers become aware of resources or investments. No discretion about telling people about finances. People win their trust and the senior reveals information."

**Violation of Rights.** Sixty percent (n=18) of the informants had knowledge of violation of elder's rights, while 40 percent (n=12) had no knowledge of violation of rights. The following examples are illustrative.

"Institutions do not meet basic care. Often there is an overuse of medication. In addition, landlords have inadequate facilities - heat, environment and infestation. They threaten to evict the elderly. The seniors are not aware of their rights."
In addition,

"There is coercion to go into homes or be evicted from home. They are not aware of legal rights."

In a contrasting view, reported by an informant,

Violation of elder's right is not a critical problem because of the helping and supportive legal guidelines."

Table 69 shows a summary of the results.

### Table 69

<table>
<thead>
<tr>
<th>FORMS OF ABUSE</th>
<th>YES</th>
<th>%</th>
<th>NO</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you have knowledge of any forms of criminal victimization?</td>
<td>22</td>
<td>73.3</td>
<td>8</td>
<td>26.7</td>
</tr>
<tr>
<td>2. Do you have any knowledge of physical battering/abuse.</td>
<td>24</td>
<td>80.0</td>
<td>6</td>
<td>20.0</td>
</tr>
<tr>
<td>3. Do you have knowledge of any forms of neglect (i.e., without food, medical care, inadequate hygiene, lack of environmental care, etc.)</td>
<td>27</td>
<td>90.0</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>4. Do you have knowledge of any psychological abuse?</td>
<td>26</td>
<td>86.7</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>5. Do you have knowledge of misuse of funds or resources?</td>
<td>27</td>
<td>90.0</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>6. Do you have knowledge of violation of elder's rights (i.e., forced from home or forced into nursing home)?</td>
<td>18</td>
<td>60.0</td>
<td>12</td>
<td>40.0</td>
</tr>
</tbody>
</table>
Source of Report or Referral. As can be seen in Table 70, fifty percent (n=15) of the informants indicated that they had received referrals and reports from a variety of sources. Forty percent (n=12) of the informant identified social services as their source of report or referral.

<table>
<thead>
<tr>
<th>SOURCE OF REPORT OR REFERRAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>REPORT/REFERRAL</td>
</tr>
<tr>
<td>----------------------------</td>
</tr>
<tr>
<td>POLICE</td>
</tr>
<tr>
<td>SOCIAL SERVICE</td>
</tr>
<tr>
<td>PHYSICIAN</td>
</tr>
<tr>
<td>RELATIVE</td>
</tr>
<tr>
<td>OTHER*</td>
</tr>
</tbody>
</table>

*The 'Other' category included all of the responses as the source of reporting.

PROFILE OF ABUSERS

Section III of the informant interview schedule was designed to collect information from the informants concerning the characteristics of the abusers. The following presents a profile of abusers.
Demographic Characteristics

Age. The ages of the abusers, as reported by the informants, ranged from twenty to fifty years of age. The mean age was 33.7 years with a standard deviation of 10.1. Table 71 presents the age distribution of abusers.

<table>
<thead>
<tr>
<th>AGE</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>6</td>
<td>21.4</td>
</tr>
<tr>
<td>25</td>
<td>2</td>
<td>7.1</td>
</tr>
<tr>
<td>26</td>
<td>1</td>
<td>3.6</td>
</tr>
<tr>
<td>30</td>
<td>4</td>
<td>14.3</td>
</tr>
<tr>
<td>35</td>
<td>2</td>
<td>7.1</td>
</tr>
<tr>
<td>40</td>
<td>8</td>
<td>28.6</td>
</tr>
<tr>
<td>45</td>
<td>2</td>
<td>7.7</td>
</tr>
<tr>
<td>50</td>
<td>3</td>
<td>10.7</td>
</tr>
<tr>
<td>TOTAL</td>
<td>28*</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Mean = 33.7; SD= 10.1

*Two of the informants did not report abuser's age.

Sex. The informants reported that 46 percent (n=13) of the abusers were male, 28.6 percent (n=8) were females and 24 percent reported no distinction based on sex. Interestingly, several of the informants noted that males may engage in more physical and financial abuse, while females engage in psychological/verbal abuse and neglect. Thus, the sex of the abuser was often distinguished in relation to the type of abuse. Table 72 shows the results.
TABLE 72
SEX OF ABUSERS AS REPORTED BY THE INFORMANTS

<table>
<thead>
<tr>
<th>SEX</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALE</td>
<td>13</td>
<td>46.4</td>
</tr>
<tr>
<td>FEMALE</td>
<td>8</td>
<td>28.6</td>
</tr>
<tr>
<td>NO DISTINCTION</td>
<td>7</td>
<td>24.0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>28*</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*Two of the informants did not report abuser's sex.

Race. Fifty percent (n=14) of the informants indicated no distinction regarding race. Thirty-five percent (n=10) and 17.3 percent (n=4) reported that abusers were white and black, respectively, as shown in Table 73.

TABLE 73
RACE OF ABUSERS AS REPORTED BY THE INFORMANTS

<table>
<thead>
<tr>
<th>RACE</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLACK</td>
<td>4</td>
<td>17.3</td>
</tr>
<tr>
<td>WHITE</td>
<td>10</td>
<td>35.7</td>
</tr>
<tr>
<td>NO DISTINCTION</td>
<td>14</td>
<td>50.0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>28*</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*Two of the informants did not report abuser's race.
Income. The income of the abusers was reported to be low (53.6 percent, n=15). Thirty-five (n=10) percent were of moderate income (n=10), while 10.7 percent (n=3) of the informants reported no distinction among abusers regarding their income. Table 74 shows the results.

**TABLE 74**

INCOME OF ABUSERS AS REPORTED BY THE INFORMANTS

<table>
<thead>
<tr>
<th>INCOME</th>
<th>£</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW</td>
<td>15</td>
<td>53.6</td>
</tr>
<tr>
<td>MODERATE</td>
<td>10</td>
<td>35.7</td>
</tr>
<tr>
<td>NO DISTINCTION</td>
<td>3</td>
<td>10.7</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>28*</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*Two of the informants did not report abuser's race.

Marital Status. Forty-six percent (n=13) of the abusers were reported to be married, 42.9 percent (n=12) never married, 3.6 percent (n=1) separated, 3.6 percent (n=1) divorced, while 3.6 percent (n=1) of the informants reported no distinction in marital status of abusers, as shown in Table 75.
TABLE 75

MARITAL STATUS OF ABUSER AS REPORTED BY THE INFORMANTS

<table>
<thead>
<tr>
<th>MARITAL STATUS</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARRIED</td>
<td>13</td>
<td>46.4</td>
</tr>
<tr>
<td>NEVER MARRIED</td>
<td>12</td>
<td>42.9</td>
</tr>
<tr>
<td>SEPARATED</td>
<td>1</td>
<td>3.6</td>
</tr>
<tr>
<td>DIVORCED</td>
<td>1</td>
<td>3.6</td>
</tr>
<tr>
<td>NO DISTINCTION</td>
<td>1</td>
<td>3.6</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>28*</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*Two of the informants did not report abuser's marital status.

Relationship: The overwhelming majority of the informants (78.6 percent) (n=22) reported that elderly victims were abused by their children. Table 76 shows the results.

TABLE 76

RELATIONSHIP OF ABUSER TO VICTIMS AS REPORTED BY THE INFORMANTS

<table>
<thead>
<tr>
<th>RELATIONSHIP</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHILD</td>
<td>22</td>
<td>78.6</td>
</tr>
<tr>
<td>GRANDCHILD</td>
<td>1</td>
<td>3.6</td>
</tr>
<tr>
<td>OTHER RELATIVES</td>
<td>3</td>
<td>10.7</td>
</tr>
<tr>
<td>STRANGER</td>
<td>1</td>
<td>3.6</td>
</tr>
<tr>
<td>NO DISTINCTION</td>
<td>1</td>
<td>3.6</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>28*</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*Two of the informants did not report abuser's relationship to victim.
Residence. Seventy-five percent (n=21) of the informants reported that abusers live with the victims, while 25 percent (n=7) reported that abusers do not live with the victim, as shows in Table 77.

<table>
<thead>
<tr>
<th>RESIDENCE</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the abuser live with the victim?</td>
<td>21 75</td>
<td>1 25.0</td>
</tr>
</tbody>
</table>

*Two of the informants did not report living arrangement of abuser.

Furthermore, the informants commented on living arrangements of abusers and victims. The following represent the informants' comments.

"Generally, the resources of the elderly support the entire household. Adult children and grandchildren may be financially dependent."

Similarly, another informant expressed the view that:

"... economic necessity causes the living arrangement. The adult may be dependent on the elder for financial reasons.

A contrasting view regarding living arrangement maintains that:

"... the children often live away in other cities, with the older person living alone. This is how neglect occurs. They are not around."
CONTRIBUTING FACTORS IN ABUSE

The informants also discussed the causes and contributing factors regarding elderly abuse. There was general agreement among the informants concerning this issue. The majority of the informants identified a multiplicity of dynamics and conditions in operation in abusive relationships. The following excerpts are illustrative:

"A critical factor in the problem of elderly abuse is the cycle of violence - years from now child abuse studies will show the cycle. Family members feel the elderly are a burden and dependent. There is a displacement of anger and emotions on the senior... stress, anger and frustration. It is difficult to study the dynamics of elder abuse.

Similar dynamics within the family were reported as a contributing factor in abuse.

"The cycle of violence is important. Economic stress and age factors - with children and parent both being old. In addition, family distance has influenced isolated family units."

Issues surrounding the coping mechanisms of the abusers was viewed as important.

"Abusers can't cope; they need psychological counseling. Low education - may not know help is available.

Similarly,

"Economic stress often caused by a lack of education. Feeling of hopelessness on the part of the abusers... they have low self-esteem and concept."
Additionally, fear and dependency on the part of the victim exasperates the problem.

"Failure of victim to recognize abuse. There is denial on the part of victim because the elderly is afraid to give up relationship. They see value in any relationship."

Also,

"... the person is unaware, they do not want others involved. The elderly person protects the family member. Outside person will make reports but victim will not cooperate."

In essence, a variety of variables and problems were viewed as influencing elder abuse within the family. The family was perceived as being disfunctional and experiencing multiproblems in coping.

**LEGAL ISSUES**

Adult Protection Laws. The majority of the informants (96.7 percent, n=29) were aware of the adult protection laws, while only one informant was not aware of the laws, as shown in Table 78.

**TABLE 78**

LEGAL AWARENESS OF THE INFORMANTS

<table>
<thead>
<tr>
<th>LEGAL AWARENESS</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are you aware of the adult protection service/laws (Ohio Revised Code Section S106.5 to 5101.71)</td>
<td>29  96.7</td>
<td>1   13.3</td>
</tr>
</tbody>
</table>
The following statements reflect the views of the informants regarding the effectiveness of the laws dealing with the problem of abuse.

"The laws address the problem effectively but there are problems with interpretation. Service providers are often limited to intervene in certain situations. The law is good on legal issues but lacking in the reality of the social issues."

Another informant reported that the recent implementation of the laws make it difficult to access.

"... the laws have not been in effect long enough to evaluate how well they are working. Exploitation of the elderly is a greater concern."

Also,

"... the laws provide a balance between rights of victim and responsibilities of the professional."

Overall, the laws were perceived as effective, however, several problems were reported. There was general agreement on certain basic issue.

"The laws are very effective with the cooperation of the victim. There is a need for more legal guardians and resources to compensate them."

Another point of concern was expressed by the respondents.

"The laws have very little power because of bureaucratic court procedures. Difficult to prove legal standards with a disparity between legal concerns and informal processes."
In addition,

"The way the law is implemented, it is very difficult to prove. Getting the elderly person to cooperate is a problem. More importantly, service provider don't have credibility - not responsive to service providers knowledge. There are bureaucratic problems (i.e, lack of networking with hospitals, police and other agencies).

RECOMMENDATIONS OF INFORMANTS

Finally, the informants were requested to make suggestions or recommendations for dealing with the problem of elderly victimization. The majority of the suggestions/recommendations focused on institutional and organizational changes. Several categories of recommendations were advanced.

Recommendations for Macro level or institutional change:

Change attitudes concerning ageism (i.e, stereotypes and myths about aging process).

Increase community responsibility to assist neighbors; reestablish community networks.

Improve economic status of the elderly in society.

Increase public and community awareness of the problem of abuse.

Increase sensitivity of legal system regarding the rights of children and elderly citizens.

Recommendations for Micro level and organizational change:

Increase money for community services and programs.

Counselling for the families who are experiencing problems.
Education programs in school in family life cycle changes.

Better reporting services and referral system for handling case.

More interdisciplinary communication between social worker and law.

Need for emergency homemaking services.

A system of locating elderly persons in the community to provide access to services.

Need for more guardianships to handle finances for elderly who become incompetent.

Need for emergency housing and shelters for abused elderly; with greater supportive services.

Laws should be strict and punitive for the abusers.

In general, there were major similarities regarding the problems of elderly victimization. Consequently, the suggestions and strategies for effectively addressing these concerns were also similar. The informants provided tremendous insight into the dynamics of elderly abuse. The researcher established an excellent rapport with the majority (63.3 percent, n=19) of the informants, 23.3 percent, n=17) established a good rapport, while only 13.3 percent (n=4) were fair during the interviewing processes, as shown in Table 79.
Thus, the professionals were informative and articulate on the subject. (Tables 80-81, Appendix E).

The data gathered from the informant interviews accentuated the seriousness and pervasiveness of elderly victimization which could enhance our understanding of the phenomenon under investigation.

CHAPTER SUMMARY

The purposefully selected population of the study was comprised of 182 elderly respondents from two residential complexes for the aged and four target agencies which service the elderly. In addition, 30 informants who were directed service providers and professionals who interface with the elderly were included in the study. The data were collected using standardized face-to-face interviews. Descriptive statistics were used to analyze the data.
Summary of the Elderly Respondents' Findings

Background Information

There were 182 elderly respondents included in the study. The age of the elderly ranged from 60 to 93 years old; the average age was 72 years old. The majority (62.6 percent) of the elderly respondents were female. More than half of the elderly respondents (58.2 percent) were white. The average income was low (under $5,000), with the major source of income being social security alone (56.6 percent). The majority of the elderly respondents (81.9 percent) did not contribute any income to the family; moreover, the majority (82.4 percent) received no income assistance from their family. More than half of the elderly respondents (53.6 percent) were widowed. The majority of the elderly respondents had less than high school education. Occupation of the elderly respondents were in the labor and factory category (29.7 percent). The majority of the elderly respondents (75.7 percent) were Protestant. The health status of the elderly respondents was good (38.5 percent). Over half of the respondents had physical disabilities that effect their mobility. Senior Residential Complexes and Apartments were the predominate types of residents (37.4 percent; 20.9 percent, respectively); with the majority living alone (81.3 percent). Finally, the majority of the elderly respondents never contributed services to the family.
Social Functioning

On a four point Likert-type scale, with 4 being the highest and 1 being the lowest, the majority of the elderly respondents were at a low level of community involvement. The category of retiree or senior citizen groups had a slightly higher level of participation (mean = 2.06). In addition, the majority of elderly respondents had a low level of interest or activities. The category of avocation or hobbies had a slightly higher level of interest (mean = 2.44).

In the area of transportation and mobility, the majority of the elderly respondents (73.6 percent) did not drive and did not have access to a car (56.6 percent). However, the majority (69.2 percent) did use public transportation. The majority of the elderly respondents (83 percent) felt safe in their home or apartment. However, only 58.8 percent were willing to go out alone. The majority (70.9 percent) did not feel safe at night; however, the majority (77.5 percent) felt safe during the day. Finally, the majority of the elderly respondents (76.9 percent) had phones.

The majority of the elderly respondents had contact with a social network; however, the most frequent contact was with friends and neighbors (83.2 percent and 84.7 percent, respectively). However, the descriptive responses revealed that the quality of relation was effected by not seeing and maintaining close contact with family. In terms of psychological adaptation the "Never" and
"Sometimes" categories were the most frequent responses. Depression occurred most frequently (mean = 2.22). The descriptive comments indicated that depression involved not having frequent contact with the family, loneliness, and health problems.

Victimization

The majority of the elderly respondents had not experienced criminal victimization. Robbery (17.7 percent), larceny theft (14.4 percent) and assault (20 percent) were the most frequently occurring crimes. The descriptive comments indicated that criminal victimization included purse snatching and strong harming, with injuries being minimal. However, the elderly respondents reported psychological trauma. The number of times victimized ranged from 1 to 6; the mean was 1.6. In addition, the majority of the elderly respondents (80 percent) who had been victimized did report the crime, with the police being the major source of reporting (72.2 percent).

The majority of the elderly respondents had not experienced physical victimization in the area of confinement, being left alone or physical battering or abuse. The descriptive comments indicated that they were often left alone because their families had to work or they were ill and did not have anyone to checkup on them. Physical abuse occurred during criminal attempts or in the form of domestic violence involving the spouse.
The incidence of neglect was low, with the "Never" and "Rarely" responses occurring most frequently. The mean for each type of neglect was below 2.0. Moreover, the majority of the elderly respondents had adequate environmental care. The majority of elderly respondents experienced no psychological abuse. The "Never" and "Sometimes" categories were the most frequent response. The mean of psychological victimization was below 1.5.

The majority of the elderly respondents did not experience material victimization. The mean for each category was below 2.5. Additionally, more than half (55.4 percent) of the elderly respondents did report the various types of victimization.

Finally, the three domains of the interview schedule which was designed to measure the extent of the above variables - social functioning, psychological adaptation and victimization, had a grand mean of 1.75, 1.90 and 1.28, respectively. The correlation coefficients between the extent of racial functioning, psychological adaptation and victimization and the selected characteristics of the elderly respondents were either low or negligible.

**Characteristics of Abusers**

The age of the abusers ranged from 10 to 46 years; the average was 25 years old. The majority (80 percent) of the abusers were male. The race of the abusers was black (42 percent) and white (41 percent) most often. The income of the abusers was reported to be
low (41.4 percent). The marital status of the abusers was not known (57.8 percent). In addition, the majority of the abusers (76.6 percent) were strangers to the victims, with the abuser not living with the victim.

Summary of the Informants' Findings

Background Information

The informant group of 30 professionals was included in the study. The majority (73.3 percent) of the information were adult protective social workers. The average informant had 11 years of professional experience, with a range from 1 to 34 years. The majority (86.7 percent) perceived elderly abuse as a social problem, while the majority (80 percent) had knowledge of specific cases of abuse. The number of cases of abuse, as reported by the informants, ranged from 1 to 90, with a mean of 26.2 and a standard deviation of 26.6.

Perspectives on Elderly Victims

The age of the elderly victims, as reported by the informants ranged from 50 to 80 years; the average age was 70 years old. The majority (96.7 percent) were female. The majority (60 percent) of
the informants reported no distinction in race of the victim. Income of elderly victims was low (63.3 percent). Victimized elderly tended to be widowed (93.3 percent). Health status of the elderly victims was reported as poor (77 percent).

**Perspectives on Victimization**

The majority (73 percent) of the informants had knowledge of criminal victimization of the elderly, with robbery and purse snatching reported as occurring most often. In addition, 80 percent had knowledge of physical battering or abuse. Most informants reported that physical abuse occurred less frequently; however, when it does occur the victim will deny the violence occurred.

The majority (90 percent) had knowledge of neglect. The informants commented that neglect occurred in terms of basic needs that could be provided by the family and self-neglect because the elderly have given up. Eighty-seven percent reported psychological abuse as a major problem. Psychological abuse occurred in the context of the family because they view the elderly victim as dependent. The overwhelming majority (90 percent) had knowledge of misuse of funds or resource. The concensus of the informants was monetary exploitation resulted from the family misusing checks. Most of the informants (60 percent) had knowledge of violation of
rights. Institutions often provide inadequate service, however, the elderly are not aware of their rights and do not push the issue. Finally, half (50 percent) received referrals concerning abuse of the elderly from a variety of sources.

Perspectives on Abusers

According to the informants, the ages of the abusers ranged from 20 to 50 years; the average age was 33 years old. The abusers (46.4 percent) were reported to be male. Fifty percent reported no distinctions by the race. The income was reported to be low (53.6 percent). Forty-six percent of the abusers were reported to be married, with 78.6 percent being the children of the victims. Most of the abusers (75 percent) lived with the victim. The majority of the informants identified a multiplicity of dynamics and condition in abusive relation (i.e., stress, economic difficulties and the cycle of violence).

Finally, the overwhelming majority (96.7 percent) had awareness of adult protection services and laws. The informants felt the laws were effective in dealing with the problem of abuse. However, there were problems with legal interpretation and getting the elderly victim to cooperate with authorities.
CHAPTER VI
SUMMARY, CONCLUSIONS AND IMPLICATIONS

The purpose of this study was to examine the social psychological aspects of aging. Specifically, it was posited that victimization of the elderly impacts upon their level of social functioning and integration within the community. Thus, the elderly are socially isolated and devalued as an integral part of the community.

This was descriptive survey research concerned with exploring the nature and extent of elderly victimization. The frame of the study included two purposively selected residential facilities and four senior centers. The target population included 182 elderly respondents. In addition, 30 supplemental informant interviews with direct service providers and key professionals in the gerontological area were included.

The interview schedule was constructed by the researcher to explore the problems of elderly victimization. The content validity and reliability of the elderly interview schedule were tested at one residential facility. Part I was designed to gather demographic data on the respondents. Part II was designed to assess the level of social functioning within the community. Part III was designed to examine the extent of elderly victimization. Finally, Part IV was designed to examine general background information on the abusers of the elderly.

-159-
In addition, the informant interview schedule consisted of fixed alternative and open-ended questions to elicit professional insight into various issues. Section I asked general background information regarding professional experience and knowledge of elderly abuse. Section II solicited information concerning specific incidents of elderly victimization. Finally, Section III asked about the background characteristics of the abusers.

Data were obtained from 182 elderly respondents via standardized face-to-face interviews. Beginning in January, for twelve consecutive weeks, the survey was administered to the elderly respondents at the research sites (Worley Terrace, Goodman Guild, Scared Heart, Wedgewood Center, 1000 E. Broad and Poindexter Tower). The informant interviews were conducted with the adult protection division of the Franklin County Department of Human Services and the Community Health and Nursing Service. The informant interviews took place at each agency during the months of December, January and February.

Data in this study were analyzed descriptively using appropriate statistical procedure. Descriptive statistics were used to present these data. The following statistics were employed: frequency, percentages, measures of central tendency and measures of variability. Scatter plots were used to indicate the linearity and homoscedasticity of the relationships. Since the relationships were linear and homoscedastic, Pearson product-moment correlation coefficient and Spearman correlation coefficient were found
appropriate to describe the degree or magnitude of relationships between the selected characteristics of the respondents and their extents of social functioning, psychological adaptation and victimization.

Research Objectives

This study used social exchange principles to examine and understand the nature of exploitive relationships that often characterize social interaction involving the elderly. The following research objectives were advanced:

(1) To examine the nature and extent of elderly victimization—physical, psychological and material abuse.

According to the elderly interview schedule, the majority of elderly respondents had not experienced criminal victimization. Robbery (17.7 percent), larcency theft (14.4 percent) and assault (20 percent), although low were the most frequently reported crimes. Criminal victimization generally included purse snatching and strong arming behavior. The number of times victimized ranged from 1 to 6; with a mean of 1.6. Similarly, the majority of the elderly respondents (89 percent) had experienced no physical victimization including forced confinement, being left alone for extended periods.
or physical battering and abuse. The incidence of neglect was low, with each type of neglect (e.g., isolated, ignored, with food, without medical care, inadequate, hygiene and environmental care) having a mean score below 2.0.

The elderly respondents also reported psychological abuse to be low. Psychological abuse for each category (e.g., verbal abuse, emotional abuse, threats, fear or intimidation) had a mean for each category below 1.5. Finally, the majority of elderly respondents had not experienced material victimization (e.g., monetary theft, material theft or misuse of funds). The mean for each category was below 2.5.

In sum, the incidence of victimization reported by the elderly was found to be low. The grand mean for the domain of victimization was 1.28, with a standard deviation of .35.

(2) To examine the extent to which victimization impacts upon the elderly's level of social functioning within the community.

This objective was concerned with the fear of victimization and its consequence for integration into the community. Although victimization was reported to be low, the majority of the elderly respondents had a low level of social functioning. Participation in the category of retiree or senior citizen groups had a slightly higher level of involvement (mean = 2.06). Despite this minimal participation, the elderly respondents had few community functions.
Thus, there was a low sense of participation in the community at all levels (e.g., organizations, veterans organization, political activity, voluntary work or church involvement). Similarly, the majority of elderly respondents had a low level of interest on activities. Avocations or hobbies had a slightly higher level of interest (mean=2.4).

Additionally, the majority of the elderly respondents (56.6 percent) did not have access to a car and had to rely on public transportation. This factor was viewed as problematic for community integration.

Interestingly, the majority of the elderly respondents had contact with a social network; however, the most frequent contact was with friends and neighbors (83.2 percent and 84.7 percent, respectively). More importantly, the quantitative responses regarding the quality of relationship with the family typified this response. The elderly respondents pointed out that they had little contact with family and other relations because the relatives were too busy or lived too far away to visit regularly. Several reported only having the other elderly residents or participants in the meal program (NICE) as the major source of contact, as well as the persons they depend on in an emergency. Several reported that the residential managers and staff persons were their source of emotional support. Thus, integration and social functioning was low.

(3) To test a theoretical orientation of the social psychological processes of the victim.
This objective was concerned with applying social exchange theory as the theoretical framework. Specifically, elements of equity theory provide focus for the numerous explorations of social interaction with the elderly. Several questions were developed to ameliorate the occurrence of these psychological dynamics. In terms of psychological adaptation the "Never" and "Sometimes" categories were the most frequent responses. Depression occurred the most with the mean of 2.22 and the standard deviation of 1.06. The descriptive comments indicated that depression involved not having frequent contact with the family, loneliness, and health concerns.

Several other issues exemplify social exchange principles. The majority of elderly respondents (81.9 percent) did not contribute any income to their family. Conversely, 82.4 percent of the respondents received no income contribution or assistance from their family. This was despite the fact that 67.4 percent had an income under $5000 and the majority (56.6 percent) existed on social security alone. Additionally, the overwhelming majority of the elderly respondents indicated that they "Never" contributed any services to the family (e.g., childcare, housekeeping, preparing meals or other services). Most reported depending on their friends and neighbors or the facility staff person for minor assistance and social contact.

A final issue related to social exchange principles were the contradictory responses regarding the contact with their social network and the quality of relationships. For example, a substantial number responded that the social network categories were not
applicable\(^1\) because they had no family or their family was too far to have regular contact. Thus, family contact tended to be limited to special occasions or when the elderly respondents were ill. Interestingly, the qualitative responses indicated that not seeing the family contributed to loneliness and depression. However, the respondents were adamant in positing out that they understood that their families were extremely busy and did not have time for visitation. In addition, they pointed out that their families sent them "nice" things on special occasions. Because of the importance of social exchange ideas, these issues will be elaborated upon in the discussion.

(4) To discuss the sociological implication of this research and to elucidate preventive efforts.

There has been a paucity of scholarly research on elderly victimization which has obscured sociological analysis and understanding of this critical issue. This research has contributed conceptual clarity and direction in understanding social and behavioral dynamics of elderly relations. Descriptive research serves as a viable study of these neglected issues in social research. Thus, the exploratory stance of this research should lead to a comprehensive analysis of these ideas.

\(^1\) The N/A category was dropped from the final presentation of data; however, the low total for each response reflects this N/A respondents.
Examining this phenomena within the theoretical framework of the social exchange perspective guides and directs the analysis of this problem in developing substantive topics.

Finally, social policy implications are important in adding the needs of the elderly. One of the first steps in addressing the concerns of the elderly or preventive efforts is to provide accurate and reliable information. Secondly, increases public awareness on the issues of aging and elderly victimization. Finally, there is a critical need for implementation of programs aimed at integrating the elderly into the community, thereby, increasing social functioning.

Results from Informants

There were pronounced differences regarding the nature and extent of victimization reported by the informants and the elderly respondents. Consequently, the informant interviews provide the reader with additional insights regarding this issue. The majority (73 percent) of the informants had specific knowledge of criminal victimization of the elderly. The type of criminal victimization, robbery and purse snatching, was similar to the type of crime reported by the elderly. The informants made similar observations that physical injury occurred infrequently but had a greater impact because of the elderly person's physical ability. Psychological trauma was intensified.
In addition, 80 percent of the informants reported knowledge of physical battering of abuse. Most informants reported that the incidence of actual physical abuse occurred less frequently than psychological or material abuse. However, the informant were quick to acknowledge that the victim will deny to occurrence of violence; thereby, making it difficult to access the actual extent of physical abuse.

Similarly, the majority (90 percent) of the informants had knowledge of neglect. The informants reported that neglect occurred in all of the basic categories (e.g., food, medical care, hygiene and environmental care). Interestingly, the problem of self-neglect was reported to be extensive, with the elderly showing "giving up" behavior. Additionally, psychological abuse, as reported by the informants, was extensive (87 percent). Being intimidated and fearful was reported to be particularly problematic for the elderly.

Finally, the majority (90 percent) of the informants had specific knowledge of material victimization, with misuse of funds and resources reported most often. Also, the informants reported knowledge of violation of rights. Thus, the majority of the informants, 86.7 percent perceived elderly abuse as a major social problem with the number of cases of abuse ranging from one to ninety cases, with 26.2 as the mean and 26.6 as the standard deviation. The informants also discussed issues related to social functioning. The general consensus of informants perceived social isolation as a critical factor, not only as an issue of public awareness regarding elderly maltreatment, but also a contributing factor of abuse.
Social isolation often intensifies abuse. In addition, lack of social functioning makes the elderly unaware of the services and programs available to them. For example, there was general agreement (60 percent) that the elderly experience violation of their rights.

The social psychological processes of the elderly were also discussed by the informants. One of the critical observations made by the informants was related to psychological abuse. Specifically, this type of abuse occurred in the context of the family because they view the elderly victim as dependent. The elderly person is perceived as a burden to the family. The elderly person is dependent on the relationship and accepts the abuse. Interestingly, the elderly person in an abusive relationship will continue to deny the abuse. They are dependent on the care and want to maintain the relationship no matter how bad conditions may be. Thus, the informants emphasized that this denial makes it difficult for the professional to deal with the problem of abuse.

Finally, the informants offered micro and macro level responses to dealing with and prevented the problem of abuse. Research in this area is the first step in understanding elderly victimization.

Discussion

Understanding the sensitivity of issues involving elderly victimization is essential for ameliorating the results of this investigation. A discussion of these ideas must be approached and
understood from the general guidelines of interviewing situations. According to Baileys (1978:161), problems of interviewing respondents involving sensitive or controversial issue must take into consideration several major factors: (1) deliberate lying, because the respondent does not know the answer, the question is too sensitive, or he or she does not want to give a socially undesirable answer; (2) unconscious mistakes, such as a respondent's believing he or she is giving an accurate account of behavior. This occurs most frequently when the respondent has socially undesirable traits that he or she will not admit even to oneself; (3) accidental errors, as when the respondent simply misunderstands or misinterprets the question; and (4) memory failures when the respondent does not remember or is not sure of events. Thus, these factors must guide the discussion of any elderly victimization research.

The incidence of criminal victimization reported in this study was low. The majority of elderly respondents had not experienced criminal victimization. Of the elderly who had been victimized, robbery and larceny theft were the most frequently occurring crimes. These results are consistent with other major research regarding crimes against the elderly. Hinderlang and Richardson (1978) found that elderly persons (i.e., 65 years and above) have higher rates of personal larceny (e.g., purse snatching) than do younger age groups. Finley (1983) also found that with the exception of personal larceny, the elderly were actually undervictimized. According to Finley (1983), crimes such as consumer fraud, confidences, prepaid funeral
schemes, etc. are underreported by the elderly and are not often viewed as crime.

The lack of severe physical injury reported by the elderly in this study is supported by other scholars. Hinderlang and Richardson (1978) found that the elderly are less likely to be injured and less likely to be confronted with weapons in criminal victimization. However, other research maintains that physical injury may be more serious because of physical limitation of the elderly. The lack of social networks which consist in dispelling fear and depression that often follows victimization is lacking among the elderly (Julian and Kornblum, 1983:371). A noteworthy point regarding the age of the abusers should be mentioned. The age of the abusers ranged from 10 to 46 years; the average age was 25 years. This issue is important because current research points out that the elderly are not more likely than any other age group to be victimized by juveniles (See Himderlang and Richardson, 1978; Finley, 1983; Block, 1978). Contrary to popular belief, the elderly are not victimized by juveniles more often.

The issues involving criminal victimization of the elderly appears consistent with similar research in this area. Most of the respondents in this study reported that they were not fearful, while more than half (58 percent) reporting going out alone. However, the majority of the elderly (70.9 percent) did feel fearful at night. There are discrepancies found in this study regarding the problem of fear. Finley (1983) noted that fear of crime was greater among the
elderly than among other age groups. Hirschel and Rublin (1982),
also suggested that victimization is low; however, the elderly
express higher levels of fear regarding criminal victimization.

Further, victimization among the elderly is perceived as having a
direct impact of social integration. For example, Gubsum (1974)
suggested that high levels of social integration are directly related
to low levels of fear. This assumption has been supported by other
research findings (Conklin, 1976; Lawton, 1984; Sundeery, 1977).
Although, the level of social functioning was extremely low among the
respondents in this study, the statistical relation between level of
social functioning and victimization was low to negligible. The
explanation of these findings are not clear. One plausible approach
could be to examine levels of fears: very safe to very unsafe as a
more appropriate indicator of the fear issues.

Other types of victimization (i.e., psychological and physical)
was reported to be low. One of the most critical problems cited in
the literature is that the determination of the nature and incidence
of elderly victimization is unclear. Research involving the
reporting of elderly abuse by the professionals, indicated higher
incidences of abuse (See Block and Sinnott, 1979; O'Malley et. al,
1979; Douglass, Hickey and Noel, 1979). The informants in this
research also reported high levels of abuse against the elderly.
Data on abuse are limited because it often takes place in the context
of the family or by caretakers (Langley, 1981; Burke, 1983).
One of the most critical problems found in elderly abuse research and intervention programs is getting the elderly person to acknowledge the incidence of abuse or neglect (Block and Sinnott, 1979; Steinmetz, 1980; Langley, 1981). Child and spouse abuse literature are replete with the underreporting of domestic violence and the strong sense of denial on the part of the victim. According to Langley (1981:20), one of the major "barrier to service provisions most frequently noted by service providers was the unwillingness (or inability) to the victim to admit the abuse has occurred or to accept services."

The types of psychological responses found in this study are not uncommon for persons who are vulnerable. According to equity theory, psychological techniques (e.g., distortion of reality-psychological equity) occurs where individuals are weak and vulnerable. For example, the respondents reported being depressed by lack of family contact; however, they characterized their family relationships as good or if they did express concern, the elderly respondents were quick to point out that they "understood."

The supplemental informant interviews revealed self-abuse and self-neglect among the elderly as a serious problem. This finding parallel the ideas of "learned helplessness" advanced by Seligman (1972). The learned helplessness model maintains "that a person may feel as though he or she exerts no control, or that the outcome of a
situation will not change regardless of all efforts to control or escape from it (Block and Sinnott, 1979:64). According to Solomon (1983), when the elderly person has no control over response outcome they may become apathetic and experience "giving up - given up" syndrome. The problem of self-abuse reported by the informants may suggest a manifestation of this problem.

The elderly respondents reported having problems with depression. According to Solomon (1983), elderly persons who experience victimization experience feelings of alienation and anomie, both of which have been associated with depressive symptomatology. Moreover, loss of self-esteem occurs with self-blame than often accompanies self-abuse and self-neglect. This is not to suggest that these elderly respondents experienced depression as a result of victimization. In fact the correlation between psychological adaptation and victimization was low to negligible. Rather, the depression as well as the low levels of social functioning may suggest general problems of aging that the elderly respondents may be experiencing but unwilling to acknowledge.

Although the results of this study were only generalizable to those who participated in the study, the foregoing discussion and the following recommendations and implications could be beneficial to all the concerned professionals and individuals who are interested in this topic.
Several recommendations emerge from this investigation of elderly victimization. The lack of conceptual clarity regarding the definition of abuse is an issue of major concern. The definition of victimization involving the aged must be broader in order to adequately assess the extent of the problem. The insidious nature of abuse requires further elaborations on physical, psychological and material aspects of abuse. For example, special emphasis should be focused on the psychological aspects of fear among the elderly. The psychological and behavioral consequences of perceptions should be examined more precisely in future studies. Another related psychological issue involves the effects of stereotyping on the self-perceptions of the elderly themselves. Their feeling of vulnerability may be equally important in defining victimization. These factors should be explored in the context of self-abuse and self-neglect which was identified as critical a problem by the informants. Furthermore, the definitions of victimization should include broader consideration of material abuse such as insurance practices, consumer issues, medical and health related abuses. Accordingly, the more subtle indices of victimization should be explored. Basic to the problem of elderly victimization is the issue of social functioning in the community. Although the level of social functioning and integration in the community was extremely low, the elderly appear to function within a restricted milieu. The
importance of this occurrence should not be diminished. The social contributions that the elderly make to each other can be important in reducing victimization. In particular the elderly in the residential facilities noted that they had greater contact with friends and neighbors. This social network, although limited, could provide a great sense of support in dealing with victimization. According to Julian and Kornblum (1983), elderly persons often lack social support networks which assist in dispelling fear and depression that often follow criminal victimization. Accordingly, Laing and Sengstock (1983) suggest that elderly persons can protect themselves by developing more extensive social contacts and engaging in more group activities. Consequently, the social contributions that the elderly make to each other can be a meaningful area of future investigation.

Inferential statistics should be utilized to test appropriate theoretical hypothesis and make appropriate generalizations regarding the problem of abuse among the elderly. Another methodological consideration involves the use of formal consent forms in this type of research. The researcher is aware of the need to protect any participant in a research project. However, requesting that elderly persons sign a formal consent form was particularly problematic and impedes the research process. Many of the respondents were hesitant to participate because of the signature requirements. Every attempt should be made to ensure confidentiality and anonymity, as well as providing the respondents with information regarding the nature and purpose of the research; however, formal documents pose certain response restrictions in this type of investigation.
Because questions regarding abusive experiences may cause discomfort among elderly victims, especially violent crimes, it is recommended the researcher proceed with caution in dealing with the respondents. Moreover, the researcher should be familiar with the resources available in the community aimed at assisting the elderly and be prepared to make appropriate referrals when necessary. During the course of this study, the researcher did refer several of the elderly respondents to social service agencies for assistance.

In order to further enhance our knowledge of elderly victimization, the informants interviews with gerontological experts should be considered as a primary data collection technique. Informant perspectives should be one of the specific objectives to the study of elderly victimization. Because of the noted difficulties in response rate among the elderly, the informants can provide tremendous insight into the problem. The supplemental stance of the informant research should be developed into comparative research. Statistical comparison could be made between the two groups.

A critical step involved in dealing with the issues of elderly victimization is to increase public awareness of the problem. More importantly, the elderly should be provided with adequate information about programs and services available in their community. Outreach strategies are important for providing assistance for those who need special services. There is a critical need to integrate the elderly into the community. This in turn will increase social functioning for a substantial and vital segment of the community.
In conclusion, the study of elderly victimization has profound implications for the sociological and gerontological fields. Explorations of issues that have previously been neglected as a viable area of research can assist in broadening our knowledge base regarding this phenomena. The conceptual and theoretical issues raised in this dissertation establishes a foundation for future exploration of elderly victimization. In a society with an increasingly aging population, the need to develop our knowledge of the aging process and the problems facing the elderly is imperative. Clearly, further research is necessary in the area of elderly victimization in order to understand the pervasiveness of this phenomenon. Indeed, the profundity of the social psychological implications can be developed to bring about pragmatic changes in the quality of life for the aged.

Major policy implications can be ascertained from this investigation. First, comprehensive programs must be developed that will integrate the elderly into their community, while increasing the level of social functioning. This approach and activities must emphasis community networking among the elderly themselves. The objective here is to increase the sense of control, independence and improvement of elderly persons in preventing victimization and restoring equity in relationship. Prevention for the elderly by the elderly comes with discriminating accurate information to elderly person.
Effective outreach and services must be available in the community to deal with the problems of elderly victimization. Specific attention should be given to locating isolated elderly person. The community in general must be made aware of the resources available for those persons experiencing problems.

Professional knowledge and professional sensitivity are needed regarding the problems and dynamics of elderly abuse. Finally, the analysis of the social psychological implications of the aging process contributes significantly our understanding of elderly victimization.
APPENDIX A

CORRESPONDENCE CONCERNING THE STUDY
November 7, 1984

Mr. Howard Wilson
Crime Prevention Coordinator
95 West Long
3rd Floor
Columbus, Ohio 43215

Dear Mr. Wilson:

Thank you for the informational interview concerning my research interest on Elderly Victimization. The statistical data you supplied on crimes against the elderly were very useful. Your discussion of crime prevention strategies were informative and provided insight into the problems of the aged here in Columbus.

I appreciate your time and cooperation and I am looking forward to further communication with your office on this subject.

Sincerely,

Bernadette J. Holmes

Advisor
Clyde W. Franklin, Ph.D.
November 7, 1984

Mr. Don Duhigg
Adult Protection Administrator
Department of Human Services
30 E. Broad
Room 3020
Columbus, Ohio 43215

Dear Mr. Duhigg:

Thank you for the informational interview on October 23, 1984 concerning my research on Elderly Victimization. Your discussion on adult protection services was very informative and provided insight into administrative and policy implications of elder abuse.

I appreciate your time and cooperation and I am looking forward to further communication with your office on this subject.

Sincerely,

Bernadette J. Holmes

Advisor
Clyde W. Franklin, Ph.D.

College of Social and Behavioral Sciences
November 7, 1984

Mr. Mackenzie L. Milo
Researcher
Ohio Department of Aging
50 W. Broad Street
9th Floor
Columbus, Ohio 43215

Dear Mr. Milo:

Thank you for the informational interview on October 22, 1984, concerning my research interest on Elderly Victimization. The additional materials you forwarded were quite useful.

I appreciate your time and cooperation and I am looking forward to further communication with your office on this subject.

Sincerely,

Bernadette J. Holmes

Advisor
Clyde W. Franklin, Ph.D.
Ms. Pat White  
NICE Program Offices  
Community Health & Nursing Service  
303 East Sixth Avenue  
Columbus, Ohio  43201  

Dear Ms. White:  

Thank you for the informational interview on November 13, 1984 concerning my research on Elderly Victimization. Your discussion on the programs provided by Community Health and Nursing Service for senior citizens was informative and provided insight into services offered in this area.  

I will send you a copy of the proposal and other related materials for your records. I appreciate your time and cooperation and I am looking forward to further communication with your office on the subject.  

Sincerely,  

Bernadette J. Holmes  
Advisor  
Clyde W. Franklin, Ph.D.
November 26, 1984

Ms. Erika Taylor
Protective Services Administrator
Franklin County Department of
Human Services
80 E. Fulton Street
Columbus, OH 43215

Dear Ms. Taylor:

Thank you for the informational interview on November 14, 1984 concerning my research on Elderly Victimization. Your discussion on adult protection services was very informative and provided insight into the administrative and policy implications of elderly abuse.

I will send you a copy of the proposal and other related materials for your records. I appreciate your time and cooperation and I am looking forward to further communication with your office on this subject.

Sincerely,

Bernadette J. Holmes

Advisor
Clyde W. Franklin, Ph.D.
December 13, 1984

NICE Program Offices
Community Health & Nursing Service
303 East Sixth Avenue
Columbus, Ohio 43201

Dear Ms. White:

Enclosed you will find a copy of the research proposal and other related materials for your records. The questionnaire on Victimization to be administered to the elderly is still tentative. I will be making some additional revisions after further consultation with my advisor. However, it does give you some indication of the direction of the research.

I will contact your office at the first of the year to arrange an interview schedule at the research sites. I appreciate your time and cooperation in this study.

Sincerely,

Bernadette J. Holmes

Enclosure

Advisor
Clyde W. Franklin, Ph.D.

College of Social and Behavioral Sciences
December 13, 1984

Ms. Jackie Woodward
Columbus Metropolitan Housing Authority
960 E. Fifth Avenue
Columbus, Ohio 23201

Dear Ms. Woodward:

This letter is to request your agency's cooperation in a research study on Elderly Victimization. In an earlier phone conversation, I explained some of the general ideas of the research. Enclosed you will find a copy of the research proposal and other related materials which will give you additional information on the purpose and objectives of the study.

I would like to gain access to two of your housing facilities--Poindexter Towers and Worley Terrace, with the research beginning in early January. Talking directly with the elderly will give them the opportunity to discuss their concerns and problems involving a wide range of issues. Indeed, there is a critical need for research in this area. Hopefully, we will gain further insight into the dynamics of elderly victimization.

A copy of the final research project would be forwarded to your office at the completion of the study. I look forward to hearing from you and discussing the research objectives and plans. Thank you for your consideration.

Sincerely,

Bernadette J. Holmes

Enclosure

Advisor
Clyde Franklin, Ph.D.
December 13, 1984

Ms. Erika Taylor  
Protective Services Administrator  
Franklin County Department of Human Services  
80 E. Fulton Street  
Columbus, Ohio 43215

Dear Ms. Taylor:

Thank you for your cooperation in the scheduling of the first phase of the interviewing process for the research on Elderly Victimization. Your staff members were articulate and knowledgeable on the issues and provided valuable information.

Enclosed you will find a copy of the research proposal for your records. I will contact your office at the first of the year to arrange for the review of the case files.

I appreciate your time and assistance in this study.

Sincerely,

Bernadette J. Holmes

Enclosure

Advisor  
Clyde W. Franklin, Ph.D.
December 28, 1984

Ohio State University
Ms. Bernadette J. Holmes
300 Bricker Hall
Department of Sociology
190 N. Oval Mall
Columbus, Ohio 43210

Dear Ms. Holmes:

I am writing in response to your request of entering two of our facilities, Poindexter Tower and Worley Terrace.

I need to know what dates and times you plan to be in these buildings so the managers and residents may be notified when you will be there.

Thank you for sending the research material of your project.

If I can be of any further assistance, please feel free to call me at 294-4901.

Sincerely,

Jacquelyn L. Woodward
Administrative Assistant
to Director of Housing
Management & Services

JLW/dil
Ms. Bernadette Holmes  
Ohio State University  
300 Brickes Hall  
Department of Sociology  
190 N. Oval Mall  
Columbus, Ohio 43210

Dear Ms. Holmes:

Per our previous conversation, I am writing you this letter stating that approval has been granted for you to enter the specified Columbus Metropolitan Housing Authority Senior Communities in order for you to complete your research paper.

The manager of each community must know the specific dates and times you plan to be in the buildings.

Thank you for your cooperation.

Sincerely,

Jacquelyn L. Woodward  
Administrative Assistant to Director of Housing Management & Services

JLW/dll
January 21, 1985

The Ohio State University
Department of Sociology
Bernadette Holmes
Bricker Hall
Columbus, Ohio 43210

Dear Ms. Holmes:

Community Health and Nursing Service approves your implementation of interviews and the distribution of survey questionnaires regarding Elderly Victimization to senior citizens involved in the NICE Program. We are receptive to helping you, as necessary, to obtain the data for your dissertation.

It is requested that a final copy of your dissertation must be submitted to the program after its completion.

We look forward to working with you.

Sincerely,

Patricia L. White
Congregate Systems Manager

PW:rf
APPENDIX B

INTERVIEW SCHEDULES
THE OHIO STATE UNIVERSITY Protocol No. ____

CONSENT FOR PARTICIPATION IN
SOCIAL AND BEHAVIORAL RESEARCH

I consent to participating in (or my child's participation in) research entitled:

Victimization of the Elderly: Analysis of the Level of Social Functioning Within the Community - An Exploratory Study

Bernnadette Holmes or his/her authorized representative

(Principal Investigator)

has explained the purpose of the study, the procedures to be followed, and the expected duration of my (my child's) participation. Possible benefits of the study have been described as have alternative procedures, if such procedures are applicable and available.

I acknowledge that I have had the opportunity to obtain additional information regarding the study and that any questions I have raised have been answered to my full satisfaction. Further, I understand that I am (my child is) free to withdraw consent at any time and to discontinue participation in the study without prejudice to me (my child). The information obtained from me (my child) will remain confidential unless I specifically agree otherwise by placing my initials here _________.

Finally, I acknowledge that I have read and fully understand the consent form. I sign it freely and voluntarily. A copy has been given to me.

Date: ________________ Signed: ______________________ Signed: ______________________

Signed: ______________________ Signed: ______________________

(Principal Investigator or his/her Authorized Representative)

(Person Authorized to Consent for Participant if Required)

Witness: ______________________

HS-027 (Rev. 12-81)--To be used only in connection with social and behavioral research.
The following instructions will be read to all of the available residents of the center. Those persons who agree to participate will be given the questionnaire in private, with the responses being recorded by the researcher. Approximately fifteen to twenty minutes will be spent with each subject.

**INSTRUCTIONS TO SUBJECTS**

The purpose of this research is to ascertain information concerning the social problems facing the elderly. Specifically, this research will allow you to discuss the nature and extent of elderly victimization. A questionnaire will be administered by the researcher to find out your experiences and concerns with this issue.

I assure you that your response will be held in the strictest confidence. You are free to terminate your response to the questions at any point. The data will be analyzed carefully to ensure anonymity. Hopefully, the findings will provide insight into the problems confronting elderly citizens and provide helpful suggestions for future research in this area.

Please feel free to raise any questions you have regarding this study. Thank you for your time and cooperation.
DEMOGRAPHIC DATA

The purpose of this study is to develop a comprehensive profile of the problems confronting elderly citizens. Complete anonymity and confidentiality is guaranteed.

Part 1: Background Information

1. Age (in years) ________________
2. Sex: Male _____ Female _____
3. Race: Black _____ White _____ Other _____
4. Income _______________
   under $5,000
   $5,000-$7,499
   $7,500-$9,999
   $10,000-$14,999
   $15,000-$19,999
   $20,000-$24,999
   $25,000 or more

5. Source of Income: ____________________________

6. Do you contribute income to your family: Yes_____ No_____ 

7. Does your family contribute income to you: Yes_____ No_____ 

8. Marital Status: Married _____ Never Married _____ 
   Separated _____ Divorced _____ 
   Widowed _____ 

9. Education: Less Than High School _____ 
   High School _____ 
   Two Year College _____ 
   Four Year College _____ 
   Graduate and Professional _____ 
   Other _____ 

10. Occupation ____________________________
11. Religious Affiliation: Protestant _____ Catholic _____
Jewish _____ Other _____

12. Health Status: Excellent _____ Fair _____
Good _____ Poor _____

13. Physical disabilities that affect your mobility:

- Cannot perform basic personal hygiene without assistance (bathing, toileting) Yes _____ No _____
- Cannot prepare own food Yes _____ No _____
- Cannot take own medication Yes _____ No _____
- Other (specify) __________________________

14. Residence
Type of housing: Single Family _____
Duplex _____
Apartment (under 20 units) _____
Subsidized Housing Project _____
Senior Residential Complex _____
Other _____

15. With whom do you live?

- Alone _____
- Spouse _____
- Friend _____
- Relative (specify) __________________________

16. What services do you contribute to the family?

- Childcare: Often _____ Sometimes _____ Rarely _____ Never _____
- Housekeeping: Often _____ Sometimes _____ Rarely _____ Never _____
- Preparing Meals: Often _____ Sometimes _____ Rarely _____ Never _____
- Contribute Money: Often _____ Sometimes _____ Rarely _____ Never _____
- Other (specify): Often _____ Sometimes _____ Rarely _____ Never _____
PART II  Community Involvement

Do you participate in any of the following community activities?

1. Memberships - organizations, clubs, etc.:
   Contact: Often ___ Sometimes ___ Rarely ___ Never ___

2. Retiree of senior citizen groups:
   Contact: Often ___ Sometimes ___ Rarely ___ Never ___

3. Veterans organization:
   Contact: Often ___ Sometimes ___ Rarely ___ Never ___

4. Political Activity:
   Contact: Often ___ Sometimes ___ Rarely ___ Never ___

5. Voluntary Work:
   Contact: Often ___ Sometimes ___ Rarely ___ Never ___

6. Church Work:
   Contact: Often ___ Sometimes ___ Rarely ___ Never ___

7. Other: ______________________________________________

8. Interest

Do you have interest or participate in any of the following activities:

A. Avocation or hobbies: Often ___ Sometimes ___ Rarely ___ Never ___

B. Sports and exercise: Often ___ Sometimes ___ Rarely ___ Never ___

C. Commercial recreation (movie, restaurants, etc.):
   Often ___ Sometimes ___ Rarely ___ Never ___

D. Travel: Often ___ Sometimes ___ Rarely ___ Never ___
9. **Transportation and Mobility**
   A. Do you drive a car? Yes____ No____
   B. Have Access to One: Yes____ No____
   C. How do you usually get around? _______________________
   D. Is public transportation available? Yes____ No____
   E. Do you use public transportation? Yes____ No____

10. Do you feel safe in your home? Yes____ No____

11. Do you go out alone? Yes____ No____

12. Do you feel safe going out at night? Yes____ No____

13. Do you feel safe going out during the day? Yes____ No____

14. Do you own a phone? Yes____ No____

15. What is your greatest fear when you go out into your neighborhood/community? Please describe:
    ___________________________________________________________________
    ___________________________________________________________________
    ___________________________________________________________________

16. **Social Network**

   Do you have contact with the following persons?
   a. Spouse  Yes____ No____ N/A____
   b. Children Yes____ No____ N/A____
   c. Grandchildren Yes____ No____ N/A____
   d. Siblings Yes____ No____ N/A____
   e. Other Relations Yes____ No____ N/A____
   f. Friends Yes____ No____ N/A____
   g. Neighbors Yes____ No____ N/A____
16. **Frequency of Contract/Relationship**

In general, how would you characterize the quality of your relationship with your family:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

17. **Who do you depend on in an emergency?**

Specify: __________________________________________

18. **Psychological Adaptations**

Have you experienced any of the following problems?

1. **Depression:**
   - Often
   - Rarely
   - Sometimes
   - Never

2. **Anxiety/Distress:**
   - Often
   - Rarely
   - Sometimes
   - Never

3. **Loneliness:**
   - Often
   - Rarely
   - Sometimes
   - Never

4. **Guilty:**
   - Often
   - Rarely
   - Sometimes
   - Never

5. **Fearful:**
   - Often
   - Rarely
   - Sometimes
   - Never

6. **Other:**
   Specify: __________________________________________
   - Often
   - Sometimes
   - Rarely
   - Never

19. **Comments:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
PART III: FORMS OF ABUSE

Physical

1. Have you been the victim of a crime? Specify type:

- Assault Yes ______ No ______
- Burglary Yes ______ No ______
- Robbery Yes ______ No ______
- Auto Theft Yes ______ No ______
- Larceny Theft Yes ______ No ______
- Fraud Yes ______ No ______

2. How many times have you been victimized? ______________________

3. Where did the incident take place?

____________________________________________________

4. Was it reported? Yes _____ No _____ N/A______
   If yes, who?
   - Police Yes _____ No _____ N/A______
   - Social Service Yes _____ No _____ N/A______
   - Doctor Yes _____ No _____ N/A______
   - Minister Yes _____ No _____ N/A______
   - Friend Yes _____ No _____ N/A______
   - Relative Yes _____ No _____ N/A______
   - Other Yes _____ No _____ N/A______
5. Have you ever experienced confinement against your will? How often? Please describe:

______________________________________________________________________________

6. Have you been left alone for extended periods? How long? Under what circumstances?

______________________________________________________________________________

7. Have you ever experienced physical/battering abuse? How often? Please describe?

______________________________________________________________________________

Have you ever experienced any of the following conditions?

8. Have you ever been passively neglected?

Isolation: Often __ Sometimes __ Rarely__ Never__
Ignored: Often __ Sometimes __ Rarely__ Never__
Without Food: Often __ Sometimes __ Rarely__ Never__
Without Medical Care: Often__ Sometimes__ Rarely__ Never__

9. Inadequate hygiene (lack basic personal care):

   Often __ Sometimes __ Rarely__ Never__

10. Do you have adequate environmental care?

    Heat 
    Yes_____ No_____

    Water 
    Yes_____ No_____

    Sanitation 
    Yes_____ No_____

-200-
11. When you go out into your community or in your home have you experienced any of the following conditions?

   Verbal Abuse:       Often ___ Sometimes ___ Rarely ___ Never ___
   Emotional Abuse:    Often ___ Sometimes ___ Rarely ___ Never ___
   Threats:            Often ___ Sometimes ___ Rarely ___ Never ___
   Fear/Intimidation:  Often ___ Sometimes ___ Rarely ___ Never ___

12. Have you ever experienced any of the following conditions?

   Monetary Thefts:    Often ___ Sometimes ___ Rarely ___ Never ___
   Material Theft:     Often ___ Sometimes ___ Rarely ___ Never ___
   Misuse of Funds:    Often ___ Sometimes ___ Rarely ___ Never ___

13. Where did the above incidents take place?

_____________________________________________________________________
_____________________________________________________________________

14. Were any of the conditions you have mentioned reported?

   Yes _____   No _____   N/A _____

   If yes, who?

   Police      Yes_____   No_____   N/A _____
   Social Service Yes_____   No_____   N/A _____
   Doctor      Yes_____   No_____   N/A _____
   Minister    Yes_____   No_____   N/A _____
   Friend      Yes_____   No_____   N/A _____
   Relative    Yes_____   No_____   N/A _____
   Other       Yes_____   No_____   N/A _____

14. What caused or contributed to the abuse as far as you know?

_____________________________________________________________________
_____________________________________________________________________

_____________________________________________________________________
CHARACTERISTICS OF ABUSERS

PART IV: General Background

1. Age: ______

2. Sex: Male _____ Female _____ Both _____

3. Race: Black _____ White _____ Other _____ Both _____

4. Income: Low _____ Moderate _____ High _____ Don't Know _____

5. Marital Status: Married _____ Never Married _____

Separated _____ Divorced _____

Widowed _____ Don't Know _____

6. Relationship: Spouse: ______

Child: ______

Grandchildren: ______

Other Relative (Including in-laws): ______

Unrelated Caretaker: ______

Neighbor/Acquaintence ______

Stranger: ______

7. Does the abuser live with the victim?

Yes _____ No _____

8. Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
INTRODUCTION TO INFORMANTS

Hello, my name is Bernadette J. Holmes and I am conducting a study concerning victimization of the elderly. Specifically, this interview involves professionals who interface with the elderly in order to provide an expert's perspective.

Please feel free to make comments about any of the questions and indicate if there are any that you do not wish to answer. Be assured that your responses will remain strictly confidential.
Informant Interview Schedule

The purpose of this study is to develop a comprehensive profile on elderly victimization. Complete anonymity and confidentiality is guaranteed.

Part 1: Background Information

1. Informant's professional affiliation

   MD ______
   RN ______
   LPN ______
   Social Worker ______
   Nurses' aide ______
   Psychologist/Counsellor ______
   Other (specify) ______

2. Number of years in profession ______

3. Do you perceive of elderly abuse as a major social problem in this society?

   Yes _____ No _____
   Comments: ____________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

4. Do you have knowledge of specific cases of abuse?

   Yes _____ No _____
   Comments: ____________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
5. Approximately how many cases have you encountered or have specific knowledge of ______________? Please report your most frequent type of case.

Part II  A.  Reports on Victimization

1. Age of victim ___
2. Sex: Male ___ Female ___
3. Race: Black ___ White ___ Other ___
   No Distinction ___
4. Income: Low ___ Moderate ___ High ___
   No Distinction ___
5. Marital Status: Married ___ Never Married ___
   Separated ___ Divorced ___
   Widowed ___
6. Health Status: Excellent ___ Fair ___
   Good ___ Poor ___

B. Forms of Abuse

7. Do you have knowledge of any forms of criminal victimization?
   Yes _____ No _____
   If yes, please describe incident?

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

8. Do you have knowledge of physical/battering abuse?
   Yes _____ No _____
   If yes, please describe incident?

_________________________________________________________________________
_________________________________________________________________________
9. Do you have knowledge of any forms of neglect (i.e., without food, medical care, inadequate hygiene, lack of environmental care, etc)?

Yes _____ No _____

If yes, please describe incident?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

10. Do you have knowledge of any psychological abuse?

Yes _____ No _____

If yes, please describe incident?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

11. Do you have knowledge of misuse of funds or resources?

Yes _____ No _____

If yes, please describe incident?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

12. Do you have knowledge of violation of elder's rights (i.e., forced from home or forced into nursing home?)

Yes _____ No _____

If yes, please describe incident?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
13. What was the source of the Report or Refused?
   Police
   Social Service
   Doctor
   Minister
   Relative
   Other (specify)

14. What action was taken for this case?

   Please feel free to make additional comments or concerns about this problem.

Part III Characteristics of Abusers

1. Age of Perpetrator

2. Sex: Male Female

3. Race: Black White Other No Distinction

4. Income: Low Moderate High No Distinction

5. Marital Status: Married Separated Widowed Never Married Divorced
6. Relationship:  
   Spouse: _____  
   Child: _____  
   Grandchildren: _____  
   Other Relative (Including in-laws): _____  
   Unrelated Caretaker: _____  
   Stranger: _____

7. Does the abuser live with the victim?  
   Yes _____ No _____
   Comments:  
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

8. What caused or contributed to the abuse as far as you know?  
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

9. Are you aware of the adult protection service (Ohio Revised Code Section 5106.50 to 5101.71)?  
   Yes _____ No _____
   If yes, how effective is the law dealing with the problem of abuse?  
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

10. Please feel free to make any suggestions or recommendations for dealing with the problem of abuse:  
    ________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________
Thank you very much for your time and cooperation.

Interviewer: _______________________
Date: __________________________
Time: __________________________
Place: __________________________
Rapport: _______________________
APPENDIX C

ADULT PROTECTION FORMS
SUMMARY OF OHIO'S ADULT PROTECTIVE SERVICES LEGISLATION

Effective November 1, 1981, the Ohio General Assembly passed an adult protective services statute as part of the budget appropriations bill. Ohio's adult protective services legislation is embodied in the Ohio Revised Code Sections 5101.60 to 5101.71. Although the final statute has been altered, the legislation was initially drafted by an Adult Protective Services Legislation Committee formed by the Federation for Community Planning in Cleveland. That committee represented four counties and its membership included both social workers and attorneys. The committee developed the legislation with four basic principles in mind: adults must participate as much as possible in decision making; additional due process safeguards should be established; any action by a legal or social agency should subject the adult only to the least restrictive alternative of care; and the adult should return to the community as soon as possible.

As passed, the legislation's most important provisions require mandatory reporting by some professionals; protection with immunity for those who make reports in good faith; access to the affected adult without obstruction; due process safeguards; court orders of very limited time duration with periodic review by the court of the individual; and the provision of long-term protective services as as opposed to simple crisis intervention. The legislation protects residents of the state who are sixty years of age or older who are impaired to the extent that they are unable to provide their own care or protection and who reside in independent living arrangements. The statute seeks to protect these persons from physical, mental and emotional abuse and neglect and financial exploitation. The abuses which the statute protects against are abuses which come as a result of actions by a "caretaker" who assumes the "responsibility or the care of an adult on a voluntary basis, by contract, or through receipt of payment for care, as a result of a family relationship, or by order of a court of competent jurisdiction" (O.R.C. 5101.60(C)), or by self-neglect. The county departments of welfare have the responsibilities to receive and investigate complaints of abuse, to develop protective plans for the abused adult and to seek court intervention on behalf of the abused adult as a course of last resort.

The reporting provisions of this protective services act are probably the most significant changes to current law. Any attorney, physician, osteopath, podiatrist, chiropractor, dentist, psychologist, employee of a hospital*, employee of an ambulatory health facility*, employee of a home health agency*, employee of an adult foster care facility*, peace officer, coroner, clergyman,

*See Ohio Revised Code Section 5101.61 for possible restrictions.
employee of a community mental health facility, or any person engaged in social work or counselling who has reasonable cause to believe a person is being abused, neglected or exploited is required to report immediately to the county welfare department. In addition to these persons who must report any other person who has reasonable cause to believe abuse is occurring may report the same to the county welfare department. Persons who are required to report are liable for a $500 fine if they do not report but persons who make reports in good faith are immune from civil liability or employment retaliation. However, only employees of the state or its subdivisions, such as county welfare workers, are immune from civil or criminal liability for the investigation of such reports.

The county welfare department must initiate the investigation of an emergency situation within twenty-four hours and any other report within three working days. The investigation must include a face-to-face visit with the adult who is the subject of the report and, to the extent possible, with other persons or agencies who have pertinent information. Upon completion of the investigation, the welfare department shall determine the need for protective services and the reasons for reaching this conclusion. If in the course of the investigation any person, including the adult being investigated, obstructs the investigation, the welfare department may seek a temporary restraining order to prevent the interference of obstruction.

After the completion of the investigation the case worker will develop a plan for protective services. If the adult involved is not incapacitated then he may voluntarily consent to the services. Under no circumstances will such a competent person receive services against his wishes. However, if an individual is in need of services and incapacitated, i.e., a person who is impaired for any reason to the extent that he lacks sufficient understanding or capacity to make and carry out reasonable decisions concerning his person or resources, the welfare department may petition the court for an order authorizing the provision of protective services. It is with this court petition that the increased due process safeguards are evident.

When necessary, the welfare department files a petition with the probate court. A notice of the hearing is personally served on the alleged incompetent adult no less than five working days prior to the hearing. The notice must be given orally and in writing in language the adult can understand. The notice must include: an enumeration of the rights to be lost; the consequences of the court's actions; and the right to counsel and that a counsel will be appointed if necessary. A similar notice will be sent to the adult's guardian, legal counsel, caretaker, spouse or, failing any of these, next of kin.
The hearing on the petition will take place within fourteen days of the filing of the petition. The alleged incompetent adult has the right to be present, to present evidence and examine witnesses and shall be represented by legal counsel unless that right is knowingly waived. The court will only grant the petition if it is shown by clear and convincing evidence that the protective services are needed. No adult will be placed in an institution unless there is no other alternative. The court order for protective services may not be longer than six months in duration. If the welfare department still feels it is necessary after that time it may position for additional court orders in one year increments.

If an individual is apparently incapacitated and an emergency exists which would result in immediate irreparable physical harm the welfare department may seek an emergency order from the court. The hearing must be conducted with the same safeguards as previously discussed but would be held within seventy-two hours after notice is given to the alleged incompetent. The court may only order emergency services of fourteen days and upon petition by the welfare department for another fourteen days. If the welfare department feels the incapacity is long term then it may petition for the six month protective services order previously discussed.

The law also provides that when the adult is financially able he shall pay the cost of protective services and that the welfare department must train its workers in the provision of protective services.

If you have questions about Ohio's protective services law or wish to report an abuse, please contact your local county welfare department.
ADULT PROTECTIVE SERVICES AND GUIDELINES

ADULT PROTECTIVE SERVICES

FOREWORD

These guidelines, policies and procedures have been prepared to provide information about new statutory provision for adult protective services (APS). The contents follow the outline established in the Ohio Revised Code Sections 5106.60 to 5101.71, as those sections were enacted in November 1981. Each section states the statutory provisions for a particular topic. Following these provisions are guidelines by the department for the purpose of providing information relative to the administration of the program.

INTRODUCTION

Adult protective services is intended to assist adults who are in danger of harm, unable to protect themselves, and have no one else able to assist them.

The goals of adult protective services are:

1. To prevent, reduce, or remedy conditions causing endangerment to adults (who meet specified criteria) through provision of services appropriate to the adult need.

2. To maximize the adult's independence and self-direction.

3. To prevent unnecessary institutionalization and to enable the adult to remain in this own home as long as possible: by selection of the least restrictive alternative. The least restrictive alternative means the change resulting in the least loss of self-determination that will meet the specified need.

The adult protective services law contains due process provisions which protect a citizen's right to refuse state intervention in their lives. County Welfare Department (CWD) intervention must be governed by the statutory authority granted them.
CWDs should make every reasonable effort to assist the vulnerable adult as well as any alleged perpetrator of abuse, neglect, or exploitation. Both adult subject and the alleged perpetrator must be viewed as "victims" who are in need of services.

The CWD has responsibility to: expand the range of options available to the adult subject by way of support services; help the adult subject to consider the consequences of his or her actions; and offer social services and income maintenance services that may be available.

I. DEFINITIONS OF ADULT PROTECTIVE SERVICES

Program Definitions

1. OHIO REVISED CODE, SECTION 5101.60

(A) "Abuse" means the infliction upon an adult by himself or others of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish.

(B) "Adult" means any person sixty years of age or older within this state who is handicapped by the infirmities of aging or who has a physical or mental impairment which prevents him from providing for his own care or protection, and who resides in an independent living arrangement. An "independent living arrangement" is a domicile of a person's own choosing, including, but not limited to, a private home, apartment, trailer, or rooming house. It does not include institutions or facilities licensed by the state, or facilities in which a person resides as a result of voluntary, civil, or criminal commitment.

(C) "Caretaker" means the person assuming the responsibility for the care of an adult on a voluntary basis, by contract, through receipt of payment for care, as a result of a family relationship, or by order of a court of competent jurisdiction.

(D) "Court" means the probate court in the county where an adult resides.
(E) "Emergency" means that the adult is living in conditions which present a substantial risk of immediate and irreparable physical harm or death to himself or any other person.

(F) "Emergency services" means protective services furnished to an adult in an emergency.

(G) "Exploitation" means the unlawful or improper act of a caretaker using an adult or his resources for monetary or personal benefit, profit, or gain.

(H) "In need of protective services" means an adult known or suspected to be suffering from abuse, neglect, or exploitation to an extent that either life is endangered or physical harm, mental anguish, or mental illness results or is likely to result.

(I) "Incapacitated person" means a person who is impaired for any reason to the extent that he lacks sufficient understanding or capacity to make and carry out reasonable decisions concerning his person or resources, with or without the assistance of a caretaker. Refusal to consent to the provision of services shall not be the sole determinative that the person is incapacitated. "Reasonable decisions" are decisions made in daily living which facilitate the provision of food, shelter, clothing, and health care necessary for life support.

(J) "Mental Illness" means a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life.

(K) "Neglect" means the failure of an adult to provide for himself the goods or services necessary to avoid physical harm, mental anguish, or mental illness or the failure of a caretaker to provide such goods or services.

(L) "Peace Officer" means a peace officer as defined in Section 2935.01 of the Revised Code.

(M) "Physical harm" means bodily pain, injury, impairment, or disease suffered by an adult.
"Protective Services" means services provided by the country department of welfare or its designated agency to an adult who has been determined by evaluation to require them for the prevention, correction, or discontinuance of an act of as well as conditions resulting from abuse, neglect, or exploitation. Protective services may include, but are not limited to, case work services, medical care, mental health services, legal services, fiscal management, home health care, homemaker services, housing-related services, guardianship services, and placement services as well as the provision of such commodities as food, clothing, and shelter.

"Working Day" means Monday, Tuesday, Wednesday, Thursday, and Friday, except when such day is a holiday as defined in Section 1.14 of the Revised Code.

2. Guidelines
   a. "APS" means adult protective services.
   b. "CWD" means county welfare department.
   c. "Gradualism" means choosing the least drastic and most gradual intervention that will meet the specified need.
   d. "The least restrictive alternative" means the change resulting in the least loss of self determination that will meet the specified need.
   e. "ODPW" means the Ohio Department of Public Welfare.
   f. "Substantiated report" is an admission of the fact of abuse, neglect, or exploitation (A, N, or E) by person(s) responsible; an adjudication of A, N, or E; other forms of confirmation deemed valid by the CWD; or professional judgment that the adult has been A, N, or E.
   g. "Unsubstantiated report" denotes investigation determined no occurrence of A, N, or E.
II. REPORTS OF ABUSE, NEGLECT, EXPLOITATION

A. Persons Having Mandatory Duty to Report

1. Ohio Revised Code Section 5101.61 (A)

(A) Any attorney, physician, osteopath, podiatrist, chiropractor, dentist, psychologist, any employee of a hospital as defined in Section 3701.01 of The Revised Code, any employee of an ambulatory health facility as defined in Section 1739.01 of the Revised Code, any employee of an adult foster care facility as defined in Section 5103.30 of the Revised Code, any peace officer, coroner, clergyman, any employee of a community mental health facility as defined in Section 1739.01 of the Revised Code, and any person engaged in social work or counselling having reasonable cause to believe that an adult is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation shall immediately report such belief to the county department of welfare. This section does not apply to employees of any hospital or public hospital as defined in Section 5122.01 of the Revised Code.

2. Guidelines

The multidisciplinary nature of adult protective services (APS) is reflected in the list of 17 categories of professionals who by state statute must immediately report to the county welfare department (CWD) belief that an adult is being abused, neglected, or exploited. Designated professionals who fail to carry out their reporting responsibilities under the law may be subject to a fine of not more than $500 (Section 5101.99). The CWD should work closely with these professionals to assure protection for adults in need.

Ohio law requires that social workers who have reason to believe that a mentally retarded adult is a victim of abuse, injury or neglect must report that information to the local police, the sheriff and the Department of Mental
Retardation/Development Disabilities (Section 5123.61 ORC) The report may be in person or by telephone. Agencies taking such reports must maintain a written record which shall include the following:

1. The name and address of the mentally retarded adult and person or persons having custody of such mentally retarded adult, if known;

2. The mentally retarded adult's age and the nature and extent of his injuries or physical neglect, including any evidence of previous injuries or physical neglect;

3. Any other information which might be helpful in establishing the cause of the injury or physical neglect.

Mental retardation means having significantly subaverage general intellectual functioning existing concurrently with deficiencies in adaptive behavior, manifested during the developmental period.

The Ohio Department of Mental Retardation and Developmental Disability is required by state statute to determine mental retardation and eligibility for services from the Department of MR/DD (ORC 5123.01; 5123.02; 5026.01; 5125.08).

There are, however, two indicators which verify that individuals are the responsibility of The Ohio Department of MR/DD; 1) an individual who has been recently deinstitutionalized from an MR/DD facility, 2) an individual who has been admitted to a developmental center and is being considered for placement in a licensed residential care facility.

B. Persons Who May Report, But Are Under No Legal Duty

1. Ohio Revised Code Section 5101.61 (B)

   (B) Any person having reasonable cause to believe that an adult has suffered abuse, neglect, or exploitation may report, or cause reports to be made of such belief to the department.
C. Contents of Report

1. Ohio Revised Code Section 5191.61 (C)

(C) The reports made under this section shall be made orally or in writing except that oral reports shall be followed by a written report if a written report is requested by the department. Written reports shall include:

(1) The name, address, and approximate age of the adult who is the subject of the report;

(2) The name and address of the individual responsible for the adult's care, if any individual adult is, and if he is known;

(3) The nature and extent of the alleged abuse, neglect, or exploitation of the adult;

(4) The basis of the reporter's belief that the adult has been abused, neglected or exploited.

D. Immunity For Persons Reporting:

1. Ohio Revised Code Section 5101.61 (D) and (E)

(D) Any person with reasonable cause to believe that an adult is suffering abuse, neglect, or exploitation who makes a report pursuant to this section or who testifies in any administrative or judicial proceeding arising from such a report, or any employee of the state or any of its subdivisions who is discharging responsibilities under Section 5101.62 of the Revised Code shall be immune from civil or criminal liability on account of such investigation, report, or testimony, except liability for perjury, unless the person has acted in bad faith or with malicious purpose.

(E) No employer or any other person with the authority to do so shall discharge, demote, transfer, prepare a negative work performance evaluation, or reduce benefits, pay, or work
privileges, or take any other action detrimental to an employee or in any way retaliate against an employee as a result of the employee's having filed a report under this section.

2. Guidelines

The state statutes have built in immunity from civil or criminal liability for the person who makes a report, or testifies in a proceeding arising from a report, and for OWD and ODPW employees in discharging their responsibilities. Exceptions from immunity from liability include perjury and persons acting in bad faith or with malicious purpose. It should be noted that anonymous reports are accepted.

In addition, the law precludes relation realization against an employee as a result of the employee's having filed a report of abuse, neglect or exploitation. The adult protective services worker should advise persons who report, of this protection and receive complaints of any alleged violations by employers.

E. Confidentiality

1. Ohio Revised Code Section 5101.61 (F)

(F) Neither the written or oral report provided for in this section nor the investigatory report provided for in Section 5101.62 of the Revised Code shall be considered a public record as defined in Section 149.43 of the Revised Code. Information contained in the report shall, upon request, be made available to the adult who is the subject of the report, to agencies authorized by the department to receive information contained in the report, and to legal counsel for the adult.

III. INVESTIGATION OF REPORTS

A. Duty of CWD to Investigate Reports

1. Ohio Revised Code Section 5101.62

(A) The county department of welfare shall be responsible for the investigation of all reports provided for in Section 5101.61 of the Revised Code and evaluating the need
for and, to the extent of available funds, provide or arrange for the provision of protective services. The department may designate another agency to perform the department's duties under this section.

(B) Investigation of the report provided for in Section 5101.61 of the Revised Code shall be initiated within twenty-four hours after the department receives the report if any emergency exists; otherwise, investigation shall be initiated within three working days.

(C) Investigation of the need for protective services shall include face-to-face visit with the adult who is the subject of the report, preferably in his residence, and consultation with the person who made the report, if feasible, and agencies or persons who have information about the adult's alleged abuse, neglect, or exploitation.

(D) The department shall give written notice of the intent of the investigation and an explanation of the notice in language reasonably understandable to the adult who is the subject of the investigation, at the time of the initial interview with the person.

(E) Upon completion of the investigation, the department shall determine from its findings whether or not the adult who is the subject of the report is in need of protective services. The department shall write a report which confirms or denies the need for protective services and states why it reached this conclusion.

2. Guidelines

Adult protective services law addresses two kinds of reports: reports of belief that an adult is being abused, neglected or exploited; and investigative reports written by the CWD which confirm or deny the need for protective services and state why it reached this
conclusion. The ODPW is also developing an Adult Protective Service Summary which must be completed quarterly by very CWD.

At the time of the initial interview with the adult subject, the CWD must give written notice of the intent of the investigation and an explanation of the notice language reasonably understandable to that person. A recommended model and explanation of the notice is contained in Appendix 2. CWD shall arrange for translation of English if English is not understood.

The investigatory worker shall try to obtain factual information in his attempt to evaluate what allegedly occurred. For this reason, he shall include a face-to-face visit with the adult subject, preferably in this residence, and consultation with the person who made the report, if feasible, and agencies or persons who have information about the adult's alleged abuse, neglect, or exploitation.

The Ohio Revised Code allows the CWD to designate another agency to perform the CWD's statutory duties in relation to the investigation of reports of believed adult abuse, neglect or exploitation, (Sec. 5101.62). CWD designation of another agency to perform its duties shall be in writing and in the format defined by the ODPW. A copy of the agreement format is contained in Appendix 3 of this issuance.

The worker should arrange the factual information in three categories:

a. The danger that is part of the living conditions, including neighbors and other unrelated persons.

b. The vulnerability of the adult subject, i.e., the inability to manage and care for himself in aspects of everyday living because of mental or physical impairment. Ability to manage relates to understanding the consequences of actions, not to the person's needing to make wise or socially acceptable decisions.
c. The vulnerability of the adult subject's social connections, i.e., although he needs assistance, he either has no one effective and reliable to assist him or the persons available to help (friends, relations, foster care giver) are: abusing, neglecting or exploiting him.

That will help the worker identify the degree and sources of risk to the adult, and at the same time encourage more limited and precise provision of appropriate protective services based on specific areas of need.

Evaluating the need for protective services is the responsibility of the CWD or its designee and should evolve from the factual information obtained in the investigation. The worker should examine the factual information he has obtained regarding endangerment, personal vulnerability, and social vulnerability. The existence of all three components constitute a need for protective services. State statute offers some guidance about the degree of danger and vulnerability that constitute a need for protective services. The specific dangers are identified as abuse, neglect, or exploitation and the degree can include physical harm, mental anguish, or mental illness to life endangerment.

Personal vulnerability includes: persons handicapped due to infirmities of aging; persons having a physical or mental impairment which prevents them from providing for their own care or protection; persons who are impaired for any reason to the extent that they lack sufficient understanding or capacity to make and carry out reasonable decisions concerning their person or resources, with or without the assistance of a caretaker. Generally the victim of domestic violence is able to provide for their own care or protection. However, some abused spouses over 60 years of age may be unable to protect themselves; in which case the adult is appropriately considered a subject for APS.

Social vulnerability includes: the absence of a guardian, caretaker spouse, adult children or next of kin, and friends; the unlawful or improper act of a caretaker or neighbor using an
adult or his resources for monetary or personal benefit, profit, or gain; the failure of a caretaker to provide goods or services necessary to avoid physical harm, mental anguish, or mental illness.

The evaluation procedure should make provision for routine discussions and consultations with other disciplines involved with the client. The complexity requires an interdisciplinary team approach. For example, some chronic illnesses may generate symptoms which are often identified as "mental" in origin. Correction of the physical ailments may eliminate the symptoms. The CWD should frequently seek consultation on the medical and legal aspects of a case. A public health nurse would be an ideal team member or consultant because he will have expertise to deal with the health-related problems in innovative ways that meet the client's needs, honor his or her wishes, and may prevent institutionalization. Legal consultation is needed to assess legal problems of the client and the legal implications for the client of actions contemplated by the CWD.

B. Court Action to Gain Effective Access to the Adult

1. Ohio Revised Code Section 5101.63

If, during the course of an investigation conducted under Section 5101.62 of the Revised Code, any person, including the subject of the investigation, denies or obstructs access to the residence of the adult who is the subject of a report filed pursuant to Section 5101.61 of the Revised Code, the county department of welfare may file a petition in court for a temporary restraining order to prevent the interference or obstruction. The court shall issue a temporary restraining order to prevent the interference or obstruction if it finds there is reasonable cause to believe that the person who is the subject of the investigation is being or has been abused, neglected, or exploited and access to the person's residence has been denied or obstructed. Such a finding is prima facie evidence that immediate and irreparable injury, loss, or damage will result, so that notice is not required. After obtaining an order
restraining the obstruction of or interference with the access of the protective services representative, the representative may be accompanied to the residence by a peace officer.

2. Guidelines

State statutes give CWDs the authority to file a petition in probate court for a temporary restraining order to prevent interference with or obstruction of its investigation of a report. A suggested form petition and temporary restraining order may be found in Appendix 4 and 5. It does not make any difference whether the denial or obstruction of access is caused by the adult subject or any other person. The right of the CWD to fulfill its mandated responsibility to investigate reports needs to be balanced with the right of the adult subject to refuse investigation. In filing a petition for a temporary restraining order, the CWD must show there is reasonable cause to believe that the adult subject is being or has been abused, neglected or exploited and that access to the person's residence has been denied or obstructed. Reasonable cause means "a suspicion founded upon circumstances sufficiently strong to warrant reasonable man in belief that charge is true." Black's Law Dictionary. The oral or written report should contain factual information about the nature and extent of the alleged abuse, neglect or exploitation of the adult as well as the basis of the reporter's belief that the adult has been abused, neglected or exploited. This factual information may be all that the CWD can present to show reasonable cause to suspect endangerment.

In addition, the CWD worker must keep records and be able to detail that access to the adult subject's residence has been denied or obstructed.

If the court issues a temporary restraining order, such a finding is sufficient evidence that immediate and irreparable injury, loss, or damage will result, so that prior notice is not required. However, the worker is responsible for assuring that the adult, and any person named in the restraining order, is subsequently
given copies of the petition and restraining order and that proper "return of the service" (i.e., notice that the papers were delivered) is made to the probate court.

After obtaining a temporary restraining order, the CWD worker may be accompanied to the residence by a peace officer. If the obstruction was caused by the adult subject, the worker may decide against being accompanied by a peace officer because of the detrimental effect such an intervention might have on the worker's eventually establishing a relationship with the adult subject.

If the obstruction is caused by someone other than the adult subject, or if the worker is reasonably concerned about his own safety, assistance from law enforcement should be sought.

IV. THE PROVISION OF PROTECTIVE SERVICES

1. Ohio Revised Code Section 5101.64

Any person who requests or consents to receive protective services shall receive services only after an investigation and determination of a need for protective services, which investigation shall be performed in the same manner as the investigation of a report pursuant to Sections 5101.62 and 5101.63 of the Revised Code. If the person withdraws consent, the protective services shall be terminated.

2. Guidelines

Protective services may include, but are not limited to, casework services, medical care, mental health services, legal services, fiscal management, home health care, homemaker services, housing-related services, guardianship services, and placement services as well as the provision of such commodities as food, clothing and shelter. Needed protective services shall be provided by the CWD or its designated agency "to the extent of available funds".

Adult protective services workers are encouraged to obtain a consent agreement as part of voluntary protective services provision. A suggested form for voluntary consent may be found in Appendix 6.
Voluntary protective services are preferred to court ordered protective services which should be used as a last resort.

The services provided should be based on the kinds of services needed to supplement or compensate for the functional deficits identified and the degree of endangerment. CWDs should avoid the tendency to categorize or generalize in their description of the situation and in their service plan development. For example, it is an over-simplification to state the adult subject is an alcoholic. Ascertain exactly what deficits are present and precisely match the functional deficit with the supportive service, e.g., inability to pay bills due to alcoholism and need for help in this area.

The least restrictive alternative should always be chosen and to the extent possible the less drastic, the more gradual intervention should be the intervention chosen. The stress on gradualism in the rate of change is important since wide fluctuations in functioning levels frequently occur; and gradual changes can reduce the stress of change.

The relevance of the Community Mental Health Centers (CMHC) Act to adult protective services is that it provides for some of the services (e.g., inpatient, outpatient, partial hospitalization, emergency services) that may be required to provide protection to an adult. Further, the follow-up services provision of the Act, could reduce the number of crisis situations.

The Older Americans Act, (OAA) Title III, provides for services under a variety of headings. Most services are funded in harmony with state and area plans. There is currently a growing initiative to provide components of protective services. This might include legal representation for adults in need of protective services.

Significant variations among Titles XIX, XX, CMHC Act, and the OAA contribute to the complexity for persons working to establish adult protective services programs even though there are specific bases in federal legislation that can facilitate development of such programs.
CWDs are encouraged to engage in systematic planning local communities around the implementation of the new law. This planning will result in improved coordination and integration of policy and programs. In addition, workers must attempt to provide links for the adult subject by ad hoc negotiations and their own informal arrangements.

The CWD should take the lead in inviting local voluntary agencies to meet in order to plan together. The kinds of voluntary agencies who might agree to participate in the APS program include agencies which regularly provide individual and family counseling, CMHC Act agencies, OAA agencies, homemaker services, and legal services. Services to victims of domestic violence may be of value to the adult subject in need of adult protective services. Direct protective services workers should be encouraged to become involved in community planning.

As the program progresses, staff should establish interagency agreements as to their accessibility to serve adult subjects. Such agreements will reduce uncertainty on the part of caseworkers as to criteria for provision of specific services. They will also reduce conflict between agencies as to what services would be used, who would supply the, and who would supervise them.

Funding is not available to reimburse agencies for the cost of all services that if agrees to provide consequently, the program is dependent upon the internal financial condition of the agencies involved. The agencies forming a coalition must very highly motivated.

B. Petition for Court-Ordered Protective Services on an Emergency Basis

1. Ohio Revised Code Section 5101.69 (A) and (B)

   (A) Upon petition by the county department of welfare, the court may issue an order authorizing the provision of protective services on an emergency basis to an adult. The petition for any emergency order shall include:

   (1) The name, age and address of the adult in need of protective services;
(2) The nature of the emergency;

(3) The proposed protective services;

(4) The petitioner's reasonable belief, together with facts supportive thereof, as to the existence of the circumstances described in divisions (D)(1) to (3) of this section;

(5) Facts showing the petitioner's attempts to obtain the adult's consent to the protective services.

(B) Notice of the filing and contents of the petition provided for in division (A) of this section, the rights of the person in the hearing provided for in division (C) of this section, and the possible consequences of a court order, shall be given to the adult. Notice shall also be given to the spouse of the adult or, if he has none, to his adult children or next of kin, and his guardian, if any, if his whereabouts are known. The notice shall be given in language reasonably understandable to this recipient at least twenty-four hours prior to the hearing provided for in this section. The court may waive the twenty-four hour notice requirement upon showing that:

(1) Immediate and irreparable physical harm to the adult or others will result from the twenty-four hour delay; and

(2) Reasonable attempt have been made to notify the adult, his spouse, or, if he has none, his adult children or next of kin, if any, and his guardian, if any, if his whereabouts are known.

Notice of the court's determination shall be given to all persons receiving notice of the filing of the petition provided for in this division.

2. Guidelines

The emergency order should be requested only in situations when the adult is "incapacitated", an "emergency" exists, and neither the adult subject nor
any other authorized person is able or willing to give consent for protective services or it is not feasible to give notice of the action to any of these persons. Otherwise, the routine petition for protective services should be used. In either event, the county prosecuting attorney should be contacted prior to filing any court action.

A suggested form for an emergency petition may be found in Appendix 7. A suggested notice of the petition may be found in Appendix 8. All reasonable attempts must be made to give the notice to the adult, and other persons indicated by statute, prior to the court hearing.

C. Hearing on Emergency Order:

1. Ohio Revised Code Section 5101.69 (C) and (D)

   (C) Upon receipt of a petition of an order for emergency services, the court shall hold a hearing no sooner than twenty-four and no later than seventy-two hours after the notice provided for in division (B) of this section has been given, unless the court has waived the notice. The adult who is the subject of the petition shall have the right to be present at the hearing, present evidence, and examine and cross-examine witnesses.

   (D) The court shall issue an order authorizing the provision of protective services on an emergency basis if it finds, on the basis of clear and convincing evidence, that:

   (1) The adult is an incapacitated person;

   (2) An emergency exists;

   (3) No person authorized by law or court order to give consent for the adult is available or willing to consent to emergency services.

2. Guidelines

   The Emergency order may be granted without notice to the adult or any formal hearing, that is, it can be an "ex-parte" court order. For this reason, it should be not be used in any circumstances in which
it is possible to proceed with the routine petition for protective services which provides for prior notice and full court hearing.

D. Terms of the Emergency Order:

1. Ohio Revised Code Section 5101.69(E)

   (E) In issuing an emergency order, the court shall adhere to the following limitations:

   (1) The court shall order only such protective services as are necessary and available locally to remove the conditions creating the emergency, and the court shall specifically designate those protective services the adult shall receive.

   (2) The court shall not order any change of residence under this section unless the court specifically finds that a change of residence is necessary;

   (3) The court may order emergency services only for fourteen days. The department may petition the court for a renewal of the order for a fourteen-day period upon a showing that continuation of the order is necessary to remove the emergency;

   (4) In its order, the court shall authorize the director of the department or his designee to give consent for the person for the approved emergency services until the expiration of the order.

   (5) The court shall not order a person to a hospital or public hospital as defined in Section 5122.01 of the Revised Code.

2. Guidelines

A suggested form for an emergency order may be found in Appendix 9. As with the order to gain access to the adult, the emergency order should be delivered to the adult and return made to the court. Although the court can extend the order to be in effect for up to 28 days, the preferred procedure is to petition for routine protective services, pursuant to R.C. 5101.65, if services are required beyond the initial 14 day period.
E. Duties of CWD Following Issuance of Emergency Order

1. Ohio Revised Code Section 5101.69 (F)

(F) If the department determines that the adult continues to need protective services after the order provided for in division (D) of this section has expired, the department may petition the court for an order to continue protective services, pursuant to Section 5101.65 of the Revised Code. After the filing of the petition, the department may continue to provide protective services pending a hearing by the court.

F. Routine Petition for Court-Ordered Protective Services

1. Ohio Revised Code Sections 5101.65 and 5101.66

Section 5101.65. If the county department of welfare determines that an adult is in need of protective services and is an incapacitated person, the department may petition the court for an order authorizing the provision of protective services. The petition shall state the specific facts alleging the abuse, neglect, or exploitation and shall include a proposed protective service plan. Any plan for protective services shall be specified in the petition.

Section 5101.66. Notice of a petition for the provision of court-ordered protective services as provided for in Section 5101.65 of the Revised Code shall be personally served upon the adult who is the subject of the petition at least five working days prior to the date set for the hearing as provided in Section 5101.67 of the Revised Code. Notice shall be given orally and in writing in language reasonably understandable to the adult. The notice shall include the names of all petitioners, the basis of the belief that protective services are needed, the rights of the adult in the court proceedings, and the consequences of a court order for protective services. The adult shall be informed of his right to counsel and his right to appointed counsel if he is indigent and if appointed counsel is requested. Written notice by certified mail shall also be given to the adult's guardian, legal counsel, caretaker, and spouse, if any, or if he has none of these, to his adult children or next of kin, if any, or to any
other person as the court may require. The adult who
is the subject of the petition may not waive notice
as provided in this section.

2. The CWD may encounter an adult subject who is in need
of protective services and who is incapacitated.
When this happens, the CWD may petition the probate
court for an order authorizing the provision of
protective services that are available locally. The
CWD should have what it considers clear and
convincing evidence that the adult subject has been
abused, neglected or exploited; is in need of
protective services which are available locally; is
incapacitated; and that no person authorized by law
or by court is available to give court consent.
Clear and convincing evidence means evidence "beyond
a reasonable, i.e., a well-founded doubt." \textit{Blacks
Law Dictionary}.

State statute defines an incapacitated person as a
person who is impaired for any reason to the extent
that he lacks sufficient understanding or capacity to
make and carry out reasonable decisions concerning
his person or resources, with or without the
assistance of a caretaker. The statutes further
define reasonable decisions as decisions made in
daily living which facilitate the provision of food,
shelter, clothing, and health care necessary for life
support; an incapacitated person then is not capable
of understanding the consequences of his decisions.

The critical questions are: in addition to the
precisely described danger, what factual information
does the CWD have about the adult subject's
functional deficit; and whether that information is
of such a nature to indicate that the adult subject
has lost his or her capacity for self-direction. The
law is clear that only the probate court has the
power to authorize the provision of involuntary
protective services.

If a CWD decides to petition the court, the statutes
indicate that "the petition shall state the specific
facts alleging the abuse, neglect, or exploitation
and shall include a proposed protective service
plan." If the plan for protective services includes
placement, that intention shall be specified in the
petition. We need to emphasize that even in cases
involving surrogate action, CWDs are to respect the
right of adults to receive services as they define
them. Decisions must be guided by what the dependent adult wants and what is consistent with his or her own life style.

A suggested form petition for routine petition for protective services is attached as Appendix 10. A suggested form notice is attached as Appendix 11.

Once the OWD has filed a petition for the provision of court-ordered protective services, it must assure that the notice is personally served upon the adult subject at least five working days prior to the date set for hearing. The statutes define the content of the notice, the adult subject's right to counsel, and the persons other than the adult subject who must receive written notice by certified mail.

The protective services worker must work in close conjunction with the county prosecutor, county sheriff, and probate court to assure that the required notices are delivered before the court date.

G. Hearing on the Routine Petition

1. Ohio Revised Code Section 5101.67 (A)

(A) The court shall hold a hearing on the petition as provided in Section 5101.65 of the Revised Code within fourteen days after its filing. The adult who is the subject of the petition shall have the right to be present at the hearing, present evidence, and examine and cross-examine witnesses. The adult shall be represented by counsel unless the right to counsel is knowingly waived. If the adult is indigent, the court shall appoint counsel to represent him. If the court determines that the adult lacks the capacity to waive the right to counsel, the court shall appoint counsel to represent his interests.

H. The Order for Routine Protective Services

1. Ohio Revised Code Section 5101.67(B), (C), and (D)

(B) If the court finds, on the basis of clear and convincing evidence, that the adult has been abused, neglected, or exploited, is in need of protective services, and is incapacitated, and no person authorized by law or by court order is
available to give consent, it shall issue an order requiring the provision of protective services only if they are available locally.

(C) If the court orders placement under this section, it shall give consideration to the choice of residence of the adult. The court may order placement in settings which have been approved by the Department of Public Welfare as meeting at least minimum community standards for safety, security, and the requirements of daily living. The court shall not order an institutional placement unless it has made a specific finding entered in the record that no less restrictive alternative can be found to meet the needs of the individual. No individual may be committed to a hospital or public hospital as defined Section 5122.01 of the Revised Code pursuant to this section.

(D) The placement of an adult pursuant to court order as provided in this section shall not be changed unless the court authorized the transfer of placement after finding compelling reasons to justify the transfer. Unless the court finds that emergency exists, the court shall notify the adult of a transfer at least thirty days prior to the actual transfer.

2. Guidelines

A suggested form order authorizing routine protective services may be found in Appendix 12.

I. Duties of CWD Following Issuance of the Routine Order

1. Ohio Revised Code Section 5101.67 (E)

(E) A court order provided for in this section shall remain in effect for no longer than six months. Thereafter, the county department of welfare shall review the adult's need for continued services and, if the department determines that there is a continued need, it shall apply for a renewal of the order for additional periods of no longer than one year each. The adult who is the subject of the court-ordered services may petition for modification of the order at any time.
2. Guidelines

The adult who is the subject of court-ordered services may petition for modification of the order at any time and shall not be interfered with by the protective services worker.

The CWD should work closely with the adult subject during the first six months of court-ordered services. To the greatest extent possible, the adult subject must be assisted in regaining his or her capacity for self-direction. The CWD shall apply for a renewal of the order for additional periods only if it is convinced on the basis of factual information about functional deficit that the adult subject continues to be an incapacitated person, as defined by statute, who is in need of protective services.

J. Order Restraining Interference With Protective Services

1. Ohio Revised Code Section 5101.68

   (A) If an adult has consented to the provision of protective services but any other person refuses to allow such provision, the county department of welfare may petition the court for a temporary restraining order to restrain the person from interfering with the provision of protective services for the adult.

   (B) The petition shall state specific facts sufficient to demonstrate the need for protective services, the consent of the adult, and the refusal of some other person to allow the provision of these services.

   (C) Notice of the petition shall be given in language reasonably understandable to the person alleged to be interfering with the provision of services.

   (D) The court shall hold a hearing on the petition within fourteen days after its filing. If the court finds that the protective services are necessary, that the adult has consented to the provision of such services, and that the person who is the subject of the petition has prevented
such provision, the court shall issue a temporary restraining order to restrain the person from interfering with the provision of protective services to the adult.

2. Guidelines

A suggested form for petition and temporary restraining order to prevent interference with the provision of adult protective services is attached as Appendix 13 and 14. Again, the CWD must work closely with the county prosecutor because the filing of temporary restraining orders is somewhat technical in nature and requires interpretation and application of Rule 65 of the Ohio Rules of Civil Procedure.

V. ADMINISTRATION OF ADULT PROTECTIVE SERVICES

A. Duties of CWD for Administration and Training

1. Ohio Revised Code Section 5101.71

(A) The county department of welfare shall be responsible for implementing Section 5101.60 to 5101.71 of the Revised Code, and shall employ persons with experience or expertise in providing protective services for adults to provide ongoing comprehensive formal training to department representatives and other persons authorized to implement Sections 5101.60 to 5101.71 of the Revised Code. Training shall not be limited to the procedures for implementing Section 5101.62 of the Revised Code. The department shall bear the cost of the training.

(B) The Social Services Advisory Committee of the Department of Public Welfare shall advise the county departments of welfare regarding implementation of Sections 5101.60 to 5101.71 of the Revised Code.

2. Guidelines

Required training must be paid for by county welfare departments out of existing training funds. County welfare departments receive two Social Services (SS) staff development expenditures. In addition, there is a federal share, Title XX - related, 75 percent,
SS staff development allocation Administrative Procedure Manual Transmittal Letter No. 27 delineates allowable and nonallowable costs.

Funding is also available for the costs of CWD employee attendance at ODPW required in-service training. Funding is available only for employees in Income Maintenance (ADC, ADC-FC, Medical, Food Stamps, and GR) and Title XX Social Services.

B. Payment for Protective Services and Right to Counsel

1. Ohio Revised Code Section 5101.70

(A) If it appears that an adult in need of protective services has the financial means sufficient to pay for such services, the county department of welfare shall make an evaluation regarding such means.

If the evaluation establishes that the adult has such financial means, the department shall initiate procedures for reimbursement pursuant to rules promulgated by the department. If the evaluation establishes that the adult does not have such financial means, the services shall be provided in accordance with the policies and procedures established by the Department of Public Welfare for the provision of welfare assistance. An adult shall not be required to pay for court-ordered protective services unless a court determines upon a showing by the department that the adult is financially able to pay and the court orders the adult to pay.

(B) Whenever the department has petitioned the court to authorize the provision of protective services and the adult who is the subject of the petition is indigent, the court shall appoint legal counsel.

2. Guidelines

a. CWDs must provide APS without regard to income to persons who are believed to be immediate danger of abuse, neglect, or exploitation. However, there is also a responsibility of evaluate the financial means of the adult in need of protective services.
b. The following financial statutes indicate the adult does not have financial means sufficient to pay for services;

- The adult subject is eligible for or a recipient of public cash or medical assistance.
- The adult subject has a gross annual income not exceeding 100 percent of the median income for the State of Ohio, adjusted for family size.

c. If neither of these factors are indicated, the CWD must utilize the following guidelines for reimbursement from the adult subject:

- The amount of reimbursement may not exceed 100% of the actual and reasonable cost of providing the service.
- In the event of court-ordered protective services, the adult shall not be required to pay unless the court determines upon a showing by the CWD that the adult is financially able to pay and orders the adult to pay.

It is the intention of OPW to allow for payment of APS to the fullest extent possible by the Social Services Block Grant under Ohio's Comprehensive Social Service Plan (CSSP). Otherwise CWD social service systems will have no federal or state funds available to pay for APS. Amended Substitute House Bill 694 has limited fee services for adults, funded under the Social Services Block Grant, to day care and homemaker/home health aide. Noninstitutionalized, elderly persons believed to be in immediate danger of abuse, neglect, or exploitation shall be provided protective services without an immediate assessment of income status. Following crisis intervention of the CWD shall make an evaluation regarding the adult subject's financial means.

- If the evaluation establishes that the adult does not have financial means sufficient to pay for services, the services shall be provided in accordance with the policies and procedures established in Ohio's CSSP.
If the evaluation establishes that the adult has financial means sufficient to pay for services the CWD shall initiate procedures to receive payment from the adult subject pursuant to ODPW guidelines.

If the threat of harm continues, and the need for continuing protective services can be documented the CWD may continue to provide adult protective services without regard to income under Ohio's CSSP. Redetermination must be made every six months at which time the individual service plan must be reviewed to evaluate continued need for adult protective services and document such need.

If the threat of harm no longer exists, the CWD may change its individual service plan from the provision of adult protective services without regard to income, to the provision of free services contained in its profile or fee services of adult, i.e., day care or homemaker/home health aide, contained in its profile.
WRITTEN NOTICE OF THE INTENT OF THE INVESTIGATION
A REPORT OF POSSIBLE ABUSE/NEGLECT EXPLOITATION
OF AN ADULT R.C. 5101.62 (D)

The County Welfare Department has received a report that you are suffering from abuse, neglect or exploitation. It is the legal responsibility of this department to investigate this report and determine whether your life is endangered or whether physical harm, mental anguish or mental illness is likely to result, and to provide protective services to you if needed and available.

RECOMMENDED MODEL FOR THE EXPLANATION OF
THE NOTICE REQUIRED BY SECTION 5101.62(D) ORC

The County Welfare Department has received a report that you are believed to be danger of death or physical or mental harm. Under Ohio Law it is our responsibility to investigate this report and determine whether your life is in danger or whether you may be suffering physical or mental harm. My job is to be of assistance to you and those who come into contact with you. If you are abused, neglected or exploited, my job is to see if we can provide services that will protect you from further suffering and help those who come into contact with you to better handle the stresses and strains in their lives.
This agreement is made and entered into on the day of , 198__, by and between the County Welfare Department, a government welfare agency (hereinafter referred to as "Department") and , Ohio, a recognized adult protective service agency (hereinafter referred to as "Agency").

The Department is authorized by Section 5101.62 of the Ohio Revised Code to designate another agency to perform the Department's duties as specified in Section 5101.60 through 5101.71 of the Ohio Revised Code. The following are the terms of the agreement:

1. Designation of Agency

   The Department agrees to designate and the Agency agrees to perform the Department's duties as specified in Sections 5101.60 to 5101.71 of the Ohio Revised Code. Those duties include the following:

   o Investigate reports of abuse, neglect or exploitation.

   o Initiate the investigation of the report within twenty-four hours if the situation is identified as an emergency; otherwise investigation shall be initiated within three working days.

   o The investigation shall include a face-to-face visit with the adult subject.

   o The agency shall give written notice of the intent of the investigation and an explanation of the notice in language reasonably understandable to the adult who is the subject of the investigation, at the time of the initial interview with that person.

   o Upon completion of the investigation, the agency shall determine whether the adult subject is in need of protective services and write a report which confirms or denies the need for protective services and states the reason why.

   o Provide or arrange for the provision of protective services to the extent of available funds.

   o Provide CWD with information which it is required by law to maintain.

2. Agreement Period

   This agreement will be effective from through inclusive, unless otherwise terminated.
3. Disclosure of Information: Agency agrees that the use or disclosure by any party of any information concerning Eligible Individuals for any purpose not directly connected with the administration of the Department's or Agency's responsibilities with respect to designated duties is prohibited except upon the written consent of the Eligible individual or their responsible parent or guardian.

4. Civil Rights: Department and Agency agree that in the performance of this agreement there shall be no discrimination against any client or any other factor as specified in the Civil Rights Act of 1964 and subsequent amendments. It is further agreed that the Agency will fully comply with all appropriate Federal and State Law regarding such discrimination and the right to and method of appeal will be made available to all persons served under this agreement.

5. Indemnity and Insurance:

(a) Indemnity: Agency agrees that it will at all times during the existence of this Agreement indemnify and save harmless the Department, the Ohio Department of Public Welfare and the Board of County Commissioners in which Department is situated, against any and all liability, loss, damage, and/or related expenses incurred through the performance of duties under this agreement.

(b) Insurance: Agency agrees to contract for such insurance as is reasonable necessary to adequately secure the persons and estates of Eligible Individuals against reasonable foreseeable torts which could cause injury or death.

6. Conditions on the Parties' Obligation: This agreement may also be terminated at any time upon thirty (30) days written notice by either party.

County Welfare Department

Authorized County Representative

Authorized Agency Representative

Title

Agency

Address

City, State & Zip Code
OPERATIONAL DECISIONS

An experienced intake worker makes an initial, brief assessment by phone or in person. If the contact describes a person 60 or over whom he feels in a hazardous situation and in need of assistance with no one else to help, the intake worker must determine the severity of the condition in order to judge whether an emergency exists requiring a response within 24 hours.

Where an emergency does not exist, investigative steps are initiated by the adult protective services (APS) worker within three working days including attempts to secure independent validation on the situation and a face-to-face visit with the adult subject.

If the APS worker is admitted to the adult's domicile for purposes of investigation, and if the adult subject wishes or can be encouraged to talk with the worker regarding the situation in question, an assessment of the objective hazard is made.

An adult whose situation is not particularly hazardous may yet request some assistance.

In some situations, a judgment must be made about where the problem is in the adult subject's situation or in the community's reaction to a deviant lifestyle. If the situation is not truly hazardous, the worker may need to provide advocacy or interpretation to some community members in order to alleviate some of their concerns regarding the situation; or the worker may need to make referral and follow-up geared to reliable and able family members, friends or agencies to assist in evaluating the situation and making a plan for alleviating the hazard.

If the situation is truly hazardous, or based on the experience of the worker, could deteriorate in the near future and become hazardous, worker involvement will be required.

If the adult subject agrees to receive assistance, the worker assists in formulating a plan by which needed help can be obtained, makes arrangements for this assistance, and follows up on the situation.

If the adult subject agrees to receive assistance, the worker assists in formulating a plan by which needed help can be obtained, makes arrangements for this assistance, and follows up on the situation.
If the adult subject declines assistance, after several attempts at relationship building in a moderately hazardous situation, the case is closed. A follow-up, however, is scheduled at a mutually agreeable future time.

Sometimes even though the situation may be hazardous, the adult subject does not want assistance. If the worker is not admitted, as assessment must be made from the outside, or the degree of hazard may be determined inside with the adult subject's cooperation or acquiescence.

If the adult subject is dangerous to others or is being exploited, criminal procedures (or in some instances, civil commitment procedures) might need to be relied on after multidisciplinary consultation.

If the adult subject is in an imminently life-threatening situation and refuses, in words or behavior, any assistance, the APS worker should seek multidisciplinary consultation, and if he is convinced that the adult subject has made a rational decision and understands the consequences, i.e., to die or suffer irreparable physical impairment, the worker must decide to allow the person to be as he or she wishes. The APS worker should close the case with follow-up planned or arrange for supportive services to enable the person to die or suffer with dignity in the setting of his or her choice.

If the imminent danger to the person appears to be an acute, potentially reversible episode, and if the adult does not seem to have made a rational decision and understand the consequences of not receiving care, the APS worker must decide whether to seek court intervention which might force the adult subject to get needed treatment, or assistance. For example, if there is evidence that a person has fallen, breaking a bone, and has been unable to obtain food long enough to be displaying the disorders characteristic of the chronic brain syndrome associated with malnutrition, then needed medical attention should be sought. If, on the other hand, the person is malnourished because he will not go out for food and won't eat any brought to him because he has chosen to die at home, then the case may be closed, with a follow-up checking.

If the situation is truly hazardous or could deteriorate in the near future; if the adult subject declines assistance, after several attempts at relationship building; if the adult subject appears to be irrational and unable to understand the consequences of his decisions, the APS worker should petition the probate court for an order authorizing the provision of specific protective services that are needed and available locally.

If the APS worker's assessment is required to be made from outside due to denial or obstruction of access, and if that assessment shows
that there is reasonable cause to believe that the adult subject is being or has been abused, neglected, or exploited, the APS worker may file a petition in probate court for a temporary restraining order to prevent interference with or obstruction of its assessment of the objective hazard.

If the adult subject want protective services but some other person refuses to allow their provision, the APS worker may petition the probate court for a temporary restraining order to restrain that person from interfering.

Source: Department of Welfare (July 26, 1982)
IN THE COURT OF COMMON PLEAS, ________ COUNTY, OHIO

PROBATE DIVISION

IN RE:
(Name, Age, Address of Adult)

PETITION FOR TEMPORARY RESTRAINING ORDER
TO PREVENT INTERFERENCE WITH INVESTIGATION
OF REPORTED ABUSE OF AN ADULT
R.C. 5101.63

1. Petitioner has received a report of possible abuse, neglect, or exploitation of an adult, named above.

2. The respondent (Name and Address) denied or obstructed access by petitioner to the residence of the Adult.

3. Unless respondent is restrained, petitioner will be unable to perform its duty to investigate the report, as mandated by R.C. 5101.62.

WHEREFORE, petitioner requests the Court to issue an order restraining the respondent from obstructing or in any way interfering with petitioner's access to the resident of the Adult, and further ordering access to the Adult by any peace officer requested to accompany the petitioner.

______________________ County Welfare Department, Petitioner

By: ______________________________

AFFIDAVIT

STATE OF OHIO

COUNTY OF __________________________ ss:

The undersigned, being duly sworn, states that I am the director or designee of the petitioner County Welfare Department and that the contents of the foregoing petition are true to the best of my knowledge, information, and belief.

______________________________

Sworn to and subscribed in my presence on (date)
CERTIFICATE OF CLAIM THAT NOTICE SHOULD NOT BE REQUIRED

Pursuant to Civil Rule 65(A), I certify that the foregoing petition, and testimony to be proffered by the protective services worker in this case, is, according to R.C. 5101.68, prima facie evidence that immediate and irreparable damage will result to the Adult so that notice to the respondent is not required.
IN THE COURT OF COMMON PLEAS, _________ COUNTY, OHIO

PROBATE DIVISION

IN RE: (Name, Age, Address of Adult)

TEMPORARY RESTRAINING ORDER TO PREVENT INTERFERENCE WITH THE PROVISION OF PROTECTIVE SERVICES TO AN ADULT
R.C. 5101.68

This cause, came before the court upon the verified petition of the County Welfare Department requesting a temporary restraining order to prevent interference by the respondent with the provision of protective services to the above-named Adult. The respondent was served with notice of the petition and (did) (did not) appear.

The Court finds that the proposed protective services are necessary, that the adult has consented to them by voluntary consent or court order and that the respondent has prevented the provision of such services.

IT IS THEREFORE ORDERED THAT:

1. __________________, or any person acting in concert with (Name of Respondent) him is restrained from obstructing or in any way interfering with provision of the proposed protective services to the above-named Adult.

2. The respondent shall be further restrained from interfering any peace officer requested accompany the petitioner in providing such services to the Adult.

3. This order be effective immediately and for 14 days hence, unless extended by further order of the Court.

JUDGE
VOLUNTARY CONSENT OF AN ADULT TO
THE PROVISION OF PROTECTIVE SERVICES

1. This agreement of consent is entered into between the
____________________County Welfare Department and _______________
(Name and Address of Adult) (Date)

2. The Adult certifies that he has voluntarily requested the
Department to provide protective services to him, and shall cooperate
with the Department in this regard and inform it when such services
are no longer desired.

3. The Department certifies that it has performed an
investigation at the request of the Adult and has concluded that he
is in need of the following protective services: (described proposed
service plan, including dates of commencement and completion)

NOW THEREFORE, the parties agree that the foregoing services
will be provided by the Department until either the Adult withdraws
his consent or the Department decides to withdraw the services and
gives 10 days notice to the Adult.

(Signature of Adult) (Signature of Director or Designees)
IN THE COURT OF COMMON PLEAS, ___________COUNTY, OHIO

PROBATE DIVISION

NOTICE OF PETITION FOR COURT-ORDERED PROTECTIVE SERVICES
ON AN EMERGENCY BASIS

R.C. 5101.69

IN RE:
(Name, Age, Address of Adult)

The State of Ohio _______________ County, ss

To ________________________
(Name and Address of Adult or other interest Party)

You are hereby notified that on the ____ day of _______ A.D.
19__, the County Welfare Department filed in this Court a petition
for court-ordered protective services to be provided for the
above-named Adult without his consent on the grounds that an
emergency exists and that the Department has been unable to obtain
the consent of the adult for protective services to be given.

The petition has been fixed for hearing at the office of the
Probate Judge of said County, in ____________, Ohio at
(Name of City)
(Address)
on the ____ day of ______, 19__
at _____ O'clock ___ m., at which time and place the Adult and all
interested persons are required to attend and show cause, if any, why
such petition should not be granted. At the hearing, the Adult may
present witnesses and cross examine the witnesses for the county
welfare Department. If the Adult is found to be indigent and wishes
to have the assistance of counsel, the Court will appoint an attorney
for him at no charge.

WITNESS my hand and seal of said Court, this ____
day of _____________ 19__

PROBATE JUDGE

By: _____________________________
Deputy Clerk

WAIVER OF NOTICE

We, the undersigned, do each of us hereby enter our appearance
and waive notice, and consent to immediate hearing of the case.

______________________________
IN THE COURT OF COMMON PLEAS, _______ COUNTY, OHIO
PROBATE DIVISION

IN RE:
(Name, Age, Address of Adult)

ORDER AUTHORIZING ADULT PROTECTIVE SERVICES
ON AN EMERGENCY BASIS
R.C. 5101.69

This cause came before the Court upon the petition of the County Welfare Department for an order authorizing the provision of protective services, to the above named Adult. Formal notice was either given to the Adult, or was waived upon petitioner's showing that delay would result in immediate and irreparable harm to the respondent, although reasonable attempts were made to notify the Adult and others of the petition. The respondent (did) (did not) appear (with) (without) counsel.

Based on the evidence presented, the Court finds by clear and convincing evidence that the Adult is an incapacitated person, that an emergency exists, and that no person authorized by law or court order to give consent for is available or willing to consent to emergency services.

IT IS THEREFORE ORDERED THAT:

1. The petitioner shall be authorized to provide, or make arrangements for the following protective services for the Adult:

2. The director of the county welfare department, or his designee shall be authorized to give consent for the respondent for the aforementioned emergency services.

3. This order shall be effective immediately and for 14 days hence, unless extended by an order authorizing routine adult protective services requested pursuant to R.C. 5101.65.

JUDGE
IN THE COURT OF COMMON PLEAS, ________ COUNTY, OHIO
PROBATE DIVISION

ROUTINE PETITION FOR COURT-ORDERED PROTECTIVE SERVICES

R.C. 5101.65

IN RE: (Name, Age, Address of Adult)

1. Petitioner has received a report that the above-named Adult is in need of protective services.

2. Petitioner alleges the following reasons for believing that the Adult is suffering from abuse, neglect, or exploitation to the extent that either life is endangered or physical harm, mental anguish or mental illness is likely to result; and that the Adult is impaired to the extent of lacking sufficient understanding or capacity to make and carry out reasonable decisions concerning his person or resources: (summarize nature of incapacity and alleged harm)

3. Petitioner proposed the following protective services plan to alleviate the conditions affecting the Adult: __________________________

4. Petitioner has attempted to obtain the Adult's consent to the provision of these protective services but has been unsuccessful for the following reasons: __________________________

WHEREFORE, petition requests the court to hold a hearing for the purpose of authorizing the provision of routine protective services for the Adult, and such further relief as may be equitable.

_________________________ County Welfare Department Petitioner

By: ________________
IN THE COURT OF COMMON PLEAS, ________ COUNTY, OHIO
PROBATE DIVISION

NOTICE OF PETITION FOR COURT-ORDERED PROTECTIVE SERVICES

R.C. 5101.65

IN RE:
(Name, Age, Address of Adult)
The State of Ohio _____________ County, ss

To: (Name and Address of Adult Subject, of Other Interested Party)

You are hereby notified that on the __ day of ___________ A.D. ___________, the County Welfare Department filed in this court a petition for court-ordered protective services to be provided for the above-named Adult or without his consent on the ground that the Adult is suffering from abuse, neglect, or exploitation to the extent that either life is endangered or physical harm, mental anguish, or mental illness is likely to result and that the Adult is impaired to the extent of lacking sufficient understanding or capacity to make and carry out reasonable decisions concerning his person or resources.

This petition has been fixed for hearing at the office of the Probate Judge of said County, located at ____________, Ohio (City) _____________ on the ____ day of ___________ 19 ___, (Address) at ____ o'clock ___, at which time and place the Adult and all interested persons are required to attend and show cause, if any, why such petition should not be granted. At the hearing the Adult may present witnesses and cross-examine witnesses for the county welfare department. If the Adult is found to be indigent and wishes to have the assistance of counsel, the Court will appoint an Attorney for him at no charge.

WITNESS my hand and seal of said Court, this ____ day of ___________ 19 ___,

PROBATE JUDGE

By: ___________________________
Deputy Clerk

WAIVER OF NOTICE

We, the undersigned, do each of us hereby enter our appearance and waive notice, and consent to immediate hearing of the case.
IN THE COURT OF COMMON PLEAS, ________ COUNTY, OHIO
PROBATE DIVISION

ORDER AUTHORIZING ROUTINE ADULT PROTECTIVE SERVICES

R.C. 5101.67

IN RE:
(Name, Age, Address of Adult)

This cause came before the Court upon the petition of the County Welfare Department for an order authorizing the provision of protective services to the above-named Adult. The Adult was served with notice at least 5 working days prior to this hearing, and (did) (did not) appear (with) (without) counsel. All necessary persons were also given notice or waived notice.

Based on the evidence presented, the Court finds by clear and convincing evidence that the Adult has been abused, neglected, or exploited and is incapacitated, and that no person authorized by law of court order is available to give consent.

IT IS THEREFORE ORDERED THAT:

1. The petitioner shall be authorized to provide or make arrangements for the following protective services for the Adult:

2. This order shall be effective immediately and for 6 months hence unless terminated or extended according to law.

________________________________________
JUDGE
IN THE COURT OF COMMON PLEAS, _________ COUNTY, OHIO

PROBATE DIVISION

IN RE: 
(Name, Age, Address of Adult)

PETITION FOR TEMPORARY RESTRAINING ORDER
TO PREVENT INTERFERENCE WITH THE PROVISION
OF PROTECTIVE SERVICES TO AN ADULT
R.C. 5101.68

1. The above-named Adult has been found to be in need of protective services to alleviate the following conditions: 

2. Respondent, ________________________________________ (Name and Address of Person Interfering) has interfered with the provision of these services in the following manner:

3. Unless respondent is restrained, petitioner will be unable to provide protective services in accordance with Chapter 5101 of the Revised Code.

WHEREFORE, petitioner requests the court to issue an order restraining the respondent from interfering with the provision of protective services to the Adult and for such further relief as may be equitable.

__________________________________ County Welfare Department

By: _____________________

AFFIDAVIT

STATE OF OHIO

COUNTY OF _________ ss:

The undersigned, being duly sworn, states that I am the director or designee of the petitioner County Welfare Department and that the contents of the foregoing petition are true to the best of my knowledge, information, and belief.

__________________________________

Sworn to and subscribed in my presence on _________ (date)

NOTARY PUBLIC
IN THE COURT OF COMMON PLEAS, ________ COUNTY, OHIO

PROBATE DIVISION

IN RE:
(Name, Age, Address of Adult)

TEMPORARY RESTRAINING ORDER TO
PREVENT INTERFERENCE WITH INVESTIGATION
OF REPORTED ABUSE OF AN ADULT
R.C. 5101.63

This cause, came before the court upon the verified petition and testimony of the _________ County Welfare Department requesting a temporary restraining order to prevent interference by the respondent with the investigation of a report of abuse, neglect or exploitation of the above-named Adult.

The Court finds that there is reasonable cause to believe that the person who is the subject of the investigation is being or has been abused, neglected or exploited and access to the person's residence has been denied or obstructed, and that notice to the respondent is therefore not required by the terms of R.C. 5101.63.

IT IS THEREFORE ORDERED THAT:

1. _________, or any person acting in concert with (Name of Respondent) him is restrained from obstructing or in any way interfering with petitioner's access to the resident of (Name of Adult).

2. The same access to be accorded to any peace officer requested to accompany the petitioner.

3. This order be effective immediately and for 14 days hence, unless extended by further order of the Court.

4. A copy of order be served by the petitioner, or any peace officer accompanying him, or the Adult or any respondent who attempt to obstruct access to him, and an immediate return of any such service be made to the Court.

_________________________
JUDGE
VOLUNTARY CONSENT OF AN ADULT TO
THE PROVISION OF PROTECTIVE SERVICES

1. This agreement of consent is entered into between the
   Franklin County Welfare Department and
   [Name and Address of Adult] on [Date].

2. The Adult certifies that he has voluntarily requested the
   Department to provide protective services to him, and shall cooperate with
   the Department in this regard and inform it when such services are no longer
   desired.

3. The Department certifies that it has performed an investigation
   at the request of the Adult and has concluded that he is in need of the
   following protective services: [described proposed service plan, including
   dates of commencement and completion]

NOW THEREFORE, the parties agree that the foregoing services will be
provided by the Department until either the Adult withdraws his consent or
the Department decides to withdraw the services and gives 10 days notice to
the Adult.

[Signature of Adult Subject] [Signature of Director or Designee]
[Title] [District]
(Phone Number)

Original for Adult Subject
Copy for County File
OHIO DEPARTMENT OF PUBLIC WELFARE
ADULT PROTECTIVE SERVICES REPORTING FORM

1. County No: ____________
2. File II Case No: ________
3. Client's Name: (First, Last) _______________________
4. Case Status: New____ Follow-up____ Closure____
5. Address: (Street No. or Rd., City, County, State, Zip Code)

6. Social Security No. ______________
7. Birthdate: (Month/Year) _________________
8. Age: _____________
9. Sex: _____________
10. Race: ________________
11. Marital Status: ______
12. The Above Adult Was Reported To Be:
   Neglected: __________
   Abused: ___________
   Exploited _________
13. Report Status: Evaluation in Progress _______
   Substantiated _______
   Unsubstantiated _______
14. Date Situation Was Reported to ODPW: ___________
15. Date Investigated: ___________
16. Source of Report:
   Relative _______ Home Health Agency __________
   Other Social Agency ______ Law Enforcement Agency _______
   Self _______ Court _______
   Private Physician _______ Friend _______
   Hospital _______ Ambulatory _______
   Health Facility _______ Adult Foster _______
   Care Facility _______ Anonymous _______
   Community Mental Health Facility: _______
   Other (Specify): ____________________________________

17. Living Arrangements of Client:
   Alone: _______ With Spouse: _______ Boarding Home _______
   Institution _______ With Relative (Specify) _______
   Elsewhere (Specify): ____________________________________
18. Mobility of Client: Ambulatory _______ Non-Ambulatory _______
19. Court Hearing Scheduled? No ______ Yes ______ Date ____________
20. Previous Incidents of Client Being Abused, Neglected or Exploited?
   Yes ______ No ______ Date _________________
21. Services Being Provided By or Arranged For By:
   CWD:___________ Other: (Specify) ___________
   Protective Placement _______ Legal Services _______
   Counselling __________ Mental Health Services _______
   Housekeeper Services _______ Help With Health Problems____
   Financial Assistance _______ Help With Housing _______
   Other: (Specify) ___________
22. Description of Situation:
   ______________________________________________________
   ______________________________________________________
23. Signature of Case Worker: ________________________________
24. Signature of Supervisor: _________________________________
25. Date: _______________
PART 1 - IDENTIFYING INFORMATION

NAME

REFERRAL DATE

Last First M.I. Mo. Day Yr.

ADDRESS

CASE NUMBER

Number Street Apt. No.

City State Zip Code

SOCIAL SECURITY NUMBER

DATE OF BIRTH

SEX Male Female

TELEPHONE NUMBER

RACE (CHECK ONE)

White Negro Mexican American American Indian Other Cuban-American Puerto Rican Oriental

RELATIVE OR FRIEND

ADDRESS

Number Street Apt. No.

City State Zip Code

RELATIONSHIP TO CLIENT

TRANSPORTATION AVAILABLE

Yes No

PART II - TO BE COMPLETED BY INCOME MAINTENANCE

LENGTH OF TIME ON ASSISTANCE _________________________________

CURRENT AMOUNT PER MONTH

TYPE OF ASSISTANCE (CHECK ONE)

□ G.R □ SSI

□ ADC □ PENDING SSI

□ ADC-U □ MEDICAID ONLY

□ ADC-F □ FOR A FEE

□ WITHOUT REGARD TO INCOME

REASON FOR REFERRAL

PART III - TO BE COMPLETED BY SOCIAL SERVICES

SERVICES TO BE PROVIDED (CHECK ONE):

DATE IMPLEMENTED:

□ ADOPITION

□ COUNSELING

□ DAY CARE FOR CHILDREN (NON-WIN)

□ DAY CARE FOR CHILDREN (WIN)

□ EMPLOYMENT AND TRAINING (NON-WIN)

□ EMPLOYMENT AND TRAINING (WIN)

□ FAMILY PLANNING

□ FOSTER CARE FOR ADULTS

□ FOSTER CARE FOR CHILDREN

□ GUARDIANSHIP

□ HEALTH-RELATED SERVICES

□ HOMES MAN-GE-MEN

□ INFORMATION AND REFERRAL

□ MENTAL HEALTH/RETARDATION RELATED SERVICES

□ PROTECTIVE PAYEE

□ PROTECTIVE SERVICES FOR ADULTS

□ PROTECTIVE SERVICES FOR CHILDREN

□ CAMPSHIP

□ NUTRITIONAL

□ OTHER EDUCATIONAL SERVICES

□ RESIDENTIAL TREATMENT

□ SPECIAL SERVICES FOR THE BLIND

□ TRANSPORTATION

REASON FOR REFERRAL

SOCIAL SERVICE WORKER ____________________________ SUPERVISOR'S SIGNATURE ____________________________ DATE ___________
APPENDIX D

RESEARCH SITES: SENIOR SERVICES
COMMUNITY HEALTH AND NURSING SERVICE

Community Health and Nursing Service has, since 1898, provided a variety of inhome and ambulatory health care services to individuals and families in the Columbus Area. Many of these services make the difference between people being able to remain in their homes and in their being cared for in institutions. Thus, in a sense, much of what CHNS does is concerned with human dignity and independence.

Among the services offered by CHNS are these: nursing clinics for senior citizens, hot meals for senior citizens and the disabled, home health services, nutritional consultation, and homemaker services.

CHNS's staff of some 200 professional and supporting personnel each year serves 6,000 people throughout Franklin County. A large percentage of these people are older citizens, but services are also provided for younger people as well. Services are available based on need, and not on ability to pay.

A private agency, CHNS relies upon a variety of financial resources—public funds, private donations, and fees—and its paid staff is backed by a cadre of dedicated volunteers from all walks of life.

CHNS's SENIOR CITIZEN NURSING CLINICS

Free health care services are provided by registered nurses and a nutritionist to individuals 60 and over on an appointment basis. Clients receive health and/or nutrition counseling for concerns they or their doctors identify.

Direct care such as dressing changes, toenail cutting and giving prescribed injections are also done by the nurse. All services are directed toward the person's potential for remaining well, independent and active. The well person is encouraged to attend a clinic so that early problems can be detected and treated by his/her physician.

CHNS's NUTRITION PROGRAMS

NICE (Nutrition Involving Community Elderly)

This program is available in nearly thirty (30) Franklin County communities serving hot noon meals to persons over 60.
At the NICE congregate sites, socialization is enhanced by activities, nutrition education, warm fellowship and sharing meals with one another. Transportation is available for individuals who have no alternative to getting to the site.

NICE (Nutrition Involving Community Elderly) (Continued)

NICE Home Delivery serves homebound persons over 60 who meet eligibility requirements. Persons under 60 may qualify in certain situations.

Both programs are government supported and voluntary contributions are requested.

MEALS ON WHEELS

This program provides meals to homebound persons of any age who meet eligibility requirements. The program is supported by client fees (there is a $2.50 charge for each meal), and private funds.

Volunteer support is recruited for the delivery of all the meals to the homebound.

CHNS's HOME HEALTH PROGRAM

The Home Health Program provides multidisciplinary and comprehensive health care on a family-centered basis to the sick, disabled and injured in their homes on an intermittent basis. This program is for persons who are temporarily or permanently homebound. Services needed are coordinated by the Community Health Nurse acting as case manager.

The case manager develops an individualized care plan with full participation of the client and/or family, and in coordination with client's physician or medical care facility.

Services and care plans may include:

NURSING:

- Instruction and incorporation of the client and family members in giving specialized care. Specialized care may be diabetic teaching, catheter care, irrigation, dressing, diet instructions, and IV feeding.

- Administration of injections, change of surgical wound dressings and evaluation of the healing process.
o Evaluation of client's physical condition and coordination with the family physician.

o Provision of support in times of crisis and change.

**PHYSICAL THERAPY, OCCUPATION THERAPY, SPEECH PATHOLOGY**

o Instruction to client and/or family in use of walkers, crutches, special equipment, appliances, transferring from bed to chair, bath tub, wheelchair, etc.

o Assistance in developing new ways for the client and family to care for him/herself in the home.

o Evaluation of speech and language abilities; establishment of a home speech therapy program.

**HOME HEALTH AIDES**

Under the guidance of a health care professional the Home Health Aide provides all or some of the following: a bath, a shampoo, skin and foot care, change bed linens, care for immediate surroundings, prepare special diets, help with self-administered medications, encouragement with prescribed rehabilitative exercises and escort to a clinic or doctor's office.

**NUTRITIONAL CONSULTATION**

A Registered Dietitian is also available to make a home visit to those patients with unusual nutritional problems in order to evaluate the client's diet plan and/or food intake record.

The program is Medicare and Medicaid certified and accepts private health insurance as payment. Patients with no reimbursement source will be asked to contribute toward the cost of the care based on their ability to pay.

**CHN's HOMEMAKER PROGRAM**

The Homemaker Service performs home management tasks which are necessary to ensure a safe and healthful environment for the client. This help enables older persons to remain in their own homes. Typical activities include: laundry (home and out), house cleaning, food preparation, errands for food stamps, groceries and prescription purchases. The Homemaker is specifically trained to watch for significant changes in client's status and to be alert for such needs as lack of food, clothing, and adequate heat.
The Rapid Response Homemaker Service is a short-term component of the on-going program, designed to meet the special needs of persons who have just been discharged from nursing homes or hospitals.

**CHN's VOLUNTEER SERVICE**

All CHNS programs are supported by dedicated volunteers. Their contribution is made through visiting and assisting the homebound, performing receptionist duties at the nursing clinics, supporting the activities at the meal sites, and delivering meals to the homebound.

Source: Community Health and Nursing Pamphlet.
ATTRACTIONE AFFORDABLE HOUSING FOR SENIORS
COLUMBUS METROPOLITAN HOUSING AUTHORITY

Columbus Metropolitan Housing Authority (CMHA) was founded in 1934 to eliminate slums and provide decent, safe, sanitary and affordable housing for limited income families.

Housing for the elderly and handicapped was built to accommodate the specialized needs of these two groups.

Units range in size from studio to two-bedroom apartments, located in high-rises or cottages.

Senior Citizen communities generally have recreational, social, health and hot meal programs located on the premises.

Now more than 3,000 people enjoy these benefits at:

Jenkins Terrace*
Sawyer Towers
Worley Terrace*
Poindexter Tower*
Taylor Terrace*
Sunshine Terrace/Sunshine Annex
Marion Square
Linton Gardens

WHAT CMHA OFFERS YOU

CMHA housing offers economic as well as other advantages to many individuals and couples.

You pay only 30 percent of your net income for rent.

All utility costs are included in rent except for telephone. So, you do not have to worry about gas, electric and water bills.

The number of people who will live together determines the size of the apartment.

*Note: Poindexter Tower and Worley Terrace represent the two residential facilities included in study. The residents of Jenkins Terrace and Taylor often visited the congregate sites serving the community Sacred Heart and 1100 E. Broad community center.
WHO QUALIFIES FOR CMHA HOUSING

To be eligible for CMHA housing for the elderly and handicapped you must be:

1. Sixty-two years of age or older, or as a head of household or individual living along, you are under a disability as defined in Section 223 of the Social Security Act, or are handicapped within the meaning of Section 202 of the Housing Act of 1959; or are under a disability as defined in Section 102 of the Development Disabilities Services and Facilities Construction Amendments of 1970;

2. Living either singly or with one or more other elderly people or with another person who is determined to be essential to your well-being;

3. Receiving some type of income: Income from all sources; interest, dividends and net income from any; real or personal property; net income from operation of a business or profession;

4. Net income is used to determine the amount of rent you will be paying. Deductions can be made for:

A. Unusual occupational uncompensated expenses;

B. Amounts paid for the care of a sick or incapacitated family member when determined to be necessary to the employment of the head of household or spouse, provided that amount does not exceed the amount of income received by the family member;

C. Unusual medical expenses which are not covered by insurance defined for this purpose to mean expenses in excess of 3 percent of total family income.

You net income cannot exceed these amounts:

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<thead>
<tr>
<th>Number of People</th>
<th>Maximum Income</th>
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<tr>
<td>1 person</td>
<td>$12,550</td>
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<tr>
<td>2 people</td>
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<td>8+ people</td>
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Assets cannot exceed $15,000.
LIVING IN A OMHA COMMUNITY

Your lease is a one-year agreement you sign with Columbus Metropolitan Housing Authority before you move into any OMHA community and is automatically renewed each month. A thirty-day notice is necessary for either party if the lease will not be renewed.

Your security deposit is a one-time payment of $50 -- or the equivalent of one month's rent -- whichever is greater. When you move out, your deposit is returned if your rent is current; you don't owe maintenance charges; your apartment is clean and in good condition; and you have returned your keys to the Manager's office.

Your rent amount, indicated on your lease, is due on the first of each month. Check or money order should be made payable to OMHA.

OMHA has a fully-equipped Maintenance Department that services each community.

TO LIVE IN OMHA COMMUNITY

Monthly Cost -- one person $73.00
Rent (Approximate)
Utility Cost (gas and electricity, water)
Ordinary Maintenance
All Major Appliances
Garden and Lounge Areas
Recreation.

Total Monthly Cost $73.00

*OTHER FEATURES:
Equipped Craft Rooms (by Columbus Recreation & Parks Department)
Laundry Facilities
Purchased Meals (N.I.C.E.)
Health Assessment
Beauty/Barber Shops

* Not available at all communities
Jenkins Terrace

1100 East Broad Street, just West of Ohio Avenue.

Jenkins Terrace, formerly a luxury condominium, was remodeled to provide convenience and safety features for older citizens. It has one-bedroom and two-bedroom apartments. Units have their own balconies.

The main lobby, with an attractive sunken lounge area, overlooks the activities of busy Broad Street, and sets a comfortable mood for the building.

Jenkins Terrace was named to honor the Rev. Charles P. Jenkins, former pastor of the Second Baptist Church and CMHA commissioner for 26 years.

Each attractive unit is furnished with a range, refrigerator and garbage disposal. Bathrooms have safety features such as pull-bars and showers. Ample closet space is included in each apartment.

The complex has laundry facilities and underground and above ground parking areas. The building is brightly lighted at night, with all possible security measures taken for the protection and comfort of residents. Churches of all denominations are within walking distance, or just minutes away by bus or automobile.

A bus stops at the front door of Jenkins Terrace, taking residents downtown, to the Art Gallery, the Center of Science and Industry, Veterans' Memorial, government and banking centers of the city, and to cross-town thoroughfares, while nearby interstate highways give access to all areas of the city and to the suburbs.

SPECIAL SERVICES:

- A Senior Citizens' Recreation Center is located on the first floor of the Terrace, where by the City Recreation Department offers a full-range of social, recreational, arts and crafts, health, educational and welfare programs, including the advantages of local and foreign travel.

- A public health nurse is on the premises.

- A hot lunch program is available five days a week.

- On-site check cashing and free money orders are available each month.
TAYLOR TERRACE

88 East First Avenue, between High and Summit Streets.

Taylor Terrace was named to honor Russell C. Taylor, Executive Director of CMHA from 1944 until 1966. It is especially appropriate that this housing for the elderly be named for Taylor because it was under his guidance that Columbus public housing expanded to include housing and recreation centers for older individuals and families.

Completed in 1968, Taylor Terrace offers the choice of a high-rise building or garden apartments of studio, one, and two-bedroom units. Kitchens in all units are equipped with a range, refrigerator and garbage disposal. Bathrooms have safety features and showers. Ample closet space and laundry facilities also are provided. Especially appealing are apartments with city views at Taylor Terrace.

On the first floor of the high-rise is a large lounge plus a room for resident council meetings, parties and special events. Also on the first floor is the management office. Elevators take residents to the upper floors. Parking is adjacent to all units. Washing facilities also are available in the building.

Bordering a shady, flower-filled courtyard is the Second/Summit Senior Citizens' Recreation Center, with programs administered by the Columbus Department of Recreation and Parks.

SPECIAL SERVICES

- The Senior Citizens' Recreation Center, located on the grounds, offers a wide variety of crafts, social and recreational programs, trips, health and educational services.

- A public health nurse is on the premises.

- On-site check cashing and free money orders are available each month.

- A hot lunch program is available within walking distance.
POINDEXTER TOWER

1253 Mt. Vernon Avenue.

Poindexter Tower is a high-rise building with studio, one-bedroom and two-bedroom apartments. On the first floor are a lounge and a meeting room available for Resident Council meetings, parties and special events.

The first housing in Columbus designed especially for the elderly, Poindexter Tower was completed in 1961, and named for the late Rev. James Poindexter, pastor of the Second Baptist Church.

Each unit is furnished with a range, refrigerator and garbage disposal. Bathrooms have safety features and showers. Ample closet space is included in each of the colorful, comfortable apartments.

The complex has on-premise laundry facilities and adjacent parking areas. The entire complex is brightly lighted. Downtown Columbus is minutes away by bus or car.

SPECIAL SERVICES

- A nurse is on the premises and can be seen by appointment.
- A beautiful and spacious meeting room is located on the first floor where recreational and social activities are held.
- A hot lunch program is available on the premises.
- A variety of stores are located nearby, most of which are within walking distance.
- On-site check cashing and free money orders are available each month.

WORLEY TERRACE

99 South Central Avenue, near West Broad Street and South Central Avenue.

A totally new approach to housing the elderly, Worley Terrace is known throughout the nation as a model of "congregate housing". Sponsored by CMHA, in cooperation with the State of Ohio Commission on Aging, Worley offers a wide range of medical, recreational, food, social and personal services.

It is named to honor former Mayor Henry Worley, who was in office when the complex was completed in 1968.
The high-rise building has studio and one-bedroom apartments. Each floor has its own lounge, balcony, and dining room. Adjacent are four one-story buildings -- each connected to the Community Center -- containing studio and one-bedroom apartments. Totally furnished apartments also are available.

Kitchens in each unit are equipped with a range, refrigerator, and garbage disposal. Bathrooms are designed with safety features and showers. Laundry facilities are conveniently located on the ground floor of the high-rise.

At the center of the complex is the Community Center -- surrounded by gardens, gazebos, patios, and covered walkways -- which houses facilities that provide services to the community and its residents. The auditorium, clinic, craft rooms and meeting rooms are spacious, well-lighted and comfortable.

The entire complex is in a park-like setting, yet is convenient to Interstate 70, parking downtown and the entire area accessible.

Worley Terrace is within walking distance of a number of churches. Public transportation and shops are just two blocks away.

SPECIAL SERVICES

- Total living is the concept at Worley Terrace. Among the special services are two meals a day -- lunch and dinner -- carefully planned by a dietician and served in the eight dining rooms.

- Special weekly bus service is provided at a nominal cost for shopping trips to Central Point.

- The cost to the resident includes (in addition to rent for the apartment) meals, preventive health care, barber and beauty services, social and recreational programs.

- On-site rent collection and free money orders are available monthly.

LINTON GARDENS

2385 Mock Road, between Cleveland Avenue and Sunbury Road.

Completed in 1969, Linton Gardens was named in honor of Henry J. Linton, a Columbus attorney and 17-year commissioner of CMHA, serving as both Vice-Chairman and Chairman.
The one-story cottages, linked with covered walkways, are arranged around a number of interior courtyards. These courtyards are picture-perfect, dotted with gazebos and gardens — many planted by the residents. The studio, one and two-bedroom units are arranged to provide easy viewing of beautiful courtyards.

Each unit has a specially designed bathroom with safety features and showers. All kitchens are equipped with stoves, refrigerators and garbage disposals. Laundry facilities are adjacent to the cottages.

Located at the center of the community within easy walking distance of all cottages, the Senior Citizens' Recreation Center provides a multitude of services and the Manager's office.

**SPECIAL SERVICES**

- The recreation center features health and welfare programs, and recreational programs ranging from billiards and bowling to jewelry making and physical fitness. Shopping trips can be arranged through the recreation center. Reservations for the weekday hot lunch program are made at the Center.

- An Assessment Clinic with public health nurse service is on the premises.

- On-site check cashing and free money orders are available.

**MARION SQUARE**

1316 Marion Road between Lockbourne Road and Fairwood Avenue.

Completed in 1969, Marion Square is a charming community of one-story row cottages set on spacious lawns with trees, flowers, and crisscrossed walkways.

Each studio, one-bedroom and two-bedroom unit has its own walled patio — many topped with pots of flowers — adding to the attractiveness of the entire community. Kitchens are equipped with stoves, refrigerators and garbage disposals.

The units were designed especially for older persons — with safety rods and showers in the bathrooms; conveniently placed electric outlets and individual heating controls. The community is brightly lighted at night, a security measure taken for the protection and comfort of residents. Laundry facilities are adjacent to the cottages.
Churches, shopping areas and banks are nearby. Both Eastland and Great Southern shopping centers are only a short automobile ride away. Downtown Columbus is easily accessible by bus.

SPECIAL SERVICES

- The on-premises Senior Citizens Recreation Center offers a full range of social, recreational, arts and crafts, educational, health and welfare programs. Some programs offer opportunities for local and foreign travel.

- A nutrition program provides a nourishing lunch every weekday at the Center. Reservations are necessary.

Jennette B. Bradley
Executive Director

Wade H. Franklin, III
Chairman, Board of Commissioners

Source: Attractive, Affordable Housing for Seniors (CMHA) Pamphlet.
One of the biggest worries shared by older people is that they might be victims of crime. Actually, the rates of the three most serious crimes – murder, rape, and assault – are very low among the elderly. But crimes that do affect the elderly include purse snatching, fraud, theft of checks from the mail, vandalism, and harassment (especially by teenagers).

The impact of crime is greatest on the old because they often have limited budgets, frequently live in inner-city neighborhoods where crimes are more common, and may be injured more easily in the course of a crime.

Physical handicaps, such as a vision or hearing loss, can make the old easy prey. With diminished strength, older people are less able to defend themselves or escape from threatening situations.

Sometimes the fear of crime can be as harmful as crime itself. Fear is useful if it encourages appropriate protection. But experiencing needless fear over a long period of time can be harmful to one’s physical and mental health.

CRIME PREVENTION

At home the best crime prevention measure is to lock doors and windows. Almost half of all home and apartment burglaries occur because someone did not “lock up.” In addition, these tips may be useful:

° Use common sense. For example, when answering the door, look through the peephole or ask the visitor to identify himself or herself before you unlock it.

° Mark valuable property by engraving it with your driver’s license or state identification number (available from your State Motor Vehicle Administration). Keep photographs of hard-to-engrave items. Make a list of the valuables in your home and keep it in a safe deposit box at the bank, if you have one.
Install good security equipment so your locks, doors, and windows cannot be broken easily. Many police departments have staff they can send out to evaluate your present equipment and make recommendations.

On the street prevention means staying alert at all times, even in your own neighborhood. Walk with a friend when you go out, and be aware of places where crime can occur, such as dark parking lots or alleys. Here are suggestions for reducing your risks on the street:

- Avoid dressing in a showy manner. Leave good or flashy jewelry and furs in a safe place.
- Carry little cash and hand it over without question if you are attacked. If possible, do not carry a purse. Put your money and credit cards or wallet in an inside pocket.
- Have monthly pension or Social Security checks sent directly to your bank for deposit.

Con games are attempts to swindle someone out of money, property, or other valuables. The con artist may, for example, pose as a bank examiner and request that you withdraw, and temporarily turn over to him or her, money from your bank account. The swindler convinces you that this is all part of a "test" the bank is conducting to uncover a dishonest bank employee. Don't withdraw money from your bank at the suggestion of a stranger.

Consumer fraud is too often successful among the elderly, although people of all ages are victims. The following are common schemes you should watch for:

- Health insurance policies that appear to pay gaps in Medicare coverage—but don't. Check the policy with your state insurance commission, a lawyer, or the Better Business Bureau before spending any money.
- Glasses or hearing aids sold at bargain rates by unlicensed salespersons. Ask your doctor's advice if you need to purchase a low-cost appliance.
- Products advertised as miracle cures. This is known as "health quackery." Each year millions of dollars are spent on products and devices advertised as cures for arthritis, cancer, baldness, and insomnia. Don't buy any product advertised to treat a condition that medical science has not yet found a cure for.
- Contributions to charity. Make sure the money goes to a legitimate charity.
• Investment opportunities that are "too good too be true". If you are asked to withdraw a large sum from your bank account, first talk over your plans with a bank representative.

• Home repair frauds. Do not agree to let someone who is "just driving by" work on your home. Shop around before you spend money on home improvements.

• Door-to-door salespersons who use various types of pressure to get you to buy. If you have any doubt about whether or not you want the item, ask the person to come back another day. This will also give you time to call the Better Business Bureau to check out an unfamiliar company.

WHAT YOU CAN DO

Police estimate that more than half of all crimes go unreported. Victims should not be embarrassed or frightened about calling the police. Reporting crime can let police know where problems are in your neighborhood and will encourage better protection in the future.

Many states have programs designed to assist victims of crime. There are also private assistance agencies in many regions of the country. To learn more about such resources in your area, write to the National Organization for Victim Assistance, 1757 Park Road, N.W., Washington, DC 20010.

The Food and Drug Administration can advise you on quack products and devices. Write to: FDA. Bureau of Medical Devices, Consumer and Regulatory Affairs Branch (HFK-131), 8757 Georgia Avenue, Silver Spring, MD 20910.


For more information about crime prevention for older people, contact the American Association of Retired Persons, Criminal Justice Services, 1909 K Street, N.W., Washington, DC 20049. Also, your local police or sheriff's office may have a crime prevention unit to provide assistance in your area.
CRIME PREVENTION TIPS FOR SENIOR CITIZENS

COLUMBUS, OHIO DIVISION OF POLICE

CONFIDENCE SCHEMES

If you have never been swindled, this should be a WARNING TO YOU.

PIGEON DROP/THE BANK EXAMINER

- It all starts with a stranger and friendly conversation.
- Never discuss money with a stranger.
- Never withdraw money from a bank at the suggestion of a stranger.
- If you must make a withdrawal - talk to your banker first.
- The con artist will urge you to take immediate action - don't be influenced by a swindler.
- If it's legitimate, it will be there tomorrow.
- If a bank investigator solicits your help to catch a dishonest employee - call the bank and verify the identity of the person at your door.

Those who have been rudely parted from their money can tell you how fast it happens.

MOTOR VEHICLE THEFT PREVENTION

There are numerous ways to protect your vehicle from theft. They include:

- Park your vehicle in well lighted and well traveled areas.
- Remember to close windows tightly.
- Remove ignition key before exiting your vehicle.
- Lock all doors.
- Keep packages and other objects of value out of sight and in the trunk.
Consider using separate keys for the ignition, doors and trunk.

Avoid concealing spare keys on your vehicle.

Keep your title, bill of sale or registration out of the vehicle.

Consider an alarm intrusion device for your car.

Avoid identification tags on your key ring.

You can help prevent car thieves from working by being alert and reporting unusual occurrences. Call the authorities if you see:

- A subject walking along looking inside vehicle windows.

- A subject using a coat hanger or tool on vehicle doors or windows.

- Suspicious subjects cruising in a vehicle looking over parked cars.

- Considerable vehicle activity around old buildings or vacant shops.

- Attempts to sell you used auto parts at very low prices.

Remember, a Columbus City Ordinance prohibits leaving your keys in the ignition.

RAPE PREVENTION TIPS

AT HOME

- Install a peephole so you can see who is outside before opening door. Chain locks won't stop someone who is determined to get in. It is best to keep the door locked until you know who's there.

- Don't advertise, a note on your door saying you are not at home is asking for trouble. Use your last name and initial only on your door, mail box or in the phone book.

- Replace locks when you move to a new house or apartment. You don't know who has keys to the old one.

- The best lock in the world is no good at all if it isn't used. Lock your doors and windows.
Draw shades after dark and never dress or undress in front of windows.

Strangers should stay outside. They can go someplace else to make that phone call or you can make it for them.

Ask to see I.D. of policemen, salesmen and repairmen before unlocking your door. If they are "real" they will have identification.

Elevators in apartment houses can lead to trouble . . . it may be better to wait for an empty car, rather than get on with a stranger.

Anonymous phone calls made repeatedly at certain hours . . . someone may be checking to see if you are at home . . . notify the police.

Obscene call . . . quietly hang up and notify telephone company and the police.

Report to police immediately if you return home and suspect someone is inside. Don't go in or call out. Phone police from a neighbor's house.

WHILE WALKING

Walk with someone. Most muggers and other thugs will be discouraged if you have company -- male or female.

Stay in well-lighted areas and stay near the curb away from alleys, entry ways and bushes where someone could be hiding.

Stay near people. Avoid short cuts through parks, vacant lots and other deserted places.

Don't accept rides with strangers. If a driver stops to ask you directions, avoid getting too close to the car -- you could be pulled inside.

Being followed? By someone on foot . . . cross the street, change direction, vary your pace. If he persists, go to a lighted store or home and call police.

When you return home have key ready to open door without delay. Leave outside light on when you leave so you can easily see anyone who might be waiting for you when you return.
WHILE DRIVING

- Keep windows rolled up.
- Keep doors locked at all times.
- Intersections and stop lights are favorite places for would be attackers.
- Keep car in gear; and if threatened, blow horn and drive away. Park in lighted areas. Check inside of car before getting in.

PERSONAL ROBBERY PREVENTION

Robbery is a sudden, unexpected and sometimes vicious crime which affects the victim financially and physically.

Most street criminals are opportunists who are triggered by a desire to take from others if a probability exists of successful escape.

Street crimes that present a clear danger to the victim are purse snatch, strong arm robbery and holdup.

PURSE SNATCH - Usually a hit and run operation where the suspect approaches the victim from the rear or side, often knocks the victim down, grabs the purse and disappears from view.

PREVENTION:

1. If you must carry a purse - place it in a secure position between arm and body.
2. To avoid personal injury during a purse snatch immediately sit down and above all do not have a purse strap wrapped around your arm.

STRONG ARM ROBBERY - An offense using force and intimidation.

PREVENTION:

1. When on foot, walk with a companion.
2. Avoid routes where a "mugger" could conceal himself.
3. If you have an alarm device - USE IT.
HOLDUP - The taking of something by threatening with a gun or knife, usually.

PREVENTION:
1. Plan your route and stay alert to your surroundings.
2. Carry a minimum of money in your purse or billfold.
3. Walk on busy streets in well lighted areas.

GENERAL PREVENTION MEASURES
- Never flash large sums of money in public.
- Avoid walking in alleys, sparsely settled areas and taking short cuts through poorly lighted sections.
- When you arrive home by auto have the driver wait until you are inside.
- Project an image of self-confidence in your ability to handle yourself at all times.

TIPS FOR SHOPPERS
- Do not carry large sums of money. Use charge accounts or pay by check.
- Do not place bill folds in the pockets of outer garments such as topcoats, suitcoats or sweaters. The best place to carry billfolds is in one of side trouser pockets.
- Do not place purses on top of merchandise in shopping bags or on store counters. Keep them in your possession at all times.
- Avoid overloading with merchandise to the extent that no control can be maintained over purses or valuables.

LARCENY - THEFT PREVENTIONS TIPS
FROM YOUR CAR
- Keep packages off the car seat when the car is unoccupied.
- Keep your purse off the car seat, it's safer on the floor and out of sight.
- Keep your car doors locked at all times.
FROM YOUR HOME

- Keep garage door closed and locked.
- Keep front and rear doors locked.
- Keep purses and valuables away from open windows.
- Keep bicycles off sidewalk and yard.
- Engrave social security number on all valuables.

VANDALISM PREVENTION

Vandals work most often in groups and generally under cover of darkness. Prevention may be achieved through:

- Proper lighting with provides a deterrence.
- Public knowledge of vandalism through education.
- Parents providing guidance to youth through good example(s).
- Developing pride in community and schools.
- Restitution to the victim of vandals.

It is essential that all victims of vandalism report the offense right away and identify the suspect whenever possible.
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<sup>1</sup>The total number of births, 1,000 women would have in their life time according to age-specific birth rates of 1979, assuming none of the women die before the end of childbearing period.

TABLE 2

DEPARTMENT OF DEVELOPMENT
POPULATION PROJECTIONS BY AGE AND SEX
FRANKLIN COUNTY

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<td>141263</td>
<td>55842</td>
<td>85421</td>
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<table>
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<tr>
<th>OFFENSE</th>
<th>1982</th>
<th>1983</th>
<th>Difference</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murder/Manslaughter</td>
<td>3</td>
<td>5</td>
<td>+2</td>
<td>+40.0%</td>
</tr>
<tr>
<td>Rape</td>
<td>2</td>
<td>22</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Robbery</td>
<td>193</td>
<td>134</td>
<td>-59</td>
<td>-30.1%</td>
</tr>
<tr>
<td>Assault</td>
<td>46</td>
<td>40</td>
<td>-6</td>
<td>-13.0%</td>
</tr>
<tr>
<td>Burglary</td>
<td>1008</td>
<td>842</td>
<td>-166</td>
<td>-16.5%</td>
</tr>
<tr>
<td>Larceny/Theft</td>
<td>1060</td>
<td>864</td>
<td>-196</td>
<td>-18.5%</td>
</tr>
<tr>
<td>Vehicle Theft</td>
<td>102</td>
<td>75</td>
<td>-27</td>
<td>-26.5%</td>
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<table>
<thead>
<tr>
<th>Jan-June 2nd Quarter</th>
<th>1983</th>
<th>1984</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difference</td>
<td>-452</td>
<td>-59</td>
</tr>
<tr>
<td>Percentage</td>
<td>-18.7%</td>
<td>-6.2%</td>
</tr>
</tbody>
</table>
### TABLE 4

**TYPE OF VICTIMIZATION OF ELDERLY VICTIMS**  
**BY**  
**RACE AND SEX, 1975**

<table>
<thead>
<tr>
<th>TYPE OF CRIME</th>
<th>ALL WOMEN</th>
<th>WHITE WOMEN</th>
<th>BLACK WOMEN</th>
<th>ALL MEN</th>
<th>WHITE MEN</th>
<th>BLACK MEN</th>
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</thead>
<tbody>
<tr>
<td><strong>Personal Crimes of Violence</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homicide</td>
<td>50%</td>
<td>25%</td>
<td>25%</td>
<td>50%</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Rape</td>
<td>100</td>
<td>70</td>
<td>30</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Robbery, Armed</td>
<td>34</td>
<td>30</td>
<td>4</td>
<td>66</td>
<td>52</td>
<td>14</td>
</tr>
<tr>
<td>Robbery, Strong-arm</td>
<td>33</td>
<td>25</td>
<td>8</td>
<td>67</td>
<td>54</td>
<td>13</td>
</tr>
<tr>
<td>Robbery, Purse Snatch</td>
<td>100</td>
<td>90</td>
<td>10</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Assault</td>
<td>28</td>
<td>21</td>
<td>7</td>
<td>72</td>
<td>46</td>
<td>26</td>
</tr>
<tr>
<td>Elder Abuse&lt;sup&gt;a&lt;/sup&gt;</td>
<td>78</td>
<td>--</td>
<td>--</td>
<td>22</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Household Crimes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burglary</td>
<td>50</td>
<td>38</td>
<td>12</td>
<td>50</td>
<td>37</td>
<td>13</td>
</tr>
<tr>
<td>Fraud</td>
<td>66</td>
<td>57</td>
<td>9</td>
<td>34</td>
<td>22</td>
<td>12</td>
</tr>
</tbody>
</table>


<sup>a</sup>Derived from Block and Sinnott, 1979; Hooyman, 1980; Lau and Kosberg, 1979; Rathbone-McQuan and Voyles, 1980; O'Malley, et al., 1979.
<table>
<thead>
<tr>
<th>TYPE OF VICTIMIZATION</th>
<th>WHITE WOMEN</th>
<th>BLACK WOMEN</th>
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</thead>
<tbody>
<tr>
<td>Homicide</td>
<td>0.2%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Rape</td>
<td>0.5</td>
<td>1.0</td>
</tr>
<tr>
<td>Robbery, Armed</td>
<td>7.2</td>
<td>4.1</td>
</tr>
<tr>
<td>Robbery, Strong-Arm</td>
<td>3.4</td>
<td>4.8</td>
</tr>
<tr>
<td>Robbery, Purse Snatch</td>
<td>32.7</td>
<td>16.9</td>
</tr>
<tr>
<td>Assault</td>
<td>2.4</td>
<td>3.4</td>
</tr>
<tr>
<td>Burglary</td>
<td>50.7</td>
<td>66.9</td>
</tr>
<tr>
<td>Fraud</td>
<td>2.9</td>
<td>2.1</td>
</tr>
</tbody>
</table>

### TABLE 80

**PROTECTIVE SERVICE DATA**

**PERIOD JANUARY 1983 THRU AUGUST 1983**

**36 REFERRALS REVIEWED**

<table>
<thead>
<tr>
<th>AGE</th>
<th>SEX</th>
<th>RACE</th>
<th>MARITAL STATUS</th>
<th>ADULT REPORTED TO BE</th>
<th>CLIENT MOBILITY</th>
<th>COURT CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>1</td>
<td>MALE 105</td>
<td>BLACK 114</td>
<td>DIVORCED 32</td>
<td>NEGLECTED 262</td>
<td>AMBULATORY 241</td>
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<tr>
<td>20-29</td>
<td>10</td>
<td>FEMALE 258</td>
<td>CAUCASIAN 238</td>
<td>MARRIED 47</td>
<td>ABUSED 63</td>
<td>NON-AMBULATORY 89</td>
</tr>
<tr>
<td>30-39</td>
<td>5</td>
<td>ORIENTAL 1</td>
<td>SEPARATED 27</td>
<td>EXPLOITED 28</td>
<td></td>
<td>BARELY AMBULATORY 33</td>
</tr>
<tr>
<td>40-49</td>
<td>21</td>
<td>AMERICAN INDIAN 1</td>
<td>SINGLE 87</td>
<td>N/A 7</td>
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<td></td>
</tr>
<tr>
<td>50-59</td>
<td>40</td>
<td>OTHER 9</td>
<td>WIDOWED 141</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60-69</td>
<td>77</td>
<td>UNKNOWN 29</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>70-79</td>
<td>95</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80-89</td>
<td>89</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>90-99</td>
<td>24</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>100/Over</td>
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</table>

**SOURCE:** Division of Social Services, Franklin County Welfare Department
TABLE 81
PROTECTIVE SERVICE DATA
PERIOD JANUARY 1984 THRU JUNE 1984
301 REFERRALS REVIEWED

<table>
<thead>
<tr>
<th>AGE</th>
<th>SEX</th>
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<th>ADULT REPORTED TO BE</th>
<th>CLIENT MOBILITY</th>
<th>COURT CONTACT</th>
<th>LIVING ARRANGEMENT</th>
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<td>FEMALE</td>
<td>CAUCASIAN</td>
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<td>AMBULATORY</td>
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</tr>
<tr>
<td>30-39</td>
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<td>ORIENTAL</td>
<td>SEPARATED</td>
<td>18</td>
<td>EXPLOITED</td>
<td>219</td>
<td></td>
</tr>
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<td>40-49</td>
<td>9</td>
<td>AMERICAN</td>
<td>SINGLE</td>
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<td></td>
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</tr>
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<td>50-59</td>
<td>38</td>
<td>INDIAN</td>
<td>WIDOWED</td>
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<td>INCIDENT</td>
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<td></td>
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<td>60-69</td>
<td>73</td>
<td>SPANISH</td>
<td>PREVIOUS</td>
<td>7</td>
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<td>70-79</td>
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<td>80-89</td>
<td>77</td>
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<td>100/Over</td>
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</table>

SOURCE: Division of Social Services, Franklin County Department of Human Service Adult Protective Services
REFERENCES

Adams, J.S.  

Akiskal, H.S. and McKinney, W.T.  

Akiskal, H.S. and McKinney, W.T.  

Anderson, George M.  

Atchely, Robert C.  

Babbie, Earl R.  

Bailey, Kenneth D.  

Becker, E.  
Bergman, James G., Meyter, Karen, et. al.
1979a "Legal Analysis." Boston, Mass: Legal Research and Services for the Elderly.

Bergman, James G., Meyter, Karen, et. al.
1979b "Service System Analysis." Boston, Mass: Legal Research and Services for the Elderly.

Blau, Peter

Block, Marilyn R.

Block, Marilyn R., Davidson, Janice L., and Sinnott, Jan D.

Block, Marilyn R., and Davidson, Janice L.

Block, Marilyn R., Sinnott, J.D.

Bond, Floy and Ray Baber

Boszormeny-Nagy and Spark, G.M.

Brody, E.M.

Burke, Margaret J.
Butler, Robert N. and Lewis, Myra I.  

Cazenave, Noel A.  

Cazenave, Noel A.  

Cazenave, Noel A. and Straus, M.A.  

Chadwick-Jones, John K.  

Clemente, F. and Kleinman, M.B.  

Community Health and Nursing Pamphlet. Columbus, Ohio.

Conklin, J.E.  

Dancy, Joseph  

Davidson, Janice L., Hennessey, Susan and Suzanne Sedge  
Davidson, Janice L.  

Davis, J.A.  

Department of Welfare  

Department of Welfare  
1981  Adult Protective Services Booklet.

Douglass, Richard and Tom Hickey  

Douglas, R.L., Hickey, T. and Noel, C.  

Drapklin, Israel and Viano, E.  

Encore  

Enterline, Philip E.  
Fattah, E.A.

Finley, Gordon E.

Foa, Edan B. and Foa, Uriel G.

Ford, G.R.
1976 "Proclamation for Older American Month." Aging 359:3-4

Franklin, Clyde W.

Gelles, R.J.

Gergen, Kenneth J.

Gil, D.G.

Goldberg, Herb

Goldsmith, J. and Goldsmith, S.S.
Gull, John G. and Richard E. Hardy  


Hickey, Tom  

Hill, R.B.  

Hill, R.B.  

Hindleland, M.J. and Richardson, E.H.  

Hirschel, David J. and Rubin, Karen B.  

Hommonds, Andre D.  

Hooymann, Nancy R.  

Huth, Mary J.  
Jackson, Jackquiline J.
1977  "Older Black Women." In L.E. Troll, J. Israel and K.
Israel (eds.), Looking Ahead: A Women's Guide to the
Problems and Joys of Growing Older: Englewood Cliff,
NH: Prentice-Hall.

Jaycox, Victoria and Lawrence, Center J.
1983  "A Comprehensive Response to Violent Crimes Against
Older Persons" pp. 316-334 in Jordan I. Kosberg (ed.),
Abuse and Maltreatment of the Elderly: Causes and
Interventions. Boston, Mass: John Wright PSG, Inc.

Kerlinger, Fred N.
1973  Foundation of Behavioral Research. New York: Holt,
Rinehart and Winston, Inc.

Kouzekahani, Kamiar
1983  Extension Education As Perceived By Educators and
International Students of Extension Education: A
National Study. Unpublished Dissertation: The Ohio
State University.

Langley, Ann
1981  "Abuse of the Elderly." A National Clearinghouse for
Improving the Management of Human Services.

Lau, Elizabeth E. and Kosberg, Jordan I.
1979  "Abuse of the Elderly by Informal Care Providers,"
Aging 12 (September/October) 299-300.

Lawton, M.P., et. al.
In J. Goldsmith and S.S. Goldsmith (eds.), Crimes and

Lerner, Melvin J. and Matthews, G.
1967  "Reactions to Suffering of Others Under Conditions of
Indirect Responsibility." Journal of Personality and
Social Psychology 5:319-325.

Liang, Jersey and Sengstock, Mary C.
1983  "Personal Crimes Against the Elderly" pp. 40-67 in
Jordan I. Kosberg (ed.), Abuse and Maltreatment of the
Elderly: Causes and Interventions. Boston, Mass:
John Wright PSG, Inc.

Lindquist, John H. and Duke, Janice M.
1982  "The Elderly Victim at Risk: Explaining the
Fear-Victimization Paradox." Criminology 20, 1 (May):
115-126.
Maier, S.F. and M. Seligman

Mayer, A.
1977 "Graying of America" Newsweek 89:50

McGhee, Jerrie L.

Morrow, Marilyn J. and Doyle, Kathleen

N.E., N.H., et. al

Nunnally, J.C.

Nye, F.I.

O'Malley, H., Segars, H., et. al.

Palmore, Erdman, Frances, Jeffers C. (eds.)

Payne, B., Whittington, F.

Percy, C.
Popenoe, David

Porter, Shirley J.

Ragan, P.K.

Renvoize, J.

Ryan, William

Schneider, Robert

Sedge, Suzanne

Seidler, John

Select Committee on Aging

Select Committee on Aging
Select Committee on Aging.
1980 U.S. House of Representatives Ninety-Sixth Congress.

Seligman, M.

Sengstock, Mary C.

Sengstock, Mary C.

Social Security Bulletin Statistical Data
1983

Solomon, Kenneth

Solomon, Kenneth

Solomon, Kenneth

Solomon, Kenneth
Special Committee on Aging
1984 "Women in our Aging Society." United States Senate.
Witness Holly, Ella Louise.

Staples, Robert
1976 "Race and Family Violence: The Internal Colonialism
Perspective." In E.L. Gary and L.P. Brown (eds.)
Crime and Its Impact on the Black Community.
Washington, DC: Institute of Urban Affairs and
Research. Howard University.

Steinmetz Suzanne

Steinmetz, Suzanne
1980b "Dependency, Stress and Violence Between Middle-Aged
Caregivers and Their Elderly Parents" pp. 134-149 in
Jordan I. Kosberg (ed.), Abuse and Maltreatment of the
Elderly: Causes and Interventions. Boston, Mass:
John Wright PSG, Inc.

Steinmetz, S.K. and Straus, M.A.

Straus, M.A., Gelles, R.I., Steinmetz, S.K.

Thorson, J.A.
1975 "Attitudes Toward the Aged As A Function of Race and
Social Class." Gerontologist 15:343-349.

Townsend, Claire
Publishers.

Tuckman, Lorge I.
1953 "Attitudes Toward Old People." Journal of Social
Psychology 37:249-260.

Turabian Kate L.
1973 A Manual for Writers of Term Papers; Theses, and
Dissertations. Chicago: The University of Chicago
Press.

U.S. Bureau of the Census
U.S. Census - Population Reports

U.S. Department of Health and Human Services

Van Dalen, D.B.

VanderZanden, James W.

Viano, Emilio C.

Walker, L.E.

Walster, Elain, Berschield, Ellen and Walster, William G.

Wylie, F.M.

Yin, Perter P.