A community capacity framework for enhancing a criminal justice response to elder abuse
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Perceptions of elder abuse are shaped by experiential, cultural, contextual, and generational variables that influence both individuals’ abilities to recognize elder abuse and their likelihood to report concerns to authorities. To examine community residents’ understanding and awareness of elder abuse and their readiness to take action against it, we conducted telephone interviews with 710 adults, aged 25 and older, living in rural Virginia and Kentucky. Respondents answered a series of questions in response to scenarios depicting elder abuse. Although the majority of respondents identified the scenarios as representing abusive family situations, responses differed based on age, sex, and educational level of the respondents and sex of the victim portrayed in the scenarios. Older respondents and respondents with more positive perceptions of community cohesion (trust) also were likely to indicate that the older adult described in the scenario would get the necessary help that she or he needed. Based on our study findings, the extant literature, and concepts of community capacity, we propose a community capacity framework that highlights how the criminal justice system can optimally interface with formal systems and informal networks to reduce the risks for elder abuse within the community and overcome barriers to intervention.

Keywords: older adults; community perceptions; rural; elder abuse

Introduction
Elder abuse (EA) is a largely hidden and growing public health, criminal justice, and public policy concern that will increasingly challenge existing response systems as baby boomers age. National Adult Protective Services (APS) data suggest that the vast majority of EA incidents – nearly 90% – occur in domestic settings (Teaster et al. 2006a). A recent national survey reaffirmed APS statistics; among EA victims aged 60 and older, family members perpetrated 57% of emotional mistreatment, 76% of physical abuse, 52% of sexual mistreatment, and 74% of neglect (Acierno et al. 2009). In addition, about 20% of persons aged 65 years and older experience financial abuse and exploitation (Infogroup/ORC 2010), which costs older Americans nearly three billion dollars annually (MetLife 2011).

Given that EA of all types is dramatically underreported, cases that reach the attention of social services or criminal justice authorities represent only a small fraction of actual...
EA incidents. According to Krienert et al. (2009), criminologists have paid little attention to EA as compared to other types of abuse (i.e., child abuse, intimate partner violence [IPV]) in terms of reporting, response, or consistent identification of EA incidents within their data collection systems. In this article, we synthesize current scholarly understandings of EA with new data on perceptions of elder abuse collected from adult residents in two counties in Virginia and Kentucky. Building on previous theoretical work related to IPV (Mancini et al. 2006), we discuss our findings within the context of a community capacity framework in order to advance a criminal justice system response to EA. This model has the potential to further research, theory development, and cross-sector responses to this pressing and expanding social concern.

Guiding concepts and theories

The National Center on Elder Abuse (2011) has noted that varying terms and definitions of EA exist in legal application and scholarship. Researchers often use the definition promoted by the National Research Council: ‘intentional actions that cause harm or create serious risk of harm’ to an older adult by a trusted other or ‘failure by a caregiver to satisfy [an] elder’s basic needs or to protect the elder from harm’ (Bonnie and Wallace 2003, p. 1). Although terminology and definitions may differ, the basic subtypes of abuse include emotional/psychological, physical, and sexual abuse, as well as financial abuse and exploitation and neglect.

Much of the scholarly research on EA is descriptive and lacks an integrative theoretical framework from which to understand victims’ experiences or their interactions with formal systems and informal community-level networks. To date, no unifying theory or perspective dominates EA research (Laumann et al. 2008). The conceptual model that guided this project was an ecological-community framework, grounded in earlier research on EA (Teaster and Roberto 2004, Roberto et al. 2004, Roberto and Teaster 2005) and theoretical work on building community capacity (Bowen et al. 2000, Mancini et al. 2003, 2005, 2006, Mancini and Bowen 2009, 2013). This framework focuses on older adults and their informal relationship networks (e.g., partners, children, other family members, friends, neighbors), formal support systems (e.g., justice system, community/victim services, health care professionals, religious leaders), and broader ideological values, norms, and institutional patterns of the communities in which they live. Teaster et al. (2006b) have demonstrated that this ecological framework can improve an understanding of how unique community factors, such as those of a rural setting, shape abuse experiences and service utilization patterns of late life victims of IPV.

Although individuals perpetrate abuse, it occurs within community and neighborhood contexts (Mancini et al. 2006). Thus, responses and solutions to EA must include not only individuals and families, but also an understanding of the culture within the broader community. Of particular importance is the ‘necessity for a close examination of the relationships between informal and formal networks of social care’ (Budde and Schene 2004, Mancini et al. 2006, p. 223). A deeper understanding of the nexus where informal networks and formal system supports interface can help scholars identify important research questions and facilitate improved avenues for safe and effective EA prevention, detection, and intervention.

Elder abuse and the criminal justice system

Researchers assert that a dramatic discrepancy exists between actual prevalence of EA and the number of EA cases that reach the attention of authorities. The magnitude of
underreporting has varied across study findings and abuse type (Klein et al. 2008, Acierno et al. 2009, 2010, Lifespan of Greater Rochester, Inc. et al. 2011). Klein et al. (2008) found that IPV among older adults (i.e., violence perpetrated by a boyfriend, spouse, same-sex partner) in Rhode Island, even when brought to the attention of the criminal justice system, generally went unreported to APS. Police reports suggested three times the rate of intimate partner abuse among adults 60 and older than previously suggested by review of APS records.

The National Elder Mistreatment Survey (Acierno et al. 2009) found that while all types of EA were dramatically underreported, some types were more likely to reach the attention of the police than others. Only 8% of older respondents who experienced emotional mistreatment in the past year had reported an incident to the police, compared to 16% of respondents experiencing sexual abuse and 31% who were victims of physical abuse. Although the rate of reporting for financial abuse was not determined, older adults who used social services reported financial exploitation by a family member more frequently than those with no social services contact, suggesting that increased potential for detection was not realized in these cases (Acierno et al. 2009).

Amstadter et al. (2011) also found that reporting rates varied by abuse type. Among older South Carolinians surveyed, 5.6% of emotional abuse incidents and 20% of physical abuse experiences were reported to police, while reports of sexual abuse were too few to warrant statistical analyses. Researchers also have drawn attention to the high rate of emotional abuse affecting older adults – abuse not detectable through physical examination – and the lack of effective criminal justice responses (Fisher and Regan 2006, Acierno et al. 2009, Krienert et al. 2009).

**Community perceptions of elder abuse**

Despite the growing number of campaigns to increase public awareness, research on community perceptions of elder abuse is scant. Very little literature focuses on the public’s beliefs about EA or how those understandings interface with formal response systems. Payne et al. (2001) examined how different groups who were likely to come into contact with elder abuse cases perceived the seriousness of the situation and how those same groups viewed the importance of using the criminal justice system to punish the transgressor in example cases. Not surprisingly, police chiefs, college students, nursing home employees and nursing home administrators displayed disagreements regarding which EA incidents were most serious and which warranted criminal justice system responses versus administrative reprimands. For example, police chiefs perceived robbery as the most serious offense against elders, whereas all of the other respondents perceived slapping an elderly patient as the most serious offense. Police chiefs also viewed administrative reprimands as less appropriate than other sanctions in response to each of the scenarios – and were most likely to support incarceration as appropriate in some instances – while college students, nursing home employees and administrators characterized reprimands as ‘at least somewhat appropriate’ (Payne et al. 2001, p. 373). The researchers suggested, however, that these differing perspectives were easily explained by looking at experiential and organizational factors. More importantly,

> the differences seem to be subtle enough that very little is needed to encourage coalition or coming together on an understanding of what sorts of acts against elders should be tolerated and which should be held criminal. (Payne et al. 2001, p. 378)

To assess layperson perspectives on EA, Werner et al. (2005) utilized EA vignettes in interviews with 169 adults aged 45 and older. A key finding was that individuals with
lower levels of education and less experience with abuse were less likely to identify EA when it occurred and more likely to have negative emotions (i.e., discomfort, rejection) directed toward abuse victims (Werner et al. 2005). In another study that examined factors affecting 239 college student assessments of EA scenarios, Fitzpatrick and Hamill (2011) found that contextual factors outside the nature of the abuse itself had a significant influence on whether students identified behavior as abusive and whether they would be willing to call APS to report abuse. The perceived quality of past relationships in the caregiving scenarios presented and respondents’ previous exposure to caregiving within their own family contexts were factors significantly correlated with the nature of abuse assessments. Abuse perceived as “‘out of character’ in the context of an otherwise long-term, loving relationship” was more likely to be seen as an ‘aberration, and therefore less likely to be reported as the same abuse within the context of a conflicted relationship’ (Fitzpatrick and Hamill 2011, p. 10). Conversely, experience with caregiving appeared to increase respondent sensitivities to abuse scenarios. Students who reported experience with elder care within their own family (i.e., parent cared for grandparent) were significantly more likely than students without this previous exposure to both rate behavior as more abusive and indicate that they would report behavior to authorities. Fitzpatrick and Hamill (2011) concluded that professionals should not only raise public awareness of what constitutes EA, but also help community members recognize and overcome contextual barriers, such as preconceived notions about a particular relationship that may cause family members, neighbors, or friends to ignore potentially dangerous behaviors rather than report them to authorities. Through analysis of reader comments posted to online news items covering incidents of late life IPV, Brossoie et al. (2012) arrived at similar conclusions about the high level of subjectivity in community responses to EA and the importance of confronting community member preconceptions about late life relationships.

Additional insight about the situational context of elders’ choices not to report abuse comes from older respondents across multiple studies who expressed a fear of being abandoned and neglected as they grew older – a fear that often was more distressing than the possibility of being emotionally or physically abused (Lafferty et al. 2009). In other words, some older adults viewed options available from formal system interventions as a direct threat to the only remaining familial relationships or informal supports they had and were willing to endure physically and psychologically abusive behaviors in order to maintain their family ties (Lafferty et al. 2009).

Cultural beliefs and expectations
Differences in perceptions about the meaning of EA and appropriate responses exist both between and within different geographical, racial, and ethnic groups. Hudson et al. (2000) explored how diversity of perception could occur within a single racial group. They identified similarities and differences in perceptions of the meaning of EA between five different Caucasian-American respondent groups of middle-aged and older adults representing various North Carolina counties. The counties represented different average education levels and socioeconomic status, though previous experience with elder care and personal experience with abuse were similar across all five groups. The groups expressed a high agreement regarding definitions of EA and what they considered appropriate responses, but more sensitive measurements of EA perception revealed between-group differences that the research team attributed to life experiences and cultural context. When groups with the greatest definitional discrepancies were compared,
county A respondents categorized only 16 vignette items as abuse, and county B respondents characterized 27 vignette items as abuse. Hudson et al. (2000, p. 112) asserted:

The [county A] respondents are representatives of the North Carolina mountain people who take great pride in self-reliance, independence, and individualism... They live together in an area that has few minority residents... They tend to be traditionalists with norms of egalitarianism and familialism who view 'outsiders' and agencies as suspect... Given their cultural background and life experiences... it is plausible that they saw the less severe and more subtle behaviors as slights to which one need not pay much attention... In contrast, the [county B] respondents live in close proximity to a large number of African-Americans and Native-Americans. Thus, through exposure, they may have become more sensitive to differences in perceptions among cultural groups and to the subtle and overt forms of pain inflicted by racism.

These findings underscored the need for further research on the meaning of EA for various cultural sub-groups within broader racial groups and exploration of the ‘the prevalence, antecedents, risk, and protective factors and consequences’ of EA within these different groups (Hudson et al. 2000, p. 113).

Moon and Benton (2000) examined whether cultural norms among different ethnic groups might explain differences in tolerance of potential EA, perceptions of perpetrators, the causes of EA, and attitudes toward third-party intervention and reporting of abuse to authorities. Face-to-face interviews with 100 African American, 95 Korean American, and 90 White adults aged 60 and older living in Los Angeles County, California revealed notable differences in perceptions of EA, with the most dramatic differences between Korean American older adults and the other two groups. White and African American older adults held similar responses to interview statements; African American respondents were slightly less tolerant than White respondents of involving non-family members in cases of potential abuse whereas White respondents exhibited a significantly higher tolerance for verbal abuse than African American or Korean American elders. Among the three groups, however, Korean elders were the most distinct. They were the most tolerant of elder abuse overall, particularly financial exploitation. They were significantly more likely than other respondents to blame victims for the occurrence of elder abuse; and they held significantly more negative attitudes toward involvement of people outside the family in elder mistreatment incidents and reporting of EA to authorities. The majority of respondents from all three groups ‘believed that incidents of elder abuse should not be reported to the authorities until they are absolutely sure that abuse has occurred’ (Moon and Benton 2000, p. 300).

Dakin and Pearlmutter (2009) analyzed responses from eight different focus groups representing African American, Latina, and White women aged 60 and older of varying socioeconomic backgrounds to examine ethnic- and SES-based group definitions of EA and group assessments of three ethical dilemmas within APS response systems: mandatory reporting, involuntary protective services, and criminalization of EA. The majority of participants favored protection over freedom for EA victims and supported criminalization of EA, but broad themes of similarity and difference emerged across and within groups. Key findings included: (1) African American and White participants with high SES as well as Latina focus groups did not identify financial abuse as a type of EA; (2) Working-class White participants did not identify verbal abuse as elder mistreatment; (3) Working-class African American participants included societal maltreatment (i.e., systemic mistreatment by HMOs) and financial abuse in their definitions of EA, but did not include physical abuse; (4) Latina participants (all characterized as low SES) exhibited higher tolerance for spousal abuse than other groups and were the only group to identify nursing home
placement as being abusive in and of itself. The authors highlighted the need for culture-specific EA education, particularly in communities where abuse and violence was more common and culturally acceptable.

Urban communities and immigration. Recent studies have examined interactions between immigrant cultural norms and formal supports or reporting systems available to victims in urban areas. Lee and Eaton (2009) evaluated how 124 elderly Korean immigrants in Los Angeles, California responded to a hypothetical incident of financial abuse. Results suggested that respondents with a higher adherence to traditional Korean cultural values had a lower likelihood of seeking outside help. Although 92% of respondents categorized the financial abuse scenario as elder mistreatment, only 64% thought the event warranted the need to seek outside intervention. Five culturally based factors played an important role: (1) thinking family problems should be solved within the family, (2) tolerance for abuse, (3) shame, (4) victim blame, and (5) mistrust of third-party intervention. Out of 79 Korean elders who validated help-seeking as an important response, only seven said they would report the financial abuse incident to the police or APS. Preferred avenues of support were a lawyer (34%), social services agencies other than APS (27%), and a priest/pastor (25%). The researchers concluded that cultural beliefs can play a critical role in determining help-seeking behaviors.

In another study of immigrant perceptions, Dong et al. (2011) conducted focus groups with 39 Chinese older adults (aged 60 + ) in Chicago to explore definitions and perceptions of elder mistreatment. Participants most frequently characterized EA in terms of caregiver neglect, with psychological mistreatment identified as the most serious form. They also identified financial exploitation, physical abuse, and abandonment as serious types of mistreatment. Participants had little knowledge of help-seeking options in the community other than assistance from community service centers. The authors concluded that:

... although study participants were aware of the brutality of physical mistreatment, they placed more concern toward psychological mistreatment, which fundamentally violates the filial obligations under the influence of Confucian teachings. (p. 306)

Rural communities

The structure and culture of rural environments may inadvertently conceal and alternately facilitate EA (K.P. Dimah and A. Dimah 2003). In small, close-knit rural communities, victims and perpetrators of abuse are often involved in family or other relationships with health care providers, law enforcement, and local emergency personnel who would be responding to any call for help (Goeckermann et al. 1994, Websdale 1997).

In a study of IPV in late life, Teaster et al. (2006b) illuminated how common family violence service barriers in rural areas are compounded by age, how familiarity between service providers and victims can interfere with effective IPV response, and how government policies can obscure the issue of domestic violence in late life. From their examination, which ranged from the personal perspectives of abuse victims to broader ideological values predominant in a region of rural Kentucky, researchers identified education, prevention, and intervention needs unique to late life IPV scenarios in rural areas. In another study of late life IPV, Riddell et al. (2009) arrived at similar conclusions. They found that barriers to receiving help often were compounded for older women in rural communities where strong personal ties, a culture of self-sufficiency, patriarchal views of the family, limited community services, isolation, and economic stressors may contribute to and conceal violence in relationships (Riddell et al. 2009).
Choi et al. (2009) also suggested that elders in poor rural communities experienced unique barriers to EA intervention. This research team emphasized the lack of available services for adults with physical and functional dependencies and inadequate public healthcare coverage in rural settings. Although scholars did not address all types of EA in these studies, their characterizations underscore the unique obstacles rural communities may face in confronting family violence issues.

Community perceptions of elder abuse study
The extant literature provides insights into how perceptions of EA, shaped by a number of factors (experiential, cultural, contextual, generational), can influence both community members’ abilities to recognize abuse and their likelihood to report concerns to authorities. The purpose of our research was to examine community residents’ understanding and awareness of elder abuse and their readiness to take action. Guided by an ecological-community framework (Bowen et al. 2000, 2002, Mancini et al. 2003, 2005, 2006, Roberto et al. 2004, Teaster and Roberto 2004, Roberto and Teaster 2005, Mancini and Bowen 2009, 2013), we addressed the following questions:

1. Does identification of EA vary by age, gender, race, education, and annual income of the respondent and victim/presentation of abuse?
2. Is respondents’ level of community engagement (formal systems, informal networks, social cohesion) predictive of the likelihood that they perceive that victims of abuse will receive assistance from community networks?
3. Do respondents differ in their perceptions of the likelihood of different types of elder abuse (sexual abuse, IPV, emotional abuse) by a family member occurring in their community by their demographic characteristics and level of community involvement?

Method
Sample
The study sample was composed of 602 residents of Buckingham County, Virginia, and 108 residents of Perry County, Kentucky. Their rural designation and diverse demographic profile made these ideal communities for this exploratory study. The sample was identified through random digit dialing procedures used by the Center for Survey Research at Virginia Tech and the University of Kentucky, respectively. To reduce selection bias, a stratified sampling approach was used to obtain a sample of respondents that represent proportionally the percentage of men and women in each of three age groups (25–44, 45–64, and 65 + ) residing in the counties and the two dominant race groups (European White Americans and African Americans). Except for differences in the percentage of African American residents, we found no significant differences between the background characteristics of respondents from the two counties; thus, for the purposes of this paper, analyses were conducted with the combined data. Demographic characteristics of the 710 respondents are shown in Table 1.

Procedures
The Institutional Review Boards of Virginia Tech and the University of Kentucky approved this research. Trained interviewers employed by the survey research centers administered a telephone survey instrument designed by the research team specifically for
this study. The survey included short fictional scenarios depicting a case of potential financial and psychological abuse. Approximately one-half of respondents heard the scenario describing the victim, Betty, as a poor 79-year widow whose son James (alleged perpetrator) moved in with her after his divorce in which he lost custody of his two children and ownership of his home. The other respondents heard the same scenario, except the interviewer described Betty as wealthy. Using the same approach, the scenarios were presented a second time, only with a male victim (Rodney) and son (David). For each scenario, respondents further learned that within months of moving in with the parent, the adult child assumed responsibility for the older adult’s finances and would not allow contact with friends or other family members without him being present. Following the presentation of the scenario, interviewers asked the respondents a series of questions about the situation.

We asked three questions to determine if the respondents identified the situation as abusive: (1) Is James/David taking good care of his mother/father? (2) By not allowing Betty/Rodney to be alone with family or friends, is James/David mistreating his mother/father? and (3) Does Betty/Rodney need outside help? Responses to the three items were coded yes (1) or no (0) and averaged for an identification of abuse score. The respondents also assessed the likelihood of Betty/Rodney getting the help needed on a scale from 1 to 10, with 1 being very unlikely and 10 being very likely ($M = 4.39; SD = 2.84$).

To assess the respondents’ perceptions of community capacity, or the ability of their community to meet its own needs, they answered a series of 20 questions drawn from the literature on communities and neighborhoods (Sampson et al. 1997, 2002, Bowen et al. 2000, 2002, Putnam 2000, Mancini and Bowen 2009, 2013). Eight items assessed community engagement (e.g., joined with people to solve problems; participated in community events). Community engagement is a pivotal reflection of a community capacity prevention and intervention model because it is premised on the significance of community members being directly involved with others in order to improve community

### Table 1. Demographic characteristics of respondents.

<table>
<thead>
<tr>
<th>Respondent characteristic</th>
<th>%</th>
<th>Good care</th>
<th>Abuse</th>
<th>Need help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25–49</td>
<td>20.42</td>
<td>94.48</td>
<td>95.17</td>
<td>97.93</td>
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<tr>
<td>50–64</td>
<td>30.85</td>
<td>95.43</td>
<td>95.43</td>
<td>95.89</td>
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<tr>
<td>65 +</td>
<td>48.73</td>
<td>91.62</td>
<td>90.17</td>
<td>93.55</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>68.45</td>
<td>94.03</td>
<td>93.62</td>
<td>94.86</td>
</tr>
<tr>
<td>Male</td>
<td>31.55</td>
<td>91.96</td>
<td>91.07</td>
<td>95.54</td>
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<tr>
<td>Race</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>White</td>
<td>81.13</td>
<td>94.93</td>
<td>93.71</td>
<td>95.45</td>
</tr>
<tr>
<td>African American</td>
<td>15.32</td>
<td>89.81</td>
<td>90.74</td>
<td>95.37</td>
</tr>
<tr>
<td>Education</td>
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<td></td>
</tr>
<tr>
<td>Less than high school</td>
<td>15.30</td>
<td>87.04</td>
<td>78.70</td>
<td>91.67</td>
</tr>
<tr>
<td>High school diploma</td>
<td>37.96</td>
<td>95.15</td>
<td>96.27</td>
<td>96.64</td>
</tr>
<tr>
<td>College</td>
<td>46.74</td>
<td>94.85</td>
<td>95.45</td>
<td>95.45</td>
</tr>
<tr>
<td>Annual income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than $25,000</td>
<td>36.89</td>
<td>93.84</td>
<td>92.42</td>
<td>94.31</td>
</tr>
<tr>
<td>$25,000– $49,999</td>
<td>29.90</td>
<td>95.91</td>
<td>96.49</td>
<td>97.66</td>
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<tr>
<td>$50,000 +</td>
<td>33.22</td>
<td>97.89</td>
<td>96.84</td>
<td>97.89</td>
</tr>
</tbody>
</table>
life. Seven items assessed respondents’ sense of community or frequency of involvement with informal networks (e.g., spent time with others; talked with others about difficulties; felt close to people in the community). Sense of community is a pillar in the capacity model due to the significance of community members determining that they are joined with others, have common interests and goals, and have a psychological feeling of being connected with others. Five items assessed social cohesion or the amount of trust and reciprocity among community members (e.g., people are willing to help their neighbors; people in the neighborhood can be trusted). Social cohesion parallels community engagement and sense of community, and adds the dimension of trust in others. The community engagement and sense of community items were coded as never (1), rarely (2), sometimes (3), and often (4); level of agreement for the community cohesion items were coded (1) strongly disagree, (2) somewhat disagree, (3) somewhat agree, or (4) strongly agree. Items were summed to create the three individual scale scores. (Formal Systems: $\alpha = .87$; Informal Networks: $\alpha = .79$; Social Cohesion: $\alpha = .81$).

Analysis

Descriptive statistics were used to organize and analyze the respondents’ reactions to the scenario (RQ1). Based on previous findings cited in the literature, we used t-tests and one-way ANOVAs to assess differences in the identification of abuse by respondents’ background characteristics (i.e., age, gender, race, education, income) and the gender and income of the victim of abuse. We then used multiple regression analyses to identify which demographic and community engagement variables predicted the likelihood that respondents perceived that the victim would get outside assistance (RQ2). Similarly, we tested for differences by demographic and community variables in respondents’ perceptions of the likelihood of different types of abuse occurring in their community regularly (RQ3).

Results

Identification of abuse

The overwhelming majority of respondents identified the scenarios as representing abusive family situations (see Table 1). Identification scores ranged from 0 to 1 ($M = .98; SD = .11$). However, responses differed by education level [$F(2,696) = 8.52, p < .001$]. Respondents without a high school diploma were less likely to identify abuse than were high school graduates or respondents who had attended college. Differences in responses by age of respondents [$t(587) = -1.85, p = .06$] and annual income [$F(2,567) = 2.66, p = .07$] approached significance. Younger respondents and respondents with annual incomes of less than $25,000 were less likely to identify abuse than were either older respondents or respondents with incomes between $25,000 – $49,000 or greater than $50,000.

We also found two significant interactions with gender of the victim (Figures 1 and 2). Male respondents were more likely to identify abuse when the victim was an older man (Rodney) than when the victim was an older woman (Betty) ($p < .05$). In addition, respondents with less than a high school education were more likely to identify abuse when victim was an older man than when the victim was an older woman ($p < .05$).

Predictors of community response to abuse

In addition to the significant demographic variables identified in the initial analyses, we included the community capacity measures in a regression equation to predict the
respondents’ perception of the likelihood of the victim getting the assistance needed to address the abuse. Age ($b = 0.03, S.E. = 0.01, p < 0.01$) and social cohesion ($b = -0.79, S.E. = 0.26, p < 0.01$) were significant predictors of the respondents’ perceptions that the victim would receive the assistance needed. Older respondents and respondents with more positive perceptions of community cohesion were likely to indicate that the older adult described in the scenario would get the necessary help she or he needed.

**Perceptions of the occurrence of abuse**

Respondents varied in their perceptions of the likelihood of different types of elder abuse (sexual abuse, IPV, emotional abuse) perpetrated by a family member occurring at least once a month in their community. Although almost one-half of the respondents reported moderate likelihood (scores of 4–7) across all abuse types, responses at the low and high ends of the response continuum varied. About 40% of respondents rated the likelihood of occurrence of elder sexual abuse very unlikely (scores of 1–3), whereas only 5%
perceived the likelihood to be very likely (scores of 8–10). For IPV, about 34% of respondents perceived its occurrence to be very unlikely, whereas 14% perceived the likelihood of occurrence to be very likely. Conversely, the likelihood of emotional abuse by adult children was perceived as very unlikely by 13% of the respondents, but very likely by 38% of the respondents.

Annual income was the only background variable predictive of the respondents’ perceptions that the different types of abuse were likely occurring. Specifically, respondents with a lower annual income were less likely to perceive a high likelihood of family members perpetrating sexual abuse \((p < .01)\), IPV \((p = .07)\), emotional abuse \((p < .01)\) and neglect \((p < .01)\) of an older adult than respondents with higher annual incomes.

**Discussion**

In this study, we examined rural community residents’ ability to identify potential abuse and the likelihood of the occurrence of EA in their community. Study findings, together with the extant literature, suggest that while adults recognize the occurrence of elder abuse in their communities, both individuals and professional networks should increase their readiness to respond through greater educational efforts and enhanced community collaborations that will facilitate collective action.

Morgan *et al.* (2006, p. 275) described EA as ‘still in the process of criminalization,’ suggesting a need for expanded knowledge of EA in order to shape appropriate justice system policies for dealing with this growing area of concern. Although an overwhelming majority of lay persons recognized EA when presented with case scenarios and expressed positive emotions such as sympathy, desire to help, and concern toward victims (Werner *et al.* 2005), there is a disconnect between recognition and reporting of EA to authorities in actual situations. Among the reasons researchers and practitioners put forth for underreporting of EA is an overall lack of community awareness of what constitutes EA, reluctance to recognize it as present in a community, hesitance to take responsibility for getting involved in such a difficult issue, implications that involvement may have on caregiving arrangements, and the perceived inability of community members to act to remedy such harmful situations.

**Community response framework**

How might professionals, including criminal justice experts, expand their own responsibilities and affect community member perceptions to produce more comprehensive, successful EA prevention and intervention efforts? The notion of integrating multiple sectors of the community into elder abuse prevention and response efforts is not entirely new, and the work of multidisciplinary teams has demonstrated that a multi-faceted approach can be very successful. For example, a diverse elder justice network in the Charlotte-Mecklenberg area of North Carolina has had great success partnering university scholars with social service providers, legal professionals, and healthcare educators to enhance the community response to elder abuse (Blowers *et al.* 2012). Multidisciplinary elder abuse Fatality Review Teams established across the country have also demonstrated numerous benefits to a team response including: (1) raising policy-maker, professional and general community awareness about the about the seriousness and potential lethality of EA; (2) capitalizing on the high level of expertise and knowledge many team members bring to the table (they educate each other about complex issues and different response
(3) generating valuable data for community education and service improvement (i.e., data to support more accurate risk assessment for earlier intervention); (4) identifying important gaps or break-downs in systems to affect systems change; and (5) providing team members with greater support to deal with emotionally charged situations, decreasing professional burnout (Stiegel 2005).

A national survey of various types of elder abuse multidisciplinary response teams (n = 31) revealed that in some locations, these initiatives are already performing many important functions and are highly valued by those who participate (Teaster et al. 2003). Key functions include updating members about new services, programs, and legislation; identifying systems problems; planning and carrying out coordinated investigations and care planning; and hosting community-training events.

In similar work, Teaster and Wangmo (2010) studied 39 statutorily established Local Coordinating Councils on Elder Abuse in Kentucky, specifically examining their roles, processes, varieties, and accomplishments. Councils provided a range of services from expert consultation to keeping members up to date about services, programs, and legislation. Roles included identifying service gaps and systemic problems and advocating for change. Half of the councils conducted case reviews, and of those, most examined all types of cases. Most councils also performed a community education function. Lack of funding was a major problem for the councils.

According to Connolly (2010, p. 38), ‘Health care, social service, and justice system responses, while diverse in nature, share a common multidisciplinary core…This multidisciplinary foundation characterizes the most interesting and promising programs in the country and increasingly also the emerging body of research.’ Our community capacity model includes and expands upon the successes of multidisciplinary professional teams by distributing knowledge about, and responsibility for, elder abuse prevention and intervention not only across professional boundaries – but within and between neighborhood, familial, and individual boundaries as well – to more comprehensively reinforce the safety net for elder abuse victims.

Building on concepts of community capacity identified by Mancini et al. (2006), our study findings, the extant research literature, and the lessons of multidisciplinary efforts, we propose an expanded community capacity framework for improving the criminal justice response to EA. This framework highlights how the criminal justice system can optimally interface with formal and informal community networks to reduce the risks for EA within the community and overcome the intervention barriers for identified cases of EA. It illuminates how the justice system and other community leaders and educators might shape community perceptions to encourage full cooperation from community members in collectively confronting EA.

As shown in Figure 3, the framework includes two action phases for improving response to EA. The first phase outlines a work plan that involves achieving effects on multiple levels. First-order effects coalesce single key networks, which may include enhanced EA identification among individual community members, neighborhood residents, coming together to create events around EA prevention and response, and EA response refinement, training, and coordination among supervisors and direct care providers across all service sectors. Second-order effects involve collaborations between similar networks. For example, this could include coordinated efforts between the CJ system, APS, domestic violence agencies, emergency medical responders, hospitals, and other agencies directly involved in EA intervention. It also may include collective EA education efforts among faith community leaders or establishing a multi-neighborhood commitment to enhance EA prevention efforts. Third-level effects require interactions
between dissimilar networks. Examples include collaboration between police and groups of formal and informal home care providers to improve EA identification and response and CJ system professionals offering EA education events at cultural and faith community centers. Various professionals (i.e., police, financial managers, medical personnel), or older adults themselves, may offer lectures at neighborhood centers to seniors or multigenerational audiences on subjects related to EA prevention and response such as How to Spot a Scam; Protect Your Finances; Who do You Call when Your Support System Fails?; Talking to Local Policy-makers and Other Justice System Professionals, etc.
According to Mancini and colleagues (2006, p. 215), third-level effects ‘hold the most promise for making a difference in community life because they reflect a more comprehensive, multi-sector approach . . . they also elevate the informal network to a position of principal importance.’

The second action phase requires the use of informal and formal connections to address gaps in a community’s social capital. This involves disseminating information and building trust and reciprocity or social cohesion within communities. Dissemination of information may include community-wide, coordinated educational campaigns to normalize attention to EA and to create more uniform understandings of norms of treatment of older adults, as well as EA risk factors, abuse types, impact of abuse on the lives of older adults, and help-seeking avenues available to EA victims, family members, and concerned citizens. Such efforts may target specific groups for more extensive, tailored EA education such as individuals or families with low educational attainment or income, residents of rural communities, and recent immigrant groups or cultural groups with belief systems that come into conflict with CJ concepts of EA. Communities can also use informational campaigns to confront prevalent sexist and ageist stereotypes and preconceptions about family relationships that hinder identification of EA. Informing community residents may include but is not limited to stressing that EA is not gender specific; IPV does occur in late life; and relationships and power dynamics in families often change and evolve over time in accordance with age-associated changes. In our study, we found social cohesion to be predictive of respondents’ perceptions that EA victims would receive needed assistance. Thus, building community networks that have trust in the criminal justice and other formal systems that respond to EA is as essential as is the development of cohesive neighborhoods in which professionals are viewed as engaged and active members.

The other elements of the model focus on expected results. In many respects, ‘results’ are the most informative dimensions of a social action framework such as this one focused on community capacity. In our model, we have three categories of results. Note that ‘community capacity results’ are really at the core of the model because community capacity is defined as having two elements, sense of shared responsibility and collective competence; the former reflecting sentiments of being connected and the latter reflecting taking action (Bowen et al. 2000, Mancini et al. 2005). As depicted in Figure 3, two important action phases grounded in the operations of informal networks and formal systems, generate community capacity results. We hypothesize (intermediate results section of Figure 3) that as community capacity develops (shared responsibility and collective competence) there are a set of near-term changes. These changes include the reduction of the social exclusion and isolation of EA victims (change at the level of the victimized older adult), as well as what we see as a corollary of this isolation reduction, namely building factors that will likely have a future protective function. Our third category of results are longer term, and in some regard more difficult to assess (and it should be noted that broader, and more complex results are not ‘owned’ by any organization or group of organizations but rather by the broader community and its many elements). Longer-term results are more readily accomplished when they are more specific (for example, in Figure 3, those that involve CJ responses when compared to a very general desired result pertaining to family adjustment and well-being). The primary guidance in specifying results includes attention to whether they can be measured, whether there are clear indicators so we know when a result has been achieved, and what associated activities clearly support those desired results; a great deal of intentionality is required.
Importance of community connections

A central component of our community capacity framework is the actions of formal and informal networks to improve response to EA. The importance of coalescence within and collaborations between networks is supported by the research literature, which has shown consistently that low levels of social support are strongly associated with the occurrence of all types of elder mistreatment. Acierno et al. (2009, 2010) identified the centrality of social support to the health and well-being of potential EA victims ‘as perhaps the core finding’ of their study, noting that low social support was associated with more than triple the likelihood that mistreatment of any form would be reported. Acting on this finding could significantly strengthen protections for older adults. Amstadter et al. (2011) also reported that low levels of social support for older adults significantly predicted their likelihood of experiencing EA. They suggested that educational campaigns and community outreach efforts that aim to increase social participation can help address this complex concern.

As with the victims, the lives of EA perpetrators also are characterized by poor social support, as well as other mental health and social problems. Klein et al. (2008) analysis of police incident reports as well as informant interviews revealed that many ‘predatory offspring,’ the most frequent perpetrators of domestic abuse toward women aged 60 and older, were suffering from drug addiction and alcoholism. Among cases that reached the attention of South Carolina authorities, 15% had a problem with substance abuse, almost 50% were unemployed and socially isolated, 16% had prior problems with the police, and about 19% had a prior mental health treatment history. The pervasiveness of perpetrator social problems illuminates the importance of interface between similar and dissimilar formal systems (i.e. criminal justice, social services, mental health) to effectively address and prevent recurrence of EA perpetration by certain individuals.

Altering perceptions of formal support systems

Criminal justice and other professionals may face challenges related to their image among various community groups, which deter the development of strong community connections. For example, older adults or their family members may not choose formal response systems as the first point of contact for assistance for EA. Dakin and Pearlmutter (2009, p. 50) identified a pervasive ‘lack of familiarity with and negative views about APS’ among all study participants. The researchers suggested the need not just for EA education campaigns, but also for a parallel focus on public relations. As suggested by our framework, because criminal justice systems and APS often work closely together, they may need to coordinate efforts (i.e., a collaboration between similar networks) to successfully confront misunderstandings about their roles or effectiveness.

Relatedly, an analysis of reader comments posted in response to online news items related to IPV in late life revealed a pervasive mistrust of formal service sectors among posters and highlighted the important role of media in framing EA stories for the community and shaping public perception (Brossoie et al. 2012). The researchers indicated that online comments across multiple incidents of abuse often scrutinized social services and law enforcement while at the same time offering a wide array of explanations for why perpetrators were not at fault and why incidents should not be handled as crimes. As in our proposed framework, these authors suggested that alteration of public preconceptions about late life violence should not only include increased awareness and understanding of EA itself but also an effort to confront norms and expectations that prohibit victims from seeking help.
Conclusions

The intent of this study and the subsequent development of the proposed framework were twofold. First, the framework serves as a guide for developing and evaluating criminal justice and other professional efforts to enhance individual and community response to EA. It offers a way to assess each community’s readiness to address the problem. Recognition that the problem of EA does indeed exist is a first and critical step in both taking action to intervene when it occurs and preventing it from happening in the first place. With the recognition (or lack thereof) come opportunities for civic dialogue about defining acceptable norms of community behaviors toward older citizens and translating these attitudes into action. Second, the framework has the potential to advance theoretical development within the field of EA.

Future research is needed to make the important connection between problem recognition and a community that is active and engaged in the prevention of the problem, one that recognizes the need to report the occurrence of elder abuse so that meaningful assistance can be sought. In addition, there is a need to explore further geographic variations in the recognition of abuse as well as the nuances of how educational level, gender, and income affect perceptions of EA. Knowledge of community perceptions, from individual through systemic levels, will provide important insights for assessing the readiness of communities to address the problem of EA through programs and interventions as well as creating a basis for evaluating individual and community outcomes.

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