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CORRELATES OF ELDER ABUSE: A CASE-CONTROL STUDY

ABSTRACT

One of the most popular explanations of why elder abuse occurs holds that it arises when infirm and dependent elderly persons become overly burdensome and stressful for their caregivers. Critics have disputed this stereotype and argued, more in keeping with other types of family abuse, that elder abuse occurs when older people are exposed to aggressive and unstable relatives. This paper compares elder abuse victims, identified in a random sample survey of 1911 elderly residents of the greater Boston area, with control cases randomly selected from non-abused survey respondents. The study finds substantially more support for the idea that it is problem relatives, rather than elder infirmity that is associated with abuse.

CORRELATES OF ELDER ABUSE: A CASE-CONTROL STUDY

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Introduction

In recent years, family abuse has come to be seen as a significant public health problem.¹ In response to this concern, researchers have attempted to apply standard epidemiological tools to domestic abuse, such as incidence surveys and case-control studies. One major goal of these efforts is to establish risk factors for abuse; in the absence of clear indicators of who is at risk of maltreatment, screening and treatment programs are difficult to plan. Investigators have therefore explored factors that place individuals at risk of spouse abuse² and child abuse.³

The elderly have been the most recent group identified as at-risk to victimization within the family. However, a review of the literature indicates that little consensus exists as to who among the elderly is most likely to be a victim. The lack of firm findings stems in part from frequently noted inadequacies in previous research on elder abuse: reliance on professional reports of abuse cases rather than interviews with victims; use of samples drawn from agencies, rather than general population surveys; and failure to use control groups.^{4, 5}

The present study was conducted to overcome some of these weaknesses. Cases of elder abuse were identified in a large-scale random-sample survey in the greater Boston area. Control cases were randomly selected from the remainder of the sample, and analyses conducted which compared the two groups.

Risk Factors

The literature on elder maltreatment reflects disagreement about its causes and hence its risk factors as well. Two points of view can be represented as follows:

1) Caregiver stress. In this widely-held view, elder abuse is seen as resulting from the resentment generated by the increased dependency of an old person who comes to rely on relatives for care. The burden of providing financial, physical, and emotional support produces strain for the caregiver. As the costs to the caregiver grow --and the rewards diminish-- the relationship comes to be perceived as unfair. Caregivers who do not have the ability to escape or ameliorate the situation, this view holds, may become abusive.⁶

2) Abuser deviance and dependency. Some researchers have posed an alternative view. They note that the investigations which have highlighted the dependency of victims have not included control groups in their designs. Since many of the elderly suffer from one or more chronic conditions, it is insufficient to note that abuse victims have some level of physical dependency. The few studies that have explored this issue using control groups have failed to find that abused elders are significantly more dependent.^{7, 8, 9}

However, studies have found a considerable degree of psychological impairment on the part of perpetrators, as well as higher rates of alcoholism, arrest, and other evidence of deviant behavior. As a result of such characteristics, it has been suggested that elder abusers are in fact

frequently heavily dependent on their victims for financial assistance, housing, social support, and other help. Empirical findings from at least three studies support this contention.^{8, 9, *} It has also been suggested that perpetrators may be responding to stressful life events in areas unrelated to their relationship with the victim, as appears to be the case with many child abusers^{10, 11} and wife abusers.^{12, 13}

In the remainder of this paper, analyses are reported that evaluate the relative importance of factors related to each of these two points of view as predictors for elder abuse.

Sample Design

The study was designed as a stratified random sample of all community-dwelling elderly persons (65 or older) in the Boston metropolitan area. Under Massachusetts law, each municipality in the state is required to conduct and publish an annual listing of the residents of every dwelling, including the birthdate each resident. Persons 65 years of age and older were selected from these lists as potential respondents.

The survey was structured to oversample some groups of the elderly of particular interest to the project. From the literature, it is clear that aged persons who live with others are at higher risk for abuse compared to those living alone, because the opportunities for abuse are greater.^{8, 14} Moreover, the literature on elder abuse and family conflict takes a great deal of interest in elderly persons living together with their children, even though this constitutes no more than 10% of all the elderly. Thus the study was designed to oversample elderly individuals living with others, and particularly to oversample for those living with relatives of a younger generation.

The study design consisted of two stages. The screening stage, an interview of approximately 30 minutes, was intended to identify whether the respondent was a victim of maltreatment. The follow-up stage was another 30 to 45 minute interview with individuals who were identified as abuse victims, as well as with a group of non-abused controls who were randomly selected from the total sample.

The interviews were conducted either by telephone or in person. Starting with the names selected from the city and town lists, an attempt was made to obtain a phone number for the respondent from the telephone directory assistance, contact him or her, make an appointment, and conduct the interview by telephone (an introductory letter had been sent out in advance). If a telephone number could not be obtained for the respondent, if the respondent had obvious difficulty using the telephone, or if the respondent preferred it for any reason, an interviewer was sent to the household to conduct the interview. Follow-up interviews were conducted by telephone or in person according to the mode of the initial interview and depending on the respondent's wishes.

* Hwalek M, Sengstock M, Lawrence R: Assessing the probability of abuse of the elderly. Paper presented at the Annual Meeting of the Gerontological Society of America, November, 1984.

The Center for Survey Research at the University of Massachusetts, which conducted the survey from September, 1985 through February, 1986, was fairly successful in obtaining respondent participation in all phases of the study (See Table 1). Of 3366 elderly households selected for the study from the street lists, 16% turned out to be ineligible (because of moves, or mistakes in the lists). Of the 2813 eligible respondents, 72% agreed to be interviewed (1911). Of the 312 elderly persons designated for follow-up interviews (either as an abuse case or a control), 262 (84%) agreed to do so. In this paper, findings are reported on the 46 abuse cases and 216 controls for whom we have follow-up data.

The screen sample and the follow-up sample were quite similar demographically to the population of the greater Boston area. For the follow-up group, 65 percent were female; 60 percent were between the ages of 65-74, and 40 percent over 75; 55 percent were Catholic, 31 percent protestant, 9 percent Jewish, and 6 percent other; 62 percent had household incomes that exceeded \$15,000 per year, and 38 percent had incomes below \$15,000; 40 percent of the sample lived alone, 37 percent with spouse only, 5 percent with a child only, 10 percent with spouse and someone else (usually a child), and 7 percent with others.

Measures of Abuse and Neglect

The main subject of the study was abuse and neglect of the elderly; unfortunately, these are not concepts which have been clearly defined.¹⁵ After an extensive review of previous research on elder abuse, as well as definitions used in state programs, we chose to limit the study to three forms of elder maltreatment -- physical abuse, neglect and chronic verbal aggression. Based on the review, these areas seem to be those on which there is greatest consensus (we have provided a more complete rationale for the study definitions elsewhere¹⁶).

The three types of maltreatment were operationalized in the following ways. Physical abuse in this study meant at least one act of physical violence against the respondent since he or she had turned 65 years of age. It was operationalized using a modified form of the Conflict Tactics Scale,¹⁷ an instrument that has been used in many studies of family violence. This scale asks whether the person has experienced a range of violent acts, from having something thrown at them to being assaulted with a knife or gun. Respondents were administered the CTS regarding their relationships with their spouse, one co-resident child (if present), and one other member of their social network with whom they reported significant conflict. If at least one violent act had occurred toward respondents since they had turned 65, they were placed in the physical abuse category.

Neglect was defined as the deprivation of some assistance that the elderly person needed for important activities of daily living. Neglect was operationalized using a section of the Older Americans Resources and Services (OARS) instrument concerned with activities of daily living,¹⁸ which was augmented to inquire about situations when needed help was withheld. Persons who reported that a caregiver had failed to provide needed care ten or more times in the preceding year, or who termed the lack of care as "somewhat" or "very" serious, were placed in the neglect category.

Chronic verbal aggression was defined as the elderly person being insulted, sworn at, or threatened at least ten or more times in the preceding year. These verbal aggression items were administered as part of the CTS.

This study thus focused on three categories of maltreatment on which there appears to be substantial consensus. Of course, there are obvious limitations to the definitions. For example, the study did not include material abuse, such as the theft or misuse of an elder's money or other assets. It also did not treat self-inflicted abuse or neglect, which is sometimes included in definitions of elder maltreatment. Therefore, no claim is made here that the concept of elder abuse and neglect should be defined for the purposes of social policy in the same way as for this study. Based on our review of state programs, however, it seems clear that most states would consider persons who fell into any of the study categories as requiring some form of initial intervention. Further, the three categories are consistent with prior research on family violence and elder abuse and neglect.

In summary, persons who fell in at least one of the three categories were placed in the abuse group. The control group members did not report any of these types of maltreatment. Another possible limitation of this study is its simultaneous treatment of physical violence, verbal aggression, and neglect. We have not broken down the sample by type of maltreatment, however, because the sub-sample sizes would have been too small to have confidence in the statistical results.

Other Measures

In order to test the caregiver stress hypothesis, three measures were employed. The first measured the ill health of the elderly respondent, and asked simply for the number of days in the preceding year in which illness prevented performance of usual activities. The second measure was a series of items, adapted from the OARS instrument, that asked respondents about the degree to which they were unable to perform nine activities of daily living, such as dressing, bathing, housework, and so forth. The reliability coefficient for this scale was .72. The third measure of caregiver stress assessed the dependency of the elderly respondent on the abuser (or a comparison relative). This dependency scale has been shown in previous research to discriminate between elder abuse victims and non-victims.⁹ Respondents were asked about the extent to which they depended on their relative for assistance in the following areas: finances, cooking or cleaning, household repairs, social life, personal care, transportation, and housing. Respondents reported whether they were entirely, somewhat, or not at all dependent on the relative (alpha = .95).

The alternative to the caregiver stress hypothesis, the view that the problem lay with the abuser, was measured by three scales. Abuser deviance was measured by a scale composed of items that asked whether the relative: had ever destroyed property, had ever been violent to someone (other than the victim), had ever been arrested, had emotional problems, had ever been hospitalized for psychiatric reasons, had a drinking problem, had a drug problem, had a physical health problem, and was limited by this health problem (alpha = .68). As a second measure of a problem with the abuser, the dependency scale mentioned above that was

used to test victim dependency was reversed to ask about the degree of the abuser's dependency on the respondent (alpha = .71). The third measure was of recent stress in the life of the abuser, operationalized with seven items from a typical stressful life events index (death in household, death of relative, serious illness, arrested, moved, lost job, retired). The score was simply a count of these items.

A final measure that was employed was a scale of interpersonal conflict. It was possible that victim or abuser dependency might be an outgrowth of an extremely conflictual relationship. The measure of conflict asked for the number of times in the preceding year that conflict had occurred in nine areas such as television watching, children and household chores. Unfortunately, because the scale applied only to relatives who were living in the same household, we have complete data only for the sample of victims (and controls) and their spouses, not for victims and children.

Results

Prevalence estimate. The survey identified 61 elderly who had been maltreated according to the study's criteria, yielding an estimate of 32 victims per 1000 elderly persons in the Boston metropolitan area. In contrast to the common stereotype that views the elderly being victimized by their adult children, this study found spouses to be the most frequent perpetrators. Sixty percent of physical abuse and 58% of all maltreatment was committed by spouses. Males were the victims of abuse in 52% of the cases, women in 48%. These findings are further elaborated upon in a previous paper.¹⁶

Case-control findings. To evaluate the risk factors for elder abuse the follow-up sample was used, which allowed for gathering more extensive data than was possible in the interview which screened for cases of abuse. Follow-up interviews were sought with all of the abuse cases and a systematic one-tenth of the non-abuse case, but there was a 16% refusal rate which narrowed the sample to 46 abused and 216 non-abused elderly. All the non-abused elders were asked about their relationship to a close relative to serve as a comparison to the relationship between maltreated elderly and their abusers.

The comparison between the two groups on questionnaire items representing different groups of risk factors is shown in Table 1. Overall the items which distinguished the abuse group were those pertaining to the abuser and his or her behavior and circumstances, and not items pertaining to the victim. The abusers were much more likely than comparison relatives to have some manifestation of socio-emotional maladjustment. The abusers had a very high incidence of having been arrested, hospitalized for a psychiatric condition, involved in other violent behavior, or limited by some health problem. The abusers also were described as substantially more dependent on the victimized elderly than were the comparison relatives. They were particularly likely to be dependent financially, for household repairs, for transportation and housing. They were also more likely to have suffered two life stresses in the previous year, an illness or death of a relative.

In contrast, few of the variables related to the victim showed any ability to discriminate between the two groups. Maltreated elderly did not

appear to be more ill or functionally disabled. The victims of maltreatment showed only a small non-significant trend toward greater sickness in the last year, and scored as no more disabled than other elderly (except for greater problems with incontinence). Perhaps most important, maltreated elders were in no respect more dependent on their abusers than other elderly are on their relatives.

A multivariate analysis was also conducted with particular attention to whether differences between the abuse and comparison groups could be accounted for by differences in gender or the relationship to the relative about whom risk questions were being asked. This was important because the maltreated group contained a disproportionate number of males and disproportionate number of relatives who were spouses. Males constituted 47% of the abuse victim sample but only 36% of controls. Moreover, in the abuse group 63% were spouses compared to only 27% in the control sample. In the multivariate analyses, no significant differences were found controlling for sex (tables not shown). However, whether the abuser/comparison relative was a spouse or a non-spouse did affect the nature of the risk factors. In Tables 2 and 3, two discriminant function analyses are shown, one discriminating elderly persons abused by non-spouses from those who gave information about non-spouses (almost entirely sons and daughters), and the other discriminating elderly persons abused by spouses from those comparison elderly who gave information about their spouses. In these discriminant analyses, we used direct entry of all factors into the equation.

Although in both groups the risk factors were very effective in discriminating the abused elderly, the function relating to the non-spousal group was stronger (as reflected by the canonical r). Among the elderly abused by non-spouses, abuser deviance and abuser dependency and to a somewhat lesser extent, abuser life stress, were the strongest predictors. Victim disability and victim dependency did make a small independent contribution, but much less than abuser-related variables.

In the case of elderly abused by spouses, abuser deviance was again the most important factor predicting abuse. However, with this group, an unusual degree of dependency did not characterize the abusers. This may reflect the fact that, between spouses (unlike children and parents) a high degree of dependency is often the norm. A highly dependent adult child would generally be a sign of a child who was having life difficulties, but a highly dependent spouse would not necessarily have the same significance.

Another difference among elderly abused by spouses was related to spousal conflict. We included a measure of spousal conflict in these relationships (which was not available for the elderly abused by non-spouses), and found that a high degree of conflict was a characteristic of spouse abuse situations. The fact that conflict reduced a small zero-order relationship for victim dependency suggests that dependency on the part of elder abuse victims may be a reflection of being belittled and criticized and of the generally high degree of spousal conflict.

Discussion

The present study represents the first attempt to survey a large-scale random sample of the elderly population regarding elder abuse. It

produced estimates of elder abuse and neglect that suggest that a small but significant percentage of the elderly are abuse victims. The study also indicated that spouses make up a greater proportion of elder abusers than adult children.¹⁶

The case-control findings presented above go beyond these prevalence estimates, and shed new light on risk factors for elder abuse. This research calls into question one of the most conventional stereotypes surrounding the problem of elder maltreatment. This stereotype portrays abuse as growing out of the circumstances of overburdened caretakers--particularly adult children -- who are saddled with the responsibility for incapacitated and infirm elderly at a time when the caretakers are themselves suffering from difficult life transitions. The picture of maltreatment portrayed in this study is quite the opposite: relatively well-functioning elderly who have responsibility for, or are at least required to interact with, ill and socio-emotionally unstable relatives. The abuse appears to be more a reflection of the abuser's problems and general coping style, than of characteristics of the elderly victim.

In the case of abuse by adult children, elder disability may play a role, but only a small one compared to abuser deviance. In the case of elders abused by their spouses, situations appear to involve overly dependent victims, but this appearance may be more a function of high conflict situations where the victim is demeaned and kept in an inferior role. These spousal abuse situations appear to be ones of fairly long duration and may reflect patterns of abuse that extend from earlier stages of the life cycle.

The findings in this study are consistent with a general trend in family violence research, which has found abuser characteristics to be more powerful predictors than victim characteristics. For example, in spite of long-standing stereotypes that battered women are characterized by low self-esteem, traditional sex role attitudes, and a history of abuse in their own backgrounds, studies have found these factors to be poor predictors compared to factors related to the abusive husbands.²

CONCLUSION

The findings from this study can be added to the growing body of evidence that elder abuse results not from the increased needs of the victims, but from the deviance and dependency of the abusers. As such, the present study suggests a shift in focus from victim to abuser. Instead of being otherwise well-meaning caregivers who are driven to abuse by the demands of an old person, elder abusers appear to be multi-problem individuals with histories of antisocial behavior or instability. Their high levels of dependency on victims also suggest that elements of exploitation may exist in these relationships.

These findings point toward interventions into elder abuse that differ from current efforts. Elder abuse treatment programs generally emphasize the provision of in-home long-term care services and caregiver support groups, with the goal of reducing caregiver stress. While such services may be helpful to some families, the results reported here suggest the need for other interventions that are oriented towards relationships in which the abuser is the dependent party.

Certain services could be instituted to reduce abuser dependency. In the case of adult children, assistance in finding employment and separate housing may be useful. Psychological counseling may also be necessary for many abusers. It may also be the case that greater police involvement and legal assistance are necessary to deter the perpetrator from exploiting the elder.

In addition, it is likely that the victims would benefit from services similar to those offered to younger battered women. For example, emergency shelters for elder abuse victims would provide a safe haven while the abuser is being relocated. Support groups for victims would also be useful in which common problems can be discussed. The entire range of victim advocacy services could be offered to protect the rights of victims. Services of this kind would help elderly victims to break the bonds of dependency, by offering alternatives to life with an abusive relative.

Table 1. Factors Associated with Elder Maltreatment

Factor	Maltreated (N=46)	Comparison (N=212)	
Abuser Deviance			
Kicked or smashed something	19%	5%	**
Hit someone beside victim	18%	3%	**
Ever arrested	20%	3%	***
Emotional problems	35%	4%	***
Psychiatric hospitalization	20%	3%	***
Drinking problem	9%	2%	*
Drug misuse	5%	-	*
Physical health problem	64%	25%	***
Limited by health problems	44%	12%	***
Abuser Dependency on Victim			
Entirely or somewhat dependent for:			
Financial matters	48%	23%	**
Cooking and cleaning	53%	33%	*
Household repairs	60%	29%	***
Social life	60%	44%	
Personal care	9%	2%	*
Transportation	36%	11%	***
Housing	51%	29%	**
Abuser Life Stress			
In year prior to abuse:			
Death in household	5%	6%	
Death of relative	40%	18%	**
Serious illness	23%	10%	*
Moved	2%	9%	
Lost job	5%	2%	
Retired	5%	4%	

Table 1 (cont.)

	Maltreated (N=46)	Comparison (N=212)
Victim Ill Health		
More than 1 week of activity limitation in previous year	27%	17%
Victim Disability		
Victim needs help with:		
Shopping	23%	25%
Cooking	6%	4%
Housework	23%	14%
Taking medicine	-	2%
Feeding him/herself	-	1%
Dressing	2%	1%
Walking	2%	3%
Getting out of bed	-	-
Taking a bath or shower	2%	7%
Victim Dependency on Abuser		
Entirely or somewhat dependent for:		
Financial matters	19%	21%
Cooking and cleaning	42%	47%
Household repairs	35%	28%
Social life	55%	63%
Personal care	4%	-
Transportation	33%	16%
Housing	20%	16%
High level of spousal conflict (Spouse victims abuse only)		
	44% ^a	19% ^b
		*

* p < .05

** p < .01

*** p < .001

^a N=23^b N=66

Table 2. Multivariate Analysis of Factors Associated with Elder Maltreatment by Child/Other Relative (Non-spouse)

Factor	Zero Order	Std. discriminant function coefficient
Abuser Deviance	.53**	.57**
Abuser Dependency	.37**	.66**
Abuser Life Stress	.39**	.42**
Victim Ill Health	.23*	.11
Victim Disability	.14	.27*
Victim Dependency	.03	.19*
Canonical r	.71	
p	< .001	
N	116	

* p < .05

** p < .01

Table 3. Multivariate Analysis of Factors Associated with Elder Maltreatment by Spouses

Factor	Zero Order	Std. discriminant function coefficient
Abuser Deviance	.41**	.67**
Abuser Dependency	.11	.21
Abuser Life Stress	-.02	-.11
Victim Ill Health	-.02	.18
Victim Disability	-.04	-.09
Victim Dependency	.23*	.07
Spousal Conflict	.37**	.59**
Cononical r	.55	
p	< .01	
N	75	

* p < .05

** p < .01

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