A significant amount of research has been conducted on ways to reduce abuse against women and children, but very little research has been done on the domestic abuse of elderly persons. The lack of a good understanding of elder abuse and its consequences is worrisome. The U.S. Bureau of the Census predicts that by 2030, the population over age 65 will nearly triple to more than 70 million people and older people will make up more than 20 percent of the population (up from 12.3 percent in 1990).1

Estimates from the National Center on Elder Abuse show an increase of 150 percent in reported cases of elder abuse nationwide since 1986.2 Virtually all State agencies charged with addressing the problem of elder abuse reported increases in their caseloads over the past decade.3

Clinical accounts have documented severe emotional distress and an increased mortality rate among mistreated elder persons.4 A small number of empirical studies have shown that abused elders often exhibit higher levels of depression than nonabused elders.5 Elder abuse victims are in an especially difficult situation because they often are dependent on the abuser and have little possibility of moving or otherwise ending the abusive relationship.

Preventing repeat episodes of elder abuse

Along with increased awareness of the need to respond decisively to elder abuse has come an increased appreciation that elder abuse, like spousal violence and other forms of family abuse, is a complex problem. Arrest, prosecution, abuser education, social services for victims, and medical assistance each address different parts of the problem, but none alone provides an effective solution. Therefore, coordination among agencies has become more and more common.

Strategies for coordinated community responses typically are planned by committees composed of staff from police, prosecution, and probation agencies as well as representatives from counseling organizations, shelters, hospitals, substance abuse services, and the clergy. It has become commonplace for victim advocates to work with police officers, following up on family violence calls.
Issues and Findings

...continued

and providing victims with crisis counseling, referrals, and court support.

New York City’s Domestic Violence Prevention Project

One of the prototypes for today’s coordinated responses to family violence is New York City’s Domestic Violence Prevention Project (DVPP), which began in 1983 as a joint project of the New York Police Department and Victim Services, Inc. (now called Safe Horizon).

DVPP pairs a police officer with a domestic violence counselor to create a team that visits homes several days after an episode of family violence is reported and police have made an initial patrol response. The counselors speak to victims about the recurring nature of family violence and the importance of reporting incidents to the police. They develop safety plans with victims and assess victims’ needs for counseling, shelter placement, financial assistance, employment training, and other social services. The police officer members of the team speak to abusers, if present, and inform them that the police will be monitoring the household.

To evaluate DVPP, researchers designed an experiment that randomly assigned housing projects to receive education about family violence through community meetings and fliers.6 In addition, households reporting domestic incidents to the police were randomly assigned either to receive DVPP’s followup home visits or to receive only the usual police patrol response. Researchers successfully located and interviewed more than 7 in 10 eligible victims, an unusually high success rate for such a study.

In that study, after 6 months, researchers found that households that received only the home visits or home visits plus public education were significantly more likely to call the police about future incidents than those who did not receive any special intervention. Yet the researchers found no difference between groups in terms of the violence victims reported to the research interviewers. The evaluation findings indicated that calls for police services increased as a result of the intervention, but violence apparently did not.

The researchers interpreted those findings to mean that the intervention increased victims’ confidence in the police and made them more willing to report violence. They further reasoned that if the intervention had, indeed, increased victims’ willingness to report abuse to the police, violence should eventually decrease. The 6-month followup interval, however, may have been too short to adequately test for reduced violence. Thus, they decided to replicate the study using a 1-year followup interval and to study elder abuse rather than family violence.

The elder abuse prevention experiment

While elder abuse cases were not excluded from the DVPP evaluation, the sample consisted primarily of spousal abuse cases. Elder abuse represented an especially interesting test of the program model for several reasons. Elders may be even more dependent on their abuser than victims of spousal violence. For example, they may be physically unable to live independent of the abuser. They may find it too difficult to sever ties to their own children or grandchildren.

The model for the elder abuse field test was adapted from the DVPP model for family violence. As in the domestic violence prevention experiment, researchers chose as their target population persons who reported elder abuse incidents to the police significantly more often, and also reported significantly higher levels of physical abuse to research interviewers than control households.

Households that received home visits only (but were not in projects receiving public education) also called the police significantly more often than control households, but they did not report more abuse to interviewers. These increased calls to police were found 6 months after the trigger incident but disappeared by 12 months.

Several explanations are possible for these unexpected findings. The most plausible may be that the combined interventions incited abusers rather than deterring them. (The study did not provide direct evidence on this point, however, because abusers were not interviewed.)

The researchers speculate that elder abuse victims are often dependent on their abusers in multiple ways and, compared with domestic violence victims, may have even less hope of gaining independence from their abusers.

Target audience: Policymakers, police, and victim services personnel.
Police in selected public housing units of New York City.

Thirty of 60 public housing projects were randomly assigned to receive public education. Posters were placed in public areas, leaflets were distributed to all elderly residents, and project staff made presentations that discussed definitions of abuse, the legal rights of victims, and assistance available from the police and social service agencies. In addition, in all 60 housing projects, half of the households reporting elder abuse to the police were randomly assigned to receive home visits by a team of a police officer and a domestic violence counselor. The team discussed legal options and police procedures and attempted to link the households to social services. Victims were also encouraged to call the police if repeat violence occurred. In the few cases in which the abusers were present, the police officer made it clear to them that police would monitor the household.

To determine whether abuse continued to occur, police records were checked and victims were interviewed 6 and 12 months after the trigger incident. (See “Research Methodology” for details of the methods used in this study and “A Snapshot of Elder Abuse Cases” for characteristics of the sample.)

A surprising finding

According to both interview results and official measures, new incidents of abuse were more frequent among households that both received home visits and were in housing projects that received public education. As in the domestic violence prevention experiment, households that received home visits called the police significantly more often than controls, both in the housing projects that received public education and in those that did not. Unlike the domestic violence experiment, however, these increased calls to police were somewhat paralleled by increased reports of abuse to research interviewers. That is, when households both received home visits and were in housing projects that received public education, victims of elder abuse reported significantly higher levels of physical abuse to research interviewers (compared with households that received neither intervention or only one of them). This contrasts with the earlier domestic violence experiment, in which increased calls to police concerning abuse were not paralleled by increased reports of abuse to research interviewers.

The new elder abuse findings about the effects of public education and home visitation are all the more surprising in light of the difficulties in implementing these interventions (see “Research Methodology”).

Exhibit 1 compares the different groups using survey and official report measures of abuse during the first 6 months following the trigger incident.

Exhibit 2 (on page 6) compares the different experimental treatments from 6 to 12 months after the trigger incident. During this period, the differences in calls to the police disappeared, but households that received both

<table>
<thead>
<tr>
<th>Exhibit 1. New incidents of abuse: 6 months¹</th>
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<tbody>
<tr>
<td>Number of incidents</td>
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<td>8</td>
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<tr>
<td>No intervention</td>
</tr>
<tr>
<td>Public education only</td>
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<tr>
<td>Home visit only</td>
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<tr>
<td>Public education and home visit</td>
</tr>
</tbody>
</table>

![](https://example.com/exhibit1.png)

¹As displayed, results show all households assigned to receive home visits, whether or not those visits were successfully completed. These results also hold if households with unsuccessful home visits are excluded.
public education and home visits continued to report significantly more incidents of physical abuse to research interviewers.

Why the unexpected results?

Program planners hypothesized that the major effect of the public education and home visit interventions would be increased confidence in the police. In the short run, this effect would manifest itself through a greater propensity to call the police in response to abuse. In the long run, victims would report fewer incidents of physical and psychological abuse.

As expected, the researchers found that among people who received home visits only or who received both home visits and public education, calls to the police occurred sooner and more frequently than among other victims in the sample. Contrary to expectation, however, victims who received both interventions were more likely to report more physical abuse as well.

What sense can be made of these findings? Three possible explanations come to mind:

- Persons who received both interventions did not suffer more abuse but had become more sensitized to abuse.
- Persons who received both interventions were more willing to report abuse both to police and to research interviewers.
- Receiving both interventions caused more abuse to occur.

The first two explanations are appealing because they are more benign than the third. Yet if the sensitization hypothesis were true, psychological abuse should have increased more than physical abuse because psychological abuse is more ambiguous and subtle. Increased sensitivity ought to have been observed primarily in the measure of psychological abuse rather than in the measure of physical abuse. The opposite, however, is what was observed.

The second explanation—that persons who received both interventions were more willing to report abuse both to police and to research interviewers—
Research Methodology (continued)

The counselor also linked victims and abusers to social services, including abuser intervention (respite care, caregiver support groups, and substance abuse treatment), health care assistance, or anti-harassment measures (changing locks or phone numbers, direct deposit of Social Security checks, and so forth). When abusers were present (less than 5 percent of visits), the police officer also made clear to them that the police would be monitoring the household.

The difficulty of implementing community interventions. Community interventions are difficult to implement. Despite the efforts of the project, community residents may fail to attend community presentations. In fact, only 6 percent of the elderly residents (684 of 11,385) at the targeted housing projects attended the presentations. Residents may also ignore posters and brochures. In surveys conducted 6 and 12 months after their initial police contact, victims living in housing projects receiving public education failed to demonstrate any greater awareness of services or knowledge of elder abuse than victims in the other housing projects.

Home visits are also difficult to implement because residents may be difficult to reach. Residents targeted for home visits first received letters and phone calls about the upcoming home visit. Two attempts were then made to visit each household. Nonetheless, only 50 percent of victims targeted for home visits actually received the full intervention. In another 23 percent of cases, some contact was made with the household, generally by telephone. In the remainder, the home visit team left a letter and brochure.

The difficulty in reaching residents also delayed many home visits. Although the home visit was designed to occur within a few days of the initial police contact, home visits actually took place 56 days after the initial call to police, on average. The duration of home visits varied, but most lasted less than 20 minutes: 37 percent lasted 5 to 10 minutes, 31 percent lasted 10 to 20 minutes, 25 percent lasted 20 to 30 minutes, and 7 percent lasted more than 30 minutes.

Tracking new abuse. One year after the trigger incident, the researchers collected data from police records on any new complaints of elder abuse filed by victims within the previous 12 months.

At 6-month and 12-month intervals following the trigger incident, victims were interviewed about new incidents of physical and psychological abuse. Victims were primarily interviewed by telephone. The completion rate was 69 percent for the first interview and 67 percent for the second interview.

is also unlikely. Researchers found no indication that these victims had greater confidence in the police than victims who did not receive the interventions. Victims who received the interventions were no more likely to express to interviewers their willingness to report future incidents of abuse to authorities or to express satisfaction with the police.

How plausible is the third explanation—that receiving both interventions increased actual abuse? The researchers had expected the interventions to suppress abusive behavior by making abusers more circumspect. Is it possible instead that the combined interventions may have incited abusers? The study does not provide direct evidence on this point because researchers did not interview abusers, but precedents exist for such an outcome. David Ford, for example, reports that batterers who were prosecuted to conviction were significantly angrier than those whose cases were diverted or dropped.7

Also, an increase in abuse after intervention seems plausible when one considers the nature of relationships in elder abuse cases. In domestic violence cases that come to the attention of authorities, many victims ultimately leave the abuser. In elder abuse cases, however, victims may be more dependent, both physically and financially, on the abuser. In addition, ties to one’s children and grandchildren may be harder to sever entirely than ties to one’s spouse. (Two-thirds of the abusers in the sample were children or grandchildren.) Thus, elder abuse victims are, in some respects, more “stuck” than victims of spousal abuse. If abusers of elderly relatives become angered by attempts to intervene, victims may have no options for escape.

Implications

If the combined intervention has the potential to bring about more abuse, how should such programs be conducted? One option would be to discontinue them entirely. But this is an unsatisfying alternative because society has a strong preference to intervene on the behalf of victims. Moreover, although the data extend over a 12-month period, they do not speak to the ultimate resolutions of
these abusive relationships. It is possible, for example, that home visits and public education bring issues associated with abuse to a head and, ultimately, to a resolution, sooner because they exacerbate problems that otherwise would have continued to fester.

This research has raised serious questions that deserve further investigation. What was it about these interventions that apparently resulted in increased subsequent abuse? And why did the same basic intervention apparently affect victims of domestic violence and elder abuse differently?

Perhaps the best way to try to understand these paradoxical results is to interview both abusers and victims. From victims, researchers need to better understand the dynamics of the relationship between victim and abuser and to develop better measures of the victim’s potential to gain independence from the abuser, if that is the victim’s wish. Perhaps a measure of potential for independence could then be used as a control variable to determine whether the intervention has harmful consequences for some victims (those who cannot escape) and beneficial effects for others.

From abusers, researchers might obtain insights into how such interventions affect the abusers—their attitudes toward the victim, their emotional state, and their motivation to commit abuse. Such research would be difficult to do well for several reasons: The abusers might be difficult to locate, might be unwilling to be interviewed, and would have strong incentives not to give honest responses to all questions. Yet it is important that this research be conducted so that victims of elder abuse may be provided with the most effective and responsible service possible.

**A Snapshot of Elder Abuse Cases**

**victim characteristics.** Victims were overwhelmingly female and minority; 81 percent were women, 66 percent were black, and 30 percent were Latino. The median age was 65 years. Although income level varied, 39 percent reported incomes between $5,001 and $9,999 and 17 percent reported incomes of less than $5,000. Eighty-four percent of the sample reported having a high school education or less. Twenty-eight percent were on disability. Almost half (45 percent) lived with their abuser, but it is not known whether the home belonged to the victim or the abuser or who was paying the majority of the rent.

**Abuser characteristics.** Perpetrators were largely male (66 percent). Their median age was 36 years; 25 percent were younger than age 25. The race of the perpetrators reflected that of the victims: 65 percent were black and 30 percent were Latino. Four-fifths of the perpetrators were related to the victim: 53 percent were children, 19 percent were grandchildren, 16 percent were romantic intimates (either spouses or boyfriends/girlfriends), and 12 percent were other relatives.

**Episode characteristics.** Forty-nine percent of the trigger incidents involved only verbal arguments. Most others were classified by the police as family disputes (15 percent) and misdemeanor offenses (9 percent). Physical injuries were reported by the police in 4 percent of incidents and hospitalization of the victim occurred following in 3 percent of incidents.
Notes


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Copies of the full report, “Reducing Repeat Incidents of Elder Abuse: Results of a Randomized Experiment” (NCJ 189086), are available for a fee from the National Criminal Justice Reference Service by calling 800–851–3420. Documents under 25 pages are $10.00 each; documents 25 pages and over are $15.00 each.

The dataset for this report (ICPSR #3130), “Effectiveness of a Joint Police and Social Services Response to Elder Abuse in Manhattan [New York City], New York, 1996–1997,” is available online through the National Archive of Criminal Justice Data at the University of Michigan at http://www.icpsr.umich.edu/NACJD/}

Findings and conclusions of the research reported here are those of the author and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

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