Final Technical Report for

Testing a Model of Domestic Abuse Against Elder Women and Perceived Barriers to Help-Seeking: Comparing Victim and Non-Victim Responses

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INDEX/CONTENTS

SECTION I: INTRODUCTION

A. Purpose, Goals and Objectives

"Why didn't they ask for help…?" Practitioners and researchers who seek to improve prevention and intervention effectiveness for family violence victims across the life span are challenged to explain this enigma. Most research regarding barriers to help-seeking has focused on service delivery systems and how they attract/ accommodate or deter/repel victims' help-seeking behavior. Research regarding perceived barriers to help-seeking from the perspective of a victim's personal attitudes and beliefs is more difficult and has less often been undertaken. The research described in this report was designed to address this latter challenge in a population that has been largely overlooked by practitioners and researchers, i.e. women age 50 and older who experience domestic abuse.

Specifically, we sought to understand perceived barriers to help-seeking for female victims of domestic abuse age 50+ (by a spouse, partner, adult child, grandchild, other relative or close friend) relative to the perceived barriers for women in the same age group who are not victims of such abuse. Additionally, we wanted to explore the impact of key demographic variables of race and ethnicity, relationship to the presumed abuser, and age at the time of the survey on perceived barriers of victims. To address these research questions we tested an empirical model that described relevant factors regarding perceived barriers to help-seeking and explored if and how this model changed based on the identified variables. This report describes how the research was conducted, presents technical results of the analyses, and discusses possible implications for future research and practice in the field.

Study participants represented a community sample of females age 50 and older interested in participating in research regarding conflict in close personal relationships experienced by women in this target age range. The 50 and older age threshold was applied because earlier research had documented that victims in this age range often were not well served by either the domestic violence or elder abuse service systems (Dunlop et al., 2000) and is consistent with other research on this topic (e.g., Leisey, Kuptas & Cooper, 2009; Paranjape, Rodriguez & Gaughan, 2009; Zink & Fisher, 2006).

The sampling approach, i.e., not prescreening to specifically identify and exclusively enroll victims, was the same approach we had used with great success in our earlier qualitative research on domestic abuse in later life (Dunlop et al., 2005). Like the previous sample, we expected the sample for this research to include both victims and non-victims. We used this approach for the following reasons:

1. Already-identified victims were likely to be those who had relatively low help-seeking barriers.
2. This strategy seemed likely to include the difficult-to-obtain perspectives of victims who had yet to identify themselves as such.
3. It was important to see the dynamics of perceived help-seeking barriers for non-victims in order to identify factors that are unique to victims, i.e. how perceived barriers for victims differ.

Based on an earlier study (described in next paragraph) we expected that approximately 25% of the sample would have experienced some form of domestic abuse after age 50, thereby providing a “victim” subsample for the desired comparison.

The project proposal was submitted in response to the NIJ Crime and Justice Research Solicitation 2006-NIJ-1162 and built on research previously conducted by the research team, i.e., Domestic Violence Against Older Women (DVAOW, NIJ#2002-WG-BX-0100). In the DVAOW study we collected data from 134 older women in 21 focus groups. Analyses with computerized qualitative data analysis software indicated that DVAOW participants perceived possible relationships between the abuse experience and two sets of help-seeking barriers. These analyses and a review of the domestic violence (DV) and elder abuse literatures led to the design of the Perceived Barriers to Help-Seeking (PBHS) model that was tested in this study. Both the DVAOW and the current research were conducted in Miami-Dade County, Florida where ethnic diversity permits testing the model’s applicability to Hispanic and Black and White non-Hispanic subsamples, allowing us to clarify how the model can be adapted to describe PBHS for older female victims of domestic abuse within and across the three racial-ethnic groups.

Specific aims for the project were intended to lead to increased knowledge regarding perceived barriers to help-seeking among older women and, in particular, to develop a basis for describing a) if and how these perceived barriers were unique to domestic

abuse victims relative to non-victims in this age group and b) how they varied based on selected variables. Our assumption was that perceived help-seeking barriers for victims would uniquely reflect the influence of abuser behaviors on internal and external factors described by the proposed PBHS model.

The Specific Aims were:

Aim 1: Using a model derived from the DVAOW study that describes the relationships of an abuser's behaviors to an elder victim's internal and external perception of barriers to help-seeking, determine which indicators, and in what arrangement with the underlying factors, will provide the best fit of an overarching PBHS model.

Aim 1.1: *Test the fit of the PBHS model; if the fit does not meet the fit criteria consider other arrangements of the factors identified in the DVAOW study to create a better fitting model.*

Aim 1.2: *If under Aim 1.1 attempts to find a best fitting model result in two or more competing versions, each of which has reasonably strong fit indices, then test all these good fitting models as alternative models under the remaining Specific Aims.*

Aim 2: Describe the relationships between perceived barriers to help-seeking and abuser behaviors.

Aim 2.1: Describe the model's(s) ability to predict a victim's factor scores on the Conflict Tactics Scales-Revised, Short Version (CTS2S, Straus et al.,1996). The prediction is that the greater the victim's perceived barriers, as measured by the Perceived Barriers to Health Seeking (PBHS) Assessment[1]*, the more severe the composite CTS2S factor score will be*.

Aim 2.2: Explore victims' understanding of the relationship between help-seeking and abuser behaviors through face-to-face interviews and a qualitative analysis of interview data.

Aim 3: Determine the statistical goodness of fit of the model or models to each of three race/ethnicity subgroups: Hispanic, Black, non-Hispanic, and White, non-Hispanic.

[1] The PBHS Assessment was developed as part of the DVAOW project to measure factors, based on grounded theory and informed by feedback from health and social service professionals and input from a sub-group of focus group participants. The initial pre-pilot version included 101 BHS items; the version used in the current study was reduced to 46 items following pilot data analyses.

Aim 4: Describe the extent to which the proposed model(s) has the best fit with key variables (1) type of abuser and (2) type of abuse.

Aim 4.1.a: Determine if the path coefficients of the model(s) vary as a function of: (1) the abuser-victim relationship for the subgroups spouse/intimate partner, adult child/adult grandchild, paid caregiver, and other; and (2) type of abuse for the subgroups emotional abuse only, emotional and physical abuse only, emotional and sexual abuse only, and combined abuse (all three types present).

Aim 4.1.b: Determine if there are indicators within the model(s) that have different predictive values for: (1) the four abuser-victim relationship subgroups and (2) the four types of abuse subgroups.

Aim 5: Use the resulting best fitting model(s) for each ethnic group and identified predictive values of type of abuser and type of abuse as the basis for a draft coordinated community response (CCR) initiative plan.

Aim 5.1: Convene a community work group to assist in review of survey data and best practices literature and to assist the research team in development of a draft CCR plan.

Aim 5.2: Document the process by which a CCR initiative is designed.

Aim 5.3: Prepare a ready-for-testing (in a future project) draft CCR initiative plan.

B. Review of Publications from DVAOW Research

In a series of papers reporting on the results of the DVAOW qualitative study (Beaulaurier, Seff, Newman, & Dunlop, 2005, 2007; and Beaulaurier, Seff & Newman, 2008), we were able to articulate a model of perceived barriers to help-seeking for older women who experienced domestic abuse. Data were collected from 134 women ages 45 to 85 years in 21 focus groups representing the three race-ethnicity combinations that were most common in South Florida: Hispanic, Black, non-Hispanic and White, non-Hispanic. Computer assisted qualitative data analysis software (ATLAS.ti) was used to organize transcript analysis and provided access to the quotations upon which codes, themes, relationship maps, and other elements of the analysis were constructed.

Twelve themes emerged that showed strong relationships with the experience of domestic abuse and perceived barriers to help-seeking concepts. Abuser behaviors included themes of isolation, intimidation and jealousy. Internal barriers included five

themes: protect family, self blame, powerlessness, hopelessness and secrecy. External barriers had four themes, three of which were perceived responses by family/friends, by clergy and by the justice system/police. The fourth external barrier was the perception that community resources did not exist, were poorly integrated or non-responsive. The resulting model illustrated how identified internal and external factors interrelated with each other and with abuser behaviors to create perceived help-seeking barriers. The PBHS model reflected the apparent belief of study participants that there was no discernable point where characteristics of the experience of domestic abuse ended and resistance to help-seeking began. Seff, Beaulaurier & Newman (2008) reviewed the DVAOW data and determined that emotional abuse was the abuse type of primary concern to the women who participated in the focus groups.

C. Key Findings of Current Study

Overall analyses of the model show that perceived barriers to help-seeking involve six factors that present in unique ways based on severity of abuse, race-ethnicity, relationship of close other, gender of close other, and age of respondent. In particular:

1. Six factors representing perceived barriers to help-seeking were confirmed to predict an overall perceived barrier to help-seeking (PBHS) score based on 445 responses to a 37-item questionnaire. The contribution pattern for the six factors was significantly different for victims than for non-victims.
2. Victims had a unique, less complex pattern of bivariate correlation coefficients among the six PBHS factors compared to non-victims. Where there were correlations the values were relatively weak, again in comparison to non-victims.
3. Significantly more minor abuse victims indicated they “did nothing” (74.1%) compared to severe abuse victims (55.4%) when asked, “If you experienced abuse what did you do?” In fact, victims of severe abuse were significantly more likely to seek each kind of help listed on the questionnaire than victims of minor abuse [(χ^2 (2 *df*) = 12.134, p = .002]. The exception was shelter use, which was not reported by any respondents.
4. Overall, 18.7% of the total sample reported abuse in the severe category based on the CTS2S score (Straus & Douglas, 2004). Almost half of the sample

(48.3%) indicated no minor or severe abuse in the previous year on the CTS2S scale.

5. The levels of Black, non-Hispanics at the no abuse and severe abuse levels were notable, although they were not statistically significant. The percent of Black, non-Hispanic respondents who reported no abuse (41.1%) appeared low compared to percents for the other two subgroups (50.7% for White, non-Hispanics and 53.1% for Hispanics). Likewise, the percent of Black, non-Hispanics with severe abuse scores (25.1%) appeared high compared to the other two groups (14.6% and 15.2%, respectively).
6. Although we were unable to completely analyze the relationship between type of abuse and the model, we found that cases of minor abuse were usually limited to the psychological type, while severe abuse, in addition to the psychological only group, combined psychological abuse with other the types of abuse somewhat equally (see Table 7). Also notable, six participants indicated severe sexual coercion but did not identify psychological abuse at either the minor or severe level.
7. Many of the agencies that would be key stakeholders in a local coordinated community response (CCR) to domestic abuse in later life expressed strong interest in further development of this concept and generally agreed to an initial draft plan as a jumping off point for additional work toward a CCR plan.

SECTION II: METHODS

A. Participants

A total of 519 subjects were recruited to participate in the study. As was described in the project proposal, subjects were not pre-screened regarding previous experience with domestic abuse or violence. Based on results of the DVAOW study we expected that approximately 25% of the sample would have experienced some form of domestic abuse after age 50.

1. Victims and non-victims

Identification of a “victim” was based on responses to the eight non-negotiation items on the CTS2S. We used Straus and Douglas’s (2004) three-tiered level of abuse classification system: no violence, only minor violence, and severe violence. As defined by Straus and Douglas (2004) the three classification categories are mutually exclusive. Table 1 shows the frequencies and percent of each level of abuse in the sample.

2. Race and ethnicity

Subjects identified their race and ethnicity in separate survey questions. By design, the recruited sample included roughly equal numbers of the three most prevalent race-ethnicity groups in Miami-Dade County, Florida, where the research was done, in order to examine differences in statistical models that describe the perceived help-seeking barriers among women in the three groups: Hispanics; White, non-Hispanics; and Black, non-Hispanics. We used the latter term to refer to people originally of African descent who come from any non-Hispanic country in the "Americas", including nations of the Caribbean. Table 1 shows the frequencies and percent of six races and two ethnicities reported. Table 2 presents the frequencies of the three race-ethnicity subgroups by level of abuse.

3. Relationship of the participant and a close other

Respondents were instructed to think about a specific individual when responding to items in Sections I (described abuser behaviors) and IV (CTS2S) of the questionnaire. In the instructions for these sections, this one individual was described as the person the respondent lived with, or if she lived alone, the person she was closest to and on whom she most depended. Questionnaire item #71 asked participants to select one of seven categories that best described the relationship between themselves and the

person they were thinking of when they answered items in Sections I and IV. In the analyses these response categories were clustered to achieve subgroup sizes required to conduct the statistical analyses. The grouped categories were spouse/partner, child/grandchild and other relative/friend. The wording of item #71 allows us to assume that for respondents who's CTS2S responses indicated minor or severe abuse, the close other person identified is the "abuser". Table 1 presents the frequencies and percent of the seven relationship of close other types reported. Table 2 presents the frequencies of the three relationship of close other subgroups by level of abuse.

4. Gender of the close other

The gender item (#72) referred to the same individual identified in item 71. Respondents selected from the traditional male or female options. Table 1 presents the frequencies and percent of the gender of close other reported. Table 2 presents the frequencies of each close gender subgroup by level of abuse.

5. Participant age

Although research regarding elder abuse generally focuses on adults age 65 and older, we included women age 50 and older because earlier research had documented that, beginning at age 50, domestic abuse victims were not well served by either the domestic violence or elder abuse services systems (Dunlop et al., 2000). Additionally, we wanted to document results of the aging "baby boomer" group and to identify differences between women in this age group, i.e., 50-64 and women in the more traditionally-identified "elder" age range of 65+.

Participants were asked to provide their date of birth and current age. Age was extracted from the date of birth field if data were included. Current age was used, if it was available and no date of birth was entered. Table 1 shows the frequencies and percent of the three age groups reported. Table 2 presents the frequencies of the three age groups by level of abuse.

Table 1. Demographic characteristics of survey participants (*N*=445)

Demographic	Total (%[a])
Victim or Non-Victim [0 missing]	
No violence	215 (48.3%)
Only minor violence	147 (33.0%)
Severe violence	83 (18.7%)
Race [22 missing]	
White	258 (61.0%)
Black	133 (31.4%)
Asian	0
Native American	10 (2.4%)
Any other race	9 (2.1%)
More than one race	13 (3.1%)
Ethnicity [19 missing]	
Hispanic	145 (34.0%)
Non-Hispanic	281 (66.0%)
Close Other [38 missing]	
Husband	141 (34.6%)
Intimate partner	45 (11.1%)
Son	51 (12.5%)
Daughter	59 (14.5%)
Grandchild	7 (1.7%)
Friend	51 (12.5%)
Other Relative	53 (13.0%)
Gender Close Other [24 missing]	
Female	154 (36.6%)
Male	267 (63.4%)
Respondent Age [3 missing]	
50 - 64 years	156 (35.3%)
65 – 74 years	168 (38.0%)
75 years or more	118 (26.7%)

[a] The percent was computed on a total that did not include the missing values.

Table 2. Number of participants by level of abuse and major demographic subgroups

Demographic	No Violence Total # (%)	Minor Violence Total # (%)	Severe Violence Total # (%)	Total[b]
Race - Ethnicity[c] [21 missing]				
White Non-Hispanic	76 (50.7%)	52 (34.7%)	22 (14.6%)	150 (100%)
Hispanic	77 (53.1%)	46 (31.7%)	22 (15.2%)	145 (100%)
Black Non-Hispanic	57 (41.1%)	47 (33.8%)	35 (25.1%)	139 (100%)
Relationship Respondent Identified as Close Other [48 missing]				
Spouse/Partner	73 (39.2%)	72 (38.7%)	41 (22.1%)	186 (100%)
Child or Grand Child	65 (55.5%)	38 (32.5%)	14 (12.0%)	117 (100%)
Other Relative or Close Friend	51(58.6%)	14 (16.1%)	22 (25.3%)	87 (100%)
Gender of Close Other [24 missing]				
Female	94 (61.1%)	39 (25.3%)	21 (13.6%)	154 (100%)
Male	105 (39.3%)	102 (38.2%)	60 (22.5%)	267 (100%)
Age [3 missing]				
50 - 64 years	57 (36.5%)	65 (41.7%)	34 (21.8%)	156 (100%)
65 - 74 years	84 (50.0%)	54 (32.1%)	30 (17.9%)	168 (100%)
75 years or more	72 (61.0%)	28 (23.7%)	18 (15.3%)	118 (100%)

[a] Chi Square tests for differences among victim versus non-victim subgroup frequencies within each demographic were all non-significant.
[b] Totals are not equal across the demographic groupings due to missing data.
[c] One Native American with MSQ = 9 not included here.

B. Data Collection and Data Entry

1. Subject recruitment

The recruitment strategy focused on attracting survey respondents who were evenly represented in the three targeted racial-ethnic subgroups: Hispanic, White, non-Hispanic and Black, non-Hispanic (150 in each group). Initially age, i.e. ≥ 50, was the only criterion for screening potential subjects. No effort was made to specifically recruit victims as previously described. However, as we reached the 150 completed surveys target for a particular racial-ethnic subgroup we no longer accepted subject volunteers from that group and therefore had to begin screening on race-ethnicity thereafter.

Ads and flyers used the description "survey about conflict in relationships" for older women. A total of 519 participants signed consent forms and received a stipend for some level of participation. An additional 186 women participated in three pilot studies (48 in each of the first two pilots and 90 women in the 3rd) to test the readability and distribution assumption of the instrument, and also received a stipend.

Subjects were recruited primarily via ads in newspapers, flyers and announcements provided at senior centers. At two points during subject recruitment, which was ongoing for almost one year, we sent out an announcement to a mailing list of local agencies and organizations that were likely to have elder constituents, offering to send flyers if there was an appropriate audience. Although response to both mailings was modest, each one did generate several new sources for potential subject recruitment as well as identify sites where data collection groups could be scheduled. Finally, flyers were distributed to study participants to share with friends, neighbors, and associates in any groups to which they belonged (e.g., church, civic, etc.), which in some cases also was effective in generating participant volunteers.

2. Questionnaire

a. *Pilot testing*. A total of 186 subjects participated in the three pilot tests, 48 in each of the first two and 90 in the third. The skewness and kurtosis of the response distributions for each item were evaluated. Some items were reworded and/or eliminated over successive pilot tests with the objective of finding a good distribution across participants. In total 55 of the original 101 items were trimmed to assure that distribution issues and ability of participants to rate items were satisfactory. Additionally,

pilot participants expressed extreme dislike of the multi-interval response scales (e.g., 6 or 8 levels) used in early versions of the instrument. They stated that these scales were cumbersome and sometimes confusing. As a result the response scales for the final PBHS and CTS2S were reduced to four options. Feedback from pilot subjects also led to modifications in the presentation and content of some of the demographic items.

b. *Final questionnaire.* The final questionnaire (see Attachment A) included 78 items as described below:

- PBHS Assessment – 46 items (Sections 1 – 3). The PBHS Assessment, developed as part of the DVAOW project to measure factor relationships in the proposed PBHS model, was based on grounded theory and was informed by feedback from health and social service professionals and input from a subgroup of focus group participants. Items were phrased as statements of belief or opinions using the actual language of focus group participants as much as possible.

  Each item was rated on a four point scale with 1 = strongly agree and 4 = strongly disagree. A low score indicated agreement and a high score indicated disagreement for 37 items (80%). For the remaining nine items (20%) low and high score meaning were reversed. To assure that all data had the same meaning with regard to a perceived barrier, data enters reversed the scoring on the nine items so that a relatively low mean score for all indicators consistently indicated greater perceived barriers to help seeking.
- CTS2 Short (CTS2S) – 10 items (Section 4). The CTS2S (Straus and Douglas, 2004) was selected to (1) determine if, in the previous year, a participant had experienced one or more forms of domestic abuse, including psychological abuse, physical abuse, sexual coercion, and injuries resulting from the abuse, and (2) to understand the relationship between forms of abuse as measured by the CTS2S, perceived barriers to help seeking and selected demographic variables. We predicted that the greater the PBHS the higher the CTS2S factor score would be.

  As previously described a modified four-point response scale was used based on feedback from pilot study participants that more response options were too

confusing. Responses focused on frequency of described events or injuries within the previous year.

Generally the CTS2S is administered to relationship pairs to control for mutuality of measured behaviors and injuries. In that context the negotiation items are an important element in the score. However, we employed CTS2S responses as a measure of actual abuse, by type, and only surveyed half of the relationship dyad. Therefore, while we included the two negotiation items on the survey, we did not include responses to these items in the mean CTS2S score or in the analyses.

- MSQ – 10 items (Section 5). The Mental Status Questionnaire (MSQ, Kahn et al., 1960) was used to screen participants for cognitive impairment. To avoid upsetting or embarrassing participants, the screen was included as an integrated component of the questionnaire. Survey data from respondents who made three or more errors on the 10 item scale were eliminated from further analyses (*n*=33).

c. *Translation.* To develop the Spanish version of the entire questionnaire we employed standard forward and backward translations by independent translators with follow-up negotiations of differences between the forward and the backward translations (Brislin, 1980). Notably, previously translated Spanish versions of the CTS2 were not found to be linguistically relevant for the local Hispanic community and were not used.

3. Data collection environment

The project design called for data to be collected using a self-administered questionnaire (Attachment A) in a small group setting. After questionnaires were completed and collected, a brief discussion was held regarding issues covered in the survey questions and help-seeking options were described. Each participant received a copy of a booklet (available in English and Spanish) that discussed domestic abuse in later life and the broader issue of elder abuse and described community resources for women who wanted assistance.

Overall this was an efficient and effective way to collect data for a relatively large sample. However, in some cases the group setting was problematic. This was particularly true when there were respondents who were unable to complete the questionnaire without assistance due to illiteracy, cognitive and/or cultural difficulty with

some or all of the items, or visual impairment. In some cases survey items were read aloud to subgroups or individuals. This made the process much slower so that some respondents had to wait quite a while for the group discussion. In some groups early finishers talked among themselves and did not appear to be bothered by the delay. However, some participants were noticeably annoyed, exhibiting an intolerance that was unexpected by the project team when the data collection strategy was developed. As a result some "slow finishers" may have rushed through and/or skipped some survey items.

All participants who attended a data collection session (*N*=519) received a $25 cash stipend[2] for their participation, regardless of whether they were able to complete the questionnaire.

4. Protection of human subjects

Prior to initiating data collection the full study design, including the initial instrument and all consent forms necessary to protect subjects and document payment of the cash stipend, received a full IRB review and was approved. Throughout the data collection process changes in the instrument, informed consent forms, translations, subject recruitment materials, and so forth were submitted as amendments for review and were approved. All staff, including students, who worked on any aspect of the project were required to successfully complete the NIH Human Participant Protections Education for Research Teams.

5. Data entry and data cleaning

Data were independently entered into Excel spreadsheets by two members of the evaluation team. The two spreadsheets were then compared by the project director. Discrepancies were resolved based on a review of the original survey form. After data were cleaned they were imported into SPSS for the analyses phase.

6. Frequency of response distribution tables

Frequency of response and row percentages per item tables for the PBHS Assessment and the CTS2S are shown in Appendix D. Model factors frequency and row percentages per item also are included in Appendix D.

[2] Pilot subjects received $20 because the surveys were administered in settings where they attended group activities and therefore no transportation costs were incurred.

C. Preliminary Analyses to Develop a Working Model

Preliminary analyses were conducted on data from the 486 surveys with an MSQ score of 8, 9 or 10. We determined that the model developed under the DVAOW project was not supported when analyzed via the Amos (version 17.0) structural equation modeling (SEM) employing a maximum likelihood estimation approach (Arbuckle, 2008). However, keeping the basic logic of three sets of factors found in the DVAOW (abuser behaviors, internal and external barriers), we did a series of exploratory analyses following the guidelines of Arbuckle (2008), Hu and Bentler (1998, 1999) and Byrnes (2001) regarding criteria for trimming and goodness of fit. Three tiers of criteria were established for the goodness of fit[3] as follows:

	χ^2/DF	*CFI*	*RMSEA & SRMR*	*PClose*
Excellent Fit:	$\leq$ 2.00	$\geq$ .95	$\leq$ .05	$\geq$ .500
Very Good Fit:	$\leq$ 3.00	$\geq$ .95	$\leq$ .06	$\geq$ .400
Acceptable Fit:	$\leq$ 5.00	$\geq$ .90	$\leq$ .09	$\geq$ .250

The best fitting model for the entire sample that was logically most similar to the one described in the qualitative study was identified (Figure 1). Next, we set the following criterion for dropping cases where a participant did not provide sufficient data to obtain an estimate of an indicator or factor: A participant was considered to have a satisfactory data set if their questionnaire had:

- no more than two responses missing in Sections 1 and 3 of the questionnaire
- no missing data in the single or dual item factors measured in Section 2
- responses recorded for all eight non-negotiation items on the CTS2S

Application of these filters resulted in exclusion of 41 additional surveys, leaving data from 445 participants in the analyses required by Specific Aim 1 (Section III).

D. Follow-up Victim Interviews

Twelve open-ended interviews were conducted as a follow-up to the survey questionnaire. All of the respondents who participated in the follow-up interviews had responded “yes” to survey item 77, which asked respondents if they had experienced

[3] The goodness of fit of a model describes how well the model “fits” a set of observations or measurements by statistically quantifying the difference between measured values and values expected under the model.

any of the problems described in the questionnaire after age 50. All had signed a consent form confirming their willingness to be contacted for an interview.

A relatively structured schedule was used for the follow-up interviews. The protocol followed the basic structure of the PBHS Assessment, which was the primary instrument used to test the model (Berg, 2001; Fontana & Frey, 1994; Padgett, 1998). The interviews were conducted in either English or Spanish, according to each participant's preference. Respondents first were asked to describe their relationship to their abuser and then presented with the questions from each section of the PBHS Assessment, i.e., behavior of the abuser, internal barriers to help-seeking and external barriers to help seeking. Respondents were asked to clarify and discuss their responses in their own words. Each respondent was encouraged to talk in some detail about whether they would chose (or had chosen) to discuss the abuse they had experienced with others. They were also offered an opportunity to discuss anything that they felt was important but not covered in their previous responses.

Interviews were audio recorded and transcribed verbatim by the interviewer (Kvale, 2007). The interview transcripts were entered into Atlas.ti (v.6.0.19). Transcripts were coded in their original language using a combination of a priori codes that followed the sections of the quantitative questionnaire and open coding (Gibbs, 2007; Muhr, 2003-2005). Two members of the research team coded eleven of the twelve transcripts (Gibbs, 2007).

A 12th transcript was dropped from the analysis because the respondent indicated during the interview that she had not, in fact, been the victim of domestic abuse. This was confirmed based on this respondent's responses to the CTS2S and resulted in our eliminating response to the single item question (#77) as defining whether or not a respondent had been a victim of domestic abuse after age 55.

All of the research team members who were involved in interviews and analysis of the qualitative data are fluent in Spanish.

E. Community Participation

Prior to funding an advisory panel was formed to conduct activities related to Specific Aim 5. During the first six months (February 2008), members of the advisory panel agencies were invited to a full-day training that was conducted in conjunction with

a County-funded initiative to address domestic violence in later life. Many of the advisory panel agencies sent at least one representative to this training.

When preliminary data analyses for the current project were completed the advisory panel agencies were again invited to participate in a project-related workshop. The purpose of this workshop was to present preliminary research findings to relevant community agencies and to discuss how the model we had identified (Figure 1) could be incorporated into a coordinated community response to domestic abuse in later life aimed at prevention and intervention.

The workshop was conducted on April 29, 2009. The 12 advisory panel members in attendance included representatives from the following agencies:

- Alliance for Aging, Inc. (local Area Agency on Aging)
- Miami-Dade County Elderly Services Division
- Adult Protective Services
- Miami-Dade County Police Department, Domestic Crimes Unit
- Domestic Violence Court Judge, 11th Judicial Circuit
- The Lodge Domestic Violence Shelter
- Florida Council Against Domestic Violence

A few key agencies were unable to send representatives, including:

- The State Attorney's Office
- The Public Defender's Office
- Miami-Dade County Batterers Intervention and Victim Services

Advisory panel participants developed vision statements for a coordinated community response. These statements were used as the basis for a draft coordinated community response plan, which was distributed to attendees (and potential collaborative partners unable to attend) for review. A final draft of this document is included as Attachment B. Unfortunately much of the analyses described in the results section had not been completed at the time the workshop was held. Therefore the agenda and presentation materials did not fully reflect our current understanding of the survey results.

SECTION III: RESULTS

Results of the research are discussed below in the context of the specific aims and sub-aims.

A. Specific Aim 1

Aim 1: Using a model derived from the DVAOW study that describes the relationships of an abuser's behaviors to an elder victim's internal and external perception of barriers to help-seeking, determine which indicators, and in what arrangement with the underlying factors, will provide the best fit of an overarching PBHS model.

To meet this specific aim we examined the proposed relationships between abuser behaviors and perceived internal and external barriers to help-seeking as represented in the PBHS model. We wanted to determine if, when indicators of the three constructs were measured, the differences between measured values and expected values would fall within predetermined boundaries. The model did provide a statistically supported framework within which we could analyze effects of the following variables in specific aims 2, 3 and 4:

- CTS severity level (presence and severity of abuse)
- Type of abuse
- Race-ethnicity group
- Relationship of identified close other group
- Gender of identified close other
- Age group

As described earlier, when applying structural equation modeling (SEM) to the 12 factor model developed from the qualitative DVAOW study a satisfactory model was not obtained. In fact, a convergence of the model was not achieved even when minimization was extended 10-fold. Use of modification indices greater than 4.0 did not satisfy the search for a better fitting model with the factors identified in the DVAOW study sorted into the three major variables. Therefore Aims 1.1 and 1.2 were the focus of the next step in the analysis.

Aim 1.1: *Test the fit of the PBHS model; if the fit does not meet the fit criteria consider other arrangements of the factors identified in the DVAOW study to create a better fitting model.*

Following the recommendations of Arbuckle (2008) and Byrne (2001) regarding exploratory analyses and discussions among co-investigators as to which items represented key issues from the qualitative study, the six-factor model shown in Figure 1 evolved as the best fitting model in predicting the intervening variable of overall perceived barrier to help-seeking. The fit of this model met the criteria of an "excellent fit" (χ^2/df = 1.902, *df* = 18 and *p* = .020, *CFI* = .980, *RMSEA* = .045). The model accounted for 84% of the total variance across the 37 PBHS items.

Table 3 shows the factor items selected for SEM analyses in the final construction of the revised model (PBHS.v2) with reliability coefficients.

1. Description of the six-factor model (PBHS.v2)

The trimmed model (PBHS.v2, Figure 1) incorporated elements from the proposed model into six factors that contribute to overall perceived barriers to help-seeking. These six factors and their origins in the original model are described below:

a. Self blame: Self blame describes a victim's belief that she deserves the abuse inflicted by a significant other. A single item was used to measure this factor.

b. Secrecy: Secrecy describes a victim's reluctance to have others know she is experiencing domestic abuse. The two statements used to measure secrecy addressed either talking with "other people" or with "other family members" about family problems.

c. Abuser behaviors: Abuser behaviors describe tactics used by an abuser that negatively impact an elder victim's willingness to seek help as described in the DVAOW focus groups. Abuser behaviors reflect isolation, jealousy and intimidation as measured by 14 items.

d. Emotional gridlock: Emotional gridlock incorporated the powerlessness-hopelessness and protective family factors from the original model. This new composite factor describes a victim's belief that she is bound inextricably in her current context and is, therefore, without choices or without choices she is willing to make. Seven items contributed to this factor.

e. *Informal external responses*: The new informal external responses factor incorporated the family-friend response and clergy response factors from the original model. This factor describes a victim's belief that a help-seeking decision (a) should consider the anticipated response of people who are important to her personally and (b)

an expectation that such responses are likely to be negative and non-supportive. Nine items measured this factor.

f. Formal system responses: The new formal system responses factor combined the community responses and justice system-law enforcement responses from the original model. This factor describes a victim's belief that a help-seeking decision (a) should consider the anticipated response of law enforcement and community organizations and (b) an expectation that such responses are likely to be negative and non-supportive. Four items measured this factor.

2. Mean perceived barrier score

An overall mean perceived barrier score was computed for each of the 445 cases as follows:

- Analysis started with the factors measured in the PBHS survey and listed in the rows one to nine of Table 3. Potential and mean scores ranged from one to four in accordance with the survey response scale. Where an indicator had more than one item, as it did for nine of the 10 indicators, a mean value of the non-blank items was computed.
- A low score indicated agreement and a high score indicated disagreement with 32 of the 37 of 46 items used in the final analyses, where agreement identified greater perceived help-seeking barriers. For the remaining five items the meaning of the response scale was reversed. To assure that all items had the same meaning with regard to a perceived barrier, scoring was adjusted by data enterers such that agreement (i.e., lower score) consistently identified relatively more or higher perceived barriers to help-seeking.
- Finally, an individual mean "overall perceived barrier score" was computed by finding the mean of the six factor scores for each participant. This barrier score uses the logic that each factor should be considered as an equal unit in the computation of the overall perceived barrier score, which is the standard recommended by Loehlin (2004) when studying populations where the exact parameter values are not known and could vary over repeated samplings.

In Figure 1 the values (regression coefficients) on the single headed arrows from each of the six factors to the overall perceived barrier score represent the relative

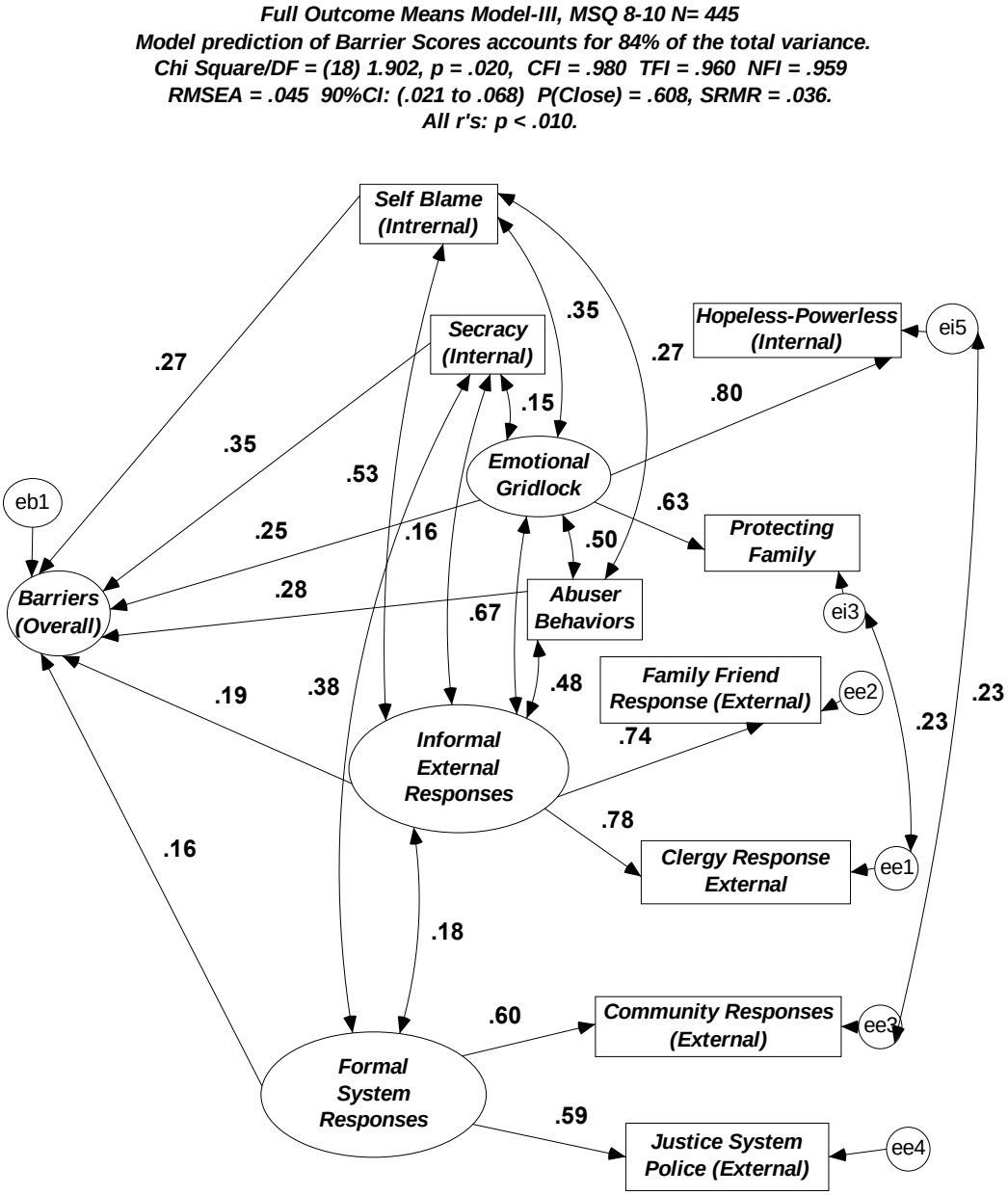
contribution of each to the overall factor. Note that the sum of the six factor coefficients is greater than 1.00. This is because there are pairs of factors that correlate with each other (as described by the values listed with the two-headed arrows). Therefore both factors contribute overlapping value to the overall PBHS. Figures 3, 4 and 5 in Attachment D show prediction scores for the type of abuse subgroups. Figure 3 shows the no abuse subgroup, Figure 4 shows minor abuse subgroup and Figure 5 shows the severe abuse subgroup.

Table 3. Factor items selected for SEM analyses with reliability coefficients & decisions made for the 445 participants in the final construction of the model

Row	Indicator	# Items	Standardized Alpha (ICC)	Decision after Exploratory Analysis & Trimming [a]
1	Abuser's Behaviors	14	.939	One Factor high reliability, therefore use Mean of all PBHS items (14 items)
2	Self Blame (one item factor)	1	NA	Exploratory Analysis left one PBHS item: @24_SB3
3	Secrecy	2	.939	@23_S1RV and @20)S5RV
Emotional Gridlock				
4	Protect Family	4	.741	Indicator Mean of 4 PBHS items
5	Powerlessness Hopelessness	3	.668	Keep @19_H1, @25_H3 & @18_P1
Informal External Responses				
6	Clergy Response	4	.650	Keep all PBHS items. Use Factor Mean (4 items)
7	Family/Friend Reponses	5	.733	Keep all PBHS items. Use Factor Mean (5 items)
Formal System Responses				
8	Justice System /Police	1	NA	Keep one BHS item for JS – Police: @34_JS2RV
9	Community Response	3	.450	Keep all PBHS items. Use Factor Mean (3 items)
Conflict Tactics Scale 2 Short Version (CTS2S)				
10	CTS2S without negotiation	8	.900	Keep all 8 items, use factor mean

[a] Considerations in making decision: Factor Load > .50, Fit Statistics > "Very Good" or "Excellent" Fit. Factor means used when all items fit logical model, even if intra item reliability was low.

Figure 1
PBHS.v2: Prediction of barrier scores for 445 participants with sufficient data to test the model based on 37 items shown in Table 3



Aim 1.2: *If under Aim 1.1 attempts to find a best fitting model result in two or more competing versions, each of which has reasonably strong fit indices, then test all these good fitting models as alternative models under the remaining Specific Aims.*

No alternative models met the two-fold criteria of sustaining the logic of the three major sets of factors (abuser behaviors, internal barriers and external barriers) along with the goodness of fit criteria. Thus, we proceeded to specific aim 2.

B. Specific Aim 2

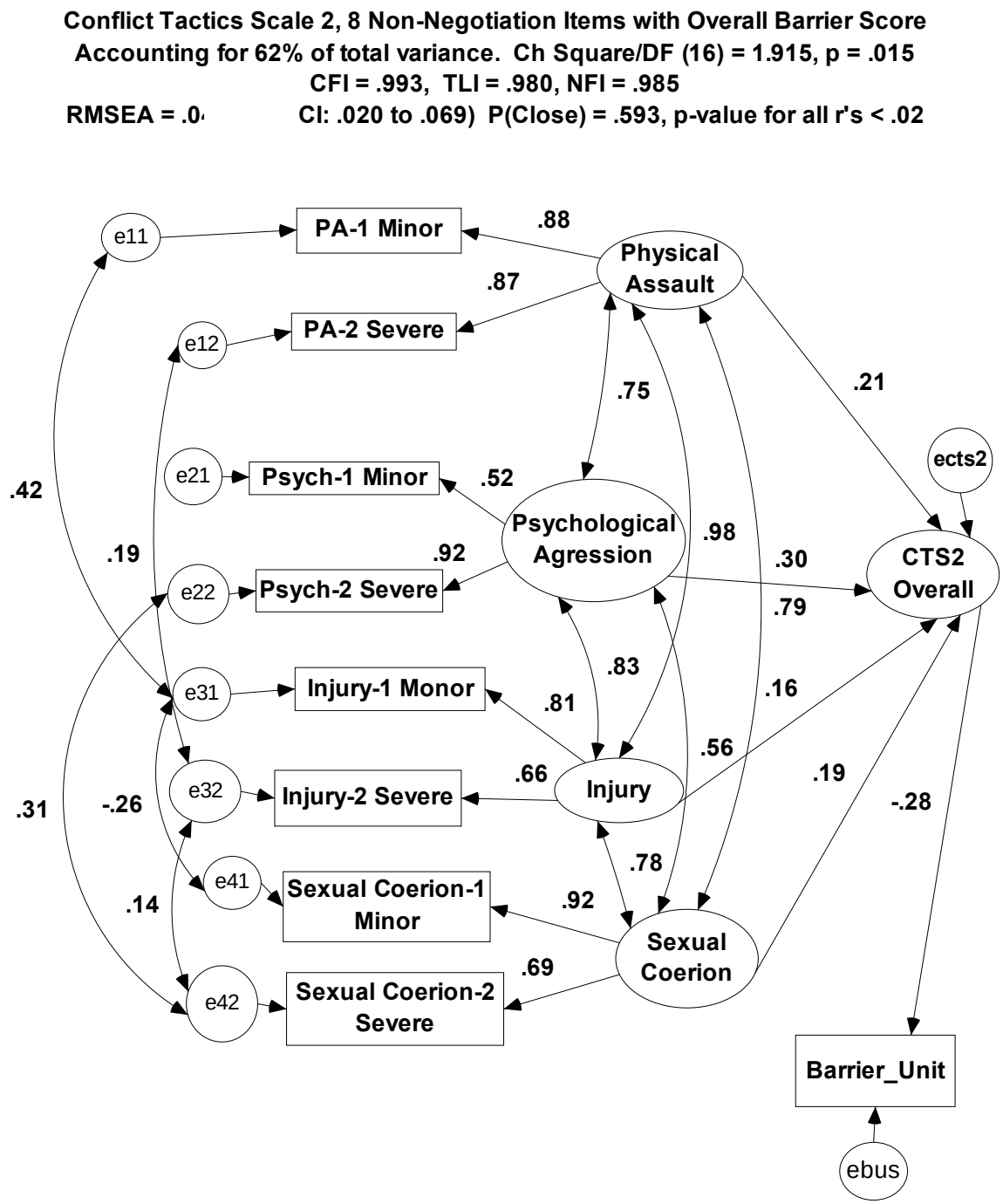
Aim 2: Describe the relationships between perceived barriers to help-seeking and abuser behaviors.

Aim 2.1: Describe the model's(s) ability to predict a victim's factor scores on the Conflict Tactics Scales-Revised, short version (CTS2S, Straus et al., 1996). The prediction is that the greater the victim's perceived barriers, as measured by the PBHS Assessment, the more severe the composite CTS2S factor score will be.

To meet this specific aim we analyzed the relationship between the computed overall mean perceived barrier score (see Specific Aim 1) and a mean CTS2S score for each participant. The mean overall CTS2S score was computed based on responses to the eight non-negotiation items in the questionnaire, each of which employed a four point response scale from 1=never to 4=frequently. These items measured occurrence of four types of abuse within the previous year (psychological abuse, physical abuse, sexual coercion, and injuries resulting from the abuse) at four frequencies (never, sometimes, frequently, often), resulting in identification of three severity levels (no abuse, minor abuse, severe abuse). The mean of completed (non-blank) items was computed. A high score indicated more abuse than a low score.

As Figure 2 shows, considering the four non-negotiation factors of the CTS2S together, the overall CTS2S score had a statistically significant regression coefficient of - .28 ($p < .01$) when predicting the overall perceived barrier score (labeled Barrier_Unit in Figure 2). The inverse relationship is expected because a high CTS2S score indicates more severe levels of conflict while a high barrier score indicates ***lower*** perceived barriers to help seeking. The fit of this model met the criteria of an "excellent fit" ($\chi^2/df = 1.915$, $df = 16$ and $p = .015$, the $CFI = .993$, $RMSEA = .045$). The model accounted for 62% of the total variance.

Figure 2. CTS2S score and prediction of overall perceived barrier score



1. Severity of abuse and the PBHS.v2 factors

Table 4 rows two through four show regression coefficients for each perceived barrier indicator by the three levels of abuse. The contribution of each barrier indicator to the overall barrier score is statistically significant in each group.

The measurement weight of severity of abuse shown in Table 4a confirms that the same model can be used to describe the coefficients' prediction of the mean PBHS score regardless of the severity of abuse. However, the structured covariance among the six factors, although statistically significant, shows that the same model does not predict that relationships among the six factors will show the same patterns across the three levels of abuse based on the relatively low *CFI*.

Table 5 rows two through four reveals the presence or absence of relationships among factors for the three levels of abuse. Any cell containing a correlation coefficient indicates a statistically significant relationship. The correlation coefficients can range from 0.00 to +1.00 or from 0.00 to – 1.00, where 0.00 represents no relationship between the factors or variables, and a +1.00 or a -1.00 represents a perfect (positive or negative, respectively) relationship. Overall, respondents with a score of severe abuse had fewer correlations that those with minor abuse or no abuse scores. Also, the magnitude of the relationships was relatively low for cases of severe abuse in comparison to the other two levels.

To further explain we can use the example of the correlation between self blame and emotional gridlock (relevant cells are shaded). Respondents in the no abuse group perceived a fairly strong relationship between these two factors (.53) while those with minor abuse scores perceived a much weaker relationship (.17). However, respondents with a severe abuse score did not associate these two factors.

Differences across the three severity of abuse subgroups – no abuse, minor abuse and severe abuse – can be seen in greater detail in Figures 3 (no abuse), 4 (minor abuse), and 5 (severe abuse) as the two headed arrows between indicators (rectangles) or factors (ovals) (see Appendix D).

Table 4. Regression coefficients for each barrier indicator or intervening variable

	Variable	Internal Barriers			Abuser Behaviors	External Barriers	
		Self Blame	Secrecy	Emotional Gridlock		Informal External Responses	Formal System Responses
1	All 445	.27	.35	.25	.28	.19	.16
Type of Abuse							
2	No Abuse	.25	.36	.25	.23	.23	.14
3	Minor Abuse	.31	.39	.24	.30	.12	.13
4	Severe Abuse	.35	.36	.30	.32	.23	.19
Race-Ethnicity							
5	White non-Hispanic	.26	.37	.25	.25	.17	.19
6	Hispanic	.27	.36	.25	.31	.20	.13
7	Black non-Hispanic	.32	.37	.21	.29	.22	.16
Relationship of Close Other							
8	Husband Partner	.26	.40	.22	.30	.23	.17
9	Child Grandchild	.29	.38	.24	.29	.19	.14
10	Other Relative or Friend	.28	.29	.30	.29	.18	.17
Gender of Close Other							
11	Female	.26	.33	.27	.28	.22	.17
12	Male	.27	.38	.22	.30	.20	.13
Age							
13	50 to 64 years	.23	.44	25	.33	.16	.21
14	65to 74 years	.30	.34	.27	.28	.19	.12
15	75 years or older	.27	.31	.30	.28	.19	.15

Table 4a. Comparing differences in measurement weights & covariance structures across levels for each major between-group variable

Between Group Variable	Model Characteristic	*Chi Square/DF*[a]	*CFI*	*RMSEA & [P(Close)]*
Severity of Abuse	Measurement Weight	2.183***	.903	.052 [.383]
	Structured Covariance	3.287*	.694	.072 [.026]
Race – Ethnicity	Measurement Weight	1.268	.978	.025 [.998]
	Structured Covariance	2.565***	.767	.060 [.026]
Relationship of Close Other	Measurement Weight	1.287*	.969	.027 [.998]
	Structured Covariance	1.625***	.897	.039 [.962]
Gender of Close Other	Measurement Weight	1.935***	.915	.047 [.639]
	Structured Covariance	2.002***	.907	.049 [.547]
Age	Measurement Weight	1.744	.930	.092 [.892]
	Structured Covariance	1.972***	.858	.105 [.696]

[a] * $p<.05$ and *** $p < .001$

Table 5: Factor bivariate correlation coefficients* for major intervening variables

Row	Variable	Self Blame and Secrecy	Self Blame and Emotional Gridlock	Self Blame and Abuser Behaviors	Self Blame and Informal External Responses	Self Blame and Formal System Responses	Secrecy and Emotional Gridlock	Secrecy and Abuser Behaviors	Secrecy and Informal External Responses	Secrecy and Formal System Responses	Emotional Gridlock and Abuser Behaviors	Emotional Gridlock and Informal Ext Responses	Emotional Gridlock and Formal Syst Responses	Abuser Behaviors and Informal Ext Responses	Abuser Behaviors and Formal System Resp	Informal Ext Resp and Formal System Resp
1	All 445	-	.38	.27	.53	-	.15	-	.16	.38	.50	.67	-	.48	-	.18
Level of Abuse																
2	No abuse	-	**.53**	.42	.55	.25	-	.67	.10	.34	.67	.75	-	.60	-	-
3	Minor abuse	-	**.17**	-	.30	-	.21	-	.16	.56	.41	.79	-	.42	.49	.35
4	Severe abuse	-	**-**	-	.43	-	.30	-	.28	-	.25	.29	-	-	-	.24
Race-Ethnicity																
5	White non-Hispanic	-	.37	.25	.38	-	-	-	-	.48	.42	.64	-	.40	-	.25
6	Hispanic	-	.44	.33	.59	-	-	-	.17	.35	.50	.83	-	.55	-	-
7	Black non-Hispanic	-	.35	.19	.56	-	-	-	-	.39	.45	.58	-	.35	-	-
Relationship of Close Other																
8	Husband Partner	-	.34	.20	.56	-	-	-	-	.39	.54	.59	-	.37	-	-
9	Child Grandchild	-	.24	-	.30	-	.28	-	.22	.36	.35	.77	-	.34	.37	-
10	Other Relative or Friend	-	.37	.37	.58	-	-	-	.19	.52	.54	.62	-	.60	-	-
Gender of Close Other																
11	Female	-	.34	.19	.54	-	.32	-	.14	.35	.42	.69	-	.35	-	.26
12	Male	-	.39	.38	.46	-	-	-	.20	.37	.56	.63	-	.56	-	-
Age																
13	50 to 64 years	-	-	-	-	-	-	-	-	.45	.51	.54	-	.44	-	.22
14	65 to 74 years	-	.38	.28	.57	-	.25	-	.29	.20	.46	.70	-	.41	-	-
15	75 years or older	-	.39	.39	.59	-	-	-	-	.48	.57	.60	-	.61	-	-

* All correlations with a numerical value indicted were statistically significant at $p < .05$ except where noted in the structural equation figures.

2. Action taken and severity of abuse

In addition to analyzing the relationship between the CTS2S and the PBHS, we analyzed the relationship between the level of abuse, as indicated by the CTS2S score, and any help-seeking action taken as described in the PBHS questionnaire, item 78a-k. Item 78a offered respondents a "did nothing" option while 78b-k included a list of possible help-seeking activities. Results are shown in Table 6 below.

Table 6: Action taken by level of abuse

Action Taken	Minor Abuse # (%) *n*=147	Severe Abuse # (%) *n*=83
Did Nothing	109 (74.1%)	46 (55.4%)
Asked a family member to help	17 (11.6%)	15 (18.1%)
Asked a friend to help	12 (8.2%)	13(15.7%)
Asked a priest/rabbi for help	6 (4.1%)	4 (4.8%)
Asked a doctor for help	6 (4.1%)	9 (10.8%)
Asked a social worker/counselor for help	13 (8.8%)	11 (13.3%)
Asked a lawyer for help	5 (3.4%)	6 (7.2%)
Called the police (911)	3 (2.0%)	14 (16.9%)
Filed restraining order /order of protection with the court	3 (2.0%)	5 (6.0%)
Stayed in a domestic violence or homeless shelter	0	0
Moved to a new place to live	4 (2.7%)	8 (9.6%)

Overall, there is a significant relationship between the CTS2S score and actions taken, i.e., we can expect that differences in "CTS severity" will predict unique variations in "what victims did" [(χ^2 (2 df) = 12.134, p = .002]. Notably, 55% of respondents with severe abuse "did nothing".

Aim 2.2: Explore victims' understanding of the relationship between help-seeking and abusive behaviors through face-to-face interviews and a qualitative analysis of interview data.

Of 11 interview participants whose data were analyzed, eight indicated that their abuser was a male partner or spouse; of these, six indicated that they had been married to this partner at the time of the abuse and 2 were not married to this partner at the time of the abuse. Three interview respondents indicated that they had been abused by a

daughter-in-law, sister or grand-daughter. All respondents indicated that they had been victims of emotional-psychological abuse. All denied that they had been physically or sexually abused after age 50 although a few indicated that they had experienced physical abuse at some point in their lives.

Abuser behaviors were characterized in the interviews as either withdrawal or more active verbal assault. Some respondents said that while they were not particularly threatened by the individual, previous feelings of love and affection had waned and the abuser was no longer emotionally or socially available to them. Respondents did not describe active attempts by the abuser to isolate them. More common were reports that the abusers would isolate themselves, leaving the respondent feeling ignored or invisible.

Most respondents did not express fear for their personal physical safety. Rather, they described feelings of abuse that resulted from a perceived negative emotional environment created by the abuser. However, while respondents indicated that they were not afraid of the abuser, the abuser's behavior could still be controlling by threatening them with oppressive verbal assault, or loneliness and lack of social interaction.

For the most part, responses in this section were consistent with findings in the DVAOW study. Findings in the DVAOW study indicated that some women used feelings about the importance of protecting their families as a reason to maintain family unity. In a few cases, however, women saw leaving their abusive partner as vital to the health and wellbeing of their families. Both sentiments were expressed by interview respondents as well. Interview respondents indicated that they did believe that family needs were at least on a par with their own, if not more important. Respondents were clearly unhappy with the status quo, but often expressed reluctance about trying to make changes.

In contrast with the DVAOW study findings, most interview respondents expressed little compunction about discussing domestic violence with outsiders, including family and friends, with a few exceptions. More frequently there were indications that participants had few friends to whom they could relate problems, or that their friends' reactions had been non-committal and therefore had little effect.

In keeping with DVAOW findings, minority women were more likely to have talked about problems in a religious setting or with clergy. Of those women who did talk about their abuse with clergy, the experiences varied widely. One respondent who described a positive, supportive response said that her pastor had additional training as a counselor. In contrast another respondent indicated that pastors were poor choices when seeking help based on her experience. Several respondents who did not have direct experience indicated their belief that they would not receive help or support from clergy or otherwise through their religious affiliations.

This same skepticism carried over to police. Most (but not all) women thought that the police were likely to be helpful in cases of physical abuse, but would not be responsive to the emotional or psychological abuse that they had experienced. Several reported having called the police, and not feeling that they had been helped. Most interview respondents expressed belief that in cases of abuse such as theirs, the police either could do very little or were likely to offer advice that would not be particularly helpful.

By contrast, most interview respondents had a much more favorable attitude regarding help they might receive from counseling professionals. Several noted that seeking advice from a counseling professional such as a social worker, psychologist or psychiatrist was helpful. However respondents generally did not go into detail about the help, if any, they had actually received. Several thought that help was of dubious value, particularly to women who had experienced emotional or psychological abuse.

The sentiment that services were difficult to access, difficult to find or generally unavailable to women like them was prevalent among the interview respondents

C. Specific Aim 3

Aim 3. Determine the goodness of fit of the model or models to each of three race/ethnicity subgroups: Hispanic; Black, non-Hispanic; and White, non-Hispanic.

To meet this specific aim we first examined how overall mean perceived barrier scores for each of the three race-ethnicity subgroups differed and the resulting difference in contribution to the variance to determine if differences between our findings and expected values would fall within predetermined boundaries, indicating that the model predicts differences in mean perceived barrier scores for each race-ethnicity

subgroup. We then looked at the six factors of the model and observed relative differences in the contribution of each factor to the overall mean perceived barrier score as well as relative differences in strength of the between-factor relationship for these subgroups.

1. Goodness of fit for three race-ethnicity subgroups

The goodness of fit with the model for each race-ethnicity subgroup was very good to excellent, indicating that the six factors of the model were all significant contributors to an overall perceived mean barrier score for each group (see Table 4 rows five to seven). The goodness of fit statistics for each race-ethnicity subgroup are shown below:

	n	Fit	χ^2/DF	*CFI*	*RMSEA*	*PClose*	% of Total Variance
White, non-Hispanic	150	Excellent	1.081	.994	.023	.742	74%
Hispanic (White and Black	145	Very Good	1.366	.956	.052	.442	88%
Black, non Hispanic	139	Very Good	1.366	.956	.052	.442	80%

Table 4 rows five through seven shows the coefficients for each of the perceived barrier indicators of the PBHS.v2 model by the three race-ethnicity subgroups. The contribution of each indicator to the overall barrier score is statistically significant in all subgroups. The six measurement weights across the three levels of race-ethnicity in Table 4a were not statistically different from each other. However, the structured covariance among the six factors was statistically significant indicating that the co-variances among the six factors are expected to vary independently in each race-ethnicity group.

Rows five through seven in Table 5 show the statistically significant relationships among the factors of the model based on race-ethnicity. A blank cell indicates there was no significant relationship. The correlation coefficients can range from 0.00 to +1.00 or from 0.00 to – 1.00, where 0.00 represents no relationship between the factors or variables, and a +1.00 or a -1.00 represents a perfect (positive or negative, respectively) relationship. Overall, the relationships described by the bivariate correlations were consistent, although the magnitude of the correlation coefficients varied. Hispanics had the highest correlations and Black, non-Hispanics correlations were the lowest. For

example, while self blame and abuser behaviors were significantly correlated in each race-ethnicity subgroup, the magnitude of the relationship is highest for Hispanics (.33) and lowest for Black, non-Hispanics (.19), with White, non-Hispanics in the middle (.25). This pattern is fairly consistent for all factor pairs.

These differences across the three race-ethnicity groups can be seen in greater detail in Figures 6 (White, non-Hispanic), 7 (Hispanic, White or Black), and 8 (Black, non-Hispanic) as the two headed arrows between indicators (rectangles) or factors (ovals) (see Appendix D).

2. Race-ethnicity and severity of abuse

Table 2 shows that the percent of Black, non-Hispanic respondents who reported no abuse (41.1%) appeared low compared to percents for the other two subgroups (50.7% for White, non-Hispanic and 53.1% for Hispanic). Likewise, the percent of Black, non-Hispanics with severe abuse scores (25.1%) appeared high compared to the other two groups (both 14.6% and 15.2%, respectively). These relationships were not statistically significant.

D. Specific Aim 4

Aim 4: Describe the extent to which the proposed model(s) has the best fit with key variables (1) type of abuser (i.e., close other) and (2) type of abuse.

Aim 4.1.a. Determine if the path coefficients of the model(s) vary as a function of: (1) the abuser-victim relationship for the subgroups spouse/intimate partner, adult child/adult grandchild, paid caregiver, and other; and (2) type of abuse for the subgroups emotional abuse only, emotional and physical abuse only, emotional and sexual abuse only, and combined abuse (all three types present).

1. Relationship of close other

We explored the similarities and differences among three “relationship of close other” subgroups for the 410 women in the sample who identified their relationship to the person who they were thinking about when answering questions in Sections 1 and 4 of the questionnaire. As previously discussed we aggregated the relationship categories into three groups for the analysis: husband/intimate partner, son/daughter/grandchild and other relative/friend.

The specific goodness of fit statistics for each relationship of close other subgroup is shown below:

	n	Fit	χ^2/DF	*CFI*	*RMSEA*	*PClose*	% of Total Variance
Husband/partner	186	Excellent:	1.137	.994	.027	.752	79%
Child/grandchild	117	Very Good	1.394	.953	.058	.361	79%
Other relative/friend	104	Excellent	1.010	.999	.010	.727	88%

Table 4 rows eight through 10 show the coefficients for each of the factors of the PBHS.v2 model by close other subgroup. The contribution of each barrier indicator to the overall barrier score is statistically significant in each group. The magnitude of each contribution is generally similar at each level.

The six measurement weights across the three relationship of close other categories shown in Table 4a were statistically different from each other, confirming that the model can be used to describe the coefficients' prediction of mean PBHS score regardless of the close other relationship. The structured covariance among the six factors is statistically significant indicating that the covariances among the six factors are expected to vary independently for each relationship of close other group.

Table 5 rows eight through 10 shows the relationships among factors for the three levels of abuse. Any cell containing a correlation coefficient indicates a statistically significant relationship. The numbers (correlation coefficients) can range from 0.00 to +1.00 or from 0.00 to – 1.00, where 0.00 represents no relationship between the factors or variables, and a +1.00 or a -1.00 represents a perfect (positive or negative, respectively) relationship. Overall the relationships described by the bivariate correlations were somewhat inconsistent and the magnitude of the correlation coefficients differed as well. The child/grandchild appears to be the most complex with slightly more significant relationships that the other two subgroups. Child/grandchild also had a very strong correlation between emotional gridlock and informal system response (.77).

These differences across relationship of close other groups can be seen in greater detail in Figures 9 (spouse/partner), 10 (child/grandchild), and 11 (other relative/ friend) as the two headed arrows between indicators (rectangles) or factors (ovals) (see Appendix D).

Table 2 shows that 25.3% of the other relative/close friend subgroup was associated with severe abuse. Smaller percents of the other two subgroups (22.1% of spouse/partner and 12.0% of child/grandchild) were observed. However, spouse/partners accounted for a relatively low proportion of the no abuse group (39.2%) compared with 55.5% of child/grandchild and 58.6% of other relative/close friend. Although interesting, these differences were not found to be statistically significant.

2. Gender of close other

Next we explored similarities and differences based on the gender of the person who was identified as the close other to the participant in item #71 as reported in item #72, The six factor model fit was *very good* for the female close others and *excellent* for the male close others as shown below:

The specific goodness of fit statistics for gender of close other are shown below:

	n	Fit	χ^2/DF	*CFI*	*RMSEA*	*PClose*	% of Total Variance
Female	154	Very Good	1.424	.975	.052	.426	87%
Male	267	Excellent	1.448	.982	.041	.638	81%

Table 4 rows 11 and 12 show the coefficients for each of the perceived barrier indicators of the PBHS.v2 model by two relationship of close other categories. The contribution of each barrier indicator to the overall barrier score is statistically significant in both groups.

The six measurement weights across the two gender of the close other subgroups shown in Table 4a were statistically significant as were the structured covariances, indicating that the model predicts significant correlations among the six factors based on gender of the close other. This is the only variable for which both measures have strong statistical significance.

Table 5 rows 11 and 12 show the relationships among factors for the two gender of close other subgroups. Any cell containing a correlation coefficient indicates a statistically significant relationship. The numbers (correlation coefficients) can range from 0.00 to +1.00 or from 0.00 to – 1.00, where 0.00 represents no relationship between the factors or variables, and a +1.00 or a -1.00 represents a perfect (positive or negative, respectively) relationship. Overall, the relationships described by the bivariate

correlations were consistent as was the magnitude in most cases. Relatively large variations in correlations for abuser behaviors with both self-blame and informal external responses were notable.

These differences across the gender of close other groups can be seen in greater detail in Figures 12 (female close other) and 13 (male close other) as the two headed arrows between indicators (rectangles) or factors (ovals) (see Appendix D).

Table 2 shows that a much larger percent of female close others (61.1%) than male close others (39.3%) fell in the no abuse group. The percentage of male close others in both the minor and severe abuse groups was higher than the percentage of female close others. These relationships were not found to be statistically significant.

3. Age of participant

Finally we explored similarities and differences based on age of the participant at the time she completed the survey for three subgroups: a) 50 to 64 years, b) 65 to 74 years, and c) 75 years or older. The goodness of fit statistics for the three age groups were all *excellent* as shown below:

	n	Fit	χ^2/DF	*CFI*	*RMSEA*	*PClose*	% of Total Variance
Ages 50 to 64 years	156	Excellent	1.360	.964	.048	.490	81%
Ages 65 to 74 years	168	Excellent	1.085	.995	.023	.765	86%
Ages 75 years or older	118	Excellent	0.813	.999	< .001	.908	86%

Table 4 rows 13 through 15 shows the coefficients for each of the PBHS.v2 indicators by the three age categories. The contribution of each indicator to the overall barrier score is statistically significant in each of the three groups. The six measurement weights across the three age groups shown in Table 4a were not statistically different from each other. However the structured covariance among the six factors was statistically significant.

Table 5 rows 13 through 15 show the relationships among factors for the three age subgroups. Any cell containing a correlation coefficient indicates a statistically significant relationship. The numbers (correlation coefficients) can range from 0.00 to +1.00 or from 0.00 to – 1.00, where 0.00 represents no relationship between the factors

or variables, and a +1.00 or a -1.00 represents a perfect (positive or negative, respectively) relationship. Overall, respondents in the youngest age group (50 to 64 years) had fewer bivariate correlations than those in both of the older groups. Notably, the middle age group (65 to 74 years) had the most bivariate relationships and the oldest group (75 years and older) was somewhere in the middle. The strength of these relationships varied widely among the three groups on some variables, e.g. emotional gridlock and informal external response (ranged from .54 in youngest group to .70 in middle group).

These differences across the three age groups can be seen in greater detail in Figures 14 (50 to 64 years), 15 (65 to 74 years), and 16 (75 years and older) as the two headed arrows between indicators (rectangles) or factors (ovals) (see Appendix D).

Table 2 shows a slightly greater percentage of the 50-64 subgroup (21.8%) reported serious abuse than the other two age groups (17.9% for 65-74 and 15.3% for 75+). In both the minor and severe abuse categories the percentages declined as the age of participants increased. Again these differences were not statistically significant.

Aim 4.1.b: Determine if there are indicators within the model(s) that have different predictive values for the four types of abuse subgroups: 1) emotional abuse only, 2) emotional and physical abuse only, 3) emotional and sexual abuse only, and 4) combined abuse (all three types present).

Although the logic of this aim is attractive, the data did not permit an analysis that would address the issue. One difficulty was the fact that only 49 women had an average CTS score over 1.50 (where 1 = never and 2 = sometimes on a 4-point scale) across the 8 items that represented emotional, physical and sexual abuse and injury. The correlations of these 49 participants' CTS2S values with their barrier scores were statistically significant (r = .271 to .280) but did not differ among the four types of abuse subgroups. In fact, the correlations among the four types of abuse ranged from .833 to .983, implying that one could use any of the subgroups to describe the other three.

Table 7 below presents the frequencies for each type of abuse by severity of abuse. The small *n* in most cells further illustrates the inability to conduct meaning without additional analyses for this Specific Aim.

Table 7: Type of abuse by severity of abuse*

	No Abuse	Minor Abuse # (%)	Severe Abuse # (%)	Total
Psych Only	N/A	144 (98.0%)	25 (30.1%)	169
Psych and Physical Only	N/A	2 (1.4%)	17 (20.5%)	19
Psych and Sexual Only	N/A	0	21 (25.3%)	21
Psych, Physical and Sexual	N/A	1 (0.6%)	14 (16.9%)	15
Sexual Only	N/A	0	6 (7.2%)	6
Total	215	147 (100%)	83 (100%)	230

The most reasonable conclusion to draw with these data is that the overall CTS2S scores are related to the barrier scores as described in the discussion of Aim 2. However, it is not possible to discern the differences in barrier scores or even factor scores on the basis of the CTS2S subscale scores using data collected in the current study.

E. Specific Aim 5

Aim-5: Use the resulting best fitting model(s) for each ethnic group and identified predictive values of type of abuser and type of abuse as the basis for a draft coordinated community response (CCR) initiative plan.

Aim 5.1: Convene a community work group to assist in review of survey data and best practices literature and to assist the research team in development of a draft CCR plan.

As previously described, members of the advisory panel agencies were invited to participate in a meeting on April 29, 2009 to review results of analyses of survey data, to look at existing models for designing coordinated community response, and to identify a framework for responding to older victims of domestic abuse in Miami-Dade County. Specific goals for meeting attendees were: (1) increase knowledge about domestic abuse in later life; (2) gain commitment from attendees to actively participate in the coordinated community response planning process; (3) connect research findings to practice in Miami-Dade County; and (4) outline a coordinated community response planning process.

1. Increase knowledge about domestic abuse in later life.

All attendees had received previous training regarding elder abuse, and most had previously learned about domestic abuse in later life. We showed a short DVD about domestic abuse in later life, entitled “What’s Age Got to do With It”, to initiate a discussion about the complex dynamics of the issues from both the victims’ and service systems’ perspectives. These themes were revisited when preliminary findings from the survey data were presented.

2. Gain commitment from attendees to actively participate in the coordinated community response planning process.

Attendees were asked to describe how their agencies responded to incidents of domestic abuse in later life, including any frustrations they perceived from the system response perspective and barriers they had encountered in terms of reaching and assisting victims. System gaps were discussed from both of these perspectives and included recognition that system response is often driven by legal imperatives and/or availability of resources in contrast to a more optimal victim-centered approach. All

attendees acknowledged a strong interest in working toward a more victim-centered coordinated response to domestic abuse in later life in Miami-Dade County.

a. Survey. Prior to the meeting, invitees were asked to complete a survey (see Attachment D). Section A of the survey, which included three items, was based on Worden's (2001) discussion regarding problem definition in understanding diverse community models for agency coordination in partner violence cases. Worden described three perspectives on problems and solutions relative to coordination efforts. Section A was designed to identify which perspective each of the participants was most comfortable with and to provide a basis for a discussion of these concepts. The three perspectives are shown in Table 8. The majority of respondents initially identified with the institutional failure point of view. However, when we discussed these models late in the workshop, many participants were more inclined toward the victim-system mismatch perspective. This is most likely a result of the detailed discussions throughout the day regarding victim perspectives and barriers to help-seeking.

Section B items focused on dimensions of coordination, also based on Worden's 2001 report. Section B consisted of six statements regarding availability of resources related to community response to domestic abuse in later life and six statements related to the involvement of specific agencies/organizations in planning for coordinated response to later life DV. For each statement respondents were asked to reply based on their own agency AND from the perspective of the community at large. For the workshop discussion we focused on responses representing a community perspective. What was most notable about responses to these items was the inconsistency across respondents, i.e., there were wide variations on the 10 point response scale for virtually all 12 items in regard to the perspective of the community at large.

It should be noted that the response rate on this survey was low (6 of 20 invited participants). Therefore we addressed specific survey items in the discussion. Survey responses and the related workshop discussions are reflected in the draft coordinated community response plan.

Table 8: Coordinated community response perspectives

	Response Categories and Survey Response Options*		
Survey Question	Institutional Failure	Victim Reluctance	Victim-System Mismatch
The main problem with the current community response to domestic abuse in middle and later life is:	Failure of legal system to appropriately criminalize family violence.	Reluctance of victims to enlist aid of police and courts and to persevere once their cases have entered legal system.	Mismatch between needs of victims and offenders, and diverse, contradictory rules of responding organizations and institutions.
Primary objectives of coordinated community response to domestic abuse in middle and later life should be:	Increase rates of arrest, prosecution, and conviction; increase consensus among police, prosecutors, and courts re: responding to family violence; make agencies accountable for case outcomes.	Increase advocacy, victim autonomy and empowerment, economic and social support, and "user friendliness" of the criminal justice system.	Realign response systems to prioritize agencies' claims on victims, reconcile and address contradictions, and stream-line access to tangible and intangible resources.
The most urgent coordinated response efforts regarding domestic abuse in middle and later life are:	Implement strong pro-arrest/pro-prosecution policies; develop effective sentencing programs; train police, prosecutors, judges and probation officers through coordination mechanisms designed to iron out differences in practices, priorities, and (mis-) understandings that might stand in the way of a comprehensive law enforcement response.	Create safer, more supportive and more affirmative environment(s) for victims in criminal justice system and the community.	Criminal courts, family courts, social, health, and victim services agencies acknowledge fragmentation; reach consensus on working definition of victim needs and system priorities; accept compromise protocols or priorities in collective pursuit of a more systemic response.

*Instructions: Below are descriptions of problems and solutions. For each item please mark an "X" next to the statement that best describes your agency's current policies and perspectives. Select ONLY ONE RESPONSE for each item.

b. Relevance of models. A detailed review of the statistical results of preliminary survey data and the resulting model (Figure 1) as well as variations in the factor relationships based on demographic and other variable considerations, also contributed to increasing commitment of participants. We found that participants were eager to find "evidence" in our data that supported their experiences in the field, which provided an empirical foundation they believed would be useful both for developing training curricula and supporting funding requests.

One example of a strong correlation was noted in our meeting with community professionals to review project data and discuss development of a coordinated community response relative to Specific Aim 5. Specifically, the community professionals commented that the strong correlation between emotional gridlock and informal external responses that appeared in the model (see Figure 1) accurately reflected what they had observed when working with victims in the field.

As a second example, participants noted that differences in the magnitude of correlations among the three racial-ethnic subgroups were consistent with their field experience and offered insights that they believed would be useful in improving their cultural effectiveness in day-to-day interactions with victims.

c. Vision statements. Near the end of the workshop participants were asked to work in groups to develop vision statements for a coordinated community response. Multiple representatives from the same agency were asked to work in separate groups for this exercise. The following three statements were produced:

- A vision for a coordinated community response in Miami-Dade County for domestic abuse victims in middle and later life should be one that is client-centered, geared toward empowerment, independence and self efficacy, while providing a culturally competent foundation.
- We envision a community coordinated response to domestic abuse in middle and later life with a collaboration of traditional and non-traditional partners that will create a victim-centered response to best serve the needs of older victims. This approach must address the specific barriers of older victims: their dignity, safety, medical condition and economic stability, while helping them move toward self efficacy.

- Enhance client safety, taking into account agency policies and practices, in order to empower the client to seek solutions which will assure accountability from the offender/batterer. We would have as our goal to empower the elderly victims with the economic, emotional, or social connections to fulfill her needs for safety in the community.

These statements were used as the basis for the remaining discussions and are reflected in the draft coordinated community response plan, which was distributed to attendees (and key agencies unable to attend) for review on June 30, 2009. A final draft of this document is included as Attachment B.

3. Connect research findings to practice in Miami-Dade County

As previously noted, when we presented the statistical results of our survey data analyses, participants were able to confirm many observations they had made as professionals who worked with victims.

4. Outline coordinated community response planning process

The last session of the workshop focused on what needed to be done to develop a coordinated community response in Miami-Dade County. The discussion was based on identification of existing coordination models and a status review of a CCR for rape victims that had successfully been developed and implemented in Miami-Dade several years ago. The following items were identified as essential elements of a plan:

- Leadership structure (lead agency vs. council)
- Who needs to be at the table?
- Staffing
- Funding
- Evaluation
- Formal agreements
- Point(s) of entry for
    - older victims who are not covered under the state elder abuse statute
    - older victims who are covered, but are determined to be competent and who refuse APS services

Aim 5.3: Prepare a ready-for-testing (in a future project) draft CCR initiative plan.

5. Development of draft plan and solicitation of feedback

The draft CCR plan was developed as previously described, with input from community partners at several points in the development process and informed by a review of existing coordinated community response initiatives in Miami-Dade County and other U.S. communities.

The purpose of the plan is to provide guidance and procedural direction for all agencies and organizations in Miami-Dade County, Florida that work with older adults and/or older victims of domestic violence. To that end, efforts will be made to identify any agency or organization that meets this definition and to obtain a formalized agreement regarding their participation in this collaborative approach. The goal is to ensure that all agencies or authorities responding to or working with such victims will share appropriate information, make informed decisions, and act with a coordinated effort to maximize victim safety while respecting individual rights.

Recognizing that each law enforcement, public safety, health care, social service, and advocacy agency has its own policies and procedures, some of which are statutory, the coalition's function is to provide first responders and other professionals who interact with people age 50 and older who may experience domestic abuse with a decision-making tool that will be used to develop a triaged response that focuses on matching an individual victim's situation, attitudes, beliefs and needs to a multi-level response plan.

The following mission statement for the CCR was based on statements developed by three teams at the leadership workshop in April 2009.

> Mission Statement: Respond to identified victims of domestic abuse in later life in Miami-Dade County, Florida through a collaboration of traditional and non-traditional agencies offering support and services designed to empower such victims to achieve the economic stability, self efficacy, and personal support they require to reduce the negative effects of abuse, increase personal safety, and improve their overall quality of life while providing appropriate services and support for abusers as proscribed by law but with due consideration of the victim's wishes.

The CCR plan contains 4 sections, which are outlined below. The entire plan is included as Attachment E to this report.

Section One: Overarching Coordination Issues

- Formal collaboration structure and oversight
- Practice guidelines for first responder triage and referrals to CCR partners
- Information sharing guidelines
- Measuring outcomes
- Guidelines for review and revision of CCR plan

Section Two: Details Regarding Each CCR Partner

- Brief agency description including local, state and federal Reporting relationships
- Goal of agency
- Service description
- Ongoing case management
- Service outcomes
- Screening process and questions used
- Case disposition options and definitions
- Mandates for reporting to other agencies
- Non-mandated referral options

Section Three: Directory of Services

Section Four: Directory of Resources

Primary CCR Partners

- Adult Protective Services
- Law Enforcement (County and municipalities)
- Fire Rescue (County and municipalities)
- State Attorney's Office
- Civil Courts
- Criminal Courts
- Public Defender
- Probation Department

Affiliate CCR Partners

- Diversion Service Provider(s)
- Abuser Service Provider(s)
- Guardianship Service Provider(s)
- Domestic Violence Shelter(s)
- Alliance for Aging, Inc.
- Legal Aid
- Immigrant Services
- Florida Office of the Attorney General
- County Attorney's Office

Development and implementation of the CCR plan. The following approach is recommended for final development and implementation of the CCR plan:

Step 1: Engage core partners to develop a funding proposal that will support a community effort to fully develop the CCR protocols and the plan that documents those protocols and to implement the plan. The remaining steps assume success for Step 1.

Step 2: Establish ad-hoc group representing the primary CCR partners to oversee the development and implementation process.

- Create a group meeting schedule.
- Set goals with timelines
- Provide the group with a minimum of 8 hours per week staffing dedicated to the collaborative.
- As appropriate, divide into subgroups to develop critical subsections of the plan, including:
    - Obtain Section Two details from all primary and affiliate partners.
    - Develop Section Three.
    - Develop Section Four.
    - Develop memorandum of understanding that outlines roles and responsibilities of primary and affiliate partners that includes language acceptable to all partners.

Step 3: Design and implement a pilot project to test the plan.

Step 4: Continue to work with all partners to resolve problems identified through the pilot process and revise plan as needed.

Step 5: Plan and fund sustainability of the collaborative.

6. Feedback

The draft plan, which only reflected preliminary analyses completed prior to April 29, was distributed to one or more representatives from every agency in attendance on April 29 and an additional 14 people from relevant agencies that did not have representatives in attendance. A total of 25 draft plans with detailed feedback solicitation forms were distributed by e-mail. Of these, seven were returned. Clearly this was an insufficient number to allow us to draw any conclusions regarding the draft plan. Most of those who responded were approved the general outline of the plan. One respondent did not believe that a separate CCR protocol for older victims was needed. One respondent requested inclusion of language that would include older victims with disabilities.

SECTION IV: DISCUSSION

The results of analyses of the survey data show that our predictions, as reflected in the proposed PBHS model, were supported in this sample of 445 women age 50 and older. However, because the research design and the findings were largely theoretical, implications of the results in terms of future research and practice in the field are speculative. In terms of research, the study may have raised as many new questions as were answered, as will be discussed later in this section. For practitioners, the themes and concepts offer new perspectives or confirm existing notions that ultimately should be applicable in the clinical or advocacy arena, with further testing.

A. Prevalence and Incidence

Although we did not set out to measure prevalence and incidence and did not structure the research sample or instruments to do this, we did arrive at numbers that should be discussed relative to other research findings. Using item 77, “after you were 50 years old did you experience any of the problems described in this questionnaire with someone you are close to?” as a potential prevalence indicator we found that 127 (28.5%) of all respondents said “yes”. This is just slightly higher than the top of the range (3.2 – 27.5%) identified by Cooper, Selwood & Livingston (2008) who reviewed 49 studies regarding prevalence of elder abuse and neglect. Obviously we cannot establish the 28.5% we found as representative of prevalence, even in our sample, particularly because we were unable to control for many of the biases that could affect the outcome. Nevertheless, the significant relationship between results to item 77 and the CTS2S scores and the inclusion of women in the lower age range that was not included in many of the studies Cooper, Selwood & Livingston (2008) reviewed makes our result at least plausible.

In terms of incidence, as discussed earlier we measured past year occurrences with eight CTS2S non-negotiation items. Here we found that 51.7% of the total sample had experienced at least one incident of some type of abuse in the previous year; 83 (18.7%) had experienced severe abuse according to the CTS2S results (Straus & Douglas, 2004). Of these 24 (32.9% of all severe abuse and 5.4% of the total sample) reported psychological abuse only. Laumann, Leitsch and Waite (2008) asked 3,005 participants, ages 57-85, in The National Social Life, Health and Aging Project sample if

in the past year they had experienced verbal, financial and/or physical mistreatment. The results were generally similar to ours for psychological (9% compared to our 5.4% for severe psychological/verbal abuse) and physical abuse (0.2% compared to our 3.1% for severe physical abuse). Zink and Fisher (2008) found an incidence of 3.3% for controlling behaviors, 7.4% for threats, and 1.0% for physical abuse. Zink and Fisher also provided incidence of sexual abuse (1.3%), which is low compared with our 8.5% reporting at least one incident of severe sexual coercion in the previously year.

Notably each study uses different definitions and measures, which somewhat nullifies the usefulness of comparisons. Overall we can conclude that our results generally fall on the high end of previous prevalence and incidence measures.

B. Severe Abuse Victims

Perhaps what stands out most is the striking difference in bivariate correlation coefficients among the six factors between participants with no abuse and victims with severe abuse. As previously noted, victims with severe abuse had fewer correlations among the six factors overall, although there were relationships between secrecy and emotional gridlock and informal external responses and formal system responses that did not exist at all for the no abuse subgroup. Additionally, where both groups showed correlations, the relative size of the relationship was remarkably different. For example for emotional gridlock and abuser behaviors the correlation coefficient was .67 for the no abuse group and .25 for the severe abuse group. Similarly emotional gridlock and informal external responses had a .75 correlation for the no abuse group and a .29 for severe abuse. While data from the current study does not allow us to explain the differences in these presentations, it is clear that victims' perceived barriers to help-seeking are uniquely contrasted to those of non-victims.

Interpreting these findings must be speculative until they can be explored more rigorously in future research. One possibility is that the relative simplicity of the severe abuse victim model and the comparatively low value of the correlations among the six factors may reflect a reality that includes few personal relationships and isolation from an outside world. We also found it interesting that the strongest inter-factor correlation for victims of severe abuse was found between self blame and informal external responses. Victims may be more likely to assume personal blame than other

subgroups, possibly a reflection of the effectiveness of the abuser's tactics and/or a predisposition to accepting blame for negative experiences.

Another observation that should be further investigated was that cases of minor abuse were usually limited to the psychological type, while severe abuse, in addition to the psychological only group, combined psychological abuse with other the types of abuse somewhat equally (see Table 7). It was also interesting that six participants indicated severe sexual coercion but did not identify psychological abuse at either the minor or severe level.

C. Reported Help-Seeking Activities

When asked, "If you experienced abuse what did you do?" significantly more minor abuse victims "did nothing" (74.1%) compared to severe abuse victims (55.4%). In fact, victims of severe abuse were significantly more likely to seek each kind of help listed on the questionnaire than victims of minor abuse [(χ^2 (2 *df*) = 12.134, p = .002]. This may not be consistent with Randall's (1990, cited in Reidy & Von Korff, 1991) finding that, as abuse escalates, so do victims' feelings of intense isolation from the institutions and resources that might offer help.

This seeming contradiction may, at least partially, be explained by Grossman & Lundy's (2003) contextually based proposal that persons who seek help may differ from other victims of DV, particularly with regard to their experience of abuse. In our sample 44.6% of women who experienced severe abuse reported one or more help-seeking activities. Most frequently this involved asking a family member for help (15), calling 911 (14), or asking a friend for help (13). Only 25.9% of women who experienced minor abuse reported one or more help-seeking behaviors. The most likely action was to ask a family member for help.

Interestingly none of the women in our sample had gone to either a homeless or DV shelter.

D. The PBHS.v2 Model

Overall analyses of the model showed that perceived barriers to help-seeking involved six factors that present in unique ways based on severity of abuse, race-ethnicity, relationship of close other, gender of close other, and age of respondent. The revised model (PBHS.v2, Figure 1) was confirmed and, in particular showed very strong

results based on level of abuse, the measure used to determine whether or not a respondent had been a victim of domestic abuse after age 50. Victims of severe abuse showed a unique pattern of relative contribution of the six factors to the computed PBHS.

The PBHS.v2 model is consistent with the literature on barriers to help-seeking for domestic violence and abuse in both younger and elder populations. In describing elder abuse risk factors, for example, Kosberg & Nahmiash (1996) suggested a trichotomous classification plan that considered characteristics of the abused person and the abuser, and the environment in which the two parties come together, indicating a relationship among the three factors, a theory supported by Ansello's (1996) research. Reidy & Von Korff's (1991) study of women seeking help from agencies that serve abused women specifically asked, "Is battered women's help-seeking connected to their level of abuse?"[4] Belknap (1999) noted that choices made in the context of abuse are essentially coerced by the situation.

Similarly, the PBHS.v2 model recognizes that domestic violence must be viewed in a context that reflects social construction of the meaning of violence (Barker & Himchak, 2006; Lindhorst and Tajima, 2008). While recognizing the need to measure behaviors, as we did by utilizing the CTS2S scales for physical abuse, psychological abuse, and sexual coercion, the PBHS Assessment added contextual elements such as sensitivity to an abuser's power and control tactics and the personal impact of these behaviors, perceptions of women's roles in the family, and beliefs regarding how the informal and formal external "world" are likely to view a victim's situation, culpability for it, and options for modifying the circumstances that were reflected in the DVAOW focus group data. Statistical affirmation of the model moves the knowledge base forward in terms of demonstrating the complexity of a victim's beliefs, situation and help-seeking choices.

E. The Six PBHS Factors

1. Self blame

Although the original conception of self blame didn't change, the one retained statement that measured this factor implies a more discrete definition.

[4] Although their data indicated no statistically significant differences in the distribution of delay in reporting across abuse severity categories, the research question itself suggests support for making this connection.

"It is okay for people who are close to a woman your age to scream at her when she does something "wrong" or makes a mistake."

It is interesting that this statement worked well with the model, when a similar statement that replaced "to scream at" with "to hit" was not supported in the analysis. It would seem that there may be limits to self blame in terms of defining acceptable consequences. Victims may "assume" that they deserve to be screamed at if they do something wrong and even assume that if someone screams at them it means it must be deserved. However, such assumptions may not extend to physical forms of abuse for this population.

As presented in Table 5, our data did not show a connection between self blame and either secrecy or formal system responses in any subgroup, with the exception of self blame and formal system response for the no abuse subgroup. The general pattern of bivariate correlation coefficients between self blame and the other five factors in the model is similar across all subgroups with two exceptions. First, for cases of minor and severe abuse there were only two and one relationships, respectively, out of a potential five. Second, self blame had no correlations for participants age 50-64. As a result we can speculate that the concept of self blame may be perceived in a unique way by abuse victims and by all women between ages 50 and 64 in our sample.

2. Secrecy

Secrecy also kept its original definition in the model. The two retained statements used to measure secrecy addressed either talking with "other people" or with "other family members" about family problems. Our data did not show a connection between secrecy and self blame (discussed above) nor was secrecy connected to abuser behaviors in any subgroup. Secrecy did not correlate to emotional gridlock for most subgroups, although there was a weak correlation in the full sample (.15) and in the group where the close other was a male, the correlation was significant at .30. Secrecy only correlated with informal external responses for about half of the subgroups and was relatively low when it did correlate.

These results may be an indication that secrecy about family problems is an imperative unrelated to the nature of those problems. This is further supported by the finding that secrecy's contribution to the overall barrier score was similar for both victim

and non-victims subgroups and, in fact, across all subgroups. The value dipped lowest for respondents who reflected on their relationship with an “other relative or friend”, which possibly implies that secrecy is a stronger barrier when the abuser is a relatively close relation. Secrecy was consistently the largest contributor to the overall barrier score for the full group and for all subgroups we looked at.

3. Abuser behaviors

All of the original statements regarding abuser behaviors were retained. However the distinction between types of behaviors proposed in the original model, i.e., jealousy, isolation and intimidation, were not supported by the data. It is not clear to us if or how this impacts barriers to help-seeking overall.

Most subgroups showed a relationship between abuser behaviors and self blame. This relationship was strongest among participants who were age 75+ years of age (.39), those whose close other was male (.38), and for participants with no abuse (.42). Correlations between abuser behaviors and both emotional gridlock and informal external responses existed for all subgroups. The exception was the absence of correlations between abuser behaviors and informal external responses for severe abuse victims. Abuser behaviors and formal system response were not correlated with the exception of victims of minor abuse and participants whose close other was a child or grandchild. The latter relationship may reflect the complexities of help-seeking when the abuser is an adult child or grandchild.

In general these findings indicate a strong relationship between abuser behaviors and internal and external help-seeking barriers, possibly supporting the notion that abusive behavior itself is inextricably linked to an older woman’s responses to such tactics.

4. Emotional gridlock

The emotional gridlock factor reflects a combination of items developed to measure the hopelessness, powerlessness and protecting family factors in the original PBHS model. The retained statements address the following themes:

- Long-standing relationship problems cannot be changed or fixed.
- Asking for help puts an older woman at risk for losing control of personal decisions.

- The interests of the family as a unit supersede an older woman's personal needs.

See the next section for a discussion of the correlation between emotional gridlock and informal external responses.

5. Informal external responses

This new factor is composed of statements that supported two previous factors: friends and family response and clergy response as described by DVAOW focus group participants. In terms of clergy response retained items focused on beliefs within the context of the respondent's religion (statements were qualified by the phrase "according to your religious beliefs) and one item that reflected expectations regarding how clergy might respond if consulted by a victim of domestic abuse in later life. Retained items for friends and family response focused on perceptions that family/friends would expect an older woman to put family considerations first and would be disapproving of any acts that threatened the family's status quo. A statement regarding concern for the personal safety of family members were not supported in the new model.

Of the six factors in the PBHS.v2 model, informal external responses is the only one that connects to each of the other factors in addition to contributing to the overall barrier score. For all of the subgroups the strongest factor relationships were between emotional gridlock and informal external responses. Notably the strength of this relationship was much lower for the severe abuse subgroup (.29) than for any other subgroup. In fact, the highest coefficients for this factor pair were in the no abuse and minor abuse subgroups (.75 and .79, respectively).

The implications of these findings in terms of interventions may be significant. Because the strongest relationship in the BHS.v2 is between emotional gridlock and informal external responses, it may be necessary to address these issues and the underlying beliefs they represent with victims before attempting to address other help-seeking barriers. Improving support from family members, friends and clergy may help victims more effectively ameliorate the effects of an abusive relationship and even increase willingness to consider separating from the abuser.

6. Formal system responses

This new factor is composed of statements that supported two previous factors: justice system response and community resources response. Retained justice system statements reflect a respondents beliefs regarding whether or not police will respond at all or respond in a helpful way to an older DV victim. The retained community resource statements focus on availability of specific services for older women who are victims of domestic abuse in later life.

Considering the widespread belief that domestic abuse in later life is largely unreported, it is not surprising that the formal system responses factor contributed least to the overall barrier score for the full sample and in correlations between factors for all subgroups. Nevertheless, addition research is required to determine implications for intervention strategies.

F. Major Variables of Interest

1. Race and ethnicity

Research findings regarding the impact of ethnicity and race on occurrence of abuse against older women as well as how ethnicity and race effect PBHS are ambiguous. Some studies suggested that DV may be more prevalent among minority elders (Grossman & Lundy, 2003; Pearlman, 2003) while others suggested that Black and Hispanic elders are held in such great respect that there was likely to be little or no EA (Griffin & Hall, 1999). In terms of PBHS, Yoshihama (2002) found that minority DV victims may not be willing to reveal their situation for fear of bringing shame to their families or communities, or reluctance to support stereotypes, and Campbell (1996) found that minority women often had to choose between staying in a violent situation or leaving and being rejected by the community. In contrast, Kasturirangan et al. (2004) cited several examples of effective, culturally-acceptable grassroots community responses to domestic abuse victims.

DVAOW data suggested that older women in the three race-ethnicity groups studied talked about domestic abuse in much the same terms and all confirmed its occurrence in their communities. At least some from each ethnic/racial group had experienced domestic abuse. Nevertheless, variations based on ethnicity-race were noted. For example, more Black and White non-Hispanic participants said that they might seek

help from police and the courts than Hispanic women.

The current study was designed to allow for more specific conclusions regarding the impact of race-ethnicity on PBHS.

2. Relationship to close other

The most complex array of inter-factor correlations was found for the husband/intimate partner category and the least complex was for a relative/friend. At this point, we do not have a theory or interpretation of these differences other than they exist and the differences are sufficiently strong that follow-up with both qualitative and quantitative studies are needed here. Moreover, perhaps the most interesting analysis would occur within the victim sub-group. See the section on limitations for a discussion of why we could not analyze the data at that level.

3. Gender of close other

There were specific differences for the factor correlations where the close other was identified as male versus female. When a male was the close other the relationship between emotional gridlock and informal external responses was high (.89). For this group, the next highest correlation (.56) was between self blame and informal external responses. When the close other was identified as a female, relationships were found in the same pairings as were generally found in other sub-groups and these correlations were relatively strong with the exception of secrecy and informal external responses, which, consistent with other subgroups, was relatively low at .19.

4. Participant age

As described in the results section, we considered variations in the model's effects when we separated participants into three age groups: a) 50 to 64 years, b) 65 to 74 years, and c) 75 years or older. Although the difference was not statistically significant, like Fisher and Regan (2006) we found that a higher percentage of the 50-64 subgroup (21.8%) reported serious abuse than the other two age groups (17.9% for 65-74 and 15.3% for 75+). In both the minor and severe abuse categories the percentages declined as the age of participants increased.

The measurement weights that included the prediction coefficients for the six factors were not significantly different across the three age groups. However, the covariance

structure differed significantly between the three groups (see Table 6), indicating that the relationships among the factors were different for each of the three age groups.

For the youngest age group (50-64) self blame did not correlate with any of the other five factors. In fact, of the 15 potential variable pairs, the youngest age group showed correlations in only five: secrecy and formal system response (.45), emotional gridlock and abuser behaviors (.51), emotional gridlock and informal external responses (.54), abuser behaviors and informal external responses (.44) and informal external responses and formal system responses (.22). The virtual non-existence of self blame in the covariance structure for this age group compared to some strong relationships in the other two age groups, underscores the importance of understanding that the needs of the "youngest old" victims may be quite different from older victims when developing intervention programs. This, of course, is not surprising as there are high expectations that the needs of the aging baby boom generation may well be different from their predecessors across all social and health support service sectors.

Most notable regarding the oldest old group (75+) was the lack of correlation between secrecy and any of the other five factors in the model. For the middle age range (65-74) the correlation between emotional gridlock and informal external responses was quite large (.70). The next highest correlation for this subgroup was .57 for self blame and informal external responses.

G. Bringing Data to Community Stakeholders and Coordinated Community Response

We found that community stakeholders were anxious to receive empirical data regarding the issue of domestic abuse in later life and barriers to help-seeking for its victims. The challenge was to conduct a rigorous statistical analysis to support the data and then to describe the resulting findings in terms that were understandable to community stakeholders. In preparing for our presentation at the April 29 meeting great effort was put into showing the strength of the statistical support for our findings while not overwhelming participants with highly technical concepts. Response from participants, particularly their ability to engage in dialogue based on the presentation of our data, indicates that we were successful in this effort.

In terms of further development and implementation of the draft plan, the current environment where funding for many community services is extremely scare, resulting

in wide-spread reductions in staff and services, is challenging. We estimate that full development of the plan, including the pilot testing, would require between 18 and 24 months. During that time, funded staff would be essential to keep the process moving. While members of the project team are committed to working toward development of such a plan, their efforts also may be hampered by lack of funding. Many of the agencies that would be key stakeholders in a coordinated community response (CCR) to domestic abuse in later life expressed strong interest in further development of this concept and generally agreed to an initial draft plan as a jumping off point for additional work toward a CCR plan.

Our results indicate that the development of services specifically suitable to the needs, personal beliefs and values of older women who experience DV is vital. Professionals in all service segments must more fully understand the help-seeking barriers that older DV victims face. To this end, the research community is challenged to replace myths and stereotypes about the nature and prevalence of DV among older people with empirically derived knowledge. New qualitative studies that focus on some of the relationships of interest as well as a quantitative study with a larger sample size would help in this regard and also help to clarify many of the observations identified in this section.

H. Implications for Future Research

The results of analyses of the survey data show that our predictions, as reflected in the proposed PBHS model, were supported in this sample of 445 women age 50 and older. However, because the research design and the findings were largely theoretical, implications of the results in terms of future research and practice in the field are speculative. In terms of research, the study may have raised as many new questions as were answered, as will be discussed later in this section.

There are a number of questions that must be addressed for it to be considered useful. Specifically, can the instrument be of any use in the delivery of DV services to older victims and to help the justice system and its community partners be more effective and cost effective in delivering services? Can the PBHS Assessment be used in other urban, suburban, and rural communities and with other cultural subgroups as a means of describing perceived help-seeking barriers for older victims of domestic abuse

and/or to inform intervention planning for individual victims or a group of victims within a community? Will the instrument be sensitive to changes in the delivery of services? The results of the current study are sufficiently strong to recommend that these questions be pursued in follow up studies.

Additional future research questions proposed by a reviewer include:

- The relationship between perceived barriers and barriers that victims have actually encountered.
- Barriers (or perceived barriers) associated with the various forms of domestic abuse in later life and domestic violence.
- The impact of criminal justice approaches in resolving various forms of domestic abuse in later life and domestic violence.
- The impact of alternative approaches to resolving various forms of domestic abuse in later life and domestic violence.
- Effective approaches to generating cross disciplinary, collaborative approaches to service delivery for victims of domestic abuse in later life.

Finally, although not part of the current research, we believe it is essential to look at male victims, whose perceived help-seeking barriers may be even more intense and complex. Also, anecdotally it would seem likely that there is a strong relationship between financial abuse and exploitation and other forms of abuse involving power and control dynamics within the realm of domestic abuse in later life. As the baby boom generation ages this phenomenon may become even more widespread. Therefore additional research to better understand how financial abuse and exploitation fit in the domestic abuse in later life paradigm is indicated. Notably, financial exploitation is reflected in the Abuse in Later Life Wheel (NCALL, 2006)

I. Limitations

The following limitations were identified during data collection and/or analysis.

Variation in how questionnaire was administered and other data collection considerations. The project design called for data to be collected using a self-administered questionnaire in small groups arranged by the project team based on convenience of time and location. Overall this was an efficient and effective way to collect data for a relatively large sample. However, in some cases the group setting was

problematic. This was particularly true when there were respondents who were unable to complete the questionnaire without assistance due to illiteracy, cognitive and/or cultural difficulty with some or all of the items, or visual impairment. In some cases survey items were read aloud to subgroups or even to individuals. Additionally in some groups participants who had to wait for "slower" responders were noticeably impatient and intolerant, perhaps resulting in some of the slower respondents rushing through the final pages or not completing the survey.

Correlation of CTS with relevant BHS.v2 items. In the section that describes results for specific aim 4.1.b we address the methodological limitations we faced in attempting these comparisons. Additionally, the time frame for CTS items is specified as "in the previous year" while item #77 focuses on after age 50. As a result we could not use the CTS data to confirm respondents' self reports regarding being a victim. However, overall victims indicated "often" or "frequently" for the 8 non-negotiation items on the CTS2 significantly more than non-victims.

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Attachment A:
BHS Assessment English Version

RELATIONSHIP CONFLICT QUESTIONNAIRE

FLORIDA INTERNATIONAL UNIVERSITY

Thank you very much for agreeing to participate in this study. Your involvement is very important to our project. Project results will be used to help women age 50 and older who experience problems in close personal relationships.

We want to learn how often women age 50 and older experience domestic abuse by a husband, intimate partner, or close relative or friend, and how women feel about such abuse, **even those who are not abuse victims**. We expect the survey questions to have many different answers, depending on each survey participant's own personal situation and attitudes. Therefore, responses to this questionnaire should be based on your opinions, experiences, and values. There are no right or wrong answers!

Remember, your participation in this project is completely confidential. No one will be able to identify you from your responses in any way.

When you have completed the questionnaire, please let project staff know if you have any questions or concerns that one or more situations like those described in the survey have happened to you or to someone you know. We can provide you with additional information for assistance with problems in relationships, including local resources and a personal referral, **if you request it**.

Now you may turn the page and begin answering the questionnaire any time you are ready.

DIRECTIONS SECTION 1: **Please think about one person, such as your husband, intimate partner, or close relative or friend, when answering the questions in Section 1.** This should be the person you live with now. If you currently live with more than one person, think about the one with whom you have the most conflict. If you live alone, think about the person in your life now with whom you have the most conflict. Please write the first name of this person on the blank file card we gave you to help you remember who this person is as you go through the questionnaire. You may keep this card or throw it away at the end of this session. It will not be collected with the questionnaire.

Thinking about this one person, please tell us if you agree or disagree with the statements below based on your personal situation with this person. Please **circle** the rating on the 1 to 4 scale next to each item that best represents your opinion about the statement. If you get stuck or confused, please raise your hand so someone from the project staff can assist you.

1	You are afraid of what will happen to you if you say "no" to ***this person***.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
2	***This person*** gets angry with you if you talk to anyone he or she does not know.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
3	***This person*** does not want your family to visit you where you live.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
4	***This person*** can scare you without laying a hand on you.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
5	***This person*** is suspicious if you spend time with anyone else.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
6	***This person*** makes it difficult for you to spend time with your family.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4

7	Your decisions are based on what ***this person*** wants you to do.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
8	***This person*** does not trust you.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
9	***This person*** makes it difficult for you to get out and do things you enjoy.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
10	***This person*** suspects that you cheat on him/her.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
11	You are afraid of ***this person***.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
12	You have no privacy from ***this person*** where you live.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
13	***This person*** does not want your friends to visit you where you live.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
14	***This person*** would hurt you if you told anyone about any problems between you.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4

You have finished Section 1. Please turn the page to begin the next group of questions.

DIRECTIONS SECTION 2: We want to know your opinions regarding the statements that follow. Based on your personal attitudes and beliefs, please **circle** the rating on the 1 to 4 scale next to each item that best represents your opinion about the statement. If you get stuck or confused, please raise your hand so someone from the project staff can assist you.

15	A woman your age should tell someone if she is hurt by a person she is close to.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
16	A woman your age should take care of her family no matter how they treat her.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
17	A woman your age is responsible for making the people she is close to happy.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
18	A woman your age risks losing control of her personal situation when she asks for “outside” help.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
19	There is nothing a woman your age can do about emotional or physical abuse when it has been going on for many years.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
20	It is okay for a woman your age to discuss family problems with other family members.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
21	A woman your age should do whatever it takes to keep her family together.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
22	A woman your age should put the needs of her family before her own.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
23	It is okay for a woman your age to talk with “other people” about family problems.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4

24	It is okay for people who are close to a woman your age to scream at her when she does something "wrong" or makes a mistake.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
25	A woman your age cannot change problems in her close personal relationships.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
26	A woman your age should discuss family problems with a doctor or counselor.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
27	A woman your age should protect her family's reputation even if someone in her family treats her badly.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
28	It is okay for people who are close to a woman your age to hurt her when she does something "wrong" or makes a mistake.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
29	A woman your age should protect the people she cares about even when it means that she may be injured.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
30	It is okay for a woman your age to discuss family problems with friends.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
31	It is better for a woman your age to be with someone who treats her badly than for her to be alone.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4

Great! You have finished Section 2. Please turn the page and begin Section 3.

DIRECTIONS SECTION 3: We want to know your opinions regarding the statements that follow. Based on your personal attitudes and beliefs, please **circle** the rating on the 1 to 4 scale next to each item that best represents your opinion about the statement. If you get stuck or confused, please raise your hand so someone from the project staff can assist you

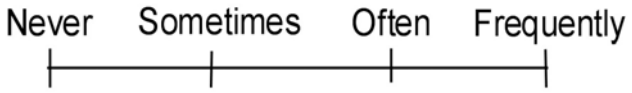
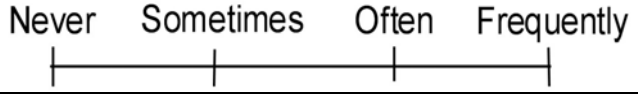
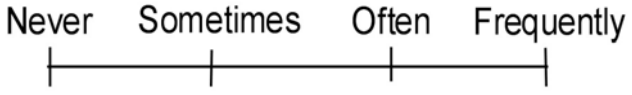
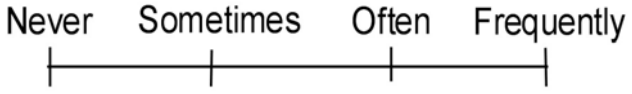
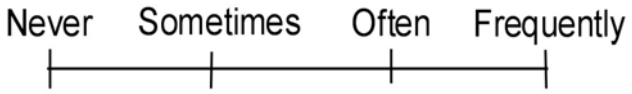
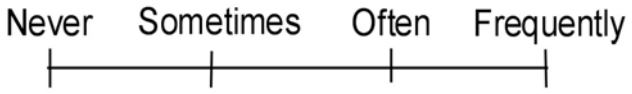
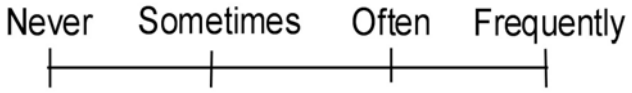
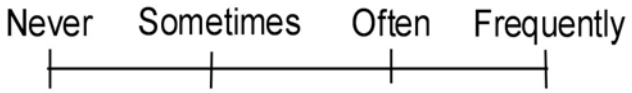
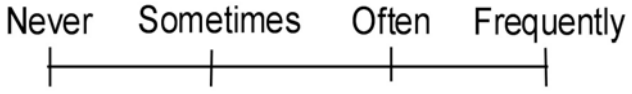
32	A woman your age should tolerate being scared or hurt by her husband, according to your religious beliefs.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
33	Family members expect a woman your age to keep the family together no matter how she is treated.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
34	The police are helpful to women your age who are hurt by people close to them.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
35	Pastors, priests, rabbis, or other spiritual leaders believe it is “God’s will” when a woman your age is harmed by someone close to her.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
36	A woman your age should take care of the people in her family no matter how they treat her, according to your religious beliefs.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
37	Friends expect a woman your age to “stick it out” when she is hurt by someone close to her.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
38	A woman your age can expect to get good advice from a social worker or counselor when she is harmed by someone close to her.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
39	The police will not do anything to help when they go to a house where there is domestic abuse involving a woman your age.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4

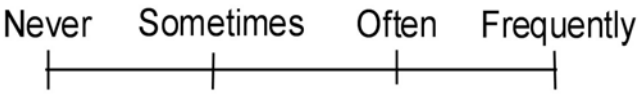
40	Family members get angry at a woman your age who "presses charges" with the police when someone close to her hurts her.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
41	The community you live in has services to help a woman your age who is hurt by a family member or close friend.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
42	A family member or close friend who hurts a woman your age should be arrested.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
43	Family members believe a woman your age is to blame when she is hurt by another family member or close friend.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
44	A woman your age is expected to put the needs of her family before her own, according to your religious beliefs.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
45	It is difficult to find community services to help women your age who are hurt by family members or other people close to them.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4
46	Family members expect a woman your age to put the family's needs before her own.	Strongly Agree 1 — Somewhat Agree 2 — Somewhat Disagree 3 — Strongly Disagree 4

That's all for Section 3! Turn the page to begin Section 4 when you are ready.

DIRECTIONS SECTION 4: When you answer the questions in this section please think about the same person whose name you wrote on the file card we gave you.

No matter how well two people who care about each other get along, there are times when they disagree, get annoyed with one another, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or are upset for some other reason. People also have many different ways of trying to settle their differences. This is a list of things that might happen when you have differences with ***this person***. Please circle the response that represents your experience with ***this person*** **in the past year only.**

47	*This person* explained his or her side or suggested a compromise for a disagreement with me.	
48	*This person* insulted or swore or shouted or yelled at me.	
49	I had a sprain, bruise, or small cut or felt pain the next day because of a fight with this person.	
50	*This person* showed respect for, or showed that he or she cared about my feelings about an issue we disagreed on.	
51	*This person* pushed, shoved, or slapped me.	
52	This person punched or kicked or beat me up.	
53	*This person* destroyed something belonging to me or threatened to hit me.	
54	I went to see a doctor (M.D.) or needed to see a doctor because of a fight with this person.	
55	*This person* used force (like hitting, holding down, or using a weapon) to make me have sex.	

56	*This person* insisted on sex when I did not want to or insisted on sex without a condom (but did not use physical force).	

You have finished Section 4. The last two sections are very short. Please turn the page to begin the next group of questions.

DIRECTIONS SECTION 5: Please answer each of the questions below to the best of your knowledge in the response column. If you are unsure about what the question is asking, use your best guess for the answer. Please do not ask other people in the room to help with your responses.

Question	Response
57 What is the name of the building where you are now?	
58 Where is this place located?	
59 What day in the month is it today?	
60 What day of the week is it?	
61 What year is it?	
62 How old are you?	
63 When is your birthday?	
64 In what year were you born?	
65 What is the name of the President?	
66 Who was President before this one?	

You have finished Section 5. There is only one more very short section.
Please turn the page to begin the last group of questions.

DIRECTIONS SECTION 6: You're almost done! Please follow instructions for each item.

67	Mark "X" in the box to the left of the **ONE** selection that **best describes your race.**	❒White ❒Black ❒Asian ❒Native American ❒Any other race ❒More than one race
68	Mark "X" in the box to the left of the **ONE** selection that **best describes your ethnicity**:	❒Hispanic ❒Non-Hispanic
69	What is the name of the country where you were born?	_____ Country where you were born
70	Please tell us your birth date.	_____ Month Day Year
71	When you answer this question please think about the same person whose name you wrote on the file card we gave you. Please mark "X" in the box to the left of the **ONE** selection that **best describes *this person's* relationship to you**. This person is your:	❒Husband ❒Intimate partner ❒Son ❒Daughter ❒Grandchild ❒Friend ❒Other relative (please specify)
72	What is ***this person's*** sex?	❒Male ❒Female
73	Can the person you referred to in questions 70 and 71 take care of his/her own basic needs?	❒Yes ❒No
74	If the person you referred to questions 70 and 71 needs help with basic needs, who usually takes care of him/her? PLEASE CHECK ONLY ONE BOX.	❒You ❒Paid caregiver ❒Someone else (specify) _____
75	Can you take care of your own basic needs?	❒Yes ❒No

76	If you need help to meet your basic needs, who usually takes care of you? PLEASE CHECK ONLY ONE BOX.	❒This person ❒Paid caregiver ❒Someone else (specify) _____
77	**After you were 50 years old** did you experience any of the problems described in this questionnaire with someone you are close to?	❒Yes ❒No

If you answered "No" to question 77, you have completed the survey.
Thank you so much.
Your participation is very important to the success of this project.
DO NOT ANSWER ANY MORE QUESTIONS.

If you answered "Yes" to question 77, please turn the page to answer one final question.

78	**If you answered "yes" to question 77 above**, please mark "X" in the box to the left of any of the things listed that you actually did. MARK ALL THAT APPLY.	❒ Nothing ❒ Asked a family member to help ❒ Asked a friend to help ❒ Asked a priest/rabbi for help ❒ Asked a doctor for help ❒ Asked a social worker/counselor for help ❒ Asked a lawyer for help ❒ Called the police (911) ❒ Filed a restraining order or order of protection with the court ❒ Stayed in a domestic violence or homeless shelter ❒ Moved to a new place to live

Congratulations! You are finished.
Thank you so much.
Your participation is very important to the success of this project.

NIJ Grant Number: 2006-WG-BX-0008

Attachment B:
Draft CCR Plan and Feedback Request Form

DRAFT

Coordinated Community Response to Victims of Domestic Abuse in Later Life Development Plan and Outline

Preparation of this document was supported by funding from the National Institute of Justice

NIJ #2002-WG-BX-0100
April 2005
Revised
NIJ #2006-WG-BX-0008
August 31, 2009

Plan to Develop a Coordinated Community Response Collaborative to respond to Victims of Domestic Abuse in Later Life and their Abusers

Step 1: Obtain advisory group feedback to initial outline and concepts (see questionnaire).

Step 2: Obtain written commitment from primary and affiliate partner agencies to develop the CCR Collaborative, to include:

- Agreement to work with other CCR Collaborative agencies to obtain development funding,
- Agreement to test, evaluate and implement CCR when funding is obtained,
- Agreement to work with other CCR Collaborative agencies to obtain sustainability funding.

Step 3: Work with partner agencies to fill out components of draft CCR protocol as a precursor to a funding request.

Step 4: Obtain initial funding (to include staffing).

Step 5: Obtain formal MOUs from each partner agency.

Step 6: Train partner agency staff on the draft CCR protocol and underlying principles.

Step 7: Test and evaluate the draft CCR protocol.

Step 8: Revise and finalize CCR protocol.

Step 9: Train partner agency staff on final CCR protocol and underlying principles.

Step 10: Implement CCR protocol.

Step 11: Implement broad public awareness campaign regarding domestic abuse in later life and local resources.

Step 12: Continue to evaluate, address ongoing cooperative barriers, integrate already evaluated evidence-based practices as appropriate, and seek sustainability funding.

SECTION I

A. BACKGROUND

1. Introduction

Many older women who experience domestic abuse are poorly served by the systems that target domestic violence and elder abuse, respectively. Moreover, the attitudes and needs of this population are poorly understood. In 2005 researchers at The Center on Aging and the School of Social Work of Florida International University (FIU) completed a research study (Domestic Violence Against Older Women [DVAOW], NIJ #2002-WG-BX-0100) to increase knowledge in this area. Through analysis of data collected in 21 focus groups with a sample of 134 women, we have documented what a group of women between 45 and 85 years of age think about domestic violence in older age, its manifestations, its causes, appropriate and acceptable assistance and intervention, barriers to help-seeking, and consequences for perpetrators.

In August 2009 members of the DVAOW team working under the Robert Stempel School of Public Health at FIU completed a quantitative study of barriers to help-seeking involving collecting survey data from 519 women age 50 and older (NIJ #2006-WG-BX-0008). Near the end of the second project we met with an advisory group representing relevant community agencies to review findings and to collaborate on development of a draft coordinated community response plan.

Findings from both studies regarding barriers to help-seeking for older women who experience domestic violence or abuse are incorporated into this plan as well as considerations for agency-specific and/or legally driven mandates regarding response to older victims. ThIs plan was reviewed by representatives from the following advisory agencies:

- Law Enforcement (County and municipalities)
- Civil Courts
- Domestic Violence Shelter(s)
- Alliance for Aging, Inc.
- Domestic Violence/Sexual Assault Council of Miami-Dade

2. Purpose

This document is intended to provide guidance and procedural direction for all agencies and organizations in Miami-Dade County, Florida that encounter or work with older victims of domestic violence. To that end, efforts have been made to identify any agency or organization that meets this definition and to obtain a formalized agreement regarding their participation in this collaborative approach. The goal is to ensure that all agencies or authorities responding to or working with such victims will share appropriate information, make informed decisions, and act with a coordinated effort to maximize victim safety while respecting individual rights.

Recognizing that each law enforcement, public safety, health care and social service agency has its own policies and procedures, some of which are statutory, this collaborative function is to provide first responders and other professionals who interact with people age 50 and older who may experience domestic abuse with a tool that will be used to develop a triaged response that focuses on matching an individual victim's situation, attitudes, beliefs and needs to a multi-level response plan.

3. Benefits of Coordinated Community Response Protocol

- Clearly illustrate the role of each agency/service in responding to victim/survivors of sexual assault
- Reduce the risks for any victim from "falling through the cracks"
- Foster open communications and enhance working relationships
- Educate agencies and the community at large on the issue of sexual assault
- Serve as a quality control mechanism for the service delivery
- Allow for feedback directly from victim/survivors to the service providers
- Maintain accountability of service providers to the victim/survivors and increase responsiveness
- Alleviate barriers and historical misunderstandings
- Increase informal problem-solving with less adversarial approaches
- Encourage everyone to keep the "big picture" in mind
- Generate co-ordinated advocacy efforts
- Build inter-agency relationships
- Promote the development of "best practice approach" to victim/survivors and move agencies beyond what they "are doing" to what they "should or could be doing" to assist victim/survivors
- Enhance the quality of service provision

4. Lessons learned in the development of CCRs in Wisconsin

- Strong advocates are a key ingredient. In communities where the local domestic abuse program has not been strong, the CCR has been in danger of becoming a system tool to further victimize both victims and advocates.
- While this may seem contradictory, sometimes the local battered women's program is not where the staunch advocates reside.
- Safety alone as a focus can be dangerous. Increasingly, apparent allies have violated the civil liberties of victims in the name of protecting them and their children. It is critical to incorporate a discussion of liberty, as well as safety, as core values in working with CCRs.
- Everyone needs support.
- When CCRs can reach a level of trust that supports candid values discussions about roles and limitations of respective participating agencies, amazing things can happen.
- People want to do the right thing.
- People do not agree on what the right thing is.
- Human nature presents us with a chronic danger of advocates selling out and giving up too much in order to get along with their CCR colleagues.

5. Considerations in Working With Victims of Domestic Abuse in Later Life

- Treat victims **and** their suspected abusers with dignity, respect, and compassion, and with sensitivity to age, culture, ethnicity, and sexual orientation. Older women express great concern regarding the safety and protection of their [abusive] partners or loved ones.
- While accepting that no one deserves to experience domestic abuse, respect a victim's right and ability to make decisions about her relationships and living situation.
- Some individuals may display behaviors that may not be understood or considered appropriate. It is essential that these behaviors be viewed as coping strategies and the victim/survivor is responding in a way they believe necessary for their survival.
- Recognize that the purpose of the assessment and intervention process is to empower older women who experience abuse. **Even subtle coercion or pressure to make certain decisions may reinforce existing barriers to help-seeking or create new ones**.
- Educate victims about the "commonness" of this problem and about options in the community for support, counseling, and intervention. **Establish at least one line of communication for each identified victim, which will remain open and available even if assistance is not accepted at the time of initial screening**.
- Discuss safety planning with all victims. Acknowledge the safety planning or survival behaviors they have adapted over the course of their relationship with the abuser, while expanding their awareness of additional options. Take at least a few minutes to help each victim begin the process of forming a safety plan. If more time is available, try to complete a safety plan.
- Help each victim assess their lethality risk by helping them to better understand the specific risk factors they face, with the goals of increasing personal safety and empowering decision-making.
- Understand that the process of leaving an abusive relationship is often long and gradual, or may never occur, and that some complex issues faced by an older victim in making this decision may be similar to issues faced by younger victims, while other issues may be unique to this age group.
- There is a somewhat broader range of abuse in the case of older women than in younger women. Examples of abuse characteristics that may be specific to older women:
    - In some cases what needs to be addressed is abuse that results from behavior changes related to aging or caregiving. Some older women experience domestic violence at the hands of a spouse who is dependent because of disease or other infirmity, or an adult child who is dependent because of mental health and/or substance abuse issues that prevent the adult child from living on his or her own. In both cases, responders should understand that the victim may not accept any intervention strategy that does not include appropriate care for the dependent abuser, whom they see as their responsibility to care for.

  - Dependent victim issues also must be addressed. Victims who rely on the abuser for daily care worry about how their needs will be met if the abuser is removed from the home. This was one of the most important findings in the study. Older women who experience abuse at the hands of their spouses, whether emotional, psychological, sexual, or physical, do not want to live with the abuse, but very often they literally *do not believe they can live without it*.
  - Diseases such as aging-related dementia or Alzheimer's can cause a sudden onset of aggressive behavior that was not present for most of the partners' time together. In some cases this results in ongoing abuse of the spouse, adult child, close friend, etc who is providing help with activities of daily living.
- Responders need to be aware that intervention may create a dangerous situation for the victim, the abuser or both.

B. CCR COLLABORATIVE VALUES

1. Mission Statement

Respond to identified victims of domestic abuse in later life in Miami-Dade County, Florida through a collaboration of traditional and non-traditional agencies offering support and services designed to empower such victims to achieve the economic stability, self efficacy, and personal support they require to reduce the negative effects of abuse, increase personal safety, and improve their overall quality of life while providing appropriate services and support for abusers as proscribed by law but with due consideration of the victim's wishes.

2. Common Values

- Abuse is a misuse of power
- Anyone can be a victim
- Domestic abuse is a serious social problem connected to all forms of oppression.
- Abuse isolates, diminishes, weakens and destroys
- Domestic abuse affects the individual and the entire family
- Domestic abuse victimizes the entire community

3. Guiding Principals

RESPECT AND DIGNITY

Every individual deserves to be treated with dignity, compassion and respect. We acknowledge the intrinsic worth of each victim/survivor and abuser.

QUALITY CARE

Collaborative partners provide qualified, knowledgeable, professionally trained and open-minded staff who understand that trauma affects memory and decision-making. Staff working with older victims and their abusers will also understand diverse needs and have knowledge of their own limitations.

COMMITMENT
Each collaborative partner agency and service has clear, well-developed and integrated protocols around their response to domestic abuse in later life. There is on-going commitment to professional development for those in management, supervision and delivery of service.

INCLUSIVENESS
The collaborative is inclusive, equitable and sensitive to gender, race, age, ability, sexual orientation, culture, socio-economic and religious issues.

CHOICES
The collaborative respects the right of the individual to self-determination. We consistently support client empowerment by supporting their personal choices, including medical, legal, counseling and living arrangements.

ACCOUNTABILITY
Agencies that provide services for domestic abuse in later life victims/survivors and their abusers must be accountable to those who use their services.

COMMUNITY AWARENESS AND EDUCATION
As individual agencies and as a collaborative we are working toward educating, preventing and stopping the violence in ourselves and throughout Miami-Dade County. We will ensure that the community has awareness of these response protocols.

TIMELY RESPONSE
There is expediency in response and referral for all victim/survivors.

NON-JUDGEMENTAL
A victim/survivor's experience of later life domestic abuse in any form is to be supported, respected and taken seriously.

ADEQUATE FUNDING
As individual agencies and as a collaborative we advocate to obtain funding for adequate programs and facilities to meet the needs older victims of domestic abuse in later life and their abusers in our community.

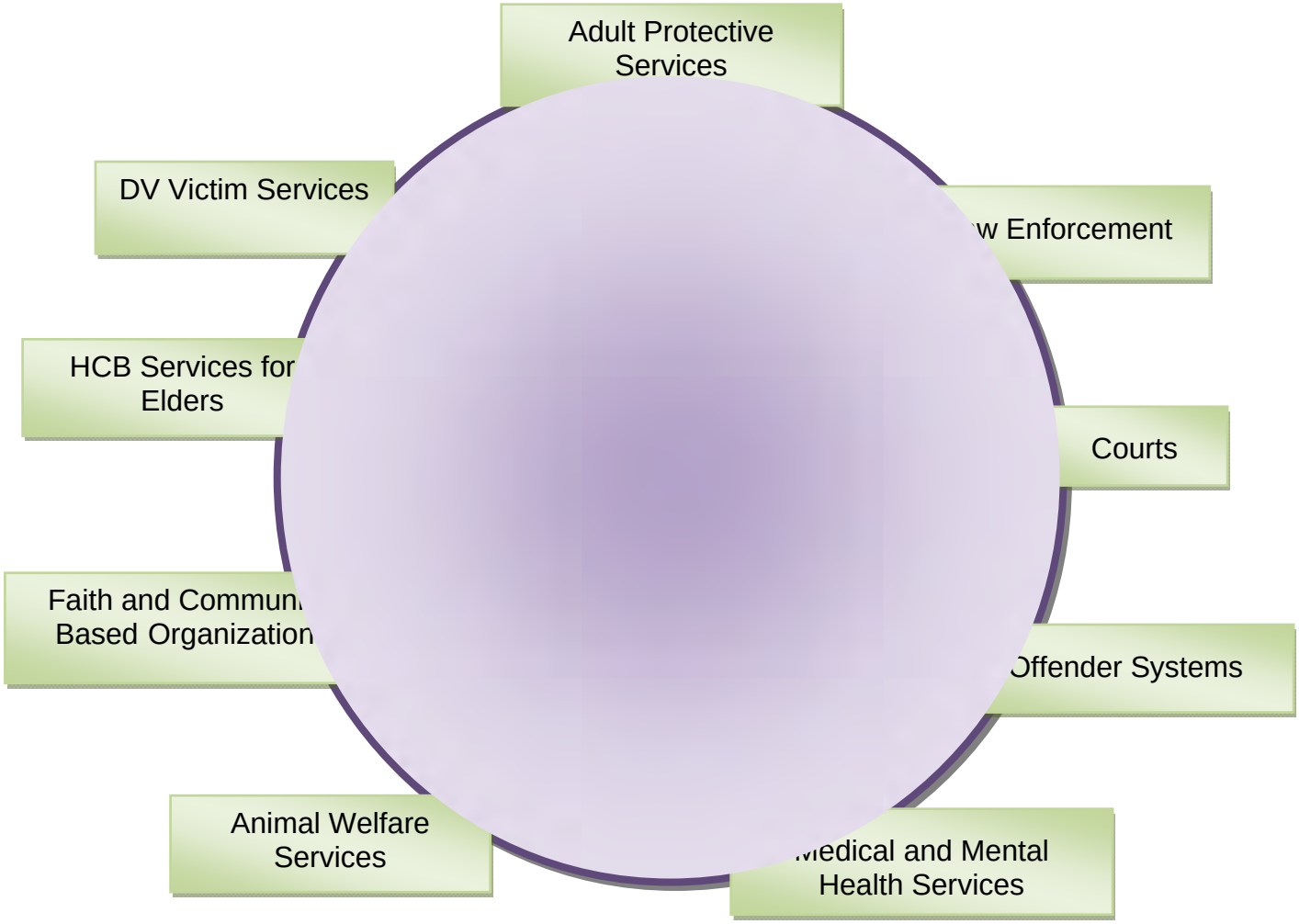
SAFETY
Safety of the victim/survivor (and children, family, other loved ones and pets) should be a primary focus of any intervention.

CO-ORDINATED SERVICES
Our community response protocol is well-developed, integrated, clear and organized so that we offer seamless service delivery and includes appropriate follow-up and resource provision for victims and abusers.

CONFIDENTIALITY
All service providers will protect the confidentiality of the victims, abusers and their families, and will always disclose to a victim when confidentiality cannot be promised.

INCLUDE ABUSER IN SOLUTION
Because older victims generally indicate ongoing concern regarding the well-being of their abuser, solutions must include addressing the abuser's needs.

C. CCR COLLABORATIVE OVERVIEW



1. Outline of Coordinated Community Response Plan:

The CCR plan contains 4 sections, which are outlined below:

Section 1: Background and Overview

Section 2: Overarching Coordination Issues

- Formal collaboration structure and oversight
- Practice guidelines for first responder triage and referrals to CCR partners
- Information sharing guidelines
- Training
- Measuring outcomes
- Guidelines for review and revision of CCR plan

Section 3: Details Regarding Each CCR Partner Agency

1. Collaborative Commitment Statement

   a. **WE WILL, WITHIN THE MANDATE OF OUR SERVICE**: **utilize humanitarian and egalitarian ideals, thereby acknowledging the intrinsic worth and dignity of all human beings accessing our services, and their right to inclusive and equal treatment while being sensitive to the issues related to race, ethnicity, gender, age, sexual orientation, socio-economic status and/or abilities of individuals.**
   b. **We will provide:**
2. Brief agency descriptions including local, state and federal reporting relationships
3. Service description
4. Accountability (where to direct concerns)
5. Screening process and questions used
6. Case disposition options and definitions
7. Mandates for reporting to other agencies
8. Hours of operation
9. Fees

Section 4: Directory of Resources

2. Primary CCR Partners
Adult Protective Services
Law Enforcement (County)
State Attorney's Office
11th Judicial Circuit
Public Defender
Probation Department

3. Affiliate CCR Partners
Law Enforcement (Municipalities)
Diversion Service Provider(s)
Abuser Service Provider(s)
Guardianship Service Provider(s)
Domestic Violence Shelter(s)
Alliance for Aging, Inc.
Legal Aid Services
Immigrant Services
Animal Welfare Services
Florida Office of the Attorney General
County Attorney's Office

SECTION 2: OVERARCHING COORDINATION ISSUES

A. Formal collaboration structure and oversight

B. Practice guidelines for first responder triage and referrals to CCR partners

C. Information Sharing Guidelines

D. Measuring Outcomes

E. Guidelines for Review and Revision of CCR

SECTION 3: DETAILS REGARDING EACH CCR PARTNER

Details Regarding Each CCR Partner Organized as Follows:

A. Agency Name

1. CCR Collaborative Commitment Statement
    a. WE WILL, WITHIN THE MANDATE OF OUR SERVICE: utilize humanitarian and egalitarian ideals, thereby acknowledging the intrinsic worth and dignity of all human beings accessing our services, and their right to inclusive and equal treatment while being sensitive to the issues related to race, ethnicity, gender, age, sexual orientation, socio-economic status and/or abilities of individuals.
    b. We will: [specify services to be provided relative to the CCR]
2. Brief agency description including local, state and federal reporting relationships
3. Service description
4. Accountability (where to direct concerns)
5. Screening process and questions used
6. Case disposition options and definitions
7. Mandates for reporting to other agencies
8. Hours of operation
9. Fees

SECTION 4: DIRECTORY OF RESOURCES

[To be added.]

Feedback Questionnaire
Community Response to Domestic Abuse in Later Life

Background:

In 2005 researchers at The Center on Aging and the School of Social Work of Florida International University (FIU) completed a research study (Domestic Violence Against Older Women [DVAOW], NIJ #2002-WG-BX-0100) to increase knowledge about middle aged and older victims of domestic abuse in later life (DALL). Through analysis of data collected in 21 focus groups with a sample of 134 women, we have documented what a group of women between 45 and 85 years of age think about domestic violence in older age, its manifestations, its causes, appropriate and acceptable assistance and intervention, barriers to help-seeking, and consequences for perpetrators.

In August 2009 members of the DVAOW team working under the Robert Stempel School of Public Health at FIU completed a quantitative study of barriers to help-seeking involving collecting survey data from 519 women age 50 and older (NIJ #2006-WG-BX-0008). Near the end of the second project we met with an advisory group representing relevant community agencies to review findings and to collaborate on development of a draft coordinated community response plan.

Findings from both studies are incorporated into this plan as well as considerations for agency-specific and/or legally driven mandates regarding response to older victims. The purpose of the plan is to provide guidance and procedural direction for all agencies and organizations in Miami-Dade County, Florida that encounter or work with DALL victims or their abusers. To that end, efforts have been made to identify any agency or organization that meets this definition and to obtain a formalized agreement regarding their participation in this collaborative approach. The goal is to ensure that all agencies or authorities responding to or working with such victims will share appropriate information, make informed decisions, and act with a coordinated effort to maximize victim safety while respecting individual rights.

Development of this draft plan is a component of the second study (NIJ #2006-WG-BX-0008). We are asking you to provide invaluable feedback regarding the attached materials as a component of meeting our funding requirements and in the interest of leveraging the funding received to move forward as a community to develop a victim-centered response to DALL victims.

Instructions: Please review the attached plan and give us your feedback by answering the following questions. We know your time is very valuable and appreciate your willingness to help us prepare the plan for future development.

There are two ways you can respond:

1. Preferred: If you know how to use the edit tracker feature in word, you can activate that feature to mark your comments, questions and recommended edits. If you use this method please make sure you address the specific questions we are asking of reviewers. Save the document with the markings and return as an e-mail attachment to lseff@bellsouth.net.
2. Alternative: Answer the questions posed. You may e-mail the completed form to lseff@bellsouth.net. If you mark up any pages of the plan, you can fax any pages with changes to 305-279-5752. Please use a cover sheet.

PLEASE RESPOND BY JULY 31, 2009

PART A: Contact Information:

Your Name	
Agency Name	
Title	
Your telephone	
Other telephone	
Your email	

PART B: Please review Section I of the draft plan, which begins on p. 3 of the document and respond to the following:

1. Overall this section does not have enough details? ❒ I agree ❒ I disagree

1.a. If you agree, please indicate what type of additional information should be added to this section:

2. Overall this section includes too many details? ❒ I agree ❒ I disagree

2.a. If you agree, please indicate what information should be deleted from this section:

3. My agency would support the Mission Statement as it is written on p. 6.

❒ I agree ❒ I disagree

3.a. If you disagree, please indicate what specific language would need to be modified by highlighting objectionable text.

3.b. If you disagree, please indicate any necessary language you believe is missing:

4. My agency would support the Common Values Statement as it is written on p. 7.

❒ I agree ❒ I disagree

4.a. If you disagree, please indicate what specific language would need to be modified by highlighting objectionable text.

4.b. If you disagree, please indicate any necessary language you believe is missing:

5. My agency would support the Guiding Principles Statement as it is written on pp. 7-8.

❒ I agree ❒ I disagree

5.a. If you disagree, please indicate what specific language would need to be modified by highlighting objectionable text.

5.b. If you disagree, please indicate any necessary language you believe is missing:

6. My agency would agree that the major types of partners are included in the figure at the top of p. 9. ❒ I agree ❒ I disagree

6.a. If you disagree, please indicate what types of agencies should be added and/or deleted:

Add:
Delete:

7. Regarding the primary CCR partners listed on p. 10, is this list correct?

❒ Yes ❒ No

7.a. If no, please indicate which agencies should be added and/or deleted:

Add:
Delete:

8. Regarding the affiliate CCR partners listed on p. 10, is this list correct?

❒ Yes ❒ No

8.a. If no, please indicate which agencies should be added and/or deleted:

Add:
Delete:

PART C: Please review the outline of Section 2 at the top of p. 11 and answer the question below:

9. What, if any, critical sections are missing from the Section 2 outline? ❒ None

9.a. If one or more critical sections are missing from the Section 2 outline, please list below:

PART D: Below are descriptions of problems and solutions to community response to DALL. For each item please mark an "X" next to the statement that <u>best describes your agency's current policies and perspectives</u>. <u>Select ONLY ONE RESPONSE for each item</u>.

10. The main problem with the current community response to domestic abuse in middle and later life is:

Failure of the legal system to appropriately criminalize family violence.

Reluctance of victims to enlist the aid of police and the courts and to persevere once their cases have entered the legal system.

Mismatch between needs of victims and offenders, and diverse, sometimes contradictory norms and missions of responding organizations and institutions.

11. Primary objectives of coordinated community response to domestic abuse in middle and later life should be:

Increase rates of arrest, prosecution, and conviction; increase building consensus among police, prosecutors, and the courts re: responding to family violence; make these agencies accountable case outcomes.

Increase advocacy, victim autonomy and empowerment, economic and social support, and "user friendliness" of the criminal justice system.

Realign response systems to prioritize agencies' claims on victims, reconcile and address contradictions, and stream-line access to tangible and intangible resources.

12. The most urgent coordinated response efforts regarding domestic abuse in middle and later life are:

Implement strong pro-arrest/pro-prosecution policies; develop effective sentencing programs; train police, prosecutors, judges and probation officers through coordination mechanisms designed to iron out differences in practices, priorities, and (mis-)understandings that might stand in the way of a comprehensive law enforcement response.

Create safer, more supportive and more affirmative environment(s) for victims in the criminal justice system and in the community.

Criminal courts, family courts, social, health, and victim services agencies acknowledge fragmentation; reach consensus on a working definition of victim needs and system priorities; accept compromise protocols or priorities in collective pursuit of a more systemic response.

PART E: Additional Questions:

13. How much time per month would your agency allow you to work on drafting a coordinated community response to DALL if there were no specific funding attached?

❒ None ❒1-2 hrs/month ❒ 3-4 hrs/month ❒ 5-8 hrs/month ❒ >8 hrs/month

14. Does your agency currently have any written protocols with regard to responding to, evaluating, and/or providing services to older victims of domestic abuse in later life? ❒ Yes ❒ No

14.a. If yes, and if you are willing to share these protocols, please send as an email attachment when you return this survey.

15. Have you attended any training or meetings where you received information about evidence-based programs or best practices related to intervention and/or services for victims of DALL and/or their abusers? ❒ Yes ❒ No

15.a. If yes, and if you are willing to share these protocols, please send as an email attachment when you return this survey.

Comments / Recommendations:

PLEASE COMPLETE AND RETURN BY JULY 31, 2009
LSEFF@BELLSOUTH.NET

NIJ Grant Number: 2006-WG-BX-0008

Attachment C:
Response Frequency Distributions and Distribution Characteristics

Table 9. PBHS Frequency and Row Percentages Per Item (Skewness and Kurtosis)

PBHS Item	1	2	3	4	9	Skewness	Kurtosis
1_IN6	32 (7.2)	63 (14.2)	59 (13.3)	289 (64.9)	2 (.4)	-1.256	.192
2_J1	28 (6.3)	49 (11.0)	60 (13.5)	304 (68.3)	4 (.9)	-1.500	.966
3_IS1	28 (6.3)	24 (5.4)	47 (10.6)	339 (76.2)	7 (1.6)	-2.075	3.103
4_IN1	37 (8.3)	44 (9.9)	53 (11.9)	302 (67.9)	9 (2.0)	-1.475	.766
5_J2	36 (8.1)	42 (9.4)	67 (15.1)	297 (66.7)	3 (.7)	-1.464	.827
6_IS2	32 (7.2%)	43 (9.7%)	56 (12.6)	311 (69.9)	3 (.7)	-1.570	1.139
7_IN2	40 (9.0)	84 (18.9)	100 (22.5)	214 (48.1)	7 (1.6)	-.754	-.724
8_J3	43 (9.7)	52 (11.7)	61 (13.7)	256 (57.5)	33 (7.4)	-1.152	-.122
9_IS3	42 (9.4)	46 (10.3)	55 (12.4)	300 (67.4)	2 (.4)	-1.385	.471
10_J4	21 (4.7)	31 (7.0)	43 (9.7)	336 (75.5)	14 (3.1)	-2.073	3.163
11_IN4	25 (5.6)	37 (8.3)	37 (8.3)	338 (76.0)	8 (1.8)	-1.924	2.393
12_J5	38 (8.5)	32 (7.2)	43 (9.7)	323 (72.6)	9 (2.0)	-1.718	1.508
13_IS5	28 (6.3)	33 (7.4)	45 (10.1)	333 (74.8)	6 (1.3)	-1.893	2.303
14_IN5	29 (6.5)	25 (5.6)	39 (8.8)	352 (79.1)	4 (.9)	-2.123	3.221
17_1SB1	123 (27.6)	116 (26.1)	82 (18.4)	120 (27.0)	4 (.9)	.106	-1.449
18_P1	49 (11.0)	59 (13.3)	98 (22.0)	233 (52.4)	6 (1.3)	-.949	-.434
19_H1	44 (9.9%)	22 (4.9%)	39 (8.8%)	335 (75.3)	5 (1.1)	-1.820	1.786
20_S5RV	51 (11.5)	38 (8.5)	109 (24.5)	245 (55.1)	2 (.4)	-1.138	.021
21_PF2	157 (35.3)	100 (22.5)	94 (21.1)	93 (20.8)	1 (.2)	.269	-1.385
22_PF3	55 (12.4)	82 (18.4)	126 (28.3)	181 (40.7)	1 (.2)	-.608	-.880
23_S1RV	71 (16.0)	57 (12.8)	158 (35.5)	154 (34.6)	5 (1.1)	-.620	-.827
24_SB3	19 (4.3)	7 (1.6)	31 (7.0)	388 (87.2)	0	-3.225	9.637
25_H3	49 (11.0)	42 (9.4)	94 (21.1)	249 (56.0)	11 (2.5)	-1.142	-.028
27_PF4	67 (15.1)	50 (11.2)	72 (16.2)	250 (56.2)	6 (1.3)	-.940	-.668
32_CG1	15 (3.4)	8 (1.8)	9 (2.0)	411 (92.4)	2 (.4)	-3.969	14.691
33_FF1	39 (8.8)	48 (10.8)	58 (13.0)	299 (67.2)	1 (.2)	-1.387	.514
34_JS2RV	47 (10.8)	58 (13.0)	117 (26.3)	223 (50.1)	0	-.934	-.360
35_CG2	26 (5.8)	16 (3.6)	42 (9.4)	358 (80.4)	3 (.7)	-2.408	4.686
36_CG5	32 (7.2)	31 (7.0)	40 (9.0)	337 (75.7)	5 (1.1)	-1.894	2.215
37_FF3	18 (4.0)	40 (9.0)	51 (11.5)	332 (74.6)	4 (.9)	-1.879	2.418
38_CR3RV	29 (6.5)	32 (&.2)	128 (28.8)	253 (56.9)	3 (.7)	-1.375	1.088
40_FF6	76 (17.1)	83 (18.7)	71 (16.0)	205 (46.1)	10 (2.2)	-.531	-1.267
41_CR4RV	48 (10.8)	47 (10.6)	123 (27.6)	215 (48.3)	12 (2.7)	-.985	-.223
43_FF8	31 (7.0)	50 (11.2)	61 (13.7)	295 (66.3)	8 (1.8)	-1.425	.710
44_CG6	43 (9.7)	72 (16.2)	67 (15.1)	257 (57.8)	6 (1.3)	-.979	-.482
45_CR5	71 (16.0)	96 (21.6)	108 (24.3)	166 (37.3)	4 (.9)	-.400	-1.209
46_FF7	57 (12.8)	86 (19.3)	83 (18.7)	216 (48.5)	3 (.7)	-.664	-1.002

Table 10. CTS2S Frequency and Row Percentages Per Item (Skewness and Kurtosis)

CTS2S Item	1	2	3	4	9	Skewness	Kurtosis
48_PSYCH1	226 (50.8)	159 (35.7)	31 (7.0)	25 (5.6)	4 (.9)	1.262	.232
49_INJ1	391 (87.9)	31 (7.0)	6 (1.3)	7 (1.6)	10 (2.2)	4.045	.234
51_PA1	404 (90.8)	29 (6.5)	3 (.7)	5 (1.1)	4 (.9)	4.684	.232
52_PA2	417 (93.7)	12 (2.7)	4 (.9)	5 (1.1)	7 (1.6)	5.782	.233
53_PSYCH2	380 (84.5)	44 (9.9)	9 (2.0)	7 (1.6)	5 (1.1)	3.339	.232
54_INJ2	420 (94.4)	14 (3.1)	1 (.2)	6 (1.3)	4 (.9)	6.117	.232
55_SC1	420 (94.4)	10 (2.2)	4 (.9)	1 (.2)	10 (2.2)	6.763	.234
56_SC2	392 (88.1)	29 (6.5)	4 (.9)	5 (1.1)	15 (3.4)	4.479	.235

Table 11: Model Factors Frequency and Row Percentages Per Item (Skewness and Kurtosis)

Factor	N	Mean	Skewness		Kurtosis	
			Statistic	Std. Error	Statistic	Std. Error
Self Blame	445	3.7846	-3.225	.116	9.637	.231
Secrecy	445	3.0674	-.810	.116	-.188	.231
Emotional Gridlock	445	3.0078	-.717	.116	-.089	.231
Abuser Behaviors	445	3.4494	-.589	.116	1.946	.231
Informal External	445	3.4183	-1.317	.116	1.703	.231
Formal Systems	445	3.1414	-.701	.116	-.171	.231
Barrier Strength	445	3.3092	-.987	.116	1.245	.231

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Attachment D:
SEM Details by Subgroup

Figure 3. Prediction of barrier scores for 215 respondents with no abuse on CTS2S

Full Outcome Means Model-III, MSQ 8-10, No Abuse as per CTS, n = 215.
Model prediction of Barrier Scores accounts for 85% of the total variance.
Chi Square/DF(21) = 1.539, p = .049, CFI = .977 NFI = .961
RMSEA = .051 90%CI: (.003 to .083) P(Close) = .443, SRMR = .047.

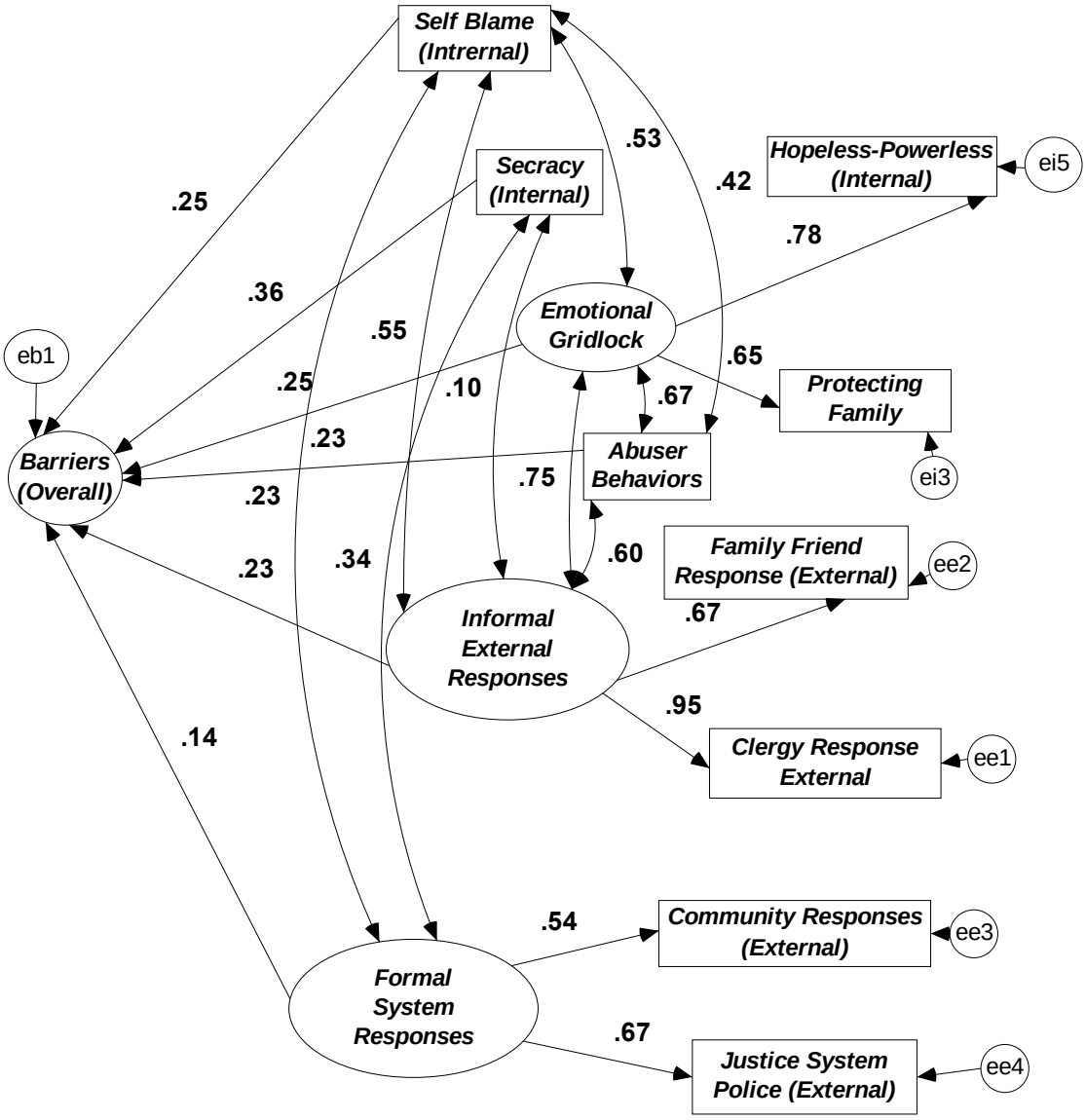

Figure 4: Prediction of barrier scores for 147 respondents with minor abuse on CTS2S

Full Outcome Means Model-III, MSQ 8-10,
Victims with Minor Ratings on the CTS, n = 147.
Model prediction of Barrier Scores accounts for 77% of the total variance.
Chi Square/DF(18) = 1.427, p = .107, CFI = .964 TLI = .927, NFI = .896
RMSEA = .054 90%CI: (< .001 to .098) P(Close) = .405, SRMR = .062.

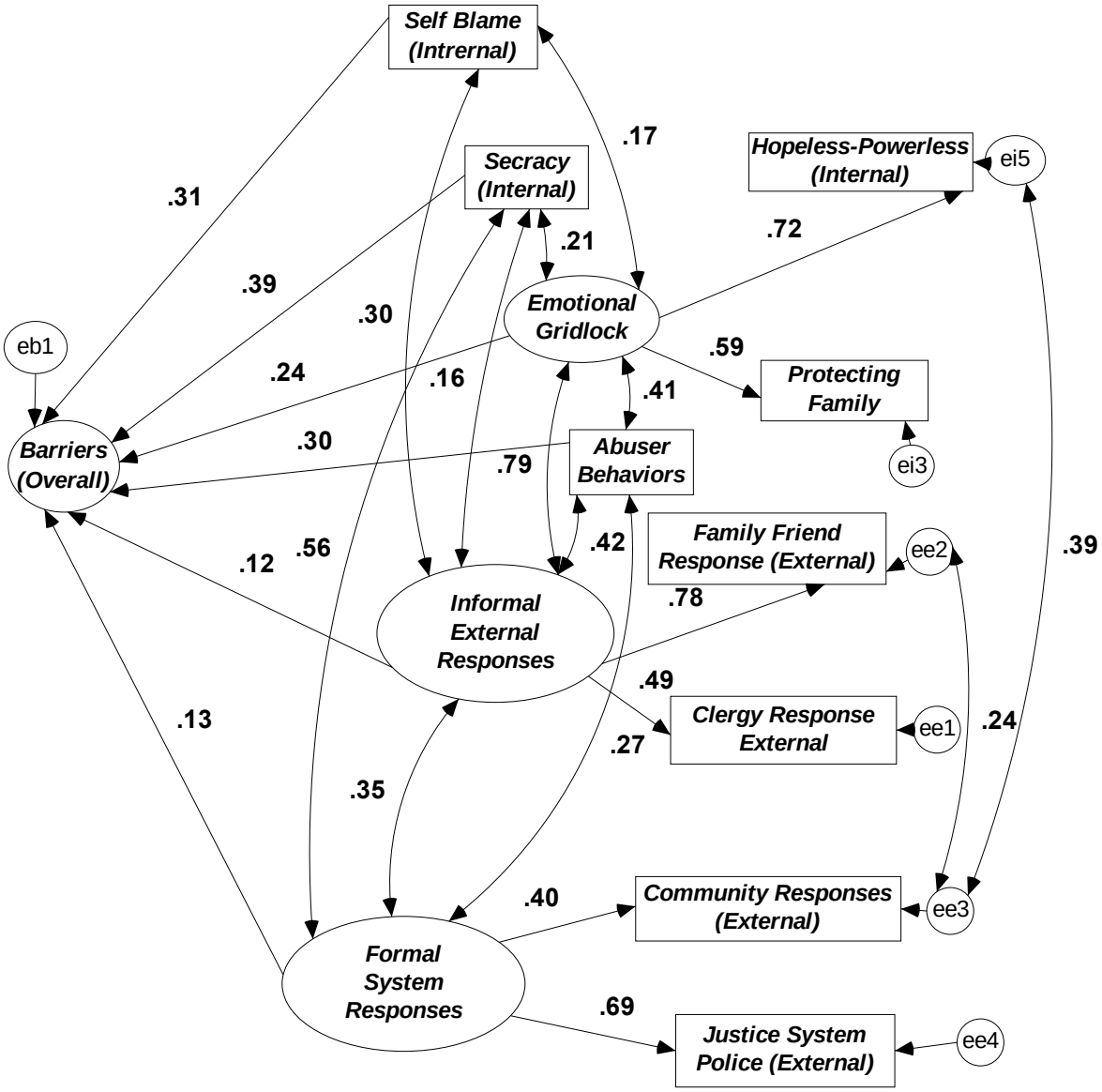

Table 5: Prediction of barrier scores for 83 respondents with severe abuse on CTS2S

Full Outcome Means Model-III, MSQ 8-10 Severe CTS2, N= 83
Model prediction of Barrier Scores accounts for 83% of the total variance.
Chi Square/DF = (23) 1.303, p = .150, CFI = .955 TFI = .930 NFI = .844
RMSEA = .061 90%CI: (<.001 to .116) P(Close) = .357, SRMR = .098.
All r's: p < .040 except r = .24 between Informal and Formal Responses.

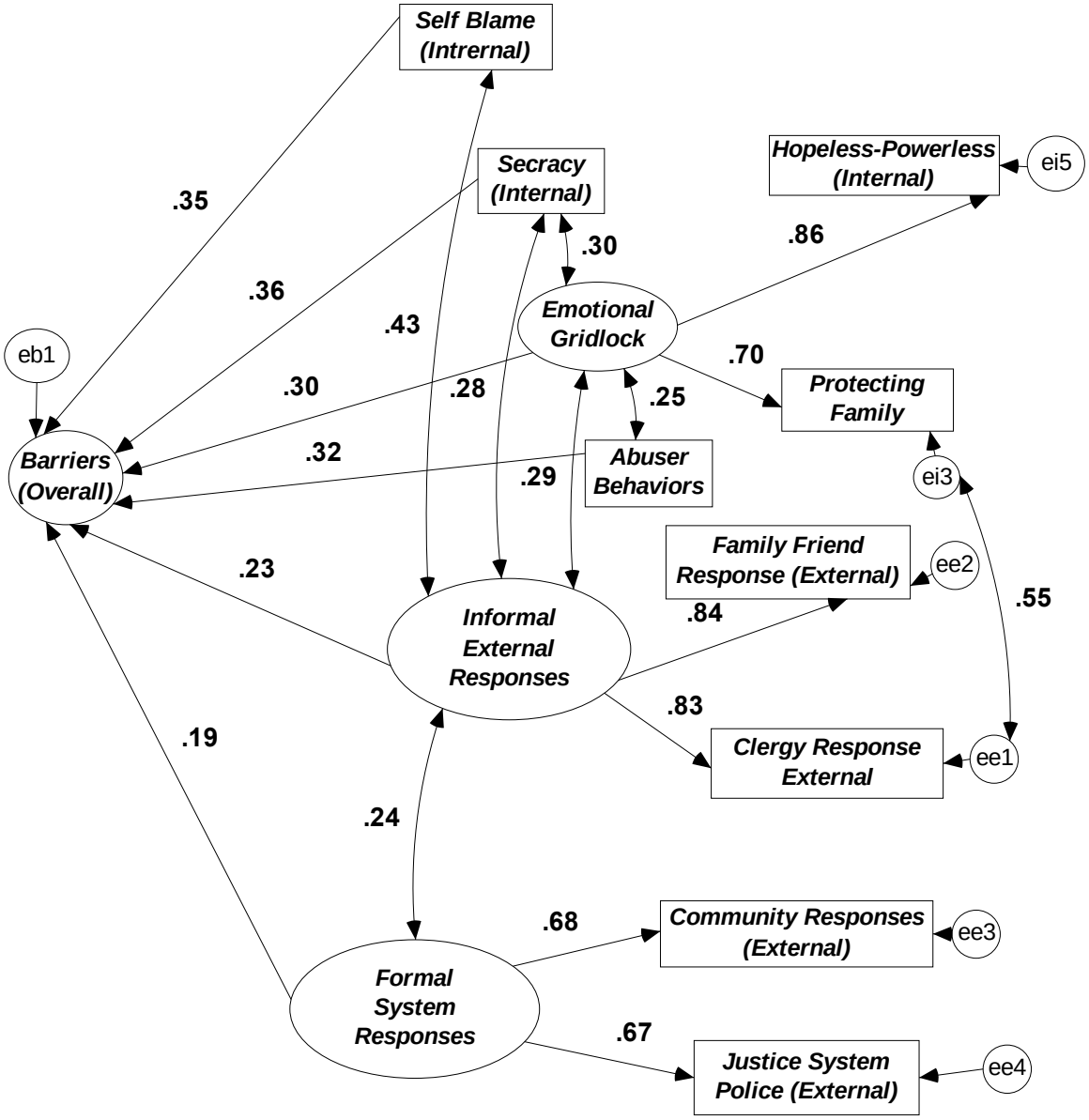

Figure 6: Prediction of barrier scores for 150 White non-Hispanic respondents

Full Outcome Means Model-III, MSQ 8-10 White Non-Hispanic, N = 150
Model prediction of Barrier Scores accounts for 74% of the total variance.
Chi Square/DF = (20) 1.081, p = .361, CFI = .994 TFI = .989 NFI = .928
RMSEA = .023 90%CI: (<.001 to .076) P(Close) = .742, SRMR = .064.
All r's: p =< .01.

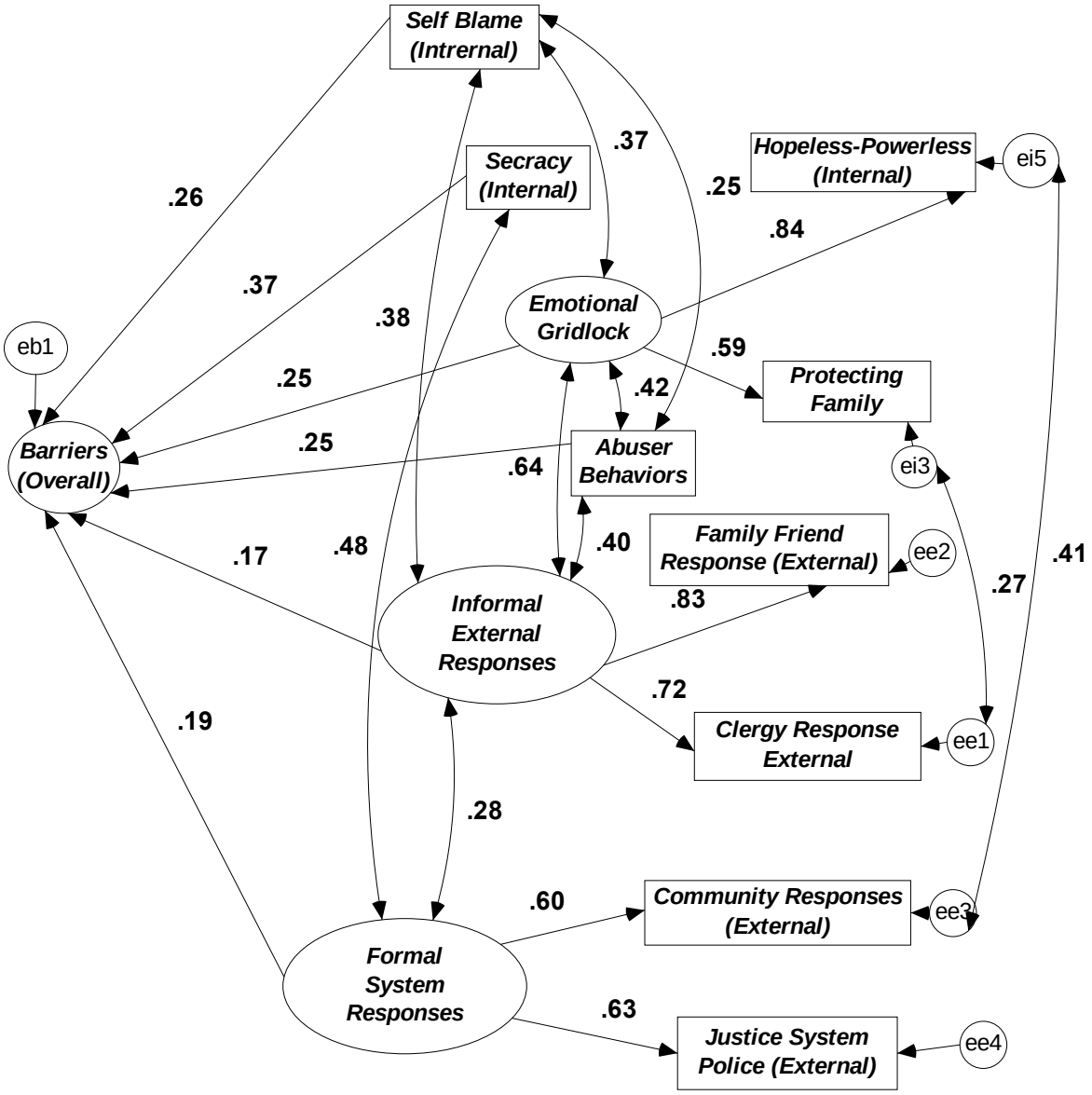

Figure 7: Prediction of barrier scores for 145 Hispanic respondents

Full Outcome Means Model-III, MSQ 8-10 Hispanic, N = 145
Model prediction of Barrier Scores accounts for 88% of the total variance.
Chi Square/DF = (21) 1.550, p = .052, CFI = .959 TFI = .930 NFI = .898
RMSEA = .062 90%CI: (<.001 to .101) P(Close) = .294, SRMR = .060.
All r's: p =< .040.

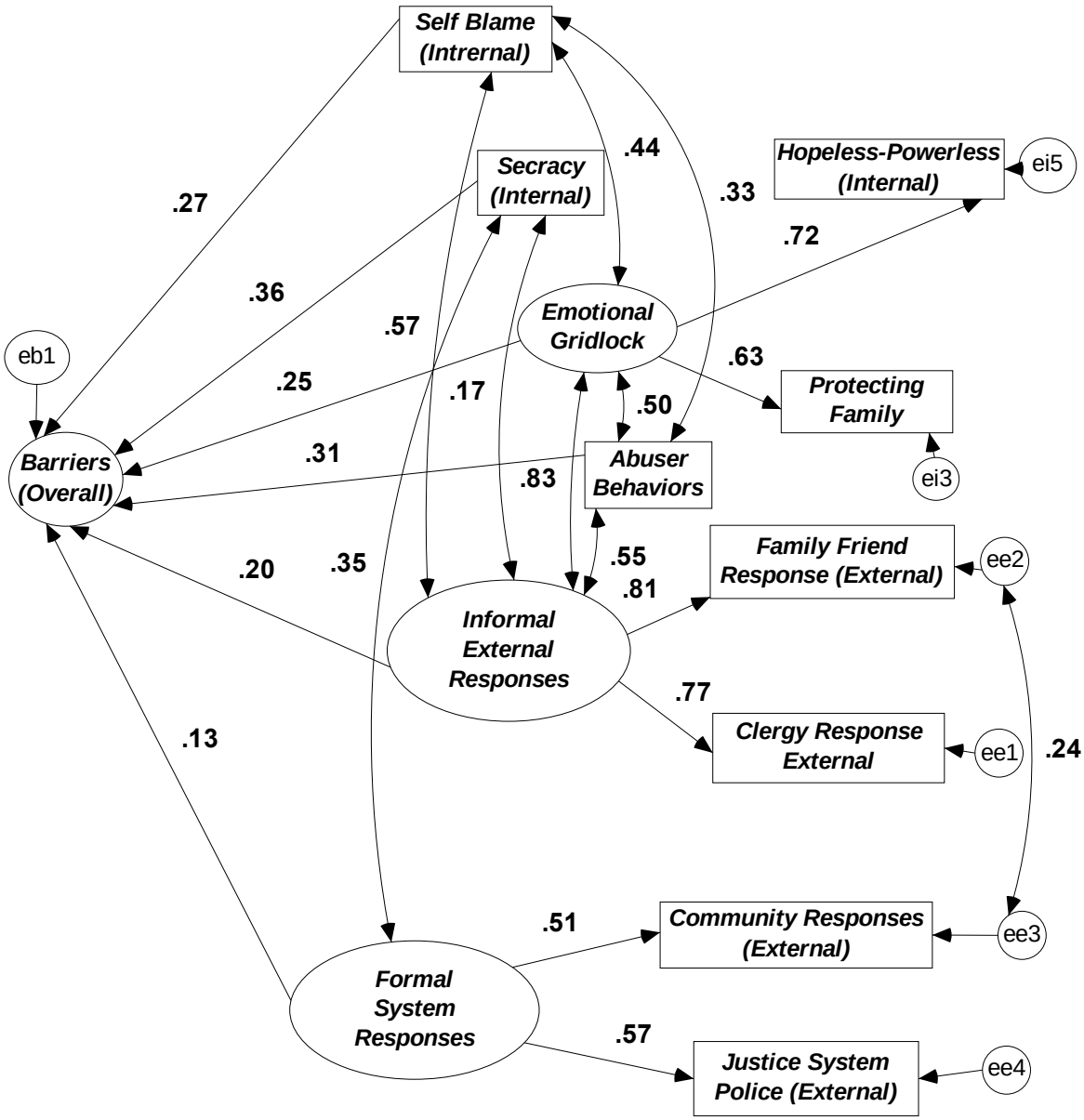

Figure 8: Prediction of barrier scores for 139 Black non-Hispanic respondents

Full Outcome Means Model-III, MSQ 8-10 African American, N = 139
Model prediction of Barrier Scores accounts for 80% of the total variance.
Chi Square/DF = (23) 1.366, p = .113, CFI = .956 TFI = .932 NFI = .863
RMSEA = .052 90%CI: (<.001 to .093) P(Close) = .442, SRMR = .093.
All r's: p =< .040.

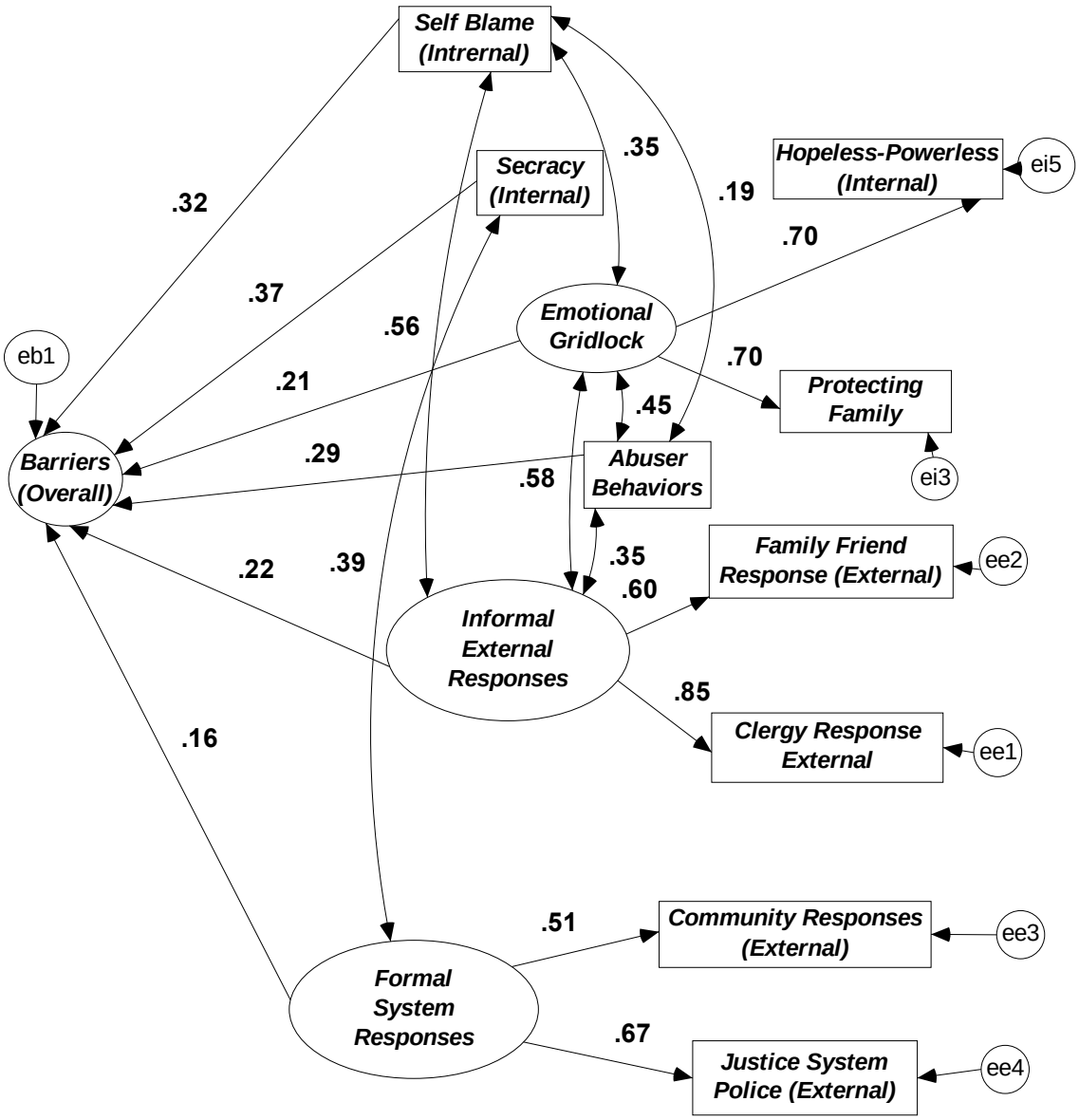

Figure 9: Prediction of barrier scores for 186 respondents with husband/partner close other

Full Outcome Means Model-III, MSQ 8-10 "Close Other": Husband/Partner, N = 186
Model prediction of Barrier Scores accounts for 79% of the total variance.
Chi Square/DF = (19) 1.426, p = .103, CFI = .970 TFI = 944 NFI = .912
RMSEA = .048 90%CI: (<.001 to .086) P(Close) =.494, SRMR = .056.
All r's: p =< .02 Except r for Secrecy & Formal System Response (.116).

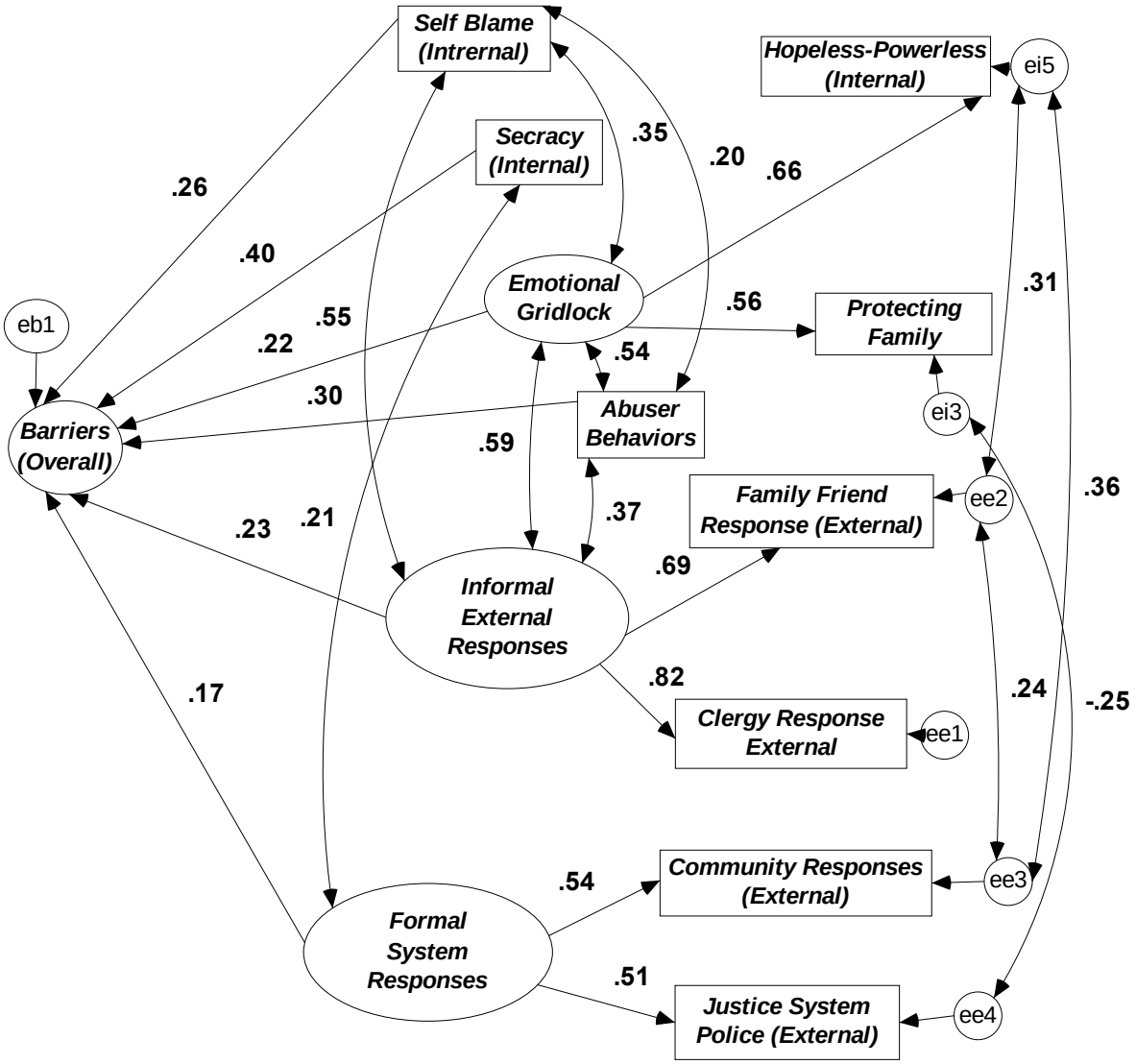

Figure 10: Prediction of barrier scores for 117 respondents with child/grandchild close other

Full Outcome Means Model-III, MSQ 8-10 "Close Other": Child-Grandchild, N = 117
Model prediction of Barrier Scores accounts for 79% of the total variance.
Chi Square/DF = (21) 1.212, p = .176, CFI = .968 TFI = 946 NFI = .878
RMSEA = .049 90%CI: (<.001 to .098) P(Close) =.474, SRMR = .067.
All r's: p =< .05 Except r for Abuser Behavior & Formal System Response (.08).

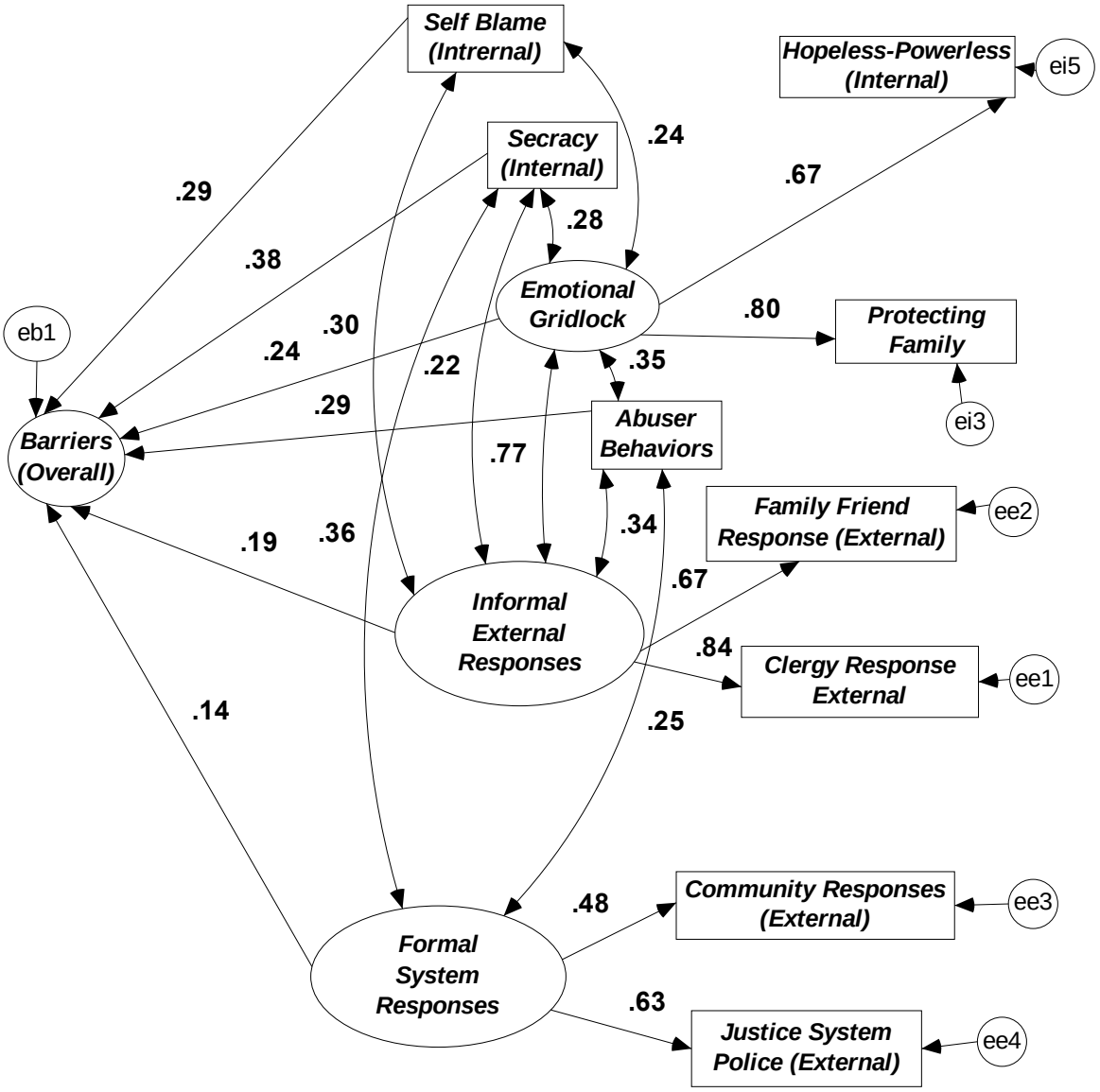

Figure 11: Prediction of barrier scores for 104 respondents with other relative/close friend close other

Full Outcome Means Model-III, MSQ 8-10 "Close Other": Close relative or Friend, N = 104
Model prediction of Barrier Scores accounts for 88% of the total variance.
Chi Square/DF = (21) 0.994, p = .467, CFI = 1.000 TFI = 1.001 NFI = .929
RMSEA = < .001 90%CI: (<.001 to .083) P(Close) =.741, SRMR = .063.
All r's: p =< .02.

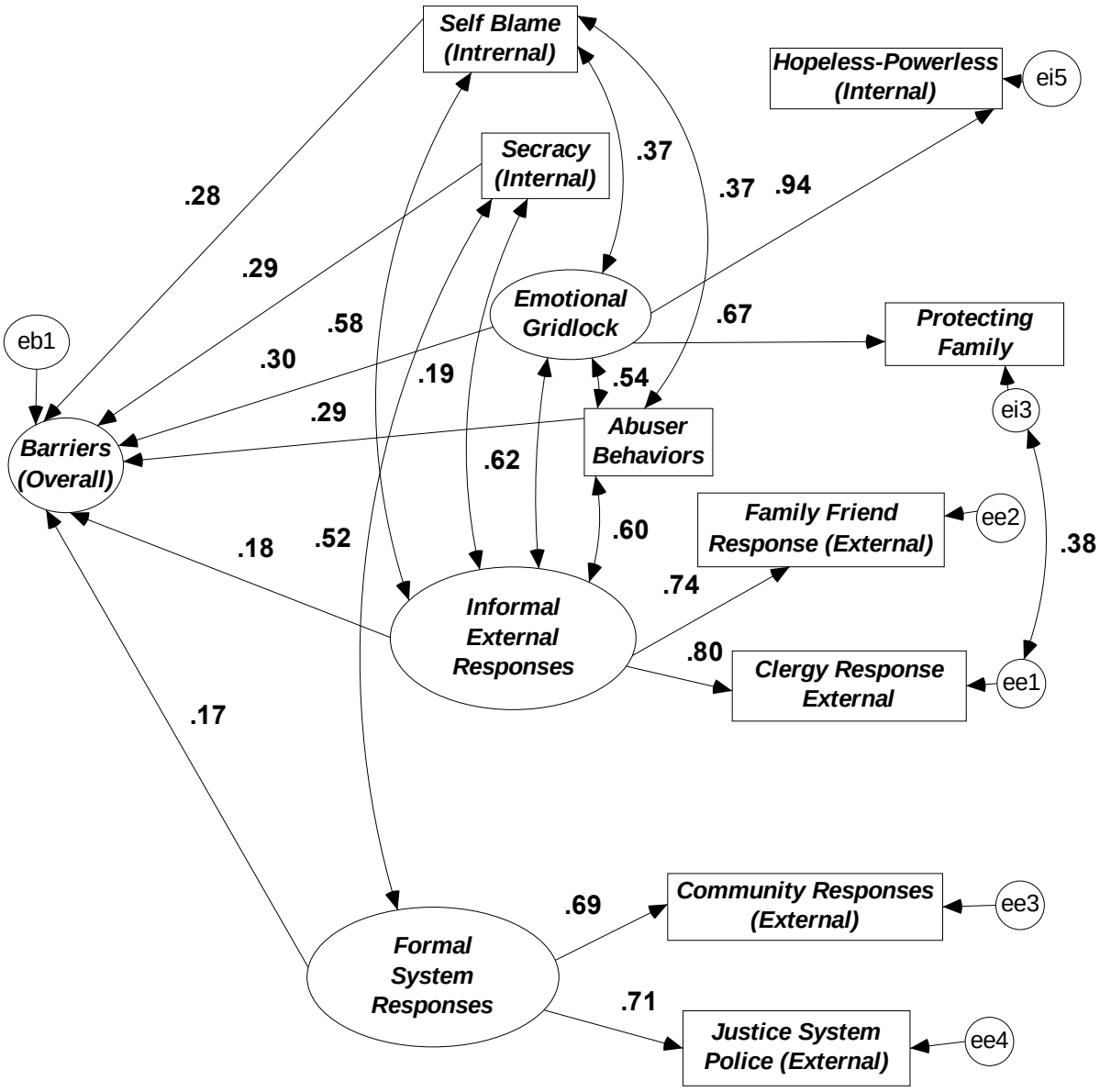

Figure 12: Prediction of barrier scores for 154 respondents with female close other

Full Outcome Means Model-III, MSQ 8-10 Female Close-Other, N = 154
Model prediction of Barrier Scores accounts for 87% of the total variance.
Chi Square/DF = (22) 1.379, p = .111, CFI = .977 TFI = .962 NFI = .923
RMSEA = .050 90%CI: (<.001 to .089) P(Close) = .467, SRMR = .054.
All r's: p =< .010.

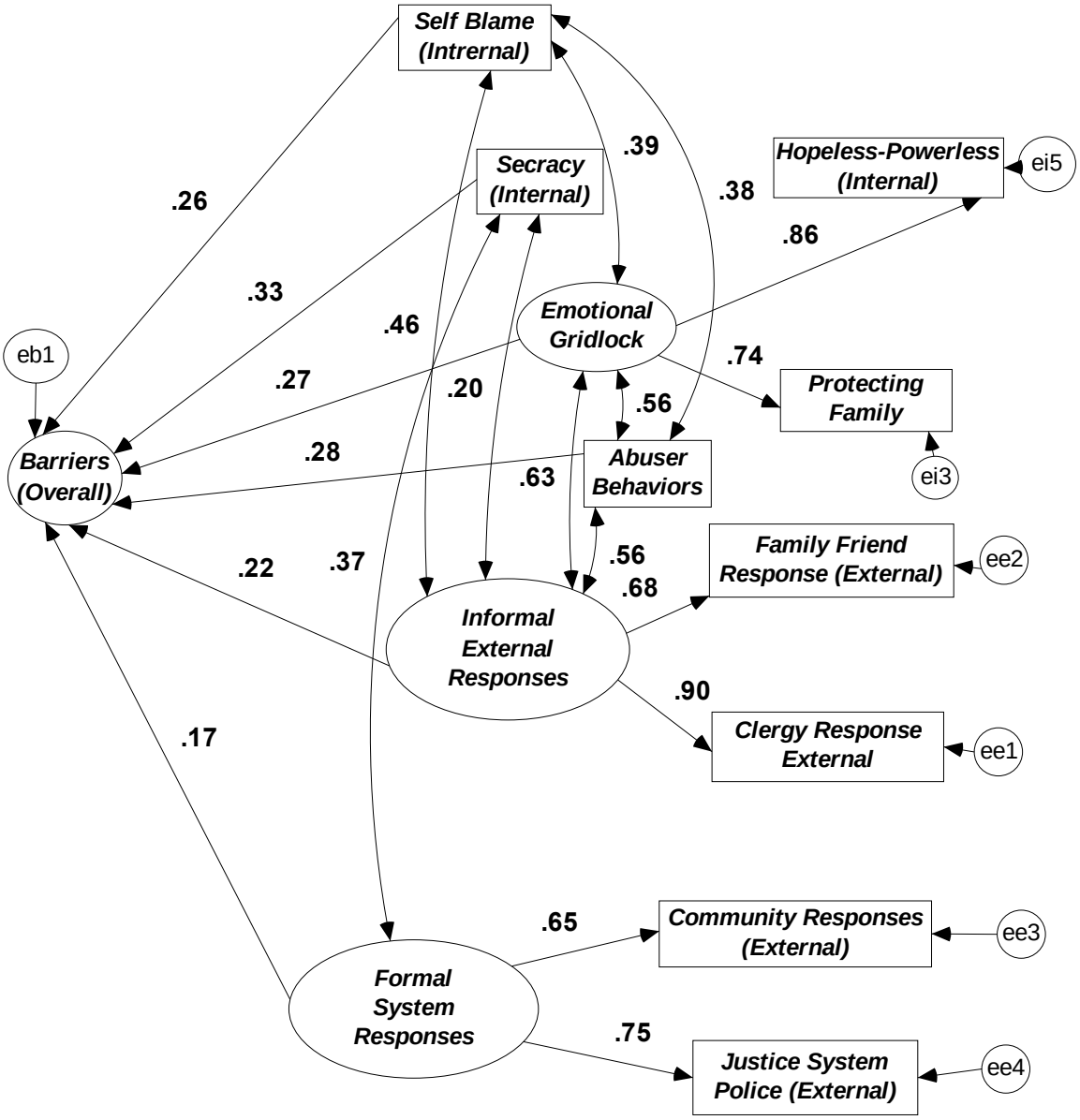

Figure 13: Prediction of barrier scores for 267 respondents with male close other

Full Outcome Means Model-III, MSQ 8-10 Male Close-Other, N = 267
Model prediction of Barrier Scores accounts for 81% of the total variance.
Chi Square/DF = (17) 2.012, p = .008, CFI = .961 TFI = .917 NFI = .928
RMSEA = .062 90%CI: (.031 to .092) P(Close) =.236, SRMR = .0455.
All r's: p =< .05..

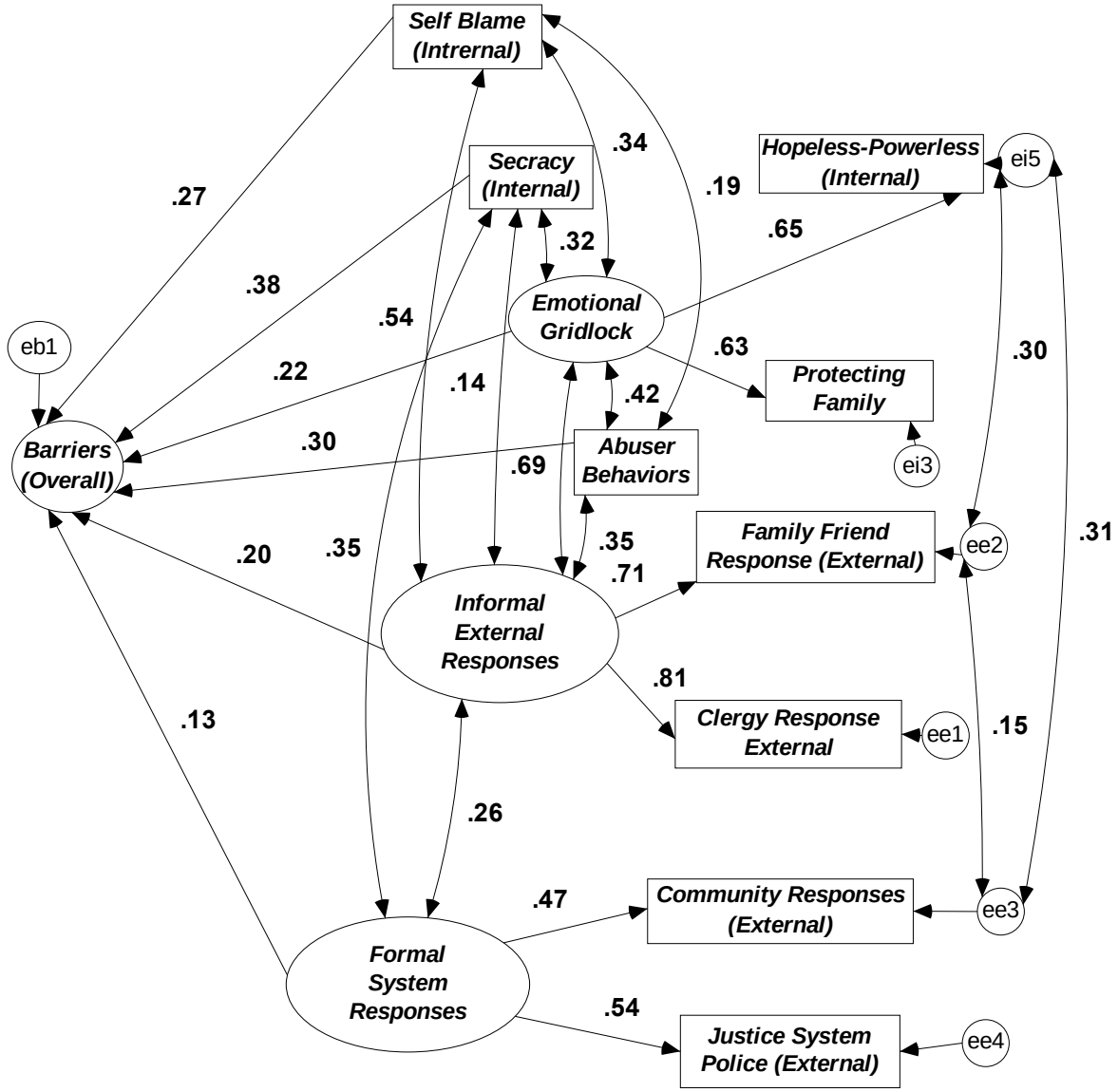

Figure 14: Prediction of barrier scores for 156 respondents age 50 to 64 years

Full Outcome Means Model-III, MSQ 8-10 Ages 50-64 years, N = 156
Model prediction of Barrier Scores accounts for 81% of the total variance.
Chi Square/DF = (22) 1.360, p = .120, CFI = .964 TFI = .941 NFI = .883
RMSEA = .048 90%CI: (<.001 to .088) P(Close) =.490, SRMR = .086.
All r's: p =< .05..

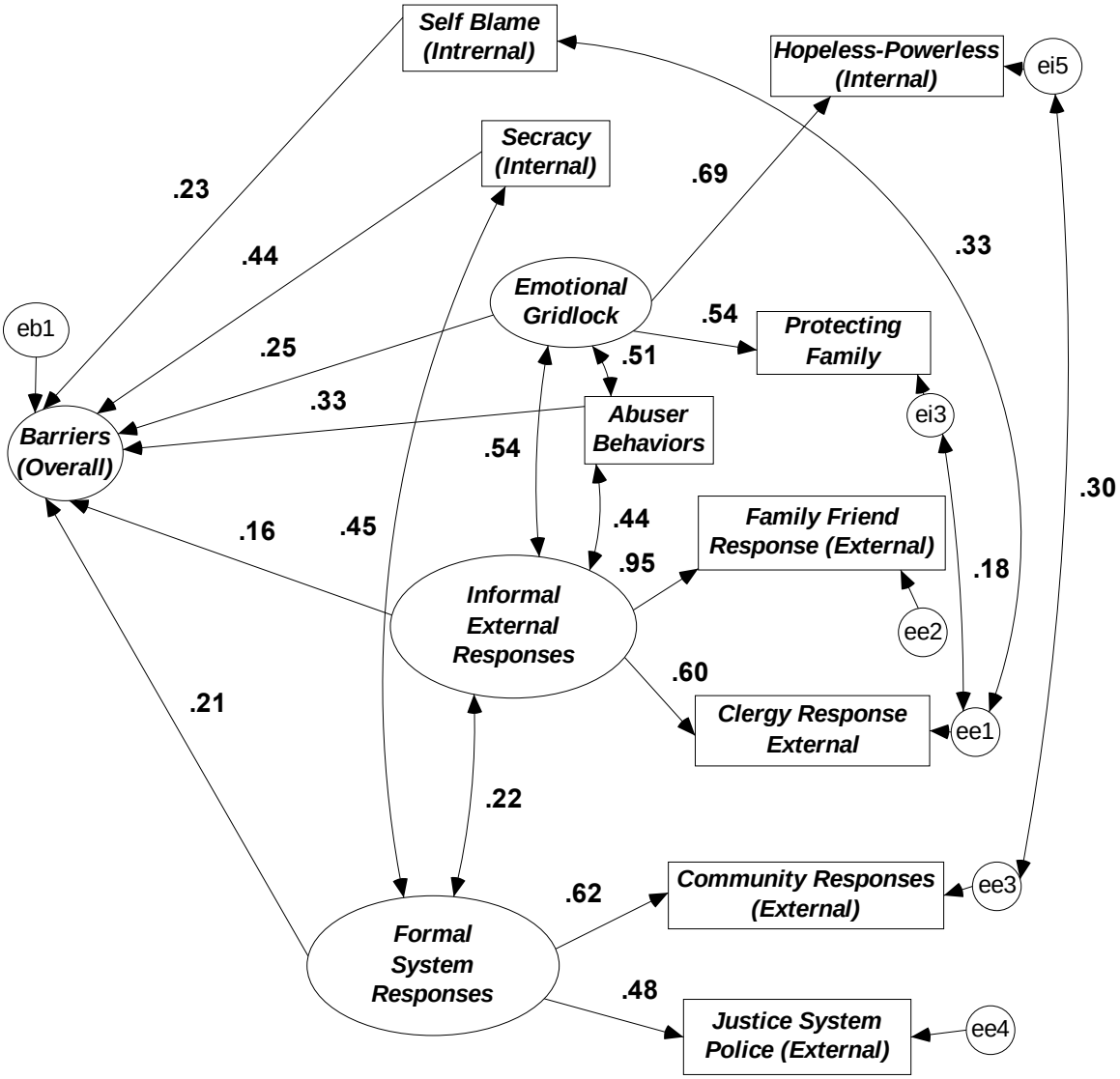

Figure 15: Prediction of barrier scores for 168 respondents age 65 to 74 years

Full Outcome Means Model-III, MSQ 8-10 Ages 50-64 years, N = 168
Model prediction of Barrier Scores accounts for 86% of the total variance.
Chi Square/DF = (19) 1.360, p = .384, CFI = .996 TFI = .993 NFI = .940
RMSEA = .019 90%CI: (<.001 to .072) P(Close) =.783, SRMR = .049.
All r's: p =< .05 except r Secrecy & Formal System Response (p = .20).

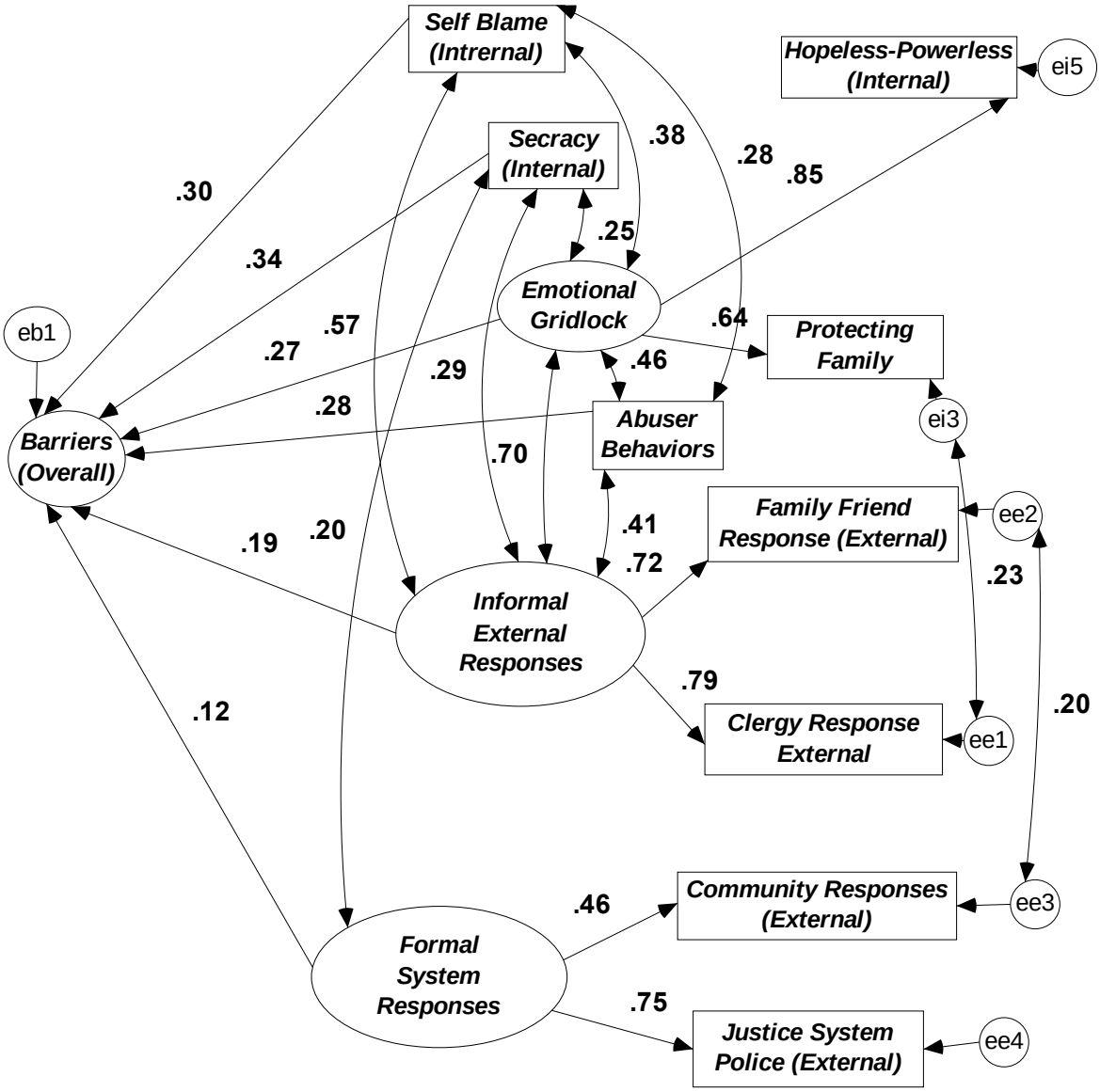

Figure 16: Prediction of barrier scores for 118 respondents age 75+ years

Full Outcome Means Model-III, MSQ 8-10 Ages 75 years or more, N = 118
Model prediction of Barrier Scores accounts for 86% of the total variance.
Chi Square/DF = (21) 0,823, p = .694, CFI = 1.000 TFI = 1.002 NFI = .946
RMSEA = <.001 90%CI: (<.001 to .062) P(Close) =.902, SRMR = .062.
All r's: p =< .01.