Factors Affecting the Rate of Elder Abuse Reporting to a State Protective Services Program

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All states have a system in place to collect reports of domestic elder abuse, neglect, and exploitation, with responsibility given either to the state department of human services (adult protective services) or state unit on aging (elder protective services). The initial effort to aggregate state elder abuse reporting data revealed major differences among the states in definitions and eligibility criteria (Tatara, 1990). Using a rather elaborate set of assumptions to compensate for missing data and differences, Tatara calculated an estimated national incidence of 140,000 reports for 1988. By 1996, that number had reached 293,000 (National Center on Elder Abuse [NCEA], 1997). Not only were there significant differences in rate of elder abuse reporting among the states, but, when questioned, adult protective services administrators acknowledged wide intrastate variation.

Many reasons have been proposed by protective services personnel to explain the differences but no systematic study has been done. In fact, compared with the child abuse movement, very little attention has been given to the topic. The purpose of this study was to learn more about the factors that affect elder abuse reporting to protective service (PS) programs. Prevalence and incident studies have shown that many cases in the community go unreported, even in states that have mandatory reporting for professionals and paraprofessionals (Pillemer & Finkelhor, 1988; Podnieks, 1992; National Center on Elder Abuse, 1998). Knowing the factors associated with reporting would be helpful in planning a strategy to improve the identification and treatment of cases. No elder should have to live out the last years of life subject to acts of physical and psychological violence, neglect, or exploitation.

Because of the disparity among state reporting systems, which would make comparisons among states exceedingly difficult, this study focuses on the variation among the reporting areas within a state (Massachusetts) where all PS programs operate under the same laws, standards, and regulations, including mandatory reporting.

Massachusetts Elder Protective Services Program

The Massachusetts Elder Protective Services Program was established in 1983 to provide services to abused and neglected elders of the Commonwealth, aged 60 years and older living in their own homes. Elder abuse is defined as “an act or omission that results in serious physical or emotional injury to an elderly person, or financial exploitation of an elderly person.” Nineteen different professional groups, job titles, and groups of persons, beginning with physicians, are identified as mandated reporters in the law. For the delivery of aging services, the entire state is divided into 27 areas. Protective services are provided by 26 home care corporations and one community mental health center.

The home care corporations are nonprofit organizations with which the Massachusetts Executive Office of Elder Affairs maintains purchase agreements...
to provide case management and information and referral services directly and, under contract with local vendors, a range of other services for seniors. The protective services program is supported with state tax revenues. Nineteen of the 27 agencies providing protective services in the state are also area agencies on aging.

Each designated protective service program is required to receive and screen reports of abuse, neglect, and financial exploitation; to conduct an investigation; and to provide or arrange for casework, homemakers, home-health aides, transportation, legal assistance, nutrition, or other services necessary to alleviate the abuse or neglect. A statewide elder abuse hotline operates 24 hours a day, 7 days a week, and each agency has on-call staff to respond to emergency situations. Elders (who have the capacity to consent) have the right to refuse a protective services investigation following an allegation of abuse. Because the program applies to any older person who is abused, neglected, or exploited rather than only those who are dependent, incapacitated, or infirm, the PS staff do not have to make any eligibility decisions about dependency status.

Factors Influencing Reporting of Elder Abuse

Few references to factors influencing elder abuse reporting can be found in the literature although the topic has been studied in some depth for child abuse (Maney & Wells, 1988). Reports of alleged elder abuse have consistently involved larger proportions of minority elders than would be expected from their numbers in the general population. In 1996, 66.4% of the reports of abuse, neglect, and exploitation made to the state authorities involved Caucasian victims; 18.7%, African American; and 10.0%, Hispanic (NCEA, 1997), compared to the general aging population figures of 85.8%, Caucasian; 8.3%, African American; and 4.1%, Hispanic (U.S. Bureau of the Census, 1992). Cases seen by adult protective services are also more likely to include the low income, female, and the old-old population (Wolf & Pillemer, 1989; Wolf, 1992). This situation prevails even though a prevalence study of elder abuse found that economic status, gender, and age were not significant factors (Pillemer & Finkelhor, 1988).

Two studies have shown that the older person’s perception of a situation may be the salient factor in identifying behavior as abuse (Gebotys, O’Connor, & Mair, 1992; Hudson, 1994). These perceptions are affected by cultural values, attitudes, and traditions that define what is acceptable (non-reported) or unacceptable (reported) behavior (Griffin, 1994). According to the Moon and Williams (1993) study of three ethnic groups, Korean American women were the least likely to perceive a series of scenarios as abuse (50%) compared to Caucasian American women (67%) and African American women (75%). Similarly, 36% of the Korean American women would have sought help; 62% of the Caucasian women; and 63% of the African American women. The cultural imperative to preserve family harmony at the expense of individual well-being is also described in a study of Japanese Americans (Tomita, 1995). In these situations, cases of abuse and neglect remain unidentified, unreported, and untreated. Even if the rate of abuse is equivalent among the various ethnic groups, fewer cases may be reported from the Asian American community or other cultural groups than from the African American or Caucasian communities.

Surveys about non-reporting of elder abuse cases have focused generally on physicians because they are often in the best position to identify and report a case. In their study of Alabama physicians, Daniels, Baumhover, and Clark-Daniels (1989) found that four fifths of the respondents thought they could handle cases of elder abuse better than the authorities; only one fifth believed that the authorities would respond promptly if they made a report. Most respondents in a national survey of emergency physicians were uncertain about identifying or reporting cases of abuse or neglect (Jones, Veenstra, Seamons, & Krohmer, 1997). Both surveys noted the inadequacies in training about the law, reporting procedures, and community resources.

Community cooperation is considered to be a crucial element in an effective elder abuse system (Quinn & Tomita, 1997). The medical, legal, mental health, financial, and social issues that must be addressed in elder abuse and neglect cases often require the expertise and resources of many agencies. Some communities respond by forming interorganizational coordination units; others rely on an informal network to provide the necessary linkages and coordination.

In summary, preliminary information from elder abuse studies suggested possible factors influencing elder abuse reporting to be ethnicity/culture, socioeconomic status, age, professionals’ reluctance to report possibly attributed to lack of confidence in protective services and/or lack of education about the program, and community interagency coordination.

Methods

Pilot Study: Interviews and Focus Group

Because of the paucity of literature on elder abuse reporting, a series of interviews and a focus group were conducted with protective services workers and community agency personnel to determine what they considered to be the most important factors affecting the rate of reporting (Wolf, 1995). The interviewees included state adult protective services administrators (9: Arizona, Colorado, Georgia, Illinois, Maryland, Nebraska, Oregon, Tennessee, and Texas); supervisors (6) and case workers (13) from six Massachusetts PS programs; and community agency staff members (25) from five PS areas. Many of the factors described previously were also mentioned in the interviews: socioeconomic status of the community and level of outreach/training. Family solidarity was viewed as an important cause of non-reporting among ethnic groups. The PS staff also expected that rural areas would have a lower rate of reporting because they were “less open” and suburban areas, because they were more affluent.

From the focus group discussion in which directors
of clinical services (7) employed by the home care corporations participated, the following factors emerged: the strength/credibility of a PS program, level of outreach by the PS program, rural/suburban/urban character of the service area, and socioeconomic status and ethnic composition of the community. These respondents also mentioned the lack of a “commitment to report” on the part of some professionals who “would rather try to solve the problem themselves.”

Based on the answers from interviews, the focus group, and the elder abuse literature, the factors chosen for the analysis were: racial/ethnic background, age, and socioeconomic status of the area’s elderly population; rural/suburban/urban characteristic of the service area (density); credibility/strength of the protective service organization; interagency coordination; level of education and outreach in the area; and community professionals’ commitment to reporting to the PS program.

In this study, the geographic area is the unit of analysis, not individuals or agencies. When placed in this framework, the rate of elder abuse reporting (at a single point in time) is thus a function of a set of structural conditions associated with the service area and interrelationships between the protective services agency and community agency professionals of that area. This social area approach provides an empirical characterization of the context in which decisions are made by individuals about reporting elder abuse and thus is limited in many respects. It should be noted, however, that in making community agency-protective services relationships and training activities characteristics of the geographic area rather than the agencies, the possibility of an ecological fallacy may exist.

Sample/Unit of Analysis

The 27 protective services areas that make up the state of Massachusetts are the units of analysis. Like counties, which in Massachusetts only serve a function for the judicial system, the PS areas reflect traditional service and transportation patterns. Some areas encompass a cluster of towns; others are made up of a major city and surrounding suburbs. One exception is the city of Boston which, because of population density, is divided into three areas for delivery of home care services to elders; and conversely, another exception is the grouping of all towns in one sparsely populated but large (for Massachusetts) geographic area (also a county). The 27 ranged in size from the smallest, population-wise, of 16,071 persons 60 years and older to the largest, 82,936 persons 60 years and older.

Data Collection

Seven sources of data were used in the analysis: (1) Massachusetts Executive Office of Elder Affairs’ Elder Abuse Intake Form for reporting suspected cases; (2) Central Massachusetts Agency on Aging tabulation of the 1990 census sociodemographic data for Massachusetts area agencies on aging; (3) Boston Planning & Economic Development Office 1990 census data for the City of Boston; (4) University of Massachusetts State Data Center for additional census data; (5) Massachusetts Protective Services Program Evaluation Survey; (6) Massachusetts Executive Office of Elder Affairs Survey of Community Education on Elder Risk and Protective Services; and (7) Survey of Protective Services-Community Relationships.

Elder Abuse Intake Form: RATE.—The dependent variable in the analysis was the number of reports of alleged elder mistreatment received by the 27 protective service agencies in fiscal year 1994 (July 1, 1993–June 30, 1994) per 1,000 persons 60 years and older (RATE). Reports of alleged elder mistreatment are called in to the 27 PS agencies or to a central hotline and then transferred to the local agency. The case information is recorded on an elder abuse intake form by the PS worker and then sent to the state office for data processing. The number of reports received by the 27 agencies in fiscal year 1994 (July 1, 1993–June 30, 1994) ranged from a low of 71 to a high of 351 per agency for a total of 4,922. The intake process screened out 15.7% of the reports. Six percent were multiple reports. The remainder (78.3%) were investigated. Of the cases investigated, 53% were opened for the provision of protective services. The number of reports called in to the PS programs, not the number of investigated or opened (substantiated) cases, was used in this study because the main interest was in trying to determine the factors associated with making that initial report.

US Census 1990: AGE, SOCIOECONOMIC STATUS, RACE, DENSITY.—Census data relative to persons 60 years and older for the geographic areas covered by 24 PS agencies were obtained from the Central Massachusetts Agency on Aging staff who had compiled them for state planning purposes. They included % persons aged 60 years and older (ACE); % persons aged 60 years and older living below the poverty line (SOCIOECONOMIC STATUS [SES]); and % persons aged 60 years and older of minority status (RACE). For the three Boston PS areas, neighborhood statistical planning data prepared by the Boston Economic and Planning Development Office were used (Goetz, 1995a, 1995b). Two of the factors were not available from existing sources: the percentage of minority elders in the Boston PS areas and the number of persons per square mile in each of the 27 geographic areas (DENSITY). They had to be ordered from the University of Massachusetts State Data Center that manages the census tapes for Massachusetts.

Protective Services Program Evaluation Survey: LENGTH, SERVICES, COORD.—This second group of variables pertained to the protective service agency. Both the interviews and the focus group had emphasized the importance of the credibility or capability of the PS program in encouraging reports. An evaluation (Wolf & Hathaway, 1996) of the Massachusetts Protective Services Program had queried case workers (n = 74), supervisors (n = 26), and agency program administrators (n = 24) on a wide range of programmatic items,
several of which were used in this study. The construct representing the credibility/capability of the agency was operationalized by two variables from that evaluation survey. One was the average length of time in months that the case workers and supervisors had been working for the PS program (LENGTH). (118 PS staff answered this question.) It was assumed that case workers and supervisors with added months or years on the job would increase the capability of the agency to respond to reports.

The second measure of agency strength was compiled from the staff’s self-rating or perception of their protective services: decision-making process on cases, services for ethnic minorities, and overall services to protective services clients. Individual items were rated on a scale of 1–4 (poor to excellent) and then summed to form the PS services score (SERVICES) variable. (118 PS staff responded to this question.)

The Evaluation Survey also measured interagency coordination. The home care corporation administrators and PS supervisors were given a list of nine types of community agencies and asked to note with how many of each type they had a good working relationship (scale: 0–4 [none, few, some, most, or all]). The types of agencies included VNA/home health, mental health, legal services, police, district attorneys, hospitals, adult day health, housing, and banks. The items were summed to form an interagency coordination score (COORD) (score range: 0.00 to 36.00). (50 PS staff responded to the question.)

Survey of Community Education and Outreach: TRAIN, OUTREACH.—In a survey conducted by the state PS training coordinator, the 27 protective services agencies were asked to report the number of training sessions (TRAIN) that they had conducted in the previous 12 months (fiscal year 1994) with two groups, those representing mandated reporters, such as home health aides and firefighters, and those who are not mandated to report suspected cases of abuse but who deal with older persons, such as bank tellers and postal workers. The agencies were also asked to respond yes or no (1, 0) to five questions: whether they had conducted any outreach and educational initiatives with underserved groups, any outreach and educational initiatives with other groups, any training in collaboration with other groups, any contact with the media in the previous 12 months, and use of any public service announcements in community outreach. The responses to these questions on education outreach (OUTREACH) were totaled (range: 0–5) for each agency (N = 27).

Survey of Community Agency–PS Agency Relationships: RELATE.—A survey of community agency–PS relationships was undertaken specifically for this study. The purpose was to obtain a measure of the PS service area’s “commitment to report,” a factor that had surfaced in the interviews and focus group discussion. Underlying this particular variable was the assumption that an individual would be more apt to report a case to an agency with which he or she had a good working relationship. Each protective services supervisor was asked to name a hospital social worker, police officer, adult day health program director, home health agency staff person, and mental health agency staff person with whom their agency was in contact regarding elder abuse cases.

A survey form was sent to the five persons named by each, inquiring about their working relationship with the PS agency. The questions on the form were taken from the Van de Ven (1980) organizational assessment instrument. They asked about the difficulty in getting in touch with the protective services program, difficulty in getting ideas clearly across to the protective services program when communicating with them, the effectiveness of the working relationships, the extent to which the protective services agency carried out its responsibilities and commitments with regard to the community agency, the productivity of the relationship between the agency and the protective services program, and overall satisfaction with the relationship. Each question was rated on a scale of 1 to 5 (none to great extent), summed, and an average for the 6 questions calculated (RELATE). In 19 of the 27 areas, all five persons who received the survey form completed it; in 7, four responded; and in 1, three completed forms were received. At least three attempts were made to reach the non-responders (telephone call, second mailing, second telephone call) (n = 126).

Analysis

To identify the risk factors (predictors) associated with the elder abuse reporting rate (RATE), a preliminary correlation analysis was conducted to examine the relationship between the dependent variable and all the independent variables. These correlations were used to assess the univariate linear relationship with respect to direction and strength. After eliminating those variables that were highly correlated with others, the stepwise modeling procedure was used to build a predictive model of the elder abuse reporting rate (Kleinbaum, Kupper, & Muller, 1988). The p value for variables to enter into the regression model was set at 0.10 whereas the p value to delete variables was set at 0.15. Eight variables were entered into the analysis simultaneously, and the procedure continued until there were no more additions or deletions of variables. A diagnosis of the final linear regression model revealed that the resulting residual was normally distributed, a condition that complied with the regression assumption.

Results

The rate of reporting among the 27 PS programs varied from a low of 2.41 reports per 1,000 persons 60 years and older to 9.31, a factor of almost one to four (mean: 4.86). The population of persons 60 years and older in the 27 service areas (AGE) ranged from a low of 10.62% to a high of 27.28% (mean: 18.44%); the population of persons 60 years and older of minority status (RACE), 0.8 to 46.0% (mean: 5.47%); and the population of persons 60 years and older below the poverty line, 4.8 to 17.8% (mean: 8.99%). Total population figures (not aging population) were used...
to calculate DENSITY. The most rural PS area (western Massachusetts “hill country”) had 99.72 persons per square mile; the most urbanized area (central Boston service areas) had 16,788.75 persons per square mile (mean: 3,315.05). The PS staff average length of service among the 27 PS programs was 47.85 months with a range of slightly less than half a year (5.33) to more than ten years (142.50) (LENGTH). Scores on the organization factors ranged for SERVICES, 6 to 11.5 (mean: 9.37); COORD, 20 to 35 (mean: 26.13); RELATE, 3.44 to 4.78 (mean: 4.14); TRAIN, 7 to 40 (mean: 18.67); and OUTREACH, 1 to 5 (mean: 2.59).

A display of the factors in a correlation matrix (Table 1) indicates that the sociodemographic variables were highly correlated with the rate of reporting. Of the other variables, SERVICES was moderately correlated with the rate of reporting (r = .5424); TRAIN (r = .3701) and RELATE (r = .3319), were less so. The relationship was even weaker for OUTREACH (r = .2306) and LENGTH (r = -.2079); COORD was essentially not correlated with rate of reporting (r = -.0950). Because SES, RACE, and DENSITY were highly correlated, only SES was selected for the final stepwise modeling procedure (Table 2). To make sure that SES was a better choice than RACE, the process was repeated with RACE in place of SES. In the eight variable model, SES had a p value of .019 while RACE had a p value of .089.

The final regression model shows four significant predictors: SES, SERVICES, TRAIN, RELATE (Table 3). Areas with a higher percentage of elders living below the poverty line, with higher PS staff rated services, and with more PS training programs had a higher rate of reporting while a higher community relationship score was associated with a lower rate of reporting. These four factors accounted for 63.44% of the variance in the rate of reporting (F = 12.28, r = .0000), a somewhat higher percentage than had RACE replaced SES (60.35%) in the modeling procedure.

Discussion

This analysis was designed to test the hypothesis that the rate of reporting of elder abuse is a function of the structural conditions and community agency–PS agency relationship associated with the PS service area. It explores the factors that explain the most variance in the rate of reporting, not the causes of variation.

Of the sociodemographic variables, SES emerged as a significant factor (after other highly correlated variables DENSITY and RACE had been eliminated). This analysis was designed to test the hypothesis that the rate of reporting of elder abuse is a function of the structural conditions and community agency–PS agency relationship associated with the PS service area. It explores the factors that explain the most variance in the rate of reporting, not the causes of variation.
years and older below the poverty line (4.8%) ranked next to the bottom in the rate of reporting, 26th of 27 areas (2.64).

Although RACE was correlated with RATE \( (r = .5888) \) and SES \( (r = .7528) \), the latter turned out to be a more significant factor in the final model notwithstanding the fact that the univariate correlation of SES and rate of reporting was slightly smaller (0.5455). Again, the central Boston area with the highest rate of reporting (9.31) also had the highest minority elderly population (46.0%). However, the area with the second highest rate of reporting (9.15) had the lowest proportion of minority elders (0.8%) which may have contributed to RACE being a less powerful factor than SES.

The three demographic variables, excluding AGE, are highly correlated with RATE and each other. The most prominent example in the sample is the central Boston PS area with the highest rate of reporting, highest percentage of persons 60 years and older below the poverty line, highest proportion of minority elderly persons, and highest population density of the 27 areas. Interestingly, it ranked lowest among the 27 areas with regard to the proportion of the population 60 years and older (no doubt because of its high student population). Because of the dominance of this one area among the 27 with regard to the dependent and sociodemographic variables, a second analysis was conducted leaving this area out of the sample. No change in the model resulted.

The other three significant factors in the model refer to the PS agency and its relationship to other agencies in the community. Although there are no empirical data to show that educational programs for staff working with older persons will result in increased reporting of elder abuse cases, it is a widely held belief. The U.S. General Accounting Office study (1991) on mandatory reporting concluded, based on a review of materials and interviews with state officials and experts, that public and professional awareness was a more effective means of identifying cases of elder abuse and neglect than mandatory reporting. Informing the public through the media and educating professionals through formal programs have been the chief means of promoting awareness at the local level. States with voluntary reporting have relied on public awareness and professional education programs as their means of encouraging reports.

The third significant factor in the model, SERVICES, is also positively related to RATE. The area with the highest SERVICES score (11.50) had the second highest rate of reporting (9.15) whereas the lowest SERVICES area (6.0) had the lowest rate of reporting (2.41). However, self-rated services may not be a truly important variable in practice. The community's view of the protective services agency may be more critical in encouraging reporting. A negative perception of the protective services agency has been suggested as a deterrent to child abuse reporting (Zellman, 1990). Likewise, when emergency physicians were asked about willingness to report elder abuse, only 15% agreed with the statement "prompt action will be taken if I report elder mistreatment" (Jones et al., 1993, p. 476).

Contrary to the literature and focus group discussion, the model shows that the fourth significant variable, RELATE, which measured the community agency-PS agency relationship (as proxy for "commitment to report"), is inversely proportional to rate of reporting. A close examination of this variable by site does not reveal a distinct pattern. The agency with the highest rate of reporting has the lowest RELATE score whereas the agency with the lowest rating of reporting also ranked very low on the RELATE score, 25th out of 27. The second highest rate of reporting area ranked 18th with respect to RELATE; similarly, the third highest rate of reporting area ranked low (24th). The absence of a positive relationship between RELATE and rate of reporting may indeed reflect the limitations of the methodology. Not only is the analysis based on a small number of geographic areas (and relatively large number of variables), but the relationships that are investigated may be too complex to be captured in this type of analysis.

Some differences in rate of reporting may be explained by factors not found in the literature or suggested in the interviews with PS staff and agency personnel, such as the types of reports (whether physical, emotional, neglect, and financial abuse), the sources of reports (hospitals, home health agencies, police, etc.), or even the quality of the reports (screened in/screened out for investigation). The relatively small number of reports per PS agency precluded conducting the multivariate analyses using the subgroup factors. However, in a preliminary analysis, these factors were compared using six PS agencies (the agency with the lowest reporting rate (2.41), the rural agency with the second highest rate (9.15), one of the Boston agencies with the third highest rate (7.24), and three others with reporting rates of 4.29, 4.88, and 6.23) (Wolf, 1995). With regard to type of abuse, the most rural area included a higher proportion of neglect allegations (66.1%) compared to the other five which ranged from 21.2 to 48.9%. Otherwise there were no differences.

When making comparisons about the source of reports (five-month data utilized), again no outstanding
differences were found nor discernible patterns among those six sample areas. Similarly, a comparison of the screen-out rate of reports did not clarify the picture. Because rural areas are known to have fewer services, it was suggested that the high rate of reporting in the very rural area might include many reports of other problems that would be screened out during the intake process in richer service areas. A comparison of the percentage of screen-out reports screened for the above six PS agencies ranged from 12.9% to 38.5%. (State average was 15.7%) The rural area’s rate was 16.9% and the Boston area 12.9%. The two areas with high screen-out rates were close to the state average for rate of reporting (4.29 and 4.88). At least in this small sample, the type, source, and quality of report did not appear to be significant.

In spite of the limitations, the small number of areas, the ecological orientation, and assumptions about the reliability of measurements, the study did provide an opportunity to examine some aspects of the issue not done before. The positive relationship between training and rate of reporting is a potentially valuable finding but, of course, needs verification. Many states and localities operate PS programs on very slim budgets that do not allow for ongoing, extensive training. Perhaps, most disappointing of all is the lack of association between the rate of reporting and PS-community coordination as well as the negative association between rate of reporting and community-PS relationships. Interagency coordination and good community relations are assumed to be critical to the success of an elder abuse program. The cases are often extremely complex and difficult, requiring the involvement of social services, health, and legal agencies. The Massachusetts PS program has the advantage of being located within the local elder case management home care organizations whose staff have over the years established strong linkages with many community health and welfare agencies. Further investigation into the level of coordination is warranted particularly because this analysis showed no correlation between the rating by PS staff of their services and the community agency staff’s rating of the PS agency; similarly there was no correlation between the PS staff rating of the level of coordination and the community agency’s staff rating of the PS agency.

The decision to report a case of elder abuse appears to have less to do with the legal mandate than with other factors. This study sought to learn about these factors from PS workers and administrators. As a first attempt to examine this question, the study confirmed what had been already found in child abuse reporting/non-reporting, that the reasons are many and complex. Future work on this topic might include a more comprehensive comparison of reports by type, source, and substantiation rates or directly asking professionals about reporting behavior. Learning more about elder abuse reporting is important not only because it is a primary means for identification of cases but also because it serves as an effectiveness measure of the PS system and mandatory reporting.

References

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