

*Toward a Better Understanding of  
Elder Mistreatment in Community Settings*

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## **Executive Summary**

### ***Specific Aims***

The purpose of this study was to inform the National Institute on Aging of the feasibility and issues involved in conducting a national incidence or prevalence study of elder mistreatment (EM) in domestic settings. The study examined approaches to detect and measure mistreatment in five domains: physical assault, psychological aggression, sexual coercion, caregiver neglect, and financial exploitation.

Specific aims of this study were to:

- 1) Enhance conceptual clarity of elder mistreatment by building on existing knowledge and seeking input from providers, elders, caregivers, and researchers to refine the constructs in each domain;
- 2) Develop a psychometrically sound instrument to measure elder mistreatment by operationalizing items in each domain and psychometrically testing reliability and validity; and
- 3) Field-test the instrument using an innovative community health strategy that employs Promotores as interviewers in samples of community-residing older adults

Protocols to address each specific aim were developed by a core team that included experts in elder abuse, cultural diversity, and qualitative research, as well as a biostatistician. The team and subgroups concentrating on different types of abuse convened during the first year to improve conceptual clarity prior to data collection and to provide input on designing focus group protocols and questions as well as subsequent measures for the instrument. An Advisory Committee that included 15 members of the community met four times to provide feedback on the development of the instrument as well as approaches to identify and recruit subjects.

### ***Specific Aim 1: Enhance Conceptual Clarity***

Three teams were established to focus on three distinct areas of abuse: conflict (physical assault, psychological aggression, and sexual coercion), caregiver neglect, and financial exploitation. Teams reviewed the literature in each area and identified existing measures of abuse. Consensus emerged that the paradigm of domestic conflict offered a useful conceptual frame for psychological aggression, physical assault, and sexual coercion. Items from the Revised Conflict Tactics Scales (Straus, Hanby, Boney-McCoy, et al., 1996) were selected and modified to measure psychological aggression, physical assault, and sexual coercion in the target population. Although the literature on financial exploitation is sparse, work performed at UC Irvine (Wiglesworth) and the University of Illinois, Chicago (Conrad) offered promising approaches. A major challenge was to frame the area of neglect and to differentiate neglect from self-neglect/refusal of support among an individual who has the capacity to refuse care. We discuss the approach to neglect in greater detail below. Our approach was to determine need for care by asking respondents if they required help with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). If they answered yes, then we asked if

there was someone who could assist them (a designated caregiver). The final component was to inquire whether the needed assistance was provided.

### *Focus Group Findings*

One aspect of EM that has received little attention is how older adults themselves define and view the problem, an important perspective given the context-specific nature of EM (Bonnie & Wallace, 2003; Fulmer, 2004) and the socio-cultural context in which beliefs and attitudes are formed (Burnight, 2008). To address this, our team conducted five ethnically homogenous focus groups comprised of older adults, aged 55 and older, including: 1) English-speaking Latinos, 2) monolingual Spanish-speaking Latinos, 3) African Americans, 4) Caucasians, and 5) informal African-American caregivers. We introduced scenarios which were then slightly modified to identify specific situations that participants indicated were EM and those that they considered not to be EM. Participants in all groups were familiar with EM and knew others who had been victims. Contextual factors surfaced in regards to age, gender, education/knowledge, and family. Consistent themes included frequency/duration of abuse, APS reporting, fear of nursing facility placement, status inequity (reciprocity, dependency/impairment), and retaliation/repercussion. In addition, themes specific to the monolingual Spanish-speaking group included unique attitudes with respect to *machismo* (influence of male domination of women and aggressiveness), respect, love, and early intervention.

Many participants expressed a fear of institutionalization and a willingness to tolerate almost any situation to remain in their homes. Previous research findings have indicated that an APS referral increases the risk of placement (Lachs, Bachman, Williams, et al., 2006; Lachs, Williams, O'Brien, et al., 2002), supporting these concerns. In addition to fear of placement, perceived status inequality also leads to tolerating abusive behavior in exchange for companionship or being permitted to remain in the home. The groups also concurred about the context of the abuse, noting, for example, that reciprocal verbal abuse that has persisted for a long time is not EM. Participants expressed other fears if EM is reported, with major concern about prosecution of family members. In contrast to the other four groups, the Spanish-speaking Latinos indicated that love was the paramount concern. Some felt that if there is love in a relationship then the abuse should not be reported, because love is the most important thing in a relationship.

Somewhat paradoxically, despite the belief of love as an important factor to be considered in determining abuse, participants in the Spanish-speaking group unanimously felt that early intervention is needed at the first indication of abuse. Participants specified that the timing of the report is critical in preventing escalation and the development of a long-term pattern of abuse.

In addition to the five focus groups conducted with participants over age 55, three focus groups were conducted with service providers. The first consisted of four female Senior Care Managers, who worked at a large health maintenance organization in Southern California. Workers were familiar with elder abuse among their clients and stated that they actively work to resolve elder abuse situations. They raised issues about what constitutes abuse and how older adults may react when asked about various issues. When asked why elders stay in abusive relationships, the group agreed that it was a

combination of cultural variations, fear of nursing home placement, fear of being alone, and fear of retribution.

The second service provider focus group was conducted with 13 hospice staff members from a managed care organization. The hospice staff identified several impediments to their patients reporting abuse: fear of loneliness or being left alone, risk of institutionalization, and perceptions of social workers as negative, punitive figures. They also noted that some of the abuse they see is tied to a lack of knowledge and training, and emphasized that they will intervene and educate the families before reporting potential abuse to APS. Finally, the hospice staff discussed the case of end-of-life “abusive” behaviors when a family pursues undesirably aggressive curative measures in terminal patients when prolonging the patient’s life is financially beneficial to the family.

The third focus group of service providers included 16 APS workers, four of whom were male. They discussed barriers to investigating allegations of abuse, citing the issue of elders denying abuse out of various fears, including fear of being alone, or being sent to an institution, and fear of implicating a family member. The APS workers described the lack of awareness the community has about APS, their role and their limitations. They discussed law enforcement, mental health providers, nursing homes and hospital discharge planners that turn to APS with unrealistic expectations, such as resolving threatening behavior, writing protective holds, getting families to pay for care, and determining if the home is safe for the elder’s return. They discussed how these cases and some of the others that are reported due to mandatory reporting actually burden the APS system by pulling them away from cases that need their intervention.

In comparing the two groups (i.e., older adults and service providers), there was agreement about some of the reasons older adults do not admit to abuse or stay in abusive relationships; the most common was fear of nursing home placement. The APS providers included much more detail about the system of investigating elder abuse and some of the reasons it is less effective than it could be.

### ***Specific Aim 2: Develop a psychometrically sound instrument***

The development of the instrument was guided by: 1) the conceptual development described above; 2) input from focus groups; 3) a comprehensive review of existing measures and instruments; 4) protocols suggested by the NRC; and 5) the team’s discussions of the three domains of conflict, neglect, and financial abuse, which included reflecting on the literature review and consulting with community partners. Focus groups described earlier provided grounding on contextual and cultural issues.

The core team began with the NRC’s definition of elder mistreatment as “(a) intentional actions that cause harm or create a serious risk of harm, whether or not intended, to a vulnerable elder by a caregiver or other person who stands in a trust relationship to the elder or (b) failure by a caregiver to satisfy the elder’s basic needs or to protect the elder from harm” (Bonnie & Wallace, 2003, p. 39). An elder was defined as a person aged 65 and older. For the instrument, a *trust relationship* was modified and operationalized as “someone you know” to differentiate this form of mistreatment from EM perpetrated by a stranger. As the term “trust” itself is ambiguous, we asked whether or not a relationship exists rather than whether the relationship is one of “trust.” We also discovered in the focus group settings that people were more comfortable with the term

“elder abuse” rather than “elder mistreatment” so we changed our terminology to reflect this understanding. Following Straus and colleagues (1996) we changed the definition of abuse from the NRC’s “actions that cause harm or a serious risk of harm” (Bonnie & Wallace, 2003) to specific, measurable behaviors whether or not they create harm. Thus we focused more on the actions themselves and less on the outcomes. To measure these actions, we asked if each behavior had occurred in the last 12 months. If the answer was yes, respondents were asked to identify how many times the behavior had happened using categories of *once*, *twice*, *3-5 times*, *6-10 times*, *11-20 times* or *more than 20 times*, or *refuse to answer*.

We consulted with UC Irvine as they had developed and tested an instrument assessing all five domains elder abuse domains. Our final product relied extensively on the UC Irvine instrument. The final instrument for the present study included 78 questions in six sections: 1) Loneliness/assertiveness; 2) Psychological Aggression and Physical Assault; 3) Sexual Coercion; 4) Neglect—A, the “Functioning-based” Neglect Scale (a scale we developed based on ADL/IADL impairment); 5) Neglect—B, the “Original” Neglect Scale (an approach developed by UC Irvine); and 6) Financial Exploitation. The interview itself also included a consent process, and a demographic questionnaire. We embedded a brief assessment of cognitive impairment in the demographic section. To be sure that older adults with little education could understand what the questions were asking, we administered 12 Cognitive Interviews to English-speaking older adults from a local senior center. Findings from the cognitive interviews recommended modifications to several questions, based on the following proportion of participants interviewed who had problems with questions in each section: 58% had problems with the Loneliness/Assertiveness scale; 42% with the Functioning-based Neglect Scale (ADL/IADL impairment); 42% with the Original Neglect Scale; 67% to Emotional/Psychological; 17% to Sexual; and 17% to Financial.

As discussed under specific aim 3, the instrument was administered to 200 Latinos and 35 African Americans; findings are reported separately for both groups. Cronbach’s Alphas were above 0.70 for the instrument as a whole and for all sections except the Original Neglect Scale (0.425 for Latinos and 0.319 for African Americans), and for the Latino sample the Sexual Coercion (0.653) and Financial Abuse (0.489) scales. The Loneliness/Assertiveness Scales also had low Cronbach’s Alphas, (0.311 for Latinos and 0.463 for African-Americans), but this scale was not a direct measure of abuse.

### ***Specific Aim 3: Field Test the Instrument using Promotores***

This aim reflects our interest in identifying the prevalence of abuse among minority elders who may be overlooked by traditional approaches. Therefore, we used Promotores, an innovative model used in public health to identify elder mistreatment victims in Latino and African-American communities. Traditionally, a Promotora’s role is to serve as an advocate and representative of her community (most but not all are women), providing culturally sensitive linkages, and acting as an ambassador from health and/or social services to the community.

Our sampling strategy utilized Summary File 1 (SF1) data from the 2000 U.S. Census. We used block groups (a small geographic region defined by the Census Bureau, consisting of one to several blocks) as the level of analysis, and randomly selected block

groups within Los Angeles County's Service Planning Area (SPA) 6. This geographic area is comprised of a high proportion of the target sample—Latino and African-American older adults. Problems with the first subcontract organization led to a termination of the contract with that agency and the development of a new subcontract with an organization that served Latinos and had extensive experience with the Promotores model.

Promotores went door-to-door in the selected blocks and also approached people outside their homes to screen for inclusion criteria. For all aspects of the study, including the focus groups, cognitive interviews, and community surveys, our IRB was authorized as an exempt study. Therefore, no identifying information was collected. Potential subjects were given an information sheet and were not asked to sign any documents.

Of the Latino subjects, the average age was 72, 60% were female, and about one-half were married, with two-thirds of those who were married residing with a spouse. Only 17.4% lived alone; almost half lived with their children. More than one-half (n=127) were born in Mexico and 5% were born in the U.S. The sample had a low level of education with only 8.5% completing high school or a GED. Among those without a high school education, the average education was 4.4 years of schooling. A large proportion (89.1%) of the 101 people who answered the income question indicated an income level below the California SSI rates (\$902); 55% indicated that they were covered by some form of Government assistance. About one-third did not correctly address all 4 questions on the cognitive screen, while a small percentage (n=15) responded incorrectly to more than 1 question.

The average age of the African American sample was 76; 61.8% was female. All but one individual was born in the U.S. About one in four (26.4%) lived alone; three-quarters were retired. The education level of this sample was higher than the Latino sample; 41.2% had completed high school. The African American sample was less reluctant to report income and among those reporting they had a higher level of income (60.7% were above the SSI cut-off in California).

The overall rate of abuse or neglect in the Latino sample was 40%, split roughly evenly between severe (22.7%) and minor (17.7%). More than 20% of the Latino sample endorsed 2 or more types of abuse/neglect, and over 5% had 2 or more types of severe abuse/neglect. Rates of abuse were even higher for the African-American sample. Overall, more than half the sample, 55.9%, reported some type of abuse or neglect; 38.2% was severe and 17.7% was minor. Almost half of the African American sample had 2 or more types of abuse/neglect and nearly 12% had 2 or more types of severe abuse/neglect. We asked the Latino sample if any of them had reported elder abuse to APS, and 1.5% (n=3) indicated that they had reported abuse. To compare this rate to APS reports, we analyzed the abuse response rates in the zip code where most of the respondents resided. In the targeted zip code, there were 48 APS reports made from 7/1/2009 - 6/30/2010, for a 1-year prevalence of reported elder abuse of 1.8%. The number of those who reported abuse is substantially different from the rate of abuse reported in the survey—40% including psychological abuse, which is not a mandatory reporting category in California, or 33% excluding psychological abuse. On the other hand, it is very close to the 1.5% of those surveyed who indicated that they had reported abuse to APS.



Summary of key findings:

- 1) Older adults may be reluctant to report abuse and fearful of losing authority over their own decision making, including decisions about remaining in the community.
- 2) Neglect is challenging to measure in a community sample through an interview process. It requires first identifying those who meet the criteria of having ADL or IADL dependency. To qualify for neglect, however, there must also be a caregiver who is neglecting the elder's needs. We used two different approaches to measure neglect and found different reported rates of abuse. We recommend that future studies use the Functioning-based Neglect Scale, which includes questions on ADL/IADL impairments.
- 3) Older adults did not appear to be reluctant to answer questions about current and previous abuse.
- 4) Levels of abuse in this study of low income Latinos and African Americans were much higher than reported in other prevalence studies.
- 5) Using Promotores appeared to be an effective approach to developing trust and obtaining interviews in the two communities we studied. This approach utilized the skills and knowledge of people who understand the culture within these communities. However, neither of the two organizations we worked with had experience conducting research. The relationship with those doing the interviewing required more extensive training, supervision, and oversight as well as arranging opportunities to obtain regular feedback from the Promotores. Although the Promotores understood the community, they required more time than we made available to develop and maintain the relationship and to conduct the interviews. Supervision was critical to ensure that they were well trained and were adhering to the research protocol.

Data from the study will be made available to other investigators by means of a formal proposal to Kathleen Wilber, the principal investigator, by e-mail at [wilber@usc.edu](mailto:wilber@usc.edu) or by postal request to: Kathleen Wilber, Andrus Gerontology Center, 3715 McClintock Ave., Los Angeles, CA 90089-0191. A website is currently being developed to enable broad dissemination of the focus group protocols and the Older Adult Conflict Scale instrument in both English and Spanish.

## **Introduction**

The purpose of this study was to inform the National Institute on Aging of the feasibility and issues involved in conducting a national incidence or prevalence study of elder mistreatment in domestic settings. The study examined approaches to detect and measure mistreatment in five domains: physical assault, psychological aggression, sexual coercion, caregiver neglect, and financial exploitation.

The three specific aims of this study were to:

- 1) Enhance conceptual clarity of elder mistreatment by building on existing knowledge and seeking input from providers, elders, caregivers, and researchers to refine the constructs in each domain;
- 2) Develop a psychometrically sound instrument to measure elder mistreatment by operationalizing items in each domain and psychometrically testing reliability and validity; and
- 3) Field-test the instrument using an innovative community health strategy that employs Promotores as interviewers in samples of community-residing older adults.

This report describes the work done on each specific aim, the findings that resulted, and concludes with final recommendations. All aspects of the study that involved human subjects were approved by the University of Southern California's IRB. Approval was sought and granted to use and modify the Revised Conflict Tactics Scales, UC Irvine's Older Adults and Conflict Behaviors Scale, and the UCLA Loneliness Scale (Version 3). No children were involved in the study, and a report on the inclusion of gender and minority study subjects is provided in Appendix A.

### **Specific Aim 1:**

**Enhance conceptual clarity of elder mistreatment by building on existing knowledge and seeking input from providers, elders, caregivers, and researchers to refine the constructs in each domain.**

#### ***Conceptual Development***

Our work on conceptual development was guided by the 2003 report from the National Resource Council (Bonnie & Wallace, 2003) as well as recent work by Conrad and colleagues (Conrad, Iris, Ridings, et al., 2010; Conrad, Ridings, Iris, et al., in press) on financial abuse. We used the NRC definition of EM as “(a) intentional actions that cause harm or create a serious risk of harm, whether or not intended, to a vulnerable elder by a caregiver or other person who stands in a trust relationship to the elder, or (b) failure by a caregiver to satisfy the elder's basic needs or to protect the elder from harm” (Bonnie & Wallace, 2003, p. 39). As such, we focused on EM by a trusted other and excluded scams and other types of abuse committed by strangers. Building on the work of Straus and colleagues (Straus, 1979; Straus, Hanby, Boney-McCoy, et al., 1996), we adopted conflict theory as a theoretical basis to conceptually clarify physical assault, psychological aggression, and sexual coercion. For neglect, the situational stress model, which has been used previously to explain most elder mistreatment, was augmented with

literature on caregiver stress, burden, resources, and coping. The conceptual underpinning of our work was the NRC report (Bonnie & Wallace, 2003), which introduced a theoretical model of elder mistreatment that focuses on transactions over time between the older adult and trusted other(s) and includes the physical, social, and psychological attributes of both the older adult and the trusted other that directly contribute to actual or perceived social inequality in the relationship. These factors influence both the relationship between the older adult and the trusted other as well as the power and exchange dynamics within the relationship.

Protocols to address each specific aim were developed by a core team that included experts in elder abuse, cultural diversity, and qualitative research, as well as a biostatistician. The team and subgroups concentrating on different types of abuse convened during the first year to improve conceptual clarity prior to data collection and to provide input on designing focus group protocols and questions as well as subsequent measures for the instrument.

### ***Input from the Advisory Committee***

We convened a community advisory committee that provided guidance throughout the study. The committee, which met four times, included 15 members of the community (see Appendix B for the list of members).

### ***Convening Focus Groups***

Following the NRC report's suggestion that the field needs a better understanding of the everyday experiences of older adults, the meanings of their relationships, and the factors that exacerbate risk as well as those that improve elders' capacity to protect against abuse, we used focus groups with African-American, Latino, and Caucasian older adults to explore how older adults define and view elder mistreatment. Eight focus groups were convened: four groups were comprised of older adults, one group was caregivers, and three groups were professional providers.

### ***Older Adult and Caregiver Focus Groups***

Using senior centers in Los Angeles, we recruited people aged 65 or older to four homogeneous ethnic/cultural focus groups comprised of English-speaking Latinos, monolingual Spanish-speaking Latinos, African-Americans, and Caucasians. Participants of the fifth group, comprised of people who were caregivers for an older adult, were recruited through the Los Angeles Caregiver Resource Center. To maintain anonymity, participants were asked to sign in using their initials only. Prior to starting this work, the study was reviewed and approved by the University of Southern California Institutional Review Board.

The focus group protocols began with a basic scenario that subsequently had various aspects altered to depict relationships with varying levels of conflict and opportunities for potential mistreatment. The following is an example of the basic focus group scenario:

*John and Mary have been together since they were in their early 20's. They are now in their late 60's. Throughout their relationship, they sometimes argue, yell, and scream at each other. They call each other names and insult each other.*

Scenarios were modified to determine change in participant perception of abuse, with adjustments made to the gender, age, and relationship of the potential victim and perpetrator. Additionally, the frequency and duration of the behavior was adjusted to determine changes in participant perceptions of abuse based on history of the behavior within the relationship (e.g., only occurring recently versus having occurred throughout the past 40 years). Scenarios depicted either both characters engaging in the behavior or one perpetrator and one victim. To obtain additional perspectives on abuse, examples introduced by focus group participants were also discussed.

Focus groups were conducted on-site at the recruiting organizations, in a private room. Each session lasted approximately 90 minutes, with all participants receiving lunch. Because the first group was asked to respond to all questions and to provide feedback on the research protocol, participants received a cash payment of \$20; each participant of subsequent groups received \$10. Participants were advised as part of the written consent information and verbally before the session that presentation of their personal experiences with abuse could result in a report to Adult Protective Services (APS) in compliance with mandatory reporting laws.

All focus groups were co-facilitated by a male and female trained facilitator. Each session was audio-taped and recordings were transcribed verbatim and reviewed by the focus group moderators to ensure accuracy and address ambiguities. The Spanish language group recording was transcribed in Spanish and translated into English using the group recording to confirm translation. Transcriptions were loaded into a spreadsheet program for analysis (Stockdale, 2002). Initial themes arising from the interview protocol—age, gender, duration of abuse, and disability—were augmented with additional themes and subthemes using a grounded theory approach (Strauss, 1987) that employed an iterative process of systematic review and continuous comparisons of data. Through this process, investigators coded transcripts, developed new codes, compared thematic categories, and revised coding patterns. Resulting themes and subthemes were reviewed for face validity by the two focus group leaders, who reconciled remaining coding differences following a final review of the transcripts.

### Sample Description

A total of five focus groups were conducted (see Table 1), one each with African Americans (n=11, plus one Asian), English speaking Latinos (n=6), Spanish speaking Latinos (n=12), Caucasians (n=9), and African-American caregivers (n=5). All participants were over age 55, and the majority (70%) was female. About 32% were married, 34% widowed, and 14% divorced. About 80% reported having a high school diploma and nearly one-third graduated college. The vast majority (84%) was retired and half reported providing care for an older adult in the last five years.

**Table 1: Characteristics of Focus Group Participants**

	Frequency (%)					
	All Participants (n=44)	African American Group (n=12)	English-speaking Latino Group (n=6)	Caregiver Group (n=5)	Spanish-speaking Latino Group (n=12)	White Group (n=9)
<b>Gender</b>						
Female	31 (70.5)	11 (91.7)	3 (50.0)	5 (100.0)	7 (58.3)	5 (55.6)
<b>Age Group</b>						
Under 65 years	7 (15.9)	1 (8.3)	2 (33.3)	0 (20.0)	1 (8.3)	2 (22.2)
65-74 years	21 (47.7)	8 (66.7)	0 (0)	3 (60.0)	8 (66.7)	2 (22.2)
75-84 years	11 (25.0)	2 (16.7)	2 (33.3)	1 (20.0)	3 (25.0)	3 (33.3)
85+ years	5 (11.4)	1 (8.3)	2 (33.3)	0 (0)	0 (0)	2 (22.2)
<b>Primary Spoken Language</b>						
English	32 (72.7)	11 (91.7)	4 (66.7)	5 (100.0)	3 (25.0)	9 (100)
Spanish	11 (25.0)	0 (0)	2 (33.3)	0 (0)	9 (75.0)	0 (0)
Other	1 (2.3)	1 (8.3)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Race/ethnicity</b>						
Latino	18 (40.9)	0 (0)	5 (83.3)	1 (20.0)	11 (91.7)	1 (11.1)
White, non-Latino	10 (22.7)	0 (0)	1 (16.7)	0 (0)	1 (8.3)	8 (88.9)
Black, non-Latino	13 (29.5)	11 (91.7)	0 (0)	2 (40.0)	0 (0)	0 (0)
Asian, non-Latino	1 (2.3)	1 (8.3)	0 (0)	0 (0)	0 (0)	0 (0)
Refused/Other	2 (4.5)	0 (0)	0 (0)	2 (40.0)	0 (0)	0 (0)
<b>Marital Status</b>						
Divorced	6 (13.6)	1 (8.3)	3 (50.0)	1 (20.0)	0 (0)	1 (11.1)
Married	14 (31.8)	6 (50.0)	1 (16.7)	1 (20.0)	3 (25.0)	3 (33.3)
Single	8 (18.2)	1 (8.3)	0 (0)	1 (20.0)	5 (41.7)	1 (11.1)
Widowed	16 (36.4)	4 (33.3)	2 (33.3)	2 (40.0)	4 (33.3)	4 (44.4)
<b>Reside with</b>						
Alone	21 (47.7)	5 (41.7)	0 (0)	2 (40.0)	9 (75.0)	5 (55.6)
Child/Grandchild	4 (9.1)	1 (8.3)	0 (0)	1 (20.0)	1 (8.3)	1 (11.1)
Spouse	12 (27.3)	6 (50.0)	0 (0)	1 (20.0)	2 (16.7)	3 (33.3)
Refused/Missing	7 (15.9)	0 (0)	6 (100.0)	1 (20.0)	0 (0)	0 (0)
<b>Low-income?</b>						
Yes	6 (13.6)	3 (25.2)	0 (0)	0 (0)	0 (0)	3 (33.3)
Refused/Missing	18 (40.9)	0 (0)	6 (100.0)	0 (0)	12 (100.0)	0 (0)
<b>Annual Income</b>						
Less than 10,000	12 (27.3)	0 (0)	2 (33.3)	0 (0)	10 (83.3)	0 (0)
10,000 - 19,000	6 (13.6)	0 (0)	4 (66.7)	0 (0)	2 (16.7)	0 (0)
Refused/Missing	18 (40.9)	12 (100.0)	0 (0)	5 (100.0)	0 (0)	9 (100.0)
<b>Education Level</b>						

Less than high school	9 (20.5)	1 (8.3)	1 (16.7)	0 (0)	7 (58.3)	0 (0)
High school grad/GED	14 (31.8)	4 (33.3)	3 (50.0)	0 (0)	3 (25.0)	4 (44.4)
Some college	8 (18.2)	2 (16.7)	1 (16.7)	1 (20.0)	1 (8.3)	3 (33.3)
College grad	6 (13.6)	3 (25.0)	1 (16.7)	1 (20.0)	1 (8.3)	0 (0)
Postgraduate	7 (15.9)	2 (16.7)	0 (0)	3 (60.0)	0 (0)	2 (22.2)
<b>Currently a Caregiver?</b>						
Yes	22 (50.0)	7 (58.3)	2 (33.3)	5 (100.0)	3 (25.0)	5 (55.6)
<b>Current Work Status</b>						
Retired	37 (84.1)	11 (91.7)	5 (83.3)	4 (80.0)	9 (75.0)	8 (88.9)
Paid Employee	4 (9.1)	1 (8.3)	1 (16.7)	1 (20.0)	1 (8.3)	0 (0)
Homemaker	1 (2.3)	0 (0)	0 (0)	0 (0)	1 (8.3)	0 (0)
Volunteer	1 (2.3)	0 (0)	0 (0)	0 (0)	0 (0)	1 (11.1)
Refused/Missing	1 (2.3)	0 (0)	0 (0)	0 (0)	1 (8.3)	0 (0)

### Themes

A total of 13 themes emerged (see Table 2) that were present across all groups. Three additional unique themes were introduced from the monolingual Spanish-speaking group. Consistent themes included concerns about loss of autonomy/nursing facility placement, bidirectional abuse, tacit exchange, dependency/impairment (language, financial, physical, and mental), family, knowledge/education, age, gender, frequency/duration of abuse, APS reporting, and retaliation/repercussion. Themes specific to the Spanish speaking group included respect, love, and early intervention. In addition, within the category of gender, the issue of *machismo* (expectation of aggressiveness and male domination of women) emerged among both Latino groups. A more detailed description of the findings is presented in Appendix C.

**Table 2: Codes and Definitions of Focus Group Themes**

<i>Code</i>	<i>Definition</i>
Nursing Facility	Fear or threat of being placed in a nursing facility
Bidirectional Abuse	Pertaining to the extent to which elder abuse is reciprocal, with both partners participating
Tacit Exchange	Knowingly accepting an abusive situation in exchange for a perceived benefit (e.g., companionship, ability to live in community)
Dependency/Impairment a. Language b. Financial c. Physical d. Mental	Dependency on one or more support persons due to several possible reasons (language barriers, financial dependency, physical limitations, cognitive limitations)
Family	Role of family influencing interpretation of abuse or reporting behavior
Knowledge/education	Role of knowledge/education in abuse/prevention of abuse

Age	Role age plays in abuse; change in one's behavior due to age (ageism*)
Gender (machismo among Latinos)	Impact of gender on definition of abuse (Influence of male domination of women and aggressiveness on abuse)
Frequency/duration	Length and number of times action has occurred
APS Reporting	Factors associated with reporting/not reporting abuse to APS
Retaliation/repercussion	A behavior or action in response to abuse/action, or a consequence that follows a specific behavior or action (e.g., APS reporting, abusive behavior)
Respect*	Issues addressing level of respect within a relationship
Love*	Role of love in abusive relationships
Early Intervention*	Impact/need for early reporting/therapy, assistance when abuse occurs

\*Monolingual Latinos Only

### *Professional Focus Groups*

In addition to the five focus groups conducted with participants over age 55, there were two focus groups conducted with service providers and a third with APS staff (see Table 3). The service provider focus groups included one with Senior Care Managers (n=4) who worked at a large health maintenance organization in Southern California and a second with hospice staff (n=13) of a managed care organization. The third professional focus group consisted of APS workers (n=9) recruited from several branch offices within the greater Los Angeles area.

All participants were informed that the purpose of the study is to inform the National Institute on Aging on issues involved in conducting a national incidence or prevalence study of elder mistreatment in “domestic settings.” They were informed that the study examines approaches to detect and measure mistreatment through the development of specialized survey.

**Table 3: Characteristics of Professional Focus Groups**

	All Participants (n=26)	Case Managers (n=4)	Hospice Workers (n=13)	APS Workers (n=9)
<b>Gender: n (%)</b>				
Female	20 (76.9)	3 (75.0)	12 (92.3)	5 (55.6)
<b>Age Group: n (%)</b>				
Under 35 years	3 (11.5)	0 (0)	0 (0)	3 (33.3)
35-44 years	8 (30.8)	0 (0)	5 (38.5)	3 (33.3)
45-54 years	10 (38.5)	2 (50.0)	5 (38.5)	3 (33.3)
55-64 years	4 (15.4)	1 (25.0)	3 (23.1)	0 (0)
65+ years	1 (4.0)	1 (25.0)	0 (0)	0 (0)
<b>Race/ethnicity: n (%)</b>				
Latino	6 (23.1)	1 (25.0)	4 (30.8)	1 (11.1)
White, non-Latino	4 (15.4)	0 (0)	3 (23.8)	1 (11.1)
Black, non-Latino	8 (30.8)	1 (25.0)	2 (15.4)	5 (55.6)
Asian, non-Latino	8 (30.8)	2 (50.0)	4 (30.8)	2 (22.2)
<b>Discipline: n (%)</b>				
Nursing	7 (26.9)	0 (0)	7 (53.8)	0 (0)
Social Work	12 (46.2)	3 (75.0)	2 (15.4)	7 (77.8)
Home Health Aide	3 (11.5)	0 (0)	3 (23.1)	0 (0)
Nurse Practitioner	1 (3.8)	1 (25.0)	0 (0)	0 (0)
Chaplain	1 (3.8)	0 (0)	1 (7.7)	0 (0)
<b>Time Spent in Elders' Home</b>				
% of total time: mean (SD)	69.7 (21.4)	53.5 (36.1)	82.9 (5.8)	58.1 (17.1)
<b>How Long in Current Job</b>				
Years: mean (SD)	5.7 (5.3)	9.9 (4.4)	4.5 (4.4)	5.6 (3.1)
<b>APS Reports Filed</b>				
Less than 10,000: mean (SD)	59.5 (106.6)	10.7 (6.8)	0.8 (1.7)	251.0 (14.3)

### Case Managers

The members of the case manager focus group were familiar with elder abuse among their clients and actively work to resolve these situations. They astutely raised issues about what constitutes abuse and how seniors may react when asked about various situations. One participant noted:

*“I have also seen it in cases where the family is in denial about how the personal care and management of the elderly individual has changed. Sometimes the family does not recognize the changes that have taken place and they often still look at the mother in the family, well, the elderly person, for decisions even if mom now has mild dementia. They are blind to the fact that mom may not be bathing herself anymore and may now be getting a little depressed, and what have you. But the*



*family is still letting that person make decisions and they look to that person for decisions because she is the matriarch of the family.”*

When asked why elders stay in abusive relationships the group had several ideas. One shared:

*“I find that the fear of placement into a nursing home and fear of accusing a loved one of a ‘crime’ leads many patients to stay in abusive relationships.”*

Upon further discussion the moderator summarized causes as *“a combination of cultural variations, fear of nursing home placement, fear of being alone, and even a fear of retribution.”*

### Hospice Staff

Similar to the case manager insights on elder abuse reporting, the hospice staff stated that many of their patients are reluctant to report abuse because of fear of loneliness or being left alone, and/or risk of institutionalization without the family member available to provide care. According to one participant:

*“You know, the financial piece where it’s really hard to say, you know, ‘These kids are really living off their parents,’ but that that’s really hard to put your finger on exactly. And then you don’t know if you file it that most of these parents would tell us or APS, ‘Oh no, it’s fine,’ because they’d rather do that then go to a nursing home.”*

Hospice staff also discussed a situation unique to end of life, where they felt that some families are “abusive” in that they seek more aggressive care than what is desired by the patient due to financial benefits associated with the survival of that family member. That is, the death of the family member will bring a change in the financial situation of the overall household, therefore the family is much more reluctant to abandon curative measures even with a terminal diagnosis.

However, several of the hospice workers stated that some of the abuse they see is tied to a lack of knowledge and training. According to one participant:

*“I always tell people first and give them a chance to correct the situation, and basically, the way that I end up framing it though is this is a situation where the family might not realize it now, but if I can bring it to their attention, then they can correct the situation themselves without bringing in other agencies. And that, I would say is 50 percent, where they are afraid of what is going to happen if someone has to come in like the police and APS.”*

Other participants supported this approach and verified that many of their culturally diverse populations perceive social workers as negative and punitive, and thus are fearful of them coming to “investigate” potential elder abuse. The practice of educating families before reporting elder abuse was supported by the hospice workers’ perception of the effectiveness of the APS system:

*“...and every month, one of us was having to make an APS report. And basically, probably to cover ourselves legally, but nothing was going to change about her situation. And, ummm...that is very typical. You know, and my experience with APS is that they’ll come out and talk to the people and even if there’s financial abuse going on, they’ll say there’s nothing they can do about that but urge them to get a lawyer involved or something. And you already have people that are too overwhelmed or too depressed and it just seems like an exercise of futility. I mean, we do it to cover ourselves legally but...you know, nothing is done on it.”*

Several staff alluded to a change in their APS reporting practices based on the responsiveness and effectiveness of the APS system:

*“But I think I have adjusted down what my expectations are on what I’d report because I’ve had it repeated and so I had to think, ‘That’s what they think is ok, so...’ You know?”*

And:

*“There’s already more abuse than APS can handle and they don’t basically do a damn thing anyway...”*

As illustrated by these narratives, many of the hospice staff will intervene and educate before reporting potential abuse to APS, as they perceive their interventions to be more direct, efficient, and effective.

### APS Workers

The third focus group of service providers included nine APS workers, four of whom were male. The reports of reluctance to report elder abuse among older adults due to fear of being alone or institutionalized was also supported by the APS focus group participants. According to one APS worker:

*“Emotional neglect in general is one of the issues, it is also loneliness, you’ll see a progressively neglectful situation then become abusive. This person in a sense gets used to living that way and is so fearful of being alone, or being sent to an institution, like a nursing facility. So they will not say anything negative about the abusers for fear and to be protective of their child.”*

The APS workers described the lack of awareness the community has about APS, its role and its limitations. They discussed law enforcement, mental health providers, nursing homes and hospital discharge planners that turn to APS with unrealistic expectations, such as resolving threatening behavior, writing protective holds (5150s), getting families to pay for care, and determining if the home is safe for the elder to return. They discussed how these cases and others that are received due to mandatory reporting actually burden the APS system, pulling them away from cases that need their

intervention. This is similar to the discussions of mandatory reporting held by the hospice workers. One worker stated:

*“Mandatory reporting its kind of a double-edged sword, yes it protects people... but also it creates a lot of reports where there is no neglect, no abuse, and they know there’s no neglect but being mandated reporters they tell you the law says if you know or suspect abuse, you’re a mandated reporter. That takes a lot of my time, these cases, when they knew from the start that there was no neglect or anything to be done.”*

The discussion of their inability to provide adequate follow up on all cases supports some of the frustration toward APS voiced in the hospice focus group. Additionally, high case volume also impacts their ability to effectively address reported elder abuse.

Another discussion occurred around how they access older adults. They discussed how bringing law enforcement into the picture actually changes the dynamics, making it harder to establish trust or get useful information. Specifically, and consistent with insights provided by the hospice staff, APS workers discussed the distrust of social workers and APS held by many minority populations they serve. One participant stated:

*“I never bring the police unless I know for a fact that it is absolutely necessary. I usually tell them, I’m a home social worker and I work with seniors. I want to see what you have at home and if you need any services I can provide; and then they will usually answer, ‘oh, okay...I need something.’”*

And:

*“...you know when you explain it to them you gain their understanding and it makes it less of a confrontational type of approach especially in the communities that we go to there is a lot of mistrust of authority ...we’re not just talking about cultural we’re talking about historical issues that mistrust of police that’s why we often cover ourselves.”*

In comparing the groups, the APS providers included much more detail about the system of investigating elder abuse and some of the reasons the system is less effective than it could be. There was agreement across the groups, however, about some of the reasons older adults do not admit to abuse and why they stay in abusive relationships. The professional focus groups agreed that fear of nursing home placement, fear of loneliness and isolation, and unwillingness to put family members at risk were barriers to addressing abuse. They also supported the caregiver focus groups’ suggestion that some of what is perceived to be abuse is lack of knowledge or understanding about what is expected.

**Specific Aim # 2: Develop a psychometrically sound instrument to measure elder mistreatment by operationalizing items in each domain and psychometrically testing reliability and validity.**

The development of the instrument was guided by: 1) the conceptual development described above; 2) input from focus groups; 3) a comprehensive review of existing measures and instruments; 4) protocols suggested by the NRC (Bonnie & Wallace, 2003); and 5) the team's discussions of the three domains of conflict, neglect, and financial abuse, which included reflecting on the literature review and consulting with community partners. Focus groups described earlier provided a guide to contextual and cultural issues.

The development of the instrument built on existing literature on both conceptualization and measurement/operationalization of abuse and neglect, with ongoing input gathered through regular team meetings. As a basis for developing the survey instrument, we included the Revised Conflict Tactics Scales (CTS2) (Straus et al., 1996) and the work done by the UC Irvine Center of Excellence on Elder Abuse. Researchers at UC Irvine had developed and tested a similar instrument to measure the five areas of EM. They used a modified CTS2 (Straus et al., 1996) for the three conflict domains and developed scales for financial abuse and neglect; they validated their instrument using APS cases, for which the abuse and neglect status had been previously ascertained. To explore the relationship of elder abuse to other types of abuse, such as a lifetime exposure of intimate partner violence (IPV), we added a question after both the physical abuse section and the sexual abuse section asking if the respondent had experienced any of these behaviors as an adult prior to 65 years of age. Positive responses would suggest a possible lifespan exposure. We also drew items from the UCLA Loneliness Scale (Russell, 1996) and the Rathus Assertiveness Schedule (Rathus, 1973) for inclusion in the instrument.

The final instrument included six sections: 1) Loneliness/assertiveness, 2) Psychological Aggression and Physical Assault, 3) Sexual Coercion, 4) Neglect—A, the “Functioning-based” Neglect Scale (the impairment-based scale we developed using ADLs and IADLs), 5) Neglect—B, the “Original” Neglect Scale (the approach developed by UC Irvine), and 6) Financial Exploitation. The interview itself also included a consent process and a demographic questionnaire. The survey was translated in Spanish by two bilingual members of the team and reviewed by the three Spanish-speaking Promotores and two supervisors. Modifications were made if all parties agreed that a change made sense. (Appendices J and K include the complete instruments in both English and Spanish, including the consent evaluation, the demographic questionnaire, the six sections of the instrument, and the Promotores' descriptions of the home and the neighborhood.)

***Cognitive Impairment***

One of the major challenges of constructing a self-report interview for elder mistreatment is the validity and reliability of information from respondents with cognitive impairment. For example, Heath and colleagues (2005) found high prevalence rates of dementia in elder abuse victims, particularly victims of financial exploitation and neglect. To assess capacity to participate and to assess the quality of the answers we

received, we used a two-stage process. The first stage was during the consent process, in which interviewers were trained to ask respondents to summarize their understanding of the interview process. The expectation was that those who could not paraphrase what they were being asked to do—as detailed in the IRB information sheet—would be excluded. The second stage was accomplished by embedding a brief cognitive screen in the demographic portion of the interview, building on work done by Morishita, Boulton, Ebbitt, and colleagues (1995). The screening questions that were interspersed throughout the demographic section of the instrument included: “*What is today’s date?*” “*What is your zip code?*” “*What year were you born?*” and “*How old are you?*” The total possible score was six points, with two possible points scored for correct answers on each metric: date; zip code; and matching birth year and age. Today’s date was scored two points if the respondent correctly answered the exact date or correctly answered the day of the week. Both types of response were considered because of inconsistency in data collection. Respondents scored 1 point if they answered within one day on either side of the day of the week or were plus or minus 1 day off on the date. Two points were awarded if their stated age and year of birth coincided or were within two years of each other. If they answered a year of birth that was reasonable, but did not provide an age, they received one point. If the Promotores indicated that the zip code was correct or if the recorded zip code matched the survey zip code, two points were given. A reasonable approximation of the zip code (five digits starting with two correct digits) resulted in a score of one point. The final scores were separated into three categories: no identified impairment (scores of 5 and 6); possible impairment (score of 4); and probable impairment (scores between 0 and 3).

### ***Defining Terms and Clarifying Language***

For the purpose of our study, an elder was defined as a person aged 65 years of age or older. Because our instrument asked about abuse within the last 12 months, we surveyed people aged 66 and older. The teams struggled with how to define a *trust relationship with another person*. Consensus was that using the term “*someone you trust*” or discussing a “*trust relationship*” would not be sufficiently specific. After weighing a number of alternatives, we operationalized this term as “*someone you know*” to differentiate this form of mistreatment from EM perpetrated by a stranger. We also discovered in the focus group settings that people were comfortable with and tended to use the term “*elder abuse*” rather than “*elder mistreatment*,” so we changed our terminology to reflect this understanding. To identify abuse within a relationship with someone who is known to the elder, we identified measures of behaviors that were directed toward the elder.

Following Straus and colleagues (1996), we identified conflict (physical assault, psychological aggression and sexual coercion) as a natural part of interpersonal relationships and framed our questions to identify specific conduct (behaviors/tactics) that had occurred over the last 12 months in response to conflict. The focus was on asking whether the behavior had occurred rather than the outcomes that resulted. These behaviors (e.g., hitting, shaking, threatening) were quantified using modified items from the Revised Conflict Tactics Scales (CTS2). We first asked if the behavior had occurred in the last 12 months. If the answer was yes, respondents were asked to identify how many times the behavior had happened with categories of: once, twice, 3-5 times, 6-10

times, 11-20 times, more than 20 times, or refuse to answer. Potentially abusive behaviors were separated into five categories: physical assault, psychological aggression, sexual coercion, caregiver neglect, and financial exploitation. The first threshold was whether the respondent had experienced any identified behavior in a scale. Abuse was then categorized as either mild or severe using Straus' categories for the three conflict scales: psychological, physical, and sexual.

The work of Conrad and colleagues (2010) offers a platform from which to consider financial abuse, although the work was in relatively early stages when we were developing our instrument. Therefore, we turned to the UC Irvine team's instrument as a baseline for questions on financial exploitation. We used response categories that were identical to those for the conflict domains, as detailed above, and built on Conrad's work to develop a severity classification system for these questions.

In contrast, we had difficulty finding a perspective from which to study neglect. We began with the NRC definition of "failure to provide needed care" coupled with the existence of a "caregiving relationship" (Bonnie & Wallace, 2003, p. 51). The UC Irvine team reported lower levels of specificity and sensitivity on their neglect scale compared with the other four scales in their instrument. With input from the neglect domain team, the core team decided to approach the measurement of neglect by first identifying whether the respondent needed assistance with any ADL or IADL items (see the example in Table 4 below). A respondent who did not report any ADL or IADL limitations was by definition not considered to be a victim of neglect. Those that answered that they needed assistance were then asked if a caregiver was available to provide assistance. If the answer was yes then the individual was asked how often the necessary assistance was provided. In addition to our own impairment-based neglect assessment, we included the UC Irvine instrument to compare the results of the two approaches.

**Table 4. Sample Question from the Functioning-Based Neglect Scale**

<b>12. Do you have difficulty getting out of bed or a chair?</b>	0 <input type="checkbox"/> No ( <i>go to question-13</i> )	
	1 <input type="checkbox"/> Yes – Is there someone who can help you?	
	↓ If "Yes" X	0 <input type="checkbox"/> No ( <i>go to question-13-provide service information</i> )
		1 <input type="checkbox"/> Yes – How often do they give you the help you need?
		1 <input type="checkbox"/> Never ( <i>go to question-13-provide service information</i> )
2 <input type="checkbox"/> Rarely ( <i>go to question-13-provide service information</i> )		
	3 <input type="checkbox"/> Sometimes ( <i>go to question-13-provide service info.</i> )	
	4 <input type="checkbox"/> Often ( <i>go to question-13</i> )	

Avoiding socially desirable responses was addressed in two ways. The first was framing the questions to normalize responses. Following Acierno (2003), we developed "preface statements" for each scale that convey acceptance and normalization. For example, the Functioning-based Neglect Scale was introduced in this way:

*“The next group of questions is about support and assistance with everyday activities. Sometimes people who need help or support don’t get the help they need. We want to find out what help people might need, if any, and learn about how much help they are getting. Please let me know if you have difficulty doing the following tasks on your own, without help.”*

In addition, Promotores were trained to approach all of the questions with a matter of fact attitude. Contrary to what we expected, with one exception discussed below, respondents did not seem to have concerns or issues with the questions, even those that we felt were of a highly sensitive nature.

To better measure mistreatment, the NRC (Bonnie & Wallace, 2003, p. 56) recommends that variables be operationalized in a matrix of conduct and harm. Following Straus, we measured behavior rather than the actual harm it caused and divided summaries into no abuse, mild abuse, and severe abuse. A preliminary matrix of these categories was prepared and is presented later in this report.

Each item in the instrument was thoroughly reviewed by the core team with extensive discussion of each item followed by consultation with the advisory council on the instrument as a whole. The instrument was pilot tested on a sample of five older adults, who were given scripts and asked to respond as if they were the person in the script. Each script represented a different type of abuse; one script represented a respondent who was not abused. (See Appendix D for the scripts.) Based on comments on the process and the questions from both the interviewers (graduate students) and interviewees, modifications were made to some of the items to improve clarity and flow.

### ***Testing the Instrument***

#### ***Cognitive Interviewing***

Once the instrument was finalized, Cognitive Interviewing (CI) was done to improve the flow and reduce respondent error. Cognitive Interviewing is a technique that can be used to critically evaluate the transfer of information and examine how the targeted audience mentally processes, understands, and responds to the interview questions. Due to the content of this instrument, the questions and terminology can be easily misinterpreted depending on the subjects’ exposure to abuse across the lifespan, mental health status, and culture, thus making it important to administer CI techniques to measure the performance and effectiveness of the instrument.

Twelve CI’s were conducted at St. Barnabas Senior Services in Los Angeles, using a scripted, verbal probing, think-aloud technique, to test respondent comprehension, task difficulty, and item sensitivity of each of the proposed questions. Interviewers were trained to 1) speak clearly, 2) remain focused to prevent conversation meandering, and 3) use large type for printed material. Recruitment criteria included 1) being 65 years of age or older, and 2) able to speak and understand English.

### **Findings & Recommended Modifications**

Overall, 37% of respondents identified one or more problems with how the questions were phrased and half (50%) had one or more problems with understanding the terminology used. Among the respondents who had problems with the questions, Section 4 (psychological/physical) contained problems for the most respondents (67%), followed

by Section 1 (loneliness/assertiveness) at 58%, and Section 2 (Functioning-based Neglect Scale) and Section 3 (Original Neglect Scale) at 42%. Section 5 (sexual) and Section 6 (financial) posed problems for only 17% of respondents. The efficacies of the suggested modifications are estimated between 26% and 50% according to the established sample size. (See Appendix E for detailed recommendations and modifications.)

### *Internal Consistency*

As described in the section on Specific Aim 3, the survey was administered to 235 subjects (200 Latinos and 35 African Americans.). A test of internal consistency and reliability, Cronbach’s Alpha, was run for the five domains (Table 5). The lower threshold of 0.70 was used as the marker of optimal internal consistency among response items (Pedhazur & Schmelkin, 1991).

**Table 5. Cronbach’s Alpha Values for the Instrument’s Components**

	<b>Latino</b>	<b>Black</b>
Elder Abuse & Neglect	0.822	0.873
Elder Abuse	0.809	0.827
Conflict Domain	0.910	0.798
Psychological Aggression	0.798	0.765
Physical Assault	0.848	0.686
Sexual Coercion	0.653	N/A
Financial Exploitation	0.489	0.787
Neglect	0.756	0.784
Functioning-based scale	0.759	0.752
ADLs	0.763	0.641
IADLs	0.531	0.778
Original scale	0.425	0.319
Section 1: Loneliness/assertiveness	0.311	0.463
Loneliness	0.667	0.834
Assertiveness	0.235	-0.447

### Neglect Scales

To identify neglect, we used two separate instruments: the Functioning-based Neglect Scale, based on ADL/IADL impairments, and the Original Neglect Scale, which had been part of UC Irvine’s elder abuse instrument. Alpha coefficients for the functioning-based scale were 0.756 among Latinos and 0.784 among African Americans. Alphas for the original scale were 0.425 and 0.319 for the Latino and African American surveys, respectively. Correlations (Pearson's R) between the two scales are 0.408 (excluding those with no caregivers) and 0.615 (including those with no caregivers) for the Latino sample and 0.847 (excluding those with no caregivers) and 0.686 (including those with no caregivers) for the African American sample, indicating overall poor reliability between the impairment-based and original measures of neglect. To reflect the severity categorization used for our abuse sections, which was based on the work of Straus and colleagues (1996), we categorized neglect into mild and severe, as detailed later in this report.



**Specific Aim # 3: Field-test the instrument using an innovative community health strategy that employs Promotores as interviewers in samples of community-residing older adults.**

To better identify elder mistreatment victims, we used Promotores, an innovative model used in public health. Traditionally, a Promotora's role is to serve as an advocate and representative of her community (most but not all are women), providing culturally sensitive linkages, and acting as an ambassador from health and/or social services to the community. Although used most often in Latino communities, Promotores programs have expanded to serve other races and ethnicities, such as Vietnamese and African-American populations (California Endowment, 2000). Typically, Promotores come from the community in which they work and are knowledgeable about the culture and values of that community. We thought that this model would offer a unique way to provide entrée to underserved and under-researched populations, specifically targeting Latinos and African Americans in a low income area of Los Angeles, the health services district of Service Planning Area (SPA) 6.

***Working with Promotores***

***Recruitment***

Staffing changes within Partners in Care Foundation (PICF), our subcontracting agency, required us to modify our original Promotores approach. Rather than having PICF hire the Promotores, we solicited bids for organizations who had experience recruiting and training Promotores in the communities we had selected—African Americans and Latinos in Los Angeles' SPA 6. Jorge Lambrinos, Director of the USC Roybal Institute for Applied Gerontology, consulted on recruiting, training, and supervising the Promotores, building on his experience using Promotores for several previous studies in Los Angeles. We reviewed three potential Promotores organizations and selected Wanda Johnson and Associates, an organization with both Spanish speaking bi-cultural staff and African American Promotores working in and familiar with the communities we had targeted. We provided two days of training to six Promotores and Wanda Johnson in April 2009, culminating in individual role playing exercises, with members of the research team serving as mock interviewees.

***Building Community Relations***

Advisory council members and leaders in the Promotores subcontract agency suggested that we should do some work within the target communities working with community leaders to prepare for the study. They indicated that we could improve access to potential subjects and build trust by alerting people in the neighborhoods that Promotores will be knocking on their doors to conduct a survey. Therefore while waiting for final permission from Western Psychological Services to use the CTS2 instrument, staff spent time increasing visibility of the project in the target areas by letting church pastors and local merchants know about the study. There is no evidence that this had an effect on building trust or awareness of the project among those who were interviewed.

### *Problems with a Subcontract*

Although Wanda Johnson and Associates had enjoyed a good reputation among several agencies as well as public officials, we were not aware that the organization was undergoing financial difficulties and that the six staff who had been trained were terminated shortly after the interviewing began. After her organization had conducted 35 out of the targeted 400 interviews, we stopped receiving updates from Wanda Johnson, and she failed to attend our next scheduled meeting or provide us with additional outstanding interviews that she had indicated were completed. We were unable to reach her by phone, and on multiple visits to her office found a sign on the door saying that she was unavailable. When we contacted her through a phone number that was left on the door, she indicated that she was ill and did not know when she would return to work. All but one of the interviews she conducted was with non-Latino African Americans. The agency had received a front loaded portion of the subcontract to cover start up costs and had continued to bill PICF on the agreed upon schedule. When PICF was notified by the USC researchers that the interviews were not being completed, the contract was terminated. Over time, it became clear that the Promotores had not been paid and interviews were not returned. A report was made to the USC IRB and consultation was sought by the PI with the USC Office of Compliance. Subsequent efforts to contact Wanda Johnson and Associates were unsuccessful. We then sought a new organization to conduct the interviews and selected Esperanza Community Housing Corporation (Esperanza), an organization that regularly hires, trains, and employs Promotores for the Latino community. From January 2010 to July 2010, Esperanza completed the agreed upon 200 interviews with Spanish speaking older adults.

Promotores' training included how to consent subjects using an informed consent IRB-approved protocol. Our initial submission to the USC IRB was for a moderate risk survey process. The IRB, however, recommended that we exclude all identifying information from the interview forms, including name, address, and phone number, and submit a request for an exempt study. Ultimately, this was the approach that we selected. Based on the number of interviews that Wanda Johnson and Associates reported as complete but failed to return to the study team, it is possible that some questionnaires are still in Wanda Johnson and Associates' possession or have been discarded. Given this possibility, the anonymous nature of the study safeguarded the identity and responses of subjects. A key lesson from this experience is that oversight and monitoring of local community agencies can be a challenge. Despite bi-monthly meetings, we were initially unaware of the problems in the original Promotores organization. When we became aware of the problems, we worked hard to try to continue with the original organization, as we had already invested heavily in the start up of this phase of the project (e.g., training, organizational support, and multiple planning meetings). Additionally, the community organization was subjected to delays on our end resulting from changes to our IRB approach and unexpected delays in obtaining permission to use the CTS2 from Western Psychological Services. In hindsight, we would have screened the community agency more carefully and subcontracted directly to our Promotores organization rather than through another organization. Another possible approach, as we implemented with Esperanza, is to work more closely with the subcontractor and use a pay-for-performance contract instead of a time-dependent payment schedule.

## ***Sample Recruitment***

### *Identifying the Sample Area*

We defined an elder as someone 65 years of age or older. Because the survey asked about elder abuse that had occurred in the last 12 months, we sought to identify African American or Latino subjects who were 66 years of age or older at the time of the interview. To target the areas likely to have a large proportion of our target sample—older adult Latinos and African Americans—we selected our sample from SPA 6 in south Los Angeles, which according to the 2000 census has large Latino and African-American populations. (Los Angeles County is divided into 8 SPAs.) Based on population estimates for Los Angeles County from the 2000 Census, the 65+ population in SPA 6 was 84,984.

Our sampling strategy utilized Summary File 1 (SF1) data from the 2000 U.S. census. Data from 2000 were used, as they provided the most recent reliable source of information about populations in small regions. We used block groups (a small geographic region defined by the Census Bureau, consisting of one to several blocks) as the level of analysis. We selected all block groups within SPA 6, and calculated the proportion of residents within each block group who were 55 or older as of 4/1/2000 (approximately 65 in 2010) and self-identified as either Latino or single-race African American. We censored those block groups that fell in the top or bottom 5% of this distribution (i.e., greater than 25.7% or less than 5.7% of the target population), and removed all block groups that contained less than 100 individuals.

To ensure a roughly equal selection of Latino and African-American block groups, the block groups were split into two categories based on the racial/ethnic group that predominated within the 55+ population in 2000: those block groups in which Latinos 55 and over outnumber single-race African Americans 55 and over, and those block groups in which single-race African Americans 55 and over outnumber Latinos 55 and over. These two categories of block groups were randomized, and block groups were picked sequentially from each category such that a roughly equivalent number of Latinos 55 and over and single-race African Americans 55 and over were represented in the sampled block groups. Promotores began their community surveying with the first block groups selected through this random process and, when the participant pool within those block groups had been exhausted, moved on to the next block groups selected. The initial approach targeted block groups with a high proportion of African-Americans. After problems developed with the first community organization, which we describe below, we targeted communities with a high proportion of Latino elders. We ultimately ended up focusing our efforts on securing a complete sample of Latino elders (N=200).

### *Identifying Subjects*

Promotores went door-to-door in the selected blocks. Originally, Ms. Johnson had six individuals dedicated to the project; however, most of these staff members had left by the time the interviews were started, so Ms. Johnson herself completed most of the interviews, with three interviews completed by a second person. The Latino interviews conducted by Esperanza were completed by two women and one man. We had asked the Promotores to work in pairs and leave an itinerary of the area in which they were working. Three of the Promotores, however, typically went into the community alone: Ms. Johnson, an individual who worked briefly for Ms. Johnson, and a man who conducted interviews for Esperanza. The research team was informed of this by both Promotores organizations, and safety precautions were discussed. A cell phone was

purchased for the man from Esperanza, who did not have his own cell phone, and every day, interviewers left information about their whereabouts and their expected schedule of interviews. Some of the interviews were scheduled in advance, so the exact time and location of these interviews was known.

All Promotores had identification badges specific to the study. Promotores reported that people were reluctant to answer the door but that their identification badge seemed to increase trust and allowed them to “stay on the porch and explain the study through the cracked door.” If no one answered the door, a door hanger was left with information about the study, including who to call (see Appendix F). Promotores were told to return to these homes at least two more times. If the door was answered, the interviewer used a door script to identify whether a potential subject resided in the home (see Appendix G). Promotores asked if anyone 50 or older resided in the home in order to correct for potentially inaccurate reporting by the person answering the door and ensure that all potential subjects were captured. If no one resided in the home who was 50 years or older, Promotores were instructed to ask if any individuals 50 or older resided on either side in the adjacent residences.

To expedite Esperanza’s surveying, we also used the market research firm *Data Masters* to identify households with residents aged 65 and older. Recommendations from other community researchers were that the information was accurate and offered a way to target resources for repeated follow-up visits to the home. However, the Promotores found that the information was not very reliable for our study’s target community. The community was much less stable and more transient than other older, non-minority neighborhoods in Los Angeles. On a number of occasions, Promotores were told that the older adult no longer lived in the home or that the entire family no longer resided there. Promotores also reported that they had difficulty locating older adults because the age distribution of the community was disproportionately young families with few older people; this is contradictory to the 2000 census data used to select the sample areas, another likely indicator of recent geographic mobility among our target communities. Moreover, they encountered some residences where the older adult(s) who the Promotores knew to live there were at not home. Due to this wide range of sampling issues, and in the interest of completing data collection within the study period, the Promotores were told that they could approach individuals who might be eligible for the study outside their home (e.g., walking, at a coffee shop, in a park), and screen them to determine if they resided in the selected block group. Thus, not every interview was conducted in the home.

### *Consenting Subjects*

Several steps were involved in the consent process. First, the interviewer assessed whether or not the potential respondent was “alert and able to communicate.” If the person seemed unable to meet these criteria, the interview was not conducted. If the individual met these criteria, the interviewer went over the consent form with the potential subject (see Appendices H and I). Because our IRB authorized an exempt study with no identifying information collected, potential subjects were given an information sheet and were not asked to sign any consent documents. To ensure that the individual had sufficient understanding of the terms of the study to provide informed consent, the interviewer then asked the following questions, modified from Resnick and colleagues’ (2007) Evaluation to Sign Consent form: 1) Please name at least one potential

risk that may occur as a result of participating in the research; 2) Please tell me in your own words what is expected of you during the interview; 3) Please explain what you would do if you decide that you no longer wish to participate in the study; and 4) Please tell me what you would do if you experience distress or discomfort related to the questions I will ask you. Based on these responses, the Promotores were asked to certify by signing the form that the person was alert, able to communicate, and able to give acceptable answers to the four questions.

### *Reporting Abuse*

We noted in the proposal that we would work closely with APS to develop protocols for referrals that satisfy California's reporting requirements. Through consultation with the Advisory Committee and APS and based on the IRBs suggestion to remove all identifying information from our data collection, the following protocols were agreed to. First, after reviewing California's elder abuse statute, there was unanimous agreement from the Advisory Committee that the Promotores and researchers they represented were not mandated reporters. Based on a lengthy discussion with the Advisory Committee members, it was determined that the Promotores would not be expected to report the abuse identified through the interview. Second, training for the Promotores included encouraging the older adult, where appropriate, to report abuse to APS. Promotores were asked to facilitate such reporting by helping the elder contact APS when the elder agreed and requested support. Promotores were also provided with community resource packets to give to each participant. Promotores were trained to help identify appropriate services if the interview suggested a need for such services. Finally, Promotores were also told to intervene by calling APS if they encountered abuse that was of an immediate threat to the elder or placed the elder in high risk. As part of the consent process, potential subjects were told that this would happen. Per the Promotores, the most commonly sought resource was the Los Angeles Caregiver Resource Center.

### *Findings*

#### *Characteristics of the Sample*

As shown in Table 6, the average age of the Latino sample was 72, 60% were female, and about one-half were married, with two-thirds of those who were married residing with a spouse. Only 17.4% lived alone; almost half lived with their children. More than one-half (n=127) were born in Mexico; 5% were born in the U.S. The sample had a low level of education with only 8.5% completing high school or a GED. Among those without a high school education, the average education was 4.4 years of schooling. A large proportion (89.1%) of the 101 people who answered the income question indicated an income level below the California SSI rates (\$902); 55% indicated that they were covered by some form of Government assistance. About one-third scored less than five of six possible points on the cognitive screen; a small percentage (n=15) scored less than four points, indicating probable cognitive impairment.

The average age of the African American sample was 76; 61.8% was female. All but one individual was born in the U.S. About one in four (26.4%) lived alone; three-quarters were retired. The education level of this sample was somewhat higher than the Latino sample; 41.2% had completed high school. The African American sample was less reluctant to report income, and among those reporting they had a higher level of income (60.7% were above the SSI cut-off in California).

**Table 6. Sample characteristics**

	<b>Latino (n=199)</b>		<b>Black (n=34)</b>	
	n	Mean (SD) or %	n	Mean (SD) or %
Age	194	72.3 (6.9)	33	76.0 (5.0)
Gender (female)	192	56.3	34	61.8
<b>Ethnicity</b>				
Hispanic, Latino, or Spanish Origin	192	99.5	34	0.0
<b>Race*</b>	172		34	
White		24.4		0.0
Black/African American		0.6		100.0
Asian		0.0		0.0
American Indian/Alaska Native		0.0		0.0
Native Hawaiian/Other Pacific Islander		0.0		0.0
Other Race		76.2		0.0
<b>Country of Birth</b>	198		34	
U.S.		5.1		94.1
Mexico		64.1		
El Salvador		15.7		
Guatemala		10.6		
Other Hispanic Country		4.5		
Jamaica				2.9
<b>Highest Level of Education</b>	176		34	
Less than high school		86.9		32.5
High school or GED Equivalent		8.5		41.2
Some College		2.3		17.7
College Graduate		2.3		8.8
Post Graduate		0.0		0.0
<b># of years in school (if &lt; high school)</b>	151	4.4 (3.1)	2	10.0 (1.4)
<b>Marital Status</b>	196		34	
Single		13.3		2.9
Married/Partnered		50.5		29.4
Widowed		20.4		38.2
Divorced/Separated		15.8		29.4
<b>Living Arrangement*</b>	195		34	
Living alone		17.4		26.5
Live with Spouse		33.3		29.4
Live with child/children		46.7		17.7
Live with grandchild/grandchildren		5.1		20.6

Live with sibling		5.6		11.8
Living with other relative		9.2		2.9
Live with friend		4.1		2.9
Live with paid help		0.00		5.9
<b>Own home</b>	189		34	73.5
<b>Work Status*</b>	192		34	
Retired		50.00		76.5
Paid Employment		10.4		2.9
Volunteer		8.9		2.9
Homemaker		31.8		23.5
<b>Monthly Income</b>	101		28	
Above \$902.00		10.9		60.7
Below \$902.00		89.1		39.3
<b>Average Monthly Income Currently Covered by Gov't Assistance</b>	60	\$344.323 (365.39)	24	\$1,179.38 (544.64)
<b>Cognitive Impairment</b>	173	55.5	34	70.6
Possible impairment	199	23.1	34	2.9
Probable impairment		7.5		8.8

### *Prevalence of Abuse/Neglect* Scoring Abuse

Our literature review failed to reveal a consistent scoring approach to determine abuse across studies of elder abuse. For example, the CTS2 uses one or more instances of abuse for all types (Straus et al., 1996). In contrast, Pillemer and Finkelhor (1988) used 10 or more instances of psychological abuse as a cut-off for that particular abuse domain, with one instance serving as the cut-off for physical abuse. Podnieks used 2-10 times to indicate neglect in a study of abuse in Canada (as cited in Branch, 2008). For this report, we followed Straus's guidelines and used any instance of abuse to signify that abuse had occurred in the physical, psychological, sexual, and financial domains.

### Assessing Neglect

Because the UC Irvine team had concerns about their neglect measure, we used two different approaches: 1) the Functioning-based Neglect Scale, which we constructed to focus on need for help based on ADL/IADL dependency; and 2) the Original Neglect Scale, which UC Irvine had developed for their survey. A comparison of the results from the two instruments is in Table 7 below.

**Table 7. Comparison of Functioning-based and Original Neglect Scales (Latino sample)**

	Neglect (original scale)		
	No abuse/neglect	Only minor abuse/neglect	Any severe abuse/neglect
<b>Neglect (functioning-based scale)</b>			
No ADL or IADL needs/All needs are met	153 (79.3%)	4 (2.1%)	1 (0.5%)
ADL or IADL needs; no caregiver present	4 (2.1%)	8 (4.2%)	0 (0.0%)
ADL or IADL needs; minor caregiver neglect	10 (5.2%)	5 (2.6%)	4 (2.1%)
ADL or IADL needs; severe caregiver neglect	2 (1.0%)	1 (0.5%)	1 (0.5%)

As the two instruments displayed a good deal of discordance, we further investigated possible reasons for the varied results. To do so, we compared the loneliness and assertiveness scores from Section 1 for those individuals who were reported being neglected against those who reported no neglect under each of the two neglect instruments. Table 8 presents *t*-tests on loneliness and assertiveness for all abuse and neglect domains, broken down by severity and, for the Functioning-based Neglect Scale, by ADL/IADL needs and presence of a caregiver.

There were no significant differences in the level of loneliness observed for those who reported psychological, physical, sexual, or financial abuse. The only difference in loneliness based on responses to the Functioning-based Neglect Scale were for those who reported ADL/IADL needs but no caregiver present versus those who either had no unmet ADL/IADL needs or had a caregiver present. This is a logical relationship, in which higher levels of loneliness are likely to result from the situation of not having a caregiver present. However, significant differences in loneliness were reported for all levels of the Original Neglect Scale, with people reporting neglect showing greater loneliness. The reason for the significant differences in loneliness based on the original scale compared to no significant differences based on the functioning-based scale is likely tied to the nature of the questions in each instrument. While the questions in the functioning-based instrument are based on directly assessable functional impairments and presence or absence of help in compensating for these impairments (e.g.: Do you have difficulty feeding yourself?/Is there someone who can help you?/How often do they give you the help you need?), many of the questions in the original instrument are based on subjective expectations and determinations (e.g., Have you been left alone ...when *you felt* you should not be left alone? Has the person you rely on not provided you with *enough* food or water?). Therefore, it is likely that the subjectivity that determines responses to the Original Neglect Scale is affected by the psychological state of the older adult, e.g., their level of loneliness.

Similarly, those individuals who reported neglect in the original scale were significantly less assertive than those individuals who did not report neglect in that scale, an effect largely driven by those who reported severe neglect. In contrast, none of the categories based on the functioning-based neglect instrument had significantly different levels of assertiveness. The difference in assertiveness reporting across the two scales is likely a result of the same effect laid out for loneliness above. Individuals with financial,



(severe) psychological, and minor physical abuse reported lower levels of assertiveness; these differences seem to indicate that people with higher levels of assertiveness are less likely to be abused in these domains, a separate phenomenon to the neglect differences.

**Table 8. Relationship between abuse/neglect and loneliness/assertiveness (Latino sample)**

	n	Loneliness		Assertiveness	
		Range: 1-4		Range: 1-4	
		Mean (SD)	<i>p</i>	Mean (SD)	<i>p</i>
<b>Total</b>	<b>199</b>	1.77 (0.68)		3.45 (0.76)	
<b>Psychological Abuse</b>	<b>198</b>				
No psychological abuse	149	1.78 (0.71)		3.54 (0.68)	
Only minor psychological abuse	28	1.66 (0.56)		3.32 (0.80)	
Any severe psychological abuse	21	1.93 (0.68)		3.02 (1.02)	*
Any psychological abuse	49	1.78 (0.62)		3.19 (1.12)	*
<b>Physical Abuse</b>	<b>197</b>				
No physical abuse	176	1.75 (0.68)		3.49 (0.74)	
Only minor physical abuse	10	2.01 (0.62)		3.00 (1.05)	*
Any severe physical abuse	11	1.99 (0.70)		3.41 (0.58)	
Any physical abuse	21	2.00 (0.65)		3.21 (0.85)	
<b>Sexual Abuse</b>	<b>189</b>				
No sexual abuse	172	1.80 (0.70)		3.46 (0.76)	
Only minor sexual abuse	14	1.62 (0.57)		3.39 (0.81)	
Any severe sexual abuse	3	1.53 (0.61)		3.50 (0.87)	
Any sexual abuse	17	1.60 (0.56)		3.41 (0.80)	
<b>Financial Abuse</b>	<b>180</b>				
No financial abuse	150	1.81 (0.71)		3.49 (0.76)	
Only minor financial abuse	11	1.53 (0.55)		3.09 (0.89)	
Any severe financial abuse	19	1.74 (0.58)		3.24 (0.67)	
Any financial abuse	30	1.66 (0.57)		3.18 (0.75)	*
<b>Neglect (functioning-based scale)</b>	<b>196</b>				
No unmet ADL or IADL needs	161	1.72 (0.66)		3.50 (0.75)	
ADL or IADL needs; no caregiver present	12	2.35 (0.78)	**	3.17 (0.78)	
ADL or IADL needs; minor caregiver neglect	19	1.87 (0.65)		3.26 (0.75)	
ADL or IADL needs; severe caregiver neglect	4	2.14 (0.67)		3.00 (1.08)	
<b>Neglect (original scale)</b>	<b>193</b>				
No neglect	170	1.69 (0.63)		3.49 (0.74)	
Only minor neglect	17	2.42 (0.80)	***	3.29 (0.75)	
Any severe neglect	6	2.56 (0.46)	**	2.50 (0.84)	**
Any neglect	23	2.46 (0.72)	***	3.09 (0.83)	*

†*p* < .10, \**p* < .05, \*\**p* < .01, \*\*\**p* < .001

Note: Higher loneliness scores indicate greater levels of loneliness; higher assertiveness scores indicate more assertive individuals. *p*-values indicate difference between those within the given categories and all other respondents.

Based on the assumption that responses to the original neglect instrument are driven partially by one’s psychological state, we have chosen to not base the neglect estimates from this study on the Original Neglect Scale. Instead, the neglect estimates presented below are based exclusively on the Functioning-based Neglect Scale, which, similar to the abuse domains in our instrument, assesses behaviors instead of expectations. We classified caregivers who provide help “never” or “rarely” as severe neglect, caregivers who provide help “sometimes” as minor neglect, and caregivers who provide help “often” as not neglect; for the purpose of the prevalence estimates of abuse/neglect, individuals with no ADL/IADL impairments or no caregiver present were also classified as not constituting neglect.

Findings from the Present Study

The overall rate of abuse or neglect in the Latino sample (see Table 9) was 40.4%, split roughly evenly between any severe (22.7%) and only minor (17.7%) abuse/neglect. Of those 35 Latinos suffering only minor abuse or neglect, 13 reported abuse/neglect in two or more domains. Among those 45 Latinos suffering from any severe abuse/neglect, 28 reported minor or severe abuse/neglect in more than one domain; of these, 11 reported severe abuse/neglect in more than one domain.

**Table 9. Presence of overall abuse/neglect (Latino sample; N = 199)**

	n	Frequency (%)
Only minor abuse/neglect	35	17.7
Any severe abuse/neglect	45	22.7
Any abuse/neglect	80	40.4
<b>People with only minor abuse/neglect</b>		
Number of domains, only minor abuse/neglect		
1	22	11.1
2	9	4.5
3	4	2.0
4	0	0.0
5	0	0.0
<b>People with any severe abuse/neglect</b>		
Number of domains, any abuse/neglect		
1	17	8.6
2	16	8.1
3	9	4.5
4	3	1.5
5	0	0.0
Number of domains, only severe abuse/neglect		
1	34	17.2
2	9	4.5
3	2	1.0
4	0	0.0
5	0	0.0

Rates of abuse or neglect were even higher for the African-American sample (see Table 10). Overall, more than half the sample (55.9%) reported some type of abuse/neglect; 17.7% was only minor and 38.2% was severe. Of the 6 African Americans reporting only minor abuse/neglect, 4 reported two or more domains. Twelve of the 19 African Americans reporting any severe abuse/neglect reported minor or severe abuse/neglect in two or more domains, 4 of whom reported severe abuse/neglect in two or more domains.

**Table 10. Presence of overall abuse/neglect (African American Sample; N=34)**

	n	Frequency (%)
Only minor abuse/neglect	6	17.7
Any severe abuse/neglect	13	38.2
Any abuse/neglect	19	55.9
<b>People with only minor abuse/neglect</b>		
Number of domains, only minor abuse/neglect		
1	2	5.9
2	4	11.8
3	0	0.0
4	0	0.0
5	0	0.0
<b>People with any severe abuse/neglect</b>		
Number of domains, any abuse/neglect		
1	1	2.9
2	6	17.6
3	5	14.7
4	1	2.9
5	0	0.0
Number of domains, only severe abuse/neglect		
1	9	26.5
2	3	8.8
3	1	2.9
4	0	0.0
5	0	0.0

Reported levels of abuse for both the Latino (40.4%) and African-American (55.9%) samples were much higher than in previously published studies. For example, Acierno (2009) found abuse rates of approximately 11%, excluding financial, whereas a review article of seven elder abuse studies by Cooper, Selwood, and Livingston (2008) found that rates of abuse varied from 3.2% to 27.5%.

The abuse/neglect estimates for individual domains showed a great deal of variety among both the Latino and African American samples. The order of prevalence among individual abuse domains within the Latino sample (see Table 11) was psychological (24.8%), financial (16.7%), physical (10.7%), and sexual (9.0%).

When reporting prevalence for neglect alone, a different denominator should be used than that for abuse. This denominator can be either those with ADL/IADL needs or those with ADL/IADL needs and a caregiver present. Among the Latino sample, the prevalence of neglect when using the ADL/IADL needs denominator of 59 is 39.0% (32.2% minor, 6.8% severe); the prevalence when using the caregiver-present denominator of 40 is 57.5% (47.5% minor, 10.0% severe). If considering only ADL needs without regard to IADL impairments, the first ADL needs denominator of 31 produces a neglect prevalence of 41.9% (35.5% minor, 6.5% severe), and the second caregiver-present denominator of 24 produces a prevalence of 50.0% (41.7% minor, 8.3% severe).

**Table 11. Presence of abuse/neglect, by domain (Latino sample)**

	n	Frequency (%)
<b>Psychological Abuse</b>	<b>198</b>	
Only minor psychological abuse	28	14.1
Any severe psychological abuse	21	10.6
Any psychological abuse	49	24.8
<b>Physical Abuse</b>	<b>197</b>	
Only minor physical abuse	10	5.1
Any severe physical abuse	11	5.6
Any physical abuse	21	10.7
<b>Sexual Abuse</b>	<b>189</b>	
Only minor sexual abuse	14	7.4
Any severe sexual abuse	3	1.6
Any sexual abuse	17	9.0
<b>Financial Abuse</b>	<b>180</b>	
Only minor financial abuse	11	6.1
Any severe financial abuse	19	10.6
Any financial abuse	30	16.7
<b>Neglect (functioning-based scale)</b>	<b>196</b>	
No ADL or IADL needs/All needs are met	161	82.1
ADL or IADL needs; no caregiver present	12	6.1
ADL or IADL needs; minor caregiver neglect	19	9.7
ADL or IADL needs; severe caregiver neglect	4	2.0
<b>Neglect (original scale)</b>	<b>193</b>	
Only minor neglect	17	8.8
Any severe neglect	6	3.1
Any neglect	23	11.9

As with the Latino sample, the order of prevalence among individual abuse domains for the African American sample (see Table 12) was psychological (35.3%), financial (33.3%), physical (26.5%), and sexual (2.9%). The prevalence of neglect among African Americans when using the ADL/IADL needs denominator of 17 is 52.9% (47.1% minor, 5.9% severe); the prevalence when using the caregiver-present

denominator of 14 is 64.3% (57.1% minor, 7.1% severe). When considering only ADL needs without regard to IADL impairments, the first ADL needs denominator of 12 produces a neglect prevalence for African Americans of 58.3% (58.3% minor, 0% severe), and the second caregiver-present denominator of 10 produces a prevalence of 70.0% (70.0% minor, 0% severe).

**Table 12. Presence of abuse/neglect, by domain (African American sample)**

	n	Frequency (%)
<b>Psychological Abuse</b>	<b>34</b>	
Only minor psychological abuse	5	14.7
Any severe psychological abuse	7	20.6
Any psychological abuse	12	35.3
<b>Physical Abuse</b>	<b>34</b>	
Only minor physical abuse	6	17.7
Any severe physical abuse	3	8.8
Any physical abuse	9	26.5
<b>Sexual Abuse</b>	<b>34</b>	
Only minor sexual abuse	1	2.9
Any severe sexual abuse	0	0.0
Any sexual abuse	1	2.9
<b>Financial Abuse</b>	<b>33</b>	
Only minor financial abuse	4	12.1
Any severe financial abuse	7	21.2
Any financial abuse	11	33.3
<b>Neglect (functioning-based scale)</b>	<b>34</b>	
No ADL or IADL needs/All needs are met	22	64.7
ADL or IADL needs; no caregiver present	3	8.8
ADL or IADL needs; minor caregiver neglect	8	23.5
ADL or IADL needs; severe caregiver neglect	1	2.9
<b>Neglect (original scale)</b>	<b>33</b>	
Only minor neglect	3	9.1
Any severe neglect	4	12.1
Any neglect	7	21.2

### *Comparing Results to APS*

APS data are collected by zip code. Rates of abuse/neglect endorsed by our sample were compared to APS rates for the target area within SPA 6. Despite findings from the focus group, only three people (1.5%) in the Latino sample acknowledged reporting elder abuse of any kind to APS. (This question was added when we started the surveys with the Latino sample and was not included in the survey administered to the African American sample.) Because APS reports are categorized by zip code, we

focused the analysis on the modal zip code in which the Latino respondents resided (45.2%). There were 48 APS reports made from 7/1/2009 - 6/30/2010 in the targeted zip code. According to the 2000 Census, there were 2,580 adults aged 65 and older residing in this zip code. Factoring in a 3.45% rate of population growth—the average growth in Los Angeles County from 2000 to July 2009, when the survey was conducted—yielded an extrapolated 1-year prevalence of reported elder abuse of 1.8%. The number is substantially different from the rate of abuse/neglect reported in the Latino surveys: 40.4% including psychological abuse, which is not a mandatory reporting category in California, or 32.8% excluding psychological abuse. On the other hand, it is very close to the 1.5% of those surveyed who indicated that they had reported abuse to APS.

### ***Lessons Learned in Conducting the Survey***

The biggest challenge confronting the Promotores was finding respondents aged 66 and older. Demographically, the community is young. To try to facilitate locating subjects, we targeted communities that had higher than average proportions of older adults in the 2000 census. Because we found that many of the communities had seen rapid change since the 2000 census—some communities identified as largely African American according to the census were found to be predominately Latino by 2009—we experimented with purchasing a list of older adult households. The purchased lists that were found to be accurate in other communities in other studies (e.g., Park La Brea) did not prove to be reliable in this Latino community. At the suggestion of the Promotores, we offered \$10 to respondents. We did not offer money to the African American sample, although we would do this in the future as it encouraged participation by offsetting the time expense to participate in the survey, according to the Promotores.

To determine the response rate, we asked Promotores to keep detailed logs identifying who they approached and the proportions that declined and agreed to participate. The Promotores indicated that the vast majority of those they approached agreed to participate. Although logs were provided, we were not comfortable with the reliability of the logs as the data were incomplete. The Promotores indicated that respondents did not seem reluctant to answer the questions in the survey, with one exception. The financial information in both the demographic survey and the abuse instrument aroused suspicion in some respondents. Only about one in three (n=61) answered the question about income level in the demographic section of the questionnaire. Approximately 20 subjects did not answer the financial exploitation part of the questionnaire. It is not clear if this is because it was the last section or because they were uncomfortable answering. However, the male interviewer from Esperanza related that one respondent became enraged when the question of income was asked and chased the interviewer from his residence—this was the only time the Promotores reported significant safety concerns.

## Summary of Key Findings

Based on the findings, the following observations and recommendations are offered to the National Institute on Aging on the implications of findings for a national incidence or prevalence study.

- 1) Older adults may be reluctant to report abuse and fearful of losing authority over their own decision making, including decisions about remaining in the community.
- 2) Neglect is challenging to measure in a community sample through an interview process. It requires first identifying who meets the criteria of having ADL or IADL dependency. To qualify for neglect, however, there must also be a caregiver who is neglecting the elder's needs. We used two different approaches—the Functioning-based Neglect Scale and the Original Neglect Scale—to measure neglect and found different reported rates of abuse. We recommend that future studies use the functioning-based scale, which is based on ADL/IADL impairments and the presence or absence of help in overcoming these impairments.
- 3) Older adults did not appear to be reluctant to answer questions about current and previous abuse.
- 4) Levels of abuse in this study of low income Latinos and African Americans were much higher than reported in other prevalence studies.
- 5) Using Promotores appeared to be an effective approach to developing trust and obtaining interviews. This approach drew from people who understand the community. However, neither of the two organizations we worked with had experience conducting research. The relationship with those doing the interviewing required more extensive training, supervision, and oversight as well as arranging opportunities to obtain regular feedback from the Promotores. Although the Promotores understood the community, they required more time than we made available to develop and maintain the relationship. The role of the Promotores supervision was critical to ensure that they were well trained and were adhering to the research protocol.

In addition to this report to NIA, four articles are in preparation; the focus group findings have been reported at the annual Gerontological Society Meeting and the executive summary is being made available to Advisory Committee members. Data from the study will be made available to other investigators by means of a formal proposal to Kathleen Wilber, the principal investigator, by e-mail at [wilber@usc.edu](mailto:wilber@usc.edu) or by postal request to: Kathleen Wilber, Andrus Gerontology Center, 3715 McClintock Ave., Los Angeles, CA 90089-0191. A website is currently being developed to enable broad dissemination of the focus group protocols and the Older Adult Conflict Scale instrument in both English and Spanish.

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## Appendix A. Inclusion Enrollment Reports

### Inclusion Enrollment Report

**This report format should NOT be used for data collection from study participants.**

Study Title: Toward a Better Understanding of Elder Mistreatment in Community Settings  
 Total Enrollment: 70 Protocol Number: 1 - Focus groups  
 Grant Number: 5R21 AG030661

<b>PART A. TOTAL ENROLLMENT REPORT: Number of Subjects Enrolled to Date (Cumulative) by Ethnicity and Race</b>				
<b>Ethnic Category</b>	<b>Females</b>	<b>Males</b>	<b>Sex/Gender Unknown or Not Reported</b>	<b>Total</b>
Hispanic or Latino	16	10	0	26 **
Not Hispanic or Latino	28	6	1	35
Unknown (individuals not reporting ethnicity)	7	1	1	9
<b>Ethnic Category: Total of All Subjects*</b>	51	17	2	70 *
<b>Racial Categories</b>				
American Indian/Alaska Native	0	0	0	0
Asian	7	1	1	9
Native Hawaiian or Other Pacific Islander	0	0	0	0
Black or African American	16	1	0	17
White	15	9	1	25
More Than One Race	3	2	0	5
Unknown or Not Reported	10	4	0	14
<b>Racial Categories: Total of All Subjects*</b>	51	17	8	70 *
<b>PART B. HISPANIC ENROLLMENT REPORT: Number of Hispanics or Latinos Enrolled to Date (Cumulative)</b>				
<b>Racial Categories</b>	<b>Females</b>	<b>Males</b>	<b>Sex/Gender Unknown or Not Reported</b>	<b>Total</b>
American Indian or Alaska Native	0	0	0	0
Asian	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0
Black or African American	0	0	0	0
White	5	4	0	9
More Than One Race	1	2	0	3
Unknown or Not Reported	10	4	0	14
<b>Racial Categories: Total of Hispanics or Latinos*</b>	16	10	0	26 **

\* These totals must agree.

\*\* These totals must agree.

## Inclusion Enrollment Report

**This report format should NOT be used for data collection from study participants.**

**Study Title:** Toward a Better Understanding of Elder Mistreatment in Community Settings  
**Total Enrollment:** 35 **Protocol Number:** 2 - African American pilot testing  
**Grant Number:** 5R21 AG030661

<b>PART A. TOTAL ENROLLMENT REPORT: Number of Subjects Enrolled to Date (Cumulative) by Ethnicity and Race</b>				
Ethnic Category	Females	Males	Sex/Gender Unknown or Not Reported	Total
Hispanic or Latino	0	0	0	0 **
Not Hispanic or Latino	13	22	0	35
Unknown (individuals not reporting ethnicity)	0	0	0	0
<b>Ethnic Category: Total of All Subjects*</b>	13	22	0	35 *
<b>Racial Categories</b>				
American Indian/Alaska Native	0	0	0	0
Asian	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0
Black or African American	13	22	0	35
White	0	0	0	0
More Than One Race	0	0	0	0
Unknown or Not Reported	0	0	0	0
<b>Racial Categories: Total of All Subjects*</b>	13	22	0	35 *
<b>PART B. HISPANIC ENROLLMENT REPORT: Number of Hispanics or Latinos Enrolled to Date (Cumulative)</b>				
Racial Categories	Females	Males	Sex/Gender Unknown or Not Reported	Total
American Indian or Alaska Native	0	0	0	0
Asian	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0
Black or African American	0	0	0	0
White	0	0	0	0
More Than One Race	0	0	0	0
Unknown or Not Reported	0	0	0	0
<b>Racial Categories: Total of Hispanics or Latinos**</b>	0	0	0	0 **

\* These totals must agree.

\*\* These totals must agree.

## Inclusion Enrollment Report

This report format should NOT be used for data collection from study participants.

Study Title: Toward a Better Understanding of Elder Mistreatment in Community Settings  
 Total Enrollment: 200 Protocol Number: 3 - Latino pilot testing  
 Grant Number: 5R21 AG030661

<b>PART A. TOTAL ENROLLMENT REPORT: Number of Subjects Enrolled to Date (Cumulative) by Ethnicity and Race</b>				
Ethnic Category	Females	Males	Sex/Gender Unknown or Not Reported	Total
Hispanic or Latino	78	107	6	191 **
Not Hispanic or Latino	1	0	0	1
Unknown (individuals not reporting ethnicity)	5	1	2	8
<b>Ethnic Category: Total of All Subjects*</b>	84	108	8	200 *
<b>Racial Categories</b>				
American Indian/Alaska Native	0	0	0	0
Asian	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0
Black or African American	1	0	0	1
White	10	30	0	40
More Than One Race	1	1	0	2
Unknown or Not Reported	72	77	8	157
<b>Racial Categories: Total of All Subjects*</b>	84	108	8	200 *
<b>PART B. HISPANIC ENROLLMENT REPORT: Number of Hispanics or Latinos Enrolled to Date (Cumulative)</b>				
Racial Categories	Females	Males	Sex/Gender Unknown or Not Reported	Total
American Indian or Alaska Native	0	0	0	0
Asian	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0
Black or African American	0	0	0	0
White	10	30	0	40
More Than One Race	0	0	0	0
Unknown or Not Reported	68	77	6	151
<b>Racial Categories: Total of Hispanics or Latinos**</b>	78	107	6	191 **

\* These totals must agree.

\*\* These totals must agree.

## Appendix B. Advisory Committee Members

ELDER MISTREATMENT RESEARCH PROJECT  
COMMUNITY ADVISORY BOARD CONTACT LIST

	<u>Representation</u>	<u>Title</u>	<u>Name</u>	<u>City</u>
1	Community	Community Representative	Marguerite Hodge	Los Angeles, CA
2	Community	Community Representative – AAA Advisory Council Member	James Polk	Long Beach, CA
3	Community	Community Representative	Sue Beidleman	Los Angeles, CA
4	Community	Community Representative	Tony Grijalva	Los Angeles, CA
7	Health	LA County Dept. of Mental Health	Danny Redmond	Los Angeles, CA
8	Adult Protective Services	Adult Protective Services (APS)	Christine Rosensteel-Savalla	Los Angeles, CA
10	Court	LA Probate Court	Bryan Borys, Ph.D.	Special Assistant to the Executive Officer Los Angeles Superior Court Los Angeles, CA
11	Legal Services	LA City Attorney’s Office- Senior Hearing Officer	Robin Weinstein (Elder Crimes Unit)	City of Los Angeles Department of Building & Safety Los Angeles, CA
12	Social Services	St. Barnabas Senior Center	Martha Spinks	Los Angeles, CA
13	Social Services	PICF MSSP South	Terri Williams	Lynwood, CA
14	Social Services	WISE Attorney	Kim Hubbard	Santa Monica, CA
15	Social Services	City of LA Dept. on Aging	Laura Trejo	Los Angeles

## **Appendix C. Focus Group Findings**

### ***Loss of Autonomy/Nursing Facility Placement***

Participants expressed pervasive and persistent concerns around being placed in a nursing facility if it was suspected that they were being abused. Several shared stories of friends who had been placed against their will, generally by family members. Many expressed a fear that this could happen to them and a willingness to tolerate almost any situation that would allow them to remain in their homes]

Related to this theme, nursing facilities as a source of abuse was introduced, particularly within the African-American group. According to one participant, “*They [nursing facilities] don’t take care of a lot of the elderly because they think you sick and gonna die anyway.*” And another, “*I would think more like the physical abuse, you know, like being institutionalized.*”

### ***Bidirectional Abuse***

Interexchange of abusive behavior between two individuals was not viewed as abuse if the behavior involved only verbal exchanges. As stated by one participant, “*Abuse has to be unequal and if it is on the same level how can you complain?*” Some felt that long standing verbally abusive exchanges may be an established way of communicating. On the other hand, physical abuse was considered to be abusive regardless of whether both individuals participated or one person inflicted it on the other.

### ***Tacit Exchange***

Another theme was that of tolerating an abusive situation in exchange for support, companionship, and/or remaining in one’s home, as discussed above. As one participant noted, “*...she is accepting this [financial abuse] as an exchange for the thought that she gets him present.*” Several participants agreed that a financially abusive situation was preferable to living alone or being placed in a nursing facility.

### ***Dependency/Impairment***

The theme of dependency and impairment included issues of language and financial dependency on the perpetrator as well as issues of dependency due to physical or mental impairment. Impairments were viewed as increasing one’s vulnerability to abuse and elicited unanimous agreement on definitions of abuse, as these statements illustrate, “*... Then I think that would be abuse . . . because she’s sick and cannot defend herself,*” and “*It’s probably because of their dependence on a person or maybe the physical, you know, capabilities, you know, maybe put them more at risk.*”

### ***Family***

There was widespread recognition that victimization by children and grandchildren is a problem, thus participants readily acknowledged that family members often are perpetrators of abuse. According to one man “*Brother, sister, grandson, granddaughter, it doesn’t matter, the abuse is still there.*” At least one participant in every focus group shared a story of a friend or acquaintance that had experienced elder abuse by a child or grandchild. Therefore, abuse by family members toward an older adult was common and defined as abuse by focus group members.

Some participants perceived intergenerational abuse as more severe because of elders’ trust and reliance on family members. A few blamed the increase of elder abuse by a grandchild on change in generational values, “*...I would say the young crew, it’s all about the money, what I can get out of it . . .*”

Participants from the Caucasian and both the Latino groups identified long-term spousal abuse as a factor leading to elder abuse as the couple age. Participants shared that spousal abuse patterns are handed down from generation to generation and are viewed as normal and acceptable behavior, “. . . *The more we learn the more we can change those patterns that make us . . . you know that generation to generation of abuse . . .*”

### ***Knowledge & Education***

All groups discussed the need for education about elder abuse, particularly for caregivers. According to one participant from the caregiver focus group, “. . . *That’s why they have maternity classes for teenage mothers, because they don’t know how to take care of a baby and we don’t know how to take care of an elderly.*” Caregiver participants, in particular, discussed the need for improved public awareness and education on how to care for older adults. Interestingly, caregivers noted that most people who provide care for an older adult would not label themselves a “caregiver”, suggesting that outreach and educational efforts need to move beyond professionally identified labels and terminology. One participant in the Spanish language group suggested that older adults, particularly men, need to receive training in new skills following retirement to keep them busy and focused on positive activities, rather than staying at home, engaging in potentially abusive behaviors with their wives.

Participants noted that providing accurate information was especially important for those dealing with elders with dementia. Some described situations where a spouse with dementia becomes abusive and the partner retaliates not realizing that the behavior is due to the disease. Participants felt that rather than reporting these situations to APS, these individuals and caregivers would benefit from education and support to better understand the condition and to learn effective methods for addressing problem behaviors.

### ***Age & Gender***

Across all of the focus groups, neither age nor gender was viewed as a factor in determining abuse. According to one woman, “*Abuse is abuse ... it doesn’t matter who it is or what age or what’s happening.*” And another participant stated, “*it doesn’t matter, male or female, there is a problem that needs to be issued [addressed].*”

*Machismo.* Both Latino groups (English and Spanish speaking) discussed that while gender doesn’t matter in terms of the definition of abuse, in their experience the perpetrator is more likely to be male. This theme was bolstered by participant discussion of machismo and the submissiveness of women within the Latino culture:

*Woman: ... in Latina marriages, it’s always the male. In Latin marriages, the women are more...*

*Man: submissive.*

The Spanish speaking Latino group blamed submissive women for their spouses’ ongoing abusive behavior:

*Hombre (Man): Many women are at fault for what their husbands do in way of aggression. I am referring to physical abuse, right. A person that has two, three children and she complains about who is going to support the children and this and that and that there is no help. I can see that. But women that have no children and they are taking the abuse and all the time and there is hitting all the time . . . and they don’t report it . . .*

*these people do not do it because they are scared. Because the husband comes back anyway and tells her if you send me to jail, when I get out I will kill you.*

*Mujer (Woman): That's true. If we support the abuse and we do not report it then we are at fault of what happens to us.*

### ***Frequency/Duration***

Frequency and duration of the behavior were considered by many participants in determining whether the behavior was abusive or “normal” for the individuals involved, specifically in terms of arguing and verbal exchanges. According to one participant, “*I was married for a long time and we fought and went through that, it was just a normal thing,*” and another, “*So maybe they are hurting each other mentally or emotionally but they should be used to it by now . . .*” Generally, participants felt that negative verbal exchanges often facilitate communication and help them “thrive”. While most suggested that long-term negative verbal exchanges were not abusive, a few also indicated that having a history of physical interchange between couples was not abuse if this is considered “normal” behavior, or behavior that has been present throughout a long relationship.

A few participants, however, felt that duration defines abuse, “*If you let this problem go on for 40 years, then you have a form of abuse.*” Additionally, some felt that even infrequent arguing or yelling constitutes abuse, “*If I only do it once a week, or once every two weeks, or if I do it a month, it's abuse.*” Interestingly, participants attending the Spanish focus group expressed that individuals that have engaged in long term abusive relationships did so due to “love”. Additionally, these participants concluded that any abuse (whether verbal, physical, financial, etc) would not be considered abuse if it only occurred once.

### ***APS Reporting***

Group differences were found in terms of beliefs about reporting abuse. Participants of the Spanish speaking group were emphatic about the need to report elder abuse immediately in order to prevent it, while caregiver group participants noted that there are a lot of grey areas, and one needs to be careful and thorough before reporting abuse, “*Someone from the outside can come and evaluate based upon x, y, and z criteria and not really have a true picture of what was going on.*”

Some participants discussed their belief that elder abuse is underreported. One participant from the Caucasian group stated, “*I think elder abuse is rampant in this country . . . In Los Angeles because people don't report it and you hear about it every day*” All groups voiced a reluctance to report family members. “*The love we have for our partner, we don't report it for fear of sending him to jail,*” and “*. . .this is where it is a disaster because next of kin, the grandmother, the sister, the brother, the father . . . they're not going to want to be reported. They don't.*” Related to prosecution of family members one participant recounted, “*They, social workers, everybody came & spoke with her but she told me that she did not want her daughter to go to jail . . .*” Fear about losing a spouse or family member to incarceration was a pervasive theme across all groups.

### ***Repercussion/Retaliation***



Several participants discussed situations where the threat of repercussion or retaliation influences victims not to report. A few participants commented that the fear of retaliation, especially fear of physical harm, made it unlikely that some older adults would report abuse.

Participants also pointed out that some older adults are willing to accept abusive situations because they fear being left alone if the abuser leaves or is incarcerated. As described by one woman, *“And a lot of times they accept certain things because they don’t want to be alone and all.”*

### ***Latino Specific Themes***

Three themes emerged only from the Spanish speaking focus group: lack of respect, love between abuser and victim, and the need for early intervention at the first indication of abuse.

#### ***Respect***

Lack of respect in a relationship was viewed as a primary contributor to abuse. According to one participant, *“Because if she [the daughter] doesn’t respect that [mother’s wishes] than that is abuse.”*

Participants perceived some of the scenarios that included negative verbal exchanges as indicating lack of respect rather than abuse. *“So the way I see it is that they have had a marriage of disrespect for each other . . . they don’t respect each other.”* One participant felt that if the abuse is one-sided then it should be defined as “abuse”; however, if the abuse is reciprocal, it is a case of lack of respect within that relationship.

#### ***Love***

Participants expressed an interesting relationship between love, respect, abuse, and reporting. Some felt that if there is “love” in a relationship then the abuse should not be reported, because if love exists, that is the most important thing. According to one woman, *“If they report it [abuse], there is no longer love.”* Participants also felt that couples or families enduring years of abuse do so because of the love between them, *“I say it is a lack of respect towards each other, but because there is love between them, they stayed together.”*

#### ***Early Intervention***

Despite the belief of love as an important factor to be considered in determining and reporting abuse, participants in the Spanish speaking group unanimously felt that early intervention is needed at the first indication of abuse. Participants specified that the timing of the reporting is critical in preventing escalation and the development of a long-term pattern of abuse. According to one man, *“You have to stop it cold,”* and a woman stated, *“If they had been doing it all their lives one can expect something serious to happen. Because this is growing and getting worse. Then you can have a bad ending. To prevent this, you have to report it.”*

## Appendix D. Mock Interview Materials

### MOCK INTERVIEW – ELDER ABUSE

#### Possible Financial Abuse

The following is information about you:

- You are an 86 year old woman who lives home alone in a nice upper middle class neighborhood.
- You have been married for 48 years and widowed just 2 years now.
- You have two children that live out of the area, both successful and busy.
  - Your daughter visits a couple times a year and calls every couple weeks, your son less so due to his marital complications.
- You have worked as an administrative secretary for the county and been retired for over 20 years.
- Your health concerns you a bit.
  - You have arthritis and a heart condition that have decreased your energy and mobility.
  - Some things are not getting done as fast as you would like.
- Over the last 3 months you have dealt with a new gardener (aged 42), who has been a great relief as he runs other errands for you and is becoming a larger part of your life.
  - In the last couple weeks you realized he is not always as honest as you would like.
  - He has inflated his rate for special requests/projects, yet he seems so attentive.
  - There are some other incidents that have happened, but you do not dwell on them.
  - You cannot imagine how you will manage the home and day-to-day routine without him.

## MOCK INTERVIEW – ELDER ABUSE

### Neglect

The following is information about you:

- You are a 70-something year old, Mexican American woman
- You are widowed (over 10 years) and were living alone until a recent fall.
- After your fall, the hospital would only discharge you home following rehabilitation for your hip, if you had 24 hour care in the home.
- Your adult son is recently divorced, with grown children. He agreed to pick you up at the hospital and stay with you for awhile.
- There are no other family in the area.

Since you got home:

- Now that you are home there has been some friction.
- Your son has not been reliable with shopping and picking up your medications at the pharmacy.
- You tried to share that you are needing your pain medication, but he is gruff and seems unhappy.
- You realize now that he has been drinking pretty heavily since his divorce, and you are not sure how to handle him.

Your condition since you got home:

- Meanwhile, you have had some days where you have not had much to eat.
- You are having trouble with your vision, making it hard to use the telephone.
- If you tell anyone about the issues at home you are afraid you will be forced to stay in a nursing home.
- You have a cat and a rose garden that you cherish, and had hoped to live out the rest of your years in this condominium.

## MOCK INTERVIEW – ELDER ABUSE

### Physical & Psychological Abuse

The following is information about you:

- 82 years old
- Live alone
- Spouse died several years ago, after being married for 39 years
- You have 4 children (3 sons and a daughter) – several help you at times with various tasks
- Your daughter provides you with the most help
- Since your husband died:
  - Your daughter sometimes yells at you and throws things. Sometimes she clamps her fist in your face while yelling at you.
  - Sometimes your daughter wants you to move faster and grabs your arm and pulls you in a way that hurts you. When you ask her nicely to not pull so hard she squeezes harder and pulls you faster, so that it hurts you and leaves bruises on your arm. Several times when this happened, you fell and your daughter yelled at you and told you to listen to her next time since she does not have time to wait for you to move so slowly.
  - Your daughter seems so nice to you while in front of others, but when alone sometimes she is nice but often insults you, and yells at you when you ask for help.
  - You used to see your best friend a lot, but he/she seems not to come over to visit you as often any more. You told him/her that you miss seeing him/her so much.
  - Usually you eat slowly – this irritates your daughter, and she yells at you. When you feel like you are no longer hungry, she sometimes forces food down your throat, making you choke and vomit. When this happens, she throws your food off the table and tells you next time she will not feed you.
  - In the mornings, your body is stiff and sore and it takes you more time to get ready. Sometimes this takes too long and your daughter will come in and dress you by forcing clothing on you. While doing this, she'll sometimes hurt you by pinching you or throwing you down on your bed. If you yell, she forces harder and gets more upset at you.

## MOCK INTERVIEW – ELDER ABUSE

### Self-Neglect

The following is information about you:

- 67 years old
- You live alone in a two-story house
  - Your husband died 5 years ago
  - You have no children or siblings, and your parents are dead
- Two years ago, you broke your leg and foot in a fall, and they never healed properly
- You never leave the house
  - A neighbor buys minimal groceries for you
  - Your Social Security and your husband's pension get put directly into your bank account, and you pay for everything by check
- You sit on the couch all day watching television
- It is difficult for you to walk around the house, so you mostly stay on your couch and often sleep there.
  - Sometimes you don't have the energy to get up and go to the bathroom, so you're forced to soil yourself on the couch
- Although there's some fresh food in the groceries you get, you don't eat much of it. It rots in your fridge, while you eat mostly bread and crackers
- Due to your always laying on the couch, it's become very worn and hard. You have pressure sores that are infected, but they don't bother you enough to see a doctor.
- Your house is generally pretty dirty, but since no one ever comes inside, you don't worry about trying to clean it up

## MOCK INTERVIEW – ELDER ABUSE

### No Apparent Abuse

The following is information about you:

- 77 years old
- Live with your husband, been married for 55 years
  - Your husband (age 85) had a stroke 2 years ago
  - He can't speak well and has difficulty walking, so he doesn't leave the house
  - He mostly goes between the bedroom and the bathroom
  - Due to his condition, he often gets angry at himself and shouts profanities
  - But he's not a violent person, just unhappy
- You have 3 children, but they all live on the east coast
- Your older sister lives nearby
  - You rarely see her, but you talk on the phone almost every day
- When your husband had his stroke, the social workers arranged for groceries to be delivered every week
  - Enough food to feed both of you
- You buy liquor at the corner store, and you have 1-2 drinks per night
- You don't go out much or have much of a social life because of your husband's condition
- You drive to the doctors when you need to, but you don't feel comfortable doing much driving anymore

**OFTEN**

**SOMETIMES**

**RARELY**

**NEVER**

## **Appendix E. Cognitive Interview Results and Recommendations**

### **Cognitive Interview Results and Recommendations to the USC Older Adult**

#### **Conflict Scale (USC-OACS)**

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June, 2010



## Executive Summary

**Research Purpose:** As an effort to improve the flow and reduce respondent error to the USC-OACS instrument, a newly developed instrument to assess for elder mistreatment, a Cognitive Interviewing (CI) technique was administered to critically evaluate the transfer of information and examine how the targeted audience mentally process, understand and respond to the USC-OACS instrument. Due to the content of this instrument, the questions and terminology can be easily misinterpreted depending on the subjects' exposure to a lifetime of abuse, mental health status, and culture, thus making it vital to administer CI techniques to measure the performance and effectiveness of the USC-OACS instrument.

**Methodology:** Twelve concurrent CI's were conducted at St. Barnabas Senior Services Center in Los Angeles, California, on January 27, 2010, using a verbal probing/scripted, think-aloud technique, to test respondent comprehension, task difficulty, and item sensitivity of the proposed USC-OACS questions. Modifications for elderly subjects included training interviewers to 1) speak loudly and 2) remain focused to prevent conversation meandering, and 3) large type for printed material. Recruitment criteria included 1) being 65 years of age or older, and 2) able to speak and understand English.

**Findings & Recommended Modifications:** Overall 37% of elder respondents had one or more problems with how the questions were written in the USC-OACS instrument. Among the probing terminology, 50% of elder respondents had one or more problems with the understanding of the terminology used in the USC-OACS instrument. As a result of these findings recommendations include making the following modifications to the USC-OACS instrument such as 58% to the Loneliness/Assertiveness section; 42% to ADL's; 42% to Neglect; 67% to Emotional/Psychological; 17% to Sexual; and 17% to Financial. The efficacies of these modifications are estimated between 26-50% according to the established sample size.

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**ATTACHMENT A:** Recruitment Flyer

**ATTACHMENT B:** Instructions for CI Interviewer

**ATTACHMENT C:** CI Abstraction Form

**ATTACHMENT D:** CI Aggregation

**ATTACHMENT E:** Sequence of CI Activities for USC-OACS

## **A. RESEARCH PURPOSE**

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As part of an effort to improve the flow and reduce respondent error to the USC-OACS survey instrument, a Cognitive Interviewing (CI) technique was administered. CI is a common methodology that researchers use to critically evaluate the transfer of information and examine how targeted audiences mentally process, understand and respond to survey instruments. The objective of the USC-OACS instrument is currently being designed for the use of 'promotoras' to assess elder mistreatment in in-home visits. The USC-OACS instrument contains six sections (Loneliness/Assertiveness, ADL's, Neglect, Emotional/Physical Abuse, Sexual Abuse, and Financial Abuse). Because of the complexity and nature of the instrument, the questions and terminology can be easily misperceived depending on the subjects' exposure to a lifetime of abuse, mental health status, living environment, and culture. Therefore it is necessary to effectively administer CI techniques to measure the performance and effectiveness of the USC-OACS instrument. The following sections of this report document the findings of the CI applied to the USC-OACS instrument and describes general findings, question-by-question findings, and provides recommendations to modifying the USC-OACS instrument.

## **B. METHODOLOGY**

---

Twelve concurrent CI's were conducted using a verbal probing/scripted think-aloud technique to test respondent comprehension, task difficulty, and item sensitivity of the proposed questions in the USC-OACS instrument. The scripted probes were beneficial to the USC-OACS CI because of its length of 75 questions. Modifications for older adult subjects also included training interviewers to 1) speak clearly, 2) remain focused on the questions, and 3) include large type for printed materials. Both general and direct probes were used. General probes used included: "Was this hard to answer?", and "How did you arrive at your answer". These general probes assessed the comprehension of the question by focusing on whether the subject interpreted the USC-OACS question according to its objective. Direct probes were more specific to the subject understanding of terminology within each question. These varied from "What does 'felt left out' mean to you", or "What does 'intimate partner' mean to you?".

The CI took place at St. Barnabas Senior Services Center in Los Angeles, California on January 27, 2010. Subjects were recruited via Barnabas staff and the posting of flyers at the center the week before the CI's. In accordance with the USC Institutional Review Board granting an "exempt" status, no personal information or identifiers were collected, no audio or visual recording took place, and the subjects were instructed to not answer the USC-OACS question but rather answer comprehension questions only. All information taken was based only on response to comprehension of each question and the interviewer hand-wrote this information on the CI protocol. Recruitment criteria included 1) being 65 years of age or older and 2) ability to speak and understand English. The CI's were conducted in the St. Barnabas former health clinic office space, which offered a private central room for in-take, and four small examination rooms where the CI's were conducted, each of which offered sufficient privacy. The CI's were planned to be no longer than one hour to avoid respondent fatigue, however the interviews averaged 1.5 hours. Respondents received \$10 cash and a gift bag (that included nutritional information and prevention resources) for their participation. Four researchers from the USC School of Gerontology and Los Angeles County, Department of Public Health conducted the CI's and summarized results. Prior to the CI taking place, interviewers were provided a set of instructions including 1) background on cognitive interviewing, 2) specific interview instructions, such as how to conduct the interview and record the comments, and 3) what to read to the subject. After the CI, a debriefing was conducted with the interviewers and all comments from each CI were transcribed and aggregated.

A brief discussion on sample size is necessary. Findings show a strong relationship between sample size and problem detection—increasing the sample size increases the number of problems detected. Time and resources dictated the amount of CIs our team was able to do. A sample size of 12 CI's falls within the range of subjects typically questioned by cognitive interviewers<sup>1</sup> and was therefore deemed appropriate for our purposes.

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<sup>1</sup> Willis, G. B. (2004). *Cognitive interviewing: A tool for improving questionnaire design*. Thousand Oaks, CA: Sage Publications.

## **C. FINDINGS & RECOMMENDED MODIFICATIONS**

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### **General Findings**

Overall 37% of respondents had one or more problems with how the questions were written in the USC-OACS instrument and half had one or more problems with the understanding of the terminology used in probes. Among the respondents who had one or more problems with the questions by section, Section 4: Emotional/Physical had the highest at 67%, followed by Section 1: Loneliness/Assertiveness at 58%, and Section 2: ADL's and Section 3: Neglect at 42%.

### **Question-by-Question Findings & Recommended Modifications**

The recommendations reported below are based upon assessing the results of the CI from the 12 subjects. Each CI question is presented in chronological order, including the findings from the recorded respondent and interviewer comments and recommended modifications to the appropriate question of the instrument.

#### **1. USC-OACS Instrument Instructions**

“This survey will include seven sections. If you need a break between the sections for any reason, please let me know. Many of the questions ask about personal relationships and feelings, so some questions might pertain to you and some might not. If any question makes you feel uncomfortable, you do not have to answer it. If you do not want to continue, you may quit at any time. But if you are able to finish this survey, the information you share will help us learn more about the needs of older adults. All right, let's begin with the first section.”

##### **1(a) Probing Notes & Problems**

While all of the respondents seemed to comprehend this introduction without difficulty, two respondents reported it to be somewhat difficult as far as the length.

##### **1(b) General Findings**

Some of the information was repetitive that would be discussed in the informed consent in the original USC-OACS instrument. Removing this information will help in reducing the length.

### **1(c) Recommendation**

“This survey will help us learn more about the needs of older adults. It includes seven parts. The questions I will ask you are about personal relationships and feelings, some questions might pertain to you and some might not. If a question makes you feel uncomfortable, you do not have to answer it. If you do not want to continue, you may stop at any time. If you need a rest break anytime during the interview please let me know. All right, let’s begin with the first section.”

## **2. Section-1: Loneliness/Assertiveness Instructions**

“The following questions deal with how you feel about different aspects of your life over the past twelve months. You can use this response card to show me your answer to each question: Either Never, Rarely, Sometimes, or Often.”

### **2(a) Probing Notes & Problems**

Respondents understood this introduction without difficulty, however one respondent reported it being somewhat difficult as far as “aspects” of their life and current versus past feeling about their life.

### **2(b) General Findings**

The term “aspects” does not play a primary role in describing which parts of their life. The objective of the question is to identify how they feel in general about their life. The term “aspects” could mislead the respondent.

### **2(c) Recommendation**

“The following questions are about how you have felt about your life over the past twelve months. You can use this response card to show me your answer to each question: Either Never, Rarely, Sometimes, or Often.”

## **3. Question #1**

**In the past year, how often have you felt part of a group of friends?**

### **3(a) Probing Notes & Problems**

While 9 of the respondents reported having no difficulties understanding this question, one reported “yes” having difficulty and two others thought this question was “somewhat” difficult. Specifically these respondents questioned, is it “isolated with”, “associated with” a group of friends. Overall “part of a group” seemed to be most confusing.

### **3(b) General Findings**

The terms “part” and “group” do not clearly describe the objective of this question. Feeling secluded or isolated from friends was found to be more clearly understood.

### **3(c) Recommendation**

“In the past year, how often have you felt secluded or isolated from friends?”

**4. Question #2**

**In the past year, how often have you have you felt left out?**

**4(a) Probing Notes & Problems**

Question objective found too similar to Q-3

**4(b) General Findings**

N/A

**4(c) Recommendation**

Remove Q-2

**5. Question #3**

**In the past year, how often have you felt alone?**

**5(a) Probing Notes & Problems**

While 11 respondents reported understanding this question, one reported having difficulty with the term “alone” and suggested using “lonely” instead.

**5(b) General Findings**

N/A

**5(c) Recommendation**

In the past year, how often have you felt lonely?

**6. Question #4**

**In the past year, how often have you had someone to talk to?**

**6(a) Probing Notes & Problems**

While 11 respondents reported understanding this question, one had a problem with understanding who they are talking to.

**6(b) General Findings**

This would not have an effect on the objective of this question.

**6(c) Recommendation**

No change

**7. Question #5**

**In the past year, how often have you felt isolated from others?**

**7(a) Probing Notes & Problems**

While 11 respondents reported understanding this question, one respondent commented on if it is voluntary or involuntary.

**7(b) General Findings**

Respondent comment has no effect to the objective of this question.

**7(c) Recommendation**

No change



**8. Question #6**

**In the past year, how often have you felt you have been able to express your opinion to someone you know?**

**8(a) Probing Notes & Problems**

While 11 respondents reported understanding this question, one respondent (different from the past single respondent comment) questioned in which way to “express”.

**8(b) General Findings**

Respondent comment has no effect to the objective of this question.

**8(c) Recommendation**

No change

**9. Question #7**

**In the past year, how often have you had a hard time saying no to people close to you?**

**9(a) Probing Notes & Problems**

One respondent reported having difficulty with comprehension of this question, whereas whether a subject says “no” to keep up an appearance with others.

**9(b) General Findings**

Saying “no” to keep up with appearances would be due to poor boundary control, similarly among risk of abuse.

**9(c) Recommendation**

No Change

**10. Section-2: ADL Instructions**

“The next group of questions is about support and assistance with everyday activities. Sometimes people who need help or support don’t get the help they need. We want to find out what help people might need, if any, and learn about how much help they are getting. Please let me know if you have difficulty doing the following tasks on your own, without help from anyone.”

**10(a) Probing Notes & Problems**

None

**10(b) General Findings**

N/A

**10(c) Recommendation**

No change

**11. Question #9**

**Do you need help walking inside of your house?**

**11(a) Probing Notes & Problems**

None

**11(b) General Findings**

N/A

**11(c) Recommendation**

No change

**12. Question #9b**

**During the time you have had someone to help you, have you been hurt because you have not had the help you needed with walking in your house?**

**12(a) Probing Notes & Problems**

None

**12(b) General Findings**

N/A

**12(c) Recommendation**

No change

**13. Question #10**

**Do you need help taking a bath or shower?**

**13(a) Probing Notes & Problems**

None

**13(b) General Findings**

N/A

**13(c) Recommendation**

No change

**14. Question #11**

**Do you need help getting dressed?**

**14(a) Probing Notes & Problems**

None

**14(b) General Findings**

N/A

**14(c) Recommendation**

No change

**15. Question #12****Do you need help getting out of bed or a chair?****15(a) Probing Notes & Problems**

While 11 respondents reported having no difficulty with this question, one respondent had difficulty in suggesting that “all beds are not alike” so could be due to the bed height, condition (if worn in the middle), or firmness rather than physical ability.

**15(b) General Findings**

While the one respondent makes an interesting point, overall while the condition, height, and firmness of the bed would have an impact on one’s ability, overall one’s physical ability would still compensate for this difficulty.

**15(c) Recommendation**

No change

**16. Question #13****Do you need help using the toilet?****16(a) Probing Notes & Problems**

While 11 respondents reported having no difficulty with this question, one respondent had difficulty with the term “using”. Using in a physical sense or biological in a bowel movement.

**16(b) General Findings**

The term “using” could in fact mislead the respondent in reporting an unintended outcome in the objective of this question. Defining “using” would help to reduce misinterpretation.

**16(c) Recommendation**

Do you need help with either sitting down on the toilet or getting up from sitting on the toilet?

**17. Question #14****Do you need help feeding yourself?****17(a) Probing Notes & Problems**

None

**17(b) General Findings**

N/A

**17(c) Recommendation**

No change

**18. Question #15**

**Do you need help using the telephone?**

**18(a) Probing Notes & Problems**

One respondent had difficulty with describing type of phone. Such as wall mount, speaker, cordless, mobile.

**18(b) General Findings**

Because the USC-OACS will be administered verbally with trained interviewers, this would be included in their training, thus will not need describing further.

**18(c) Recommendation**

No Change

**19. Question #16**

**Do you need help with grocery shopping?**

**19(a) Probing Notes & Problems**

None

**19(b) General Findings**

N/A

**19(c) Recommendation**

No Changes

**20. Question #17**

**Do you need help making your meals?**

**20(a) Probing Notes & Problems**

None

**20(b) General Findings**

N/A

**20(c) Recommendation**

No Change

**21. Question #18**

**Do you need help taking your medicine?**

**21(a) Probing Notes & Problems**

None

**21(b) General Findings**

N/A

**21(c) Recommendation**

No Change

**22. Question #18b**

**During the time you have had someone to help you, have you had to miss taking your medicine because you did not have help?**

**22(a) Probing Notes & Problems**

One respondent reported having “somewhat” difficulty but overall understood the question.

**22(b) General Findings**

N/A

**22(c) Recommendation**

No Change

**23. Question #19**

**Do you need help with transportation for such things as getting to your doctor, church or other appointments?**

**23(a) Probing Notes & Problems**

None

**23(b) General Findings**

N/A

**23(c) Recommendation**

No Change

**24. Question #19b**

**During the time you have had someone to help you, have you missed your doctor or other appointments because they were not there to take you?**

**24(a) Probing Notes & Problems**

None

**24(b) General Findings**

N/A

**24(c) Recommendation**

No Change

**25. Question #20**

**Do you need help managing your money or paying your bills?**

**25(a) Probing Notes & Problems**

Although 11 respondents fully understood the question, one respondent reported having difficulty and suggested a “difference between knowing how to do it versus implementing how to pay or manage money and paying bills.

**25(b) General Findings**

While this respondent made a point, overall because the intent of this question is either money “or” paying bills would discount this issue.

**25(c) Recommendation**

No Change

**26. Question #20b**

**During the time you have had someone to help you, have you missed paying your bills because they were not there to help you?**

**26(a) Probing Notes & Problems**

One respondent reported having “somewhat” difficulty but overall understood the question and specific terms.

**26(b) General Findings**

N/A

**26(c) Recommendation**

No Change

**27. Section-3: Neglect Instructions**

“Now we want to talk about any help you have received with daily activities or personal self-care in the past 12 months, both paid and unpaid. As I go through the questions, remember that the person you rely on can be one person or more than one person. This time you’ll need a different response card, so you can point to how many times things have happened.”

**27(a) Probing Notes & Problems**

Three of the 12 respondents have difficulty understanding the instructions and one had a problem understanding one of the terms. Whereas “personal self care” were confused with a specific job.

**27(b) General Findings**

Among these respondents who had difficulties with such terminology suggested that “personal self care” was too vague. Whereas “hygiene” was more clearly described and understood by these subjects.

**27(c) Recommendation**

“Now we want to talk about any help you have received with daily activities or personal hygiene in the past 12 months, both paid and unpaid. As I go through the questions, remember that the person you rely on can be one person or more than one person. This time you’ll need a different response card, so you can point to how many times things have happened.”

**28. Question #22**

**In the past year, have you been left alone by a person who helps you, even when you feel you should not be left alone?**

**28(a) Probing Notes & Problems**

One respondent reported having “somewhat” difficulty but overall understood the question and specific terms.

**28(b) General Findings**

N/A

**28(c) Recommendation**

No Change

**29. Question #23**

**In the past year, have you ever not been able to get to a medical appointment (doctor) when you needed because the person helping you did not take you?**

**29(a) Probing Notes & Problems**

One respondent (different respondent from previous reporting difficulty) reported having “somewhat” difficulty but overall understood the question and specific terms.

**29(b) General Findings**

N/A

**29(c) Recommendation**

No Change

**30. Question #24**

**In the past year, has the person who helps you, ever been too drunk or high to take care of you?**

**30(a) Probing Notes & Problems**

One respondent (different respondent from previous reporting difficulty) reported having difficulty in the overall question, but overall understood the question and specific terms.

**30(b) General Findings**

N/A

**30(c) Recommendation**

No Change

### **31. Question #25**

**In the past year, did the person who helps you ever not get you to the hospital when you had an emergency?**

#### **31(a) Probing Notes & Problems**

While 11 of the 12 respondents reported having no difficulties with this question, one respondent (different respondent from previous reporting difficulty) reported having difficulty in if the question was referring to intent or ability to get the person to the hospital.

#### **31(b) General Findings**

Overall besides intent or ability, the objective of the question would override this issue, whether it was due to intent or ability. Either way would not be able to get the person to the hospital.

#### **31(c) Recommendation**

No Change

### **32. Question #26**

**In the past year, has the person who helps you ever withheld items, such as a walker, eyeglasses, hearing aids, or false teeth?**

#### **32(a) Probing Notes & Problems**

One respondent (different respondent from previous reporting difficulty) reported having difficulty due to whether the suspect would hold back such items to change behavior for good or bad.

#### **32(b) General Findings**

Regardless of even a positive intent for behavior change, would still result in neglect for of abuse. Therefore the objective of this question would still be valid.

#### **32(c) Recommendation**

No Change

### **33. Question #27**

**In the past year, has a person who helps you ever not provide you with enough food or water?**

#### **33(a) Probing Notes & Problems**

One respondent (different respondent from previous reporting difficulty) reported having difficulty in this question whereas “enough” being a desire or needs or amount personally or from a medical doctor.

Verb form of terminology “provide”

#### **33(b) General Findings**

If from a medical doctor, such as if recently the USC-OACS subject had been going in for blood work for example and needed to not drink fluids recently, this could result in a false positive.



Verb form of terminology change from “provide” to “provided”

### **33(c) Recommendation**

In the past year, has a person who helps you ever not provided you with enough food or water without the advice from a medical doctor?

## **34. Section-4: Emotional/Physical Instructions**

“No matter how well people get along, there are times when they disagree, get annoyed with each other, want different things from each other, or just have arguments or fights because they are in a bad mood, are tired, or are upset for some other reason. People have different ways of trying to resolve their differences. I’m going to read a list of things that might happen when you have differences. Some are about you and others are about people close to you, such as family members, friends, or neighbors. Please let me know if each thing happened in the last twelve months.”

### **34(a) Probing Notes & Problems**

Two of the 12 respondents showed difficulty understanding the instructions. These respondents questioned if it is only when “resolving” differences or also expressing differences.

### **34(b) General Findings**

Among these respondents who had difficulties, including “expressing” would also more clearly reach the objective of this question.

### **34(c) Recommendation**

“No matter how well people get along, there are times when they disagree, get annoyed with each other, want different things from each other, or just have arguments or fights because they are in a bad mood, are tired, or are upset for some other reason. People have different ways of trying to resolve or express their differences. I’m going to read a list of things that might happen when you have differences. Some are about you and others are about people close to you, such as family members, friends, or neighbors. Please let me know if each thing happened in the last twelve months.”

## **35. Question #29**

**In the past year, did someone you know tell you they were sorry after an argument?**

### **35(a) Probing Notes & Problems**

None

### **35(b) General Findings**

N/A

### **35(c) Recommendation**

No Change

**36. Question #30**

**In the past year, did someone you know stomp out of the room or house during a disagreement?**

**36(a) Probing Notes & Problems**

One of the 12 respondents reported having difficulty understanding this question with one other respondent not understanding the term “stomp”.

**36(b) General Findings**

While we recommend this term, including “anger” will help to ensure clarity to “disagreement”

**36(c) Recommendation**

In the past year, did someone you know stomp out of the room or house in anger during or after a disagreement?

**37. Question #31**

**In the past year, did someone you know insult or swear at you?**

**37(a) Probing Notes & Problems**

One of the 12 respondents reported having difficulty understanding this question with two other respondents questioning the term “insult”.

**37(b) General Findings**

Because these respondents understood the term “swear” would still uphold the objective of this question.

**37(c) Recommendation**

No Change

**38. Question #32**

**In the past year, did someone you know shout or yell at you?**

**38(a) Probing Notes & Problems**

While all 12 respondents reported having fully understood this question several had a comment based on intent, whereas someone might shout or yell, because the subject is unable to hear well.

**38(b) General Findings**

This issue could result in a false positive, so change is recommended

**38(c) Recommendation**

In the past year, did someone you know shout or yell at you because they were upset at you?

**39. Question #33**

**In the past year, did someone you know threaten to break, or throw away something that means a lot to you?**

**39(a) Probing Notes & Problems**

None

**39(b) General Findings**

N/A

**39(c) Recommendation**

No Change

**40. Question #34**

**In the past year, did someone you know threaten to harm a member of your family, friend, or pet?**

**40(a) Probing Notes & Problems**

None

**40(b) General Findings**

N/A

**40(c) Recommendation**

No Change

**41. Question #35**

**In the past year, did someone you know threaten to not let you visit with or talk to a family member or friend?**

**41(a) Probing Notes & Problems**

None

**41(b) General Findings**

One respondent had difficulty suggesting that the wording is “funny”, but still fully understood the question and terminology. Illustrating that the question objective would still be met as is.

**41(c) Recommendation**

No Change

**42. Question #36**

**In the past year, did someone you know tell you not to tell about being hurt by someone?**

**42(a) Probing Notes & Problems**

Three of the 12 respondents reported having difficulty with comprehension of this question. While they understood the objective of this question, the problem was based on whether not to tell “others” or “authorities”.

**42(b) General Findings**

The objective of this question is to include telling “anyone”. However by not making this clear if a subject would take this as “authorities” could result in a false positive if they knew the “other” person would report them or be a mandated reporter.

**42(c) Recommendation**

In the past year, did someone you know tell you not to tell anyone about being hurt by someone?

**43. Question #37**

**In the past year, did someone you know threaten to hit or throw something at you?**

**43(a) Probing Notes & Problems**

None

**43(b) General Findings**

N/A

**43(c) Recommendation**

No Change

**44. Question #38**

**In the past year, did someone you know push or shove you on purpose?**

**44(a) Probing Notes & Problems**

None

**44(b) General Findings**

N/A

**44(c) Recommendation**

No Change

**45. Question #39**

**In the past year, did someone you know pinch or scratch you on purpose?**

**45(a) Probing Notes & Problems**

While 11 of the respondents understood this question, one respondent had a problem understanding “on purpose”. Whereas they indicated that what is they were playing or were scratching the subject back because of something the subject did to them.

**45(b) General Findings**

If they were playing or were scratching the subject back because of something the subject did to them is based on intent. Thus could result in a false positive.

**45(c) Recommendation**

In the past year, did someone you know intentionally pinch or scratch you on purpose to hurt you?

**46. Question #40**

**In the past year, did someone you know slam you against a wall on purpose?**

**46(a) Probing Notes & Problems**

None

**46(b) General Findings**

N/A

**46(c) Recommendation**

No Change

**47. Question #41**

**In the past year, did someone you know throw something at you that could hurt you?**

**47(a) Probing Notes & Problems**

None

**47(b) General Findings**

N/A

**47(c) Recommendation**

No Change

**48. Question #42**

**In the past year, did someone you know punch you or hit you with something that could hurt you?**

**48(a) Probing Notes & Problems**

None

**48(b) General Findings**

N/A

**48(c) Recommendation**

No Change

**49. Question #43**

**In the past year, did someone you know burn or scald you on purpose?**

**49(a) Probing Notes & Problems**

None

**49(b) General Findings**

N/A

**49(c) Recommendation**

No Change

**50. Question #44**

**In the past year, did someone you know pull your hair or twist your arm?**

**50(a) Probing Notes & Problems**

None

**50(b) General Findings**

N/A

**50(c) Recommendation**

No Change

**51. Question #45**

**In the past year, did someone you know kick you on purpose?**

**51(a) Probing Notes & Problems**

None

**51(b) General Findings**

N/A

**51(c) Recommendation**

No Change

**52. Question #46**

**In the past year, did someone you know shake you on purpose?**

**52(a) Probing Notes & Problems**

While 11 of the respondents reported understanding this question, one respondent reported having “somewhat” difficulty due to type of intent, positive or negative.

**52(b) General Findings**

If for example a subject drifted off or passed out, someone would have to shake or yell to get their attention for CPR or knowing when to call EMS. In this case would result in a false positive.

**52(c) Recommendation**

In the past year, did someone you know shake you on purpose because they were upset at you?

**53. Question #47**

**In the past year, did you have a sprain, bruise, or small cut from a fight with someone you know?**

**53(a) Probing Notes & Problems**

None

**53(b) General Findings**

N/A

**53(c) Recommendation**

No Change

**54. Question #48**

**In the past year, did someone you know slap you?**

**54(a) Probing Notes & Problems**

While 11 of the respondents reported understanding this question, one respondent reported having “somewhat” difficulty due to intent such as joking around.

**54(b) General Findings**

By not including intent in this question, would likely result in a false positive.

**54(c) Recommendation**

In the past year, did someone you know slap you to purposely hurt you?

**55. Question #49**

**In the past year, did someone you know knock you down on purpose?**

**55(a) Probing Notes & Problems**

None

**55(b) General Findings**

N/A

**55(c) Recommendation**

No Change

**56. Question #50**

**In the past year, did someone you know choke you on purpose?**

**56(a) Probing Notes & Problems**

None

**56(b) General Findings**

N/A

**56(c) Recommendation**

No Changes

**57. Question #51**

**In the past year, did someone you know use a knife or gun on you?**

**57(a) Probing Notes & Problems**

None

**57(b) General Findings**

N/A

**57(c) Recommendation**

No Change

**58. Question #52**

**In the past year, did you need to see a doctor because of a fight with someone you know, but you did not go?**

**58(a) Probing Notes & Problems**

None

**58(b) General Findings**

N/A

**58(c) Recommendation**

No Change



**59. Question #53**

**In the past year, did someone you know threaten to put you in a nursing home?**

**59(a) Probing Notes & Problems**

None

**59(b) General Findings**

N/A

**59(c) Recommendation**

No Change

**60. Question #54**

**I have asked many questions about your experiences with the past year did you experience any of these from an intimate partner throughout your adult life?**

**60(a) Probing Notes & Problems**

Three of the 12 respondents reported having “somewhat” of a difficult time understanding this question. Additionally one had difficulty understanding “your experiences with the past year” and two had problems understanding “throughout your adult life”.

**60(b) General Findings**

Adult life is a long range identified among these respondents. Whereas this recall task was burdensome for these respondents, in that this could result in mislead responses. Additionally the term “intimate partner” was misleading to many.

**60(c) Recommendation**

I have asked many questions about your things that have happened within the past year, had any of these experience happen to you did you experience any of these experiences from a spouse, partner, or other family member between the ages of 18-65?

**61. Section-5: Sexual Abuse Instructions**

“Sometimes older adults get abused, assaulted, or touched in sexual ways that are wrong. To find out more about how often this occurs, we would like to ask you about your own experiences in the past twelve months.”

**61(a) Probing Notes & Problems**

None

**61(b) General Findings**

N/A

**61(c) Recommendation**

No Change

**62. Question #56**

**In the past year, did someone you know touch you on purpose in a sexual way when you did not want to be touched that way?**

**62(a) Probing Notes & Problems**

One respondent reported having “somewhat” difficult understanding with this question. In that they said, if an older woman was sexually abused as a child in adolescent or by a doctor they might have difficult time responding.

**62(b) General Findings**

Because there was only one subject making this comment and due to this question being a question modified from the Conflict Tactics Scale (CTS), and leaving this question is recommended.

**62(c) Recommendation**

No Change

**63. Question #57**

**In the past year, did someone you know insist that you engage in a sexual activity when you did not want to?**

**63(a) Probing Notes & Problems**

None

**63(b) General Findings**

N/A

**63(c) Recommendation**

No Change

**64. Question #58**

**In the past year, did someone you know use threats to make you have sex with them?**

**64(a) Probing Notes & Problems**

None

**64(b) General Findings**

N/A

**64(c) Recommendation**

No Change

**65. Question #59**

**In the past year, did someone you know use force to make you have sex with them?**

**65(a) Probing Notes & Problems**

None

**65(b) General Findings**

N/A

**65(c) Recommendation**

No Change

**66. Question #60**

**I have asked many questions about being touched, abused, or assaulted in a sexual way, did any of these behaviors happen to you before you were 65 years old as an adult?**

**66(a) Probing Notes & Problems**

None

**66(b) General Findings**

While all 12 respondents clearly understood this question, some had suggestions similarly to issues in USC-OACS Q-54. Whereas adult life is a long range and such recall tasks were burdensome and could result in misleading responses.

**66(c) Recommendation**

I have asked many questions about being touched, abused, or assaulted in a sexual way, did any of these things happen to you between the ages of 18-64?

**67. Section-6 Financial Abuse Instructions**

“The next group of questions is about your money and property. We are interested in the ways that people in your life—your spouse, children, friends, in-laws, and people who help you—might have taken advantage of you in the past twelve months. This can also include business people who you’ve built a relationship with, like salespeople and repair people.”

**67(a) Probing Notes & Problems**

None

**67(b) General Findings**

N/A

**67(c) Recommendation**

No Change

**68. Question #62**

**In the past year, did someone you know take your social security or pension check without your permission?**

**68(a) Probing Notes & Problems**

None

**68(b) General Findings**

N/A

**68(c) Recommendation**

No Change

**69. Question #63**

**In the past year, did someone you know charge you for unnecessary work or work that was not done?**

**69(a) Probing Notes & Problems**

None

**69(b) General Findings**

N/A

**69(c) Recommendation**

No Change

**70. Question #64**

**In the past year, did someone you know force or trick you into making a bad decision about your finances?**

**70(a) Probing Notes & Problems**

One respondent reported difficulty with comprehension of this question, whereas the term force seemed to severe and asked "what if pressured".

**70(b) General Findings**

Adding the term "pressure" would help to decrease risk of a false positive if not as severe.

**70(c) Recommendation**

In the past year, did someone you know force, pressure, or trick you into making a decision about your finances?

**71. Question #65**

**In the past year, did someone you know keep you from spending your money the way you wanted to?**

**71(a) Probing Notes & Problems**

One respondent reported having difficulty comprehending whether one stops one from spending their money or discourages them from spending.

**71(b) General Findings**

Because keeping from spending money is the objective of this question it is recommended to remain as is. In addition “discouraging” would be too vague an often is a term used in health relationships regarding money.

**71(c) Recommendation**

No Change

**72. Question #66**

**In the past year, did someone you know sign your name without your permission?**

**72(a) Probing Notes & Problems**

None

**72(b) General Findings**

N/A

**72(c) Recommendation**

No Change

**73. Question #69**

**In the past year, did someone you know take valuable possessions from you without your permission?**

**73(a) Probing Notes & Problems**

None

**73(b) General Findings**

N/A

**73(c) Recommendation**

No Change

**74. Question #70**

**In the past year, did someone you know force you to transfer the title or ownership of your home, car or other property?**

**74(a) Probing Notes & Problems**

One respondent reported having difficulty with comprehension of this question by questioning the term “force” as being more severe.

**74(b) General Findings**

Including the term “pressure” will help to decrease risk of a false positive if not as severe.

**74(c) Recommendation**

In the past year, did someone you know force or pressure you to transfer the title or ownership of your home, car or other property?

**75. Question #71**

**In the past year, did someone you know force you to change your will or sign a contract against your wishes?**

**75(a) Probing Notes & Problems**

One respondent reported having difficulty with comprehension of this question by questioning the term “force” as being more severe.

**75(b) General Findings**

Including the term “pressure” will help to decrease risk of a false positive if not as severe.

**75(c) Recommendation**

In the past year, did someone you know force or pressure you to change your will or sign a contract against your wishes?

**76. Question #72**

**In the past year, did someone you know use your credit card, bank card or ATM card without your permission?**

**76(a) Probing Notes & Problems**

None

**76(b) General Findings**

N/A

**76(c) Recommendation**

No Change

**77. Question #73**

**In the past year, did someone you know take your money without your permission?**

**77(a) Probing Notes & Problems**

None

**77(b) General Findings**

N/A

**77(c) Recommendation**

No Change

ATTACHMENT A

University of Southern California  
**Study Subjects Needed**  
**Get Paid \$10 cash**

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Research Subjects Needed-Ages 65 or older.  
Participate in a research study to help researchers  
write better survey questions in a Cognitive Interview.

\*\*\*

**WHAT WILL YOU DO?** You will be asked if you understand survey questions and what do certain words mean to you. It will take less than 90-minutes. You will be paid \$10 cash and given a gift bag

**WHERE:** St. Barnabas Senior Center, 675 South Carondelet Street, Los Angeles, CA 90057

**WHEN:** Wednesday, January 27, 2010

**CONTACT:** If you are interested in helping, make your appointment time by calling James DeCarli at (323) 491-6197

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The Principal Investigator for this project is James M. DeCarli.  
If you have any questions, please call at (323) 491-6197 or  
email at [jdecarli@publichealth.lacounty.gov](mailto:jdecarli@publichealth.lacounty.gov)



## ATTACHMENT B

### INSTRUCTIONS FOR COGNITIVE INTERVIEWER

#### **BACKGROUND COGNITIVE INTERVIEWING:**

- General methods to critically evaluate the transfer information used in surveys
- Used to study the manner in which targeted audiences understand, respond, and mentally process the items in the survey
  - Studying the cognitive processes that respondents use to answer survey questions such as comprehension, recall, decisions, and judgment, and response processes.
  - Goals-to detect a wide range of problems in survey questions

#### **INSTRUCTIONS FOR COGNITIVE INTERVIEWER:**

1. Review the questionnaire questions to make sure you can determine the probes to ask.
2. To start the interview, read the "Instructions to subject" either verbatim or paraphrased.
3. When you start, make sure to enter the "Start Time"
4. Make sure the subject does not read the questionnaire questions as you administer it to them-make sure they are only listening to you.
5. Go up to two-hours. If you do not finish, mark where you ended. If something is difficult to administer, make a comment to describe the problem.
6. Use suggested probes under each question. Write in additional probes as you think of.
7. Enter comments under each question regarding problems as they come up.
8. When you are finished, enter the "End Time"
9. Look back and review the questionnaire and add additional comments as necessary.

*Continued...*

## INSTRUCTIONS TO BE READ TO SUBJECT

### *Interviewer notes:*

- a. *Ensure the subject has signed the Confidentiality Form*
- b. *Read instructions below to subject the either in their entirety*

Thank you for coming in today. Let me explain the purpose in having you come here today.

1. We are testing a new questionnaire with the help of people like yourself
2. I will ask you questions and you answer them just like a regular survey.
3. But this is somewhat different from a regular survey. Because we want to know if the questions in this questionnaire are easy to understand. So as I read each question, tell me everything you are thinking about as you go about answering it.
4. At times I will also stop and ask you more questions about the words in each question and what you think a question is asking about. Then I will take notes.
5. Please remember that I really want to hear all of your opinions and reactions to each question. Please tell me if you do not understand a word or question or if it is hard to answer.
6. We will continue for two-hours, unless I run out of things to ask before then.
7. Do you have any questions before we start?

Alright let's begin with a practice question. Remember to try to think out loud as you answer. An example of thinking out loud is easily described by thinking about place where you live and think about how many windows it has. As you count the number of windows, tell me what you are thinking and seeing.

Practice Question-1: How many times a day do you take medication?

- [Probe as necessary]: How did you come up with that answer?
- [Probe as necessary]: What does "medication" mean to you?

Alright, now let's begin with the questions that we are testing.

**ATTACHMENT C****CI ABSTRACTION FORM**

Date of Interview: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_ CI Number (write same on CI): \_\_\_\_\_

**USC\_OACS Instrument Instructions**

	Probed Responses									Interviewer Verbatim Comments
	a			b		c		d		
	Yes	No	SW <sub>2</sub>	(+) <sup>3</sup>	(-) <sup>4</sup>	(+)	(-)	(+)	(-)	
<b>INSTR</b>										

**Section 1: Loneliness/Assertiveness**

	Probed Responses									Interviewer Verbatim Comments
	a			b		c		d		
	Yes	No	SW <sub>5</sub>	(+) <sup>6</sup>	(-) <sup>7</sup>	(+)	(-)	(+)	(-)	
<b>INSTR</b>								na	na	
<b>Q1</b>						na	na	na	na	
<b>Q2</b>						na	na	na	na	
<b>Q3</b>						na	na	na	na	
<b>Q4</b>				na	na	na	na	na	na	
<b>Q5</b>						na	na	na	na	
<b>Q6</b>						na	na	na	na	
<b>Q7</b>								na	na	

<sup>2</sup> Somewhat<sup>3</sup> Meets Interpretation<sup>4</sup> Does not meet interpretation<sup>5</sup> Somewhat<sup>6</sup> Meets Interpretation<sup>7</sup> Does not meet interpretation

## Section 2: ADL's

	Probed Responses									Interviewer Verbatim Comments
	a			b		c		d		
	Yes	No	SW <sub>8</sub>	(+) <sup>9</sup>	(-) <sup>10</sup>	(+)	(-)	(+)	(-)	
<b>INSTR</b>						na	na	na	na	
<b>Q9</b>						na	na	na	na	
<b>Q9b</b>						na	na	na	na	
<b>Q10</b>						na	na	na	na	
<b>Q11</b>						na	na	na	na	
<b>Q12</b>						na	na	na	na	
<b>Q13</b>						na	na	na	na	
<b>Q14</b>						na	na	na	na	
<b>Q15</b>						na	na	na	na	
<b>Q16</b>						na	na	na	na	
<b>Q17</b>						na	na	na	na	
<b>Q18</b>						na	na	na	na	
<b>Q18B</b>						na	na	na	na	
<b>Q19</b>						na	na	na	na	
<b>Q19B</b>								na	na	
<b>Q20</b>						na	na	na	na	
<b>Q20B</b>						na	na	na	na	

---

<sup>8</sup> Somewhat

<sup>9</sup> Meets Interpretation

<sup>10</sup> Does not meet interpretation

**Section 3: Neglect**

	Probed Responses									Interviewer Verbatim Comments
	a			b		c		d		
	Yes	No	SW <sub>11</sub>	(+) <sup>12</sup>	(-) <sup>13</sup>	(+)	(-)	(+)	(-)	
<b>INSTR</b>								na	na	
<b>Q22</b>						na	na	na	na	
<b>Q23</b>						na	na	na	na	
<b>Q24</b>						na	na	na	na	
<b>Q25</b>				na	na	na	na	na	na	
<b>Q26</b>				na	na	na	na	na	na	
<b>Q27</b>				na	na	na	na	na	na	

---

<sup>11</sup> Somewhat

<sup>12</sup> Meets Interpretation

<sup>13</sup> Does not meet interpretation

### Section 4: Emotional/Physical

	Probed Responses									Interviewer Verbatim Comments
	a			b		c		d		
	Yes	No	SW	(+)	(-)	(+)	(-)	(+)	(-)	
<b>INSTR</b>						na	na	na	na	
<b>Q29</b>						na	na	na	na	
<b>Q30</b>								na	na	
<b>Q31</b>								na	na	
<b>Q32</b>								na	na	
<b>Q33</b>								na	na	
<b>Q34</b>						na	na	na	na	
<b>Q35</b>								na	na	
<b>Q36</b>								na	na	
<b>Q37</b>								na	na	
<b>Q38</b>								na	na	
<b>Q39</b>						na	na	na	na	
<b>Q40</b>						na	na	na	na	
<b>Q41</b>						na	na	na	na	
<b>Q42</b>						na	na	na	na	
<b>Q43</b>						na	na	na	na	
<b>Q44</b>								na	na	
<b>Q45</b>						na	na	na	na	
<b>Q46</b>								na	na	
<b>Q47</b>								na	na	
<b>Q48</b>								na	na	
<b>Q49</b>								na	na	
<b>Q50</b>						na	na	na	na	
<b>Q51</b>						na	na	na	na	
<b>Q52</b>								na	na	
<b>Q53</b>						na	na	na	na	
<b>Q54</b>										

**Section 5: Sexual**

	Probed Responses									Interviewer Verbatim Comments
	a			b		c		d		
	Yes	No	SW <sub>14</sub>	(+) <sup>15</sup>	(-) <sup>16</sup>	(+)	(-)	(+)	(-)	
<b>INSTR</b>										
<b>Q56</b>								na	na	
<b>Q57</b>										
<b>Q58</b>						na	na	na	na	
<b>Q59</b>						na	na	na	na	
<b>Q60</b>						na	na	na	na	

**Section 6: Financial**

	Probed Responses									Interviewer Verbatim Comments
	a			b		c		d		
	Yes	No	SW <sup>17</sup>	(+) <sup>18</sup>	(-) <sup>19</sup>	(+)	(-)	(+)	(-)	
<b>INSTR</b>										
<b>Q62</b>						na	na	na	Na	
<b>Q63</b>										
<b>Q64</b>								na	Na	
<b>Q65</b>								na	Na	
<b>Q66</b>						na	na	na	Na	
<b>Q67</b>								na	Na	
<b>Q68</b>						na	na	na	Na	
<b>Q69</b>								na	Na	
<b>Q70</b>								na	Na	
<b>Q71</b>								na	Na	
<b>Q72</b>				na	na	na	na	na	Na	
<b>Q73</b>				na	na	na	na	na	Na	

<sup>14</sup> Somewhat<sup>15</sup> Meets Interpretation<sup>16</sup> Does not meet interpretation<sup>17</sup> Somewhat<sup>18</sup> Meets Interpretation<sup>19</sup> Does not meet interpretation

**ATTACHMENT D**

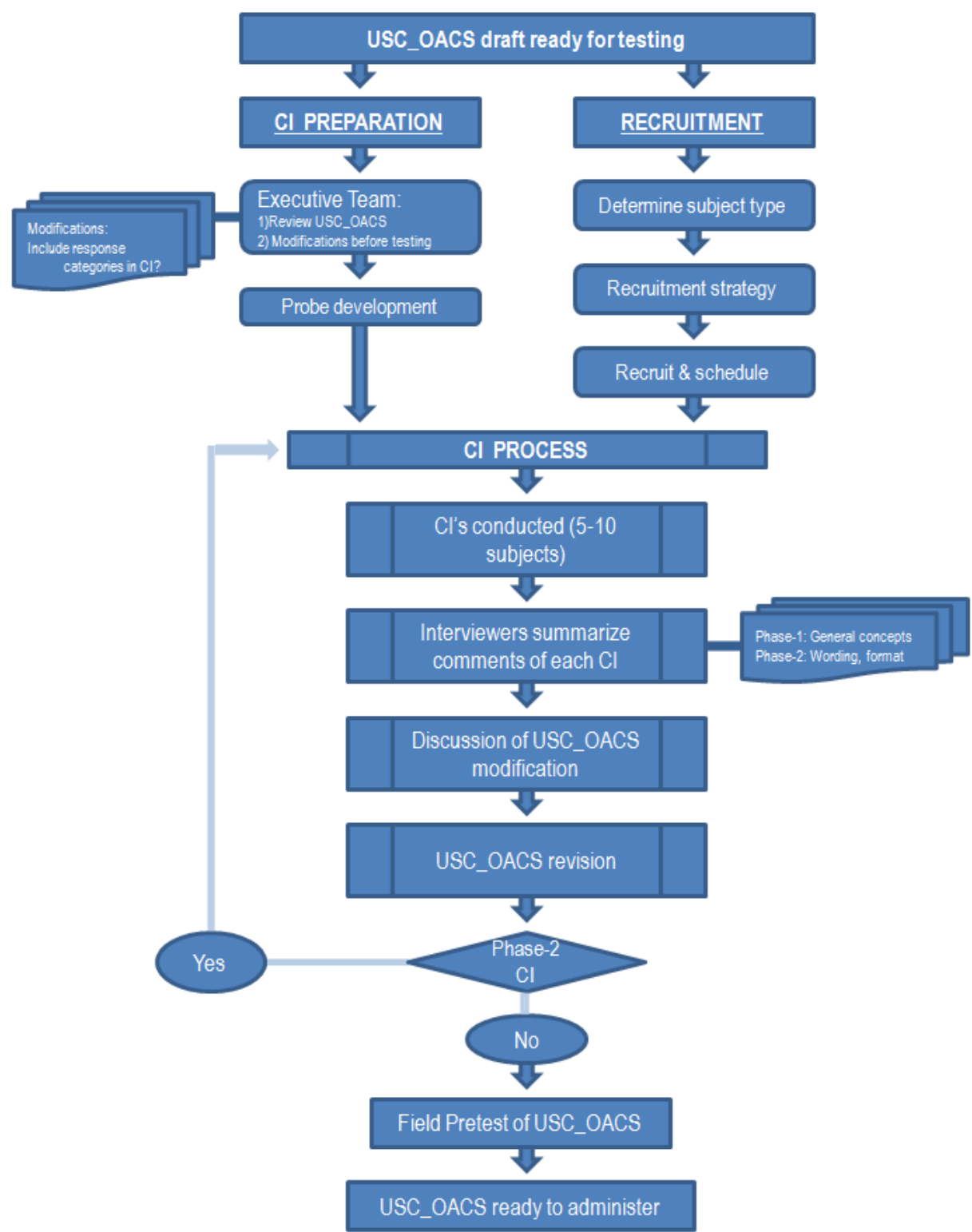
a		b		c		d		INTERVIEWER COMMENTS
Yes	No	Pos (+)	Neg (-)	Pos (+)	Neg (-)	Pos (+)	Neg (-)	
USC_OACS Instrument Instructions								
0	10	2	12	0	12	0	12	0
Section 1: Loneliness/Assertiveness								
INST	0	9	1	12	0	12	0	na
Q1	1	9	2	12	0	na	na	Aspects such as parts or your life? Is it isolated with/associated with/part of group confusing
Q2	1	11	0	12	0	na	na	Use "lonely"?/Similar to Q2
Q3	1	11	0	12	0	na	na	Unclear-talk to me or talk to you
Q4	0	11	1	na	na	na	na	Voluntary or involuntary?
Q5	1	11	0	12	0	na	na	"express" how?
Q6	1	11	0	11	1	na	na	Keeping up appearances by saying yes
Q7	1	11	0	12	0	na	na	
Section 2: ADL's								
INST	0	11	1	12	0	na	na	
Q9	0	12	0	12	0	na	na	
Q9b	0	12	0	12	0	na	na	
Q10	0	12	0	12	0	na	na	
Q11	0	12	0	12	0	na	na	
Q12	1	11	0	12	0	na	na	All beds are not alike-so maybe due to bed itself rather than physical ability
Q13	0	12	0	11	1	na	na	Using as physical or in as in a bowel movement
Q14	0	12	0	12	0	na	na	
Q15	1	11	0	12	0	na	na	
Q16	0	12	0	12	0	na	na	
Q17	0	12	0	12	0	na	na	
Q18	0	12	0	12	0	na	na	
Q18b	0	11	1	12	0	na	na	
Q19	0	12	0	12	0	na	na	
Q19b	0	12	0	12	0	na	na	
Q20	1	11	0	12	0	na	na	Difference between knowing how to do it vs implementing it
Q20b	0	11	1	12	0	na	na	Not relevant to subject-difficult to comprehend
Section 3: Neglect								
INST	1	9	2	12	0	11	1	Personal self care (defined as a job)/vague-maybe say "hygiene"?
Q22	0	11	1	12	0	na	na	
Q23	1	11	0	12	0	na	na	
Q24	0	11	1	12	0	na	na	Referring to intent or ability?
Q25	0	11	1	na	na	na	na	Suspect or know with holding
Q26	1	11	0	na	na	na	na	Difference between desires & needs or amoung by a doctor or to feel adequate
Q27	1	11	0	na	na	na	na	
Section 4: Emotional/Physical								
INST	0	10	2	12	0	na	na	Resolving differences or expressing differences?
Q29	0	12	0	12	0	na	na	
Q30	0	11	1	11	1	12	0	Stomp-run/walk away fast?
Q31	0	11	1	11	1	12	0	Perception of intent?
Q32	0	12	0	12	0	12	0	
Q33	0	12	0	12	0	na	na	
Q34	0	12	0	12	0	na	na	
Q35	0	8	1	9	0	12	na	Wording is funny
Q36	1	6	2	9	0	12	na	Wording is tricky/interpreted as not going to authorities?/physical or emotional hurt?/vague/confusing
Q37	0	12	0	9	0	12	na	
Q38	0	12	0	9	0	12	na	
Q39	0	11	1	9	0	na	na	Playfull or scratching back
Q40	0	12	0	9	0	na	na	



	a		b		c		d		INTERVIEWER COMMENTS	
	Yes	No	Pos (+)	Neg (-)	Pos (+)	Neg (-)	Pos (+)	Neg (-)		
Q41	0	12	0	9	na	na	na	na		
Q42	0	12	0	9	na	na	na	na		
Q43	0	12	0	9	na	na	na	na		
Q44	0	12	0	9	na	na	na	na		
Q45	0	12	0	9	na	na	na	na		
Q46	0	11	1	9	na	na	na	na	In hostile manner?/What if the subject drifted off or passed out & had to shake?	
Q47	0	12	0	9	na	na	na	na	Joking, slap on arm or something	
Q48	0	11	1	9	na	na	na	na		
Q49	0	12	0	9	na	na	na	na		
Q50	0	12	0	9	na	na	na	na		
Q51	0	12	0	9	na	na	na	na		
Q52	0	12	0	9	na	na	na	na		
Q53	0	12	0	9	na	na	na	na		
Q54	0	9	3	11	12	0	10	2	Adult life is a long range/Adult life ages 16-39/Use "spouse" rather than intimate partner/(b) good/bad/(c) 50+	
<b>Section 5: Sexual</b>										
INSTR	0	12	0	12	0	12	0	12	0	
Q56	0	11	1	12	0	12	0	na	na	Different for older females who have been violaes in adolescent or by doctor, etc
Q57	0	12	0	12	0	12	0	12	0	
Q58	0	12	0	12	0	na	na	na	na	
Q59	0	12	0	12	0	na	na	na	na	
Q60	0	12	0	12	0	na	na	na	na	Long range-hard to remember/18 or 21?/21-64/Rephrase as "adult before you were 65 years old"/not as a child?
<b>Section 6: Financial</b>										
INSTR	0	12	0	12	0	12	0	12	0	
Q62	0	12	0	12	0	na	na	na	na	Belongings, furniture, jewelry, clothing-no mention of home
Q63	0	12	0	12	0	12	0	12	na	
Q64	1	11	0	12	0	12	0	na	na	Pressure vs force
Q65	1	11	0	12	0	12	0	na	na	Physically keep from or discourage?
Q66	0	9	0	12	0	na	na	na	na	
Q69	0	9	0	12	0	12	0	na	na	
Q70	1	11	0	12	0	12	0	na	na	Use "pressure" instead?
Q71	0	9	0	12	0	12	0	na	na	Add "pressure"?
Q72	0	9	0	na	na	na	na	na	na	
Q73	0	9	0	na	na	na	na	na	na	

### ATTACHMENT E

#### Sequence of Cognitive Interviewing (CI) Activities for USC OACS



**Appendix F. Door Hanger**



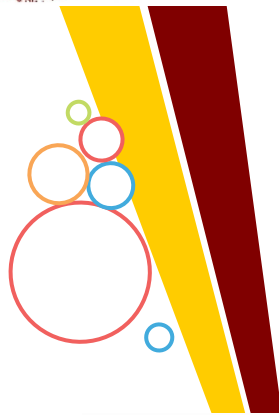
Esperanza Community Housing  
[www.esperanzacommunityhousing.org](http://www.esperanzacommunityhousing.org)

Usted nos puede ayudar  
¡Queremos entrevistarlo!



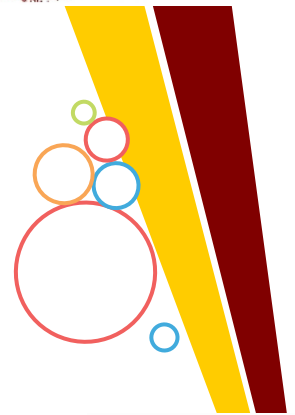
Esperanza Community Housing  
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CALIFORNIA





Esperanza Community Housing  
www.esperanzacommunityhousing.org

Deseamos entrevistar a personas de la tercera edad (66 años o más) y que viva en ciertas áreas del Sur de Los Angeles.

La encuesta tomara unos 45 minutos. Usted recibirá un incentivo monetario por su participación.

- **Lastima que no lo encontramos. Llamenos para ver si califica.**

**323-445-9442**



Esperanza Community Housing  
www.esperanzacommunityhousing.org

Deseamos entrevistar a personas de la tercera edad (66 años o más) y que viva en ciertas áreas del Sur de Los Angeles.

La encuesta tomara unos 45 minutos. Usted recibirá un incentivo monetario por su participación.

- **Lastima que no lo encontramos. Llamenos para ver si califica.**

**323-445-9442**



**DOOR SCRIPT**

“Hi my name is \_\_\_\_\_ and I work with Esperanza Community Housing and the University of Southern California. **Show your badge.** I am here today because we recently hung a door hanger, or your Church/Block Club sent you a letter or flyer, telling you that we will be coming by to ask you questions for a research study we are doing about older adults. Participation is voluntary. May we have a few minutes of your time to talk to your or anyone in your home who is an older adult?”

If Yes		If No	
“Were you born after 1/1/1944? That would make you age 66 or older.”		*** “Can you please tell me if there is anyone around here that you think is 50 or older?”	
If Yes	If No	If Yes	If No
<b>Proceed to review Information Sheet.</b>	“I can come back, when would it be a better time?”	<b>Write Down Information</b>	↓
		“Thank you for talking to me.”	

Buenos Días, mi nombre es \_\_\_\_\_ y trabajo con Esperanza y con la Universidad del Sur de California (USC). **Enseñe su insignia.** Estoy aquí porque recién – colgamos información, dejamos un folleto, o volante diciendo que vendríamos hacer unas preguntas para un estudio dirigido con personas de la tercera edad. Su participación es voluntaria. Puede darme unos minutos de su tiempo para hablar con usted o con otra persona en la casa de la tercera edad?

SÍ		NO	
Nació después de 01/01/1944? Significa que tiene 66 años o más.		¿Me puede decir si tiene vecinos que parecen tener 50 años o más?	
SÍ	NO	SÍ	NO
<b>Continúe con Hoja Informativa.</b>	Yo puedo regresar, ¿cuando sería un mejor momento?	<b>Escriba Información.</b>	↓
		“Muchas gracias por hablar conmigo.”	

**UNIVERSITY OF SOUTHERN CALIFORNIA  
DAVIS SCHOOL OF GERONTOLOGY**

Information Sheet for Non-Medical Research

Name of Study: Toward a Better Understanding of Elder Mistreatment

Principal Investigator/Study Coordinator: Kathleen Wilber, Ph.D.

Phone Number: (213) 740-1736

Spanish-Language Contact: Iris Aguilar (213-740-1887)

**What is this study about?**

We invite you to take part in a research study being conducted by Kathleen Wilber and Jorge Lambrinos from the Davis School of Gerontology at the University of Southern California. The study consists of an interview with people age 66 or older about their relationships and disagreements. About 200 people will take part in this study. The purpose of this form is to give you clear information about this study to help you decide whether or not you want to be interviewed. Your participation is voluntary. If you agree to participate, you will be asked to answer questions about some of your experiences and relationships. We are interested in learning about how you and people close to you handle disagreements. There are no right or wrong answers. Our goal is to talk to people with many different kinds of experiences.

**You can give your consent to participate in this study by answering the interview questions in our questionnaire.**

**Do I have to participate?**

No. It is your choice. You choose if you want to talk to us or not. If you decide to be interviewed you have the right to stop at any time.

**What will happen if I participate?**

If you choose to participate, we can talk to you right now or schedule a time and/or a place that is better for you. The interview will take about 40 minutes. You will be asked questions about yourself, some of your experiences, and how people around you handle disagreements. Your responses will be written down on the questionnaire but will be kept completely anonymous. That means that your name and other identifying information will not be collected or placed on the questionnaire. Everything you tell us is confidential and will not be shared with anyone, unless we feel there is an immediate danger to your life. If we think that your life is in immediate danger, we are required to call 911 about your situation.

Date of Preparation: February 11, 2010

UPIRB#: UP-09-00063

**Will my name or identity be connected with the study?**

No. We will not put your name or other identifiable information, such as your address, on the questionnaire.

The researchers working on this study will combine everyone's answers when writing articles and giving presentations. Your name, your role in the study, and your individual answers will not be identified in any of the information.

You should also know that if we thought that your life was in immediate danger, we are required to call 911 about your situation.

**Are there any risks in participating?**

There are no physical risks to participating in our study. But the questions that you will be asked could be upsetting. If this happens, you are free to stop the interview at any point.

Also, some people may become tired during the interview. The interview is expected to last about 40 minutes. You are free to ask for a break or stop the interview at any time.

**Do I have an alternative to participating?**

Yes, your alternative is to not participate.

**How will helping the researchers benefit me?**

If you participate, there are no direct benefits to you. To show our gratitude, we will provide you with 10 dollars and information on lots of different services that you might like to know about or use, as well as a gift bag to thank you for your help. You do not have to participate in the research or answer all of the questions in order to receive the information or a gift bag.

**Will my participation benefit others?**

This study could provide information to help us learn more about how older people handle disagreements. In the future, the information may be used to help older people who have too much conflict in their lives.

**What happens if I have a negative reaction or develop concerns as a result of thinking about the questions?**

It is possible that the discussion of relationships and disagreements will be upsetting for you. If during the interview, you are uncomfortable or would like to talk to someone, you may do one of several things. You may use the resource information I provide and discuss the available resources with me. If you request additional information or support, we will make every effort to provide it. You

may also contact, or request that I contact, Dr. Wilber, the head researcher, at 213-740-1736. For our Spanish-language contact, call Iris Aguilar at 213-740-1887.

If after speaking with one or more of these people, you would like to arrange to talk to someone with experience in this area, we will help guide you to the right person and help you set up an appointment. These resources are publicly funded home- and community-based services that shouldn't require any out-of-pocket expenses by you.

### **What are my rights?**

You may withdraw your consent at any time and stop the interview. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have any questions about your rights as a study subject or you would like to speak with someone independent of the research team to obtain answers to questions about the research, or in the event the research staff can not be reached, please contact the University Park IRB, Office of the Vice Provost for Research Advancement, Stonier Hall, Room 224a, Los Angeles, CA 90089-1146, (213) 821-5272 or [upirb@usc.edu](mailto:upirb@usc.edu).

### **Who is conducting this research?**

Dr. Kathleen Wilber is the head researcher and can be reached at 213-740-1736. Our Spanish-language contact is Iris Aguilar, who can be reached at 213-740-1887. You can contact either of them if you have any questions or concerns about the research.

### **Do you have any questions that I haven't answered?**

### **Would you like a copy of this form?**



**UNIVERSITY OF SOUTHERN CALIFORNIA—ESCUELA DE  
GERONTOLOGÍA DAVIS**

Hoja informativa –Investigación No-Médica

Nombre de Estudio: Hacia Un Mejor Entendimiento Del Maltrato De Ancianos  
Investigador Principal/Coordinador del Estudio: Kathleen Wilber, PhD  
Número de Teléfono: (213) 740-1736  
Asistencia en Español: Iris Aguilar (213-740-1887)

**¿De qué se trata éste estudio?**

Le invitamos a participar en un estudio dirigido por Kathleen Wilber y Jorge J. Lambrinos de la Escuela de Gerontología Davis de la Universidad del Sur de California (USC). El estudio consiste de hacer entrevistas sobre relaciones y conflictos a las personas de 66 años de edad o más. Alrededor de 200 personas participaran en este estudio. El propósito de este formulario es que usted entienda claramente sobre este estudio para que pueda decidir si quiere o no ser entrevistado. Su participación es voluntaria. Si decide participar le pedimos que conteste preguntas sobre alguna de sus experiencias y relaciones. Estamos interesados en saber que hace usted y las personas cercanas a usted para enfrentan desacuerdos. No hay respuestas correctas o incorrectas. Nuestra intención es hablar con personas con diferentes tipos de experiencias.

**Si contesta las preguntas durante la entrevista significa dar consentimiento para participar en éste estudio.**

**¿Tengo que participar?**

No. Es su decisión. Usted decide si quiere hablar con nosotros o no. Y tiene el derecho de terminar la entrevista en cualquier momento.

**¿Qué sucederá si decido participar?**

Si Ud. decide participar, podemos hablar ahora o hacer una cita para cuando y adónde usted pueda hablar. La entrevista es de unos 40 minutos. Si decide participar, le preguntaremos sobre usted, sus experiencias y como las personas al su alrededor responden a situaciones de conflicto. Sus respuestas se anotaran pero serán totalmente anónimas. Su nombre y otra información que pueda identificarlo no serán colectados ni escritas en éste estudio. Todo lo que me diga es confidencial y no lo compartiré con nadie al menos que piense que está inmediatamente en peligro su vida. Si creemos que su vida esta en inmediato peligro tenemos que llamar al 911 y decirles de su situación.

**¿Estará mi nombre afiliado con el estudio?**

No. No pondremos su nombre y otra información que pueda identificarlo, como su dirección, en la encuesta.

Los investigadores dirigiendo este estudio van a unir todas respuestas para escribir artículos y dar presentaciones. Su nombre, como cooperó en el estudio, y sus respuestas no serán identificados en ninguna de estas actividades.

También queremos que entienda que si creemos que su vida esta en peligro inmediato, tenemos que llamar al 911 sobre su situación

**¿Existe algún riesgo si participo?**

El participar en el estudio no tiene ningún riesgo físico. Pero, las preguntas podrían molestarle. Si sucede esto, usted puede terminar la entrevista en cualquier momento.

Además, algunas personas pueden cansarse durante la entrevista. La entrevista debe durar unos 40 minutos. Usted puede pedir un descanso o terminar la entrevista en cualquier momento.

**¿Cuáles son mis opciones?**

Usted tiene la opción de no participar.

**¿Qué beneficio tendré yo por ayudar al investigador?**

Participar no les dará ningún beneficio directo. Para darle las gracias le daremos \$10 dólares y le regalaremos una bolsa con información sobre diferentes servicios que a lo mejor le puedan servir. No tiene que participar en esta encuesta ni contestar todas las preguntas para recibir información o la bolsa de regalo.

**¿Puede mi participación ayudar a otros?**

Su participación en este estudio puede ayudar a aprender sobre las relaciones y conflictos de las personas de la tercera edad. En el futuro, esta información puede servir para ayudar a las personas de la tercera edad.

**¿Que pasa si tengo una reacción negativa o empiezo a preocuparme como resultado de sus preguntas?**

Es posible que el hablar sobre sus relaciones y conflictos pueda molestarle. Si durante la entrevista se siente incomodo o quiere hablar con alguien puede hacer varias cosas. Puede usar los recursos que le daremos y puede hablar conmigo sobre estos recursos. Puede ponerse en contacto con la investigadora que dirige este estudio, la Dra. Wilber, 213-740-1736. En Español puede llamar a Iris Aguilar al 213-740-1887. Si aun después de hablar con una o más de estas personas quiere

hablar con alguien con experiencia en esta área le guiaremos a alguien y le podemos ayudar a hacer la cita. Los recursos son de servicios comunitarios y de casa que son administrados con fondos públicos por lo tanto no deben requerir uso de su dinero.

**¿Cuáles son mis derechos?**

Ud. tiene el derecho de retirar su consentimiento en cualquier momento y discontinuar su participación. Ud. no está renunciando ninguno de sus derechos, ni ningún reclamo o remedio legal por participar en este estudio. Si Ud. tiene alguna pregunta sobre sus derechos como participante del estudio o quiere hablar con alguien independiente del equipo de este estudio para saber más sobre el estudio puede ponerse en contacto con los investigadores puede llamar a la oficina de University Park IRB, Oficina del Rector para el Avance de Investigaciones, Stonier Hall, Room 224a, Los Angeles, CA 90089-1146, (213) 821-5272 o [upirb@usc.edu](mailto:upirb@usc.edu).

**¿Quién dirige este estudio?**

Dra. Kathleen Wilber, la investigadora principal, puede ser llamada al 213-740-1736. Para asistencia en Español llame a Iris Aguliar al 213-740-1887. Usted puede llamar a cualquiera de los dos si tiene alguna pregunta o duda sobre este estudio.

**¿Tiene alguna pregunta que no he contestado?**

**¿Le gustaría tener una copia de este formulario?**

**Appendix J. Older Adult Conflict Scale (English)**

Interview Date: \_\_\_ / \_\_\_ / \_\_\_  
Interviewer ID#: \_\_\_\_\_  
Participant ID#: \_\_\_\_\_  
Block Group # \_\_\_\_\_  
Time Start: \_\_\_\_\_  
Time Finish: \_\_\_\_\_



**Elder Relationships Survey  
(USC-OACS)**

EVALUATION TO SIGN CONSENT (ESC) INSTRUMENT

**Participant ID:** \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

**Directions:**

Interviewer please answer item 1 below.

- 1) Is the individual alert and able to communicate with you?  
\_\_\_\_ Yes \_\_\_\_ No

**Interviewer instructions (Read the following to the elder):**

“The next three questions are to confirm you’ve understood about the study.”

**Ask the older adult being interviewed questions 2 through 4.**

- 2) Please tell me any of the potential risks that could happen if you participate and answer the questions.

\_\_\_\_\_  
\_\_\_\_\_

- 3) Please tell me what you think we expect of you during the interview.

\_\_\_\_\_  
\_\_\_\_\_

- 4) If you no longer wish to participate in the study please tell me what you will do.

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above person is alert, able to communicate and able to give acceptable answers to items 2, 3, and 4 above.

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date/Time

## USC Older Adult Conflict Scale (USC-OACS) (Demographics)

**Interviewer Instructions (read the following to the elder):** “Before I begin with the survey, I first need to find out some of your basic information. This information will help us describe the people who participate in our study. For example, we’ll use this information to say something like, 60% of our participants were female and 20% had a high school education. We do this by combining your information with everyone else’s. Your information is completely confidential, so there is no way your answers can be traced back to you. Let’s get started.”

<b>1.</b>	<i>(If you are able to determine the gender, do not ask question 1. Just mark the correct box. If you have trouble determining the gender, ask question 1)</i> What is your gender? $_0$ <input type="checkbox"/> Female $_1$ <input type="checkbox"/> Male $_8$ <input type="checkbox"/> Refused $_9$ <input type="checkbox"/> Don't know
<b>2.</b>	How old are you? _____
<b>3.</b>	What is today's date: _____ $_0$ <input type="checkbox"/> Incorrect $_1$ <input type="checkbox"/> Correct (within 3 days) $_8$ <input type="checkbox"/> Refused $_9$ <input type="checkbox"/> Don't know
<b>4.</b>	What is your zip code? _____ $_0$ <input type="checkbox"/> Incorrect $_1$ <input type="checkbox"/> Correct $_8$ <input type="checkbox"/> Refused $_9$ <input type="checkbox"/> Don't know
<b>5.</b>	Are you of Hispanic, Latino or Spanish origin? $_0$ <input type="checkbox"/> No $_1$ <input type="checkbox"/> Yes $_8$ <input type="checkbox"/> Refused $_9$ <input type="checkbox"/> Don't know
<b>6.</b>	In terms of race, what race do you consider yourself to be? You may choose more than one race. <i>(Check all that apply)</i> $_{a.1}$ <input type="checkbox"/> White $_{b.1}$ <input type="checkbox"/> Black/African American $_{c.1}$ <input type="checkbox"/> Asian $_{d.1}$ <input type="checkbox"/> American Indian/Alaska Native $_{e.1}$ <input type="checkbox"/> Native Hawaiian/Other Pacific Islander $_{f.1}$ <input type="checkbox"/> Other race: _____ $_{g.1}$ <input type="checkbox"/> Refused
<b>7.</b>	Were you born in the U.S.? $_0$ <input type="checkbox"/> No $_1$ <input type="checkbox"/> Yes $_8$ <input type="checkbox"/> Refused $_9$ <input type="checkbox"/> Don't know <i>(If “No”, ask these two questions)</i> What country were you born in? _____        In what year did you move to the U.S.? _____ _____

8.	What year were you born: _____ <input type="checkbox"/> 8 Refused <input type="checkbox"/> 9 Don't know
9.	What is your current marital status? <input type="checkbox"/> 1 Single <input type="checkbox"/> 2 Married <input type="checkbox"/> 3 Widowed <input type="checkbox"/> 4 Divorced/Separated <input type="checkbox"/> 5 Living with someone in marriage-like relationship <input type="checkbox"/> 8 Refused <input type="checkbox"/> 9 Don't know
10.	Who lives with you? <i>(Check all that apply)</i> <input type="checkbox"/> a.1 Alone <input type="checkbox"/> b.1 Spouse <input type="checkbox"/> c.1 Children <input type="checkbox"/> d.1 Grandchildren <input type="checkbox"/> e.1 Sibling <input type="checkbox"/> f.1 Other Relative <input type="checkbox"/> g.1 Friend <input type="checkbox"/> h.1 Paid Help <input type="checkbox"/> i.1 Refused <input type="checkbox"/> j.1 Don't know
11.	Are you CURRENTLY covered by any kind of government assistance plan, such as Medi-Cal, Medicaid, SSI, or any other program for those with low incomes? <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 8 Refused <input type="checkbox"/> 9 Don't know
12.	What is your highest level of education? <i>(Probe: do not read response categories unless prompted)</i> <input type="checkbox"/> 1 Less than high school (Number of years: a_____) <input type="checkbox"/> 2 High school or GED equivalent <input type="checkbox"/> 3 Some college <input type="checkbox"/> 4 College graduate <input type="checkbox"/> 5 Post graduate <input type="checkbox"/> 8 Refused <input type="checkbox"/> 9 Don't know
13.	What is your monthly income? \$ _____ <input type="checkbox"/> 8 Refused <input type="checkbox"/> 9 Don't know <i>(If refused or don't know) Would you say it's more or less than \$902?</i> <input type="checkbox"/> 0 Less than \$902 <input type="checkbox"/> 1 More than \$902 <input type="checkbox"/> 8 Refused <input type="checkbox"/> 9 Don't know
14.	What is your work status? <i>(Check all that apply)</i> <input type="checkbox"/> a.1 Retired <input type="checkbox"/> b.1 Paid Employment <input type="checkbox"/> c.1 Volunteer <input type="checkbox"/> d.1 Homemaker <input type="checkbox"/> 8 Refused <input type="checkbox"/> 9 Don't know
15.	Do you own your home or any other property? <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 8 Refused <input type="checkbox"/> 9 Don't know

**Interviewer Instructions (read the following to the elder):** “All right, thank you. Now let's move on to the survey.”

## USC Older Adult Conflict Scale (USC-OACS)

**Interviewer instructions (Read the following to the elder):** “This survey will include six sections. If you need a break between the sections for any reason, please let me know. Many of the questions ask about personal relationships and feelings, so some questions might pertain to you and some might not. If any question makes you feel uncomfortable, you do not have to answer it. If you do not want to continue, you may quit at any time. But if you are able to finish this survey, the information you share will help us learn more about the needs of older adults. All right, let’s begin with the first section.”

<b>Section 1</b>	<p><b>Interviewer instructions (Read the following to the elder):</b></p> <p>“The following questions deal with how you feel about different aspects of your life over the past twelve months. You can use this response card to show me your answer to each question: you can say never, rarely, sometimes, or often.”</p> <p><b>Interviewer:</b></p> <ol style="list-style-type: none"> <li>1. Give <i>Frequency</i> response card to client.</li> <li>2. Please “mark” each response</li> </ol>
<b>1. How often have you felt part of a group of friends?</b>	
<ol style="list-style-type: none"> <li>1 <input type="checkbox"/> Never</li> <li>2 <input type="checkbox"/> Rarely</li> <li>3 <input type="checkbox"/> Sometimes</li> <li>4 <input type="checkbox"/> Often</li> <li>8 <input type="checkbox"/> Refused to answer</li> </ol>	
<b>2. How often have you felt left out?</b>	
<ol style="list-style-type: none"> <li>1 <input type="checkbox"/> Never</li> <li>2 <input type="checkbox"/> Rarely</li> <li>3 <input type="checkbox"/> Sometimes</li> <li>4 <input type="checkbox"/> Often</li> <li>8 <input type="checkbox"/> Refused to answer</li> </ol>	



**3. How often have you felt alone?**

- 1 Never  
 2 Rarely  
 3 Sometimes  
 4 Often  
 8 Refused to answer

**4. How often have you had someone to talk to?**

- 1 Never  
 2 Rarely  
 3 Sometimes  
 4 Often  
 8 Refused to answer

**5. How often have you felt isolated from others?**

- 1 Never  
 2 Rarely  
 3 Sometimes  
 4 Often  
 8 Refused to answer

**6. How often have you felt that you were able to express your opinion to someone you know?**

- 1 Never  
 2 Rarely  
 3 Sometimes  
 4 Often  
 8 Refused to answer

**7. How often have you had a hard time saying “no” to people close to you?**

- 1 Never  
 2 Rarely  
 3 Sometimes  
 4 Often  
 8 Refused to answer

**8. Do you have any comments about any of these questions that you would like to share with me?**

- 0 No  
 1 Yes, please explain:


**Interviewer instructions (Read the following to the elder):**

“All right great, thank you. Now let’s move on to section two.”

<b>Section 2</b>	<b>Interviewer instructions (Read the following to the elder):</b>		
	“The next group of questions is about support and assistance with everyday activities. Sometimes people who need help or support don’t get the help they need. We want to find out what help people might need, if any, and learn about how much help they are getting. Please let me know if you have difficulty doing the following tasks on your own, without help from anyone.”		
	<b>Interviewer:</b>		
	1. Please “mark” each response.		
	2. Mark an “X” if the elder answers “Yes” to “Is there someone who can help you?”		
<b>9. Do you have difficulty walking inside of your home?</b>	0 <input type="checkbox"/> No (go to question 10)		
	1 <input type="checkbox"/> Yes – Is there someone who can help you?		
	↓ If “Yes”  X	0 <input type="checkbox"/> No (go to question 10-provide service information)	
		1 <input type="checkbox"/> Yes – How often do they give you the help you need?	
		1 <input type="checkbox"/> Never (go to question 10-provide service information)	
2 <input type="checkbox"/> Rarely (go to question 10-provide service information)			
		3 <input type="checkbox"/> Sometimes (go to question 10-provide service info.)	
		4 <input type="checkbox"/> Often (go to question 10)	
<b>10. Do you have difficulty taking a bath or shower?</b>	0 <input type="checkbox"/> No (go to question 11)		
	1 <input type="checkbox"/> Yes – Is there someone who can help you?		
	↓ If “Yes”  X	0 <input type="checkbox"/> No (go to question 11-provide service information)	
		1 <input type="checkbox"/> Yes – How often do they give you the help you need?	
		1 <input type="checkbox"/> Never (go to question 11-provide service information)	
2 <input type="checkbox"/> Rarely (go to question 11-provide service information)			
		3 <input type="checkbox"/> Sometimes (go to question 11-provide service info.)	
		4 <input type="checkbox"/> Often (go to question 11)	
<b>11. Do you have difficulty getting dressed?</b>	0 <input type="checkbox"/> No (go to question-12)		
	1 <input type="checkbox"/> Yes – Is there someone who can help you?		
	↓ If “Yes”  X	0 <input type="checkbox"/> No (go to question-12-provide service information)	
		1 <input type="checkbox"/> Yes – How often do they give you the help you need?	
		1 <input type="checkbox"/> Never (go to question-12-provide service information)	
2 <input type="checkbox"/> Rarely (go to question-12-provide service information)			
		3 <input type="checkbox"/> Sometimes (go to question-12-provide service info.)	
		4 <input type="checkbox"/> Often (go to question-12)	

<b>12. Do you have difficulty getting out of bed or a chair?</b>	0 <input type="checkbox"/> No ( <i>go to question-13</i> )	
	1 <input type="checkbox"/> Yes – Is there someone who can help you?	
	↓ If “Yes”  X	0 <input type="checkbox"/> No ( <i>go to question-13-provide service information</i> )
		1 <input type="checkbox"/> Yes – How often do they give you the help you need?
		1 <input type="checkbox"/> Never ( <i>go to question-13-provide service information</i> )
2 <input type="checkbox"/> Rarely ( <i>go to question-13-provide service information</i> )		
	3 <input type="checkbox"/> Sometimes ( <i>go to question-13-provide service info.</i> )	
	4 <input type="checkbox"/> Often ( <i>go to question-13</i> )	
<b>13. Do you have difficulty using the toilet?</b>	0 <input type="checkbox"/> No ( <i>go to question-14</i> )	
	1 <input type="checkbox"/> Yes – Is there someone who can help you?	
	↓ If “Yes”  X	0 <input type="checkbox"/> No ( <i>go to question-14-provide service information</i> )
		1 <input type="checkbox"/> Yes – How often do they give you the help you need?
		1 <input type="checkbox"/> Never ( <i>go to question-14-provide service information</i> )
2 <input type="checkbox"/> Rarely ( <i>go to question-14-provide service information</i> )		
	3 <input type="checkbox"/> Sometimes ( <i>go to question-14-provide service info.</i> )	
	4 <input type="checkbox"/> Often ( <i>go to question-14</i> )	
<b>14. Do you have difficulty feeding yourself?</b>	0 <input type="checkbox"/> No ( <i>go to question-15</i> )	
	1 <input type="checkbox"/> Yes – Is there someone who can help you?	
	↓ If “Yes”  X	0 <input type="checkbox"/> No ( <i>go to question-15-provide service information</i> )
		1 <input type="checkbox"/> Yes – How often do they give you the help you need?
		1 <input type="checkbox"/> Never ( <i>go to question-15-provide service information</i> )
2 <input type="checkbox"/> Rarely ( <i>go to question-15-provide service information</i> )		
	3 <input type="checkbox"/> Sometimes ( <i>go to question-15-provide service info.</i> )	
	4 <input type="checkbox"/> Often ( <i>go to question-15</i> )	
<b>15. Do you have difficulty using the telephone?</b>	0 <input type="checkbox"/> No ( <i>go to question-16</i> )	
	1 <input type="checkbox"/> Yes – Is there someone who can help you?	
	↓ If “Yes”  X	0 <input type="checkbox"/> No ( <i>go to question-8-provide service information</i> )
		1 <input type="checkbox"/> Yes – How often do they give you the help you need?
		1 <input type="checkbox"/> Never ( <i>go to question-16-provide service information</i> )
2 <input type="checkbox"/> Rarely ( <i>go to question-16-provide service information</i> )		
	3 <input type="checkbox"/> Sometimes ( <i>go to question-16-provide service info.</i> )	
	4 <input type="checkbox"/> Often ( <i>go to question-16</i> )	

<b>16. Do you have difficulty with grocery shopping?</b>	<input type="checkbox"/> No ( <i>go to question-17</i> )	
	<input type="checkbox"/> Yes – Is there someone who can help you?	
	<input type="checkbox"/> No ( <i>go to question-17-provide service information</i> )	<input type="checkbox"/> Yes – How often do they give you the help you need?
	↓ If “Yes”	<input type="checkbox"/> Never ( <i>go to question-17-provide service information</i> )
	<b>X</b>	<input type="checkbox"/> Rarely ( <i>go to question-17-provide service information</i> )
<input type="checkbox"/> Sometimes ( <i>go to question-17-provide service info.</i> )		
<input type="checkbox"/> Often ( <i>go to question-17</i> )		
<b>17. Do you have difficulty making your meals?</b>	<input type="checkbox"/> No ( <i>go to question-18</i> )	
	<input type="checkbox"/> Yes – Is there someone who can help you?	
	<input type="checkbox"/> No ( <i>go to question-18-provide service information</i> )	<input type="checkbox"/> Yes – How often do they give you the help you need?
	↓ If “Yes”	<input type="checkbox"/> Never ( <i>go to question-18-provide service information</i> )
	<b>X</b>	<input type="checkbox"/> Rarely ( <i>go to question-18-provide service information</i> )
<input type="checkbox"/> Sometimes ( <i>go to question-18-provide service info.</i> )		
<input type="checkbox"/> Often ( <i>go to question-18</i> )		
<b>18. Do you have difficulty taking your medicine?</b>	<input type="checkbox"/> No ( <i>go to question-19</i> )	
	<input type="checkbox"/> Yes – Is there someone who can help you?	
	<input type="checkbox"/> No ( <i>go to question-19-provide service information</i> )	<input type="checkbox"/> Yes – How often do they give you the help you need?
	↓ If “Yes”	<input type="checkbox"/> Never ( <i>go to question-19-provide service information</i> )
	<b>X</b>	<input type="checkbox"/> Rarely ( <i>go to question-19-provide service information</i> )
<input type="checkbox"/> Sometimes ( <i>go to question-19-provide service info.</i> )		
<input type="checkbox"/> Often ( <i>go to question-19</i> )		
<b>19. Do you have difficulty with transportation?</b> (Probe: getting to & from places like your church, doctor, or other appointments)	<input type="checkbox"/> No ( <i>go to question-20</i> )	
	<input type="checkbox"/> Yes – Is there someone who can help you?	
	<input type="checkbox"/> No ( <i>go to question 20-provide service information</i> )	<input type="checkbox"/> Yes – How often do they give you the help you need?
	↓ If “Yes”	<input type="checkbox"/> Never ( <i>go to question-20-provide service information</i> )
	<b>X</b>	<input type="checkbox"/> Rarely ( <i>go to question-20-provide service information</i> )
<input type="checkbox"/> Sometimes ( <i>go to question-20-provide service info.</i> )		
<input type="checkbox"/> Often ( <i>go to question-20</i> )		

20. Do you have difficulty managing your money or paying your bills?	0 <input type="checkbox"/> No (go to question-21)	
	1 <input type="checkbox"/> Yes – Is there someone who can help you?	
	↓ If "Yes" 	0 <input type="checkbox"/> No (go to question-21-provide service information)
		1 <input type="checkbox"/> Yes – How often do they give you the help you need?
		1 <input type="checkbox"/> Never (go to question-21-provide service information)
2 <input type="checkbox"/> Rarely (go to question-21-provide service information)		
	3 <input type="checkbox"/> Sometimes (go to question-21-provide service info.)	
	4 <input type="checkbox"/> Often (go to question-21)	
21. Do you have any comments about any of these questions that you would like to share with me?		
0 <input type="checkbox"/> No		
1 <input type="checkbox"/> Yes, please explain:		

**Interviewer:** Look to see if any of the big "X" marks were filled in for questions 9 – 20.

<b>If one or more "X"s are filled in, then go to Section 3 after these Interviewer instructions.</b>	<b>If none are filled in, then go to Section 4 (Page 10) after these Interviewer instructions.</b>
<b>Interviewer instructions (Read the following to the elder):</b> "Thank you. Now let's move on to Section 3."	<b>Interviewer instructions (Read the following to the elder):</b> "Thank you. Based on your answers in Section 2, we're going to skip ahead to Section 4."

## Section 3

**Interviewer instructions:(Read the following to the elder):**

“Now we want to talk about any help you have received with daily activities or personal self-care in the past 12 months, both paid and unpaid. As I go through the questions, remember that the person you rely on can be one person or more than one person. This time you’ll need a different response card, so you can point to how many times things have happened.”

**Interviewer:**

1. Give Count response card to client
2. Please “mark” each response

**22. Have you been left alone by the person you rely on when you felt you should not be left alone?**

- 0  No
- 1  Yes – Then ask: “How many times did this happen?”
- 1  Once
  - 2  Twice
  - 3  3-5 times
  - 4  6-10 times
  - 5  11-20 times
  - 6  More than 20
  - 8  Refused to answer

**23. Have you been unable to get to a medical appointment because the person you rely on didn’t take you?**

- 0  No
- 1  Yes – Then ask: “How many times did this happen?”
- 1  Once
  - 2  Twice
  - 3  3-5 times
  - 4  6-10 times
  - 5  11-20 times
  - 6  More than 20
  - 8  Refused to answer

**24. Has the person you rely on not taken care of you because they took drugs or had too much to drink?**

- 0  No
- 1  Yes – Then ask: “How many times did this happen?”
- 1  Once
- 2  Twice
- 3  3-5 times
- 4  6-10 times
- 5  11-20 times
- 6  More than 20
- 8  Refused to answer

**25. Did the person you rely on not get you to the hospital when you had an emergency?**

- 0  No
- 1  Yes – Then ask: “How many times did this happen?”
- 1  Once
- 2  Twice
- 3  3-5 times
- 4  6-10 times
- 5  11-20 times
- 6  More than 20
- 8  Refused to answer

**26. Has the person you rely on refused to give you items that you need, such as a walker, eyeglasses, hearing aids, or dentures?**

- 0  No
- 1  Yes – Then ask: “How many times did this happen?”
- 1  Once
- 2  Twice
- 3  3-5 times
- 4  6-10 times
- 5  11-20 times
- 6  More than 20
- 8  Refused to answer

**27. Has the person you rely on not provided you with enough food or water?**

- 0  No
- 1  Yes – Then ask: “How many times did this happen?”
- 1  Once
- 2  Twice
- 3  3-5 times
- 4  6-10 times
- 5  11-20 times
- 6  More than 20
- 8  Refused to answer

**28. Do you have any comments about any of these questions that you would like to share with me?**

No

Yes, please explain:

**Interviewer instructions (Read the following to the elder):**

1. "Thank you. Would you like to take a brief break, or would you like to keep going?"
2. **Then**, "OK, let's move on to Section 4."



## Section 4

**Interviewer instructions (Read the following to the elder):**

“No matter how well people get along, there are times when they disagree, get annoyed with each other, want different things from each other, or just have arguments or fights because they are in a bad mood, are tired, or are upset for some other reason. People have different ways of trying to resolve their differences. I’m going to read a list of things that might happen when you have differences. Some are about you and others are about people close to you, such as family members, friends, or neighbors. Please let me know if each thing happened in the last twelve months.”

**Interviewer:** Please “mark” each response

**29. Did someone close to you tell you they were sorry after an argument?**

- 0  No
- 1  Yes – Then ask: “How many times did this happen?”
- 1  Once
- 2  Twice
- 3  3-5 times
- 4  6-10 times
- 5  11-20 times
- 6  More than 20
- 8  Refused to answer

**30. Did someone close to you stomp out of the room or house or yard during a disagreement?**

- 0  No
- 1  Yes – Then ask: “How many times did this happen?”
- 1  Once
- 2  Twice
- 3  3-5 times
- 4  6-10 times
- 5  11-20 times
- 6  More than 20
- 8  Refused to answer

**31. Did someone close to you insult or swear at you?**

- No
- Yes – Then ask: “How many times did this happen?”
- Once
  - Twice
  - 3-5 times
  - 6-10 times
  - 11-20 times
  - More than 20
  - Refused to answer

**32. Did someone close to you shout or yell at you?**

- No
- Yes – Then ask: “How many times did this happen?”
- Once
  - Twice
  - 3-5 times
  - 6-10 times
  - 11-20 times
  - More than 20
  - Refused to answer

**33. Did someone close to you destroy something that belonged to you?**

- No
- Yes – Then ask: “How many times did this happen?”
- Once
  - Twice
  - 3-5 times
  - 6-10 times
  - 11-20 times
  - More than 20
  - Refused to answer

**34. Did someone close to you threaten to harm a member of your family, your friend, or your pet?**

- No
- Yes – Then ask: “How many times did this happen?”
- Once
  - Twice
  - 3-5 times
  - 6-10 times
  - 11-20 times
  - More than 20
  - Refused to answer

**35. Did someone close to you threaten to not let you visit with or talk to a family member or friend?**

- No
- Yes – Then ask: “How many times did this happen?”
- Once
  - Twice
  - 3-5 times
  - 6-10 times
  - 11-20 times
  - More than 20
  - Refused to answer

**36. Did someone close to you tell you not to tell about being hurt by someone?**

- No
- Yes – Then ask: “How many times did this happen?”
- Once
  - Twice
  - 3-5 times
  - 6-10 times
  - 11-20 times
  - More than 20
  - Refused to answer

**37. Did someone close to you threaten to hit or throw something at you?**

- No
- Yes – Then ask: “How many times did this happen?”
- Once
  - Twice
  - 3-5 times
  - 6-10 times
  - 11-20 times
  - More than 20
  - Refused to answer

**38. Did someone close to you push or shove you?**

- No
- Yes – Then ask: “How many times did this happen?”
- Once
  - Twice
  - 3-5 times
  - 6-10 times
  - 11-20 times
  - More than 20
  - Refused to answer

**39. Did someone close to you pinch or scratch you on purpose?**

- No
- Yes – Then ask: “How many times did this happen?”
- Once
  - Twice
  - 3-5 times
  - 6-10 times
  - 11-20 times
  - More than 20
  - Refused to answer

**40. Did someone close to you slam you against a wall?**

- No
- Yes – Then ask: “How many times did this happen?”
- Once
  - Twice
  - 3-5 times
  - 6-10 times
  - 11-20 times
  - More than 20
  - Refused to answer

**41. Did someone close to you throw something at you that could hurt?**

- No
- Yes – Then ask: “How many times did this happen?”
- Once
  - Twice
  - 3-5 times
  - 6-10 times
  - 11-20 times
  - More than 20
  - Refused to answer

**42. Did someone close to you punch or hit you with something that could hurt?**

- No
- Yes – Then ask: “How many times did this happen?”
- Once
  - Twice
  - 3-5 times
  - 6-10 times
  - 11-20 times
  - More than 20
  - Refused to answer

**43. Did someone close to you burn or scald you on purpose?**

- 0  No
- 1  Yes – Then ask: “How many times did this happen?”
- 1  Once
- 2  Twice
- 3  3-5 times
- 4  6-10 times
- 5  11-20 times
- 6  More than 20
- 8  Refused to answer

**44. Did someone close to you pull your hair or twist your arm?**

- 0  No
- 1  Yes – Then ask: “How many times did this happen?”
- 1  Once
- 2  Twice
- 3  3-5 times
- 4  6-10 times
- 5  11-20 times
- 6  More than 20
- 8  Refused to answer

**45. Did someone close to you kick you?**

- 0  No
- 1  Yes – Then ask: “How many times did this happen?”
- 1  Once
- 2  Twice
- 3  3-5 times
- 4  6-10 times
- 5  11-20 times
- 6  More than 20
- 8  Refused to answer

**46. Did someone close to you shake you on purpose?**

- 0  No
- 1  Yes – Then ask: “How many times did this happen?”
- 1  Once
- 2  Twice
- 3  3-5 times
- 4  6-10 times
- 5  11-20 times
- 6  More than 20
- 8  Refused to answer

**47. Did you have a sprain, bruise, or small cut because of a fight with someone close to you?**

- 0  No
- 1  Yes – Then ask: “How many times did this happen?”
- 1  Once
- 2  Twice
- 3  3-5 times
- 4  6-10 times
- 5  11-20 times
- 6  More than 20
- 8  Refused to answer

**48. Did someone close to you slap you?**

- 0  No
- 1  Yes – Then ask: “How many times did this happen?”
- 1  Once
- 2  Twice
- 3  3-5 times
- 4  6-10 times
- 5  11-20 times
- 6  More than 20
- 8  Refused to answer

**49. Did someone close to you throw or knock you down on purpose?**

- 0  No
- 1  Yes – Then ask: “How many times did this happen?”
- 1  Once
- 2  Twice
- 3  3-5 times
- 4  6-10 times
- 5  11-20 times
- 6  More than 20
- 8  Refused to answer

**50. Did someone close to you choke you?**

- 0  No
- 1  Yes – Then ask: “How many times did this happen?”
- 1  Once
- 2  Twice
- 3  3-5 times
- 4  6-10 times
- 5  11-20 times
- 6  More than 20
- 8  Refused to answer

**51. Did someone close to you use a knife or gun on you?**

- 0  No
- 1  Yes – Then ask: “How many times did this happen?”
- 1  Once
- 2  Twice
- 3  3-5 times
- 4  6-10 times
- 5  11-20 times
- 6  More than 20
- 8  Refused to answer

**52. Did you need to see a doctor because of a fight with someone close to you, but you didn't go?**

- 0  No
- 1  Yes – Then ask: “How many times did this happen?”
- 1  Once
- 2  Twice
- 3  3-5 times
- 4  6-10 times
- 5  11-20 times
- 6  More than 20
- 8  Refused to answer

**53. Did someone close to you threaten to put you in a nursing home? (prompt: have you felt pressured by someone?)**

- 0  No
- 1  Yes – Then ask: “How many times did this happen?”
- 1  Once
- 2  Twice
- 3  3-5 times
- 4  6-10 times
- 5  11-20 times
- 6  More than 20
- 8  Refused to answer

**54. In this section, I have asked you questions about fights with people close to you that involved hitting, kicking, pushing, and other physical threats. How often did anything like this happen to you in your adult life before you turned 65?**

- 0  No
- 1  Yes – Then ask: “How often did this happen?”
- 1  Rarely
- 2  Sometimes
- 3  Often
- 8  Refused to answer

**55. Do you have any comments about any of these questions that you would like to share with me?**

- No
- Yes, please explain:

**Interviewer instructions (Read the following to the elder):**

“Thank you. There are only two more sections until we finish. Let’s move on to Section 5.”



**Section 5****Interviewer instructions (Read the following to the elder):**

“Sometimes older adults get abused, assaulted, or touched in sexual ways that are wrong. To find out more about how often this occurs, we would like to ask you about your own experiences in the past twelve months.”

**Interviewer:** Please “mark” each response

**56. Did someone close to you touch you in a sexual way when you did not want to be touched that way?**

- 0  No
- 1  Yes – Then ask: “How many times did this happen?”
- 1  Once
- 2  Twice
- 3  3-5 times
- 4  6-10 times
- 5  11-20 times
- 6  More than 20
- 8  Refused to answer

**57. Did someone close to you insist that you engage in a sexual activity when you did not want to? (prompt: Did not use physical force)**

- 0  No
- 1  Yes – Then ask: “How many times did this happen?”
- 1  Once
- 2  Twice
- 3  3-5 times
- 4  6-10 times
- 5  11-20 times
- 6  More than 20
- 8  Refused to answer

**58. Did someone close to you use threats to make you engage in a sexual activity with them?**

- 0  No
- 1  Yes – Then ask: “How many times did this happen?”
- 1  Once
- 2  Twice
- 3  3-5 times
- 4  6-10 times
- 5  11-20 times
- 6  More than 20
- 8  Refused to answer

**59. Did someone close to you use force to make you have sex with them?**

- No
- Yes – Then ask: “How many times did this happen?”
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times
- More than 20
- Refused to answer

**60. In this section, I have asked you questions about being touched, abused, or assaulted in a sexual way. Did anything like this happen to you in your adult life before you turned 65?**

- No
- Yes
- Refused to answer

**61. Do you have any comments about any of these questions that you would like to share with me?**

- No
- Yes, please explain:

**Interviewer instructions (Read the following to the elder):**

“Thank you, your answers have been very helpful. Now let’s move on to the sixth and final section.”

## Section 6

**Interviewer instructions (Read the following to the elder):**

“The next group of questions is about your money and property. We are interested in the ways that people in your life—your spouse, children, friends, in-laws, and people who help you—might have taken advantage of you in the past twelve months. This can also include business people who you’ve built a relationship with, like salespeople and repair people.”

**Interviewer:**

1. Give Frequency response card to client
2. Please “mark” each response

**62. Did someone close to you take your Social Security or pension check without your permission?**

- 0  No
- 1  Yes – Then ask: “How many times did this happen?”
- 1  Once
  - 2  Twice
  - 3  3-5 times
  - 4  6-10 times
  - 5  11-20 times
  - 6  More than 20
  - 8  Refused to answer

**63. Did someone close to you charge you for unnecessary work or work that was not done?**

- 0  No
- 1  Yes – Then ask: “How many times did this happen?”
- 1  Once
  - 2  Twice
  - 3  3-5 times
  - 4  6-10 times
  - 5  11-20 times
  - 6  More than 20
  - 8  Refused to answer

**64. Did someone close to you force or trick you into making a bad decision about your finances?**

- No
- Yes – Then ask: “How many times did this happen?”
- Once
  - Twice
  - 3-5 times
  - 6-10 times
  - 11-20 times
  - More than 20
  - Refused to answer

**65. Did someone close to you keep you from spending your money the way you wanted to?**

- No
- Yes – Then ask: “How many times did this happen?”
- Once
  - Twice
  - 3-5 times
  - 6-10 times
  - 11-20 times
  - More than 20
  - Refused to answer

**66. Did someone close to you sign your name without your permission?**

- No
- Yes – Then ask: “How many times did this happen?”
- Once
  - Twice
  - 3-5 times
  - 6-10 times
  - 11-20 times
  - More than 20
  - Refused to answer

**67. Did someone close to you force you to give them your power of attorney or legal control over your money or property?**

- No
- Yes – Then ask: “How many times did this happen?”
- Once
  - Twice
  - 3-5 times
  - 6-10 times
  - 11-20 times
  - More than 20
  - Refused to answer

**68. Did someone close to you use your home for an illegal activity?**

- No
- Yes – Then ask: “How many times did this happen?”
- Once
  - Twice
  - 3-5 times
  - 6-10 times
  - 11-20 times
  - More than 20
  - Refused to answer

**69. Did someone close to you take valuable possessions from you without your permission?**

- No
- Yes – Then ask: “How many times did this happen?”
- Once
  - Twice
  - 3-5 times
  - 6-10 times
  - 11-20 times
  - More than 20
  - Refused to answer

**70. Did someone close to you force you to transfer the title or ownership of your home, car, or other property?**

- No
- Yes – Then ask: “How many times did this happen?”
- Once
  - Twice
  - 3-5 times
  - 6-10 times
  - 11-20 times
  - More than 20
  - Refused to answer

**71. Did someone close to you force you to change your will or sign a contract against your wishes?**

- No
- Yes – Then ask: “How many times did this happen?”
- Once
  - Twice
  - 3-5 times
  - 6-10 times
  - 11-20 times
  - More than 20
  - Refused to answer

**72. Did someone close to you use your credit card, bank card, or ATM card without your permission?**

- No
- Yes – Then ask: “How many times did this happen?”
- Once
  - Twice
  - 3-5 times
  - 6-10 times
  - 11-20 times
  - More than 20
  - Refused to answer

**73. Did someone close to you take your money without your permission?**

- No
- Yes – Then ask: “How many times did this happen?”
- Once
  - Twice
  - 3-5 times
  - 6-10 times
  - 11-20 times
  - More than 20
  - Refused to answer

**74. Did someone close to you make you give them money when you did not want to?**

- 0  No
- 1  Yes – Then ask: “How many times did this happen?”
- 1  Once
- 2  Twice
- 3  3-5 times
- 4  6-10 times
- 5  11-20 times
- 6  More than 20
- 8  Refused to answer

**75. Have you worried that someone close to you is taking advantage of your good nature to get something from you that you didn't really want to give them?**

- 0  No
- 1  Yes – Then ask: “How many times did this happen?”
- 1  Once
- 2  Twice
- 3  3-5 times
- 4  6-10 times
- 5  11-20 times
- 6  More than 20
- 8  Refused to answer

**Interviewer instructions (Read the following to the elder):**

“The next questions are specifically about you during the last 12 months.”

**76. Did you manage your own money and property?**

- 0  No
- 1  Yes – Then ask: “How often did this happen?”
- 1  Rarely
- 2  Sometimes
- 3  Often
- 8  Refused to answer

**77. Were you comfortable with how you spent your money?**

- 0  No
- 1  Yes – Then ask: “How often did this happen?”
- 1  Rarely
- 2  Sometimes
- 3  Often
- 8  Refused to answer

**78. Do you have any comments about any of these questions that you would like to share with me?**

- 0  No
- 1  Yes, please explain:

**Interviewer instructions (Read the following to the elder):**

“Finally, to finish the survey,”

**79a. Have you ever contacted Adult Protective Services or the police to tell them that a person over the age of 65 was being abused? The person being abused could be you or someone else, and the abuse could include physical, mental, financial, or any other type of abuse.**

- 0  No
- 1  Yes
- 8  Refused to answer



**79b. Some of the questions I've asked during the interview might have made you feel uncomfortable or embarrassed about being fully open and answering certain questions. On a scale from 1 to 10, how honest do you feel you have been in answering the questions in this survey? Ten means you've been completely honest.**

1   2   3   4   5   6   7   8   9   10

(Not honest)

(Completely honest)

**Comments:**

**Interviewer instructions (Read the following to the elder):**

“All right, that’s the end of the interview. I would like to thank you again for your time and thoughtfulness in participating in this survey.”

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## USC Older Adult Conflict Scale (USC-OACS)

### Interviewer Observations – Post Survey Impressions of Neighborhood, House & Person

1. General appearance of neighborhood: <input type="checkbox"/> Overgrown Lawn <input type="checkbox"/> Graffiti Other: _____	
2. Outside condition compared to neighbors:	2a. 1-----2-----3-----4-----5 Clean Dirty
	2b. 1-----2-----3-----4-----5 Neat Cluttered
3. Inside appearance:	3a. 1-----2-----3-----4-----5 Clean Dirty
	3b. 1-----2-----3-----4-----5 Neat Cluttered
	3c. 1-----2-----3-----4-----5 Odor Malodorous
	3d. Potential Hazards: <input type="checkbox"/> Health <input type="checkbox"/> Physical Comment: _____
4. Interviewee general appearance:	4a. 1-----2-----3-----4-----5 Clean Dirty
	4b. 1-----2-----3-----4-----5 Odor Malodorous
	4c. Difficulty Reading: <input type="checkbox"/> No <input type="checkbox"/> Yes
	4d. Difficulty Hearing: <input type="checkbox"/> No <input type="checkbox"/> Yes
	4e. Difficulty Seeing: <input type="checkbox"/> No <input type="checkbox"/> Yes
5. Other Person in room:	5a. <input type="checkbox"/> No <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter in-law <input type="checkbox"/> Child <input type="checkbox"/> Caregiver <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____
6. Any visible injuries:	6a. <input type="checkbox"/> No <input type="checkbox"/> Bruises <input type="checkbox"/> Sores <input type="checkbox"/> Black/blue marks <input type="checkbox"/> Other: _____
7. Other older adult in residence not interviewed:	7a. Older adult was a: <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Friend
	7b. Reason not interviewed: <input type="checkbox"/> Dementia <input type="checkbox"/> Refused <input type="checkbox"/> Other: _____
8. Other Observation/Comment:	_____ _____ _____

**Appendix K. Older Adult Conflict Scale (Spanish)**

Fecha de Entrevista: \_\_\_ / \_\_\_ / \_\_\_  
ID del Entrevistador: \_\_\_\_\_  
ID del Participante: \_\_\_\_\_  
Número del Área: \_\_\_\_\_  
Hora que Comenzó: \_\_\_\_\_  
Hora que Termino: \_\_\_\_\_



**Relaciones de las  
Personas de la Tercera  
Edad Estudio  
(USC-OACS)**

# USC Escala de Conflicto para Personas de la Tercera Edad (USC-OACS)

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EVALUACIÓN PARA FIRMAR CONSENTIMIENTO PARA PARTICIPAR EN UN ESTUDIO
---

**ID del Participante:** \_\_\_ \_\_\_ \_\_\_ \_\_\_

**Instrucciones:**

*Promotora por favor conteste pregunta # 1.*

- 1) ¿Esta la persona alerta y puede comunicarse con usted?

\_\_\_ Sí \_\_\_ No

**Lea lo siguiente al participante:** *“Ahora le voy hacer tres preguntas sobre lo que leí para confirmar que Ud. entendió sobre el estudio.”*

- 2) ¿Me puede decir algún problema que pueda ocurrirle al participar y contestar las preguntas?

\_\_\_\_\_

\_\_\_\_\_

- 3) ¿Para participar en esta entrevista que entendió que tiene que hacer?

\_\_\_\_\_

- 4) ¿Por favor explíqueme que puede hacer si siente que ya no quiere ser entrevistado?

\_\_\_\_\_

\_\_\_\_\_

Yo certifico que esta persona esta alerta, puede comunicarse y contesto bien a las preguntas del 2 al 4.

---

Promotora

Fecha/Hora

## USC Escala de Conflicto para Personas de la Tercera Edad (USC-OACS) (Demografía)

**Instrucciones para Promotores - Lea lo siguiente al participante:** “Antes de empezar la entrevista quiero saber un poco sobre usted. Esta información nos ayudara a relatar en manera general quienes participaron en la encuesta. Es decir, usaremos esta información para decir algo como, 60% de nuestros participantes fueron mujeres y 20% se graduaron de la secundaria. Solamente vamos a sumar las respuestas de los que participaron y de esa manera podemos mantener su información confidencial, es decir sus respuestas se mantienen en secreto.”

<b>1.</b>	<p><i>(Promotores: Solo marque la respuesta y pregunte solo cuando no pueda determinar el género.)</i></p> <p>¿Cuál es el sexo de esta persona?    <input type="checkbox"/> Femenino    <input type="checkbox"/> Masculino    <input type="checkbox"/> Rehúso    <input type="checkbox"/> No sabe</p>
<b>2.</b>	<p>¿Qué edad tiene? _____</p>
<b>3.</b>	<p>¿Qué día es hoy?: _____</p> <p><input type="checkbox"/> Incorrecto    <input type="checkbox"/> Correcto (entre 3 días)    <input type="checkbox"/> Rehúso    <input type="checkbox"/> No sabe</p>
<b>4.</b>	<p>¿Cuál es su zona postal? _____</p> <p><input type="checkbox"/> Incorrecto    <input type="checkbox"/> Correcta    <input type="checkbox"/> Rehúso    <input type="checkbox"/> No sabe</p>
<b>5.</b>	<p>¿Es de origen hispano, Latino o Español?</p> <p><input type="checkbox"/> No    <input type="checkbox"/> Sí    <input type="checkbox"/> Rehúso    <input type="checkbox"/> No sabe</p>
<b>6.</b>	<p>En términos de raza, ¿Cuál raza se considera usted? Puede elegir más de una raza. <i>(Marque todas la que apliquen)</i></p> <p>a.1 <input type="checkbox"/> Blanco                      b.1 <input type="checkbox"/> Negro/Afro-Americano                      c.1 <input type="checkbox"/> Asiático</p> <p>d.1 <input type="checkbox"/> Indio Americano/Nativo de Alaska                      e.1 <input type="checkbox"/> Nativo de Hawai/Otras Islas del Pacifico</p> <p>f.1 <input type="checkbox"/> Otra raza: _____                      g.1 <input type="checkbox"/> Rehúso</p>
<b>7.</b>	<p>¿Nació en los Estados Unidos?</p> <p><input type="checkbox"/> No    <input type="checkbox"/> Sí    <input type="checkbox"/> Rehúso    <input type="checkbox"/> No sabe</p> <p><i>(Si “No”, pregunte las siguientes dos)</i>                      ¿En que año empezó a vivir en los Estados Unidos?</p> <p>¿En que país nació? _____</p>

8.	¿En que año nació: _____ <input type="checkbox"/> 8 Rehúso <input type="checkbox"/> 9 No sabe
9.	¿Cuál es su estado civil? <input type="checkbox"/> 1 Nunca se ha Casado <input type="checkbox"/> 2 Casado <input type="checkbox"/> 3 Viudo <input type="checkbox"/> 4 Divorciado/Separado <input type="checkbox"/> 5 Vive junto con alguien como si estuvieran casados <input type="checkbox"/> 8 Rehúso <input type="checkbox"/> 9 No sabe
10.	¿Con quien vive? ( <i>Marque todas las personas</i> ) <input type="checkbox"/> a.1 Solo/a <input type="checkbox"/> b.1 Esposo/a <input type="checkbox"/> c.1 Hijo/a <input type="checkbox"/> d.1 Nieto/a <input type="checkbox"/> e.1 Hermano/a <input type="checkbox"/> f.1 Otro Familiar <input type="checkbox"/> g.1 Amistad <input type="checkbox"/> h.1 Empleado/a <input type="checkbox"/> i.1 Rehúso <input type="checkbox"/> j.1 No sabe
11.	¿Esta en este momento recibiendo ayuda del gobierno como Medi-Cal, Seguridad de Ingreso Suplementario (SSI) o cualquier otro programa de asistencia para personas de bajos recursos? <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Sí <input type="checkbox"/> 8 Rehúso <input type="checkbox"/> 9 No sabe
12.	¿Cuál es el título o nivel escolar más alto que estudio? ( <i>Indague: Lea opciones solo si no contesta</i> ) <input type="checkbox"/> 1 Primaria (Número de años: a____) <input type="checkbox"/> 2 Diploma de Secundaria o equivalente (GED) <input type="checkbox"/> 3 Algo de Universidad <input type="checkbox"/> 4 Titulo Universitario <input type="checkbox"/> 5 Postgrado <input type="checkbox"/> 8 Rehúso <input type="checkbox"/> 9 No sabe
13.	¿Cuánto dinero recibe al mes? \$ _____ <input type="checkbox"/> 8 Rehúso <input type="checkbox"/> 9 No sabe <i>(Si rehúso o no sabe) ¿Es mas o menos de \$902?</i> <input type="checkbox"/> 0 Menos de \$902 <input type="checkbox"/> 1 Mas de \$902 <input type="checkbox"/> 8 Rehúso <input type="checkbox"/> 9 No sabe
14.	¿Cuál es su situación de trabajo? ( <i>Marque todas las personas</i> ) <input type="checkbox"/> a.1 Jubilado <input type="checkbox"/> b.1 Trabajo Pagado <input type="checkbox"/> c.1 Voluntario <input type="checkbox"/> d.1 Ama de Casa <input type="checkbox"/> 8 Rehúso <input type="checkbox"/> 9 No sabe
15.	¿Es dueño de su casa u otra propiedad? <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Sí <input type="checkbox"/> 8 Rehúso <input type="checkbox"/> 9 No sabe

**Instrucciones para Promotores - Lea lo siguiente al participante:** “Perfecto, muchas gracias. Ahora podemos seguir con la encuesta.”

## USC Escala de Conflicto para Personas de la Tercera Edad (USC-OACS)

**Instrucciones para Promotores (Lea lo siguiente al participante):** “Esta encuesta está dividida en seis partes. Si en algún momento necesita parar por cualquier razón por favor avíseme. Puede ser que le pregunte sobre sentimientos y relaciones que nunca le han ocurrido. Algunas preguntas pueden no referirse a usted. Si se siente incómodo/a con alguna pregunta no es necesario que la conteste. Si usted no quiere continuar puede parar y terminar la entrevista si usted así lo desea. Pero su participación nos ayudara a conocer mejor las necesidades de las personas en la tercera edad. Bien, continuemos.”

Sección-1	<p><b>Instrucciones para Promotores (Lea lo siguiente al participante):</b></p> <p>“Las siguientes preguntas se tratan de lo que sintió sobre diferentes cosas en su vida durante los últimos 12 meses. Puede usar esta hoja con las respuestas para indicar si su respuesta es: nunca, raramente, a veces, o frecuentemente.”</p> <p><b>Promotores:</b></p> <ol style="list-style-type: none"> <li>1. Dé la tarjeta con las respuestas.</li> <li>2. Marque una (X) para cada respuesta.</li> </ol>
	<p><b>1. ¿Se ha sentido parte de un grupo de amigos?</b></p>
	<p>1 <input type="checkbox"/> Nunca</p> <p>2 <input type="checkbox"/> Raramente</p> <p>3 <input type="checkbox"/> A veces</p> <p>4 <input type="checkbox"/> Frecuentemente</p> <p>8 <input type="checkbox"/> No contestó (se rehusó)</p>
	<p><b>2. ¿Se ha sentido excluido o aislado?</b></p>
	<p>1 <input type="checkbox"/> Nunca</p> <p>2 <input type="checkbox"/> Raramente</p> <p>3 <input type="checkbox"/> A veces</p> <p>4 <input type="checkbox"/> Frecuentemente</p> <p>8 <input type="checkbox"/> No contestó (se rehusó)</p>

**3. ¿Con qué frecuencia se ha sentido solo/a?**

- 1  Nunca  
 2  Raramente  
 3  A veces  
 4  Frecuentemente  
 8  No contestó (se rehusó)

**4. ¿Con qué frecuencia ha tenido alguien con quien hablar?**

- 1  Nunca  
 2  Raramente  
 3  A veces  
 4  Frecuentemente  
 8  No contestó (se rehusó)

**5. ¿Con qué frecuencia se ha sentido aislado de los demás?**

- 1  Nunca  
 2  Raramente  
 3  A veces  
 4  Frecuentemente  
 8  No contestó (se rehusó)

**6. ¿Con qué frecuencia se ha sentido que puede expresar sus opiniones?**

- 1  Nunca  
 2  Raramente  
 3  A veces  
 4  Frecuentemente  
 8  No contestó (se rehusó)

**7. ¿Con qué frecuencia ha tenido dificultad diciéndole “no” a personas cercanas a usted?**

- 1  Nunca  
 2  Raramente  
 3  A veces  
 4  Frecuentemente  
 8  No contestó (se rehusó)

**8. ¿Tiene algún comentario sobre estas preguntas que le gustaría que anotara?**

- 0  No  
 1  Sí, por favor explique:



**Instrucciones para Promotores (Lea lo siguiente al participante):**

“Muy bien, gracias. Sigamos a la segunda parte.”




**Sección-2**

**Instrucciones para Promotores (Lea lo siguiente al participante):**





“Sigamos con las siguientes preguntas sobre la ayuda y asistencia que recibe con las actividades diarias. Algunas veces las personas que necesitan asistencia no lo reciben. Queremos saber si usted necesita ayuda y cuanta asistencia recibe. Asistencia significa supervisión, dirección ó ayuda personal. Por favor dígame si tiene dificultad haciendo las siguientes actividades usted sola sin ayuda.”


**Promotores:**


1. Marque una (X) si contesta “Sí” a la pregunta “¿Hay alguien que le pueda ayudar?”

<b>9. ¿Tiene dificultad para caminar adentro de su casa?</b>	<input type="checkbox"/> No: (siga con la pregunta #10)	
	<input type="checkbox"/> Sí - ¿Hay alguien que le pueda ayudar?	
	<input type="checkbox"/> No (siga con la pregunta #10 de información sobre servicios)	
	<input type="checkbox"/> Sí - ¿Recibe la ayuda que necesita?	
↓ Si “Sí”	<input type="checkbox"/> Nunca (siga con #10 de información sobre servicios)	
	<input type="checkbox"/> Raramente (siga con #10 de info. sobre servicios)	
	<input type="checkbox"/> A veces (siga con #10 de información sobre servicios)	
	<input type="checkbox"/> Frecuentemente (siga con la pregunta #10)	
	↓ Si “Sí”	<input type="checkbox"/> Nunca (siga con #11 de información sobre servicios)
<b>10. ¿Tiene dificultad para bañarse?</b>	<input type="checkbox"/> No (siga con la pregunta #11)	
	<input type="checkbox"/> Sí - ¿Hay alguien que le pueda ayudar?	
	<input type="checkbox"/> No (siga con #11 de información sobre servicios)	
	<input type="checkbox"/> Sí - ¿Recibe la ayuda que necesita?	
↓ Si “Sí”	<input type="checkbox"/> Raramente (siga con #11 de info. sobre servicios)	
	<input type="checkbox"/> A veces (siga con #11 de información sobre servicios)	
	<input type="checkbox"/> Frecuentemente (siga con la pregunta #11)	
	↓ Si “Sí”	<input type="checkbox"/> Nunca (siga con #12 de información sobre servicios)
	<b>11. ¿Tiene dificultad para vestirse?</b>	<input type="checkbox"/> No (siga con la pregunta #12)
<input type="checkbox"/> Sí - ¿Hay alguien que le pueda ayudar?		
<input type="checkbox"/> No (siga con #12 de información sobre servicios)		
<input type="checkbox"/> Sí - ¿Recibe la ayuda que necesita?		
↓ Si “Sí”	<input type="checkbox"/> Raramente (siga con #12 de info. sobre servicios)	
	<input type="checkbox"/> A veces (siga con #12 de información sobre servicios)	
	<input type="checkbox"/> Frecuentemente (siga con la pregunta #12)	

<b>12. ¿Tiene dificultad para salir de cama ó pararse de una silla?</b>	0 <input type="checkbox"/> No ( <i>sigua con la pregunta #13</i> )	
	1 <input type="checkbox"/> Sí - ¿Hay alguien que le pueda ayudar?	
	↓ Si "Sí"  X	0 <input type="checkbox"/> No ( <i>sigua con #13 de información sobre servicios</i> )
		1 <input type="checkbox"/> Sí - ¿Recibe la ayuda que necesita?
		1 <input type="checkbox"/> Nunca ( <i>sigua con #13 de información sobre servicios</i> )
2 <input type="checkbox"/> Raramente ( <i>sigua con #13 de info. sobre servicios</i> )		
	3 <input type="checkbox"/> A veces ( <i>sigua con #13 de información sobre servicios</i> )	
	4 <input type="checkbox"/> Frecuentemente ( <i>sigua con la pregunta #13</i> )	
<b>13. ¿Tiene dificultad para usar el escusado?</b>	0 <input type="checkbox"/> No ( <i>sigua con la pregunta #14</i> )	
	1 <input type="checkbox"/> Sí - ¿Hay alguien que le pueda ayudar?	
	↓ Si "Sí"  X	0 <input type="checkbox"/> No ( <i>sigua con #14 de información sobre servicios</i> )
		1 <input type="checkbox"/> Sí - ¿Recibe la ayuda que necesita?
		1 <input type="checkbox"/> Nunca ( <i>sigua con #14 de información sobre servicios</i> )
2 <input type="checkbox"/> Raramente ( <i>sigua con #14 de info. sobre servicios</i> )		
	3 <input type="checkbox"/> A veces ( <i>sigua con #14 de información sobre servicios</i> )	
	4 <input type="checkbox"/> Frecuentemente ( <i>sigua con la pregunta #14</i> )	
<b>14. ¿Tiene dificultad comiendo solo/a?</b>	0 <input type="checkbox"/> No ( <i>sigua con la pregunta #15</i> )	
	1 <input type="checkbox"/> Sí - ¿Hay alguien que le pueda ayudar?	
	↓ Si "Sí"  X	0 <input type="checkbox"/> No ( <i>sigua con #15 de información sobre servicios</i> )
		1 <input type="checkbox"/> Sí - ¿Recibe la ayuda que necesita?
		1 <input type="checkbox"/> Nunca ( <i>sigua con #15 de información sobre servicios</i> )
2 <input type="checkbox"/> Raramente ( <i>sigua con #15 de info. sobre servicios</i> )		
	3 <input type="checkbox"/> A veces ( <i>sigua con #15 de información sobre servicios</i> )	
	4 <input type="checkbox"/> Frecuentemente ( <i>sigua con la pregunta #15</i> )	
<b>15. ¿Tiene dificultad usando el teléfono?</b>	0 <input type="checkbox"/> No ( <i>sigua con la pregunta #16</i> )	
	1 <input type="checkbox"/> Sí - ¿Hay alguien que le pueda ayudar?	
	↓ Si "Sí"  X	0 <input type="checkbox"/> No ( <i>sigua con #16 de información sobre servicios</i> )
		1 <input type="checkbox"/> Sí - ¿Recibe la ayuda que necesita?
		1 <input type="checkbox"/> Nunca ( <i>sigua con #16 de información sobre servicios</i> )
2 <input type="checkbox"/> Raramente ( <i>sigua con #16 de info. sobre servicios</i> )		
	3 <input type="checkbox"/> A veces ( <i>sigua con #16 de información sobre servicios</i> )	
	4 <input type="checkbox"/> Frecuentemente ( <i>sigua con la pregunta #16</i> )	

<b>16. ¿Tiene dificultad para comprar su comida?</b>	0 <input type="checkbox"/> No ( <i> siga con la pregunta #17</i> )	
	1 <input type="checkbox"/> Sí - ¿Hay alguien que le pueda ayudar?	
	↓ Si "Sí"  	0 <input type="checkbox"/> No ( <i> siga con #17 de información sobre servicios</i> )
		1 <input type="checkbox"/> Sí - ¿Recibe la ayuda que necesita?
		1 <input type="checkbox"/> Nunca ( <i> siga con #17 de información sobre servicios</i> )
2 <input type="checkbox"/> Raramente ( <i> siga con #17 de info. sobre servicios</i> )		
3 <input type="checkbox"/> A veces ( <i> siga con #17 de información sobre servicios</i> )		
4 <input type="checkbox"/> Frecuentemente ( <i> siga con la pregunta #17</i> )		
<b>17. ¿Tiene dificultad para preparar sus alimentos?</b>	0 <input type="checkbox"/> No ( <i> siga con la pregunta #18</i> )	
	1 <input type="checkbox"/> Sí - ¿Hay alguien que le pueda ayudar?	
	↓ Si "Sí"  	0 <input type="checkbox"/> No ( <i> siga con #18 de información sobre servicios</i> )
		1 <input type="checkbox"/> Sí - ¿Recibe la ayuda que necesita?
		1 <input type="checkbox"/> Nunca ( <i> siga con #18 de información sobre servicios</i> )
2 <input type="checkbox"/> Raramente ( <i> siga con #18 de info. sobre servicios</i> )		
3 <input type="checkbox"/> A veces ( <i> siga con #18 de información sobre servicios</i> )		
4 <input type="checkbox"/> Frecuentemente ( <i> siga con la pregunta #18</i> )		
<b>18. ¿Tiene dificultad para tomar sus medicinas?</b>	0 <input type="checkbox"/> No ( <i> siga con la pregunta #19</i> )	
	1 <input type="checkbox"/> Sí - ¿Hay alguien que le pueda ayudar?	
	↓ Si "Sí"  	0 <input type="checkbox"/> No ( <i> siga con #19 de información sobre servicios</i> )
		1 <input type="checkbox"/> Sí - ¿Recibe la ayuda que necesita?
		1 <input type="checkbox"/> Nunca ( <i> siga con #19 de información sobre servicios</i> )
2 <input type="checkbox"/> Raramente ( <i> siga con #19 de info. sobre servicios</i> )		
3 <input type="checkbox"/> A veces ( <i> siga con #19 de información sobre servicios</i> )		
4 <input type="checkbox"/> Frecuentemente ( <i> siga con la pregunta #19</i> )		
<b>19. ¿Tiene dificultad con el transporte? (Indague: para ir al doctor, iglesia y otras citas)</b>	0 <input type="checkbox"/> No ( <i> siga con la pregunta #20</i> )	
	1 <input type="checkbox"/> Sí - ¿Hay alguien que le pueda ayudar?	
	↓ Si "Sí"  	0 <input type="checkbox"/> No ( <i> siga con #20 de información sobre servicios</i> )
		1 <input type="checkbox"/> Sí - ¿Recibe la ayuda que necesita?
		1 <input type="checkbox"/> Nunca ( <i> siga con #20 de información sobre servicios</i> )
2 <input type="checkbox"/> Raramente ( <i> siga con #20 de info. sobre servicios</i> )		
3 <input type="checkbox"/> A veces ( <i> siga con #20 de información sobre servicios</i> )		
4 <input type="checkbox"/> Frecuentemente ( <i> siga con la pregunta #20</i> )		

20. ¿Tiene dificultad para manejar su dinero o pagar sus cuentas?	0 <input type="checkbox"/> No ( <i> siga con la pregunta #21</i> )	
	1 <input type="checkbox"/> Sí - ¿Hay alguien que le pueda ayudar?	
	↓ Si "Sí"  	0 <input type="checkbox"/> No ( <i> siga con #21 de información sobre servicios</i> )
		1 <input type="checkbox"/> Sí - ¿Recibe la ayuda que necesita?
		1 <input type="checkbox"/> Nunca ( <i> siga con #21 de información sobre servicios</i> )
2 <input type="checkbox"/> Raramente ( <i> siga con #21 de info. sobre servicios</i> )		
	3 <input type="checkbox"/> A veces ( <i> siga con #21 de información sobre servicios</i> )	
	4 <input type="checkbox"/> Frecuentemente ( <i> siga con la pregunta #21</i> )	
21. ¿Desea decirme algún comentario sobre estas preguntas?		
0 <input type="checkbox"/> No		
1 <input type="checkbox"/> Sí, por favor explique:		

**Promotores:** Revise para ver si marcó alguna de las respuestas de 9–20 que están en las partes con la  grande.

<b>Si marcó</b> una o más de estas en las partes con "X", continúe con la sección 3 y lea las siguientes instrucciones.	<b>No marcó</b> ninguna, siga a la sección 4 (página 10) después de leer la siguiente instrucción.
<b>Instrucciones para Promotores (Lea lo siguiente al participante):</b> "Gracias. Sigamos con la sección 3."	<b>Instrucciones para Promotores (Lea lo siguiente al participante):</b> "Gracias. Basado en sus respuestas en la sección 2 vamos a saltar a la sección 4."

## Sección-3

**Instrucciones para Promotores (Lea lo siguiente al participante):**

“Algunas veces las personas necesitan ayuda de familiares, amigos, o vecinos con las actividades de la vida diaria o con el higiene personal. Estamos interesados en la ayuda que recibió en los últimos 12 meses incluyendo si pagó o no. Para estas preguntas las respuestas son diferentes. Puede usar esta hoja de respuesta para mostrarme la frecuencia con la que ha ocurrido.”

**Promotores:**

1. Dé la tarjeta con las respuestas.
2. Marque una (X) para cada respuesta.

**22. ¿Lo/a han dejado solo aun cuando usted pensó que no debería estar solo/a?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**23. ¿Ha faltado alguna cita médica (doctor) porque la persona que lo/a ayuda no lo/a llevo?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**24. ¿Ha quedado sin ayuda por que la persona que le ayuda ha estado borracho o drogado?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**25. ¿La persona que le ayuda no lo/a llevó al hospital cuando tenía una emergencia?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**26. ¿La persona que lo/a ayuda se ha negado a darle la andadera, lentes, aparato del oído, placas o dientes postizos?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**27. ¿La persona que lo/a cuida no le ha dado suficiente comida ó agua?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**28. ¿Desea decirme algún comentario sobre estas preguntas?**

- 0  No
- 1  Sí, por favor explique:

**Instrucciones para Promotores (Lea lo siguiente al participante):**

1. “*Gracias, ¿le gustaría descansar un momento ó quiere seguir?*”
2. **Entonces**, “*sigamos con la sección 4.*”

## Sección-4

**Instrucciones para Promotores (Lea lo siguiente al participante):**

“Independientemente de lo bien que se lleven las personas, hay momentos de desacuerdos, que se enfadan, quieren cosas diferentes, o tienen peleas porque están de mal humor, cansados, o enojados por alguna otra razón. Las personas también tienen diferentes formas de manejar sus diferencias. Voy a leer una lista de cosas que pueden ocurrir cuando hay diferencias. Algunas de estas son sobre usted y otras sobre las personas en su vida como sus familiares, amigos, o vecinos. Por favor dígame si ha ocurrido en los últimos 12 meses.”

**Promotores:** Marque una (X) para cada respuesta.

**29. ¿Alguien cercano a usted se disculpó después de un desacuerdo?**

- 0  No
- 1  Sí – Pregunte: “¿Cuántas veces ha ocurrido?”
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**30. ¿Alguien cercano a usted salió del cuarto, casa o el patio dando pisotones durante un desacuerdo?**

- 0  No
- 1  Sí – Pregunte: “¿Cuántas veces ha ocurrido?”
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**31. ¿Alguien cercano a usted lo/a insultó o maldijo con enojo?**

- 0  No
- 1  Sí – Pregunte: “¿Cuántas veces ha ocurrido?”
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**32. ¿Alguien cercano a usted le gritó o le alzó la voz con enojo?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**33. ¿Alguien cercano a usted le dañó algo de mucha importancia?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**34. ¿Alguien cercano a usted lo/a amenazó con hacerle daño a su familia, un amigo o su mascota?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**35. ¿Alguien cercano a usted lo/a amenazó con no permitirlo/a visitar ó hablar con un miembro de su familia ó amigo?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar



**36. ¿Alguien cercano a usted le dijo que no dijera a nadie que fue lastimado?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**37. ¿Alguien cercano a usted lo/a amenazó con golpearlo/a o arrojarle algo?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**38. ¿Alguien cercano a usted le dio un empujón?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**39. ¿Alguien cercano a usted lo/a pellizcó o lo/a arañó a propósito?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**40. ¿Alguien cercano a usted lo/a empujó con fuerza contra una pared?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**41. ¿Alguien cercano a usted le arrojó algo que lo/a podía herir?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**42. ¿Alguien cercano a usted le dio un puñetazo o lo/a golpeó con algo que lo/a podía herir?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**43. ¿Alguien cercano a usted lo/a quemó o escaldó a propósito?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**44. ¿Alguien cercano a usted le jaló el cabello o retorció el brazo?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**45. ¿Alguien cercano a usted lo/a pateó?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**46. ¿Alguien cercano a usted lo/a sacudió?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**47. ¿Ha tenido una torcedura, moretón o pequeña cortada por una pelea con alguien cercano a usted?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**48. ¿Alguien cercano a usted lo/a cacheteó o abofeteó?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**49. ¿Alguien cercano a usted lo/a arrojó al piso a propósito?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**50. ¿Alguien cercano a usted trató de estrangularlo?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**51. ¿Alguien cercano a usted utilizó un cuchillo o una pistola para amenazarlo?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**52. ¿Alguien cercano a usted causó que necesitara ir al médico por una pelea, pero no fue?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**53. ¿Alguien cercano a usted lo/a amenazó con abandonarlo/a o mandarlo/a a un asilo para ancianos? (Indague: ¿se ha sentido obligado?)**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**54. En esta sección le pregunte sobre peleas con personas íntimas que incluyó pegar, patear, empujones, y otras amenazas físicas. ¿Cuántas veces le ocurrieron algunas de estas cosas como adulto antes de tener 65 años edad?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces le ocurrió?”*
- 1  Raramente
- 2  A veces
- 3  Frecuentemente
- 8  No Contesto (se rehusó)

**55. ¿Tiene algún comentario sobre estas preguntas que desea decirme?**

- 0  No
- 1  Sí, por favor explique:

**Instrucciones para Promotores (Lea lo siguiente al participante):**

“Gracias. Solo faltan dos secciones. Sigamos con la sección 5.”

## Sección-5

**Instrucciones para Promotores (Lea lo siguiente al participante):**

“Las próximas preguntas pueden ser muy delicadas, pero es muy importante saber con qué frecuencia le han ocurrido a usted en los últimos 12 meses. Como usted sabe, a veces los adultos de la tercera edad pueden ser maltratados, atacados, o tocados de una manera sexual que los hacen sentir incómodos.”

**Promotores:** Marque una (X) para cada respuesta.

**56. ¿Alguien cercano a usted le tocó de una manera sexual cuando usted no quería ser tocado/a de esa forma?**

- 0  No
- 1  Sí – *Pregunte:* “¿Cuántas veces ha ocurrido?”
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**57. ¿Alguien cercano a usted le insistió que tuviera relaciones sexuales con el/ella aún cuando usted no lo deseaba? (*Indague: no usó fuerza física*).**

- 0  No
- 1  Sí – *Pregunte:* “¿Cuántas veces ha ocurrido?”
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**58. ¿Alguien cercano a usted usó amenazas para que usted tuviera relaciones sexuales con el/ella?**

- 0  No
- 1  Sí – *Pregunte:* “¿Cuántas veces ha ocurrido?”
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**59. ¿Alguien cercano a usted le forzó a tener relaciones sexuales con el/ella?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**60. Le hice muchas preguntas sobre ser tocado, abusado o atacado sexualmente. ¿Algunas de estas situaciones le ocurrieron de adulto antes de los 65 años?**

- 0  No
- 1  Sí
- 8  Se negó a contestar

**61. ¿Tiene algún comentario sobre estas preguntas que desea decirme?**

- 0  No
- 1  Sí, por favor explique:

**Instrucciones para Promotores (Lea lo siguiente al participante):**

*“Muchas gracias, sus respuestas nos van ayudar mucho. Ahora sigamos con la sexta y última parte de la encuesta.”*

## Sección-6

**Instrucciones para Promotores (Lea lo siguiente al participante):**

“Las próximas preguntas son sobre su dinero y propiedades. Estamos interesados en las diferentes formas que las personas en su vida como su esposo/a, hijos, amigos, suegros, y otros que le ayudan pudieron haberse aprovechado de usted. También puede ser que hayan sido otras personas como su mecánico, vendedor y otros con los que usted tiene negocios.”

**Promotores:**

1. *Dé la tarjeta con las respuestas.*
  1. *Marque una (X) para cada respuesta.*

**62. ¿Alguien cercano a usted cobró su cheque del seguro social o pensión y se quedó con el dinero sin su permiso?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**63. ¿Alguien cercano a usted le cobró por trabajos innecesarios o por trabajos que no fueron terminados?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar



**64. ¿Alguien cercano a usted lo/la forzó o lo/la engañó para que tomara una mala decisión con respecto a su dinero?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**65. ¿Alguien cercano a usted no lo/a dejó gastar su dinero como usted deseaba?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**66. ¿Alguien cercano a usted firmó su nombre sin su permiso?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**67. ¿Alguien cercano a usted lo/la forzó a que le diera un poder legal para controlar su dinero o propiedades?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**68. ¿Alguien cercano a usted utilizó su casa para una actividad ilegal?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**69. ¿Alguien cercano a usted tomó objetos de valor sin su permiso?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**70. ¿Alguien cercano a usted lo/a forzó a transferir el título de su casa, carro u otra propiedad?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**71. ¿Alguien cercano a usted lo/la forzó a cambiar su testamento o a firmar un contrato en contra de su voluntad?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**72. ¿Alguien cercano a usted utilizó su tarjeta de crédito, tarjeta de banco o débito sin su permiso?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**73. ¿Alguien cercano a usted le tomó su dinero sin su permiso?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**74. ¿Alguien cercano a usted le obligó a darle dinero aun cuando usted no quería?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**75. ¿Estuvo preocupado de que alguien cercano a usted se ha aprovechado de su buena voluntad para quitarle algo que usted, en realidad, no quería darle?**

- 0  No
- 1  Sí – *Pregunte: “¿Cuántas veces ha ocurrido?”*
- 1  Una
- 2  Dos
- 3  3-5 veces
- 4  6-10 veces
- 5  11-20 veces
- 6  Más de 20
- 8  Se negó a contestar

**Instrucciones para Promotores (Lea lo siguiente al participante):**

En las siguientes dos preguntas queremos saber de usted mismo en los últimos 12 meses

<b>76. ¿Administró sus propios recursos o pertenencias?</b>
<input type="checkbox"/> No <input type="checkbox"/> Sí – <i>Pregunte: “¿Cuántas veces ha ocurrido?”</i> <input type="checkbox"/> Raramente <input type="checkbox"/> A veces <input type="checkbox"/> Frecuentemente <input type="checkbox"/> Se negó a contestar
<b>77. ¿Estuvo satisfecho de como usted gastó su dinero?</b>
<input type="checkbox"/> No <input type="checkbox"/> Sí – <i>Pregunte: “¿Cuántas veces ha ocurrido?”</i> <input type="checkbox"/> Raramente <input type="checkbox"/> A veces <input type="checkbox"/> Frecuentemente <input type="checkbox"/> Se negó a contestar
<b>78. ¿Tiene algún comentario sobre estas preguntas que le gustaría que anotara aquí?</b>
<input type="checkbox"/> No <input type="checkbox"/> Sí, por favor explique:

**Instrucciones para Promotores (Lea lo siguiente al participante):**

Finalmente para terminar la encuesta,

<b>79a. ¿Alguna vez usted a llamado a Servicios de protección de adultos (Adult Protective Services, APS) o a la policía para denunciar que una persona de 65 años o más era víctima de abuso? La víctima de abuso puede ser usted o alguien más, y el abuso incluye abuso físico, mental, financiero o cualquier otro tipo de abuso.</b>
<input type="checkbox"/> No <input type="checkbox"/> Sí <input type="checkbox"/> Se negó a contestar

**79b. Puede ser que se haya sentido incómoda/o o apenada/o con las preguntas de la encuesta y no pudo contestar abiertamente. En la escala de 1 al 10, ¿qué tan honesto ha sido en contestar las preguntas en esta encuesta?**

1 2 3 4 5 6 7 8 9 10

(Poco honesto)

(Muy honesto)

**Comentarios:**

**Instrucciones para Promotores (Lea lo siguiente al participante):**

“Hemos terminado la entrevista. Sinceramente, muchas gracias por su tiempo y atenta participación en esta encuesta”.

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## USC Escala de Conflicto para Personas de la Tercera Edad (USC-OACS)

### Observación del entrevistador – Post-Encuesta Impresiones del Barrio, Casa, y la Persona

1. Apariencias general del barrio ( <i>marcar todo lo que sea pertinente</i> ):	a <input type="checkbox"/> Césped Nítido b <input type="checkbox"/> Césped descuidado c <input type="checkbox"/> Sin Graffiti d <input type="checkbox"/> Mucho Graffiti e <input type="checkbox"/> Casas Bien Cuidadas f <input type="checkbox"/> Casas Mal Cuidadas g <input type="checkbox"/> Casas abandonadas h <input type="checkbox"/> Otro: _____
2. Condición afuera en comparación a los vecinos:	2a. 1-----2-----3-----4-----5 Limpio <span style="float: right;">Sucio</span> 2b. 1-----2-----3-----4-----5 Nítido <span style="float: right;">Descuidado</span>
3. Apariencia interior:	3a. 1-----2-----3-----4-----5 Limpio <span style="float: right;">Sucio</span> 3b. 1-----2-----3-----4-----5 Arreglado <span style="float: right;">Desordenado</span> 3c. 1-----2-----3-----4-----5 Buen Olor <span style="float: right;">Mal Olor</span> 3d. Peligros Potencial: <sub>1</sub> <input type="checkbox"/> Salud <sub>2</sub> <input type="checkbox"/> Físico Comentario: _____
4. Apariencia general del entrevistado:	4a. 1-----2-----3-----4----- 5 Limpio <span style="float: right;">Sucio</span> 4b. 1-----2-----3-----4-----5 Buen Olor <span style="float: right;">Mal Olor</span> 4c. Problemas para leer: <sub>0</sub> <input type="checkbox"/> No <sub>1</sub> <input type="checkbox"/> Sí 4d. Problemas para oír: <sub>0</sub> <input type="checkbox"/> No <sub>1</sub> <input type="checkbox"/> Sí 4e. Problemas de la vista: <sub>0</sub> <input type="checkbox"/> No <sub>1</sub> <input type="checkbox"/> Sí
5. Otra persona en el cuarto: <i>(razón porque el/ella se quedó durante la entrevista)</i>	<sub>0</sub> <input type="checkbox"/> No <sub>1</sub> <input type="checkbox"/> Esposo/a <sub>2</sub> <input type="checkbox"/> Nuera <sub>3</sub> <input type="checkbox"/> Hijo <sub>4</sub> <input type="checkbox"/> Cuidador <sub>5</sub> <input type="checkbox"/> Amigo <sub>6</sub> <input type="checkbox"/> Otro: _____ _____
6. Hay heridas visible ( <i>marcar todo lo que sea pertinente</i> ):	a <input type="checkbox"/> No b <input type="checkbox"/> Moretón c <input type="checkbox"/> Llagas d <input type="checkbox"/> Marcas azul/negras e <input type="checkbox"/> Otro: _____
7. Otro adulto mayor en la residencia que no fue entrevistado:	7a. El adulto mayor es : <sub>1</sub> <input type="checkbox"/> Esposo/a <sub>2</sub> <input type="checkbox"/> Hermano/a <sub>3</sub> <input type="checkbox"/> Hijo <sub>4</sub> <input type="checkbox"/> Pariente <sub>5</sub> <input type="checkbox"/> Amigo 7b. Razón que no entrevistado: <sub>1</sub> <input type="checkbox"/> Demencia <sub>2</sub> <input type="checkbox"/> Se Negó <sub>3</sub> <input type="checkbox"/> Otro: _____
8. Otro observación/Comentario:	_____ _____