

MEASURING ATTITUDES TOWARD ELDER ABUSE

CENTRE FOR NEWFOUNDLAND STUDIES

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Measuring Attitudes Toward Elder Abuse

by

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ABSTRACT

This paper discusses the inherent difficulties in defining and measuring the elder abuse construct, describes existing definitions and measurement techniques, and proposes an effective measure of attitudes toward elder abuse.

This is a pilot study intended to develop a tool to measure attitudes toward elder abuse. It is assumed that these attitudes reflect beliefs about elder abuse as a social problem.

Stones (1994) found that 33% of the variance in scores on Stones' Elder Abuse Survey Tool (EAST) could be explained by attitudinal differences between respondents. The purpose of the present study was to produce a questionnaire that could measure these differences in attitude toward elder abuse. The Elder Abuse Attitude Test (EAAT) was the result. This study is an attempt to validate the Elder Abuse Attitude Test and determine some of its properties.

Two hundred and fifty seven people agreed to complete a questionnaire containing both the EAAT and 31 additional items that investigate attitudes and beliefs. The questionnaire was found to be both reliable and valid. We suggest further surveys using the EAAT as a measure of social attitudes toward elder abuse and possibly a reflection of desired action in research, treatment and prevention.

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LIST OF ABBREVIATIONS AND SYMBOLS USED

EAST Elder Abuse Survey Tool

EAAT Elder Abuse Attitude Test

INTRODUCTION

ELDER ABUSE AS A SOCIAL PROBLEM

Viewed in an historical context, the quality of life enjoyed by most individuals in developed countries suggests familial mistreatment is largely a phenomenon of the past. The term "familial mistreatment" encompasses child, spousal, and elder abuse and neglect, and defines the abuser as someone in a position of trust with the victim. Historical reports list atrocities of family abuse such as forced child and adult labour, sexual abuse, physical punishment, and absolute control of child and spouse. Still, there was a social consensus that abuse should be dealt with privately within the family. Recently, however, family mistreatment has lost its anonymity and has been deemed a social problem demanding state intervention.

The first formal disclosure of familial abuse occurred in the 1940's when a group of American radiologists reported cases of children with injuries that appeared to be related to childhood trauma (Caffey, 1946). Later, Kempe, Silverman, Steele, Droegemueller and Silver (1962) defined such cases as the Battered Child Syndrome and claimed that this trauma was deliberately inflicted by parents. The professional community became alerted to the issue of child abuse and began to expose this mistreatment as a social phenomenon. Child abuse continues to be uncovered, both within and outside the family,

due to an increasing societal emphasis on protection of the child.

Spousal abuse was the next aspect of family violence to be exposed. Spousal mistreatment became a social issue as a result of the resurgence in the feminist movement in the 1970's (Wolf and Pillemer, 1989). Women, as victims, spoke out to expose the violence and abuse that permeated their families. The state responded by providing protective and counselling services to help women who try to escape from abusive situations.

Elder abuse has been the last form of family mistreatment to be recognized. This may be due to the devalued social status of seniors in our society (Butler, 1975). Nevertheless, the mistreatment of the elderly has become a social concern. There is an increasing interest in the quality of life enjoyed by our aged population.

THE INCREASING ELDERLY POPULATION

The current interest in the elderly population stems from demographic trends that began early in this century. The Canadian average life expectancy has been increasing since 1921. The average life expectancy at birth in 1921 was 59 years for men and 60 years for women. A child born in Canada in 1993 can expect to live 74 years or 80 years, male and female respectively (Statistics Canada, 1993a). As life expectancy increases so does the population's desire for high

quality living that continues into old age. Questions about quality of life, and the needs and concerns of the elderly are more prominent now than ever before.

The increased life span has also resulted in a steady increase in the percentage of the population over the age of 65. In 1921 only 5% of the Canadian population were over 65, as opposed to over 12% in 1991. It is projected that by the year 2036 between 20% and 25% of the Canadian population will be over 65 years old. If this projection is correct, the elderly population in 2036 will be over 8 million people, as compared to only 3 million in 1991 (Statistics Canada, 1993b). This increase in numbers has led and will continue to lead to a dramatic, and unique, empowerment of the aged.

ELDER MISTREATMENT AS A RESEARCH TOPIC

The new interest in and empowerment of the elderly has brought with it a voice of concern about elder mistreatment. Most researchers of elder abuse believe it does exist and support the investigation and classification of elder mistreatment as a social problem.

Butler (1975), for example, reported that the elderly population holds a devalued social status, which may make them vulnerable to abuse. Compulsory retirement and early institutionalization, for example, reflect society's belief that there is a loss of worth with age.

Wolf and Pillemer (1989) and Hudson (1986) also described

the elderly as a population that shares characteristics that make them a vulnerable group. They refer to the fact that seniors experience physical fragility, and psychological or neurological impairment more often than other groups within our society and that this vulnerability makes them somewhat more dependent on the family for support (Ward, 1984, Hendricks and Hendricks, 1981).

Podnieks, Pillemer, Nicholson, Shillington, and Frizzell, (1990) confirmed the speculation of elder vulnerability when they reported that approximately 4% of the elderly in Canada have experienced some sort of abuse, either material, verbal, physical or neglect.

Although victim vulnerability has been a common finding in elder abuse studies, it is important to recognize that some researchers have questioned this perception and have reported that in many abuse cases the abuser is dependent on the victim (Pillemer, 1985).

One final piece of support for research into the elder abuse phenomenon is that the elderly are a distinct group within our society, and, as a group, require unique services, agencies and professional care (Wolf and Pillemer, 1989). Knowledge of the issues that uniquely surround elder abuse will improve the services available to abused seniors.

It should be noted here that other researchers suggest that the mistreatment of the elderly does not warrant a unique

classification within the study of abuse (Crystal, 1986; Callahan, 1982). In fact, these researchers argue that the nature and extent of elder mistreatment (as a social problem) has not been established and the social momentum against elder abuse is based upon a false analogy to child abuse.

RESEARCH GOALS

Once elder abuse is recognized as a social problem, the ultimate goals are assessment, intervention, treatment and prevention. However, before these goals can be accomplished we must know what elder abuse is. That is, how do we as a society define elder mistreatment, and how can we measure it?

Elder abuse assumes different meanings depending on the professional or interest group defining it. Workers in homes for the elderly define elder abuse by policies of conduct which prevent the mistreatment of residents. Police define abuse as a violation of criminal law. Social workers, who may work under mandatory reporting legislation, define elder abuse in terms of the protective services they can provide, while other health care professionals are concerned with assessment. Researchers and advocacy groups are often most flexible in their definitions since they are not limited to workplace policies, the law, or professional ethics, but are motivated to produce an all encompassing definition of elder abuse (Stones, in Press).

Although each professional group uses specific criteria

when evaluating abuse cases, they recognize the limitations and omissions of their definitions. Disagreement in definition between professional groups leads to inconsistent assessment and measurement. Inconsistent measurement accomplishes no more than no measurement at all. Herein lies the rationale for consensus of definition.

DEFINITION

Although there has been nearly twenty years of research into elder abuse, researchers within the discipline have been unable to reach a consensus on the definition of elder abuse. Johnson (1986) described a definitional paradigm that she then applied to the elder abuse construct. The paradigm resolves the definitional process into four essential stages.

The first stage involves the conceptualization of the construct, and the production of an intrinsic (abstract) definition of the construct. Johnson (1986) reports the intrinsic definition of elder mistreatment as "self or other inflicted suffering unnecessary to the maintenance of the quality of life of the older person." Within this definition, expressions such as unnecessary suffering, quality of life, and older person all must be defined within the context of the intrinsic definition. Elder abuse researchers seem to have avoided intrinsic definitions. This is probably due to the abstract nature of the work and the unoperational character of the product definition. Intrinsic definitions are often too

vague to be of any use in developing a measurement tool (Johnson, 1986; Stones, 1993).

The second stage of construct definition is the production of an extrinsic definition. This is the working definition of the construct. A working definition must resolve the concept into its constituent parts. A review of the definitional literature suggests there is no real consensus on the extrinsic definition or the components of the abuse construct. For example, McLaughlin, Nickell and Gill (1980) operationalized the elder abuse construct with only two components, abuse and neglect. At the other end of the spectrum, Phillips and Rempusheski (1985) included eleven components of elder abuse and neglect in their survey. Although the debate continues, most researchers tend to incorporate the elements of physical, psychological, and financial abuse and neglect in their construct of abuse.

Stage three of the definitional paradigm is the operationalization of the construct. This stage involves producing a valid measurement instrument. Most survey studies of elder abuse include a list of behavioral manifestations of elder abuse. The lists, however, usually place disproportionate emphasis on one or more of the components. Sengstock and Hwalek (1987) reviewed the empirical work and found only 13 items that assessed material abuse but over 100 items that related to physical neglect. Stones (in Press)

proposed that an exhaustive list of abuse exemplars could serve as both an extrinsic and operational definition of abuse.

One major concern with existing extrinsic and operational definitions is that both are usually generated by professionals. Few studies have explored what elderly persons themselves consider abusive. Hudson (1991) for example, conducted a survey with 63 elder mistreatment experts to develop a taxonomy of elder mistreatment and definitions of the categories of mistreatment. While her efforts were very successful the taxonomy lacked input from the subject population themselves. Stones (1994) attempted to tap into this unutilized resource and produce a measurement instrument that included abuse exemplars generated by elders in addition to those suggested by researchers and professionals.

The final stage of defining the elder abuse construct must distinguish between the act and the cause (Johnson, 1986, Stones, in Press). Elder mistreatment must be approached in two ways, identification and intent to mistreat. Identification merely determines whether or not mistreatment has occurred. This is accomplished by utilization of the operational definition. Intent to mistreat however influences our response to the abuse. The issue of intent is significant when selecting intervention and treatment strategies. The ultimate goal then, is a definition which includes both

identification and intent. This type of definition will precipitate both detection and treatment (Johnson, 1986, Stones, in Press).

To summarize, a clear definition of elder abuse is still a matter of considerable debate, and the same controversy extends to questionnaire design. Consistent measurement is impeded by both lack of definition and debate over the best measurement technique.

MEASUREMENT

Two types of elder abuse measures have been used most often, clinical scales and survey instruments.

Clinical scales are used primarily to confirm abuse in suspected cases. Emphasis is on individual assessment and intervention. Identification of abuse cases relies heavily on behavioural observations and reports from case workers. As a result, subjectivity can pose a serious problem in the affirmation of elder abuse cases.

There are two types of clinical measures, screening tools and classification measures. Screening tools are used to identify cases of abuse and identify elderly at risk. A good screening tool discriminates between abused and non-abused individuals. Classification measures are used to make a differential diagnosis, and should classify the type of abuse reported by the victim. (Kozma and Stones, in Press). A classification measure should detect whether the mistreatment

is abuse or neglect and, if abusive, which type.

Survey tools, on the other hand, are used to determine the frequency and type of abuse that exists in a particular population. This is the type of measure used in the present study. Although observer bias is less of a problem with survey tools, reliability and validity are major concerns. Reliability ensures repeatable results, while validity ensures that the survey is measuring what is intended. In terms of construct validity, a measure is valid if it includes all the components of the elder abuse construct (Kozma and Stones, in Press).

A review of the empirical work in elder abuse reveals large discrepancies in the items included in existing survey measures. Physical and psychological abuse are consistently included. However, financial, material, and medical abuse, and violations of rights are often omitted. Further, few distinguish between active and passive neglect. Active neglect refers to the intentional refusal to fulfil a caretaking obligation and passive neglect is an unintentional failure to provide caretaking duties (Hudson and Johnson, 1986).

The lack of uniformity in the content of measures results in discrepancies in reports of incidence, frequency, and type of abuse. Hudson (1986) for example, conducted an empirical review of nearly 30 studies. She found that these studies

inconsistently reported the most prevalent type of abuse to be one of psychological, physical violence, passive neglect, or financial abuse.

The same inconsistency exists with incidence studies. Two recent comprehensive incidence studies were conducted by Pillemer and Finkelhor (1988) and Podnieks et al. (1990). The reported frequencies of abuse were 3.2% and 4% respectively. Although these percents are fairly consistent, the type of abuse reported to be most prevalent was physical abuse (2%) in Pillemer and Finkelhor (1988) and attempted material abuse (2.5%) in Podnieks et al. (1990).

A COMPREHENSIVE MEASURE OF ELDER MISTREATMENT

In an attempt to bridge the gap between measures of elder abuse, Stones (1994) developed an extensive denotative measurement tool. It was intended to permit evaluation of incidence, frequency and type of abuse. The Elder Abuse Survey Tool (EAST) is a survey measure with an almost exhaustive list of abuse exemplars. It was developed in two stages.

First, a comprehensive literature review was conducted. Almost 180 publications (including journal articles, book chapters, pamphlets, etc.) were reviewed. Any example of abuse, even if mentioned in only one report, was added to an inventory of elder abuse exemplars. In addition to article reviews, 30 focus group meetings were conducted. Both

independent seniors and nursing home residents attended these meetings. Additional examples of abuse addressed at these meetings were added to the elder abuse inventory.

The final inventory contained 112 items that were incorporated in a questionnaire with a 5-point response scale that ranged from not abusive to very severely abusive. Stones (1994) administered his survey to 364 seniors and 204 professionals working with seniors. The purpose of the first administration of the survey was to refine and validate the instrument. Construct validation was the procedure used to select items for the final Elder Abuse Survey Tool. Construct validation refers to the extent to which a measure represents the properties of the construct (Cronbach and Meehl, 1955). That is, does the survey assess all types of abuse? The respondents rated 71 of the items as examples of abusive behaviour.

Further analysis of this first administration of the EAST revealed that attitudinal differences accounted for 33% of the variance in scores. That is, participants gave responses on the EAST which reflected differences in their attitudes toward elder abuse.

It is attitude that allows us to make sense of our world, and to feel that we understand the phenomena that surround us. Attitudes serve as schemata that guide our interpretation of events and situations (Alcock, Carment, and Sadava, 1987)

Attitudes are relatively stable personality characteristics and are demonstrated by beliefs or feelings about a particular subject or intended behaviour (Alcock et al., 1987). An obvious step in understanding our society's perception of abuse is to measure the attitudes that guide these perceptions.

Studies of attitudes toward elder abuse have begun, Gebotys, O'Connor and Mair (1992) for example, constructed a questionnaire measuring public attitudes toward elder physical mistreatment. The present study will measure attitudes toward all types of elder mistreatment.

Attitudinal measurement is most often accomplished by asking people to complete Likert scale questionnaires that measure direction and strength of attitudes. Respondents rate on a scale of 1 to 5 the degree to which they perceive an example of mistreatment as abusive or not abusive. In other words, an individual's attitude toward elder abuse should be reflected in their severity rating of mistreatment exemplars and also in their response to questions regarding resource allocation, funding, the magnitude of the elder abuse problem, and the relative importance of elder abuse in relation to child and spouse abuse.

Production of a tool that could measure attitudinal tendencies toward elder mistreatment could provide government and professionals serving elders with a direction for action.

Decisions of resource allocation and topics for research efforts could also be guided by a knowledge of what the society perceives as significant within the realm of abuse.

The attitudinal trends within the EAST initiated the development of the Elder Abuse Attitude Test (EAAT). The EAAT is an attempt to measure attitudinal differences toward elder abuse.

METHOD

QUESTIONNAIRE CONSTRUCTION

Twenty items from the EAST were selected to become the pilot EAAT. The following criteria were used in selecting items for the (Pilot) Elder Abuse Attitude Test (EAAT). First when administered in the EAST, the item must have produced responses which followed a normal distribution. That is, the item must have had a distribution that was not significantly different from normal when a normality test was applied. An item that demonstrated this distribution on the EAST should permit attitudinal differences toward abuse to be expressed on the EAAT. Second, the item must correlate highly ($r > 0.7$) with the respondents' mean EAST scores. Scores above $r > 0.7$ accounted for one half of the variance in the total scores on the EAST. The item, therefore, when included on the EAAT, should demonstrate the underlying attitude that has guided most responses on the EAST. Finally, the item must be rated by more than 80% of the respondents as an example of abuse. Twenty of the seventy-one items on the EAST met these criteria.

In addition to these 20 items, 31 additional questions were added to the questionnaire. These items dealt with attitudes toward many social issues and were included for the purpose of cross validating the EAAT. The final questionnaire contained the (Pilot) EAAT and the 31 additional general

belief statements (Appendix 1).

Items on the pilot EAAT were rated on a 5-point Likert scale that ranged from not abusive to severely abusive. The ethical items were rated on a 5-point scale of agreement. The ethical issues that were included were 1) the magnitude of child, spouse and elder abuse, 2) the role of the victim in abuse, 3) mercy killing and life support, 4) abortion and the right to life, and 5) capital punishment.

SUBJECTS

The questionnaire was distributed to 257 participants who completed the written survey at their own convenience. The participants were found by snowball sampling, that is, they were obtained mainly by referral from other participants. The subjects ranged in age from 16-87 years and had a mean age of 37 years. Over two-thirds (68.8%) of the participants were female. Occupation was used as a measure of socio-economic status. Only 7.8% described their occupations as unskilled labour while 47.6%, 10.8%, and 33.8% described themselves as skilled, management and professionals respectively.

PROCEDURE

The questionnaires were delivered and collected in person producing an 80% response rate. Most questionnaires were dropped off and then picked up at a later date, however, if the subjects' literacy was unknown, the questionnaire was given in an interview format.

RESULTS

A correlational analysis of the items on the pilot EAAT revealed that all items were correlated significantly. The smallest correlation was $r_{(255)} = 0.36$, $p < 0.01$ for a two-tailed test, where $r_{(255)}$ refers to the number of subjects minus two. The Cronbach's Alpha was 0.95. The significant correlations and the high Cronbach's Alpha demonstrate the high internal consistency of the EAAT and the reliability of the EAAT as a measure of elder abuse.

The pilot Elder Abuse Attitude Test (EAAT), however, contained 20 exemplars. Selection of the final items for the EAAT was determined by a filtering system. First, the response distribution for a particular item on the pilot EAAT had to approximate a normal distribution. Second, the item must have been rated by more than 80% of the respondents as an example of abuse. Finally, the item must have explained more than 1% of the variance and reduced the residual root mean square by more than 5% in stepwise multiple regression. Thirteen of the twenty items on the pilot EAAT passed all three filters. See Appendix 2 for the validated version of the EAAT.

A principal component vari-max rotation factor analysis was used to determine questionnaire validity. Analysis of the EAAT showed a single factor with each of the 13 items loading heavily on this factor ($r_{(255)} > 0.5$), where $r_{(255)}$ refers to the

number of subjects minus two. The factor, attitudes toward elder abuse, explains 55% of the variance in scores on the EAAT. Using these data the EAAT can be referred to as valid in that it is measuring attitude toward elder abuse.

A cross validation was also conducted. Correlational analysis demonstrated a high correlation between the EAAT and 10 out of the 31 ethical statements ($p < 0.05$). Seven of the ten statements referred to elder abuse and the remaining three referred to either child or spousal abuse (Table 1).

TABLE 1: CORRELATION COEFFICIENTS OF THE 31 ETHICAL STATEMENTS AND THE ELDER ABUSE ATTITUDE TEST.

ITEM 1	0.24997*	ITEM 17	0.17675*
ITEM 2	0.31300*	ITEM 18	0.25321*
ITEM 3	-0.15306*	ITEM 19	0.06402
ITEM 4	0.25403*	ITEM 20	0.29907
ITEM 5	-0.15834*	ITEM 21	0.00631
ITEM 6	-0.04636	ITEM 22	0.00551
ITEM 7	0.01279	ITEM 23	-0.10016*
ITEM 8	0.11565	ITEM 24	0.08104
ITEM 9	-0.09849	ITEM 25	0.01975
ITEM 10	-0.01076	ITEM 26	-0.01097
ITEM 11	0.01107	ITEM 27	-0.08903
ITEM 12	0.09911	ITEM 28	-0.04671
ITEM 13	0.08300	ITEM 29	-0.07445
ITEM 14	0.16628*	ITEM 30	-0.15949*
ITEM 15	0.07144	ITEM 31	-0.03014
ITEM 16	-0.10366		

"*" = correlated significantly

Correlational analysis of the 31 ethical items yielded diverse correlations. Such an outcome is to be expected since the items refer to a wide range of beliefs and issues. The Cronbach's Alpha of 0.52 demonstrates that responses to the ethical statements do not reflect a single attitude, and therefore the total score on the ethical statements can not be used as a single measure of attitude.

Principal component vari-max rotation factor analysis of the 31 ethical statements indicated five main factors with eigenvalues greater than 1.5, that is, each accounts for more than 5% of the variance for a total of 42% (Table 2).

TABLE 2: THE EIGENVALUES AND PERCENT OF VARIANCE EXPLAINED BY FACTORS ONE THROUGH FIVE.

	EIGENVALUE	% VARIANCE	CUMULATIVE %
FACTOR 1	3.9987	12.90	12.90
FACTOR 2	3.1796	10.26	23.16
FACTOR 3	2.1194	6.84	29.99
FACTOR 4	1.8131	5.85	35.84
FACTOR 5	1.7564	5.67	41.51

The first factor, a "prevention" factor, consists of items related to the prevention of all types of abuse (Items 1, 2, 4, 18, and 20, See Appendix 1). For example, respondents who reported that elder abuse is a very common problem also believed that the government should provide funding for the prevention of all types of abuse.

The second factor involved items that reflected "personal freedom" issues. This factor included items which referred to choices such as "right-to-life and pro-choice". Items 11, 12, 17, 28, and 29 loaded heavily on this factor (Appendix 1).

The third factor involved beliefs about the "relative importance" of child, spousal and elder abuse, as social problems. Items 14, 15, 22, and 31 loaded highly on factor three (Appendix 1).

The fourth factor refers to items related to the concept of "discipline". For example, the use of physical punishment or excessive control items were subsumed under this factor (Items 6, 7, 8, 9, 21, and 24; Appendix 1).

Finally, the fifth factor refers to the "responsibility" of each of the participants (victim, perpetrator, family, and society) in the abuse scenario. (Items 5, 10, 16, 19, 23, 27, and 30; Appendix 1).

Correlational analysis of the EAAT and these five factors showed the highest correlations between the EAAT and the five statements comprising the "prevention" factor ($r_{(255)} = 0.38$, $p < 0.01$), where $r_{(255)}$ refers to the number of subjects minus two. The other four factors did not correlate significantly with the EAAT (TABLE 3).

TABLE 3: CORRELATION COEFFICIENTS OF FACTORS ONE THROUGH FIVE WITH THE ELDER ABUSE ATTITUDE TEST

CORRELATION COEFFICIENT WITH THE ELDER ABUSE ATTITUDE TEST	
FACTOR 1	0.38542 *
FACTOR 2	0.06742
FACTOR 3	-0.04144
FACTOR 4	0.07105
FACTOR 5	-0.06478

"*" = correlated significantly

Correlational analysis showed gender to be the only demographic measure predictive of EAAT scores. Females consistently scored higher on the EAAT than did males ($r_{(248)} = 0.15$, $p < 0.10$), where $r_{(248)}$ refers to the number of subjects minus two.

Age and socio-economic status did not correlate significantly with the EAAT. Age correlated at $r_{(247)} = 0.01$ where $r_{(247)}$ refers to the number of subjects minus two. Socio-economic status correlated at $r_{(229)} = 0.03$ where $r_{(229)}$ refers to the number of subjects minus two.

DISCUSSION

The purpose of the study was to validate the Elder Abuse Attitude Test. The correlational analysis of the EAAT revealed its reliability as a measure of elder abuse. In addition, the high Cronbach's Alpha supports use of total EAAT scores as a measure of attitudes toward elder abuse.

Cross validation of the EAAT requires that the EAAT scores be predictive of general beliefs about elder abuse and any belief structure that includes elder abuse. Ten of the thirty-one ethical statements on the questionnaire made mention of elder abuse. The EAAT correlated with seven of these ten statements ($p < 0.02$). These correlations demonstrate high convergent validity and support the conclusion that the EAAT measures an individual's beliefs toward elder abuse rather than attitudes toward all ethical issues in general. The EAAT's inability to predict responses to the other ethical statements is evidence of the EAAT's discriminant validity in that the EAAT is a measure of only the belief structure that influences attitudes toward elder abuse.

Correlations between the EAAT and the 21 remaining items revealed that the EAAT correlated highly with only three ethical statements on the questionnaire. These three items referred to child or spouse abuse. These findings support the conclusion that the EAAT measures an abuse belief structure

that includes attitudes toward elder abuse.

Factor analysis of the 31 ethical items demonstrated that individuals structure their beliefs around general meanings such as prevention, relative importance, personal freedom, discipline, and responsibility. The highest correlations of the EAAT were with the items in the prevention factor ($r = 0.38$). The EAAT, then, indicates that people do not have a unique set of attitudes towards elder abuse, but give responses on the EAAT which correlate highly with beliefs in the prevention of all types of abuse.

Gender was predictive of EAAT scores with women consistently scoring higher on the EAAT than men. While this result was not expected it may be explained by a sensitization of women to the abuse construct in general. Females may be more likely to be abused as children and spouses than are males and women may often find themselves to be physically weaker, or financially and emotionally dependent on their abuser.

Surprisingly, an age effect was not found. Age was not predictive of responses on the EAAT. Intuitively, one would expect that as age increased, so would sensitivity toward elder abuse and the severity ratings given to abuse exemplars. This trend was not observed. There appear to be no differences in sensitivity to abusive behaviour across the age range studied here. Individuals may, in fact, be willing to

accept some loss in privacy, independence, and control as they age.

Socio-economic status was also not predictive of attitudes toward elder abuse. Education or profession did not appear to influence attitudes toward elder abuse. People at all levels of socio-economic status seem equally sensitized to and informed about the elder abuse phenomenon.

ADMINISTRATION OF THE EAAT

Further studies of attitudes toward elder abuse should be performed. Attitudinal measurement may indicate not only the society's expectations concerning assessment of and intervention in this social problem but may also detect any changes in the social climate after educational, financial, or behavioral intervention by the state.

The EAAT can be administered as either a structured interview or a questionnaire. The method chosen depends on the level of literacy of the participant. For participants not familiar with surveys or for whom literacy is a obstacle, cue cards can be utilized as a reminder of the response alternatives.

Confidentiality and consent are other issues in the administration of the EAAT. Anonymity is impossible in the interview format, and is lost with the questionnaires due to the informed consent required when using human subjects. Confidentiality is essential. Participants must feel

sufficiently secure so that they can reveal their true attitudes toward elder abuse. Initialled consent forms and mail back responses could improve participant confidentiality and anonymity.

Demographic information is also critical to studies of attitude. Age, gender, and occupation all have potential influence on responses on the EAAT and should be considered during evaluation of scores.

Suggestions for future studies using the EAAT must include employing the EAAT with known samples of abused versus non-abused elders. Although the present study demonstrated that attitudes toward abuse can be measured it did not demonstrate that the EAAT could be used to detect abused versus non-abused by attitude measurement. If this is a property of the EAAT this predictive value could be used to improve the intervention rate for abused elders who do not report.

Finally, although we have demonstrated the usefulness of the EAAT as a measure of attitude, we have only measured attitudes toward particular examples of abuse. It is critical that further studies be performed to determine whether the categories of abuse used in the EAAT are indicative of the types of abuse that actually exist and, if so, whether or not the list of categories is exhaustive.

Appendix 1

Elder Abuse Survey

We want to know what you think about abuse and particularly elder abuse. Sometimes, people tell us they don't know enough about abuse to be able to help, but we have always found that people know a lot more than they think. Your opinions are very important to us and we will listen very carefully to what you have to say.

The answers you give will be kept strictly confidential and your name will not be passed on to anyone beyond myself. I am the only person who will know how you answered this survey. The information you give, along with the responses of several hundred other volunteers will be entered into a computer and analyzed, but individual responses will never be highlighted. If you agree to take part in the survey knowing that your answers will be treated as fully confidential but very important, please examine and sign this consent form.

CONSENT FORM

The purpose of this survey on elder mistreatment has been explained to me. I understand that anything I say will be treated very important but fully confidential. I understand that no mention of my name will appear on any records that result from this interview.

Signed:

Here are a list of behaviours you may or may not think are examples of elder mistreatment. Please tell us how severe you think the mistreatment is by rating each example from 1 to 5, where 1 is not abusive at all and 5 is the most severe kind of mistreatment. For example, some people say that "beating a senior until medical help is needed" should be rated as a 5, because they think it is the most severe kind of mistreatment. How severe would you rate this example?

REMEMBER!

- 1= not abusive at all
- 2= slightly abusive
- 3= abusive
- 4= very abusive
- 5= severely abusive

ITEM	NOT ABUSIVE	SEVERELY ABUSIVE
1 Stealing something of material or sentimental value to a senior	1 2 3 4 5	
2 Making a senior pay too much for something (like house repairs or medical aids)	1 2 3 4 5	
3 Not letting a senior have friends or visitors when desired	1 2 3 4 5	
4 Pushing or shoving a senior	1 2 3 4 5	
5 Lying to a senior in a harmful way	1 2 3 4 5	
6 Not respecting a senior's privacy	1 2 3 4 5	
7 Opening a senior's mail without permission	1 2 3 4 5	
8 Pressuring a senior to do paid work when that senior does not want to	1 2 3 4 5	

NOT ABUSIVE SEVERELY ABUSIVE

9	Not taking a senior places that person has to go (like a doctor's appointment)	1	2	3	4	5
10	Withholding information from a senior that is important to him/her	1	2	3	4	5
11	Unreasonably ordering a senior around	1	2	3	4	5
12	Trying to stop a senior from travelling when that person wants to and is able to	1	2	3	4	5
13	Not providing a senior with proper clothing when needed	1	2	3	4	5
14	Telling a senior he or she is "too much trouble"	1	2	3	4	5
15	Failing to provide proper nutrition for a senior	1	2	3	4	5
16	Trying to stop a competent senior from making a desired move from one residence to another	1	2	3	4	5
17	Disbelieving a senior who claims to be abused, without checking into the claim	1	2	3	4	5
18	Failing to provide a clean environment	1	2	3	4	5
19	Serving food that is not appetizing or nutritious	1	2	3	4	5
20	Failing to provide care in a friendly way	1	2	3	4	5

Here are a list of general statements about abuse and other sensitive topics. Please tell us whether you agree, disagree or have a neutral opinion on these topics. We ask that you rate each statement on a scale from 1 to 5 where 1 is strongly disagree and 5 is strongly agree.

REMEMBER!

- 1= strongly disagree
- 2= disagree
- 3= neither agree nor disagree
- 4= agree
- 5= strongly agree

	STATEMENT	STRONGLY DISAGREE				STRONGLY AGREE
1	Elder abuse is a very common problem in today's society.	1	2	3	4	5
2	Government should give tax dollars to help prevent elder abuse.	1	2	3	4	5
3	Too much fuss is made about elder abuse in the papers, on TV and on the radio.	1	2	3	4	5
4	We should be providing more help, such as counselling, for abused seniors.	1	2	3	4	5
5	When a senior gets abused, we don't make enough of the fact that the senior may have been partly to blame.	1	2	3	4	5
6	Spanking is a reasonable way to discipline a child.	1	2	3	4	5
7	Hitting someone is wrong no matter what the circumstances.	1	2	3	4	5
8	Yelling at a senior to make a point is always wrong.	1	2	3	4	5
9	It is sometimes necessary to shout at a child to make a point clearly.	1	2	3	4	5
10	What goes on within a family is family business, and other people should butt-out.	1	2	3	4	5

STRONGLY DISAGREE STRONGLY AGREE

- | | | | | | |
|--|---|---|---|---|---|
| 11 Abortion should be a woman's choice. | 1 | 2 | 3 | 4 | 5 |
| 12 Every unborn child has the right to life. | 1 | 2 | 3 | 4 | 5 |
| 13 It's very important to the health of her child that a woman not smoke or drink during pregnancy. | 1 | 2 | 3 | 4 | 5 |
| 14 I think elder abuse is more of a problem in today's world than spouse abuse. | 1 | 2 | 3 | 4 | 5 |
| 15 The abuse of seniors is a more serious problem than the abuse of children. | 1 | 2 | 3 | 4 | 5 |
| 16 Child abuse is much more of a crime than spouse abuse. | 1 | 2 | 3 | 4 | 5 |
| 17 The "mercy killing" of terminally ill elders is abusive. | 1 | 2 | 3 | 4 | 5 |
| 18 The government should offer financial support for the prevention of spousal abuse. | 1 | 2 | 3 | 4 | 5 |
| 19 Asking a relative to baby-sit a lot of the time is abusing that relationship. | 1 | 2 | 3 | 4 | 5 |
| 20 Much more money should be given to the prevention of child abuse. | 1 | 2 | 3 | 4 | 5 |
| 21 The death penalty is morally wrong no matter what the crime. | 1 | 2 | 3 | 4 | 5 |
| 22 Using illegal drugs, like marijuana and heroin, in moderation, is O.K. | 1 | 2 | 3 | 4 | 5 |
| 23 Spouse abuse is different from child or elder abuse in that the abused person is capable of escaping the abuse. | 1 | 2 | 3 | 4 | 5 |

STRONGLY DISAGREE STRONGLY AGREE

- | | | | | | |
|--|---|---|---|---|---|
| 24 Discontinuing life support for terminally ill children is wrong. | 1 | 2 | 3 | 4 | 5 |
| 25 Individuals who commit murder should be punished by the death penalty. | 1 | 2 | 3 | 4 | 5 |
| 26 We should feel an obligation to donate our organs to suitable recipients upon our death. | 1 | 2 | 3 | 4 | 5 |
| 27 Asking a relative to donate a body organ to save your life is taking advantage of that person's generosity. | 1 | 2 | 3 | 4 | 5 |
| 28 Aborting a fetus that has been conceived during rape is acceptable. | 1 | 2 | 3 | 4 | 5 |
| 29 Aborting a fetus with a deadly disease or handicap is acceptable. | 1 | 2 | 3 | 4 | 5 |
| 30 The media has made too much of the child abuse issue. | 1 | 2 | 3 | 4 | 5 |
| 31 Having a spouse who is financially dependent should be considered abusive. | 1 | 2 | 3 | 4 | 5 |

Age _____ Gender _____

Profession (self or spouse) _____
 1= unskilled (clerk in store, labourer),
 2= skilled (fisher, plumber, clerical/secretarial),
 3= management,
 4= student/professional (if student, please give years of post secondary education).

APPENDIX 2

ELDER ABUSE ATTITUDE TEST (EAAT)

The following statements refer to how people sometimes act towards seniors. They only refer to behaviour by someone a senior has reason to trust. That person could be a relative or someone who takes care of the senior. That person could also be someone paid to help or look after the senior's affairs, such as a doctor, a nurse, or a homemaker, or lawyer. The questions do not refer to how strangers treat seniors. Do you understand the kinds of people the questions refer to?

Please indicate whether the actions below, are 1) not abusive, 2) possibly abusive, 3) abusive, 4) severely abusive, 5) very severely abusive towards a senior if done by someone a senior has reason to trust. Remember that the questions do not apply to acts by a stranger. Circle a number next to each such that:

1. means NOT ABUSIVE
2. means POSSIBLY ABUSIVE
3. means ABUSIVE
4. means SEVERELY ABUSIVE
5. means VERY SEVERELY ABUSIVE

A PERSON A SENIOR HAS REASON TO TRUST WHO

- | | |
|---|---------------------|
| 1 Steals something a senior values. | [1] [2] [3] [4] [5] |
| 2 Makes a senior pay too much for things like house repairs or medical aids. | [1] [2] [3] [4] [5] |
| 3 Pushes or shoves a senior. | [1] [2] [3] [4] [5] |
| 4 Lies to a senior in a harmful way. | [1] [2] [3] [4] [5] |
| 5 Opens a senior's mails without permission. | [1] [2] [3] [4] [5] |
| 6 Pressures a senior to do paid work when that senior does not want to. | [1] [2] [3] [4] [5] |
| 7 Doesn't take a senior places that senior has to go (like a doctor's appointment). | [1] [2] [3] [4] [5] |
| 8 Withholds information that may be important to a senior. | [1] [2] [3] [4] [5] |
| 9 Unreasonably orders a senior around. | [1] [2] [3] [4] [5] |
| 10 Doesn't provide a senior with proper clothing when needed. | [1] [2] [3] [4] [5] |
| 11 Tells senior that person is "too much trouble". | [1] [2] [3] [4] [5] |
| 12 Fails to provide proper nutrition for a senior. | [1] [2] [3] [4] [5] |
| 13 Disbelieves a senior who claims to be abused without checking that claim. | [1] [2] [3] [4] [5] |

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