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ABSTRACT

There are no known instruments to aid law enforcement officers in the assessment of elder abuse (EA), despite officers' contact with older adults. This study aimed to identify: 1) officers' perceptions and knowledge of EA, 2) barriers in detecting EA in the field, 3) characteristics officers value in a detection tool, and to explore 4) the potential for officers to use the Elder Abuse Suspicion Index (EASI)©. Data was collected from 69 Connecticut officers who confirmed that barriers to effectively detecting EA included a lack of EA detection instruments, as well as a lack of training on warning signs and risk factors. Officers indicated that the important elements of a desirable tool for helping to detect EA included ease of use, clear instructions, and information on follow-up resources. Approximately 80% of respondents could see themselves using the EASI© in the field, and a modified version has been developed for this purpose.

Review of literature on elder abuse

The United States (US) Census Bureau estimates that 83.7 million individuals in the US will be 65 years or older by 2050, nearly double the estimated population of those 65 and older in 2012 (Ortman, Velkoff, & Hogan, 2014). Over the past twenty years, there has been a growing recognition of elder abuse as a serious public health problem, adding an estimated $5.3 billion to

annual healthcare costs (Mouton et al., 2004). This is due, in part, to victims of elder abuse being significantly more likely to utilize acute care (Dong & Simon, 2013).

National US surveys conducted on community-dwelling older adults have estimated an overall prevalence of elder abuse of approximately 10% (Acierno et al., 2010). Additionally, the New York State Elder Abuse Prevalence Study (APS) found for every elder abuse case known to programs and agencies, an estimated 24 cases go unreported (Lifespan of Greater Rochester & Weill Cornell Medical Center of Cornell University - New York City Department for the Aging, 2011). As the population continues to age rapidly, the incidence of elder abuse is predicted to also rise (World Health Organization, 2016). For this reason, early detection and intervention are crucial in ensuring safe and independent living for older adults in the community.

Approximately 14% of the total population of the state of Connecticut is 65 years or older, while 2.4% is aged 85 or greater (United States Census Bureau, 2011). It is anticipated that nearly 27% of the Connecticut population will be 60 or older by the year 2030 (Administration on Aging, 2014). This state is considered one of the "older" states in the United States when the percentages of state populations over the age of 65 are compared (Administration on Aging, 2014). Additionally, Connecticut's population aged 60 and older is growing more rapidly than any other age category. Further, it has been noted that Connecticut had the highest rate of reported elder abuse, more than four times the national median (Teaster, 2006). Nonetheless, it maintains one of the nation's smallest Protective Services for the Elderly budgets, having the fourth lowest funding for Adult Protective Services out of 35 states surveyed, and is, according to a recent survey with 28 states, one of five states not receiving federal funding for Adult Protective Services (United States Government Accountability Office, 2011). The state receives funding from the non-federal sources (United States Government Accountability Office, 2011), and does not operate on an APS model. Instead, Connecticut has Protective Services for the Elderly, which is administered under Social Work Services in the Department of Social Services (Connecticut Department of Social Services, 2017).

Although definitions of criminal elder abuse vary by state (Center for Elders and the Courts, n.d.), law enforcement officers may be called to investigate cases of elder abuse, especially if another person is involved as a perpetrator of the abuse (Dubble, 2006). Approximately 31% of physical elder abuse cases, 16% of sexual elder abuse cases, and 7.9% of emotional elder abuse cases are reported to law enforcement in the United States (Acierno et al., 2010). A study assessing the prevalence of police department contact with community-dwelling elders in New Haven, Connecticut, found that 29% of the 2,321 cohort members had some form of police interaction over the

11 year span of the study (Lachs et al., 2004). In these interactions, older adults were most commonly victims of crime, including larceny, burglary, robbery, and assault (Lachs et al., 2004). Despite studies, such as this, showing that older adults have contact with law enforcement officers (Lachs et al., 2004), cases of elder abuse remain underreported to law enforcement (Tapp, Payne, & Strasser, 2015). As mandated reporters of abuse who interact with older adults in the community, law enforcement officers are in a unique position to detect abuse and intervene on behalf of victims, but may be missing necessary tools or training to effectively carry out this responsibility (Brown, Ahalt, Steinman, Kruger, & Williams, 2014).

Tools and interventions for detection and response to elder abuse

In a survey of law enforcement chiefs in California, Colorado, Alabama, and New York, 28 respondents shared they had some form of special programs for responding to elder abuse in their department, one of which was a "senior liaison" program (Payne, Berg, & Toussaint, 2001). In the senior liaison program, the chief reported that officers built relationships with older adults through office hours, senior center functions, and residential visits (Payne et al., 2001). The liaison officer would also implement senior-targeted programs, such as crime prevention programs at senior centers (Payne et al., 2001). These programs have demonstrated a reduction in fear of crime of participating older adults and an increase in self-reported cases of abuse once the individuals had an established relationship with the officer (Payne et al., 2001). Despite the results of these programs, more recent studies have shown that law enforcement officers and first responders still lack a systematic and universal approach to elder abuse detection (Kincaid & Fettgather, 2015; Nusbaum, Cheung, Cohen, Keca, & Mailey, 2006).

In California, a multidisciplinary team developed an app to aid law enforcement officers in responding to elder abuse. It consists of information on various warning signs of abuse, reference to penal codes, tips on working with individuals with limited cognitive ability as well as contact information for agencies where older adults can be referred (Moore, 2013). While this app is specific to California, it has the potential to be replicated and adapted for use in other states, given available resources.

The Eliciting Change in At-Risk Elders (ECARE) is an intervention program involving collaboration between a community-based elderly services provider and local law enforcement. The program goal is to help connect staff from the service provider with older adults who are suspected victims of abuse (Mariam, McClure, Robinson, & Yang, 2015). Additionally, a comprehensive elder abuse guide for law enforement has been developed to better inform law enforcement officers on elder abuse in the field (Stiegel, 2014).

However, this guide is not specific to each state, and is a lengthy manual which would require prior training for officers to refer to it in the field.

Police referral programs

An example of a successful community referral program utilized by law enforcement officers is the Lethality Assessment Program (LAP) (Virginia Department of Criminal Justice Services, 2013). The LAP is an eleven-question lethality-screening instrument used by officers when they suspect intimate partner violence. Outcomes associated with successful implementation of the LAP include decreases in injury, death, and utilization of law enforcement resources as victims gain access to needed services (Virginia Department of Criminal Justice Services, 2013).

Another community program is the Police Assisted Referral program. It was developed as an intervention tool for law enforcement officers encountering domestic violence in order to streamline coordination with one community agency, rather than having to call a group of agencies for assistance (Bartholomew, Singer, Gonzalez, & Walker, 2013). Similar to the LAP, the officer initiates a referral to a trained specialist on behalf of the family to connect them to appropriate resources and reduce future incidence. In this program, law enforcement officers collaborate with community agencies to reduce fragmentation in services available to the community (Bartholomew et al., 2013). This program has had a positive evaluation with enhanced community relations. Participants have expressed a desire for the program to continue, while the law enforcement officers have voiced satisfaction with being able to help people with their non-criminal problems (Bartholomew et al., 2013).

Barriers to elder abuse detection and response by law enforcement officers

Historically, police training has focused on mechanical aspects of policing, including criminal law, investigative procedures, and use of firearms and force (Birzer, 1999). More recently, law enforcement agencies have involved the community in efforts to decrease crime through community-oriented policing efforts (Gill, Weisburg, Telep, Vitter, & Bennett, 2014). With the rise of community-oriented policing, recommendations were made to increase officer training in communications, verbal de-escalation techniques, and cultural competency based on the community's demographics (Birzer, 1999). Police departments have begun to examine recruitment, selection, and training strategies in order to support community-oriented policing policies and diverse law enforcement departments (White & Escobar, 2008). Community-oriented policing has shown to increase community satisfaction with law enforcement, trust in law enforcement, and perceived effectiveness of law enforcement at preventing crime (Gill et al., 2014).

Law enforcement personnel are in a unique position to detect and respond to elderly victims of abuse and crime. However, officers report significant gaps in knowledge around the investigation and reporting of elder abuse (Tapp et al., 2015). This knowledge gap decreases the ability of officers to assess and respond to elder abuse, and leaves older adults with limited options when they are at risk of harm from perpetrators.

Victims' hesitation to report elder abuse to law enforcement officers might also undermine officers' ability to respond effectively. Victims might not want to see the abuser punished, as the abuser may be a family member or legally designated caregiver. Further, older adults are more hesitant to report abuse perpetrated by a family member out of fear of being placed in a long term care facility or losing caregiver support as their health and independence deteriorates (Ziminski Pickering & Rempusheski, 2014). It's important for officers to be familiar with the different roles and responsibilities of legally designated caregivers, especially if one intentionally fails to provide the older adult with basic needs and care for which they are legally responsible. Under the guide of caregiving, individuals can abuse their legal power and impose harm upon the older adult.

The Elder Abuse Suspicion Index

The Elder Abuse Suspicion Index (EASI)© was developed and validated for family physician use within the ambulatory clinical setting (Yaffe, Wolfson, Lithwick, & Weiss, 2008). Prior to the development of a validated instrument, the barriers to screening for elder abuse cited by physicians were similar to those cited by law enforcement officers. Physicians expressed uncertainty regarding reporting guidelines and what constitutes abuse (Jones, Veenstra, Seamon, & Krohmer, 1997; Krueger & Patterson, 1997; Taylor, Bachuwa, Evans, & Jackson-Johnson, 2006), lack of training on risk factors (Taylor et al., 2006), and lack of resources (Jones et al., 1997). The EASI©, consisting of six "yes" or "no" questions, is comprehensive, quick, and easy to administer (Yaffe et al., 2008). In the validation post-study survey, physicians were asked about their experience using the EASI©. Of respondents, 69.2% indicated the tool could be completed quickly and "97.2% of responding physicians felt the EASI© would have some or big practice impact" (Yaffe et al., 2008).

Compared to other elder abuse screening instruments (Pisani & Walsh, 2012), the EASI© has multiple benefits. In developing the EASI©, there was high consensus among multidisciplinary professionals on which questions to include in the instrument. The questions, which touch on all five forms of abuse, were easy to understand, and encouraged direct contact with the older adult rather than the caregiver. However, it is important to note that this tool has been validated for those scoring 24 or above on the

Mini Mental State Exam (MMSE) (Folstein, Folstein, & McHugh, 1975; Yaffe et al., 2008).

Law enforcement officers do not have access to tools, such as the EASI©, despite the potential fit for fieldwork. Given the similarity in cited barriers for both primary care physicians and law enforcement officers, a modified EASI© for use by law enforcement officers in the field may have merit. This project therefore aimed, in part, to explore the development of a modified EASI© tool for use by law enforcement officers in the field.

Theoretical framework

Early detection and intervention through screening may improve health outcomes (Wilson & Jungner, 1968). Public health models can aid with the prevention of elder abuse (Taylor, 2014). Primary prevention aims to prevent the onset of a disease or condition, thereby decreasing incidence (Aschengrau & Seage, 2007). If law enforcement officers are able to detect high-risk older adults with unmet needs and connect them with resources, new cases of elder abuse may be prevented. The goal of secondary prevention is to detect a disease or condition early to improve outcomes (Aschengrau & Seage, 2007). By asking elder abuse specific questions, officers in the field may detect cases of abuse earlier. Primary and secondary intervention on behalf of the victim may decrease long-term healthcare costs and adverse health outcomes associated with elder abuse. Lastly, tertiary prevention seeks to delay the onset of disability and complications (Aschengrau & Seage, 2007), for which elder abuse victims are at higher risk. Officers can refer elder abuse victims to community resources that can deliver ongoing social and medical support to improve their quality of life post abuse.

Research questions

Under the guidance of the Center for Elder Abuse Prevention at Jewish Senior Services of Fairfield County Connecticut (Jewish Senior Services, 2016), the objectives of this project were to answer the following questions: 1) How do law enforcement officers currently respond to elder abuse in the community and how familiar are they with these occurrences? 2) What limitations do law enforcement officers face when responding to elder abuse? 3) What characteristics do law enforcement officers value in an elder abuse detection tool?; and 4) Would a modified EASI© benefit the law enforcement community in detecting elder abuse?

Methods

Questionnaire development

Following a focused literature review, a questionnaire was developed for self-administration online in order to assess law enforcement officers' experiences with elder abuse in the communities they serve. Main domains of the questionnaire included assessing their 1) perceptions of elder abuse; 2) familiarity with types of abuse and caregivers; 3) barriers in detecting and responding to cases of elder abuse; 4) experience with, and preferences for, screening instruments; and 5) responses to three vignettes of elder abuse scenarios (Appendix 1). Vignettes were adapted from training materials presented by Age Well (Age Well, 2009) and the Wisconsin Coalition Against Domestic Violence (Brandl & Spangler, 2004). The vignettes were purposely vague and depicted various levels of abuse, risk factors, and warning signs that the officers may encounter in the community. Officers were asked to state their general impression of the scene, indicate whether they would screen for abuse, how they would screen, and identify any reasons they may be unsure if screening was needed.

The questionnaire was a combination of scaled and open-ended questions. The scaled response options included 1 = Yes, 2 = No and 3 = Not sure, in an effort to keep questions simple and quick to respond to. The open-ended questions helped identify potential areas of bias or misunderstanding in the scaled-item sections and were used to obtain more in-depth information regarding specific issues related to elder abuse, such as how officers currently respond to potential elder abuse situations. The questionnaire was pilot-tested with three police officers and a firefighter/paramedic to obtain feedback on wording and navigation, and to obtain suggestions for additional questions and areas of need. This led to the addition of questions addressing financial exploitation in cases where the elder is institutionalized, or has Alzheimer's disease or mental health concerns.

Surveys and interviews with law enforcement

Representatives from 118 Connecticut Police Departments, including 19 police departments that primarily serviced college campuses, were invited to participate in the study conducted between March and May 2016. A key informant with ties to the law enforcement community distributed the survey link to their network, and the contact official in each department distributed the link further within their department. We know 93 officers started the survey. However, because the survey could be shared with other law enforcement officers by recipients of the invitation e-mail, we do not know how many officers received the link.

We also conducted face-to-face interviews with two representatives from a rural police department, two from an urban police department, and with a domestic violence prevention advocate. In the interviews with law enforcement

officers, we pilot-tested the questionnaire, obtained feedback on the EASI©
instrument, addressed challenges faced by administrative leaders within the
police department, and discussed strategies to implement the resulting tool that
would benefit the departments. Notes taken from the interviews have been
incorporated into the results and discussion, as they influenced our under-
standing of police needs and attitudes in the community.

Data analysis

Descriptive statistics were calculated using Statistical Package for Social
Sciences (SPSS) software, version 22 (IMB Corp., 2013). For open-ended
questions, all responses were coded by two coders (EK and BL) using
principles of thematic analysis (Braun & Clarke, 2006). Specifically, each
coder individually coded all open-ended questions separately. One coder
(BL) then went through and created a document to compare the coding of
both individuals. For any places where there was disagreement, the two
coders discussed these issues until a consensus was reached. All agreed
upon coding was then compiled into a single document.

Ethical considerations

This study was determined to be exempt from review by the Yale University
Institutional Review Board as it was considered to be a quality improvement
project on behalf of Jewish Senior Services. Prior to starting the question-
naire, officers were briefed on the topic of the study and given the option to
proceed to the questions. Respondents were permitted to not respond to
questions and were not compensated for their participation.

Researchers obtained permission to utilize the EASI© in this study from
one of the instrument's creators, Dr. Mark J. Yaffe. Additionally, researchers
obtained permission to incorporate the Fairfield Department of Social
Services (DSS) Elder Outreach form into the modification of the EASI© for
law enforcement officers.

Results

Demographics

Of the 93 law enforcement officers who chose to proceed to the questions, 24
did not enter any data and were excluded from the analysis. This led to a
sample of 69 which is described in Table 1. Of those who responded, 89.80%
were Caucasian (n = 44/49), 73.47% (n = 36/49) were male, and 94.00%
(n = 47/50) had at least some college education or higher. The mean age of
participants was 43.67 (SD = 8.50; n = 49).

Table 1. Description of the sample.

Characteristic	Mean ± SD	n	%
Age (years) (N = 49)	43.67 ± 8.50		
Race (N = 49)			
Caucasian		44	89.80
Black/African American		2	4.08
Hispanic/Latino		1	2.04
Asian/Pacific Islander		1	2.04
Rather not state		1	2.04
Sex (N = 49)			
Male		36	73.47
Female		13	26.53
Education (N = 50)			
High school/GED		3	6.00
Some college		5	10.00
2-Year college degree		8	16.00
4-Year college degree		19	38.00
Master's degree		14	28.00
Doctoral degree		1	2.00
Years in Law Enforcement (N = 49)			
1 to 9 years		4	8.16
10 to 19 years		27	55.10
20 to 29 years		11	22.45
30 and above years		7	14.29
Personal Experience taking care of an elderly adult (N = 50)			
Yes		24	48.00
No		26	52.00

*Percentages may not sum to 100% due to rounding.

Responses to, and familiarity with, elder abuse among law enforcement

Elder abuse as a barrier and concern in the community

Of the officers, 95.65% (n = 66/69) reported they consider elder abuse when responding to calls involving older adults, 71.01% (n = 49/69) have encountered it in the community they serve in, and 62.32% (n = 43/69) believe elder abuse is a concern in the community they serve. Despite such concerns, 89.86% (n = 62/69) of officers stated that their department had no screening form specifically for elder abuse. There were no statistically significant differences in these findings when analyzed for officer age or years of experience.

Familiarity with caregiving

In terms of caregiving, 85.51% (n = 59/69) of officers reported familiarity with the role and responsibilities of a Power of Attorney (POA), 66.18% (n = 45/68) with the role and responsibilities of a Conservator, and 47.83% (n = 33/69) with the role and responsibilities of a Healthcare Representative. No statistically significant differences in responses were found by age or years of experience.

Familiarity and confidence screening for elder abuse

As summarized in Figure 1, officers were, in decreasing order, most familiar with physical abuse (84.13%, n = 53/63), neglect (80.95%, n = 51/63), financial
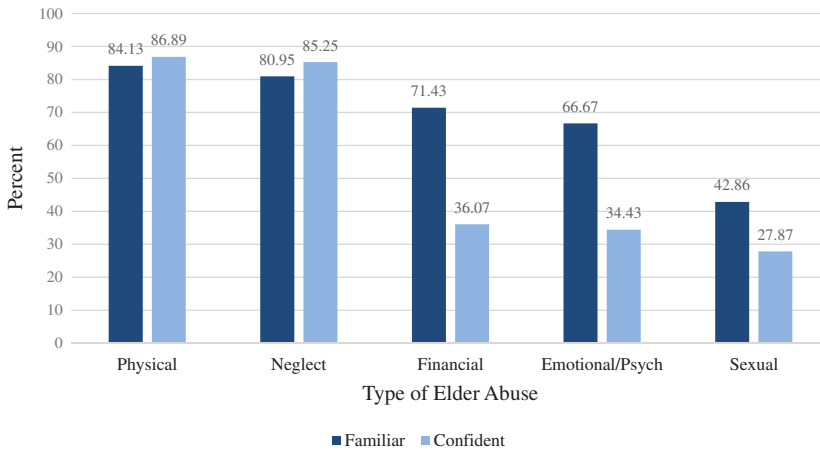
Figure 1. Percent reporting familiarity and confidence with screening for different types of abuse*.
*N = 63 for familiar and N = 61 for confident, which is likely why the percentage of those reporting confidence with abuse is higher than those who are familiar with the type of abuse in some instance

exploitation (71.43%, n = 45/63), emotional/psychological abuse (66.67%, n = 42/63), and sexual abuse (42.86%, n = 27/63). Officers' confidence levels in detecting different types of abuse paralleled their familiarity with these entities. They were most confident in their ability to detect physical abuse (86.89%, n = 53/61), and neglect (85.25%, n = 52/61), but were less confident with financial exploitation (36.07%, n = 22/61), emotional/psychological abuse (34.43%, n = 21/61), and sexual abuse (27.87%, n = 17/61).

Responding to elder abuse

When provided with open-ended questions asking what signs they looked for when determining if elder abuse has occurred, officers reported considering several domains, including the state of the elder and of his/her residence. More specifically officers reported that they primarily looked at the physical ("bruises," "cuts," "multiple injuries," "signs of physical abuse," or "soiled clothing") and emotional ("mental status," "fear or despondence," or "behavioral queues that might indicate fear") state of the elder. They also assessed the living conditions of the elder, including general living conditions ("condition of the residence" or "cleanliness of the home"), the availability of food ("food in fridge," or "no food"), and the status of medications for the elder ("if meds are up to date"). Finally, officers investigated these cases by taking statements from a variety of people in order to assess for factors or behaviors that might suggest the presence of elder abuse ("talking to family and friends," "victim complaints," or "statements made by elder and/or others").

When officers were asked in an open-ended question how they would respond to a suspected case, several potential responses emerged. One was by

personally investigating or getting input from an officer or special unit that "specializes in crimes against the elderly." Many officers stated that they made sure to report suspected abuse to appropriate agencies, such as a "hotline" or "state departments of social services or aging." Officers also reported contacting family members for potential help with the elder.

When officers were asked what they would do if they knew the elder in question had dementia, such as Alzheimer's, or another mental illness, they reported conducting their usual assessments and referring to local social services, but additionally might involve family, friends, or a power of attorney ("generally would rely on the family members or health care aide for assistance"), and to involve hospital services ("attempt to gain information from family and/or medical professionals treating the elder, if relevant. Look for evident visible signs of physical abuse. Attempt to obtain medical history and treatment history"). In terms of contacting family and friends, some officers specifically discussed the need to make sure you were contacting those that were not the abuser ("attempt to contact a non involved family member for assistance" or "contact next of kin if they are not the abuser").

When asked what they would do if an elder was suspected to be a victim of a financial scam, investigation and the notification of agencies, such as the FTC, were considered important. Additionally, many of these cases were forwarded to a special unit, such as a "fraud specialist" or "fraud unit." In addition, educating the elder for future prevention was key to officers when dealing with financial scams ("explain everything to them in simple terms, try and assist them the best I can and educate them to prevent additional scams"). Further, officers were likely to involve family or power of attorneys, though did not mention a protocol to rule out whether the family was perpetrating the abuse.

Vignettes

In the first vignette (Appendix 1), Kathryn called law enforcement to express her concern about her friend, Tara. Tara, 79, had recently moved in with her daughter and son-in-law. Kathryn believed that the two of them were not taking good care of Tara, who seemed depressed, and was often left alone when they went out. For the full vignette, please see Appendix 1. In this vignette, 69.81% (n = 37/53) of officers would screen for elder abuse, 15.09% (n = 8/53) would not screen, and 15.09% (n = 8/53) were not sure. Most commonly, officers believed that this was likely a case of neglect, while several others highlighted potential broad mistreatment, meaning the individual could be experiencing abuse, but a specific type was not specified. Officers believed that investigation, including interviews with those involved, was needed. Officers also highlighted the importance of services for the elder, including social services and senior centers. Officers would either refer the elder directly to services or would

provide the elder with information regarding what services were available to them. When asked how they would screen for elder abuse, officers commonly reported referring these cases to social services, protective services, the Department of Aging, or medical services. Officers again mentioned the need to investigate the case before making a determination that elder abuse had occurred, which often included interviewing those involved. Several officers said they were unsure whether they would screen out of concern that a third-party complaint was being made.

In the second vignette (Appendix 1), a forgetful widower with a history of domestic disturbance calls was found wandering outside. His son, who had recently lost his job, had moved in to care for his father. In considering this vignette, 69.23% (n = 36/52) of officers indicated they would screen for elder abuse, 17.31% (n = 9/52) would not, and 13.46% (n = 7/52) were not sure. The officers reported being concerned that the subject may be experiencing potential mental health issues or dementia. They also suspected that neglect might be occurring. Those who did not state that neglect might be occurring highlighted the situation may be potentially abusive or dangerous generally, without stating a specific type of abuse. Additionally, officers reported concerns that the man's son might not be a suitable caretaker for several reasons, including issues stemming from his history of domestic violence. They again highlighted the need for investigation and interviews. For those officers who would not screen, the majority said they believed there was no evidence of wrongdoing.

In the third vignette (Appendix I), Rose provided live-in care for her father at his home. She prided herself on providing good care to him and saw it as an act of love. Rose answered the phone, monitored his calls, and controlled his social interactions. The father's friends, who have not been able to reach him due to Rose's control of the telephone calls, have placed a concerned call to law enforcement. In this vignette, 75.00% (n = 36/48) of officers said they would screen for elder abuse, 12.50% (n = 6/48) would not screen, and 12.50% (n = 6/48) were not sure. Officers stated that several types of abuse could be occurring, including neglect, emotional abuse, and financial abuse. However, not all officers stated that a specific type of abuse or neglect was occurring, but stated broadly that abuse could be occurring. Officers most commonly reported that the daughter's controlling nature was a great concern. They again highlighted the need to investigate, interview, refer the individual to services, such as social services, and educate those involved. When asked how they would screen, interviews and investigation were deemed most important, followed by involving social services and protective services. When asked why they might not screen, officers highlighted that they may need more information before doing so.
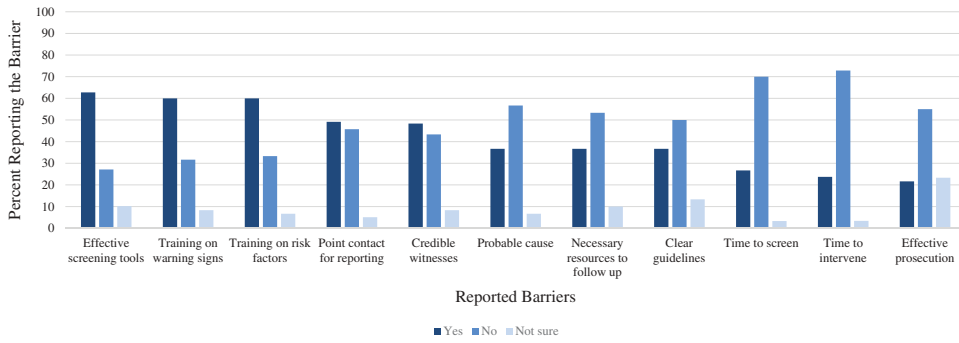
Figure 2. Endorsement of barriers by law enforcement officers*.
*N = 60 for clear guidelines, time to screen, training on risk factors, training on warning signs, credible witnesses, probable cause, effective prosecution, and necessary resources to follow-up
N = 59 for time to intervene, effective screening tools, and point contact for reporting

Barriers in detecting and responding to elder abuse

Figure 2 summarizes the barriers to detecting and responding to elder abuse that officers reported. In decreasing frequency they included lack of effective screening instruments (62.71%, n = 37/59), lack of training on risk factors (60.00%, n = 36/60), lack of training on warning signs (60.00%, n = 36/60), lack of time to screen (26.67%, n = 16/60), and lack of time to intervene (23.73%, n = 14/59). Additionally, 23.33% of officers (n = 14/60) were unsure if effective prosecution was a barrier. When asked which factor was most important to them, officers cited additional training ("training on risk factors" or "training on warning signs. There is little training available on elder abuse and warning signs") and follow-up resources ("necessary resources to follow-up" and "ability to refer to a specialist").

When officers were asked about additional needs not included in the study questionnaire, they identified the need for additional resources and tools, the innate vulnerability of the population, and "education on what constitutes 'elder abuse.'" In terms of assistance, officers explained that when responding to reports of elder abuse at nursing facilities, the investigation is contingent on cooperation from staff, including their willingness to release schedules, videos, and names. In cases where cooperation was limited, victim support and the search for probable cause suffered. Officers believed that the innate vulnerability of the population led to older adults becoming victims, particularly due to their age, isolation, and physical and mental limitations. Officers were concerned about protecting vulnerable older adults from future abuse.

Characteristics valued in an elder abuse detection tool

Response to screening tools

In terms of screening tools, 87.10% (n = 54/62) of officers reported working for an agency that participated in the Lethality Assessment Program (LAP), and 90.74% (n = 49/54) agreed the LAP form was easy to use. Officers liked that the LAP assessment enabled them to refer victims to services, provided immediate and definitive assistance to the victim, and helped the victim understand his/her situation as abuse ("I like that the risk assessment is evidence-based. Also, it is a persuasive tool that can get the victim's attention"). Criticisms of the instrument included its limited scope ("limited to only intimate partner relationships"), victim hesitation to participate in the screening and follow-up ("sometimes victims do not want to answer in the moment"), and wording around specific questions ("'choke' should be replaced by 'strangle'").

Some officers reported previous experience with the Crisis Intervention Team (CIT) and Department of Children and Families (DCF) forms. When asked about forms in general, officers stated the elements they valued most were clear instructions, ease of use ("simple to use and explain to the victim"), and information on additional resources ("I like the ability to immediately contact a counselor").

Response to the Elder Abuse Suspicion Index©

Overall, support for the use of the EASI© among law enforcement officers was positive. When presented with the published version of the EASI©, 93.88% (n = 46/49) of our sample agreed that it looked easy to use, 83.67% (n = 41/49) said it did not look time consuming to the extent that it would interfere with other police duties, and 79.59% (n = 39/49) reported they could see themselves using the tool in the field.

In the open-ended questions, officers stated the instrument appeared organized, had good questions ("wide array of questions, worded so that victim can understand the question"), and would help them obtain important information in the field ("these questions may not be asked without it"). Officers stated that a detection instrument would benefit the law enforcement community ("It is quick and to the point. Good to have this info and indicators. It would be a good tool for law enforcement to use on scene or during an investigation"). Criticisms included concerns regarding subsequent steps after administration, primarily regarding where the form would go and who would follow-up. One officer said:

> "I like that it is a concrete guideline for officers to use. Obviously in some cases we may get an officer that may mishandle a call and not do a thorough investigation. This would ensure that at least the basic questions were asked to try and identify elder abuse. What would be the recourse for an officer if elder abuse was suspected,

but not to the level of a criminal violation? Like I have said we would get Social Services involved either on a local or State level."

Officers believed the use of the EASI© instrument could be supplemented. For example, five officers believed that contact information for elder resources ("contact information for Social Services, Protective Services, etc…similar to the LAP") should be included. Adding clear instructions ("follow-up directions for what an officer shall do following completing this form") was suggested by three officers. Four officers suggested adding additional questions, including on home safety, past history, and socialization. Finally, two officers stated that it would be beneficial to add room for the officer's notes and observations. One critique of the instrument centered on wording and what constitutes elder abuse from a law enforcement perspective ("For example being shamed and threatened shouldn't be in the same question. One is criminal (threatening), the other is not").

Development of the EASI-leo and needs assessment

Based on the results of our surveys and interviews, the *Elder Abuse Suspicion Index and Needs Assessment for Law Enforcement Officers* (EASI-leo) was developed (Figure 3). At the core of this instrument for law enforcement is the EASI© assessment utilized by primary care medicine (Yaffe et al., 2008). An answer of "yes" to one or more of the central questions indicates suspicion of elder abuse. Officer feedback was incorporated through the separation of multipart questions, inclusion of checkboxes, and addition of clear instructions for use of the instrument for law enforcement officers.

To assess additional needs the older adult may be experiencing, the Fairfield Department of Social Services' (DSS) Elder Outreach form was incorporated into the instrument. Officer feedback was incorporated through the addition of questions on social isolation, home safety, and a section for notes (Figure 4). An additional question was added on how the older adult can access emergency services when needed. Lastly, phone numbers for state and local agencies were added. The EASI-leo was then presented to a group of services professionals for the aging population for feedback. The instrument can be obtained in full from the corresponding author.

Discussion

Current responses to, and familiarity with, elder abuse among law enforcement

Law enforcement officers differed on whether they would look for elder abuse on calls involving older adults, and what features of the situation they would consider in doing so. Officers were most familiar with the

◆ *This instrument should be administered to older adults who are cognitively intact.*		
Is cognition of the older adult in question?	☐ Yes ☐ No ☐ Do Not Know → *Perform CIT*	

◆ *The following question indicates potential vulnerability of the older adult.*

Within the last 12 months: (Check all that apply)

1. Have you relied on people for any of the following? ☐ No ☐ Did Not Ans.
☐ Bathing   ☐ Banking
☐ Dressing   ☐ Meals
☐ Shopping   ☐ Other →

◆ *A finding of "yes" to one or more of the following questions should raise your suspicion of elder abuse.*

2. Has anyone you prevented you from getting any of the following? ☐ Yes ☐ No ☐ Did Not Ans.
☐ Food   ☐ Hearing aids
☐ Clothes   ☐ Medical care
☐ Medication   ☐ Other →

3. Has anyone prevented you from being with the people you want to be with? ☐ No ☐ Did Not Ans.
☐ Yes → Name(s): _____

4. Have you been upset because someone talked to you in a way that made you: ☐ Yes ☐ No ☐ Did Not Ans.
☐ Feel ashamed/bad about yourself   ☐ Feel threatened or afraid

5. Has anyone:
Forced you to sign papers? ☐ Yes ☐ No ☐ Did Not Ans.
Forced you to use your money against your will? ☐ Yes ☐ No ☐ Did Not Ans.

6. Has anyone:
Touched you in a way(s) that you did not want? ☐ Yes ☐ No ☐ Did Not Ans.
Hurt you physically? ☐ Yes ☐ No ☐ Did Not Ans.

7. **Officer:** Elder abuse may be associated with findings such as:
Poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing or medication compliance issues. Do you notice any of these today? (Circle all that apply)
*The officer may trigger the protocol referral, if not already triggered above, as a result of the victim's response to the above questions, appearance, environment, or whenever the officer believes the victim is in a **potentially abusive or neglectful situation**.*

Figure 3. Modifications to the Elder Abuse Suspicion Index©.

◆ *The following questions address additional __NEEDS__ the older adult may be experiencing.*		
Do you have anyone to talk to outside of your caregiver?	☐ Yes ☐ No	☐ Unable to Determine
Do you feel safe in your current residence?	☐ Yes ☐ No	☐ Unable to Determine
Do you need additional assistance or services? (Check all that apply)	☐ Yes ☐ No	☐ Unable to Determine

☐ Health ☐ Transportation ☐ Finance   ☐ Nutrition
☐ Safety ☐ Companionship ☐ Mental Status ☐ Home Maintenance

When in need, how can you contact emergency personnel?
☐ Knows 911 ☐ Life Line ☐ Life Alert ☐ PERS ☐ Phone ☐ Other → _____ ☐ Unable to Contact

Notes:

Figure 4. Assessment of additional needs.

concepts of physical abuse and neglect, but admitted weakness in detecting financial, psychological, and sexual abuse. The confidence that officers report with physical abuse and neglect could stem from their training in domestic violence and child abuse, which allows them to identify similar patterns in elder abuse. However, it is possible that officers are receiving very minimal elder abuse specific training on warning signs and risk factors, and this issue needs to be addressed by police academies and departments in the US. While officers with longevity on the force may not have received formal training and education on elder abuse, they may have had more exposure to elder abuse cases or more experience in taking care of an elder than their younger counterparts. These experiences may have increased the officers' confidence in detecting and reporting cases of elder abuse.

Officers may not be interested in thoroughly investigating elder abuse, but need to fulfill their reporting duty. Responses to the vignettes provided evidence that some officers see elder abuse as solely a social problem, rather than one with criminal components. This is suggested by comments stating the privacy of the family versus the need to intervene should be considered, or that the act under review is normal for families dealing with aging parents. Such a mindset is important to consider, as it will determine the extent to which the officer will investigate, ask follow-up questions, and search for evidence in cases of criminal elder abuse, including financial, sexual, or physical abuse. However, there are potential benefits to officers seeing some elder abuse as a social problem, as it can sensitize them to the broad continuum of etiologies to elder abuse, and to the equally wide approaches that may be taken to respond to the abuse that take into account the needs of both victims and perpetrators. Finally, it's important to note that officers differentiated between different types of abuse, i.e. threatening and shaming. This may be reflective of a common problem in elder abuse work — that each discipline brings its own vocabulary and biases into the detection process (Yaffe, Wolfson, & Lithwick, 2009). Elder abuse is a problem that has both social and legal implications. The suggestion to separate words such as threatening and shaming may seem logical to the officers, but risks fragmenting detection because one behaves according to ones discipline biases. Although we took officers suggestions into consideration, we ultimately kept the original structure of the EASI and did not remove any questions or phrases.

Barriers in detecting and responding to elder abuse

This study supports findings in the literature on barriers to officers responding to elder abuse cases (Tapp et al., 2015), with officers reporting a need for training and resources for the elderly among the barriers they face. Interestingly, though research has shown that victims' reluctance to talk with officers represents an obstacle (Acierno et al., 2010; Ziminski Pickering & Rempusheski, 2014), officers in this study did not identify this as a major barrier, although some did mention it in other parts of the survey. Perhaps most critically, the lack of an effective detection instrument was identified as the most common barrier to a systematic approach to possible elder abuse cases.

Using the EASI-leo to address elder abuse

Given that officers identified the need for a screening instrument for elder abuse, and that the EASI© was well-received by them, because it possessed qualities that many value in an elder abuse detection tool, we used their

feedback to create the EASI-leo for use by the law enforcement community. Importantly, the EASI-leo provides standardized questions on a variety of abuse types. The questionnaire was structured to resemble the LAP already utilized by the local law enforcement agencies and domestic violence advocates. The visual familiarity allows for easier integration into protocols for officers. The EASI-leo allows officers to better assess for elder abuse by providing them with a starting point for questioning. In identifying potential abuse or additional needs the elder may be having, the officer can refer the older adult to the organization that will best meet their immediate need.

Officers wanted a specific, predetermined sign that "triggers" using the EASI-leo. Senior officers argued that a trigger would help them hold junior officers accountable to administer the index. However, identifying a trigger presented numerous challenges. First and foremost, a "trigger" risks the possibility that cases of elder abuse will remain undetected if they did not have the predetermined trigger. Conversely, if the EASI-leo is to be administered to every older adult an officer encounters, the possibility of many false positives increases. This could result in increased stress due to unnecessary investigations, and potential for the instrument to be seen as police overreach, especially in communities where relationships with law enforcement are strained. Ultimately, underlying the need for a trigger maybe the need for better training about the broad manifestation of elder abuse and about the role that knowledge of risk factors may play.

Some officers identified a lack of knowledge about services available to the elderly. To address such concerns the Fairfield Department of Social Services and Elder Outreach (DSS) form was incorporated into the EASI-leo. The DSS referral form provides the follow-up social worker with more information about the older adult's condition and additional needs, which might not have been captured previously. If an older adult does not meet the criteria for suspicion of abuse, but has unmet needs, officers can forward the form to the local department of social services to obtain further follow-up and assistance for the person.

Law enforcement and social services have previously had successful partnerships aimed at decreasing violence and improving community relations (Bartholomew et al., 2013). Involving social services in a referral partnership can further increase the probability that older adults get the services they need, especially in cases were prosecution is less likely or unwanted by the victim. Through the DSS, older adults can be connected to programs and services in the areas of health, safety, transportation, companionship, finance, mental status, nutrition, and home maintenance. In addressing these needs, older adults may be able to get the help and services they need to remain independent for longer, which could prevent abusive situations.

Addressing elder abuse outside of assessment

To tackle detection of elder abuse effectively, elder abuse identification will need to be a priority for public safety agencies. In our interviews, officers informed us that they called emergency medical services (EMS) for medical evaluations when elder abuse was suspected, and that they accompany the ambulance on some calls concerning older adults. Officers in urban areas reported that the fire department was more likely to be dispatched to older adults who have fallen and needed assistance getting up. Therefore, law enforcement, EMS, and fire departments are all exposed to elder abuse in different ways. Unlike physicians working in a hospital setting, public safety personnel gain entrance into a person's residence and have potential to obtain perspectives that others cannot get (Cannell, Jetelina, Zavadsky, & Gonzalez, 2016; Rosen, Hargarten, Flomenbaum, & Platts-Mills, 2016). Given this unique ability to enter the home, detection of elder abuse is starting to become a priority for public service agencies.

Law enforcement departments need more institutional support. Twenty-one states currently have elder abuse registries, but Connecticut is not one of them (Teaster, 2006). Numerous officers mentioned the lack of urgency when addressing elder abuse or the reality of not being aware of the resources available to them and to older adults. Unlike domestic violence and child abuse which get immediate attention and assistance, elder abuse calls do not receive a similar level of attention or urgency. Officers expressed constant frustration with the reporting process and variations in response times from the appropriate agencies. To alleviate potential de-motivation resulting from frustration with reporting mechanisms, officers could benefit from training aimed at understanding the spectrum of elder abuse with its varying urgency and severity, and the roles other organization play in responding to reports of abuse. Training on screening, warning signs, and risk factors should also be extended to other public safety agencies to promote collaboration and care for older adults.

The growing population of older adults with dementia is at a particularly high risk for neglect, verbal, and physical abuse (Cooney, Howard, & Lawlor, 2006). Officers may encounter caregivers who are abusive or neglectful despite their legal responsibility to the older adult. This is problematic as officers may not know what signs to look for, especially if the caregiver has Power of Attorney, is the conservator, or is the health care representative for the older adult. As such, future research should address this population.

Limitations

This study was limited both in sample size and response rate. We limited the sample to law enforcement officers in Connecticut, which may not be generalizable to other states due to varying resources and needs. It is important to note

that 93 officers started the survey, but participation declined throughout the questionnaire. The length of the questionnaire and effort required (approximately 30 minutes to an hour to complete) led to some early termination. Since demographic information was the last thing we asked in the questionnaire, we only obtained this data for approximately two-thirds of the respondents. In an attempt to gather honest responses, we did not ask questions that identified officers to a specific department in the state. As a result, we do not have any information on whether the officers who responded are representative of law enforcement in the jurisdictions they represent or the demographics of the communities they serve.

Also, the majority of officers in the sample were well-educated and experienced Caucasian males, which may have influenced their perceptions of elder abuse as a community problem, the role officers can play in responding to cases of abuse, and community acceptance of law enforcement interactions. An analysis of publically available 2013 Law Enforcement Management and Administrative Statistics (LEMAS) data (United States Department of Justice–Office of Justice Programs - Bureau of Justice Statistics, 2013) was conducted. We found that in Connecticut, 79.89% (n = 4,136/5,177) of law enforcement officers identified as white, 8.42% (n = 436/5,177) identified as black, 9.97% (n = 516/5,177) identified as Hispanic and less than 1.00% identified as Indian (n = 4/5,177), Asian (n = 30/5,177), Hawaiian (n = 5/5,177) or multi-racial (n = 4/5,177). Approximately 91.27% (n = 4,735/5,188) of officers in Connecticut were male and 8.73% (n = 453/5,188) were female. Data on age was not publicly available (United States Department of Justice - Office of Justice Programs - Bureau of Justice Statistics, 2013). Though our sample is similar to that of the entirety of Connecticut, differences of note, include that our sample had a larger number of individuals who identified as Caucasian, a smaller number of individuals who identified as Hispanic or Latino, and a higher number of female officers, than those officers in all of Connecticut.

A final limitation of our approach is that we did not speak with older adults, who may have been able to shed light on their interactions with law enforcement, hesitations in reporting mistreatment, and ability to recognize abuse as it is happening. However, Yaffe and colleagues (2012) did obtain feedback from older adults on EASI© administration, and found that older adults had positive perceptions of the instrument and its administration. Additionally, a modified version of EASI© (EASI-sa), for older adults self-administration in physician waiting rooms, has been shown to increase seniors' understanding and awareness of elder abuse (Yaffe et al., 2012). Hence, it can be inferred that law enforcement officers using the tool might experience a similar outcome.

Conclusion

The EASI-leo has the potential to provide an appropriate and easy detection tool for law enforcement officers to use in cases of suspected elder abuse. As the population continues to age, law enforcement officers will have increased interactions with elderly. As mandatory reporters of abuse, officers need to be trained and well equipped to identify cases of suspected abuse in a timely and efficient manner. The EASI-leo has been well received by officers who had a voice in shaping the instrument. This instrument meets the need for a detection tool that is easy, fast, and fit for field use by law enforcement officers. More directly, it has the potential to serve as a resource for officers, ensuing that at least basic questions regarding different types of elder abuse are asked and the older adult is being referred to the agency that can best serve their needs. The feasibility of tool utilization and validation of the tool content are the next logical steps. Since officers do not have a detection instrument for elder abuse, we lack a "gold standard" to compare the EASI-leo. However, efforts to validate and pilot test the EASI-leo are underway. It has been presented to community organizations in Connecticut and Tennessee, regional elder abuse shelters, and patrol officers in nearby jurisdictions – all of which have agreed to partake in pilot testing and data collection.

Further, future work is needed to pilot test the EASI-leo in a community setting, to increase training for the law enforcement officers on warning signs and risk factors specific to elder abuse, and to increase institutional and collaborative support for officers in the field.

Declaration of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the article.

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Appendix 1

For each of the following vignettes officers were asked questions regarding: 1) their general impression of the scene, 2) whether they would screen for elder abuse in this scenario, and 3) whether they would refer the case to another agency. If officers responded being unsure of elder abuse, they were asked the reason for being unsure.

Vignette 1

You were called by Kathryn. Kathryn reports she is worried about her friend Tara, 79, and wants you to do a wellness check. She tells you Tara appears to be depressed lately. She tells you that due to declining health, Tara's daughter obtained Power of Attorney over Tara and moved Tara in with her and her husband 2 years ago. Kathryn is concerned Tara's daughter is often too busy to make her lunch, or take her shopping for new clothes or personal items. She also reports that quite often Tara's daughter and son-in-law go out for dinner not leaving Tara much to eat, maybe some leftovers. Tara is embarrassed and hurt that her daughter is treating her like this but doesn't want to make a fuss.

Vignette 2

Thomas, age 76, is a widower. He is confused and forgetful. You have found him wandering the streets twice already. His 45-year-old son, Richard, has returned home after losing his job in order to care for his father. Records of Thomas's address reveal a history of multiple domestic disturbance calls at his home years ago, indicating Thomas was abusive throughout his long marriage with his wife.

Vignette 3

Rose lives with her dad, 82, and takes great pride in being able to look after him. She answers the phone, monitors his calls, and controls whom he sees and where he goes. She says "but dad you don't need anyone else, you've got me, I'll always look after you. I love you, you know that." Some of his friends have tried calling him on multiple occasions, but the daughter would not let them speak to him saying that he's too tired. They tell you this and ask that you to do a wellness check.