Choice Research Associates
What gets measured gets done.

Network for Victim Recovery of DC (NVRDC)

District's Collaborative Training & Response to Older Victims (DC TROV) Community and DC Service Providers and Allied Professionals Needs Assessment

Final Report

September 2018

***

By

Shawn M. Flower, Ph.D.
Principal Researcher
and
Charys R.O. Smith
NVRDC TROV Intern & CRA Research Assistant

***

This report was funded by the District of Columbia Office of Victim Services and Justice Grants. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the District of Columbia Office of Victim Services and Justice Grants, Network for Victim Recovery of DC or District's Collaborative Training & Response to Older Victims.

Points of view or opinions contained within this document are those of the authors. All errors are our own.

P.O. Box 322 ♦ Greenbelt, MD 20768-0322 ♦ Tel: 301-552-9567
www.choiceresearchassoc.com

Table of Contents

Executive Summary iii
Overview 1
Methodology 1
Results 1
Community Survey 1
Participants 2
Awareness of Elder Abuse Services 4
Awareness of Services 4
Helpful Services 4
Useful Information 6
Personal Experiences of Abuse 7
Number, Type and Roles of Abusers 7
Reporting Abuse/Services Accessed 9
Experiences of Other Seniors 12
Service Provider Survey 13
Participants 13
Helpful Services for Older Individuals 15
Obstacles for Providing Services 18
Supports Most Helpful for Organization to Respond to Needs 19
Experience with Elder Abuse – Knowledge, Training and Reporting 20
Knowledge 21
Training 22
Reporting Experience 22
Recommendations, Limitations, and Conclusion 24
Recommendations 24
Data Collection 24
Survey Findings 24
Limitations and Conclusion 25
Appendix A: Survey Methodology 26
Elder Experience Survey Planning 26
Implementation 26
Community Survey 26
Provider Survey 28
Data Collection Successes 28
Data Collection Challenges 29
Suggestions for Future Research 29
Template Email Survey Request 31
Resource Pamphlet Handout 32
Appendix B: Community Survey 34
Appendix C: Service Provider Survey 38

Table of Tables

Table 1: Community Survey Demographics N=116 2
Table 2: Satisfaction with Services, N=34 10
Table 3: Community: Most and Least Helpful Agencies After Abuse Report, and Why 11
Table 4: Service Provider Survey Descriptives N=43 14
Table 5: Most Helpful Services Overall and Top 3 Ranked N=43 15
Table 6: Obstacles to Providing Services Overall and Top 3 Ranked N=43 19
Table 7: Most Helpful Supports to Providers, Overall and Top 3 Ranked N=43 20
Table 8: Organizational Experience with Elder Abuse N=43 20
Table 9: Individual and Organizational Knowledge N=43 21
Table 10: Providers: Most and Least Helpful Agencies After Abuse Report, and Why 23
Table 11: Community Survey Data Collection by Location N=104 28

Table of Figures

Figure 1: Respondents by Ward N=88 3
Figure 2: Aware of Services for Elder Abuse Victims N=116 4
Figure 3: Useful Information for Older Victims N=116 6
Figure 4: Among Abused, Number of Types, N=34 8
Figure 5: Types of Abuse Experienced, N=116 8
Figure 6: Abuser Roles, N=29 8
Figure 7: Reported Abuse N=34 9
Figure 8: Know Elder Victims by Number of Types of Victimization, N=32 12
Figure 9: Know Elder Victims, Types of Abuse Experienced, N=32 12
Figure 10: Who Did You Report Abuse? N=20 22

Executive Summary

Choice Research Associates (CRA) began working on this project in April 2018. The purpose of the project is to update the findings of the 2014/2015 District's Collaborative Training & Response to Older Victims (DC TROV) Community and DC Service Providers and Allied Professionals needs assessment. This report provides the results of the community and provider needs assessment surveys from data collected over the summer of 2018.

Community Survey

The community survey focused on awareness of services for seniors who are being hurt or controlled by a partner, caregiver, or family member; their personal abuse experience and helpfulness for services accessed; knowledge of other elder experiences with abuse, and participant demographics. A total of 116 community members participated in the survey.

The majority of the community survey respondents were women (80%), Black (74%), and over 50 years old (71%). Participants were on average 57 years old (ranging from 19 to 94) and more than half were retired (54%). While a fifth (21%) had a high school degree, a third (33%) had at least a few years in college or an associate's degree (33%), with the remaining having a bachelor's or graduate degree. In terms of income, 25% were below the federal poverty level of $12,140, while 21% report incomes of $75,000 or more. More than a quarter (26%) lived in Ward 4, and a fifth (21%) were from Ward 8. Wards 2 and 6 are under-represented – with only 6% and 3% of respondents, respectively, from those wards.

Overall, this needs assessment found that more than half of the community members were aware of key service (24-hour hotline, legal help, and safe/emergency shelter), but less than half knew of other key services. In addition, a number of respondents suggested counseling, peer support groups, and transportation would be helpful. Community respondents also overwhelmingly called for information for victims on what happens when they ask for help from a mandated (e.g., someone who is required to report any abuse situation such as police, APS or social worker) vs. non-mandated reporter (community based sexual assault advocate, clergy or attorney). A substantial number of community members also requested more information on victims' rights, protective orders, and legal assistance, and housing.

In terms of reporting personal experiences of abuse by a partner, family member, and/or caregiver 34 (or 29%) reported at least 1 experience of abuse over their lifetime. Among the 34 abused they reported between 1 and 5 types of abuse over their life span, with an average of 2.85 different types of abuse.

Specifically, among these 34 respondents:

- 22 (19%) experienced financial abuse
- 22 (19%) experienced physical abuse;
- 18 (16%) experienced sexual abuse;
- 8 (7%) have been denied food, water, medicine and/or medical care; and
- 25 (22%) have experienced fear of their partner, family member and/or caregiver.

Respondents also identified the role that abusers played in their lives and among the 29 they most often they identify partners (13 of 29 or 45%) and other relatives (19 of 29 66%) as the most frequent abuser. They said they experienced abuse from between 1 to 4 abusers, with an average of 1.58 abusers over their lifetime.

Community members also reported if they knew of anyone who was 50 years old or older who has ever been abused by a partner, family member and/or caregiver. Overall, 27% (32 of 116 respondents) knew of one or more abused elders who had suffered 1 to 5 types of victimization, with an average of 2.68 types of victimizations.

These 32 respondents reported they knew one or more persons 50 or older who had:

- 18 (56%) experienced financial abuse
- 19 (59%) experienced physical abuse;
- 12 (38%) experienced sexual abuse;
- 14 (44%) had been denied food, water, medicine and/or medical care; and
- 23 (72%) had experienced fear of their partner, family member and/or caregiver.

Provider Survey

The provider survey asked providers to rank the top 3 services that would be most helpful to senior victims of abuse and whether seniors lacked information on where to receive services following a victimization, and what information did the provider think was important to convey. Respondents reported their degree of knowledge of key statements, and then to assess organization staff overall on the same statements and organizational actions related to identification and education of elder abuse through screening and displays/information on elder abuse in their facility. Similar to community survey, providers reported their experience with reporting abuse, and organizational descriptors.

Most of the organizations that responded to the survey had an organizational focus on victim services (19 of 35 or 54%) and legal services (11 of 35 or 31%). While 25 of the 35 organizations indicated a single focus area, 9 listed 2 areas and 1 listed 3. Among the 7 who listed an "Other" focus – these ranged from victim compensation and consumer protection to mental health, advocacy and policy and grant making.

Key findings from the provider survey indicate that it

- Training Topics:
    - Explore the topic of expanding knowledge about “who to make referrals and kinds of available services” as a high priority training topic;
    - With less than 60% indicating staff are familiar with vulnerable adult laws and the process of reporting abuse, consider additional this as a recurring training topic and/or explore creating an online tool that can be used as part of in-service or refresher training for organization staff.
- Campaign to increase displays/information in facilities that serve elder population;
- Provide additional networking and collaboration opportunities for provider agencies; and
- Seek stronger outreach efforts in the community.

Overview

Choice Research Associates (CRA) began working on this project in April 2018. The purpose of the project is to update the findings of the 2014/2015 District's Collaborative Training & Response to Older Victims (DC TROV) Community and DC Service Providers and Allied Professionals needs assessment. This report provides the results of the community and provider needs assessment surveys from data collected over the summer of 2018 (June to September 2018).

Methodology

Both the community and service provider surveys were developed by reviewing the 2014/2015 surveys. Both surveys remained focused on identifying needed services for older adults, as well obstacles, and reporting experiences from both the survivor and provider perspectives. Descriptions of each survey are provided in the results sections by type of survey. Appendix A contains a detailed write up of the data collection process, as well the template of the outreach email and a copy of the resource pamphlet provided to community survey respondents.

Results

Community Survey

The community survey (Appendix B[1]) focused on the following key areas:

- **Section A** of the survey focused on awareness of services for seniors who are being hurt or controlled by a partner, caregiver, or family member. Five services were identified including 24-hour hotline, legal help, safe shelter, pet care, and professional case management. We also asked respondents to identify which services would be helpful – including one-on-one counseling, support groups, and transportation, and provided space for the respondent to identify other needs not listed. The survey also queried respondents on what information older victims could use – including clarification on what happens when they ask for help from a mandated and non-mandated reporters as well as access to various services.
- **Section B** asked respondents to whether they had ever been abused. We provided a list of types of abuse (e.g., denied you food, water, medicine or medical; ever touched you in a way that made you uncomfortable or hurt you sexually in any way?) and asked respondents to indicate if this had ever occurred to them within 3 age brackets – before age 50, between 50 and 64, and when 65 or older. We then asked respondents to indicate if they had accessed services from a variety of DC agencies, and if so, their level of satisfaction with the services. Respondents also indicated which of the agencies were the most and least helpful, and to explain why.

[1] An online review copy is available here: https://www.surveymonkey.com/r/2018TROVCommReview

- **Section C** explored if the respondent knew of anyone 50 years or older who had been abused using the same list of experiences as section B.
- **Section D** covered demographics – age, gender, race, ward, education, employment status and yearly income.

Participants

As indicated in Table 1, the majority of the community survey respondents were women (80%), Black (74%), and over 50 years old (71%). Participants were on average 57 years old (ranging from 19 to 94) and more than half were retired (54%). While a fifth (21%) had a high school degree, a third (33%) had at least a few years in college or a Associates degree (33%), with the remaining having a bachelor's or graduate degree. In terms of income, 25% were below the federal poverty level of $12,140, while 21% report incomes of $75,000 or more.

Table 1: Community Survey Demographics N=116

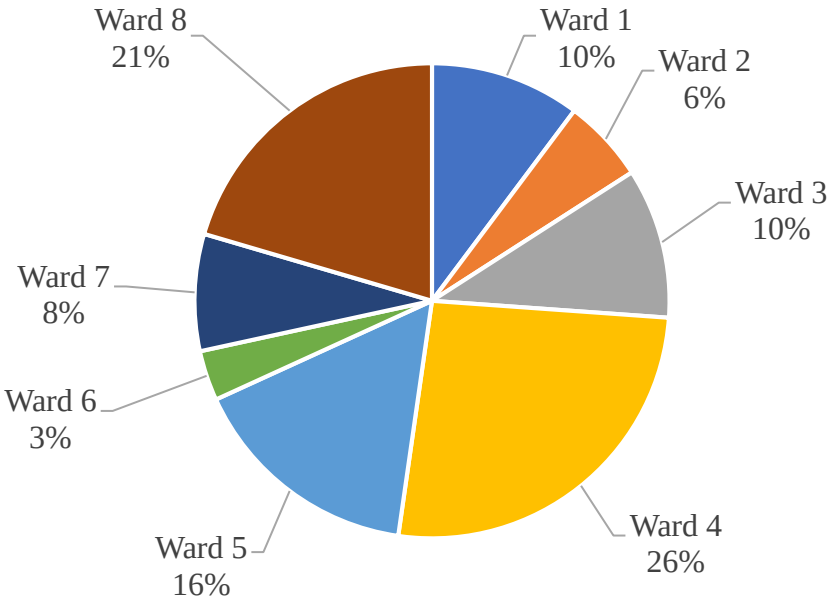
	N[2]	Freq.	Percent	Range	Mean (SD)[3]
Gender	95				
Female		76	80%		
Male		19	20%		
Race/Ethnicity	101				
Black		75	74%		
White		18	18%		
Hispanic		5	5%		
Other		3	3%		
Average Age	84			19 to 94	57.5 (19.3)
Age by Category	84				
Under 50 Years Old		24	29%		
50 to 64		27	32%		
65 and Over		33	40%		
Highest Level of Education	95				
Less than High School		3	3%		
High School Diploma or GED		20	21%		
Some College/Associates Degree		31	33%		
Bachelor's Degree		19	20%		
Graduate Degree		22	23%		

[2] N=Number of those with data available to assess.
[3] "Standard Deviation" indicates variation in the data. A larger SD more variation, smaller SD more consistency.

	N[2]	Freq.	Percent	Range	Mean (SD)[3]
Employment	94				
Paid Full Time		24	26%		
Paid Part Time		11	12%		
Job Seeking		8	9%		
Retired		51	54%		
Income	68				
Under $12,140		17	25%		
$12,140-$29,999		16	24%		
$30,000 to $59,999		12	18%		
$60,000 to $74,999		9	13%		
$75,000+		14	21%		

Figure 1 provides the breakdown of where the survey respondents lived by Ward. As noted, more than a quarter (26%) were from Ward 4, and a fifth (21%) from Ward 8. Wards 2 and 6 are under-represented – with only 6% and 3% of respondents, respectively, from those wards. Future needs assessments should prioritize strategies that would ensure a more representative sample from all wards in the District.

Figure 1: Respondents by Ward N=88

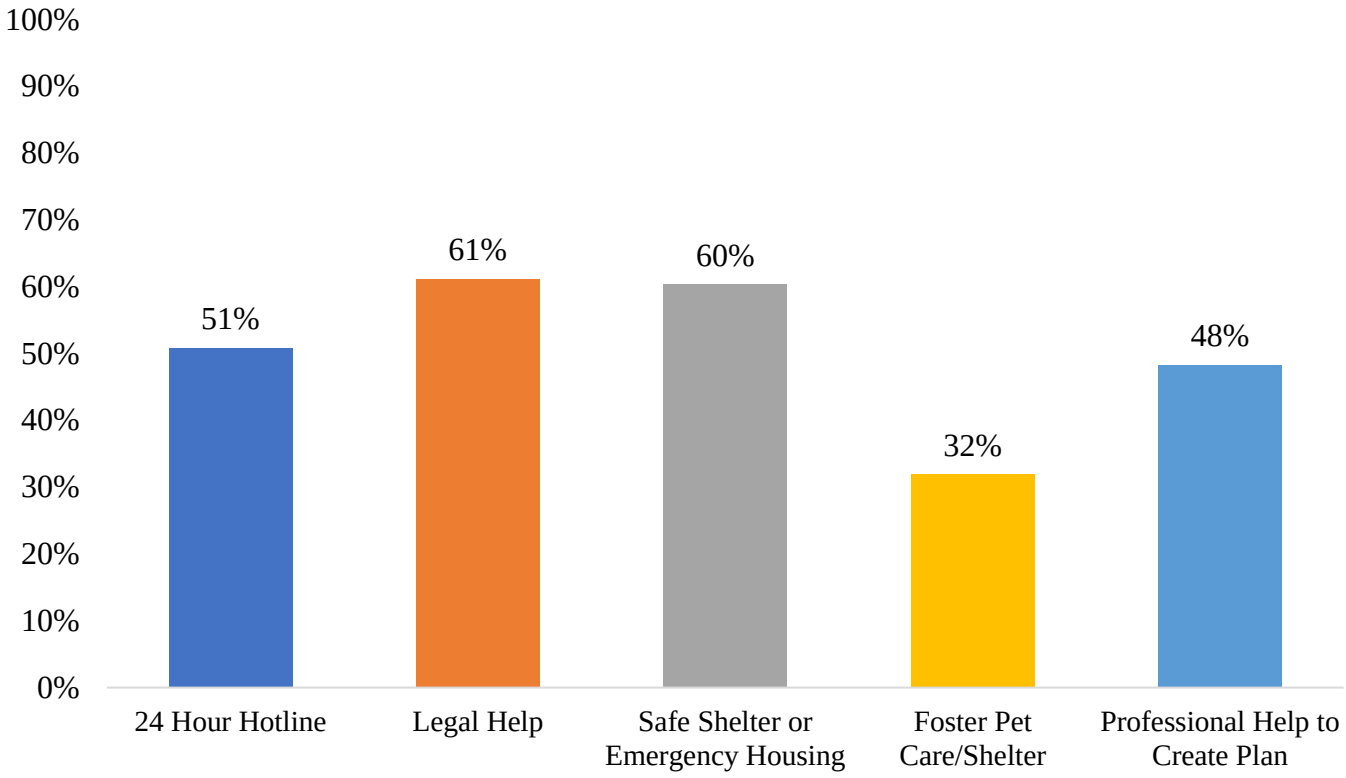


Awareness of Elder Abuse Services

Awareness of Services

As evidenced by Figure 2, more than half of community respondents are aware of legal help and shelter assistance for seniors who are abuse (61% and 60%, respectively) and approximately half are aware of the 24-hour hotline (51%) and professional help (48%). A third (32%) understand there is are services to assist with pets in an emergency.

Figure 2: Aware of Services for Elder Abuse Victims N=116



*Will exceed 100% as respondents were instructed to "select all that apply"

Helpful Services

The community survey also asked respondents to report about which types of services could be helpful to seniors who are being hurt or controlled by a partner, caregiver, or family member. The 116 responded that the following would be helpful:

- One-on-One counseling: 98 (84%);
- Peer Support Groups 87 (75%); and
- Transportation to medical appointments, victim services and court 91 (78%).

Respondents also suggested that seniors who are victims could also benefit from the following to meet their needs:

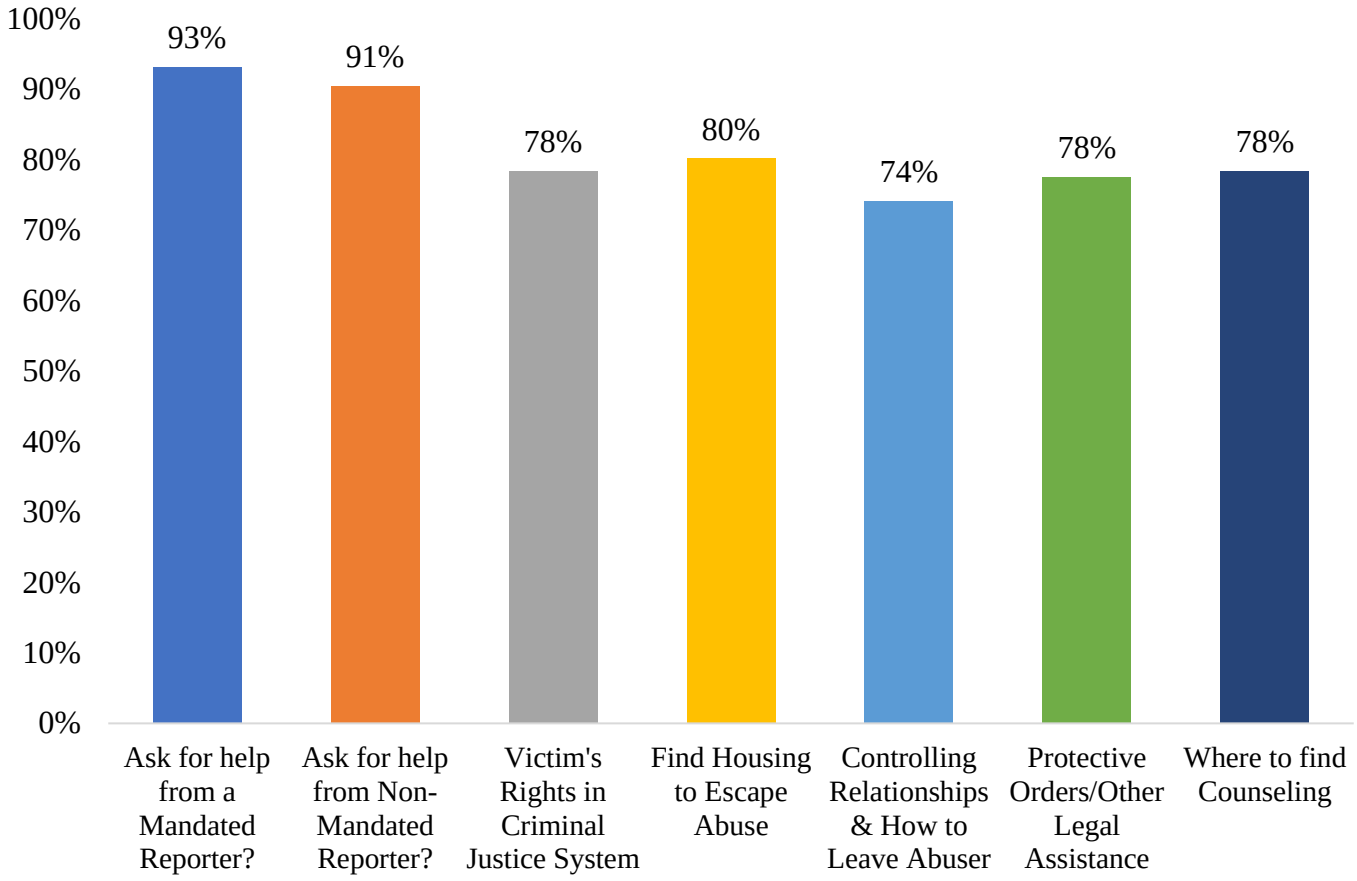
- *Someone trustworthy to help them pay the bills who is NOT a relative or family member and trained volunteer companions who report to a social worker and can be a regular visitor to them.*
- *Education on the programs that already exist; Helping seniors understand that it is okay to seek help; A confidential hotline to help seniors and others report abuse or potential abuse; Consistent follow-up when abuse is reported.*
- *A number that has special connections that address senior issues (211, 811)*
- *Counseling (a lot of times the abusers are their children)*
- *Family Counseling*
- *Financial assistance, Housing.*
- *Financial support; advertisement of services/programs that might be available to those in need*
- *Help moving medical equipment*
- *help with bills, home improvement, finding housing, organizing homes of clutter*
- *I am an Ambassador, and I would like to reach the seniors who don't know about these centers or who are Homebound and need our help here in Ward 8.*
- *I think that it depends on the senior. For some they may want to have a support group with other survivors to help them, others may just need someone to inform them of the resources available to them. A variety of services helps everyone in theory but is also hard to accomplish which I understand. Transportation to medical appointments, victim services and other appointments is extremely important.*
- *Jobs/Help finding employment*
- *Life "supports"*
- *Maybe support devices like emergency devices but when pressed, it notifies the police.*
- *Money, housing (assisted living), affordable certified rooming housing at affordable pricing*
- *peer groups*
- *Protection after reporting.*
- *que su familia esten pendientes de ellos y que les den mucho carino. Translated: That your family is award of them and that they give you lots of love/affection.*
- *Someone to visit and/or be with them at home*
- *Someone with them/nurses and to accompany them*
- *Talk to someone they trust and keep talking until they find the help they need.*
- *The attorney general's office to prosecute the cases with merit.*
- *They need this information out on a more community wide manner. Seniors need to know.*

Useful Information

Survey participants also completed a checklist of the information that victims could use (see Figure 3. The first two questions were focused would information on what happens when a victim asks from a help from a mandated reporter (e.g., someone who is required to report any abuse situation such as the police, APS or a social worker); versus a non-mandated reporter (community based sexual assault advocate, clergy or attorney). For both questions, the response was overwhelming – over 90% of respondents felt this would be helpful.

The public also expressed interest in knowing more about victim's rights (78%), protective orders and legal assistance (78%), housing (80%) and counseling (78%) resources as well as understanding more about controlling relationships and how to leave an abuser (74%).

Figure 3: Useful Information for Older Victims N=116



*May exceed 100% as respondents were instructed to "select all that apply"

Participants noted the following information could be helpful to abused seniors:

- *Go to these different homes and apartments and seek out these people who are alone and don't know that the centers exist or this information.*
- *How to explain their experiences to family members*
- *If they are pursuing it (leaving abuser/ criminal prosecution), process of what that entails*
- *Make sure that first responders check out every situation when called.*
- *maybe find someone that can be the contact if abused again, safe harbor (secret and secure location for those who are fleeing immediately)*
- *Mental and emotional counseling*
- *more readily available.*
- *Remove all barriers to them getting confidential help - meaning not needing a computer to learn more, pop-up resources near to where they live so they don't have to get to where the help is. Access to emergency funds/free transportation.*
- *Seniors need a sense of safety. They need to know that they are not making matters worse when they report abuse.*
- *Seniors shouldn't have to pay for anything*
- *Social worker*
- *That there is a way out. They need to know that what they are going through is not acceptable and that someone can help them; someone who cares and that they can count on.*
- *what the results of people (victims) leaving those situations are like*

Personal Experiences of Abuse

Number, Type and Roles of Abusers

Survey respondents were asked to report if they had *ever* experienced 5 different types of abuse by a partner, family member, and/or caregiver and the age when this abuse occurred. Of the 116 respondents, 34 (or 29%) reported at least 1 experience of abuse at any age. Among the 34 abused, they had between 1 and 5 types of abuse over their life span, with an average of 2.85 types of abuse (Figure 4).

illustrates the different types of abuse experienced by respondents over their lifetime. Among 116, the same number -- 22 (19%) -- experienced financial abuse and physical abuse; while 18 (16%) experienced sexual abuse; 8 (7%) have been denied food, water, medicine and/or medical care); and 25 (22%) have experienced fear of their partner, family member and/or caregiver.

Respondents also identified the role that abusers played in their lives. Among the 29 who responded to this question, they report from between 1 to 4 abusers, with an average of 1.58 abusers over their lifetime. Most often they identify partners (13 of 29 or 45%) and other relatives (19 of 29 66%) as the most frequent abuser (Figure 6).

Figure 4: Among Abused, Number of Types, N=34

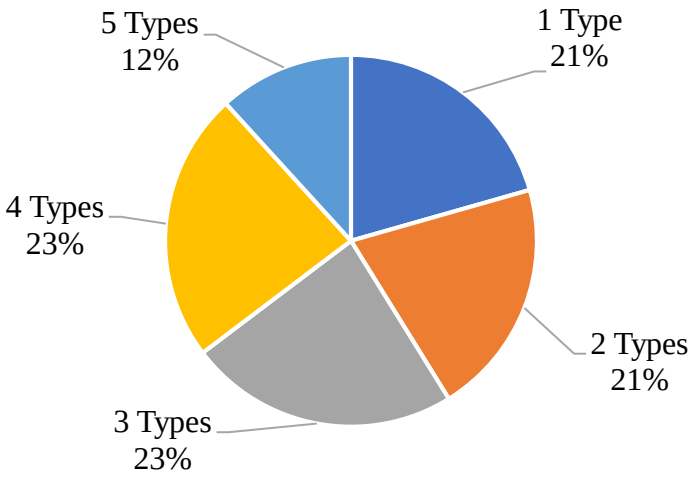
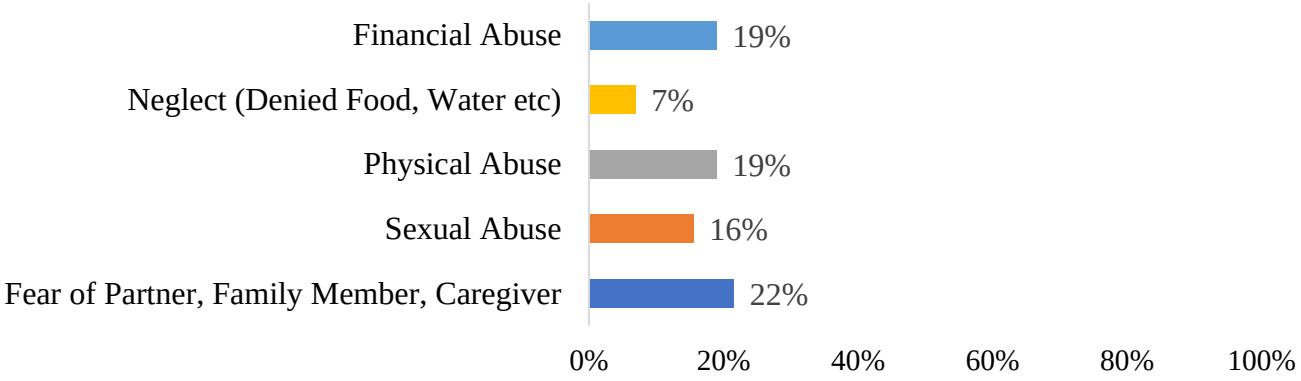
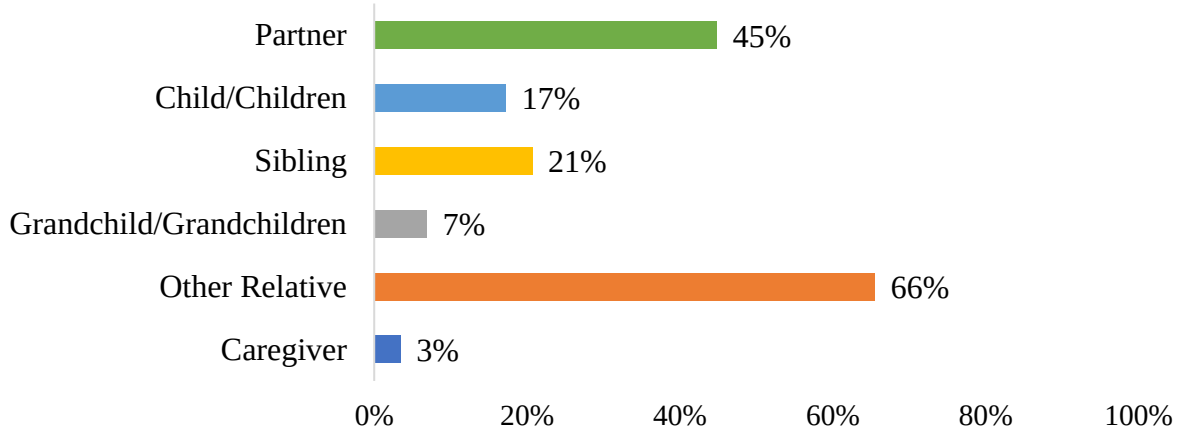


Figure 5: Types of Abuse Experienced, N=116



*May exceed 100% as respondents were instructed to "select all that apply"

Figure 6: Abuser Roles, N=29



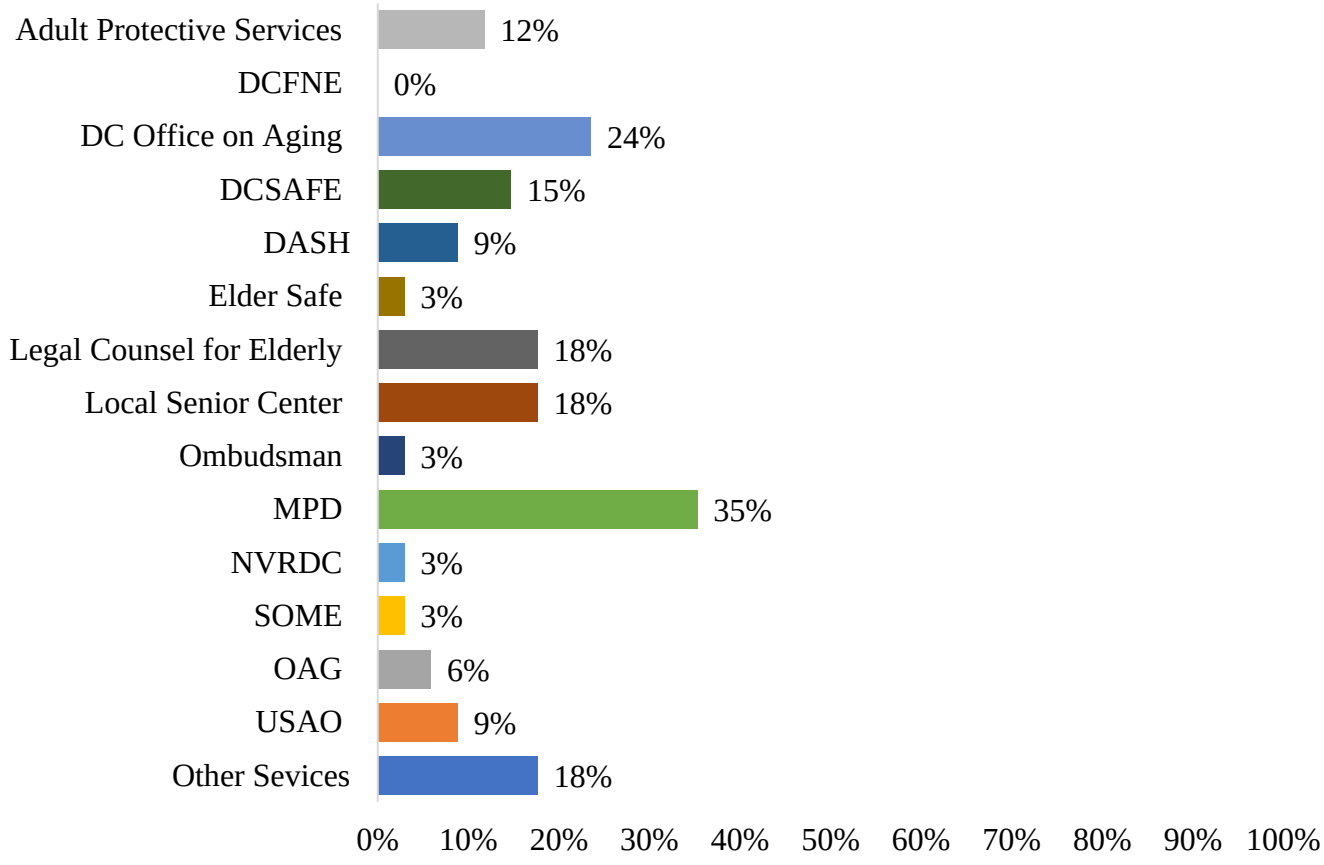
*May exceed 100% as respondents were instructed to "select all that apply"

Reporting Abuse/Services Accessed

The respondents who had a history of abuse were asked if they had ever sought help from 15 government and non-profit agencies across the District of Columbia (Figure 10). MPD was the most frequently contacted (12 of 34 or 35%) followed by the DC Office on Aging (8 of 34 or 24%).

For those who asked for help, they were then to indicate whether they were satisfied, dissatisfied, or neutral (neither satisfied or dissatisfied) with the services provided (Table 2). It is important to note that with only 34 respondents, the utility of this information is limited and no conclusions should be drawn. This is particularly important with respect to level of satisfaction because as noted in the last column of Table 2, many did not answer the satisfaction question. This may be an issue with how we presented to question in the survey (e.g., instructions may not have been clear enough). This should be reviewed and possibly revised if future needs assessments include this type of question.

Figure 7: Reported Abuse N=34



*May exceed 100% as respondents were instructed to "select all that apply"

Table 2: Satisfaction with Services, N=34

Agency	N	% Satisfied	% Dissatisfied	% Neutral	No Answer
Adult Protective Services	4	50%	0%	0%	50%
DCFNE	0	N/A	N/A	N/A	N/A
DC Office on Aging	8	38%	13%	0%	49%
DCSAFE	5	40%	0%	0%	60%
DASH	3	0%	67%	0%	33%
Elder Safe	1	0%	0%	0%	100%
Legal Counsel for Elderly	6	33%	17%	0%	50%
Local Senior Center	6	83%	0%	0%	17%
Ombudsman	1	0%	0%	0%	100%
MPD	12	33%	33%	8%	26%
NVRDC	1	0%	0%	0%	100%
SOME	1	0%	0%	0%	100%
OAG	2	0%	0%	0%	100%
USAO	3	0%	0%	33%	67%
Other Services	6	50%	0%	0%	50%

Respondents were also asked to identify the agency that had been the most and least helpful to them, and why. The responses are detailed in Table 3. Ten of the 34 (38%) respondents provided the names of the most helpful agencies and 7 of those provided an explanation for their rating.

For least helpful agency, 7 of 34 (20%) provided the name of an agency and comments. While the agencies noted may want to know these results, given the small number of responses, caution is warranted in generalizing this information as any type of trend. Inclusion of these questions in future surveys, and with a larger sample, may help to provide more actionable information in the future.

Table 3: Community: Most and Least Helpful Agencies After Abuse Report, and Why

Most Helpful*	Why Most Helpful?	Least Helpful*	Why Least Helpful
DC Office on Aging	*Part of their senior wellness program. Like the Program so well, think it should go international. Love the exercises, music, classes, socializing. It eliminates fear, depression, and cuts down on medicines. Love the food, instructions, classes. The whole thing is a winning situation.*	DASH	*They were not responsive and did not give any info to get housing.*
DC Office on Aging	*Assisted me in getting housing and in-home care services equipment (medical)*	DCSAFE	*Didn't provide me with information about most of the above resources*
DCFNE	*Referred to another agency for taxes*	MPD	*Just don't give a damn. Always looking for ways to get out of doing its job.*
Martha's Table	*No paperwork or asking questions/interrogation when asking for help*	MPD	*They acted as though I wasn't important and didn't matter*
My Sister's Place, Crime Victims	*They understood and I never felt judged.*	Catholic Churches Legal Department	*Wouldn't help out at all*
USAO	*They were able to provide me with metro fare to get around like I needed; paid to get my locks changed in middle of night.*	Hospital	*Don't want to give you what you want, only what they think you can do with*
USAO	*Provided legal representation in court*	SOME	*No spaces available for housing when I needed it.*
MPD	*(No Comments Provided)*		
NAACP	*(No Comments Provided)*		
None I have been talking with	*They don't ever get back to me or even call or if they do get back to me is just to say they cannot help.*		

*Alphabetical by Agency Name

Experiences of Other Seniors

Respondents were asked to report if they knew of anyone who was 50 years old or older who has ever been abused by a partner, family member and/or caregiver. Note that this question asks if they knew *anyone* and did not ask them to specify the *number* of victims they knew. Overall, 27% (32 of 116 respondents) knew of one or more abused elders.

As noted in Figure 8, among the 32, 28% knew of one or more victims who suffered one type of victimization, 25% knew elders who had experienced 2 types of victimization, 12% knew victims with 3 types, 19% knew of those with 4 types of victimizations, and 16% new 1 or more persons who experienced all 5 types of victimizations. Overall, the 32 knew 1 or more elders who had suffered 1 to 5 types of victimization, with an average of 2.68 types of victimizations per respondent. Figure 9 illustrates the variety of abuse experienced by others. Among 32 respondents, 72% knew of someone older than 50 who experienced fear, 59% physical abuse, 56% knew of one or more victims of financial abuse.

Figure 8: Know Elder Victims by Number of Types of Victimization, N=32

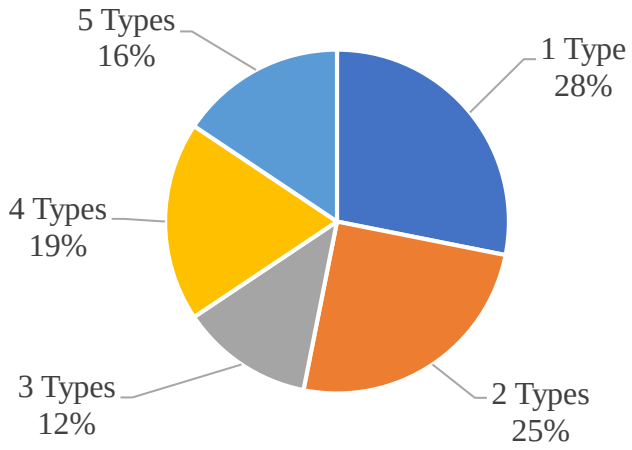
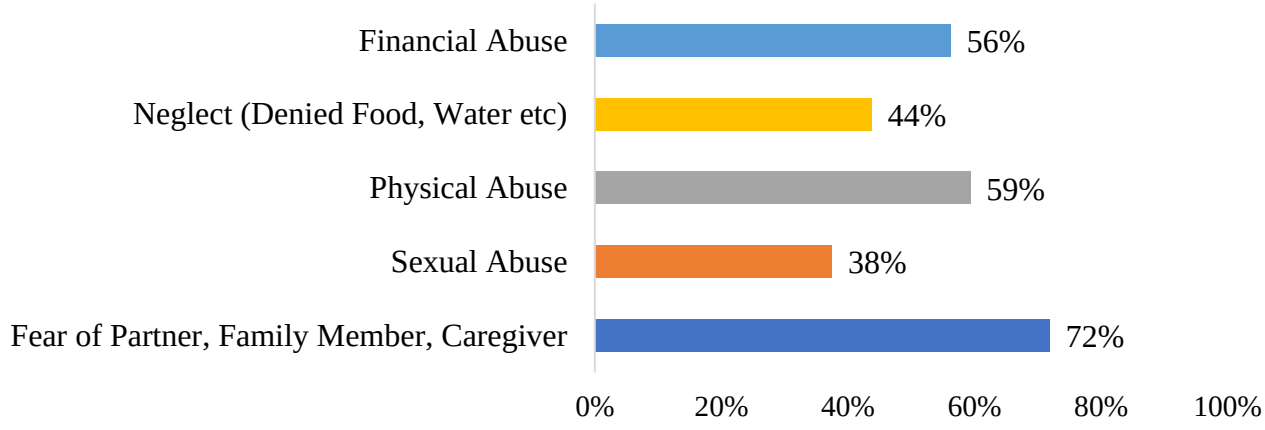


Figure 9: Know Elder Victims, Types of Abuse Experienced, N=32



*May exceed 100% as respondents were instructed to "select all that apply"

Service Provider Survey

The service provider survey (Appendix C[4]) focused on the following key areas:

- **Section A** of the survey asked providers to rank the top 3 services that would be most helpful to senior victims of abuse. These were the same services identified on the community survey -- including 24-hour hotline, legal help, safe shelter, pet care, and professional case management, one-on-one counseling, support groups, and transportation. WE also provided space for the respondent to identify other services not listed. The survey also queried respondents on whether seniors lacked information on where to receive services following a victimization, and what information did the provider think was important to convey. We then asked providers to identify obstacles to providing services (e.g., reliance on caregivers who are abusing or exploiting the senior, limited professional training about abuse in later life, challenges in the criminal justice system, etc.,) and rank the top 3 obstacles. Section A also included a list of 6 types of supports helpful to the organization in responding to the needs of older victims (e.g., clearer policies and procedures and training). Again, respondents were asked to rank the top 3 most helpful. Providers also had the option to write in specific challenges and other desired supports for serving older victims.
- **Section B** first queried providers on their knowledge of 4 statements (e.g., familiar with the signs of abuse, reporting laws in DC), and then to assess staff overall on these same statements. We also asked more about their organization whether they screen older clients for signs of abuse and if they had literature or other displayed information on elder abuse in their facilities.
- **Reporting** In this section, we inquired if the provider had ever reported abuse and if yes, to identify all the agencies to whom they reported. Similar to the community survey, also indicated which agency were the most and least positive/helpful, and why.
- **Training** The survey included an open-ended question on suggestions for training
- **Organizational Data** asked for the focus of the organization's services, the number of paid staff members, target population and whether the respondent, in their role in the organization, was a mandated reporter. Finally, Providers had the option of providing their contact information.

Participants

As indicated in Table 4, most of the organizations that responded to the survey had an organizational focus on victim services (19 of 35 or 54%) and legal services (11 of 35 or 31%). While 25 of the 35 organizations indicated a single focus area, 9 listed 2 areas and 1 listed 3. Among the 7 who listed an "Other" focus – these ranged from victim compensation and consumer protection to mental health, advocacy and policy and grant making. Among the respondents, 31 identified a target population including crime victims (8 agencies or 26%), Intimate Partner Violence/Domestic Violence (5 agencies or 16%) and seniors (5 agencies, 16%), while 7 agencies (23%) reported they served everyone. In terms of the size of the organizations that responded, responses were divided into 5 categories based on the

[4] An online review copy is available here: https://www.surveymonkey.com/r/2018TROVProfReview

number of paid staff members – and this varied widely. While 38% (12 of 32 organizations reporting) had between 20 and 29 paid staff, 3 had from 0 to 10 and 3 organizations had 100 or more paid staff.

Table 4: Service Provider Survey Descriptives N=43

	N[2]	Freq.	Percent	Range	Mean (SD)[3]
Organization Focus/Foci*	35			1 to 3	1.3 (.52)
Law Enforcement		2	6%		
Prosecution		3	9%		
Victim Services		19	54%		
Legal Services		11	31%		
Housing		2	6%		
Medical		2	6%		
Other		7	20%		
Target Population	31				
All/DC Residents		7	23%		
Seniors		5	16%		
Children/Adolescents		2	6%		
Crime Victims		8	26%		
IPV/DV Survivors		5	16%		
Other		4	13%		
Paid Staff	32				
10 or less		3	9%		
11 to 19		5	16%		
20 to 29		12	38%		
30 to 99		9	28%		
100 or more		3	9%		

*Will exceed 100% as respondents were instructed to "select all that apply"

Helpful Services for Older Individuals

Service providers were asked to rank the top 3 services that would be the most helpful to seniors from a list 8 services. As noted in Table 5, among the 43 respondents, legal help was noted as the top most helpful service for elder abuse victims (31 of 43 or 72% of respondents selected this as a 1 of 3 most helpful services). Legal help was also ranked as the top most helpful service (40% of respondents named this the #1 issue). Safe shelter and emergency housing were selected as the second most selected needed service overall (25 of 43 or 58%) and ranked at the top of the second most helpful service. Finally, transportation to medical appointments, victim services and court was the third most selected overall, and ranked in the top of the third most helpful service identified. On the other end of the spectrum, foster pet care/shelter and peer support groups, were the least selected with only 4 (or 9%) selecting support groups and 2 (or 5%) selecting pet care.[5]

Table 5: Most Helpful Services Overall and Top 3 Ranked N=43

Service	Overall*		By Rank Order		
	Freq	%	% Rank 1st	% Rank 2nd	% Rank 3rd
24 Hour Hotline	16	37%	16%	16%	5%
Legal Help	31	**72%**	**40%**	19%	14%
Safe Shelter/Emergency Housing	25	**58%**	21%	**23%**	14%
Foster Pet Care/Shelter	2	5%	0%	2%	2%
Professional Help – Create Plan	20	47%	16%	9%	21%
One-on-One Counseling	8	19%	2%	12%	5%
Support Group	4	9%	0%	7%	2%
Transportation	23	**53%**	5%	12%	**37%**

*Will exceed 100% because each respondent picked 3 services

In addition to the listed services, we also provided an open-ended question for providers to identify other crucial services.

- *Access to emergency medical supplies (i.e. medication, devices, etc.) that might be needed for temporary shelter, relocation, or if medicine is used to control the adult*
- *All of the above are extremely important; I would rank them all as very helpful.*
- *All the services listed above.*
- *An APS system that actually works.*
- *Any care they would lack if an abusive caregiver was removed. information/assistance with technology so that they can be 'connected' enough to reach out for help. Services willing to come to the client.*

[5] However, as our question was NOT WHICH of these services are helpful, but which are the MOST helpful, thus this should NOT be construed as implying that these services are not needed.

- *family intervention counseling*
- *Legal aid*
- *Monetary funds to cover costs.*
- *Foster care housing with wrap around services*
- *I think all of the services above are crucial. I think transportation is a large barrier for clients to even access legal or mental health care. I think victims of financial abuse would also benefit from financial planners or financial literacy. Victims of physical or sexual abuse need referrals for medical providers who have experience with geriatric medicine and are trauma-informed.*
- *In addition to all of the options in Question 2--more power for Adult Protective Services; better investigations of long-term care facilities; training for emergency room and hospital personnel to identify elder abuse; training for long-term care givers to identify and take action for elder financial abuse*
- *Many seniors are being abused by family members and it is not intimate partner violence and yet there are almost no attorneys I can refer them to for help with a protective order.*
- *More intensive case management and advocacy - having someone go to the scene and assist survivor with talking to the police, accessing safe housing, getting to court hearing or medical appointments. I have previously called APS for people and APS is not able to provide these services they just go and see if the survivor is incapacitated and if they are not they is very little assistance or intervention.*
- *Not necessarily a service but sometimes it needs to be reminded that seniors vary on their level of mental capacity and not to assume anything about them prior to speaking with them. For those seniors that are still fully mentally capable and alert, it's insulting to speak down to them and for those who are struggling to keep up, patience is a key. So maybe more training for those working with the senior population on ageism and actual interaction with diminished capacity or screening for it prior to altering their approaches.*
- *One crucial service I feel senior survivors could benefit from is more healing environments that facilitate emotional support.*
- *Perhaps healthcare professionals and non-abusive family/friends can report possible abuse to be investigated, it would seem that abusers may keep access to report away from the senior.*
- *Resources that do not require insurance*
- *Resources to help pay with their account has been depleted.*
- *Seniors need better access to resources, counseling by professionals who specialize in working with seniors. Access to financial advisors who focus on working with seniors and financial fraud.*
- *Shelters is a major priority and there are very few in existence specifically for seniors. Also, legal aid that specifies in elder care law. Financial assistance for seniors.*
- *Technology support/assistance; Medical advocacy; Mediator with family and/or other support systems*
- *Training for services already in place, Adult Protective Services is a joke, a one stop shop for information they need*

Among the 43 respondents, 39 (93%) felt that seniors lack information on where to receive services following a victimization. Many of these respondents specified what information would be valuable, as follows:

- *1 number/resource that can connect them to various services.*
- *24-hour telephone hotline*
- *A lot of seniors I have come in contact with don't know that there are other places outside of just 911 that can help them without having to report which for some is necessary. They need to know about all the different services like LCE, NVRDC, the victim hotline, all places that they can reach out to that provide services either without mandated reporting or specifically for seniors.*
- *a main number to call for all services*
- *A phone number for them to call and get direction to the correct services.*
- *A phone number to call*
- *Access to information about confidential advocates who can go over options without triggering mandatory reporting*
- *basic information about available assistance and how to secure protection to prevent future abuse*
- *Better understanding about Powers of Attorney and Guardianships*
- *Easy place to access resources and what time of resources are available*
- *hotline/emergency numbers legal/lawyer contact numbers info. on what to do in case of ...*
- *How to file a CPO or RO, gain access to case management services.*
- *I feel most seniors are aware of the abuse as soon as it starts. the lack of victim rights and sometimes fear to talk is the biggest struggle.*
- *I think seniors forgive and accept a lot of things that happen to avoid feeling like a burden. They should know if they're being victimized, they should know they can be helped.*
- *I think seniors may feel like they don't have a choice or access because of a controlling/abusive guardian and when or if they complain there is no follow up or investigation into the complaint.*
- *I think they need one central number for wrap around services. Otherwise, it is too hard to navigate.*
- *I think, like anything else, the need for resources isn't there until something happens. Maybe a program to reach out to a wide audience, even people who do not need the service, but know someone who does.*
- *Information about confidential resources and legal options*
- *Information on social services and how the VLNDC is a one-stop shop for their legal needs (and reduces the barriers in accessing legal assistance).*
- *It depends on the situation. A small brooklet listing all the services available with a description of what each agency does.*
- *Knowing their rights when it comes to guardianship/POA, alternative resources for care- i.e., feeling like there WOULD be someone else if their caregiver was abusive.*
- *LCE phone number.*
- *Legal Counsel*

- *Legal options to end abuse, safe housing*
- *Much of the information out there is found online or through digital media, which many seniors often have minimal access to. It is important for agencies to have hardcopies of their material.*
- *Non-APS services*
- *Options - legal and non-legal to deal with abuse*
- *Organizations that can help Knowledge that there are legal remedies; Knowledge and support in dealing with impact on credit*
- *Safe houses, options, options for their pets*
- *Seniors have limited access to resources available due to lack of accessibility to computers, smart phones, etc. seniors need better info about legal and counseling options available as well as assistance with financial fraud.*
- *Simple, large-font materials that are easily understandable and provide a way to communicate with a person regarding services either in person or via phone.*
- *The correct number to contact with 24-hour access and assurance that the calls are confidential.*
- *The phone number and a self-questionnaire, to help them know what is considered abuse/exploitation and who to then call.*
- *Understanding their legal rights, knowing who to trust and ask for help.*
- *What services are available and their rights.*
- *What services entail and who has access to their information and services they receive. What resources are available - wraparound services and single issue resources.*
- *where to get help with a TRO in a non-intimate partner abuse situation*
- *who to call for what services*

Obstacles for Providing Services

Service providers were also asked, from their organization's perspective, to identify from a list of 13 items, which were the biggest obstacles to providing services to victims of elder abuse. They were then to rank the top 3 obstacles.

As noted in Table 6, among the 43 respondents, reliance on caregivers who are also abusing or exploiting the senior is the biggest issue overall with 34 of 43 respondents (or 79%) stating this was an issue. Respondents then ranked reliance on caregivers as the number 1 biggest issue with 15 of 39[6] (38%). Overall, three items tie for second biggest issue – with 33 of 43 respondents (or 77%) reporting affordable housing options, shelter or emergency options, and victim's fear, shame and embarrassment as an obstacle to providing service. Affordable housing options ranked at the top of the second biggest issue with 10 of 39 or 26% of respondents). Limited money and resources required to gain independence or access to services was the third biggest issue (identified by 8 of 39 or 21%).

[6] A total of 39 respondents completed the ranking request.

Table 6: Obstacles to Providing Services Overall and Top 3 Ranked N=43

Obstacles	Overall* N=43		By Rank Order N=39		
	Freq	%	% Rank 1st	% Rank 2nd	% Rank 3rd
Reliance on Abusive Caregivers	34	**79%**	**38%**	8%	5%
Limited Options Counseling or Support Groups	16	37%	0%	3%	3%
Limited Organizational Capacity	28	65%	0%	5%	5%
Limited Professional Training	22	51%	3%	0%	5%
Limited Public Awareness	30	70%	3%	5%	10%
Challenges in Criminal Justice	22	51%	0%	8%	5%
Limited Transportation	27	63%	5%	8%	8%
Limited Outreach to Older Survivor Population	26	60%	8%	8%	8%
Affordable Housing Options	33	77%	0%	**26%**	13%
Shelter and Emergency Options	33	77%	13%	0%	8%
Limited Money/Resources Gain Independence/Access Services	32	74%	10%	21%	**21%**
Victim Fear, Shame, Embarrassment	33	77%	15%	8%	8%
Effectiveness of Organizations Responding	21	49%	5%	3%	3%

*Will exceed 100% because each respondent picked 3 services

Supports Most Helpful for Organization to Respond to Needs

Service providers identified from a list of 6 supports those that would be helpful to the organizations in responding to the needs of older victims. As indicated Table 7, the most helpful support overall is a better understanding of knowing who to make referrals to and what kinds of services are available to older victims stated by 33 of 43 respondents (or 77%). This support was also the most desired with 14 of 33 (or 42%) ranking this as number 1. More accessible or accommodating facilities for older victims of abuse was the second highest desired support with 31 (or 72%) overall reporting this finding; 25% of respondents also ranked this as the 2nd most helpful organizational support. Finally, additional networking and collaboration opportunities and stronger outreach efforts in the community tied for 3rd highest support with 25% of respondents reporting.

Table 7: Most Helpful Supports to Providers, Overall and Top 3 Ranked N=43

Supports	Overall* N=43		By Rank Order N=39		
	Freq	%	% Rank 1st	% Rank 2nd	% Rank 3rd
Clearer policies and procedures	26	60%	0%	13%	19%
Networking and collaboration	26	60%	9%	3%	**25%**
More accessible/ accommodating facilities for older victims	31	72%	30%	**25%**	13%
Stronger outreach efforts	27	63%	9%	22%	**25%**
Training for staff	25	58%	9%	16%	6%
Knowing who to make referrals and kinds of available services	33	77%	**42%**	22%	13%

Only one respondent identified an additional support issue -- *Many clients accept have money from abusers - which can cause there to be LT issues, the co-existence of LT issues and abuse by a "tenant" family member is not handled well in the community.*

Experience with Elder Abuse – Knowledge, Training and Reporting

While the majority of respondents were *not* a mandated report (25 of 33 or 76%); among the agencies who served those who 50 or older, 100% (36 of 36) reported that they thought at least some of their clients are victims of elder abuse. The majority of these agencies (20 of 34 or 59%) screen older clients for abuse, and the majority of respondents (87%) are knowledgeable about how to contact local victim service providers. However, most agencies (61%) don't have literature, information and/or posters about abuse in later life displayed. This may be an area worth considering if it were appropriate, given the nature or location of the agency.

Table 8: Organizational Experience with Elder Abuse N=43

	N[2]	Freq.	Percent	Range	Mean (SD)[3]
Mandated Reporter	33				
No		25	76%		
Yes		8	24%		
Serves Clients 50 or Older	39				
No		3	8%		
Yes		36	92%		
Clients Victims Elder Abuse?	36				
Yes		36	100%		

	N[2]	Freq.	Percent	Range	Mean (SD)[3]
Screen Over 50 for Abuse?	34				
No		14	41%		
Yes		20	59%		
Know Location/Contact for Victim Service Providers	38				
No		5	13%		
Yes		33	87%		
Elder Abuse Literature, Posters, or Info Displayed?	38				
No		23	61%		
Yes		15	39%		

Knowledge

Providers also rated their knowledge and the staff overall about elder abuse (Table 8). While individual respondents have a solid foundation in familiarity with signs of abuse and tactics employed (93% and 80% agree with these statements), but are less familiar with the laws and reporting process related to vulnerable adults (67% and 70% agree, respectively). A similar pattern emerges when looking at reporting the level of knowledge of the staff overall – 75% of respondents feel that staff are familiar with signs of abuse and the tactics, while more than 55% agree they are familiar with laws and reporting process. This indicates potential training opportunities among these organizations on these topics.

Table 9: Individual and Organizational Knowledge N=43

	Respondent (I am…) N=40			Organization (Overall Staff are…) N=39		
	% Agree	% Neutral	% Disagree	% Agree	% Neutral	% Disagree
Familiar with the signs of abuse in later life.	93%	7%	0%	75%	15%	10%
Aware of the tactics that perpetrators of abuse in later life use.	80%	15%	5%	75%	15%	10%
Familiar with elder abuse and/or vulnerable adult reporting laws in the District.	67%	13%	20%	56%	28%	16%
Familiar with the process of reporting concerns about possible abuse in later life.	70%	15%	15%	59%	31%	10%

Training

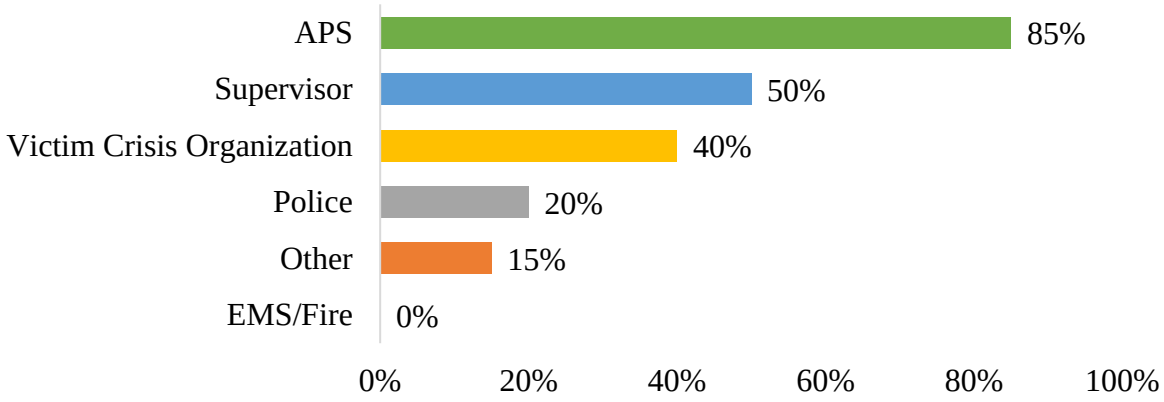
We asked for training topics, and providers responded that mental health and dementia and cognitive decline training, as well as transportation, training for home health aids and legal issues are desired as well as other ideas, as follows:

- *How to work with seniors who are experiencing dementia/Alzheimer's is a really important topic we would like to learn more about;*
- *Another training on interventions for professionals working with seniors who are being exploited or abused would be great;*
- *Evaluating mental capacity and protecting these folks from abuse;*
- *Helping elderly people realize certain things shouldn't happen to them because they are "old" or "helpless" and to tell someone they are being abused;*
- *Power of Attorney, Advanced Directives, Wills and Estates;*
- *Training for home health aides. It is always helpful to have expert guest speakers address this topic;*
- *Training on stopping foreclosures for seniors with dementia/cognitive decline;*
- *Transportation assistance opportunities for seniors seeking services.*
- *Working with older victims with memory impairment. Laws and rights of elders related to guardianship and power of attorney; and*
- *What specifically Adult Protective Services can do; how to report when you believe an adult is being victimized*

Reporting Experience

Finally, we asked service providers if they had *ever* reported a concern about an older adult. Half of the respondents (20 of the 40 respondents with data on this question) affirmed that they had done so. Among these 20 service providers, the majority reported the incident to Adult Protective Services (APS) (17 of 20 or 85%), followed by their supervisor (10 of 20 or 50%), a victim crisis organization (8 or 40%) and Police (4 or 20%) or Other (3 or 15%). None of the agencies reported an indicate to EMS/Fire department.

Figure 10: Who Did You Report Abuse? N=20



*Will exceed 100% as respondents were instructed to "select all that apply"

We also asked respondents to report on who were the *most* and *least* helpful or positive agency they had dealt with when reporting.

Table 10: Providers: Most and Least Helpful Agencies After Abuse Report, and Why

Most Helpful*	Why Most Helpful?	Least Helpful*	Why Least Helpful
APS	*Some hotline workers are very helpful*	APS	*Long and difficult process, needed a lot of tangential information I didn't have about things that seemed unrelated to the abuse at hand.*
APS	*Had Adult Protective Services pursue report and follow up by calling back with feedback*	APS	*There was not intervention. APS when to the survivor's residence and concluded they were not incapacitated physically or mentally so services were not provided.*
DC Office on Aging	*Quality Staff*	APS	*Some hotline workers are not as helpful; Often there is little that can be done unless very clear evidence of abuse is available*
Legal Counsel for the Elderly	*The attorneys and staff are lovely. They are mission driven and focused, they're well-trained, and they serve a very underserved and needy population. They're responsive, they know what they're doing, they are a deeply embedded community resource.*	APS	*They are slow to respond, they do not respond, their intake coordinators can be truly horrendous to work with - previously, intake coordinators have implied that staff members here were not doing their jobs and/or the referral being made was unnecessary. Additionally, no one seems to be able to hold them accountable.*
NVRDC	*Was able to provide ideas of who to contact for legal support, information about mandated reporting, etc.*	APS	*Sometimes they don't do anything.*
The DC Center	*DC Center is a resource hub to assist victims of anti-LGBT violence by advocating on their behalf, encouraging reporting, and providing a community of support in the District of Columbia.*	APS	*Calling APS with little to no result, calling them back as a referral from them was needed for housing option and APS not knowing that was an issue. APS seems like they should be a leader in the community on resources for older adults, especially those that are experiencing victimization.*
		APS	*They will not respond to abuse, neglect or abuse complaints in long-term care facilities since they seem to view those persons as already in a protective environment. This is a national problem.*

* Listed Alphabetical by Agency Name

Recommendations, Limitations, and Conclusion

Recommendations

Data Collection

As noted in detail in Appendix A, there were a number of challenges in implementing this needs assessment. We suggest the following to increase the level of participation:

Community Survey

- More engagement with D.C. Government agencies and non-profit organization to help distribute survey among clientele;
- Longer data collection period to allow sufficient time for approval processes in government and community-based agencies;
- Emphasize the purpose of the survey is to improve victim services for older victims;
- If distributing the survey in person, conduct short workshop/outreach session to educate participants on elder abuse issues and access to services; and
- Prioritize data collection strategies that ensure more representative sample from all wards in the District. For example, contact key stakeholders in all the wards, including Council representatives, to determine most efficient means of conducting the assessment (e.g., attendance at particular public locations, public hearings, and/or see if Council members would be willing to ask community members to complete the survey.)

Provider Survey

- Create and maintain database of providers. Use Survey Monkey individual email capacity to submit survey links to each individual rather than a weblink;
- By sending individual links, can use Survey Monkey automatic reminder features to increase participation;
- Send out the professional survey again in 6 months to try to build higher number of participants.

Survey Findings

Community Survey

Overall, this needs assessment found that more than half of the community members were aware of key service (24-hour hotline, legal help, and safe/emergency shelter), but less than half knew of other key services. This indicates that it may useful to engage in or renew efforts to educate the public.

- Continue/Increase public awareness about services available – particularly 24-hour hotline and foster pet care/shelter;
- Pursue public awareness campaign on what happens when report to mandated versus non-mandated reporter.

Provider Survey

Service providers identified supports that would be helpful to the organizations in responding to the needs of older victims as well as training topics.

- Training Topics:
    - Explore the topic of expanding knowledge about "who to make referrals and kinds of available services" as a high priority training topic;
    - With less than 60% indicating staff are familiar with vulnerable adult laws and the process of reporting abuse, consider additional this as a recurring training topic and/or explore creating an online tool that can be used as part of in-service or refresher training for organization staff.
- Conduct a campaign to increase displays/information in facilities that serve elder population;
- Provide additional networking and collaboration opportunities for provider agencies; and
- Seek Stronger outreach efforts in the community.

Limitations and Conclusion

The primary limitation is the number of responses in the samples. With 116 community members and 43 organizations reporting, it would be unwise to over-generalize the findings across all populations and situations. Nonetheless, these data provide key information continue to build the District's response to elder abuse. Consideration of a public information campaign, utilization of web-based training materials for staff, and additional training topics would support TROV efforts now and in the future.

Appendix A: Survey Methodology

Elder Experience Survey Planning

The goal of the survey was to gather a representative citizen population of the District's wards and service providers in order to properly demonstrate the needs and prevalence of abuse, exploitation, and neglect amongst the elderly in D.C.

Prior to collection of the surveys, an outreach plan was constructed that included over 72 locations tailored to seniors, such as senior living centers, wellness centers, and mixed housing in each Ward. Senior Villages -- defined by the DC Office on Aging as "a village is neighborhood- based nonprofit membership organization supported by volunteers …a Village makes it easier for older neighbors to keep living safely, comfortably and actively in their own homes and connected with their neighbors" -- were also added as points of contact following suggestions from members of the D.C. Age Friendly Initiative. Furthermore, a cold-call approach was also practiced at public libraries and the D.C. Superior Court building where citizens were randomly approached and asked if they would be willing to complete the survey.

For the provider survey, a list was developed of 58 organizations that serve seniors' interests across the District for issues pertaining to everything from abuse to medical aid. Additionally, emails and social media messages were sent to organizations and list-servs requesting they post a brief message and the link to the online version of the survey.

Implementation

Community Survey

The primary approach was cold-calling the 72 senior-focused locations developed in the outreach plan. Although we asked partners to assist us in establishing a connection with the senior villages, and sought to directly contact the senior-focused locations through existing relationships, in many instances, this strategy was not fruitful as relationships with many of these senior locations did not exist prior to this outreach effort. Consequently, The NVRDC project Intern initially called and requested to speak with the activities or center director, and if reached, the purpose of the survey was explained. However, in the event that either the directors were not available or there was no answer, a voicemail was left with a brief description of the survey's purpose and contact information. All 72 locations were called at least three times. On average, about 90% of the phone calls resulted in voicemails. We also made up to 7 calls to each of the senior center locations suggested by the D.C. Office on Aging.

If after the initial phone call a tentative yes was received or more information was requested, the NVRDC Intern sent an email to the organization's contact that included a PDF version of the survey, a brief description about the D.C. TROV team, the purpose of the survey, and the impact the last survey had on services for the elderly. A few locations allowed us to schedule an in-person site visit, while for several other assisted and independent living centers, a flyer

and link were created to be distributed amongst residents. Unfortunately, this method yielded no completed surveys, so for future studies, some changes to this method should be considered. For example, perhaps the flyers could be distributed with a more detailed explanation for the residents, or a notice about the survey could be included prior to distribution in the community newsletter. Another option may be to provide a longer survey time period with multiple periodic reminders. If this does not render a more positive response, then utilization of flyers alone may not be an effective strategy, and may need to abandoned in favor of in person site-visits.

In addition to calling the senior locations, the NVRDC staff Intern also reached out by email (see email template below). For locations with available email information, an email was sent with a brief opening message to explain the survey. If organization contacts did not respond to the email within two weeks, a follow up email was sent. Once organizations agreed to participate in the survey, the same procedure of setting up a date and time for a site visit outlined above was followed.

During some of our site visits to the senior centers, we had opportunity to present a brief explanation of purpose of the survey directly to the seniors. Participants were also informed that the survey was completely anonymous and any questions in the survey they were uncomfortable with could be skipped. The Intern also answered questions both before and while respondents were taking the survey, and assisted in filling out the survey when requested. Participants were given a choice of gifts with the NVRDC phone number on them (e.g., pillboxes, pens) and a brochure that listed different resources for seniors with a brief explanation of the type of services and the phone number for the organization (see below). In addition, the brochure included the primary researcher's email address and phone number so that participants could ask follow-up questions about the survey.

Finally, the NVRDC Intern utilized a cold-approach in front of public locations – including the library, senior buildings, and the D.C. Superior Court House. Unfortunately, this data collection method was not extremely successful. On average, if 20 people were asked if they would participate in the survey, 1 person would agree. In addition, at public libraries, the traffic varied drastically over the time spent in front of the building which impacted the number of survey results. The weather also factored heavily to the amount of people frequenting the libraries. The court house yielded the most completed surveys, especially when explaining that the purpose of the survey was to improve senior services.

Table 11 summarizes data collection efforts by location for the 104 paper surveys (12 other surveys were completed online by the respondent). While surveys were dropped off at APS and picked up a later time, we assess data collection efforts from a cost-benefit standpoint (e.g., completed surveys by amount of time spent per location). Based on that metric, the senior wellness centers are the most efficient with an average of 10 minutes spent per survey completed; followed by the D.C. Superior Court House of 11.7 minutes per survey. The least efficient is the recreation center with only 2 surveys completed in a 180-minute period. Future needs assessments should explore these types of locations again, perhaps going on a scheduled basis, but varying the days of the week, and/or times of day.

Table 11: Community Survey Data Collection by Location N=104

Type of Location Visited	# of Surveys Completed	Total Minutes Spent at Location	# of Times Visited	Average # Surveys Per Location	Average Time Spent at Location (Minutes)	Average Time Per Survey (Minutes)
APS	7	NA*	1	7.0	NA*	NA*
Senior Housing	9	380	2	4.5	190	42.2
Senior Wellness Center	55	550	4	13.7	137	10.0
Recreation Center	2	180	1	2.0	180	90.0
Library	8	345	4	2.0	86	43.0
D.C. Superior Court House	23	270	1	23.0	270	11.7

*NA Surveys were dropped off and picked up once completed

Provider Survey

Once the provider survey was designed, emails were sent to multiple D.C. listservs and senior-oriented organizations asking members to complete the provider survey and to distribute the elder experience survey amongst their clientele. Overall, the listserv requests were sent to approximately 400 providers in the victim services field. The NVRDC Intern also directly emailed members on the D.C. TROV distribution email list, as well as members from provider organizations that had previously participated in D.C. TROV workshops, and providers that participated in other NVRDC workshops.

Data Collection Successes

The most effective outreach strategy for the community survey was in person presentations at the senior centers; this yielded the highest number of completed surveys. This was particularly true when the NVRDC Intern was allowed to briefly explain the scope and purpose of the survey. In addition, the Intern presented a short explanation with examples on neglect, abuse, and financial exploitation that are referenced on the survey and an explanation of available resources. Moreover, this provided an opportunity to educate seniors on what would constitutes "abuse/neglect/financial exploitation," and to explain how a prior similar survey helped with creating a dedicated Community Housing Resource Specialist for Elder Advocacy at the District Alliance for Safe Housing to help locate emergency housing for seniors.

Consequently, participants were more comfortable talking to the NVRDC Intern about problems they experienced in receiving adequate referrals/services. Moreover, the opportunity to meet with seniors across the different wards allowed for more diverse resource education. On average, at each senior center, five out of approximately 60 seniors

asked for help. The requests varied -- from victim service referrals, D.C. utility issues, and navigating the senior service organizations in D.C.

Data Collection Challenges

The greatest hurdle in conducting this study was getting in contact with senior wellness centers or senior-focused locations. Of those contacted, few responded, or they were required to confirm with several different layers of their organization and/or higher-ups before consenting to participate. Approximately 75% of those contacted did not respond to our phone or email outreach. Other senior locations mentioned that as the primary organization conducting the survey was not an official government agency, they did not want to participate. This may have been an issue for the public as well; they may not have recognized the legitimacy of the survey as it was not administered an official government agency. However, stronger support by D.C. officials and/or clear stated partnership with senior related D.C. government agencies, may render feelings of trust and comfort amongst the public.

However, engagement with system partners requires a longer period of time for survey implementation as there are a number of challenges in processing our request for support. This was true also with D.C. agencies who oversee senior housing programs and wellness centers (the D.C. Housing Authority and the D.C. Parks and Recreation). While the NVRDC Intern followed-up every two weeks the approval process took too long for those organizations to participate in the survey. Other organizations did not respond to follow-up emails nor process the requests. A six-month lead time would allow requests to be processed through the system and effective partnership with D.C. government organizations. With a longer lead time and solidified partnership, we believe more seniors across the district could be surveyed.

Finally, the topic of the survey was a challenge. Many seniors either did not participate because they did not want to talk about events that had occurred in the past (which may have brought up negative emotions), or they said they had been raised not to discuss these issues with other people. This was mentioned on average 2 times per senior wellness center visit, and twice during the cold-call approach at the Court House. In addition, 4 people who initially agreed to take the survey, gave it back and/or refused to complete the rest of the survey once they reached the section on personal abuse experiences.

Suggestions for Future Research

The primary suggestion for future research revolves around support from the D.C. agencies and other organizations that work with seniors. If a study of this caliber was supported by the D.C. government and was pushed through the Mayor's office as a priority, the D.C. agencies such as Parks and Recreation and Housing Authority would have been more prompt in passing on the request to the required authority for approval and helpful in distributing the surveys. This would increase the pool of participants vastly across the District as the accessibility to seniors would be greater.

In terms of the cold-approach outside of libraries and the D.C. Courthouse, if the survey is framed as improving victim services for the elderly, random citizens are more willing to participate. This method also applies to the senior centers as well; participants were more willing to complete the survey if it was framed as an opportunity to improve services for seniors or to share their thoughts about gaps in the system. This was a lesson learned after the multiple cold-call approaches in front of libraries and the court house, and through interactions with the senior citizens. Maintaining the aforementioned approach from the start of another survey would be likely to yield a higher number of completed surveys.

Additionally, if the short speeches that were granted before participants were asked if they wished to participate were turned into workshops and outreach events as well, more seniors would be likely to participate. It would also allow for seniors to fully understand the problems discussed in the study, educate them on how to notice any of the signs, and give them the information they need in order to get help for themselves or others.

Template Email Survey Request

My name is Charys Smith and I am the Elder Justice Intern at the Network for Victim Recovery of DC. I am writing to you in hopes of being able to survey seniors in your residence regarding Elder Abuse in the District. For every 1 elder abuse case that comes to the attention of people who can help and intervene, 14 senior victims are thought to suffer in silence, according to the National Research Council.

Nearly five years ago, a joint effort was launched by the Network for Victim Recovery of DC, Adult Protective Services, the Metropolitan Police Department, Legal Counsel for the Elderly, the US Attorney's Office for the District of Columbia, the DC Coalition Against Domestic Violence, and other partners involved in elder abuse cases called DC TROV - The District's Collaborative Training & Response for Older Victims. DC TROV seeks to increase the ability of governmental agencies, victim assistants, law enforcement personnel, prosecutors, and local courts to recognize, assist, investigate, and prosecute elder abuse and is supported by the Mayor's Office of Victim Services and Justice Grants.

Several years ago, DC TROV conducted its first Needs Assessment. The results of that process helped the group find funding to hire a Elder Housing Specialist for senior survivors at the District Alliance for Safe Housing, as well as informed the passage of key legislation that strengthened the criminal justice system's ability to respond to financial exploitation. Now, we are working on a second Needs Assessment, in order to reassess where the gaps in services still remain and what our community can do to continue to improve our response to survivors later in life.

As part of the project, surveys are being conducted in the senior and service provider communities in order assess the needs of the elderly population. The survey is short, completely anonymous and asks about seniors' experiences with elder abuse, if they have received any DC services devoted to seniors, the quality of services they received, and where they believe the gaps are currently for elder victims. Attached below is a PDF version of the survey for your review, and there is also a survey available online for your tech-savvy seniors.

I would love to talk more with someone about this opportunity and am reachable by email or phone at 202-742-1727 ext. 110.

Thank you so much for your consideration and I look forward to hearing from you.

Best,
Charys Smith
Elder Justice Project Intern and Research Assistant

Resource Pamphlet Handout

Reporting

MPD - *911*

The police department has several specialized units that investigate domestic violence, financial and cybercrimes, other departments that can help with your case. All of the detectives have received specialized training in elder abuse to more effectively serve your needs.

Adult Protective Services

24/7 Hotline: 202-541-3950

APS investigates reports and provides services such as placement in care facilities, capacity assessments, and aids in the court system in guardianship cases. In cases of self-neglect, they can help with arranging supportive measures like house clean-up, food delivery, transport, and medical visits.

nvrdc

For questions related to this project or services, please contact Merry.

Email: merry@nvrdc.org.

Phone: 202-742-1727

For questions related to the survey, please contact Shawn.

Email: shawn@choiceresearchassoc.com

Phone: 703-915-0916

If you have been a victim or you know someone who has been harmed, we are here to help: 202-742-1727.

NVRDC welcomes all survivors, regardless of sexual orientation, gender, gender identity or expression, race, ethnicity, religion, immigrant status, or ability.

Community Resources

Organizations that can help you with issues of Abuse, Neglect, and Financial Exploitation.

The survey you participated in will help to inform the work of the District's Collaborative Training & Response to Older Victims (DC TROV). DC TROV is a partnership of many organizations and agencies that are working to better serve senior survivors in DC. For questions about the survey, contact info is on the back of this pamphlet.

Advocacy

Long Term Care Ombudsman

202-434-2190

The Ombudsmen investigate and resolve complaints against facilities and in-home health aides to ensure they are following the law and treating their patients properly.

Network for Victim Recovery of DC

202-742-1720

NVRDC provides case management, civil, and criminal legal services for elder survivors.

Legal Counsel for the Elderly

202-434-2120

Provides free legal services to DC seniors to help with Social Security & Disability cases, Fraud & Financial abuse, Public Benefits, and alternatives to Landlord Tenant Court.

Services

DCOA – Aging Network Providers

Info Line: 202-724-5626

Provider Finder: http://geospatial.dcgis.dc.gov/agencyapps/dcoa.aspx

DCOA funds services in every ward to help elder victims live free of their abusers. These include transportation, delivered meals, employment training, adult day care, emergency and group housing, and health care support both in home and at wellness centers.

Shelter

S.O.M.E.

202-797-8806

The Kuehner Place for Abused and Neglected Elderly has beds dedicated to survivors of abuse and exploitation. They provide private rooms and hot meals in addition to support services through the Continuum of Care.

District Alliance for Safe Housing

202-290-2356 ext. 105

DASH has an Elder Advocacy Community Housing Specialist to help you find placement in a shelter regardless of whether you decide to report the crime.

ElderSAFE

301-816-5099

Although it's located in Rockville, MD, this nursing facility accepts DC survivors of elder abuse.

Appendix B: Community Survey

Your Opinion: How Can We Best Help Older Adults?

This survey will help inform the work of the District's Collaborative Training & Response to Older Victims (DC TROV). DC TROV is a partnership of many organizations and agencies that are working to better serve senior survivors in DC. Anyone can fill out this survey – seniors, caregivers, or even community leaders who have feedback to provide on the needs of senior victims. **This survey is completely anonymous and cannot be linked to you in any way. Please be as honest and as accurate as possible.**

Section A: What Do Seniors Need?

For the following items, please think about seniors who are being hurt or controlled by a partner, caregiver, or family members. Are you aware of the following services? (Select all that apply)	**Check Box if YES - Aware**
24-hr helpline for older victims & non-abusive family/friends to call for resources & support.	❒
Legal help: protective orders to keep an abuser away, changing a power of attorney or guardianship to prevent abuse, or crime victims' rights legal assistance in court.	❒
Safe shelter and other emergency housing help to escape the abuse.	❒
Foster pet care/shelter while the victim is escaping abuse.	❒
A professional to work with victims to learn about their options and create a plan about what to do next.	❒
Would the following services be helpful for seniors who are being hurt or controlled by a partner, caregiver, or family members? (Select all that apply)	**Check Box if YES – Helpful**
One-on-one counseling for older victims.	❒
Support groups - a small group of older survivors of abuse who meet regularly to talk to each other and support each other.	❒
Transportation to medical appointments, victim services, and court.	❒

What else do you think seniors who are being victimized may need?

_____

_____

Rev 6/2018 1

What information could older victims use? (Check all that apply)	**Check Box if YES - Useful**
Could victims use information on what happens when they ask for help…	
• from a person who is **required** to report any abuse situation? (Such as the police, Adult Protective Services (APS) or a social worker).	❒
• from a person who is **NOT required** to report any abuse situation? (A community-based sexual assault advocate, clergy, or an attorney).	❒
Information on victim's rights in the criminal justice system.	❒
Information on where to find housing to escape the abuse.	❒
Information about controlling relationships and how to leave an abuser.	❒
Information on protective orders and other legal assistance in seeking safety.	❒
Where to find counseling.	❒
Is there other helpful information we could provide to seniors who are being hurt by a spouse, partner, adult child, family member, or caregiver?	

Section B: Your Experience			
If you have had any of the following experiences, please select the box related to the age you were when this occurred. Please select all that apply. Please feel free to skip any questions that make you feel uncomfortable. **Has a partner, family member, and/or Caregiver…**	**Yes, Before Age 50**	**Yes, Between Age 50 and 64**	**Yes, When 65 or older**
ever taken away your money, property or other assets without your permission?	❒	❒	❒
denied you food, water, medicine or medical care?	❒	❒	❒
ever hit, pushed or otherwise physically hurt you?	❒	❒	❒
ever touched you in a way that made you uncomfortable or hurt you sexually in any way?	❒	❒	❒
Have you ever been afraid of a partner, family member, and/or caregiver?	❒	❒	❒

If you have experienced any of the situations listed above, **who** was the abuser? (Check all that apply). ❒ Your Partner ❒ Sibling ❒ Child/Children ❒ Grandchild/Grandchildren ❒ Other Relative ❒ Caregiver

If you have experienced any of the situations listed above, have you ever sought help from any of the following? IF Yes, please tell us how satisfied you were with the services of the agency?	**YES – Used Services**	**Satisfied with Services**	**Neutral - Neither Satisfied or Dissatisfied**	**Dissatisfied with Services**
Adult Protective Services	❒	❒	❒	❒
DC Forensic Nurse Examiners	❒	❒	❒	❒
DC Office on Aging	❒	❒	❒	❒
DC SAFE	❒	❒	❒	❒
District's Alliance for Safe Housing	❒	❒	❒	❒
ElderSAFE	❒	❒	❒	❒
Legal Counsel for the Elderly	❒	❒	❒	❒
Local Senior Center	❒	❒	❒	❒
Long Term Care Ombudsman Program	❒	❒	❒	❒
Metropolitan Police Department	❒	❒	❒	❒
Network for Victim Recovery of DC	❒	❒	❒	❒
Office of the Attorney General	❒	❒	❒	❒
S.O.M.E.'s Kuehner Place for Abused and Neglected Elderly	❒	❒	❒	❒
U.S. Attorney's Office for DC	❒	❒	❒	❒
Other: (please list) _____	❒	❒	❒	❒

Of these agencies, which was the MOST helpful, and why?

Name of MOST Helpful Agency: _____

Why: _____

_____

3

Of these agencies, which was the LEAST helpful, and why?

Name of LEAST Helpful Agency: _____

Why: _____

_____

Section C: Experiences of Other Seniors

Do you know anyone 50+ who has had a partner, family member, and/or Caregiver do the following? **If NO**, skip this section. **If YES**, please check all that apply.	**Check Box if YES**
Taken away money, property or other assets without their permission?	❒
Denied them food, water, medicine or medical care?	❒
Ever hit, pushed or otherwise physically hurt them?	❒
Ever touched them in a way that made them uncomfortable or hurt the person sexually in any way?	❒
Have they ever been afraid of a partner, family member, and/or caregiver?	❒

Section D: About You

Please DON'T sign your name—all answers will be kept confidential.

Age:	**Gender:**	**Ward** _____ **Neighborhood** _____

Race/Ethnicity: Black/African American ❒ White, Non-Hispanic ❒ Hispanic/Latino ❒ Asian ❒ Two or more races or Other (Specify) _____

Education	What is highest level of education completed? 10th grade or below ❒ 11th grade ❒ 12th grade/High School Diploma/GED ❒ Some College ❒ Associate's ❒ Bachelor's ❒ Master's ❒ Doctorate				
Job	Paid Full-Time ❒	Paid Part-Time ❒	Job-Seeking ❒	Retired ❒	
Yearly Income	Under $12,140 ❒	$12,140 – $29,999 ❒	$30,000 – $59,999 ❒	$60,000 – $74,999 ❒	$75,000 + ❒

Did someone help you fill this survey out (for example, reading it aloud to you)? Yes ❒ No ❒

Thank you for completing our Survey!

For Office Use Only:
Survey ID # _____ Survey Completed _____ Date Entered _____

4

Appendix C: Service Provider Survey

DC TROV 2018 Survey on Abuse in Later Life: DC Service Providers and Allied Professionals		
This provider survey is designed to gather information in four areas: 1. Your organization's perspectives about helpful services for older adults (age 50 and over) who may be experiencing some form of abuse. 2. Your organization's experience with issues of abuse in later life 3. Background information about your organization 4. Information about whether you have received any DCTROV/Elder Abuse training **This survey is completely anonymous and cannot be linked to you in any way unless <u>you choose</u> to provide your information in the organization section. Please be as honest and as accurate as possible.**		
Section A: Helpful Services for Older Individuals		
As providers we know there are a lot of gaps in services. Of the following services, rank the <u>top 3</u> you believe would be <u>most</u> helpful to seniors being victimized.	Rank Top <u>3</u> Most Helpful	
24-hr helpline for older victims & non-abusive family/friends to call for resources & support.		
Legal help: protective orders to keep an abuser away, changing a power of attorney or guardianship to prevent abuse, or crime victims' rights legal assistance in court.		
Safe shelter and other emergency housing help to escape the abuse.		
Foster pet care/shelter while the victim is escaping abuse.		
A professional to work with victims to learn about their options and create a plan about what to do next.		
One-on-one counseling for older victims.		
Support groups - a small group of older survivors of abuse who meet regularly to talk to each other and support each other.		
Transportation to medical appointments, victim services, and court.		
What other crucial services do you think seniors who are being victimized may need? _____ _____		
Do you feel seniors lack information on where to receive services following a victimization?	**Yes** ❒	**No** ❒
If yes, what information do you think is important for them to have? _____ _____		

Rev 7/2018 1

From your organization's perspective, what do you think are the biggest obstacles to providing services to victims of abuse in later life? (Check all that apply and then select the top 3 obstacles.)	**Check if YES**	Rank Top **3** Biggest Obstacles
Reliance on caregivers who are also abusing or exploiting the senior.	❒	
Limited options for counseling and/or support groups.	❒	
Limited organizational capacity (staffing, facilities, training, funding) for victim service providers.	❒	
Limited professional training about abuse in later life.	❒	
Limited public awareness about abuse in later life.	❒	
Challenges in the criminal justice system (ex. Accommodations in the courtroom, testimony of limited capacity).	❒	
Limited transportation to receive help at victim serving organizations.	❒	
Limited outreach to the older survivor population in DC.	❒	
Limited affordable housing options for older victims.	❒	
Limited shelter and emergency options for older victims of crime.	❒	
Limited money and resources so older victims can gain independence from their abuser or access services or legal assistance.	❒	
Victim fear, shame, or embarrassment.	❒	
Effectiveness of organizations responding.	❒	
Are there any other specific challenges DC faces in serving senior victims? _____ _____		

What kinds of supports would be most helpful to your organization in responding to the needs of older victims of abuse?	**Check if YES**	Rank Top **3** Most Helpful
Clearer policies and procedures.	❒	
Increased opportunities for networking and collaboration.	❒	
More accessible/ accommodating facilities for older victims of abuse.	❒	
Stronger outreach efforts in community.	❒	
Training for staff.	❒	
Knowing who to make referrals to and what kinds of services are available.	❒	
Other (please specify):	❒	
_____ _____		

Section B: Your and Your Organization's Staff Experience with Elder Abuse					
	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Please tell us about your experience. How much you agree or disagree on the following statements:					
I am familiar with the signs of abuse in later life.	❒	❒	❒	❒	❒
I am aware of the tactics that perpetrators of abuse in later life use.	❒	❒	❒	❒	❒
I am familiar with elder abuse and/or vulnerable adult reporting laws in the District.	❒	❒	❒	❒	❒
I am familiar with the process of reporting concerns about possible abuse in later life.	❒	❒	❒	❒	❒
We want to know more about your organization's staff. How much would you agree or disagree with the following statements:					
Overall, staff at my organization are familiar with the signs of abuse in later life.	❒	❒	❒	❒	❒
Overall, staff are aware of the tactics that perpetrators of abuse in later life use.	❒	❒	❒	❒	❒
Overall, staff here are familiar with elder abuse and/or vulnerable adult reporting laws in the District.	❒	❒	❒	❒	❒
Overall, staff are familiar with the process of reporting concerns about possible abuse in later life.	❒	❒	❒	❒	❒
					Check if YES
Does your organization serve individuals age 50 and older?					❒
If **Yes**, do you think any of these 50 and older clients are victims of abuse in later life? (If **No**, Skip to next Question).					❒
When providing services, does your organization screen older clients to identify possible concerns of abuse? (For example, do you ask clients if anyone is harming them or pressuring them for money?)					❒
Do you know the location/contact information of your local victim service providers?					❒
Do you have literature, information and/or posters about abuse in later life displayed in your facilities?					❒

Reporting	Check if YES
Have you ever reported your concerns about an older adult who may be a victim of abuse in later life?	❒

If you responded "yes," to the previous question, to whom did you report your concerns?
(Check all that apply)

❒ Your Supervisor ❒ Police ❒ Fire or EMS ❒ Adult Protective Services
❒ Local Victim Crisis Organization ❒ Other (Please specify) _____

If you responded "yes," can you provide feedback about the experience which was the MOST positive and/or helpful, and why?
Name of Most Positive/Helpful Agency: _____

Why: _____

_____

What about the experience which was the LEAST positive and/or helpful, and why?
Name of LEAST Positive/Helpful Agency: _____

Why: _____

_____

Training

We are always looking for new training topics, what suggestions do you have?

_____
_____
_____

Organization Data

What is the focus of your organization's services?
❒Law Enforcement ❒ Prosecution ❒ Victim services ❒ Aging Network
❒Legal services ❒ Housing ❒Medical ❒Other (specify)_____

Overall, how many PAID staff are involved in your organization?

What is your organization's target population?

Name of group or organization (Optional)

Organization Email (Optional)

Name and/or title of person completing survey (Optional)
Name: _____ Title: _____

In your role in the organization, are you a mandated reporter? ❒ Yes ❒ No

Thank you for completing our Survey!

For Office Use Only: Survey ID # _____ Survey Completed _____ Date Entered _____

Rev 7/2018 4