Conceptual Model and Map of Psychological Abuse of Older Adults

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Conceptual Model and Map of Psychological Abuse of Older Adults

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Psychological abuse of older adults is a hidden and pervasive problem that is not well conceptualized nor well measured. Goals. The goals were to (a) conceptualize psychological abuse using three-dimensional concept maps, and (b) develop theoretical models. Methods. Statements describing the construct were generated by local and national panels. These were sorted and rated using Concept System software whereby the concepts were depicted as a map. Results. The concept maps guided development of theoretical hierarchies. Significance. Theoretical models may help to develop measures to estimate prevalence better and may enable more precise screening for triage into appropriate interventions.

KEYWORDS abuse theory, emotional abuse, mistreatment, victimization, theoretical hierarchy
INTRODUCTION

Psychological abuse of older adults is a construct that is lacking in development from a measurement perspective. While a range of instruments that assess elder abuse have been developed over the past 20 years, including the Comprehensive Geriatric Assessment (Dyer & Goins, 2000), Risk Factor Checklist (Canadian Task Force on the Periodic Health Examination, 1994), the Mount Sinai/Victim Service Agency Elder Abuse Project Questionnaire (Mount Sinai, 1988), the Elder Abuse Instrument (Fulmer & Cahill, 1984; Fulmer, Paveza, Abraham, & Fairchild, 2000), the Indicators of Abuse Screen (Reis & Nahmiash, 1998), and a Referral Protocol for Abuse Problem Identification and Reporting (Bass, Anetzberger, Ejaz, & Nagpaul, 2001), very few have the specific intent of assessing psychological abuse. Further, most screening instruments usually rely on clinician assessments rather than self-report by older adults (Marshall, Benton, & Brazier, 2000), and are designed to evaluate quality of caregiving (e.g., Bravo, Girouard, Gosselin, Archambault, & Dubois, 1995), identify abusive caregivers of older adults (Reis & Nahmiash, 1995), or help health professionals detect problems (Reis & Nahmiash, 1998). Wang conducted the only survey asking professional caregivers in a Taiwanese nursing home setting about abuse (2005, 2006), but the measure lacked theory development and convergent validity indicators. Fulmer et al. (1999) reported the prevalence of abuse among people attending adult day health care programs in New York. The authors devised a list of physical indicators of abuse, e.g., unexplained bruises, frequent injuries, and whether the person appeared apprehensive. They reported low internal consistency for the scale (alpha = 0.60).

In a systematic review of 49 studies of elder abuse (Cooper, Selwood, & Livingston, 2008), 6% of older adults reported significant abuse in the last month, and 5.6% of couples reported physical violence in their relationship in the last year. These authors noted that nearly a quarter of the older adults reported significant levels of psychological abuse. Sixteen percent of nursing home staff admitted significant psychological abuse, and a third of family caregivers reported being involved in significant abuse. However, only a small proportion of this abuse was known to protective services. One in six professional caregivers reported committing abusive acts, but over four-fifths observed it. Unfortunately, only seven of the studies that were reviewed used measures for which any type of reliability and validity had been assessed (Cooper et al., 2008). Cooper et al. (2008) concluded that valid, reliable measures and consensus on what constitutes an adequate standard for validity of abuse measures are needed.
Definition
The National Center on Elder Abuse defines emotional or psychological abuse as the infliction of anguish, pain, or distress through verbal or non-verbal acts. Emotional/psychological abuse includes but is not limited to verbal assaults, insults, threats, intimidation, humiliation, and harassment. In addition, treating an older person like an infant; isolating an elderly person from his or her family, friends, or regular activities; giving an older person the “silent treatment;” and enforced social isolation are examples of emotional/psychological abuse (NCEA, n.d.). Such treatment would typically occur in private and be difficult for third parties to detect.

The small amount of literature published exclusively on psychological abuse of older adults is understandable given the difficulty in developing a precise definition that would lead to valid and reliable measures. Any definition of psychological abuse may reflect a cultural perspective. For example, there are studies that suggest that Asian Americans view acts like “silence treatment” or yelling at the older adult more harshly than non-Asian Americans (e.g., Anetzberger, Korbin, & Tomita, 1996). In addition, foreign-born Asians seem to view such acts even harsher than American-born Asians (e.g., Moon, Tomita, & Jung-Kamei, 2001). Furthermore, some believe that the meaning of psychological abuse is best represented not through any illustrative act, but rather through the perceived effect of the act on the victim, which then allows for consideration of cultural variation in definition (e.g., Nerenberg, 2008) and reinforces the importance of obtaining client self-reports.

It is common to recognize five types of elder abuse (National Center on Elder Abuse, n.d.): physical, sexual, financial, psychological, and neglect. Physical and sexual abuse, sometimes included together as physical abuse, e.g., Lachs & Pillemer (1995), are immediate, painful experiences for older adults, since they involve sudden physical violation (Burgess, 2006). Physical and sexual abuse sometimes may be detected by health professionals, family, etc. on physical examination. Neglect, with abandonment as an extreme form, is more readily observable by third parties on examination of elders and their surroundings (Dyer, Connelly, & McFeeley, 2003; Iris, Ridings, & Conrad, 2006).

In contrast, psychological abuse is insidious and not readily observable by third parties, since there may be little physical evidence, and it may involve a gradual onset and worsening that develops into intimidation and isolation with eventual dire consequences. Perhaps because it is so hidden and difficult to observe, psychological abuse has received the least attention as a measure. For psychological abuse, this may be because there are fine lines and gray areas in the spectrum of normal bickering and name calling that develop into a pattern of psychological mistreatment, and the physical, behavioral and social consequences are not as readily observable and
attributable. For these reasons, it will be important to develop measures over a spectrum of severity where ranges and cutoffs may be determined.

Prevalence

Difficulty in detecting psychological abuse leads to underreporting (Schofield & Mishra, 2003), and thus statistics are sparse. Yet high percentages in extant studies indicate the pervasiveness of the problem. Brownell, Berman, and Salamone (1999) found that among 402 cases of abuse of older adults, 54% involved psychological abuse; a similar study revealed that 41% of incidents of abuse of older adults were psychological (Anetzberger, 1998). Anetzberger (1998) found that in cases where there was psychological abuse, additional forms of abuse were present 89.7% of the time, including physical neglect and financial exploitation. Similarly, the National Elder Abuse Incidence Study (1998) found that 35% of the sample had experienced psychological abuse. Lithwick, Beaulieu, Gravel, and Straka (1999) found that among 128 cases of mistreatment of older adults, 87% included psychological abuse. Vladescu, Eveleigh, Ploeg, and Patterson (1999) and Godkin, Wolf, and Pillemer (1989) also reported high percentages (73% and 72% respectively), although both studies had small samples. Differences in the definition and measurement of psychological abuse used by each study above may account for some discrepancies.

Conceptual Models

The limited research on most forms of elder abuse, including psychological abuse, has lacked an overall conceptual framework to guide data collection efforts and provide effective assessment of the risk factors for and the consequences of different types of abuse. Godkin et al. (1989) developed five conceptual components of abusive relationships. Anetzberger (2000) developed the Exploratory Model for Elder Abuse, which examined characteristics of the perpetrator as the primary consideration, and secondarily, characteristics of the victim and the context in a temporal arrangement. Rabiner, O’Keeffe, and Brown (2004) presented a conceptual model that can be used to understand better the etiology of financial exploitation as well as examine the likelihood that an event or set of events will lead to financial and other types of harm to an older person.

These models have several commonalities; primary among them is that they recognize the importance of including the perpetrator and his or her characteristics as well as the social network. While the models are able to explain the etiology of general abuse, they do not present examples of items that represent psychological abuse, nor do they indicate which components are most important to elder abuse or which are most severe. Understanding
these issues is essential to obtaining accurate assessments of types and levels of abuse.

This review of the literature did not reveal any studies specifically devoted to the conceptualization of theories with concomitant development of measures of psychological abuse of older adults. Measures that are well-founded conceptually will be crucial to any research involving these constructs. Ultimately, such measures may facilitate improved screening and outcome evaluation for treatment programs.

Goal

Therefore, the goal of this project was to conceptualize psychological abuse of older adults using concept maps (Trochim, 1989a, 1989b) to represent graphically the topography of this construct. The concepts generated in this process then were used to develop a theory that could guide measure development for screening and outcome assessment.

METHODS

Concept Mapping and Instrument Development

Concept mapping is defined by Kane and Trochim as “an integrated approach whose steps include brainstorming, statement analysis and synthesis, unstructured sorting of statements, multidimensional scaling and cluster analysis, and the generation of numerous interpretable maps and data displays” (2007, p. 1). Concept mapping has been used by a wide array of professionals for a variety of purposes, including survey design and analysis (Jackson & Trochim, 2002), program planning and development and needs assessment (Trochim, Cook, & Setze, 1994), community-building (Davis, 2007), and building quality report cards for geriatric care (Groenewoud, van Exel, Berg, & Huijsman, 2008).

Related to the work described in this article, concept mapping has been used as a technique to help construct evaluation tools and protocols (Galvin, 1989; Stokols et al., 2003), as well as establish the foundation of a needs assessment survey (Filiberto, 2005). Most recently, Rosas and Camphausen (2007) conducted a study in which they integrated concept mapping with traditional scale-development processes to strengthen the creation of a scale for inclusion in an evaluation instrument for a multisite family support program. This study demonstrated the utility of concept mapping as an integrated part of measure development.

Similar to these studies, the concept mapping method (Concept Systems, 2006) that was utilized in this study followed a five-step process: (a) study preparation, (b) statement generation and structuring, (c) sorting and rating, (d) data analysis, and (e) data interpretation (Trochim, 1989a).
Human Subjects Review, Sampling, and Study Preparation

This project was approved by the University of Illinois at Chicago Office for the Protection of Research Subjects (OPRS). Following approval, our first step in developing concept maps of psychological abuse was to bring together local and national experts in the field of elder abuse and neglect and aging to generate descriptive statements defining psychological abuse.

LOCAL PANEL

The local panel was intended to provide input from the perspective of service providers and administrators in state and municipal elder abuse service agencies. The local group, all from Illinois, was invited to participate in the first concept mapping exercise. They were representatives of private sector nonprofit organizations, academic programs, health care providers, and public or not-for-profit agencies and organizations. Providers had expertise in elder abuse investigation and intervention. Of 16 that were invited, 10 participated in the session.

The demographics of the 10 local panel members are as follows: eight were female and two were male. Nine were Caucasian and one panelist was Asian. Eight worked in a nonmedical setting. Of these, three worked for a social service agency, two worked for a state agency, and three worked in some other service setting. Nine of the panelists were from the Chicago metropolitan area.

NATIONAL PANEL

Of 12 that were invited, six national panelists participated in a teleconference in February 2007 to brainstorm concepts for psychological abuse. Professional backgrounds of confirmed participants included applied social science, social work, nursing, law, and public administration. All participants were from outside Illinois. These experts were chosen because they had made sustained, seminal contributions to the characterization, theory, and treatment of elder abuse and could provide a more nationally representative perspective.

Demographics of the six national panelists are as follows: four of the panel members were female and two were male. One of the panelists worked with a legal agency and five worked in academic institutions. Of the six panel members, three worked in the Western and Southern regions of the United States and three worked in the Midwest. The “acknowledgments” contains names and institutions of all panelists.
Idea Generation and Structuring Phase

The second step in developing the concept map of psychological abuse was to generate descriptive statements defining this construct. For this a “brainstorming” methodology was used that consisted of open-ended discussions and spontaneous elicitation of statements. Preparatory work included the lead author reading every available article on psychological abuse and constructing severity hierarchies of existing items. (Detailed report available from the lead author.) These were available as suggestions to the expert panels during brainstorming.

**FOCUS PROMPTS**

We used the following focus statement: “Please give us some brief statements describing the characteristics of psychological abuse among older persons.” The live brainstorming session was used to gather the responses. Concept Systems (2006) recommends that the number of descriptive statements be limited to 100 in order to be manageable.

The local panel of experts was then asked to review the concepts for content and face validity and to identify concepts that were not covered that might lead to the creation of new statements. Expert panel review is of vital importance (a) to insure that all domains of the construct are addressed by the scale, (b) to determine whether the construct has been defined adequately without being too broad or too narrow, and (c) to receive feedback regarding wording of the statements and response categories. The same procedure was followed with the national panel.

Next, the research team consolidated the statements generated by both panels into a single set. This involved consolidation of very similar statements and integration of detailed statements into broader ones (Trochim, Milstein, Wood, Jackson, & Pressler, 2004). The statements then were entered into the web-based project space on the Concept Systems website so that sorting and rating exercises could be conducted remotely by panel members.

**Sorting and Rating Procedures**

Each participant was then asked to visit the Concept Systems Global website and conduct three activities: (a) sort statements into groups based on similarity, (b) name the groups, and (c) rate each statement according to severity. The rating for severity used a scale of 1 to 5 (1 = not severe at all to 5 = extremely severe). National panelists were asked to complete a sorting and rating exercise on the Concept Systems website within approximately one month.
Data Analysis

The fourth step involved a quantitative analysis conducted by the researchers. Based on the results of the sorting exercise described above, we were able to create graphic representations of the structure of psychological abuse, including point maps, cluster maps, and rating maps. Maps were developed using two-dimensional nonmetric multidimensional scaling and hierarchical cluster analysis (Trochim, 1986) using Concept Systems CORE software (Concept Systems, 2006).

POINT AND CLUSTER MAPS

Point maps represent how individual statements are placed within an average proximity of each other based on the aggregated sorts of the panel members plotted using multidimensional scaling. Once the point map is constructed, the cluster map can then be developed using hierarchical cluster analysis to estimate which points should be grouped together. Within a cluster map, the placement of clusters or domains on the map does not reflect any order, or priority, but rather represents the conceptual relationship of the ideas to one another, as in Figure 1.

![Concept Map of Psychological Abuse](image-url)
BRIDGING VALUES

A bridging value ranges from 0 to 1 (Brown & Calder, 2000) and gives an idea of the uniqueness of the statement or cluster. A bridging value near 0 indicates that a statement was sorted with others that are close to it on the map, i.e., is integral to that cluster and not to others; a value nearer 1 indicates that the concept was often sorted with statements that are farther away on the map, i.e., shares more with other clusters. Clusters with low bridging values are usually more cohesive, easier to interpret, and reflect the content well in that part of the map. For clusters as a whole, a bridging value of 0 means that the clusters are clearly differentiated from others in the map. In contrast, a cluster bridging value of 1 indicates that the cluster is highly related to the other domains and not unique.

Clusters in the middle of the map may contain statements that are linked to multiple regions on the map, as they were frequently grouped with statements that now appear in the other clusters. Clusters that are conceptually clear may appear near the boundaries of the map because many participants matched the statements in this domain together and did not put them with those that fall into other domains on the map. This results in the domain being pushed away from the rest of the clusters and toward the edges of the map. A larger cluster that encompasses more space on the map often represents a domain that is quite broad or that bridges two related ideas on the map (Concept Systems, 2006).

RATING MAP

In addition to the standard map, rating maps were generated. The rating map shows a different number of layers, i.e., 1 = low severity to 5 = high severity, based on the average rating for that cluster (see Figure 1). The strength of this approach is that the map shows at a glance which are the concentrations of high and low severity domains and statements (Kane & Trochim, 2007).

Interpretation Session

The fifth step of the concept mapping process is the interpretation session. In this study the interpretation session was done via an audio/video conference of the expert panel and the research team, again using teleconferencing software. During this session panelists reviewed the statements, identified regions of meaning, gave unique names to the regions, decided on the final number of clusters, gave unique names to the clusters, and identified next steps.
RESULTS

Idea Generation and Structuring Phase

The local group of participants developed 57 statements related to elder psychological abuse. The group of national participants generated 67 statements related to psychological abuse, some of which overlapped with those generated by the local group. The research team then collated and consolidated these into a final set of 56 unique statements.

Sorting and Rating

Twelve panel members also completed the psychological abuse sorting procedure, and 12 completed the psychological abuse severity rating procedure. The maps that were generated are discussed below.

Interpretation of Maps

Attempting to foster generalizability, yet with a manageable number of participants, six national panel members participated in the interpretation session via teleconference. During this step, panelists finalized the psychological abuse concept map names and number of clusters within each map.

CLUSTERS

The concept map that resulted from the aggregated sorts was comprised of five distinct clusters depicting psychological abuse. These concepts were: (a) isolation, (b) insensitivity and disrespect, (c) shaming and blaming, (d) threats and intimidation, and (e) trusted other risk factors (see Figure 1).

REGIONS OF MEANING

In our interpretation of the results of the concept mapping process, the experts further divided the map into two areas or regions of meaning to form an overall conceptual framework: (a) physical intimidation and (b) depersonalization. The physical intimidation region included two clusters: trusted other risk factors and threats and intimidation. The depersonalization region included three clusters: isolation, insensitivity and disrespect, and shaming and blaming (see Figure 1).

BRIDGING VALUES

The appendix displays each cluster's statements with their bridging values and severity ratings. Again, the statements tended to be sorted with the
statements in their cluster (low bridging value) or with statements in other clusters (high bridging value). For example, in the “isolation” cluster, the statement “trusted other keeps the senior from contacting family and friends or community resources” is integral to the concept of isolation; it has the lowest bridging value, .24, in the cluster. On the other hand, the statement with the highest bridging value of .62 in the cluster is “trusted other deprives senior of glasses, hearing aids, prosthetics, walker, wheelchair, etc.” This statement would contribute to isolation, but is not isolation in itself.

The appendix also displays bridging values for the clusters. These represent how much the concept represented by the cluster is related to the other concepts. In bridging value ascending order, the concepts are ranked as follows: shaming and blaming (.14), threats and intimidation (.26), trusted other risk factors (.37), isolation (.41), and insensitivity and disrespect (.47). The bridging values indicate that shaming and blaming has the most uniqueness and shares the fewest statements with other clusters. It is especially distinct from isolation and trusted other risk factors, which are the farthest from it on the map. Insensitivity and disrespect is the most central cluster and has the highest bridging value; it is the cluster whose statements were most often sorted with other statements.

RATING RESULTS

Figure 1 also graphically represents the average severity ratings for each of the five psychological abuse clusters. In severity rating descending order, the concepts were ranked as follows: isolation (4.65), threats and intimidation (4.29), insensitivity and disrespect (3.95), shaming and blaming (3.80), and trusted other risk factors (3.19).

DISCUSSION

The Five Clusters

In the following sections, we discuss the five clusters in order of their descending severity ratings. The numbers at the end of each of the concepts listed below can be located in Figure 1 and Table 1. While we based our model on this severity hierarchy, these were not distinct levels, but were based on statement averages. Therefore, the levels overlap with each other, especially the top four. For an individual older adult, multiple components of psychological abuse may be occurring at the same time, and the severity hierarchy may vary depending on the case.

ISOLATION

The “isolation” cluster is composed of statements indicating various types of social and sensory deprivation such as “prevents senior from having contact
TABLE 1  Working Measurement Model of Psychological Abuse

<table>
<thead>
<tr>
<th>Offender</th>
<th>Types of psychological abuse</th>
<th>Consumer consequences</th>
<th>Staff or third party evaluation and intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Severity Indicators at the Top</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confines older adult, denies elder contact with family</td>
<td>Isolation, deprivation</td>
<td>Dangerous, life-threatening situation</td>
<td>Requiring immediate social, legal, or medical intervention</td>
</tr>
<tr>
<td>Threatens nursing home, threats of violence</td>
<td>Threats and intimidation</td>
<td>Trauma with deleterious mental, e.g., depression and physical health consequences</td>
<td>Severe psychological abuse requiring treatment and separation</td>
</tr>
<tr>
<td>Confuses older adult, ignores effects of pain, discounts feelings, minimizes needs</td>
<td>Insensitivity and disrespect</td>
<td>Affecting mental and physical health</td>
<td>Serious psychological abuse that may require family intervention or therapy</td>
</tr>
<tr>
<td>Blames older adult for problems, belittles elder</td>
<td>Shaming and blaming</td>
<td>Older adult feels bad, guilty, useless, inadequate</td>
<td>Low to moderate psychological abuse that deserves careful watching and/or counseling</td>
</tr>
<tr>
<td>History of violence, makes the older adult afraid</td>
<td>Risk factors</td>
<td>Overly deferent, seems uncomfortable and/or afraid</td>
<td>Risk of abuse (high to low); focus on primary prevention such as education and periodic checking in</td>
</tr>
<tr>
<td>Low Severity Indicators at the Bottom</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

with the external world via newspapers, news, etc.” (46), “confines the older adult” (3), and “impedes older adult’s ability to see, hear, taste food, touch or feel others” (5). This cluster is rated as highest in severity at 4.65, and it has the second highest bridging value. The high bridging value of .41, with the highest possible value being 1.00, indicates that statements in this cluster were sorted a fair amount of the time with statements in other clusters. Some of the statements, while being extremely severe, e.g., “prevents older adult from getting medical care or medications” (47), with the highest possible severity rating of 5.00, may actually be more indicative of physical abuse and not psychological abuse. This cognitive type of psychological abuse does not occur alone but tends to be associated with other types of psychological abuse.

THREATS AND INTIMIDATION

The “threats and intimidation” cluster, is composed of a variety of threats of varying severity. The lowest severity statement in the cluster is “gives senior the silent treatment” (48), while the highest is “makes threats of violence to
the senior” (18). Overall, this cluster has the second highest severity rating at 4.29 and the fourth highest bridging value at .26. The latter indicates that this cluster's statements often were sorted with each other rather than with statements in other clusters. While it is rated as quite high in severity, it is most closely associated with shaming and blaming and with insensitivity and disrespect.

**INSENSITIVITY AND DISRESPECT**

The “insensitivity and disrespect” cluster is composed of 11 statements listed in terms of their increasing bridging values: “confuses the older adult, making them think they are crazy” (12), “ignores effects of pain and physical disease” (22), “ignores older adult’s wishes” (39), “discounts the older adult’s feelings and treats them as invalid” (38), “does not acknowledge older adult’s psychological state” (33), and “won’t let older adult speak for himself” (26). This cluster has the third highest severity rating at 3.95 and the highest bridging value at .47. Therefore these statements were those most often sorted with statements in other clusters. The central position of the insensitivity and disrespect cluster on the map indicates that it is related to all of the others.

The central concept of “insensitivity and disrespect” may indicate key characteristics of offenders that are useful in detection as well as in education, prevention, and remediation. An implication of this is that a high score on an “insensitivity and disrespect” questionnaire administered to appropriate subjects, e.g., potential abusers or older adults, may prove to be more predictive of abuse than other risk factors such as unemployment or substance abuse of the potential abuser. We interpret this cluster to be a key enabler of psychological abuse in terms of the behaviors and attitude of the offender. The “trusted other risk factors” cluster describes factors that might indicate the risk of an abuser or identify a risky situation, while, in contrast, the disrespect cluster indicates a key moderate severity indicator that might be observable in the suspected abuser.

**SHAMING AND BLAMING**

The “shaming and blaming” cluster, consists of issues involving demeaning, blaming, or shaming the senior in various ways as well as direct verbal attacks, such as yelling and swearing. This is the fourth most severe cluster at 3.80 and has the lowest bridging value at .14. This means that these statements are those most commonly sorted with each other rather than with statements from other clusters. We interpret this as meaning that shaming and blaming is an integrated cluster of statements of moderate severity that is least associated with isolation.
The “trusted other risk factors” cluster refers to the troubled history of the trusted other and the fear or discomfort of the older adult with regard to the trusted other. This cluster has the lowest severity rating at 3.19 and a median bridging value of .37. We interpret this cluster as useful for indicating risk, potential, or suspicion of abuse, but not abuse per se.

Several important points emerge from our analysis of the results of our concept mapping method and cluster mapping procedures. First, there is a hierarchy of abuse that may be measured, observed, and intervened upon to prevent escalation. Second, the trusted other risk factors cluster was identified as the least severe by professionals in relation to the overall conceptualization of psychological abuse. We interpret this as meaning that, while a trusted other may have risk factors such as a history of violence or of being abused as a child, it does not mean that these risk factors determine or are even strongly associated with psychological abuse. Rather, it is the behavior of the trusted other that defines them as a respectful and loving caregiver or a disrespectful and threatening abuser. Isolation is rated as the most severe cluster, while the insensitivity and disrespect cluster is central to psychological abuse.

It is also important to note what is absent from the concept map. There are no statements describing the older adult except in relation to fear of or discomfort with the trusted other. This may indicate the belief by professionals that it is not the older adult that is responsible for psychological abuse, i.e., bringing it on or causing it, but rather it is perceived by professionals in the field as the responsibility of the offender. Or, it may be that in representing psychological abuse, the focus of the concept’s meaning is on the act and its consequences to the victim, rather than on any indication of responsibility.

Working Measurement Model of Psychological Abuse

Table 1 displays our working measurement model of psychological abuse that was derived from the concept mapping study. It shows the three parties that are involved: the offender, the older adult, and staff or other third parties. For the offender in the first column, we list some of the abusive behavior. The types (a.k.a., concepts or components) of psychological abuse questions also are displayed in severity order in the second column based on the concept map rankings (levels on the map and in the appendix). We have listed the expected condition or situation of the consumers from high to low severity in the third column. In the fourth column, we display the expected intervention that would result based on the staff or other third party responses to the questions in the staff questionnaire, i.e., their evaluation of the consumer.
OFFENDER

There must be a trusted other who is at risk, suspected, or alleged to be mistreating the older adult. No measures are as yet available from the trusted other’s perspective for assessing their risk factors or their actual emotionally abusive behaviors. However, they are likely to make the older adult afraid, to blame and belittle the older adult, to confuse them, ignore their pain, discount their feelings, and minimize their needs. At the higher levels of severity, the offender may punish the older adult and threaten violence, abandonment, and nursing home placement. The most severe level includes sensory deprivation, including denying contact with the family and outside world, restriction to bed, and confinement. Again, trusted others or alleged abusers may be from all walks of life, so risk factors may mean little as indicated by the low severity ranking. Instead, it is actual behavior that define a trusted other as an abuser.

TYPES OF PSYCHOLOGICAL ABUSE

This model includes risk factors that emanate from the offender. Mistreatment escalates in severity to shaming and blaming, then to insensitivity and disrespect, threats and intimidation, and ultimately to isolation and deprivation. The appendix contains the actual statements that were generated to indicate these five types.

CONSUMER CONSEQUENCES

The condition of the older adult will vary in severity from low level discomfort, fear, or agitation to being observably upset to having severe emotional disturbance to psychological symptomatology such as depression, hopelessness, loss of appetite, and eventual hospitalization and death.

STAFF OF THIRD PARTY EVALUATION AND INTERVENTION

Where there is risk of abuse, the focus should be on education and establishing systems that facilitate observation and check ups. These levels have corresponding types of intervention from careful watching and counseling that may help to prevent escalation, then up the severity hierarchy, to family therapy, to separation from the alleged abuser with corresponding treatment of the older adult, and further up to immediate social, legal, or medical intervention.

Strengths, Limitations, and Future Directions

This study was rare insofar as it obtained consensus on resulting statements and concepts from 16 experts from various perspectives on elder abuse,
including service providers to all types of clients (see acknowledgments). While we attempted to achieve a diverse sample, both the local panel of 10 out of 16 that were asked and the national panel of 6 out of 12 that were asked were volunteers that turned out to be mostly urban, female, and Caucasian. While experts who deal with substantiated victims daily were included, the sample did not include elder abuse clients themselves or their alleged abusers. Subsequent concept map studies would be useful to test the reproducibility of these results with older adult clients themselves as well as with different expert participants and with alleged abusers.

This work suggests that developing assessments of the alleged abusers may be a constructive future direction. There may be questions that will indicate latent constructs in the abusers such as insensitivity to the older adult’s feelings and needs as well as an attitude of disrespect that underlies and enables abusive behavior. The ability to discern such attitudes may lead to the development of improved screening to indicate potential and actual offenders as well as to more targeted and effective interventions.

CONCLUSION

This study generated theoretical hierarchies of psychological abuse that should help improve our understanding of this type of elder abuse. The hierarchies provide a starting point for the development of benchmarks that may be useful in intervention and legal proceedings, including sentencing, on alleged abusers. In addition, the concept mapping approach generated statements that will be useful in measuring self-reports of older adults and observations of investigators and researchers.

Measurement is a key to opening a field for scientific study. A full scale data collection using the psychological abuse measure with a subsequent analysis using item response theory, e.g., Rasch measurement model, will provide empirical hierarchies to confirm or deny the hierarchies developed here. The resulting rulers may help researchers to understand prevalence better by enabling more accurate self and third party reporting. Better measurement also will enable practitioners to screen clients more systematically and to use cutoffs that will need to be developed so that cases may be triaged more effectively into appropriate interventions.

ACKNOWLEDGMENT

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REFERENCES


### APPENDIX Psychological Abuse

<table>
<thead>
<tr>
<th>Concept #</th>
<th>Clusters and statements</th>
<th>Bridging value</th>
<th>Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cluster 1: Isolation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>Trusted other prevents older adult from having contact with the external world via newspapers, news, etc.</td>
<td>.24</td>
<td>4.67</td>
</tr>
<tr>
<td>54</td>
<td>Trusted other keeps the older adult from contacting family and friends or community resources</td>
<td>.24</td>
<td>4.67</td>
</tr>
<tr>
<td>3</td>
<td>Trusted other confines the older adult</td>
<td>.27</td>
<td>4.83</td>
</tr>
<tr>
<td>52</td>
<td>Trusted other denies older adult’s use of the telephone</td>
<td>.35</td>
<td>4.50</td>
</tr>
<tr>
<td>47</td>
<td>Trusted other prevents older adult from getting medical care or meds</td>
<td>.43</td>
<td>5.00</td>
</tr>
<tr>
<td>5</td>
<td>Trusted other impedes older adult’s ability to see, hear, taste food, touch, or feel others.</td>
<td>.55</td>
<td>4.75</td>
</tr>
<tr>
<td>1</td>
<td>Someone makes the older adult stay in bed</td>
<td>.57</td>
<td>4.25</td>
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<tr>
<td>28</td>
<td>Trusted other deprives older adult of glasses, hearing aids, prosthetics, walker, wheelchair, etc.</td>
<td>.62</td>
<td>4.83</td>
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<tr>
<td><strong>Cluster 2: Insensitivity and Disrespect</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Trusted other discounts the older adult’s feelings and treating them as invalid</td>
<td>.18</td>
<td>3.92</td>
</tr>
<tr>
<td>33</td>
<td>Trusted other does not acknowledge older adult’s psychological state</td>
<td>.22</td>
<td>3.33</td>
</tr>
<tr>
<td>12</td>
<td>Trusted other deliberately confuses the older adult, making them think they are crazy</td>
<td>.24</td>
<td>4.58</td>
</tr>
<tr>
<td>22</td>
<td>Trusted other ignores effects of pain and physical disease on the older adult</td>
<td>.32</td>
<td>4.42</td>
</tr>
<tr>
<td>16</td>
<td>Trusted other denies older adult’s traumatic history</td>
<td>.38</td>
<td>3.42</td>
</tr>
<tr>
<td>25</td>
<td>Trusted other does not acknowledge/minimizes the older adult’s need for medical support</td>
<td>.39</td>
<td>4.25</td>
</tr>
<tr>
<td>41</td>
<td>Trusted other treats the older adult as a child</td>
<td>.45</td>
<td>3.67</td>
</tr>
<tr>
<td>39</td>
<td>Trusted other ignores the older adult’s wishes</td>
<td>.49</td>
<td>4.08</td>
</tr>
<tr>
<td>26</td>
<td>Trusted other won’t let older adult speak for him or herself</td>
<td>.50</td>
<td>3.75</td>
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*(Continued)*
<table>
<thead>
<tr>
<th>Concept #</th>
<th>Clusters and statements</th>
<th>Bridging value</th>
<th>Severity</th>
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</thead>
<tbody>
<tr>
<td>51</td>
<td>Someone shares family secrets or business related to the older adult with outsiders</td>
<td>.94</td>
<td>3.58</td>
</tr>
<tr>
<td>21</td>
<td>Trusted other exploits the older adult’s cognitive deficits</td>
<td>1.00</td>
<td>4.50</td>
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<tr>
<td></td>
<td><strong>Cluster 3: Shaming and Blaming</strong></td>
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<tr>
<td>11</td>
<td>Someone close to the older adult deliberately made them feel bad</td>
<td>.00</td>
<td>3.42</td>
</tr>
<tr>
<td>32</td>
<td>Trusted other blames the older adult for his or her problems</td>
<td>.04</td>
<td>3.50</td>
</tr>
<tr>
<td>40</td>
<td>Someone close to the older adult called them names or put them down</td>
<td>.04</td>
<td>3.92</td>
</tr>
<tr>
<td>7</td>
<td>Someone close to the older adult tells the senior that they give them too much trouble when they really are not</td>
<td>.06</td>
<td>3.00</td>
</tr>
<tr>
<td>55</td>
<td>Trusted other tells older adult that no one wants them around</td>
<td>.06</td>
<td>4.25</td>
</tr>
<tr>
<td>15</td>
<td>Trusted other makes the older adult feel guilty</td>
<td>.07</td>
<td>3.67</td>
</tr>
<tr>
<td>10</td>
<td>Trusted other blames older adult for things the senior did not do</td>
<td>.07</td>
<td>3.42</td>
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<tr>
<td>44</td>
<td>Trusted other treats older adult in undignified manner when assisting with activities of daily living</td>
<td>.08</td>
<td>4.25</td>
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<tr>
<td>20</td>
<td>Trusted other makes the older adult feel useless</td>
<td>.09</td>
<td>3.83</td>
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<tr>
<td>30</td>
<td>Trusted other talks about the older adult as if they were not there</td>
<td>.11</td>
<td>3.67</td>
</tr>
<tr>
<td>13</td>
<td>Trusted other shames the older adult</td>
<td>.14</td>
<td>4.25</td>
</tr>
<tr>
<td>24</td>
<td>Trusted other continually mentions the older adult’s diminishing mental or physical or sexual capacity or frailties and dependency</td>
<td>.15</td>
<td>4.08</td>
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<tr>
<td>27</td>
<td>Trusted other consistently belittles the older adult</td>
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<tr>
<td>49</td>
<td>Trusted other belittles friends and family members of the older adult</td>
<td>.23</td>
<td>3.42</td>
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<tr>
<td>42</td>
<td>Trusted other yells at older adult</td>
<td>.44</td>
<td>4.00</td>
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<tr>
<td>43</td>
<td>Trusted other swears at the older adult</td>
<td>.54</td>
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<tr>
<td></td>
<td><strong>Cluster 4: Threats and Intimidation</strong></td>
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<tr>
<td>23</td>
<td>Someone makes verbal threats of nursing home placement against the adult</td>
<td>.04</td>
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<tr>
<td>29</td>
<td>Someone makes threats of violence related to second parties known to the older adult (kids, pets, etc.)</td>
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<tr>
<td>18</td>
<td>Someone makes threats of violence to the older adult</td>
<td>.09</td>
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<tr>
<td>53</td>
<td>Trusted other threatens to take things away or deprive the older adult of things</td>
<td>.12</td>
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<tr>
<td>35</td>
<td>Trusted other threatens to abandon the older adult</td>
<td>.19</td>
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<th>Bridging value</th>
<th>Severity</th>
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<tbody>
<tr>
<td>56</td>
<td>Someone performs nonverbal behaviors that frighten or intimidate or traumatize or control the older adult</td>
<td>.27</td>
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<tr>
<td>9</td>
<td>Someone recently punished the older adult for no specific reason</td>
<td>.29</td>
<td>4.17</td>
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<tr>
<td>8</td>
<td>Trusted other threatens to withhold family/social contact from the older adult</td>
<td>.29</td>
<td>3.92</td>
</tr>
<tr>
<td>50</td>
<td>Adult child threatens to deny access to grandchildren to the older adult</td>
<td>.32</td>
<td>4.08</td>
</tr>
<tr>
<td>19</td>
<td>Someone forces senior to do things the older adult does not want to do</td>
<td>.37</td>
<td>4.42</td>
</tr>
<tr>
<td>48</td>
<td>Trusted other gives older adult the silent treatment</td>
<td>.43</td>
<td>3.67</td>
</tr>
<tr>
<td>37</td>
<td>Trusted other withholds affection and love in order to manipulate the older adult</td>
<td>.45</td>
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</tr>
<tr>
<td>2</td>
<td>Trusted other manipulates older adult with drugs or alcohol</td>
<td>.48</td>
<td>4.58</td>
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**Cluster 5: Trusted Other Risk Factors**

<table>
<thead>
<tr>
<th>Concept #</th>
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<tbody>
<tr>
<td>6</td>
<td>Trusted other has suffered from domestic violence</td>
<td>.00</td>
<td>2.25</td>
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<tr>
<td>45</td>
<td>Trusted other suffered from child abuse</td>
<td>.10</td>
<td>2.33</td>
</tr>
<tr>
<td>14</td>
<td>Trusted other has history of committing violent acts</td>
<td>.32</td>
<td>3.25</td>
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<tr>
<td>17</td>
<td>Older adult defers all questions, even basic, to the trusted other</td>
<td>.45</td>
<td>2.92</td>
</tr>
<tr>
<td>34</td>
<td>Older adult is afraid of someone in the family</td>
<td>.45</td>
<td>4.00</td>
</tr>
<tr>
<td>31</td>
<td>Older adult feels uncomfortable with trusted other</td>
<td>.52</td>
<td>3.33</td>
</tr>
<tr>
<td>4</td>
<td>Older adult is afraid of anyone angering the trusted other</td>
<td>.55</td>
<td>3.25</td>
</tr>
<tr>
<td>36</td>
<td>Older adult feels that they have nowhere to turn for help</td>
<td>.55</td>
<td>4.17</td>
</tr>
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</table>