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Elder Affairs Officers in Rhode Island: An Exploratory Descriptive Study

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Elder Affairs Officers in Rhode Island: An Exploratory Descriptive Study

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Masters of Science

Criminal Justice

School of Justice Studies

Roger Williams University

May 2018

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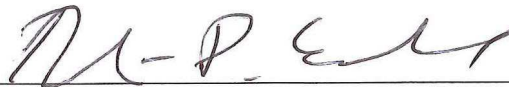Committee Members: Dr. Kathleen Dunn and Dr. Robert Engvall

To: Dean Eric Bronson
School of Justice Studies

This thesis by Kelsey M. Harrington, and entitled Elder Affairs Officers in Rhode Island: An Exploratory Descriptive Study having been approved in respect to style and intellectual content is referred to you for judgement.

We have read this thesis and recommend that it be approved.

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Dr. Melissa Russano

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Dr. Robert Engvall

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Dr. Kathleen Dunn

Date of Defense: May 14, 2018

The thesis of Kelsey Harrington is approved.

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Dean Eric Bronson
School of Justice Studies

Roger Williams University, 2018

Abstract

This paper examines the current state and perceived effectiveness of the Elder Affairs Officer system in Rhode Island, with an additional focus on identifying how current practice might be improved. To the author's knowledge, this is the first systematic study of this issue. Participants in the study were Elder Affairs Officers from police departments around Rhode Island. A survey was used to allow officers to share their experiences and opinions of the current system. Results of this study include participants' positive view of multi-disciplinary teams and the need for increased training in Rhode Island. Recommendations for training and implementation of multi-disciplinary teams are proposed.

Keywords: Elder abuse, police, multi-disciplinary team, training, Rhode Island

Elder Affairs Officers in Rhode Island: An Exploratory Descriptive Study

Abuse and neglect of elderly citizens is an area of concern within the criminal justice system (Department of Justice, 2016). One of the difficulties with understanding elder abuse is that it can take on many different forms (Lachs & Pillemer, 2004). Elder abuse ranges from physical abuse, sexual abuse, emotional abuse, financial exploitation, neglect by others, and self-neglect (Lachs & Pillemer); how law enforcement agencies grapple with elder abuse issues is understudied. In the state of Rhode Island, current practice is for every police agency to designate at least one officer as the department's Elderly Affairs Officer (hereafter 'EAO'). According to the Warwick, Rhode Island police website, the role of an EAO in Rhode Island is to "serve as a liaison to the Division of Elderly Affairs on matters of elder abuse, neglect, and self-neglect" ("Elderly Affairs", n.d.). The purpose of the current research was to explore the current state and perceived effectiveness of the EAO system in Rhode Island, with an additional focus on identifying how current practice might be improved. To our knowledge, this is the first systematic study of this issue.

Elder Abuse: Definition and Types

According to the Department of Justice (DOJ), public awareness of elder abuse has been rising across the country (Jackson, 2016). With this increased attention, there has been more focus on where there may be failures within the current system (Jackson, 2016). To date, research on elder abuse is scarce and has been criticized as biased and methodologically flawed (Lachs & Pillemer, 2004). Currently, there is no agreed upon definition for elder abuse (Roberto, 2016), which according to the National Center on Elder Abuse (NCEA) has made collecting data on frequency of all types of abuse nearly impossible.

The Elder Justice Initiative (EJI) within the DOJ, defines five types of elder abuse ("Older adults, families", n.d.). The first, physical abuse, is defined as "an act, rough treatment or punishment that may result in injury, pain or impairment" ("Older adults, families", n.d.). Physical abuse can be perpetrated by anyone in the elder's life. One example provided by the EJI is a story about Katherine, who was beaten by her live-in grandsons for over a decade. Katherine was finally able to call for help and the hospital connected her with Adult Protective Services. Stories such as Katherine's come in many forms, and are not limited to family members as abusers. Caregivers, neighbors, and others can all be implicated in the abuse of an elder ("Older adults, families", n.d.). The next type of abuse, psychological, is defined as, "verbal or emotional abuse causing suffering, emotional pain, or distress"("Older adults, families", n.d.). The EJI provides the story of Rosie, who was the victim of crude emails and phone messages by a neighbor in her senior community. Rosie was in fear of being harmed and was able to obtain a restraining order from the elderly stranger who was contacting her ("Older adults, families", n.d.). Financial abuse, the "illegal or improper use of an older person's money or property" was perpetrated against a woman named Millie, who entrusted a financial advisor to invest her money. The advisor was able to convince Millie she was making money in the stock market, but when she went to withdraw it, she learned all her invested money was gone ("Older adults, families", n.d.). Those living alone are at higher risk than those living with someone else to be victims of financial abuse, whereas elders living with someone else (particularly elders who are dependent on someone else) are more likely to experience other forms of abuse, specifically physical abuse (Lachs & Pillemer, 2004). The fourth type of elder abuse defined on the EJI's website, is neglect and abandonment, which is defined as "intentional or

unintentional failure or refusal to provide care or help to an older adult-an extreme form of neglect" ("Older adults, families", n.d.). Clarence was a 79 year old man who had recently lost his wife. He asked his sons to move in so that he would have company, but shortly after they arrived, he was forced to live in the backyard shed and not allowed into his home. His sons would only occasionally provide food and water for Clarence to bath in. Clarence's neighbor noticed something was wrong and contacted authorities ("Older adults, families", n.d.). Finally, sexual abuse, is defined by EJI as, " sexual contact or non-contact of any kind with an older person without agreement from that person." Margaret was living in a nursing home where a nurse aid sexually assaulted her ("Older adults, families", n.d.).

A type of abuse not mentioned on the EJI's website is self-neglect. This form of abuse is defined as, " the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the self-neglector and perhaps to their community (Gibbons, Lauder & Ludwick, 2006, p. 16). Hoarding is an example of self-neglect, and it is reported that 40% of hoarding complaints involve elderly persons (Steketee, Frost, & Kim, 2001). Self-neglect may become a significant issue for older individuals who do not want to give up their independence, but who are no longer capable of caring for themselves and their homes, which can lead to inhumane living conditions (Iris, Ridings, & Conrad, 2009). The inability to care for themselves and their homes may be due to various and multiple reasons (including physical or cognitive decline). Prior research indicates that self-neglect is reported to be three times more prevalent than physical abuse and neglect perpetrated by someone who is caring for an elder (Iris, Conrad, & Ridings, 2013). In fact, 94% of care managers surveyed by Boothroyd (2014) stated self-neglect is a large problem in the

communities they serve and the number of self-neglectors continues to rise. One common factor in self-neglect cases is the presence of mental illness (Quinn, n.d.). The Department of Health and Human Services (USDHHS) reports that approximately 20% of Americans who are 55 years of age or older suffer from a mental disorder. This percentage may actually be higher as researchers believe mental illness in the older population is underreported. The elderly population, while in need of mental health support, often do not seek treatment due to the cost of mental health services, the lack of accessibility of these services to the older community, and their own denial ("Older Adults and Mental Health", 2001). When mental health issues are present in self-neglect cases, it can be particularly challenging for a law enforcement officer to intervene because the elder may not see the situation as problematic, and therefore he or she may view the officer as more of an intruder than a support person (Quinn, n.d.). Given that first responders will often need to deal with cases where the elderly individual is mentally ill, Jorm (2011) argues that it is important for officers to be "mental health literate", or be assisted by other service providers who are knowledgeable and skilled in terms of dealing with mental illness. Consistent with this approach, the Department of Health and Human Services (2001) suggests that allowing for interdisciplinary collaboration when it comes to mental health services from seniors is crucial to this growing problem.

In their Final Guidelines for the Victims of Crime Act, the Office for Victims of Crime (OVC) states that elder abuse for all intents and purposes should be considered by ways of the offense type rather than the victim themselves to allow for more general application. OVC's previous definition of elder abuse was "abuse of vulnerable adults" and has been expanded to an umbrella definition covering physical, emotional, financial, and sexual

abuse of "older persons" ("Victims of Crime Act", 2001). Even with this expansion, the lack of a universal definition can make an already complicated phenomenon more difficult for professionals in the field to find solutions for (Roberto). One of the goals of the current study is to identify gaps created by the lack of cohesion surrounding elder abuse issues in order to better prepare professionals working with elders in these situations.

As mentioned previously, elder abuse by nature is complicated because of the number of forms it takes, and the stereotypes for abuse may hinder how it is treated within the criminal justice system (Bradley, 1996). According to Bradley, the stereotype for elder abuse is a white female, around the age of 75 who is physically abused by her child. Roberto supports this stereotype by stating elder abuse was considered "granny bashing" as late as the 1970s (p. 302). This of course creates a mindset that is too narrow for addressing elder abuse on a larger scale. On the other hand, sometimes a limited focus on the elderly as being financially vulnerable makes cases of physical and/or sexual abuse hard to detect among professionals and the public (Howze & White, 2010).

The National Council on Aging (NCOA) reports that of Americans 60 years of age and older, 1 in 10 have dealt with some form of elder abuse ("Elder Abuse Facts", 2018). Statistics on each type of abuse are difficult to find, as the World Health Organization (WHO) points out in their reporting of the types of abuse elders face ("Elder Abuse", 2018). The statistics the WHO provides come from a study conducted by Yon, Mikton, Gassoumis, and Wilber in 2017 that was a meta-analysis of 52 studies that were conducted around the world in a number of diverse settings ("Elder Abuse", 2018). Combined these studies found that 11.6% reported psychological abuse, 6.8% reported financial abuse, 4.2% reported neglect (not specified whether this neglect was self-inflicted or by another party), 2.6%

reported physical abuse, and 0.9% reported sexual abuse ("Elder Abuse", 2018). The 2017 study does not appear to examine self-neglect by elders, and it should be noted that while the data is helpful, a meta-analysis can only provide what is discovered through established studies. Data from Boothroyd mimics the numbers provided by WHO. Of caregivers who were surveyed, physical and sexual abuse of elders came in the lowest, with neglect by other ranking about 25% (Boothroyd, 2014). Unlike WHO's data, emotional/psychological abuse fell just under 10%, and self-neglect was the highest reported by caregivers at about 75% (Boothroyd, 2014). As with many issues surrounding elder abuse, the literature often does not agree. Whether it be definitions or rates of frequency, elder abuse has not be studied thoroughly enough to yield consistent statistics. Regardless, any insight into the prevalence of elder abuse can be useful moving forward.

Working with the elderly population can be a significant challenge for law enforcement. A lack of agreed upon definition of elder abuse types, coupled with the complexities of dealing with a population who may be reluctant to initiate or pursue claims of abuse, oftentimes makes it difficult for criminal justice personal to not only identify elder abuse cases, but to take any action at all (Howze & White, 2010). Many law enforcement officers, advocates, and other key players in the criminal justice system report that older witnesses are not always easy to work with, and most of the time elder abuse cases never make it to trial (Howze & White). There are a number of laws and statutes in place to try and define elder abuse so that there can be some sort of response from the criminal justice system, but these laws are often not enforced due to a number of factors surrounding the elderly, such as death of a victim/witness, failing health, etc. (Howze & White). A further

examination of laws surrounding elder abuse is crucial to building a model for law enforcement because it is important to build on what procedures are already in place.

Laws Concerning Elder Abuse

Howze and White (2010) provide a list of laws that have been created for the criminal justice system. The first law they examine is, "The Older Americans Act", which was reauthorized by the U.S. Congress in 2016, and it provided funds for awareness of elder abuse issues. The Act defines abuse in terms of elder abuse as , "...the knowing infliction of physical or psychological harm or the knowing deprivation of goods or services that are necessary to meet essential needs or to avoid physical or psychological harm" ("Older Americans Act", 2016). Next, individual statutes have been implemented in many states. These statutes range in their extent, but some classify elder abuse as a separate crime, some provide civil remedies, and in some states, elder abuse falls under already existing domestic violence laws (Howze & White). Institutional Abuse Laws have been implemented by states protecting their nursing home populations. Laws on guardianship allow for persons who can no longer care for themselves to be cared for properly, and finally, mandatory reporting laws require professionals in the field to report any suspected abuse of elders (Howze & White). With so many protections in place, it is somewhat surprising that more research has not been conducted on how to best protect and serve the elderly population. The criminal justice system has provided guidelines on how to deal with this form of abuse, but a lack of cohesion in the field may be a barrier in the way of providing proper support. Ploeg, Hutchinson, MacMillan and Bolan (2009) found that there is "insufficient evidence to support any particular intervention related to elder abuse

targeting clients, perpetrators, or health care professionals" (p. 206). The current research looked to expand on our knowledge of how police handle elder abuse cases.

Law Enforcement Approach to Elder Abuse Cases

In 2015, the International Association of Chiefs of Police (IACP) made public a presentation for law enforcement about elder abuse (Hammond-Deckard, Smith, & Greenwood, 2015). The presentation examined warning signs, interventions, perpetrator characteristics, and suggestions for local law enforcement on how to address elder abuse cases. Some of the general warning signs for elder abuse were withdrawal from the outside world, urgent money requests, personality changes, and asking for money without a reason (Hammond-Deckard et al.). The IACP presentation on elder abuse presented several recommendations for law enforcement in terms of strengthening their responses to elder abuse cases (Hammond-Deckard et al.). These recommendations included specialized training on elder abuse issues, the creation of elder abuse units, the creation of an elder justice coordinating council, and a multi-disciplinary team approach. Specialized training for officers on handling elder abuse cases might cover such topics as mental health, hoarding, types of guardianship for elders, and so on (Jackson, 2016). The IACP presentation posed the specific question of whether departments should consider creating specialized elder abuse units (Hammond-Deckard et al.). Although desirable in theory, this suggestion may be impractical for many departments may already be short on resources. We know, for example, that nationwide some police departments already participate in selective screening of domestic violence calls because they do not have the resources to respond to every call they receive (Buzawa, Buzawa, & Stark, 2017). A third

recommendation for dealing with elder abuse is the creation and use of a multi-disciplinary team approach (hereafter 'MDT') (Hammond-Deckard et al.)

Multi-Disciplinary Teams

The use of multi-disciplinary teams has been on the rise not only within the United States, but across the world, in various contexts. Broadly speaking, an MDT is defined as three or more representatives of unique fields who work collaboratively for a singular purpose (Jackson, 2016). In England, these teams are being used and tested for providing better service to the intellectually disabled (Browning, Gray, & Tomlins, 2016) and in human trafficking cases (Kuczynski, 2013). The United States Department of Justice has issued a "toolkit" on forming multi-disciplinary teams in regards to the elder population. These teams are constantly evolving to better fit the communities they serve, but nonetheless have been found to be effective (Jackson).

In terms of a MDT approach specifically for handling elder abuse cases, Jackson (2016) suggests bringing together persons from various social service agencies (e.g., mental health centers, adult protective services, geriatric physicians, victim advocates, etc.) to team with the law enforcement officer(s) working the elder abuse case. The idea behind this approach is to allow officers, who are often the first responders called to assist elders within their communities, to collaborate with others whose services can be valuable to the process; this in theory would provide the necessary support to officers to best serve the elderly population. MDTs should be created based around the needs of each unique community, which can create a number of variations of who makes up an MDT (Jackson). The collaboration between police and the social services agencies within any state are key to police work (Peaslee, 2009). Police have their expertise, and social services agencies

have their expertise. Bringing the two together can create a stronger force with more effective services. Funding can also be an important factor in who joins an MDT because one agency may have more resources to provide that are lacking in another area of the community. When the available resources are combined, not only will they be utilized more effectively, but needs that may have been set aside due to lack of funds can be addressed (Jackson). Peaslee argues that police are often just seen as the crime stoppers, and communities may not be open to allowing them to serve in a different capacity, but if paired with a reputable social service agency, there may be more willingness to provide information and open up to officers who are there to help. This is particularly relevant in elder abuse cases, in which there may be reluctance on the part of the elder to report abuse at the hands of a loved one or caretaker.

By bringing together the police and social agencies, Peaslee (2009) states that a bridge is formed, and victims may gain quicker access to services they might not receive if only police were involved. Peaslee explains there is often an issue with confidentiality between police and other agencies, but in Ohio an initiative by the Attorney General in 2005 brought together sheriffs and social service agencies to support each other in difficult cases of elder abuse (C. Conley, personal communication, November 18, 2016). The Coalition of Organizations Protecting Elders (COPE)creates an environment in which police, and a number of participating organizations, can meet once a month to discuss cases they are finding particularly challenging (C. Conley, personal communication, November 18, 2016). This method leaves out specifics on individual cases, avoiding the issue of confidentiality Peaslee talks about.

MDTs can be tailored to the issues that are prevalent within a particular community or even within a particular case (Jackson). For example, if financial abuse is a significant problem within a certain community, team members can be identified with expertise in this particular area. Moreover, the composition of an MDT will vary on case factors; a case involving self-neglect via hoarding would likely involve a different team composition than one involving physical abuse by others.

There is no doubt that cases in which an elderly person is living in filth and does not understand why they need assistance or one in which an adult child is controlling the elder's finances, leaving them with the bare minimum to survive are "complex cases require a complex response" (Jackson, 2016, p. 6). Jackson argues that MDTs are potentially one approach for providing this complex response and answer the issues of ineffective "one-size-fits-all" models and lack of communication between entities that are meant to assist the elderly community.

While MDTs are created with a victim-focused mindset, they have the ability to provide internal support to the members that make up those teams (Jackson, 2016). With the formation of MDTs, there is a shared responsibility between team members, allowing a law enforcement officer to have support when performing his or her duties. Each member of a multi-disciplinary team is given a chance to understand in greater depth the services that can be provided by others, to learn how others would recommend handling a particular type of case (perhaps relying on past experience), and when one MDT member does not have access to a resource, they can seek help from another member who may have access or know where to turn (Jackson).

An example where MDTs have been adopted as part of the effort to combat elder abuse is in New York State , which practices the use of MDTs in cases of elder abuse in two forms, the Brooklyn MDT (BMDT) and the Manhattan Enhanced MDT (EMDT) ("NYCEAC's", 2016). According to the NYC Elder Abuse Center, MDTs have proven successful in their mission to get resources to the New York elder population ("NYCEAC's", 2016). The key to the New York models are that they are made to allow for agencies to discuss not only cases they are involved in, but how systems can continuously be fixed and interventions can be made stronger ("NYCEAC's"). The EMDT and BMDT have slight differences in their presentation, which includes how many times they meet per month. For the EMDT model, teams meet twice a month, and the focus is intervention for financial exploitation ("Manhattan Enhanced", 2016). To be eligible for EMDT, an elder must be a victim of financial abuse (other types often coincide), and live in Manhattan ("Manhattan Enhanced"). BMDTs meet once a month and allow for vigorous discussion between professionals ("Brooklyn MDT", 2016). There are a number of values that guide the mission of BMDTs, which include, respect, approach, adhere, ask, create, increase, brainstorm, seek, and embrace. All members of the MDTs must remain open to the other agencies and their view of a case because this is how the collaboration works. The criteria for a case to be eligible for review by the BMDT is that the victim must be 60 years or older and live in Brooklyn or 60 years and older, not living in Brooklyn, which is reviewed at the discretion of the team ("Brooklyn MDT"). These teams provide a resource not only for elders, but for those agencies who are taking part in them, and there are supports when teams are not meeting for all professionals to utilize ("NYCEAC's"). New York has created a system that will continue to grow in the future with four main principles that all MDTs should consider

(Breckman, Callahan & Solomon, 2015). These principles include evidence, advocacy, know-how, and funding. There is certainly a need for research into the effectiveness of MDTs, but preliminary evidence of effectiveness can be found in officers reports that they feel strongly about the usefulness of MDTs to combat elder abuse (Breckman et al.).

Rhode Island's Approach to Elder Abuse Cases

In the state of Rhode Island anyone sixty years and older is considered an elder who, if abused, would fall under the protection of the Division of Elderly Affairs (RIDEA) Protective Services Unit for Elder Affairs (dea.ri.gov). Many within the state are also considered mandatory reporters if elder abuse is suspected. While having a unit dedicated to elder abuse may be important and useful, the unit must be proven effective in curtailing the abuse of older populations. The state of Rhode Island does not currently utilize an MDT approach for handling elder abuse cases. Rather, current practice is for every police agency to designate at least one officer as the department's Elderly Affairs Officer (EAO). That officer is responsible for being their department's liaison to the RIDEA ("Elderly Affairs", n.d.).

According to Mary Ann Ciano, the Secretary at the RIDEA, Rhode Island police departments are responsible for the selection of their own EAOs (sometimes referred to as 'senior advocates') and for the training provided to those advocates (personal communication, February 27, 2017). EAOs in Rhode Island have the opportunity to meet annually for a state-wide conference hosted by the RIDEA This conference often focuses on a specific topic, such as financial scams and abuse, and brings in different members from the community who have dealt with such cases to speak about their experiences. In theory, this conference allows law enforcement, and some other entities, to come together on

issues that confront the elderly community; however, the extent to which this annual conference is effective in disseminating relevant information and supporting EAOs in their responsibilities is unknown. In addition to the annual conference, the RIDEA provides a pocket guide for EAOs and is available to communicate with EAOs in regards to elderly issues on a regular basis (M. Ciano, personal communication, February 27, 2017). The pocket guide, *The Rhode Island Guide to Services for Seniors and Adults with Disabilities*, provides contact numbers for officers to call when faced with certain situations, and provides descriptions of available resources. The guide does not provide examples of different types of elder abuse, warning signs to look for or suggestions on how to handle specific types of cases (in contrast, a guide published in 2014 by the American Bar Association Commission on Law and Aging does provide such information) (Stiegel, 2014). Like the annual conference, it is unclear the extent to which the pocket guide is helpful to Rhode Island EAOs when dealing with elder abuse cases.

The Current Study

In the present study, we explored the current state of affairs in Rhode Island with respect to how elder abuse cases are handled. Specifically, we sought to understand the background, experiences, and perceptions of Rhode Island EAO officers, with an aim at exploring if and how EAOs could be provided further support and whether an MDT approach to handling elder abuse cases might be useful in Rhode Island. To our knowledge, this exploratory survey of EAOs is the first of its kind in Rhode Island.

Method

Participants

The population of interest for this study was EAOs in Rhode Island. Each police department in Rhode Island is typically supposed to have at least one officer assigned to the position of EAO. The RIDEA maintains a website that provides a list of names and contact information for each EAO (although the list is not always up-to-date), which was the starting point for recruitment for this study. Upon contacting each officer and department, the principal investigator confirmed the identity of the current EAO(s) in each department. Forty local police departments were identified for potential inclusion in this study; however, upon further investigation, it was determined that one department does not have an in-department EAO. Out of the remaining 39 departments, 38 provided up-to-date contact information for their EAO (including one department that provided contact information for two EAOs); one department never responded to the request for information. Ultimately, 39 EAOs via e-mail (with follow-up phone calls as needed) received the survey instrument. Of the 39 EAOs who received the survey instrument, 33 ultimately participated. Therefore, the response rate was quite high (84.62%% if calculating solely on the basis of who received the survey; 82.50% out of the total population).

EAOs participated on a voluntary basis (i.e., they were not obligated or ordered to participate, and they were informed that they could discontinue participation at any time without penalty). As a token of appreciation for their participation, participants received received a $10 Amazon gift-card via e-mail once they completed the survey 2 officers opted to donate their gift card to a charity of their choosing). Participation was confidential, and

survey responses were anonymous. All participants were treated in accordance with the ethical standards set forth by the American Psychological Association.

The majority of the officers were male (n = 28), with four officers identifying as female, and one officer choosing not to specify. Participants' number of years of service in law enforcement ranged from 6 to 30 years, (M = 17.03, s = 6.77; median = 17). A variety of ranks were represented in the sample; approximately 36.43% of the sample were Patrol Officers, 21.21% were Sergeants, 15.21% were Detectives, 12.12% were Lieutenants, 6.06% were Corporals, and 3.03% were Chiefs. Two participants (6.06%) did not provide their rank. 36.43%% of the sample had served as their department's EAO for five or more years, with 45.54% indicating they had served in that role for one to four years, and 18.21% had been their department's EAO for less than one year.

Design and Materials

The current study utilized a survey methodology and was largely descriptive in nature (although some correlational analyses were examined). The survey consisted of a total of 34 questions (see Appendix A). However, not all participants responded to every question because smart logic was used within the survey software. In other words, the system automatically skipped questions that were not relevant for a particular participant depending on answers to specific questions (e.g., if participants indicated they had never received any formal training on their role as an EAO, they were not asked to rate the effectiveness of their formal training). The question formats ranged from open-ended questions to fixed-format responses (including the use of 6-point Likert-like scales for a variety of items). The results section of this paper are grouped by Role, Case Type, and Primary Concerns. This section includes results about how EAOs define their role, types of

abuse they come in contact with, and who typical abusers are in relation to the elder. Then we examine selection, preparation, and training. Here, there are results regarding how an officer assumed their role as EAO, how prepared they were for their role, and what training they have received. Perception of resources examines results from survey questions about the pocket guide, and if there are enough resources provided to an officer. Finally, perception of MDTs includes an examination of results dealing with the helpfulness of MDTs.

For questions that required an open-ended response, the coding scheme was created by the primary investigator to capture all of the possible responses. Two independent coders coded every response, and percent agreement on the questions ranged from 76.92% to 100%.Disagreements were discussed and resolved between coders.

Procedure

Once the identity and e-mail of each current EAO was confirmed, each potential participant was sent an e-mail with an explanation of who the lead researcher was and the purpose of the current study. This initial contact e-mail also included notification that the EAO would receive an invitation to participate via the program/software Survey Monkey. One officer responded to the initial e-mail invitation with a request that a hard copy of the survey be provided instead; that officer was mailed a survey to the address he provided.

The rests of the EAOs received a survey invitation via e-mail. If the EAO opted to open the survey, the officers first completed an informed consent agreement (see Appendix B). The informed consent agreement indicated that their responses would be completely anonymous (no identifying information was collected about the individual or computer/device used to complete the survey). If the officer provided affirmative informed

consent, the officer was directed to the online survey. The survey took approximately 15 to 20 minutes to complete. Within two weeks of completing the survey, participants received their Amazon gift card via the email address associated with the survey invitation. Although the researchers could identify whether or not a particular respondent completed the survey, the researchers could not access individual responses associated with any email address, thereby ensuring the anonymity of responses.

Results

Role, Case Type, and Primary Concerns

Respondents were asked to define their role and responsibilities as an EAO. The most common response given was that it is an EAO's responsibility to assist with resources and referrals in elder cases (cited by 63.64% of the sample). A majority of participants (54.55%) also indicated that the role of an EAO was to investigate or follow-up on any cases involving an elder member of the community, and 15.15% of respondents mentioned other roles/responsibilities.

When asked via free response what the most common types of elder cases they deal with, EAOs responded that 66.76% of cases they are involved with are self-neglect situations, 45.54% involve financial abuse/scams, 15.21% physical abuse, , 12.12% mental health issues, 12.12% medical issues, 9.10% neglect by others, 6.06% a lack of family support or monitoring, and 6.06% mentioned other types of elder cases. When asked to consider all the elder cases they had dealt with and estimate the percentage of cases involved various issues, consistent with responses with the question above ($n = 27$), self-neglect/abuse was reported as most common (57.37% of cases). EAOs indicated that 14.00% of their cases involved financial abuse, 12.30% neglect by others, 6.96% emotional

abuse, 3.81% physical abuse, 1.00% sexual abuse, and 5.38% involve other issues. When asked specifically about the *perpetrators of abuse*, EAOs indicated that most cases of elder abuse involve cases of self-abuse/self-neglect (43.80%), with 16.60% of cases involving abuse by a caregiver, 11.40% by a child, 11.33% by a spouse, 5.33% by a grandchild, and 11.54% by someone else.

EAOs were asked what their biggest concerns are when dealing with elder cases ($n =$ 29). The most common concern (31.03%) was making sure the elder receives the services he/she needs. Other concerns included a lack of support from the elder's family (17.24%), and a general lack of resources/support (17.24%), a lack of confidence their own experience/ability to handle elder cases (13.79%), an inability to prosecute due to lack of evidence or vague laws (13.79%), and the ability to get the elder assistance in a timely manner (10.34%).

Selection, Preparation, and Training

Participants were asked how they were selected to become an EAO; 51.52% indicated they had been appointed to the position, 33.33% had volunteered for the position, and 15.15% indicated they had been selected for some other reason. For those who had been appointed, 23.53% were appointed based on seniority, 41.17% were appointed because of special qualifications/skills, 17.65% were appointed at random, and 17.65% were unsure of why they were specifically selected. When asked why they volunteered for the position ($n = 11$), the most commonly cited reasons were due to concern for the elderly and previous experience with the elderly population (54.55%), a desire to build community relations (18.18%), and a simple willingness to fill an open position (18.18%).

Participants were asked to rate how prepared they felt for the role of EAO when they first assumed the role (1 = not at all prepared, 6 = completely prepared), and on average, participants felt slightly unprepared (M = 3.00 s = 1.46). There was a positive correlation between number of years serving in law enforcement and feelings of preparedness (r = .35, p = .05), such that those who had more years of experience felt more prepared when they became an EAO as compared to those who were less experienced. With respect to training received, 42.42% of participants reported receiving some **informal** training specific to being an EAO (such as advice or on-the-job training from other EAOs), and 57.58% reported receiving no informal training. Of those officers who had received **informal** training, they generally thought that their informal training had prepared them for their role as an EAO (M = 4.50, s = 1.02, n = 14; 1 = not at all, 6 = completely prepared me). Only 42.42% of the sample had received any **formal** training on being an EAO, whereas 54.55% said they received no **formal** training, and 3.03% were unsure. The number of hours of formal training received was quite inconsistent between EAOs, ranging from 1 to 40 hours (M = 18.08, s = 15.89, n = 13). Of those officers who received **formal** training, they generally felt that training had somewhat prepared them for their EAO role (M = 4.00, s = 1.30, n = 14; 1 = not at all, 6 = prepared me completely). There was a strong, positive correlation between the number of hours of formal training received and perceptions about the extent that the formal training had prepared them for their role (r = .786, p = .001), such that those who received more hours of formal training thought the training had better prepared them compared to those who received fewer hours of formal training. There was a positive correlation between perceptions about how well their **informal** training had prepared them and how prepared they felt when assuming the role

of EAO ($r = .60$, $p = .24$), such that those who felt more prepared by their informal training tended to feel more prepared when assuming their role as EAO as compared to those who believe their informal training was less useful. Interestingly, there was no relationship between perceptions of **formal** training and feelings of preparedness when assuming the role of EAO ($r = .13$, $p = .65$).

Those officers who indicated they had received formal training were asked how often they believed their formal training would be renewed ($n = 15$). The majority (53.33%) reported believing that their formal training would be renewed once a year, 13.33% thought it would be renewed either once every five years (or less frequently than that), 20.00% reported believing that it would never be renewed, and 13.33% had no idea if and when the training would be renewed. When asked whether they believed more frequent trainings would be useful (1 = not at all helpful, 6 = extremely helpful), most participants felt more frequent trainings would be quite useful ($M = 4.97$, $s = 1.20$, $n = 32$). There was a positive correlation between perceptions of how formal training prepared them to be EAOs and support for more frequent trainings ($r = .66$, $p = .01$), such that the more EAOs believe their formal training had prepared them, the more likely they were to support more frequent trainings.

EAOs were asked several questions about the annual conference hosted by the RIDEA. Regarding whether the officers surveyed were aware of the annual conference, 60.60% reported they are aware of the conference whereas 39.40% were not. With respect to the number of these conferences attended ($n = 32$), 62.50% had attended at least one conference ($M = 3.50$ conferences, $s = 2.63$, $Mdn = 2.50$), and 37.50% reported they had never attended a conference. There was a positive correlation between number of years

serving as an EAO and number of conferences attended ($r = .58$, $p = .001$), such that longer

serving officers attended more conferences than EAOs who were newer to the position.

Perceptions of Resources

Participants were asked a number of questions regarding the existence and

adequacy of the resources available to them as an EAO. When asked whether there are

enough resources provided to them to handle elder cases (1= not enough resources, 6=

plenty of resources), on average respondents were unsure whether enough resources were

available ($M = 3.47$, $s = 1.67$, $n = 32$). Of note, there was a positive correlation between

number of hours of formal training received and perception of resources ($r = .60$, $p = .03$),

such that the more hours of formal training received, the more EAOs believe that there

were plenty of resources available. There was also a positive correlation between how

feelings of preparedness when becoming an EAO and perception of resources ($r = .37$, $p =$

.04, such that those who felt more prepared were more likely to believe there were plenty

of resources available compared to those who felt less prepared.

The majority of participants reported that they had received the RIDEA's pocket

guide (62.50%), although 21.87% did not receive one, and 15.62% could not remember if

they had received one ($n = 32$). Officers who had been provided a pocket guide were asked

to report how often they consult the guide (1 = never, 6 = all the time/for every relevant

case); on average, EAOs consulted the guide some of the time ($M = 3.38$, $s = 1.51$, $n = 21$). In

terms of how helpful the guide is when dealing with elder cases (1 = not at all helpful, 6 =

extremely helpful), respondents indicated that the guide was somewhat helpful ($M = 3.80$, s

$= 1.21$, $n = 20$). There was a positive correlation between frequency of consulting the guide

and perceived helpfulness of the guide ($r = .83$, $p < .001$), such that the more EAOs perceive

the guide as helpful, the more they consult it. There was a positive correlation between number of hours of formal training received and perceived helpfulness of the pocket guide ($r = .59$, $p = .04$), such that those who received more hours of formal training were more likely to believe that the pocket guide was helpful than those who received fewer hours of training. There was also a positive correlation between frequency of consulting the pocket guide and perception of amount of resources ($r = .83$, $p < .001$), such that the more frequently EAOs consult the guide, the more likely they are to believe there are enough resources available to them to handle elder cases.

Participants were asked what persons or entities they could or would seek assistance from if they had a question specific to handling an elder case. Of the 29 officers who responded to the question, 79.31% indicated they would consult with the RIDEA, 44.83% said they would consult with various senior service/social service agencies, 31.03% said they would contact the Rhode Island Attorney General's Office, and 17.24% indicated other. When asked specifically if they had ever consulted directly with the RIDEA about an elder case, 84.85% indicated yes, whereas 15.15% indicated they had not. Of those that had not ($n = 5$), two EAOs reported they had never felt a need to consult the RIDEA, two had not because they had not yet handled an elder case, and one indicated that they had tried unsuccessfully to reach someone at the RIDEA.

When asked whether they were aware that their police department is assigned an agent from the RIDEA who is supposed to provide assistance in elder cases, 69.70% were aware, whereas 30.30% were unaware of this resource available to them. The majority (81.82%) of EAOs who were aware of this resource indicated they knew who their specific RIDEA agent was ($n = 22$), and of those who were aware of who their specific agent was (n

= 19), 84.21% had sought assistance from their specific agent at some point. Of the 16 officers who had consulted directly with their RIDEA agent, they rated their agent as being almost always available to them (M = 5.37, s = .81; 1 = never available, 6 = always available). There was a positive correlation between perceptions of availability of their RIDEA agent and belief about the helpfulness of more frequent trainings (r = .68, $p < .001$), such that those who rated their agent as more available were more likely to believe more frequent trainings would be helpful than those who found their agent to be less available.

Participants were asked if they have consulted with another EAO on an elder affairs case. A little less than half of the sample (45.45%) had consulted with other EAO. EAOs were asked if they are provided enough administrative support to perform their duties adequately. Two-thirds of the EAOs (66.67%) indicated there was adequate administrative support, whereas 21.21% said there was not enough support, and 12.12% were unsure. When asked what additional administrative support is needed (n = 33), 72.73% of EAOs indicated a need for improved resources/support team, 45.45% of EAOs cited a desire for additional training, and 9.10% said they did not need any additional support. When asked more generally what other support and resources are needed, of those who responded (n = 33), 41.17% said no additional resources or supports were necessary, 35.29% reported additional training and resources are needed, and 29.41% reported that improved interaction with other organizations or EAOs is needed.

Perception of Multi-Disciplinary Teams

After providing participants with a definition/explanation of MDTs, participants were asked how helpful it would be to part of an MDT for elder cases (1= not at all helpful, 6 = very helpful). Nearly half (48.48%) of participants selected the highest rating (i.e., 6),

indicating that the EAOs thought MDTs would be very helpful in elder cases ($M = 5.00$, $s =$ 1.31). There were a few significant predictors of EAOs' perceptions of the helpfulness of MDTs. Specifically, there was a strong, positive correlation between belief that more frequent trainings would be helpful and perceptions of MDTs ($r = .73$, $p < .001$), such that EAOs who thought more frequent trainings would be helpful were more likely to believe that MDTs would be helpful than those EAOs who tended to believe that more frequent trainings would not be useful. There was also a significant positive correlation between belief about the extent to which formal training had prepared them to be an EAO and perceptions of MDTs ($r = .73$, $p = .003$), such that EAOs who thought their formal training had prepared them more were more likely to believe that MDTs would be helpful than those who thought their formal training had prepared them less. There was a positive correlation between frequency of consulting the RIDEA pocket guide and perceptions of helpfulness of the guide and perceptions of usefulness of MDTs ($r = .56$, $p < .01$ and $r = .51$, $p = .02$), such that the more frequently an EAO consults the guide and the more helpful the EAO finds the guide, the more useful they believe MDTs would be. Finally, there was a marginally significant correlation between how prepared an officer felt to be an EAO and perceptions of the helpfulness of MDTs ($r = -.33$, $p = .06$).

Discussion

Summary of Findings

The purpose of this study was to understand the current status of the EAO system utilized in the state of Rhode Island. Specifically, the researchers wanted to investigate the role and training of EAOs, and EAOs' perceptions of the adequacy of the current system of support and resources. Another goal of the study was to explore whether and to what

extent an MDT approach would be perceived as helpful by law enforcement officers working with the elderly community. General results showed a positive response to the idea that more training would be beneficial, as well as the implementation of MDTs.

Most EAOs viewed their primary role as assisting elders when it comes to connecting them with resources and referrals. Generally speaking, EAOs report feeling unprepared for the role of EAO when they assumed the position. This may be partly explained by the fact that the large majority of current EAOs in Rhode Island were assigned or appointed to the position (almost 2/3rds), as opposed to volunteering for the role. Another likely contributing factor to the feeling of lack of preparedness is the fact that less than half of the current EAOs had received any sort of formal *or* informal training on how to be an EAO. This lack of training is particularly unfortunate because those EAOs who did receive formal or informal training appeared to have received at least some benefit from it. For example, number of hours of formal training was associated with awareness of available resources and perceived helpfulness of the RIDEA pocket guide. Moreover, the more positive EAOs were about the extent to which their formal training had prepared them, the more likely they were to support more frequent future training and the more they believed an MDT system would be useful. Finally, effective informal training related to feelings of preparedness; those who thought their informal training was effective felt more prepared when assuming the role of EAO. Despite mostly being assigned to their EAO role and a general feeling of unpreparedness when assuming the role of EAO, the positive news is that it was clear from their open-ended responses that most EAOs are genuinely engaged with the position and are invested in seeing the current system improve so that may better perform their duties as an EAO.

A clear picture emerges from the data in terms of the most common types of cases EAOs in Rhode Island are dealing with. Specifically, self-neglect appears to be the most common issue in elder cases, which is consistent with prior research by Boothroyd (2014). Financial abuse also appears to be relatively common in Rhode Island. By comparison, sexual abuse appears to be far less common (consistent with previous research as well, "Elder Abuse", 2018).

Current Rhode Island EAOs were, on average, equivocal about whether there are enough resources to support them in their role of EAO. Understandably, perception of resources was related to feelings of preparedness, and importantly, amount of formal training was related to perception of resources. Specifically, the more hours of formal training received, the stronger belief that there are sufficient resources available, suggesting that a primary benefit of formal training is being made aware of existing resources. Almost 40% of officers did not recall receiving the RIDEA pocket guide. Again, importantly, formal training is related to perceptions of the guide, in that those who had received more formal training perceived the guide as more helpful. Moreover, those who consulted the guide more often tended to think that there were more resources available to them. Approximately 40 % of EAOs reported being unaware that the RIDEA holds an annual conference, 30% of EAOs were unaware that they are assigned a specific agent from the RIDEA to assist them, and a majority had never consulted with another EAO for advice or support on handling a case. Taken together, it would appear that a significant percentage of current EAOs could likely benefit from being made aware of these resources. This is especially important when it comes to the assignment of a specific RIDEA agent, given that EAOs who had interacted with their specific agents rated the agents as very helpful. Finally,

EAOs were overwhelmingly supportive of the concept of MDTs for elderly cases, a strong

indication that EAOs recognize the benefit to such an approach.

Implications for Training

The data from this study suggest that a standardized training protocol for Rhode

Island EAOs does not exist, and therefore, there is wide inconsistency in the type and

amount of training received. This may pose a problem as new officers assume the position,

and they feel unprepared for their role. This study found that training, whether it be formal

or informal – if perceived as effective - is valuable to EAOs. Informal training was actually

viewed as more helpful than formal training. EAOs who received informal training (e.g., in

the form of observation or mentoring from another colleague or EAO) tended to feel more

prepared for their roles, which hopefully is associated more effectively dealing with elderly

cases. One possible implication of this data for training is that a formal model of informal

training may be beneficial. Specifically, departments could coordinate such that new EAOs

can be paired with and mentored by either a previous EAO from their own department or

an experienced current or past EAO from another department. In order to be useful, the

informal training should focus on making EAOs aware of the ins and outs of the

systems/resources/supports available to them.

The results of this study would suggest a similar focus with respect to formal

training. Specifically, formal training should be 1) uniform, 2) common, and 3) directly

relevant to the role of EAO. It would appear that the primary focus should be on educating

EAOs about the resources available to them (i.e., annual conferences, pocket guide,

assigned RIDEA agent, etc.). The data indicates that this type of formal training, ***provided***

at the onset of assuming the role of EAO, should be associated with greater feelings of

preparedness, since raising awareness about resources was a main benefit from formal

training receive by the EAOs.

Implications for Reform

One clear implication for reform, as discussed above, is the creation of a

standardized training protocol for new EAOs, that should occur prior to or right at the

onset of assuming the role of an EAO. If each department is left to their own devices to train

(or not train) an EAO, all EAOs in Rhode Island will presumably have a unique approach on

how to handle elder cases, some arguably more effective than others . While uniqueness

can be useful when a case is extraordinary, a common training would certainly benefit all

EAOs by making them aware of the resources available to them. Although ideally this

training would occur in person (either in a group or individual setting), one might imagine

that an initial online training might be developed for this purpose.

Another implication is to require or strongly encourage all current EAOs to attend

the annual conference coordinated by the RIDEA. Attendance at this conference would

allow for officers to build a network of fellow EAOs who can help them along the way. This

could also be an opportunity to establish a formalized model of informal training – via peer

mentorship – that was discussed in the training section above. The conference organizers

could and should consider tailoring each annual conference to fit the actual needs of the

EAOs serving the RI elderly community. If the conference is not perceived to be relevant or

useful, it is unlikely to be a beneficial resource. The annual conference could have a session

for new EAOs, but also include more in-depth focus on specific issues and challenges

relevant to different types of elderly cases. For example, one year the conference might

focus on the issue of self-neglect, and strategies for handling such cases as well as

resources available in those types of cases. Training and conferences specific to issues EAOs commonly faced is likely to be crucial to getting EAOs engaged in the. Each type of abuse should have a dedicated session/conference so that officers can ask the questions and understand what their role really is in certain types of cases. The primary researcher of this study attended the 2017 RIDEA conference and observed that most EAOs in attendance did not stay the entire time, perhaps because the conference did not seem to meet their needs. If the conference does not hold their attention or provide novel, valuable information, they are not going to receive it well or view it as a positive tool, and attendance will not seem necessary. While the 2017 conference did have a financial focus, it did not seem to provide too much in way of specific tools or resources for officers. There were some speakers, but overall nothing an officer could take back to their department and implement. An improvement of this could be to take a particular topic and create a checklist of steps or strategies in a given type of case. For example, what can/should an officer do if they receive a report that there is an elder in their community being taken advantage of financially? What are the specific steps that the officer can try to take to protect the elder?

Another suggestion for reform is to create opportunities for EAOs (and perhaps representatives from various social service agencies) to network more frequently and in smaller groups. Training is only as good as how much it sinks in, so smaller venues can be utilized throughout the year to allow for expansion on topics within conferences. Even talks at a department with a group of three or four EAOs at a time would allow for an environment to build on what was presented at the conference, and officers who may not have been comfortable asking questions during the main conference or who have thought

of new questions would be given a chance to ask whatever questions they currently have. It might also be useful to consider whether differential training for EAOs at various ranks would be useful, in that approaches and responsibilities may differ between an EAO who is patrolman and an EAO who is a Chief of Police.

The pocket guide is clearly an important resource for EAOs, and as with any document, should be continually revised, updated, and improved (perhaps on an annual or semi-annual basis). Our data indicates that EAOs view the current pocket guide as only somewhat helpful. It would seem wise to solicit input from current EAOs as to what is and is not helpful about the guide and, most importantly, how its utility can be improved. Currently, the guide contains only relatively basic information. Preliminary research on other "toolkits" and guides (e.g., provided by the Department of Justice and the Office for Victims of Crime) suggests that the RIDEA might want to consider including more specific information. For example, some of these other resources provide specifics about each type of elder abuse, including relevant resources associated with that specific type of abuse. Thought should be given not only to content, but the "user-friendliness" of the guide. In terms of dissemination of the guide, it might be useful to coordinate this with the annual conference. Currently it appears that the guide is an afterthought, left on a table in the back for conference attendees to grab on their way out. One suggestion would be to emphasize the importance of the guide, and perhaps hold a brief session to disseminate it and draw attention to any updates to the guide. Another suggestion for reform that could occur at the annual conference would be to hold a networking session in which the goal would be for each EAO to connect with their assigned RIDEA agent. Officers who had interacted with

of new questions would be given a chance to ask whatever questions they currently have. It might also be useful to consider whether differential training for EAOs at various ranks would be useful, in that approaches and responsibilities may differ between an EAO who is patrolman and an EAO who is a Chief of Police.

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their RIDEA agent tended to have a positive regard for their agent. This would suggest that there is an openness to collaborating when the experience has been positive and beneficial. Another major suggestion for reform is the creation of an MDT system (after careful study and analysis). As previously mentioned, there was overwhelming support for the concept of MDTs, and support for MDTs was associated with perceptions of effectiveness of formal training received and use of the pocket guide. Specifically, the more effective EAOs viewed their formal training to be, and the more frequently they consulted the pocket guide, the more they supported the implementation of MDTs. This may be because the formal training and the pocket guide makes EAOs aware of non-law enforcement resources that can be helpful in elderly cases. In short, it appears that being made aware of the outside resources available to them may cause officers to directly understand the benefit of formalized, proactive MDT system for dealing with elderly affairs cases. Rhode Island is broken down into sections, and MDTs could mimic these sections. For example, the East Bay has an RIDEA agent, and their own network of resources. Those within this area who take part in the lives of elders can come together once a month (or more if deemed necessary) to discuss cases, and seek advice from others who are working with the same population. MDTs can be built around the specific needs of Rhode Island elders, and the organizations that assist them.

Limitations and Future Directions

One of the limitations of this study is its generalizability. Although our sample size was small because the population was small, our sample captured almost the entire population. As such, we can be quite confident generalizing to EAOs within the state of Rhode Island. However, because we limited our study to law enforcement officers in Rhode

Island working with the elderly, our data cannot speak to the functioning of other state and local systems. The current study is not representative of the broader population, and the results and implications may not generalize beyond the state of Rhode Island. For example, states and/or departments where there is not an assigned EAO but just officers who work with the elderly may have different concerns or different training needs. Also, Rhode Island is also a very small state. Challenges faced by Rhode Island officers may be quite different than officers in Texas or California who have much larger ground to cover. Future studies seek to understand different state and department systems for handling elderly cases. It is possible one state, or individual cities or departments, may have a system that works very well, and other departments and states could learn from those systems. Future studies should examine the extent of overlap (or lack thereof) between the Rhode Island system and systems used in other states – and if an MDT system is pursued in Rhode Island, it is imperative that a thorough examination of other MDT systems (New York, for example) take place prior to implementation of an MDT system in Rhode Island.

It might also be useful to vary the research methodology used in future studies; structured in-person interviews with law enforcement officers might reveal topics not yet explored by the current research. The current study had a clear focus on resources, training, and officers' perceptions surrounding them, but there are likely other topics of concern or interest to EAO officers. For example, our study did not explore budgeting issues with respect to supporting the elderly community, but this may something an EAO might have insight on or an opinion about. Another avenue for future research is to conduct research with other stakeholders, specifically elders themselves and representatives from the social service agencies that work with elderly population. This would allow us to

triangulate our knowledge base to more fully understand the challenges of working with the elderly and combatting elderly abuse. It would also provide a further glimpse into possible formation of MDTs. What other agencies are willing to combine their knowledge? It could very well be other agencies do not see a need for MDTs like EAOs do, and this would create an issue if MDTs were to be created without input from other stakeholders. Finally, if reforms are implemented in Rhode Island, such as a change to the type or frequency of training, and/or the adoption of an MDT system, these changes should be made with a plan in place to evaluate the effectiveness of these changes/programs. One should not simply adopt an MDT system and never examine its effectiveness.

Conclusion

This exploratory study was conducted to understand the current law enforcement system in Rhode Island for serving the elderly community and to identify potential areas for improvement or change. The data demonstrate that current EAOs are invested in serving the elderly community to the best of their ability, and they possess valuable insight into how the system can be improved. The main message from the current study is that EAOs need (and welcome) help; when they are aware of them, EAOs recognize the value of outside resources and support. It is incumbent upon the law enforcement community and the state of Rhode Island to make sure that EAOs are aware of all resources available to them, and to continually re-evaluate whether those resources are sufficient to support EAOs in their role of protecting the elders in their communities. With a projection of nearly two billion people aged 60 or older living in the year 2050 worldwide ("Elder Abuse", 2018), the time to examine and improve our systems is now.

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Appendix A

Survey of Elder Affairs Officers

1. How were you selected as your department's Elder Affairs Officer (also known as Senior Advocate)?
    a. Appointed based on seniority
    b. Appointed because of special qualifications/skills
    c. Appointed at random
    d. Appointed, but I'm not sure why I was specifically selected
    e. I volunteered for the position
    f. Other: _____

2. What led you to the decision to volunteer to be your department's Elder Affairs Officer?

    _____

3. How long have you served in your current capacity as your department's Elder Affairs Officer?
    _____ 0-3 months
    _____ 4-6 months
    _____ 7-9 months
    _____ 10-12 months
    _____ greater than 1 year but less than 2 years
    _____ greater than 2 years but less than 3 years
    _____ greater than 3 years but less than 4 years
    _____ greater than 4 years

4. Please define your role and responsibilities as an Elder Affairs Officer. Please be as descriptive as possible.

    _____

    _____

    _____

    _____

    _____

5. When you became an Elderly Affairs officer, to what extent did you feel prepared for your role?

1	2	3	4	5
Not at all prepared		Somewhat prepared		Very prepared

6. Did you receive any **formal** training from the Department of Elderly Affairs specific to becoming an Elder Affairs Officer?

Yes ☐

No ☐

Unsure ☐

7. If yes, approximately how many hours of formal training did you receive from the Department of Elderly Affairs?

_____ hours

8. If you received **formal** training, to your knowledge, how often is/will your training be renewed?

_____ never
_____ once a year
_____ once every two years
_____ once every three years
_____ once every five years
_____ less frequently than once every five years
_____ I have no idea

9. If received **formal** training, to what extent did your formal training adequately prepare you for your role as an Elderly Affairs Officer?

1	2	3	4	5
Not at all prepared		Somewhat prepared		Very prepared

10. Did you receive any **informal** training specific to becoming an Elder Affairs Officer (e.g., advice or training from the previous Elder Affairs Officer)?

Yes ☐

No ☐

Unsure ☐

11. If received in**formal** training, to what extent did your informal training adequately prepare you for your role as an Elderly Affairs Officer?

1	2	3	4	5
Not at all prepared		Somewhat prepared		Very prepared

12. Are you aware that the Department of Elderly Affairs holds an annual conference?

_____ yes

_____ no

13. Since becoming an Elder Affairs Officer, how many conferences held by the Department of Elderly Affairs have you attended?

_____ # of conferences

_____ I have no idea if I have attended a conference

14. To what extent would it be useful to you if the Department of Elderly Affairs held more frequent supplemental training/professional development opportunities?

1	2	3	4	5
Not at all helpful				Very helpful

15. Was a copy of the Department of Elder Affairs Pocket Guide provided to you?

_____ yes

_____ no

_____ I don't recall/I don't know

16. How often do you consult the DEA Pocket Guide?

1	2	3	4	5
Never		Sometimes		All the time

17. How *helpful* is the DEA Pocket Guide to you when dealing with elder cases?

1	2	3	4	5
Not at all helpful		Somewhat helpful		Very helpful

18. In general, do you believe there are enough resources (e.g., manuals, directories to agencies you need to communicate with, guides on the law) provided to you for handling elder cases?

1	2	3	4	5
Not enough resources		Some resources		Many resources

19. If you have a question specific to handling an elder case, what persons or entities can you or would you seek assistance from?

_____

_____

_____

20. Have you ever consulted directly with the Department of Elder Affairs about one of your elder cases?

_____ Yes

_____ No, I have handled elder cases but have never felt to the need to consult

_____ No, I have not yet handled an elder case

21. Are you aware that your department is assigned an agent from the Department of Elderly Affairs who is supposed to provide assistance in cases where the elderly are involved?

_____ Yes

_____ No

22. Do you know who your specific agent from the Department of Elderly Affairs is?

_____ Yes

_____ No

23. Have you ever sought assistance or guidance from your Department of Elderly Affairs agent?

_____ Yes

_____ No

24. To what extent have you found the agent assigned to your department from the Department of Elderly Affairs to be available to you?

1	2	3	4	5
Never available				Always available

The next question asks about the use of multi-disciplinary teams or "MDTs", which are used in some states/jurisdictions when it comes to handling elder abuse cases. These teams are described as "groups of professionals from diverse disciplines who come together to provide comprehensive assessment and consultation in abuse cases" (National Committee for the Prevention of Elder Abuse). In other words, multi-disciplinary teams are made up of various

individuals who may at some point may become involved cases of elder abuse. These individuals can include, but are not limited to, law enforcement officers, social workers, Department of Health agents, Department of Elderly Affairs agents, local senior living employees, and members of a senior center. The system connects these various individuals together in order to best serve the needs of the elder.

25. In Rhode Island, we currently do NOT use an MDT system. Given the description above, do you think it would be helpful to be part of a multi-disciplinary team (MDT) when handling your elder affairs cases?

1	2	3	4	5
Not at all helpful		Somewhat helpful		Very Helpful

26. When dealing with an elder affairs case, have you ever consulted with another Elder Affairs Officer from Rhode Island?

_____ Yes
_____ No
_____ Sometimes

27. What are your biggest concerns when handling elder cases (please list)?

_____

_____

28. What are the most common issues you face when dealing with the elder population (e.g., physical abuse, self-neglect, financial abuse)?

_____

_____

29. Do you feel you are provided with enough administrative support to adequately perform your duties as an Elder Affairs Officer?

_____ Yes
_____ No
_____ Unsure

30. What kind of additional administrative support is needed?

_____

_____

_____

31. Beyond administrative support, are any other additional resources and support needed for Elder Affairs Officers? Please explain.

_____

_____

32. Out of all the cases you have dealt with during your time as an Elder Affairs Officer, what percentage of cases involve:

_____ Physical abuse
_____ Emotional Abuse
_____ Self-Neglect
_____ Financial Abuse
_____ Sexual Abuse
_____ Other (please specify)

33. In cases involving **elder abuse**, what percentage of cases involve abuse by a:
_____ Spouse
_____ Child of the elderly
_____ Caregiver
_____ Grandchildren
_____ The elder (self-abuse)
_____ Other (please specify)

34. Please use the space below to share any additional thoughts or comments you may have below.

_____

_____

_____

Demographics:

35. Gender
____ Male
____ Female

_____ Non-binary
_____ Prefer not to specify

36. _____ Number of years of service

37. _____ Rank within your department

Appendix B

Informed Consent Agreement

Elder Affairs Officers in Rhode Island: An Exploratory Study

Principal Investigators: Kelsey Harrington, Dr. Melissa Russano

1. **Purpose of the Study:** To gain an understanding of the role and responsibilities of Elder Affairs Officers as well as related training, resources and support for Elder Affairs Officers
2. **Procedures Experienced by Participants:** This study will consist of completing an online survey. The survey should take no more that 10-15 minutes to complete.
3. **Confidentiality and Anonymity:** Your participation in the study will remain confidential, and your responses to survey questions will be anonymous. Data will be presented in aggregate form only. We will not ask your name or any other identifying information. The researchers will only be able to tell if you completed the survey (i.e., we can see whether the survey was completed from a certain email address), but not what your individual responses are.
4. **Your Rights:** Your participation in this study is voluntary. You may choose not to participate or withdraw from the study at any time without penalty. If you have any questions before or during the study, you may call or contact Dr. Melissa Russano at 401-254-4792 or mrussano@rwu.edu.
5. **Compensation for Participation:** As a token of our appreciation, you will receive a $10 gift card to Barnes & Noble for completing the study. Once you complete the study, you will be contacted via email so that we can arrange delivery of the gift card to you.
6. **Risks and Benefits:** There are no psychological, physical, and/or emotional risks associated with this study. Participants may stop participation at any point without penalty. Potential benefits to participating in this study are allowing researchers to have a better understanding of the needs of Elder Affairs Officers and how the system can improve.

More Information: During or after participating in this study, please feel free to contact Kelsey Harrington at 508-642-5020 or kharrington282@g.rwu.edu or the chair of the Human Subjects Review Board, Dr. Judith Platania at 401-254-5738 or jplatania@rwu.edu should you have any questions or concerns.

By clicking on the button below, I acknowledge that I am at least 18 years old, and that I am voluntarily choosing to participate in this study.