Domestic Abuse Against Elder Women and Perceived Barriers to Help-Seeking

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The study’s (n = 447) purposes were to (1) describe relationships of abuser behavior to elder women’s perception of barriers to help-seeking; (2) compare fit of model to participants’ levels of abuse, race-ethnicity, age, and gender and relationship of identified close other; and (3) determine extent to which the model differentiated relationship of abuser to participant and level of abuse. Analyses identified six factors contributing to the overall barrier score, accounting for 84% of total variance ($\chi^2/df = 1.527$, CFI = .989, RMSEA = .034), including three internal and two external factors and a single abuser behavior factor that were invariant across participant characteristic; however, covariances did differ.

KEYWORDS barriers to help-seeking, elder abuse, elderly women

INTRODUCTION

“Why don’t they ask for help?” Practitioners and researchers who seek to improve prevention and intervention effectiveness for family violence victims across the life span have been challenged to explain this enigma. Existing literature regarding family violence generally focuses on causes and risk factors, or interventions in the context of service delivery systems and how these

This study was supported by National Institute of Justice (NIJ) Grant Number 2006-WG-BX-0008. The views expressed here are those of the authors and do not purport to reflect the position of the NIJ or the U.S. Department of Justice. Special thanks go to our research assistant, Maria Montoya.

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systems attract and accommodate or deter and repel victims' help-seeking behavior. Research on the subject of perceived barriers to help-seeking from the perspective of a victim's personal attitudes and beliefs is more difficult and rarely has been undertaken. This article discusses the results of survey research with 447 female subjects between 50 and 100 years of age designed to address this knowledge gap.

The current project builds on data obtained in a qualitative research study of 134 older women in 21 focus groups (Beaulaurier, Seff, & Newman, 2008) that generated a model of perceived help-seeking barriers (PBHS) for older female victims of domestic abuse. Prior to the qualitative study, little research had focused on any aspect of domestic abuse of older women. At that time the standard lexicons of domestic violence (DV) and elder abuse (EA), characteristics of the abuse experience for older women, and understanding of effective response and intervention approaches were considered preliminary, at best, in terms of how older women experienced domestic abuse and the help-seeking behavior exhibited by victims (Aronson, Thornewell, & Williams, 1995; Dunlop, Rothman, Condon, Herbert, & Martinez, 2000; Harris, 1996; Stiegel, Heisler, Brandl, & Judy, 2000; Vinton, Altholz, & Lobell-Boesch, 1997; Wolkenstein & Sterman, 1998). Focus group participants in the qualitative research study discussed these issues in an open-ended format (Beaulaurier, Seff, & Newman, 2008; Beaulaurier, Seff, Newman, & Dunlop, 2005; Beaulaurier, Seff, Newman, & Dunlop, 2007).

The PBHS model was based on focus group participants’ descriptions of the relationship between the domestic abuse experience and internal and external barriers that deter or prevent victims from talking about abuse they experience at the hands of a spouse, partner, adult child, or someone they are close to, and seeking help for such abuse. Analysis of focus group transcripts indicated that the dynamics of this relationship were less centered on relationships and systems surrounding older victims than on personal beliefs and internalized speculation regarding how such relationships and systems might respond to disclosure of abuse.

Various aspects of this linkage had previously been discussed in the DV and EA literatures. In describing elder abuse risk factors, for example, Kosberg and Nahmiash (1996) suggested a trichotomous classification plan that considered characteristics of the abused person and the abuser, and the environment in which the two parties came together, indicating a relationship among the three factors (Ansello, 1996). Randall (1990, cited in Reidy & Von Korff, 1991) connected abusive behavior and perceived help-seeking barriers by suggesting that, as abuse escalates, so do victims’ feelings of intense isolation from the institutions and resources that might offer help. Reidy and Von Korff’s (1991, p. 360) study of women seeking help from agencies that serve abused women specifically asked, “Is battered women’s help-seeking connected to their level of abuse?” Belknap (1999) noted that choices made in the context of abuse are essentially coerced by the situation. In several
studies regarding women who left abusive relationships, researchers found a connection between changes in how victims saw themselves and/or the abuse and their willingness or ability to overcome barriers to help-seeking (e.g., Dunlop et al., 2005; Ferraro & Johnson, 1983; Landenburger, 1989; Ulrich, 1991, 1993).

The PBHS model incorporated characteristics of three models discussed in the EA or DV literatures. The Grigsby and Hartman model of barriers (MB) (Grigsby & Hartman, 1997) focused on DV without reference to a specific victim age. This model attempted to incorporate contextual factors to help researchers and therapists better understand how “symptoms displayed by clients are often the result of colliding with socially imposed barriers to well-being rather than deep-seated, individually rooted pathology” (p. 486). MB was intended to reframe the way that practitioners intervene with their clients who have experienced DV, and it was derived primarily from a combination of feminist theory and review of existing studies. It is an ordered model that puts DV victims at the center of four concentric circles representing barriers in the environment, barriers due to family socialization, barriers from psychological consequences of violence, and barriers from childhood abuse/neglect issues. The PBHS model tested many of the concepts included in the MB, but there are notable differences. The PBHS does not incorporate childhood abuse and neglect issues because these did not emerge from analysis of focus group data. Moreover, the PBHS model is less ordered than the MB, allowing for more complex interrelationships of factors as described by focus group participants.

The “Theoretical Model of Elder Mistreatment” (TMEM) (National Research Council [NRC], 2003) describes the sociocultural context in which EA occurs in older people. The TMEM focuses on status inequality, personality characteristics, and caregiver burden and stress, framing power and exchange dynamics in that context. However, the TMEM was intended as a “first approximation” that summarized previous research and could serve to guide future studies. It does not describe variables in sufficient detail to provide a researchable framework in and of itself. The PBHS is consistent with the TMEM but is based on empirical qualitative data regarding variables and hypothetical relationships that could explain the connection between factors that seem to create help-seeking barriers for victims.

Finally, Schiamberg and Gans (1999) applied the Ecological Model (EM) originally developed by Bronfenbrenner (1997). They proposed that an ecological framework, which treats human development and aging as the outcome of reciprocal relationships between an individual and the critical contexts of life (e.g., family, work, peer relationships), provides the theoretical framework for moving from a categorical description of EA to a “contextually-based and systemic focus on intergenerational relationships as the organizing and determining factor in shaping abusive outcomes” (p. 80). Based on this premise the EM explores four nested systems as a
useful context for exploring risk factors specific to EA by adult children. The abused elder, the center or referent, is nested first in the family or micro context. The mesosystem reflects the relationship between family (including the elder) and external systems. The exosystem encompasses environments removed from the elder individual, but within which the family members interact (e.g., family member’s place of employment) that may have an indirect connection to the older adult. Finally, the macrosystem includes the values, norms, laws, and institutional patterns of the culture within which the abuse occurs. Like the TMEM and the MB, the EM is more structured than the PBHS model. Moreover, although the impact of the exosystem and macrosystem on help-seeking attitudes was explored by focus group participants, the analyses of focus group transcripts did not identify these relatively remote external factors as having a direct impact on perceived help-seeking barriers.

The purposes of the current study were to: (1) empirically describe relationships of abuser behavior to an elder victim’s internal and external perception of barriers to help-seeking; (2) compare the goodness of fit of the proposed or a trimmed model to specific participant characteristics: level of abuse, race-ethnicity, age, and gender and relationship of the participant-identified “close other”; and (3) determine the extent to which the best-fitting model differentiated the relationship of abuser to participant and level of abuse. Both the qualitative and the current research were conducted in Miami-Dade County, Florida, where ethnic diversity permitted testing the model’s applicability to Hispanic and Black and White non-Hispanic samples. The analysis of the qualitative data suggested that older women in the three ethnic-racial groups studied talked about elder domestic abuse in much the same terms, and all indicated its occurrence in their communities (Beaulaurier et al., 2005, 2007).

METHODS

Study Participants
A total of 519 subjects consented to participate. Participants were recruited through English- and Spanish-language announcements placed in the upcoming event and volunteer opportunity sections of community newspapers, and by distributing and posting fliers in local sites where older women are known to congregate. All subjects received a $25 cash stipend for their participation, regardless of whether they completed the questionnaire.

COGNITIVE STATUS
Cognitive status was employed for inclusion screening. Of the 519 recruited participants, 512 completed the 10-item Mental Status Questionnaire (MSQ)
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(MacKenzie, Copp, Shaw, & Goodwin, 1996), with 486 achieving a score of at least 8 out of 10, meaning specifically for this study that their survey responses would be included in the analyses, assuming additional inclusion criteria were met. Chi Square and t-tests were conducted to determine if those excluded due to level of cognitive status were associated with demographic characteristics. No statistically significant associations were obtained with all \( p \) values > .10.

**Participant Age**

Age was also applied as an inclusion criterion. Although research regarding EA generally focuses on adults age 65 and older, we set the age threshold at 50, because earlier research had documented that, beginning at age 50, domestic abuse victims are not well served by either the DV or EA services systems (Dunlop et al., 2000). Additionally, we wanted to identify any differences with regard to PBHS between women in the traditional elder age range of 65–75 and relatively younger and older age groups of 50–64 and 75+

**Other Inclusion Criteria**

Participants who met cognitive and age criteria were further screened for inclusion based on the completeness of their data. A participant was considered to have a satisfactory data set if their questionnaire had no more than two responses missing in Sections 1 (internal barrier items) and 3 (external barrier items), no missing data in the single- or dual-item factors measured in Section 2 (secrecy and abuser behavior items), and recorded responses for all eight non-negotiation items on the Revised Conflict Tactics Scale Short Form (CTS2S).

**Victims And Nonvictims**

Previous experience as a victim of domestic abuse was not used as an inclusion criterion. However, based on results of the earlier qualitative research on domestic abuse in later life (Dunlop et al., 2005) we expected the survey research sample to include both victims and nonvictims, which it did. This approach was used for several reasons. Already-identified victims were likely to be those who had relatively low help-seeking barriers. We wanted to include perspectives of victims who had yet to identify themselves as such, who were therefore likely to perceive more or more imposing help-seeking barriers. Additionally, the research methods included assessment of the dynamics of perceived help-seeking barriers for nonvictims in order to identify factors relative to perceived barriers that are unique to victims.

Identification of a “victim” was based on responses to the eight non-negotiation items on the CTS2S. We used Straus and Douglas’s (2004)
TABLE 1 Number of Participants by Level of Abuse and Major Demographic Subgroups

<table>
<thead>
<tr>
<th>Demographic</th>
<th>No Violence</th>
<th>Minor Violence</th>
<th>Severe Violence</th>
<th>Total a</th>
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<tbody>
<tr>
<td></td>
<td>Total # (%)</td>
<td>Total # (%)</td>
<td>Total # (%)</td>
<td>Total</td>
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<tr>
<td>Race-Ethnicity[23 missing]</td>
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<td></td>
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<tr>
<td>White non-Hispanic</td>
<td>76 (50.7%)</td>
<td>52 (34.7%)</td>
<td>22 (14.6%)</td>
<td>150 (100%)</td>
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<tr>
<td>Hispanic</td>
<td>77 (53.1%)</td>
<td>46 (31.7%)</td>
<td>22 (15.2%)</td>
<td>145 (100%)</td>
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<tr>
<td>Black non-Hispanic</td>
<td>57 (41.1%)</td>
<td>47 (35.8%)</td>
<td>35 (25.1%)</td>
<td>139 (100%)</td>
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<tr>
<td>Relationship Respondent Identified as Close Other [47 missing]</td>
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<tr>
<td>Spouse/partner</td>
<td>73 (39.2%)</td>
<td>72 (38.7%)</td>
<td>41 (22.1%)</td>
<td>186 (100%)</td>
</tr>
<tr>
<td>Child or grandchild</td>
<td>65 (55.5%)</td>
<td>38 (32.5%)</td>
<td>14 (12.0%)</td>
<td>117 (100%)</td>
</tr>
<tr>
<td>Other relative or close friend</td>
<td>51 (58.6%)</td>
<td>14 (16.1%)</td>
<td>22 (25.3%)</td>
<td>87 (100%)</td>
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<tr>
<td>Gender of close other [26 missing]</td>
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<tr>
<td>Female</td>
<td>94 (61.1%)</td>
<td>39 (25.3%)</td>
<td>21 (13.6%)</td>
<td>154 (100%)</td>
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<tr>
<td>Male</td>
<td>105 (39.3%)</td>
<td>102 (38.2%)</td>
<td>60 (22.5%)</td>
<td>267 (100%)</td>
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<tr>
<td>Age [5 missing]</td>
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<td></td>
<td></td>
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<tr>
<td>50–64 years</td>
<td>57 (36.5%)</td>
<td>65 (41.7%)</td>
<td>34 (21.8%)</td>
<td>156 (100%)</td>
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<tr>
<td>65–74 years</td>
<td>84 (50.0%)</td>
<td>54 (32.1%)</td>
<td>30 (17.9%)</td>
<td>168 (100%)</td>
</tr>
<tr>
<td>75 years or more</td>
<td>72 (61.0%)</td>
<td>28 (23.7%)</td>
<td>18 (15.3%)</td>
<td>118 (100%)</td>
</tr>
</tbody>
</table>

Note. Chi Square tests for differences among victim versus nonvictim subgroup frequencies within each demographic were all nonsignificant.

aTotals are not equal across the demographic groupings due to missing data.

bOne Native American with MSQ = 9 not included here.

three-tiered level of abuse classification system: no violence, only minor violence, and severe violence, which Straus and Douglas (2004) defined as mutually exclusive. Table 1 shows the frequencies and percent of each level of abuse.

Approach

QUESTIONNAIRE

After three successive pilot surveys (186 subjects: 48 in each of the first two and 90 in the third), the final questionnaire (see http://swjpa.fiu.edu/faculty/beau/dv_pbhs) included 78 items: (a) Perceived Barriers to Help-Seeking Assessment (PBHS Assessment, 46 items); (b) CTS2S, (10 items); (c) MSQ (10 items); and (d) demographic and situational descriptors (12 items). The 46 PBHS Assessment items were derived from the qualitative study, based on grounded theory and informed by feedback from focus group participants as well as health and social service professionals. Each item was rated on a four-point scale from “Strongly Agree” to “Strongly Disagree.” The 10 items of the CTS2S (Straus, Mahby, Boney-McCoy, & Sugerman, 1996) examined the relative frequency of abuse or conflict events by a person close to the participant. The CTS2S items were modified from the original eight-item response scale to a four-item scale that
ranged from “Never” to “Frequently.” The change was prompted by pilot study results and feedback from pilot study participants regarding the difficulty with understanding and applying the more complex scale. The two items that addressed a negotiation factor were not included in the analyses for the current project. The 10 MSQ items required participants to enter a response to questions about themselves, as well as current location and time. Demographic items and situational descriptors employed a variety of response styles. The last two questionnaire items in this section asked the participant if she had experienced any of the problems described in the survey after age 50 and, if so, what actions she had taken. A number of specific options, including “did nothing,” were offered. Participants were asked to mark as many as applied.

**TRANSLATION**

To develop the Spanish version we employed standard forward and backward translations by independent translators with follow-up negotiations of differences between the forward and backward translations (Brislin, 1980). Previously translated Spanish versions of the CTS2S were not found to be linguistically relevant for the local Hispanic community.

**DATA ENTRY AND DATA CLEANING**

Data were independently entered into Excel spreadsheets by two members of the research team. The two spreadsheets then were compared and discrepancies were resolved based on a review of the original survey form. After data were cleaned they were imported into SPSS and AMOS 17.0 for the analyses.

**TESTING AND TRIMMING THE MODEL**

We employed Amos 17.0 structural equation modeling (SEM) and a maximum likelihood estimation approach (Arbuckle, 2008) to develop the best-fitting model that would be used to compare the relationships of the demographic variables and the levels of victimization on the factors describing the perceived barriers to help-seeking. When the 12-factor model proposed from the qualitative study could not be fit to the data, a series of analyses following the guidelines recommended by Arbuckle (2008), Hu and Bentler (1999), and Byrne (2009) were applied for trimming and goodness-of-fit analyses. The resulting model (Figure 1) was more parsimonious than the PBHS model developed under the qualitative study, but it retained the basic logic of three sets of factors found in the PBHS, including abuser behavior, and perceived internal and perceived external barriers. This
FIGURE 1 Prediction of PBS for 447 participants with sufficient data to test model. Full Outcome Means Model-III, MSQ 8-10, All Participants, N = 447 [06-25-09]. Model III prediction of Barrier Scores accounts for 84% of the total variance. Chi Square/DF = (17) 1.527, p = .075, CFI = .989, TFI = .977, NFI = .969, RMSEA = .034, 90% CI: < .001 to .050 P(Close) = .830, SRMR = .0314. All r’s: p < .04. AIC = 81.960, BCC = 83.245, AIC & BCC < Saturated & Independent Models.

resulted in Version 2 of the PBHS (PBHS.v2). Three tiers of criteria were established for the goodness of fit in all follow-up analyses:

Excellent Fit: $\chi^2$/DF $\leq$ 2.00, CFI $\geq$ .95, RMSEA & SRMR $\leq$ .05, P(Close) $\geq$ .500.

Very Good Fit: $\chi^2$/DF $\leq$ 3.00, CFI $\geq$ .95, RMSEA & SRMR $\leq$ .06, P(Close) $\geq$ .400.

Acceptable Fit: $\chi^2$/DF $\leq$ 5.00, CFI $\geq$ .90, RMSEA & SRMR $\leq$ .09, P(Close) $\geq$ .250.
Computing a Mean Perceived Barrier Score (PBS)

An overall mean PBS was computed for each of the 447 cases. Analyses began with the factors measured in the PBHS survey and listed in the rows one to nine of Table 2. Potential and mean scores ranged from 1 to 4 in accordance with the survey response scale. Where an indicator had more than one item, as it did for 9 of the 10 indicators, a mean value of the nonblank items was computed. A low score indicated agreement and a high score indicated disagreement with 32 of the 37 items from Sections 1 to 3, where agreement identified greater perceived help-seeking barriers. For the remaining five items the meaning of the response scale was reversed. To assure that all items had the same meaning with regard to a perceived barrier, scoring was adjusted by data enterers such that agreement (i.e., lower score) consistently identified relatively more or higher perceived barriers to help-seeking.

The individual mean overall PBS was computed by finding the mean of the six factor scores for each participant. This PBS used the logic that

<table>
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<th>TABLE 2 Factor Items Selected for SEM Analyses</th>
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*Considerations in making decision: Factor Load > .50, Fit Statistics > “Very Good” or “Excellent” Fit. Factor means used when all items fit logical model, even if intra item reliability was low.*
each factor should be considered as an equal unit in the computation of the overall PBS, which is the standard recommended by Loehlin (2004) when studying populations where the exact parameter values are not known and could vary over repeated samplings.

Computing a Mean Overall CTS2S Score

The mean overall CTS2S score was computed based on responses to the eight non-negotiation items in the questionnaire (see Table 2). These items measured occurrence of four types of abuse within the previous year (psychological abuse, physical abuse, sexual coercion, and injuries resulting from the abuse) at four frequencies (never, sometimes, frequently, often), resulting in identification of three severity levels (no abuse, minor abuse, severe abuse). The mean of completed (nonblank) items was computed. A high score indicated more severe abuse than a low score.

RESULTS

Best-Fitting Model

The six-factor model shown in Figure 1 (PBHS.v2) met the criteria of an “excellent fit” with the $\chi^2/df = 1.527$, $df = 17$, and $p = 0.075$, with the CFI = .989, RMSEA = .034, SRMR = .031. The model accounted for 84% of the total variance among the 447 participants with sufficient data to be included in the SEM analyses. Table 2 shows the factor items selected for SEM analyses with reliability coefficients and decisions made for the 447 participants in the final construction of the revised model (PBHS.v2). Figure 1 provides a graphic description of the model, with the coefficients by the side of the single-headed arrows going from each of the six factors to the Overall Perceived Barrier Score (PBS) representing the strength of the relationship between the factor and the PBS. The values adjoining the lines with the two-headed arrows describe the correlations among pairs of factors or pairs of error terms that must be considered in the model in order to obtain a significant fit of the model to the data.

To test stability of the revised model, we created three randomly selected samples (without replacement) of 149, 148, and 150 participants and compared the parameters of the revised model across the three samples and found no significant differences (Chi Square/DF (6) = 0.806, $p = 0.565$). However, the comparison of the structured covariance across the three samples showed significant differences (Chi Square/DF (35) = 1.470, $p = .031$). We checked to see if there were differences among the three random samples in the proportions of participants that represented any of the moderator variables of interest (e.g., race-ethnicity, age category, level of abuse, or gender and relationship of the “close other”). All of the chi square tests for
frequency differences had \( p \) values greater than 0.700. No alternative models met the two-fold criteria of sustaining the logic of the three major sets of factors (abuser behavior, internal barriers, and external barriers) along with the goodness-of-fit criteria.

PBHS.v2 Factors

Three of the PBHS.v2 model factors incorporated the five internal barriers factors from the tested original 12-factor PBHS model. The protecting family, powerlessness, and hopelessness concepts from the tested model merged to form a new factor, emotional gridlock. This factor is defined as describing a victim’s belief that she is bound inextricably in her current context and is, therefore, without choices or without choices she is willing to make. The self-blame factor, which describes a victim’s belief that she deserves the abuse inflicted by a close other, retained its original definition from the PBHS model. Secrecy also retained its original definition, that is, describing a victim’s reluctance to have others know she is experiencing domestic abuse. In PBHS.v2, abuser behavior reflected a merging of isolation, jealousy, and intimidation from the PBHS model, with all items loading on a single factor. Abuser behavior items describe tactics used by an abuser that negatively impact an elder domestic abuse victim’s willingness to seek help.

Four external barriers factors from the PBHS model merged into two external barriers factors. The family/friend response and the clergy response factors merged into one factor: the informal external responses. This factor describes a victim’s belief that her decisions about seeking help should be based on the assumption that responses of people who are important to her personally are likely to be negative. The community response and the justice-police system response factors from the PBHS model also formed a single factor in the PBHS.v2, that is, formal system responses. This factor is defined as describing a victim’s belief that help-seeking decisions should be based on the assumption that responses of police and community organizations are likely to be negative. It is noteworthy that only one item that describes the police as the gatekeepers to the justice system fit the justice-police system concept.

Variables of Interest

We explored differences in the PBHS.v2 model related to race and ethnicity, age, gender, and relationship of identified “close other” (presumed abuser for those who identified themselves on the CTS2S as having experienced one or more types of abuse in the previous year), and level of abuse. The model sustained very good to excellent goodness-of-fit statistics across the variables of interest with some correlated error terms and correlations among factors varying across demographic characteristics.
Considering the four non-negotiation factors of the CTS2S together (psychological abuse, physical abuse, sexual coercion, and injuries resulting from the abuse), the overall CTS2S score had a statistically significant regression coefficient of \(-.28 (p < .01)\) when predicting the overall PBS (see Table 3, rows 2–4). The inverse relationship is expected because a high CTS2S score indicates more severe levels of conflict, while a high PBS indicates lower perceived barriers to help-seeking. The fit of this model met the criteria of an “excellent fit” (\(\chi^2 / df = 1.915, df = 16\) and \(p = .015\), with the CFI = .993 and RMSEA = .045) and accounted for 62% of the total variance.

The nonsignificant difference of the measurement weight across levels of abuse (i.e., the prediction coefficients) confirms that the same model can be used to describe the coefficients’ prediction of the mean PBS regardless of the severity of abuse. However, the significant differences for the structured covariance among the six PBHS.v2 factors across the three levels of abuse suggests that the same model does not predict the same relationships among the six factors across the three levels of abuse (see Table 4).

Rows two through four of Table 3 reveal the presence or absence of relationships among factors for the three levels of abuse. Any cell containing a
correlation coefficient indicates a relationship that is either statistically significant or one required to obtain a fit of the model. A cell may be blank because the correlation was not statistically significant at \( p < .05 \), or the nonsignificant correlation did not add to the goodness of fit of the model. Respondents with a score of severe abuse had fewer correlations than those with minor abuse or no abuse scores. Also, the magnitude of the relationships were relatively low for cases of severe abuse in comparison to the other two levels, but were significant \( (p < .01) \) for the relationships between emotional gridlock with the abuser behavior and with informal external responses.

To further explain, we can use the example of the correlation between self-blame and emotional gridlock (see Table 5; relevant cells are shaded). Respondents in the no-abuse group perceived a fairly strong relationship between these two factors (.53), while those with minor abuse scores perceived a much weaker relationship (.17), \( p < .01 \). These two factors did not associate at all for respondents with a severe abuse score. Differences across the three severity levels of abuse subgroups (no abuse, minor abuse, and severe abuse) can be seen in greater detail when considering the correlation coefficients among the six factors in Table 5.

Level of Abuse and Action Taken

In addition to analyzing the relationship between the CTS2S and the PBHS.v2 factors, we examined the relationship between the level of abuse, as indicated by the CTS2S score, and any help-seeking action taken as indicated on the questionnaire. There was a significant relationship between the CTS2S score and actions taken, that is, differences in “CTS severity” predicted unique variations in “what victims did” \( \chi^2 (2 \ df) = 12.134, p = .002 \). Most notably, 55% of respondents with severe abuse “did nothing.” Results are summarized in Table 6.
**TABLE 5** Factor Bivariate Correlation Coefficients\(^a\) for Major Intervening Variables

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<td>Child/grandchild</td>
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<td>50 to 64 years</td>
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<td>.46</td>
<td>.70</td>
<td>.41</td>
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<tr>
<td>15</td>
<td>75 years or older</td>
<td></td>
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</tbody>
</table>

\(^a\)All correlations with a numerical value indicated were statistically significant at \(p < .05\) except where noted in the structural equation figures.
TABLE 6  Reported Action Taken by Victims by Level of Abuse

<table>
<thead>
<tr>
<th>Action Taken</th>
<th>Minor Abuse # (%)</th>
<th>Severe Abuse # (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did nothing</td>
<td>109 (74.1%)</td>
<td>46 (55.4%)</td>
</tr>
<tr>
<td>Asked a family member to help</td>
<td>17 (11.6%)</td>
<td>15 (18.1%)</td>
</tr>
<tr>
<td>Asked a friend to help</td>
<td>12 (8.2%)</td>
<td>13 (15.7%)</td>
</tr>
<tr>
<td>Asked a priest/rabbi for help</td>
<td>6 (4.1%)</td>
<td>4 (4.8%)</td>
</tr>
<tr>
<td>Asked a doctor for help</td>
<td>6 (4.1%)</td>
<td>9 (10.8%)</td>
</tr>
<tr>
<td>Asked a social worker/counselor for help</td>
<td>13 (8.8%)</td>
<td>11 (13.3%)</td>
</tr>
<tr>
<td>Asked a lawyer for help</td>
<td>5 (3.4%)</td>
<td>6 (7.2%)</td>
</tr>
<tr>
<td>Called the police (911)</td>
<td>3 (2.0%)</td>
<td>14 (16.9%)</td>
</tr>
<tr>
<td>Filed restraining order/order of protection with the court</td>
<td>3 (2.0%)</td>
<td>5 (6.0%)</td>
</tr>
<tr>
<td>Stayed in a domestic violence or homeless shelter</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Moved to a new place to live</td>
<td>4 (2.7%)</td>
<td>8 (9.6%)</td>
</tr>
</tbody>
</table>

DISCUSSION

The PBHS.v2 honed our understanding of help-seeking barriers for older women who experience domestic abuse. The 12 original factors were reformulated into the six-factor PBHS.v2 model that remained conceptually consistent with the PBHS model. The supporting quantitative analyses add considerably to our understanding regarding the relationships among the factors that prevent older victims of domestic abuse from seeking help, and how those factor relationships changed based on the age, race and ethnicity, gender, relationship to the closest “other,” and level of abuse indicated by the survey participant. Overall, our results indicated that development of services specifically suitable to the needs, personal beliefs, and values of older women who experience domestic abuse is vital to effective intervention. Equally important is the implication that “effective intervention” must be defined uniquely, based on key demographic and situational characteristics of each individual victim.

PBHS.v2 Factors

SELF-BLAME

As shown in Table 5, survey data did not show a relationship between self-blame and secrecy, abuser behavior, or formal system responses for those who experienced either minor or severe abuse. For most of the moderator variables the relationship between self-blame and both emotional gridlock and abuser behavior were similar and significant, and correlations between self-blame and informal external response were even stronger.
SECRECY

The two statements used to measure secrecy addressed either talking with “other people” or with “other family members” about family problems. The survey data did not show a relationship between secrecy and self-blame, nor was secrecy connected to abuser behavior for any moderator variable, including level of abuse. Correlations between secrecy and both emotional gridlock and informal external responses and the moderator variables were weak or nonexistent. These results may reflect that secrecy about family problems is an imperative unrelated to the nature of those problems, a speculation that is further supported by the finding that secrecy’s contribution to the overall factor score was similar across all moderator variables. The value dipped lowest for respondents whose close other was an “other relative or friend,” which possibly suggests that secrecy is a stronger barrier when the abuser is a relatively close relation, an important concept that merits additional research. Secrecy was consistently the largest contributor to the overall PBS for the full group and for all moderator variables tested, indicating its strong contribution as a deterrent to help-seeking.

ABUSER BEHAVIOR

Abuser behavior included elements of jealousy, isolation, and intimidation. Most moderator variables showed a relationship between abuser behavior and self-blame. Correlations between abuser behavior and both emotional gridlock and informal external responses existed for all moderator variables (with the exception of those experiencing severe abuse) and were generally equally strong for both of the pairings. These results indicated a strong relationship between abuser behavior and internal and external help-seeking barriers, possibly supporting the notion that the abuser behavior is linked to an older woman’s responses to such tactics. Additional research is needed to better understand why there were very low or no significant correlations between abuser behavior and the other five factors of the model for those who reported experiencing the most severe abuse.

EMOTIONAL GRIDLOCK

Emotional gridlock incorporates the notions that long-standing problems in intimate personal relationships cannot be changed or fixed, that asking for help puts an older woman at risk for losing control of some or all individual decisions, and that the interests of the family as a unit rightfully supersede an older woman’s personal needs. Survey data indicated that emotional gridlock is related to all factors except formal system responses. This may suggest that, in order for an older female victim to even consider seeking help from formal systems (e.g., law enforcement, courts, or social service agencies), the relative power of the emotional gridlock factor will need to be mitigated or
eliminated. The implications in terms of intervention are important here and should be included in training curricula for professionals from within formal system agencies who work with older victims. Additionally, for those who experienced severe levels of abuse, the interfactor relationships between emotional gridlock and informal external responses were relatively weak, although for all other moderator variables the relationship between these two factors was stronger than any other, another result that merits additional research to explore potential impact on effective intervention.

**Informal External Responses**

This factor is composed of statements that supported two factors from the original model: friends and family response and clergy response. Clergy response items focused on beliefs within the context of the respondent’s religion (statements were qualified by the stem phrase “according to your religious beliefs”). Friends and family response items focused on projections that family/friends would expect an older woman to put family considerations first and would be disapproving of any acts that threatened the family’s status quo. Notably, statements regarding concern for the personal safety of family members were not supported in the PBHS.v2 model.

Informal external responses was the only one of the six factors that was connected to each of the other factors in addition to contributing to the overall PBS. For all levels of each moderator variable the strongest factor correlation was between emotional gridlock and informal external responses. Notably, the strength of this relationship was much lower for those experiencing severe abuse than for any other moderator variable group, although it did show the strongest interfactor relationship within the model for that group (see emotional gridlock discussion). It is also notable that for all moderator variable groups, informal external responses were a relatively low contributor to the overall PBS.

The fact that the strongest relationship in the model was between emotional gridlock and informal external responses indicates it may be necessary for interventions with victims to be designed to address this connection and the underlying beliefs it represents before or while attempting to address other help-seeking barriers.

**Formal System Responses**

This factor is composed of statements that describe justice system response and community resources response. The justice system statement reflected respondents’ beliefs regarding whether or not police would respond in a helpful way, or respond at all, to an older domestic abuse victim seeking help. The community resource statements focused on availability of services for older women who are victims of domestic abuse in later life.
Considering the widespread belief that domestic abuse in later life is largely under-reported (Tatara, 1997; Tjaden & Theonnes, 1998), it is not surprising that the formal system responses factor contributed least to the overall PBS for the full sample, and in correlations between factors for all levels of the moderator variables. This suggests that first response teams should include professionals and/or advocates who can help victims address perceived barriers before expecting a victim to accept involvement of formal systems as an intervention component.

Moderator Variables and Relationships Among PBHS.v2 Factors

**Race-Ethnicity**

The current study showed that secrecy was the strongest contributor to the overall PBS in all race-ethnicity groups. However, there were some variations in the strength of relationships to the overall PBS among racial-ethnic groups. For White non-Hispanic respondents, self-blame, abuser behavior, and emotional gridlock made relatively equal contributions to the PBS, although these were quite a bit lower than the contribution of secrecy. The relative contribution of both external factors was low.

Hispanic respondents indicated that abuser behavior contributed almost as much to the PBS as secrecy, followed by self-blame and emotional gridlock. Informal external responses also made a modest contribution to the PBS. Of the six factors, formal system responses appeared to have the lowest impact on the overall PBS for Hispanics.

For Black non-Hispanic respondents, self-blame was a close second to secrecy in contributing to the PBS. Abuser behavior also was a relatively strong contributor. Emotional gridlock and informal external responses were much weaker, and formal system responses showed the weakest contribution.

These results add empirical support to the presumption that interventions for older victims in each racial-ethnic group may need to have modified designs. The unique relative contributions of the six factors to the overall PBS and the enriched understanding afforded by examination of the strength of the interfactor relationships suggest a need for intervention modifications that reflect race-ethnicity variations in perceived help-seeking barriers. For example, successful intervention efforts for older White non-Hispanic victims should focus on abuser behavior and the internal barriers of self-blame, secrecy, and emotional gridlock. Victims in this racial-ethnic group may not respond optimally to any externally driven interventions before these other factors are addressed, at least to some degree. Intervention efforts for older Hispanic victims should focus on the impact of abuser behavior and secrecy. The relative importance of abuser behavior may be an indication that older Hispanic women are more sensitive to abuser behavior and more influenced
by those behavior patterns than older women in other racial-ethnic groups. For older Black non-Hispanic women, preliminary emphasis should include strategies to address the internal factors of self-blame and secrecy.

“CLOSE OTHER” RELATIONSHIP

The most complex array of interfactor correlations was found for the husband/intimate partner close other category, and the least complex was for a relative/friend. At this point, we do not have a theory or interpretation of these differences. However, the differences were sufficiently strong that follow-up designed to better understand the impact of this factor on the PBS is strongly indicated. Perhaps the most interesting analysis would occur within the victim group. See the section on limitations for a discussion of why we could not analyze the data at that level.

LEVEL OF ABUSE

The similarities and differences in fit of the data among these three groups for the PBHS.v2 model were quite striking. Although there were numerical differences in the six prediction coefficients for each of the six factors and the overall PBS, these differences were not statistically significant. However, there were significant differences in the covariance structures for the three groups, although notably the severe abuse group sample was not large enough to allow these types of analyses to be done within each of the race-ethnicity groups.

Victims of severe abuse seemed to have the least complex array of correlations among factors that contributed to the PBS of the three groups. Additionally, the strength of the correlation was generally lower than for other moderator variable groups. After secrecy, self-blame was the second-strongest contributor to the PBS for severe abuse victims, which was not the case with the other two levels of abuse groups. These results may reflect a reality that includes few personal relationships and isolation from the outside world, the effectiveness of the abuser’s tactics, and/or a predisposition to accepting blame for negative experiences. Also unique to those experiencing severe abuse was the fact that abuser behavior had a relationship to emotional gridlock but not to any of the other factors, which may shed some light on the unique vulnerability of victims to an abuser, with implications for answering the often repeated queries “why do they stay?” and “why do they go back?”

PARTICIPANTS’ AGE

The measurement weights that included the prediction coefficients for the six factors were not significantly different across the three age groups.
However, the covariance structure or relationships among the factors differed significantly among the three groups.

For the 15 potential variable pairs, the youngest age group (50–64) showed correlations in only five: secrecy and formal system response, emotional gridlock and abuser behavior, emotional gridlock and informal external responses, abuser behavior and informal external responses, and informal external responses and formal system responses. The virtual nonexistence of self-blame in the covariance structure for this age group, compared to some strong relationships in the other two age groups, underscores the importance of understanding that perceived barriers to help-seeking in the “youngest old” victims may be quite different from perceived barriers of older victims when developing intervention programs. This is consistent with expectations that the needs of the aging baby boom generation may well be different from their predecessors across all social and health support service sectors.

The lack of a correlation between secrecy and any of the other five factors in the model was the most notable result in the oldest old group (75+). This may be reflective of the strong family privacy culture that is typical for women of that generation. In other words, family “business” of any kind is to remain private from all but the involved parties. For the middle age range (65–74) the correlation between emotional gridlock and informal external responses was quite large. The next highest correlation was between self-blame and informal external responses.

**Gender of “Close Other”**

There were several notable differences in the factor correlations based on the gender for the category designated the “close other.” Relationships between abuser behavior and self-blame and abuser behavior and informal system responses were stronger when the designated “close other” was a male. There was a correlation both between informal external responses and formal system responses and secrecy and emotional gridlock when the “close other” was female, but no correlation in either relationship when the “close other” was male. Again, we do not have a theory or interpretation of these differences. However, the results suggest a need to better understand the impact of a “close other’s” gender on perceived help-seeking barriers.

**Relationship of PBS to CTS2S**

Both a mean overall PBS and a mean overall (eight-item) CTS2S score were computed for each participant survey. For both measures a relatively high score indicated greater barriers to help-seeking and severe abuse, in comparison to a low score. We found that the total eight-item CTS2S score had a low positive correlation with a PBS, and this was statistically significant with
the full sample. Because this value represents just 1.1% of the total variance, we decided to look at the relationships of the model’s six factors with the mean CTS2S score. Employing a regression analysis, only abuser behavior and secrecy were found to have a statistically significant relationship with the overall CTS2S score. This post hoc regression analysis produced an \( R = .293, F(2,442) = 20.684, p < .001 \), with Beta for abuser behavior = .275 (\( t = 6.050, p < .001 \)) and the Beta for secrecy .093 (\( t = 2.043, p = .042 \)).

A plausible conclusion might be that, while there is some commonality of what is being measured by the CTS2S and the PBHS.v2 (i.e., abuser behavior and to some minor extent secrecy and informal external responses), for the most part, the two instruments are measuring different behavior domains. While there should be commonality of abuser behavior in the PBHS.v2 with what is measured by the CTS2S, factors influencing the perceived barriers to seeking help are not necessarily the same as those measured by the CTS2S.

Limitations

There are three major limitations with the current research.

Variation in How the Questionnaire Was Administered and Other Data Collection Considerations

The project design called for data to be collected using a self-administered questionnaire in small groups arranged by the project team based on convenience of time and location. Overall this was an efficient and effective way to collect data for a relatively large sample. However, in some cases the group setting was problematic. This was particularly true when there were respondents who were unable to complete the questionnaire without assistance due to illiteracy, cognitive and/or cultural difficulty with some or all of the items, or visual impairment. In some cases survey items were read aloud to groups or even to individuals. Additionally, in some groups participants who had to wait for “slower” responders were noticeably impatient and intolerant, perhaps resulting in some of the slower respondents rushing through the final pages or not completing the survey.

Correlation of CTS2S With Relevant PBHS.v2 Items

An additional limitation arises when relating the CTS2S with the PBHS.v2, where the timeframe for each differs. The timeframe for CTS2S items is specified as “in the previous year,” while the PBHS.v2 timeframe was “after age 50.” As a result, we were unable use the CTS2S data to confirm respondents’ self-reports regarding being a victim. However, overall, victims
indicated "often" or "frequently" for the eight non-negotiation items on the CTS2 significantly more than nonvictims.

**ANALYSES BY TYPE OF ABUSE**

Although we collected types of abuse data with the CTS2S, only 49 women had an average CTS2S score over 1.50 (where 1 = never and 2 = sometimes on a four-point scale) across the eight CTS2S items that represented emotional, physical, and sexual abuse and injury. The correlations of these 49 participants’ CTS2S scores with their PBS were statistically significant ($r = .271$ to .280) but did not differ among the four types of abuse subgroups. In fact, the correlations among the four types of abuse ranged from .833 to .983, implying that one could use any of the subgroups to describe the other three. Additionally, of the four types of abuse, only the “psychological abuse only” group was sufficiently large to support any test of relationships between a single type of abuse group and the PBS. A much larger sample would be needed to generate the needed subgroup numbers.

**Policy and Practice Implications**

In discussions of the study results with community stakeholders we found that policy makers and practitioners generally were anxious to receive empirical data regarding domestic abuse in later life and barriers to help-seeking for its victims. They perceived that access to these kinds of data would facilitate improvements in policy development and practice approaches. Community professionals indicated recognition of research results in anecdotal observations. For example, practitioners confirmed that the strong correlation between emotional gridlock and informal external responses that appeared in the model (see Figure 1) accurately reflected what they had observed when working with victims. Practitioners also noted that differences in the magnitude of correlations among the three racial-ethnic subgroups shown in the research results were consistent with field experience and offered insights that they believed would be useful in improving their cultural effectiveness in day-to-day interactions with victims. Overall, community professionals indicated that the research results might be used to: (a) train police and justice system personnel to identify barriers as they work DV cases with the elderly; (b) meet with representatives of the clergy and community agencies to discuss results and encourage their vigilance regarding identification of victims and their effort needed to lower external barriers; and (c) use the description of the model and interrelationship of factors in outreach training to increase awareness among older adults regarding domestic abuse in later life and how to seek help.

Perhaps the most compelling policy and practice implication is the identified need to structure policy and intervention protocols that are driven
by individual victim characteristics and requirements, even if this approach appears to be more costly or less efficient. Any evaluation of cost or efficiency should include costs associated with recidivism. Because there is reason to believe that interventions that meet each victim where he or she “is” would reduce recidivism in the intervention cycle and improve victim outcomes, “real” costs of a victim-centered approach might, in fact, be lower than approaches that appear on the surface to be less expensive and/or more efficient. Application of the PBHS.v2 Assessment might help professionals who intervene to identify specifically an individual victim’s barriers, perhaps creating a new efficiency in the victim-centered approach. New tools might be developed to inform victims about available alternative courses of action and to help victims identify the actions they find acceptable to undertake at the time the assessment is done. Repeating such an assessment over time might move a victim successfully through intervention stages by focusing on changes in willingness to modify their situation over time. Use of the study results in this way has the potential to greatly improve policy and practice.

Implications for Future Research

Strong empirical support for the PBHS.v2 model was obtained. The model accounts for between 75% and 88% of the variance across various groups and is supported by excellent fit statistics. The results indicate that there is sufficient evidence to pursue additional research to explore use of the PBHS Assessment as an instrument to measure the strength of barriers to help-seeking. In fact, there are a number of questions about the PBHS Assessment that need to be examined. Specifically, can the instrument be of any use in the delivery of services to older victims of domestic abuse and to help the justice system and its community partners be more effective and cost-effective in delivering services to such victims? Would the PBHS Assessment be understandable and relevant to older victims in other urban, suburban, and rural communities and with other cultural groups?

REFERENCES


Statistics and Committee on Law and Justice, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.


