ELDER ABUSE:
A MULTI-CASE STUDY

DISSERTATION

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By

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This descriptive study with quantitative aspects examined the phenomenon of elder abuse through the systematic review of 60 cases of elder abuse. Cases were randomly selected from the files of an Adult Protective Services agency in the North Central Texas area.

Research questions examined the characteristics of the victims and abusers, types and duration of abuse, descriptions of abusive situations, the reporting and verification of abuse, case management strategies utilized by caseworkers, and the consequences of those strategies.

The results of this study point to the probability of the elderly abuse victim being 75 years of age or older, female, white, and widowed. There did appear to be some connection between race and type of abuse with white victims more likely to experience physical and financial abuse.

Approximately half of the elderly abuse victims had severe limitations in physical and/or mental functioning leading to some degree of dependence upon their abusers.
However, eighty percent of the elderly victims resided in their own homes and half of these individuals were functionally independent.

This study provided descriptions of the various types of abuse that were observed: physical, financial, emotional, passive neglect, and active neglect. Financial abuse was noted most frequently, and multiple types of abuse were noted in most cases with the combination of physical, financial, and emotional abuse being observed most frequently.

Fifteen different categories of case management strategies were examined, averaging four different assistance strategies per case. Legal services appeared to be the most often refused form of assistance. This study also found no evidence that those who abuse the elderly are being prosecuted.
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CHAPTER I

INTRODUCTION

Instances of human beings abusing each other have existed at least as far back as recorded history, but only recently has there been demand for protection of the abused. In the 1960's society became aware of the problem labeled child abuse and, in the 1970's, that of wife abuse. Perhaps the 1980's will represent the decade for awareness of the battered aged or elder abuse as it is increasingly being termed (Steinmetz, 1978).

Despite professional and public unawareness, elder abuse does occur in our society with alarming frequency. A comprehensive overview of the literature by Pedrick-Cornell and Gelles (1982) found that the most frequently cited statistics place the range of elder abuse between 500,000 and 2.5 million cases per year. Many researchers believe that such figures represent only a fraction of the actual number of cases of abuse of older persons (Costa, 1984). Professionals working with the elderly are generally not alerted to detect and record abuse; thus, incidences often go unreported (Lau & Kosberg, 1979).
The definition of elder abuse greatly affects its estimated national incidence (Salend, Kane, Satz, & Pynoos, 1984). The potentially complex nature of this phenomenon has lead to difficulty in establishing a uniform definition. The term "abuse" has been used to include physical abuse, financial abuse, verbal/emotional abuse, active neglect, and passive neglect. Many cases often involve multiple types of abuse occurring in diverse patterns.

Numerous theoretical explanations have been offered concerning elder abuse (Hickey & Douglass, 1981). A psychopathological framework would explain neglect and abuse in terms of personal or pathological problems inherent in the perpetrator. A developmental approach suggests that the mistreatment phenomenon is potentially cyclic with parents and children mistreating each other throughout their lifetimes. Another approach suggests that abuse can be interpreted environmentally resulting in elder abuse being viewed as the result of situational conflicts and crises or due to long term environmental conditions.

Thus far, the majority of theoretical work on elder abuse is based on propositions and theories which have been developed and applied to other types of intra-familial abuse (Pedrick-Cornell & Gelles, 1982). Despite factors reportedly associated with elder abuse
(such as the parallel drawn between elder abuse and child abuse), there is little empirical support for claims made for these associations.

A recent review of research on elder abuse by Pedrick-Cornell and Gelles (1982) paints a bleak picture regarding the current state of knowledge. Lack of quality data has led to statements presented as facts which have no scientific foundations but are used to frame both policy and programs to treat and prevent the abuse of older persons. Particularly lacking are examinations of documented cases that focus on attempts to provide assistance to elderly victims once they have been identified. Exploratory investigations are needed to examine what strategies of case management are currently being employed in cases of elder abuse and with what type of consequences.

This study provides additional understanding through an in-depth examination of actual cases of elder abuse which have been documented by the Adult Protective Services Division of the Department of Human Resources. It is hoped that knowledge of how other counselors have attempted to cope with the difficulties encountered in elder abuse cases will be useful to other professionals in bringing about change.
Statement of the Problem

This investigation provides much needed information which can be obtained only through systematic study and description of actual cases of elder abuse. The major areas of focus involve: information concerning the types of abuse that are occurring; descriptions of abusive situations; descriptions of case management strategies utilized and their related consequences; and, characteristics of both abuser and abused that may be related to the final closure status of the case.

Synthesis of Related Literature

Description and Prevalence

Public attention is being increasingly drawn toward the problem of crimes against the elderly. Abuse by relatives and caregivers of the elderly in the community setting is a problem that until now has been exceedingly neglected (Lau & Kosberg, 1979). Pedrick-Cornell and Gelles (1982) cite two major factors that can be used to help explain the reasons for the recent interest in elder abuse: (1) the discovery of a number of elderly victims was a natural outgrowth of the intensive research on the extent and patterns of family violence that had been undertaken to investigate "child abuse" and "wife beating"; and, (2) due to increased life expectancy, there are growing numbers of individuals 65
years of age or older.

One explanation of the increase in elder abuse could be an increase in the number of people over 65. "When America became a nation, every 50th person was 65 years old or older--today every 9th American is an older adult" (Weg, 1981, p. 211). Older people are the fastest growing segment of this nation's population. Females born today can expect to live to 84 and males to age 77 (Costa, 1984).

There are currently 25.6 million elderly (Eastman, 1984). It is predicted that the older population will increase by 7 million over the next 15 years, and 75% will be in the over-75 age group (Costa, 1984). The 75-and-older age group (the most vulnerable to abuse) is the fastest growing segment of the population (Eastman, 1984). The growing number of older Americans has heightened awareness of the many problems being experienced by the elderly (Pedrick-Cornell & Gelles, 1982).

An examination of the phenomenon of elder abuse is made difficult by the fact that there appears to be no uniform definition. Defining elder abuse is a complex issue with existing formulations ranging from narrow definitions of physical abuse to broad concepts like benign neglect (Salend, Kane, Satz, & Pynoos, 1984).

In a study by O'Malley, Segars, Perez, Mitchell, and Kneupfel (1979), elder abuse was defined as the
caretaker's willful infliction of physical pain or injury or mental anguish, unreasonable confinement or deprivation of services necessary to maintain mental and physical health. This definition included physical abuse, financial abuse, verbal/emotional abuse, active neglect, and passive neglect.

The "violation of rights" can be described as another form of elder abuse. It involves being forced out of one's dwelling or into another setting. For example, the elderly person may be forced or tricked into entering a nursing home. Violations of rights generally exists in conjunction with at least one other form of abuse (Lau & Kosberg, 1979).

Abuse may also take the form of "benign neglect." This involves abuse which generally results from inadequate knowledge of how to care for an elderly person. Tying an elderly kin, who needs constant watching, into a bed or chair or the excessive use of medications represent common forms of this type of abuse (Steinmetz, 1978).

Most cases of elder abuse are complex and involve multiple types of abuse (Costa, 1984; Gray Panthers of Austin, 1983; O'Malley et al., 1979). For example, in a case study cited by the Gray Panthers (1983) it was found that one elderly person was beaten and sexually abused by a 42-year-old schizophrenic son until she
signed over her life savings to him.

Self-neglect or self-abuse has also been described in the literature as a form of elder abuse. Self-abuse includes excessive use of alcohol or drugs, grossly improper diet, refusal to accept medical care or medical recommendations, or refusal to eat (Lau & Kosberg, 1979). However, many researchers (Pedrick-Cornell & Gelles, 1982; Rathbone-McCuan, 1980; Salend, et al., 1984) believe that the concept of neglect should not include self-neglect. This decision is based on belief that older persons are not children. Unless declared incompetent, they are responsible for themselves. One person's self-neglect may be another's exercise of free judgment. Increasingly, the term elder abuse is being applied only to situations where deliberate harm is perpetrated on the old by another person.

Despite professional and public unawareness, elder abuse does occur in our society and with alarming frequency. O'Malley et al., (1979) studied 332 responses to a survey of 1,044 professionals and paraprofessionals serving the elderly in Massachusetts and found 55% of those who responded cited an incident of elder abuse within the prior 18 months. Over 41% of the reported cases were judged to be the result of physical trauma. Other forms of abuse such as verbal harassment and unreasonable confinement were also observed but with less
frequency. However, O'Malley et al., caution that results of the survey must be interpreted with care in view of the fact that several survey respondents could have reported on the same cases of abuse.

In another study, Lau and Kosberg (1979) reviewed records of all clients over 60 being serviced at the Chronic Illness Center in Cleveland, Ohio during the period of one year. It was found that nearly 10% of those receiving services were the victims of some form of abuse during the year. Of the cases of abuse noted, 75% involved physical abuse, 51% involved psychological abuse, and other types of abuse such as financial exploitation were found in 31% of the abuse cases. In each case, there was usually found more than one form of abuse.

Based on a survey of the community elderly living in Washington, D.C., Block and Sinnott (1979) estimated the national incidence of elder abuse to be close to one million. After examining the 26 cases identified in the survey, Block and Sinnott found that psychological abuse was more common than physical abuse. They found lack of personal care and supervision to be factors in 38% of the cases reported, and "beatings" were cited in 15%. However, Pedrick-Cornell and Gelles (1982) emphasize that Block and Sinnott's response rate to their interviews was only 16.48% which should not be considered a representative sample.
With regard to the prevalence of the various types of abuse, a study by Hickey and Douglass (1981), consisting of interviews of 228 practitioners and professionals who were in direct contact with vulnerable adults, found that nearly all the respondents had firsthand experiences with passive neglect. The most frequently noted cases of active neglect involved forced confinement, isolation, and withholding of food or medication. Hickey and Douglass also found that following passive neglect, verbal/emotional abuse was the next most frequently reported forms of abuse and involved instances of older, dependent adults being treated in a manner diminishing personal identity, dignity and self-worth. Even though encountered less often than verbal and emotional abuse, Hickey and Douglass found physical abuse had been noted by nearly two out of three respondents.

A more recent survey by the Gray Panthers of Texas (1983) found all types of abuse in substantial proportions. Nearly two-thirds of the respondents had encountered cases of physical abuse, three-fourths identified verbal or emotional abuse, and half of the respondents reported cases of active neglect.

Salend, et al., (1984), in an examination of elder abuse reporting in 16 states, found that the highest percentage of reported cases was classified as neglect.
Physical abuse was less frequently reported, and the smallest proportion of reports involved exploitation.

A comprehensive overview of the literature by Pedrick-Cornell and Gelles (1982) found that the most frequently cited statistics place the range of elder abuse between 500,000 and 2.5 million cases per year. A more recent estimation by Eastman (1984) indicates that the number of abused, neglected or exploited elderly in the United States ranges from 600,000 up to 1 million, or 4% of the elderly population.

With regard to prevalence, it is fair to say that the extent and incidence of the abuse of the elderly remain unknown (Pedrick-Cornell & Gelles, 1982). Since the phenomenon of elder abuse often goes unreported, the actual incidence rate of abuse based on empirical evidence is lacking (Costa, 1984).

Problems Associated with Reporting of Abuse

Cases of elder abuse generally come to the attention of three types of community agencies: police departments, hospital emergency rooms, and social service agencies (Rathbone-McCuan, 1980). A study by O'Malley, et al., (1979) found that, while hospital social workers and private social service agency staff reported the largest number of citings, suprisingly few citings of abuse were reported by legal professionals, police, and medical doctors—those most likely to be
exposed to cases of domestic violence. It should be noted, however, that the social service professionals and paraprofessionals also received a proportionately large number (47%) of surveys that were mailed.

In the O'Malley et al., (1979) survey, only 24% of the abused citings were brought to the attention of the survey respondent by the victim. In at least 70% of the cases, a third party (someone other than the victim or victim's family) was required before it was brought to the attention of professionals. A study by Lau and Kosberg (1979) found self-referral to be the least (5%) used source for the reporting of elder abuse.

Reporting of elder abuse has been found problematic because: (1) the instances of reported cases are but a fraction of the total number of cases; (2) mandatory reporting laws exist in only a few states; (3) there exists a low degree of awareness of the problem among professionals, paraprofessionals, the public, and even the victims; and, (4) the number of cases reported to agencies vary by type of agency and location (Pedrick-Cornell & Gelles, 1982).

The isolation of the elderly person may also lead to a decrease in the probability that cases of abuse will be reported. Decreased outside contacts, due to illness or more often lack of transportation, lessen the chance that others will recognize signs of abuse (Gray

Most elderly victims have been found not to complain. Abusers often threaten to put their parents out on the street or commit them to a mental institution or a nursing home if they report the abuse (Eastman, 1984). There appear to be numerous reasons for the elderly not reporting instances of abuse: (1) the elderly victims may recognize their dependency on their abusing caretakers; (2) fear of retaliation; (3) lack of alternative shelter; (4) fear of the unknown; and, (5) the shame and stigma of having to admit that they reared such a child (Steinmetz, 1978). "Pride, embarrassment, fear, isolation, lack of access to services, and mental confusion are all obstacles to acknowledging abuse and seeking professional assistance" (Lau & Kosberg, 1979, p. 11).

Etiological Theories

Numerous explanations have been offered concerning elder abuse; however, examining etiology has proven to be complex, particularly in view of the probability that there exists no single cause for such abuse (Hickey & Douglass, 1981). Actually, theoretical work on elder abuse has been largely based on propositions and theories which have been developed and applied to other
types of intrafamilial abuse (Pedrick-Cornell & Gelles, 1982).

The central focus of a report by Hickey and Douglass (1981) was based on the case experiences of professionals and practitioners who dealt with the elderly on a regular basis and provided a framework for understanding why some older people are mistreated at home by members of their own families. A psychopathological framework would explain neglect and abuse in terms of personal or pathological problems inherent in the perpetrator. The elderly may become vulnerable to mistreatment because of proximity and/or dependency on those who have such problems.

A developmental approach suggests that the mistreatment phenomenon is potentially cyclic with parents and children mistreating each other throughout their lifetimes (Hickey & Douglass, 1981). Numerous authors have examined the patterns of violence which continue from generation to generation. Studies by Ryder (1945) and Farrar (1985) represent early examinations of issues of early life deprivation or abuse and dependency which can result in later conflicts when not resolved.

In a more recent study, Steinmetz (1980) reported that children who abuse their parents were more likely to have been abused by them as children. Although not
focusing specifically on elder abuse, Straus, Gelles, and Steinmetz (1980) also found a high correlation between experiencing family violence as a child and later experiences of abuse. In contrast, Renvoise (1978) found that most families who abused elders did not have a history of previous abuse. Despite the lack of substantial empirical data, many researchers believe that the use of violence to resolve conflicts runs in families and is passed on from generation to generation (Pedrick-Cornell & Gelles, 1982).

One of the most common theories with regard to elder abuse is that it is a pattern consistent with other types of family abuse, and child abuse is the most often cited parallel. The abuser is seen to have suffered real or perceived mistreatment by parents or caregivers earlier in life and reverses the behavior. In patterns of violence continuing from generation to generation, violence becomes the normative response to stress in the family (Lau & Kosberg, 1979).

The child abuse literature suggests that the longstanding relationship between the parent and the adult child may be an important factor in leading to elder abuse. The adult child may be unable to separate behavior from self and to deal positively with parents. Parental dependency may trigger abusive behavior by recalling the parent-child hostilities of earlier life.
or by forcing a close interrelationship where one had never developed. According to Hickey and Douglass (1981):

Patterns of interaction are established with expectations of each; when one or the other fails to conform to expectations, abusive behavior can occur. Thus, mistreatment becomes an inter- 
actional outcome between parent and child, with the potential for predisposing both of them to continue this behavior later in life when dependency roles are reversed. (pp. 174-175)

The term "battered aged" is frequently used to refer to elderly parents who reside with, are dependent on, and battered by their adult, caretaking children. According to Steinmetz (1978), there are several parallels between the battered child and the battered parent:

First, both are in a dependent position—relying on their caretaker for basic survival needs. Second, both are presumed protected by virtue of love, gentleness, and caring which we assume that the family provides. A third point is that both the dependent child and the dependent elderly adult can be a source of emotional, physical, and financial stress to the caretaker. While the costs of caring for one's children are at least a
recognized burden, the emotional and economic responsibility for the care of one's elderly parents over a prolonged period (a problem not likely to be faced by most families in the past) has not been acknowledged. (p. 54)

While adult children are not legally responsible for the care of elderly parents, society still views grown children as the most logical source for care (Lau & Kosberg, 1979). Elder abuse is often viewed in terms of individual or family psychopathology; however, Costa (1984) points out that even psychologically healthy family members can, as the result of exhaustion and stress, become abusive.

While medical advances have prolonged the life of the chronically ill elderly, they have also increased the length of dependency. "It is increasingly likely that impaired elders will be dependent on their children for extended periods, perhaps longer than their children were dependent on them" (Costa, 1984, p. 9)

Financial aspects are also critical factors in stress, particularly in view of the fact that Medicare covers less than 50% of health care costs (Costa, 1984). Changes in society have added to the financial stress placed on family caregivers. According to Costa (1984):

Financial dependence is also often associated with elder abuse. For the first time, a large
group of people are living beyond their economically productive years, and their income, which may have seemed sufficient at retirement, has been eroded by economic forces beyond their control. (p. 8)

Horowitz (1978) notes that those who were also trying to meet the needs of an older relative were those who were also trying to meet the needs of their spouse and children. In addition, fragmentation of families into various geographic regions often leaves the burden and stress on the family members who have remained in close proximity (Lau & Kosberg, 1979).

There appears to be substantive support for the emphasis of health as a factor influencing the quality of the relationships between elderly parents and their adult children. In a study by Johnson and Bursk (1977) it was found that when the family relationship had already been perceived to be strained, the parental illness strained it to an even greater degree. Poor health can increase the elderly parent's dependency on the adult child. This may lead to an increase in resentment by adult children who are often caught between caring for their own children and caring for their elderly parent(s).

In addition to the use of a developmental approach in explaining the etiology of elder abuse, Hickey and
Douglass (1981) suggest that mistreatment can be interpreted environmentally, due to situational conflicts and crises, or due to long-term environmental conditions. Abuse can be a form of striking-out against situational and environmental inadequacies. When respondents in the Gray Panthers' (1983) survey were asked what the causative factors were behind elder abuse, 59% of those who encountered abuse in their work believed that long-term environmental conditions were the most frequent causative factors. Such high-risk conditions included elements such as crowded living quarters, extreme poverty, or marital conflict.

Rathbone-McCuan (1980) suggests that three general assumptions be examined in relation to the phenomenon of elder abuse:

1. The family is the primary caregiving unit for the aged person and a significant proportion of the aged are dependent on families for this care.

2. Psychological and sociological factors related to dependency may be postulated to contribute to inter- and multigenerational conflict, which help to create an environmental climate contributory to physical abuse and neglect of older persons by caregiving family members.

3. The characteristics of old age increase the
probability of being victimized. (p. 298)

In summary, Hickey and Douglass (1981) suggest four etiologies based on the literature on child and spouse abuse and family violence: (1) the vulnerability and dependency of the victim; (2) developmental disorders in the perpetrator or caretaker; (3) situational and crisis-induced factors; and, (4) socio-environmental conditions. The probability is that all of these factors provide important, although insufficient, predictors of mistreatment in families.

Profiles of Victim and Abuser

Harris (1978) observed that as recently as 1971 there had been few statistics that revealed much information about older victims. Most victimization surveys examined only the population of 50 and over, without further analysis. However, recent studies have begun to reveal certain characteristics which have been found to be relevant to a majority of elder abuse cases.

Females of very advanced age are consistently identified as the most likely victims (Block & Sinnott, 1979; Lau & Kosberg, 1979; O'Malley, et al., 1979; Pedrick-Cornell & Gelles, 1982; Rathbone-McCuan, 1980). In addition, the studies by Lau and Kosberg (1979) and O'Malley, et al., (1979) found that of the abused elderly clients identified, over three-fourths had at
least one major physical or mental impairment.

Several characteristics of elderly victims began to repeatedly emerge in the literature. Based on an analysis of case materials, Rathbone-McCuan (1980) found the following characteristics in a majority of cases:

1. The victim is female.
2. The victim is 65-years or older.
3. The victim is functionally dependent because of inadequate resources of physical limitations.
4. There is a history of alcoholism, retardation, or psychiatric illness for either the caregiver or the elderly person.
5. There is a history of inter- and intragenerational conflict.
6. There is a previous history of related incidences. (p. 300)

Dependency has also been closely linked to vulnerability. Dependent individuals must rely on others for care, protection, and sustenance; thus, they are at-risk of being hurt and unprotected. This vulnerability may be as valid in late life as it is in childhood. However, Hickey and Douglass (1981) point out that an important difference between the two periods of life exist in the degree to which dependency is seen as permissible. Old people may become more vulnerable to mistreatment when their dependencies are viewed as not
being legitimate or acceptable.

Numerous studies (Hickey & Douglass, 1981; Johnson & Bursk, 1977; O'Malley et al., 1979; Pedrick-Cornell & Gelles, 1982) found elderly victims of abuse to be functionally dependent and a source of stress to caregivers due to inadequate resources or physical limitations. For example, in a survey conducted by O'Malley et al., (1979) it was found that in 63% of the surveys that cited abuse, the elderly person being abused was identified as being a source of stress to the abuser.

With regard to the contributing role of the victim, some elderly individuals may intentionally "give up" exerting autonomy over their own lives. This may represent an affirmation of the "learned helplessness" and "social breakdown" syndromes which are a function of reduced developmental options in later life (Hickey & Douglass, 1981). In some ways, the fears of the elderly parallel those of the battered wife who prefers to stay in an abusing situation rather than encounter the fear of the unknown should she leave (Steinmetz, 1978).

It is important to recognize that the "typical" profile of the older abused person should be viewed in terms of the "typical" older person (Costa, 1984). Most studies lack comparison groups; thus, the characteristics of the abused elderly cannot be separated from
those of the non-abused elderly population (Salend et al., 1984).

Research has mainly dealt with the vulnerability of the elderly to victimization by persons unfamiliar to them; yet, there is increasing evidence of neglect and abuse of the elderly by spouses, children, and other family members (Hickey & Douglass, 1981). Currently there is a push toward deinstitutionalization of and home care for the elderly. The result has been more adult children assuming this responsibility (Pedrick-Cornell & Gelles, 1982). Unfortunately, some middle-aged children are emotionally and financially unprepared to assume these caretaking responsibilities (Steinmetz, 1978). There is some indication that the sudden or unwanted dependency of a parent is a key factor in understanding neglect and abuse. Adult children do not always anticipate that their aged kin might become fully dependent upon them for shelter, health care, food and social interaction (Hickey & Douglass, 1981).

In some situations adult children may become abusing and neglectful because of an inability to make appropriate judgments and perceptions. "Non-normal" caregivers, such as schizophrenic, retarded, or alcoholic children appear to have a higher probability of becoming abusive (Lau & Rosberg, 1979).

While research has provided scant information
concerning characteristics of the "typical" abuser, there has been some indication that the abuser is middle-aged, female, and usually the offspring (daughter) of the victim (Lau & Kosberg, 1979). In a study by Block and Sinnott (1979) 81% of the abusers were relatives with 42% being children of the victims.

As the life span increases, caregivers themselves are more likely to be elderly. In situations where there are elderly caregivers, they may be unaware of their own behavior or the effects of their behavior (Lau & Kosberg, 1979). For example, one study described the case of an 86-year-old woman who had been forcibly confined to bed by her 76-year-old husband for nine months. The woman was covered with bedsores and was semi-comatose when admitted to a hospital (Gray Panthers of Austin, 1983).

### Protecting the Elderly Victim

Practitioners face two major problems when treating victims of elder abuse:

1. They cannot presently locate quality research knowledge which could be informative for their clinical practice; and,

2. There are few established resources, services and treatment programs which can be adopted, copied, or applied to the problem (Pedrick-
Cornell & Gelles, 1982). Other barriers to intervention include: untrained and inexperienced personnel in adult service units, overextended staff, inadequate back-up resources, and limited legal authority to intervene on behalf of the elderly (Rathbone-McCuan, 1980).

There exist wide variations from state to state concerning protective service laws covering adults. In several states, for example Ohio, there are no laws specifically protecting abused elderly. In other states, such as Texas, laws exist that mandate investigation, support investigation services, and make the reporting of elder abuse mandatory (Lau & Kosberg, 1979).

A recent study (Salend, et al., 1984) compared 16 state elder abuse reporting statutes and analyzed their implementation. It was found than even in states with specific legal sanctions, little court-related activity took place. There exists scant prosecution of alleged abusers and those who fail to report suspected abuse.

Laws that exist to protect the elderly from abuse may have practical obstacles that interfere with the initiation of suits:

1. The abused elderly person is prevented from bringing suit by isolation from the community,
including lawyers;

2. There is a lack of physical energy and psychic combativeness on the part of the elderly victim;

3. There exists the problem of proof; and,

4. There is the probable lack of money to pay for legal representation (Wilson, 1978).

Determining if intentional abuse and/or neglect has occurred has proven a difficult and complex process. There are few professional or legal guidelines to determine the type and amount of information deemed sufficient to diagnose cases of elder abuse. The following questions illustrate the complex nature of the issues involved in identification and intervention:

1. How much responsibility can and should a family assume?

2. What decisions can a family make contrary to an elderly person's wishes?

3. What constitutes neglect?

4. How competent must a person be to determine if he/she will remain in a dangerous situation?

5. What lifestyle differences can exist between elderly person, family, and caseworker's expectations before a situation is designated as requiring legal or radical action? (Lau & Kosberg, 1979)
Despite barriers to reporting abuse and difficulties with providing intervention services, practitioners still must cope in the best ways possible with the problems of elder abuse. Pedrick-Cornell and Gelles (1982) believe that certain steps can be taken toward that end: (1) the first step is to overcome selective inattention and be aware that the elderly are abused by family members; (2) the next step is to use existing domestic violence services; and, (3) a third step is to provide support services to family which aid and care for elderly relatives.

Research on elder abuse is particularly lacking with regard to detailed descriptive information concerning efforts to assist elderly victims. While limited in scope, the Lau and Kosberg (1979) and O'Malley et al., (1979) studies reflect some attempt to examine what the researchers termed interventions and/or outcomes of elder abuse cases.

In a study of 39 cases of abuse conducted by Lau and Kosberg (1979), three general intervention categories were identified: (1) assistance provided and utilized; (2) institutionalization; and, (3) unresolved problems. In 11 cases (28%), professional assistance was offered and accepted. While there was no indication of the outcomes, some of the resources noted were "nutritional programs, recreational activities, homemaker
services, guardianship, dietary counseling, placement in different settings in the community, live-in help, counseling, and legal assistance" (p. 14).

In the Lau and Kosberg (1979) study, 18 cases (46%) of the clients were eventually placed in nursing homes. However, the authors caution that since the study was conducted at the Chronic Illness Center, clients did have some form of mental and/or physical problems, and institutionalization may have resulted even if there had been no evidence of abuse.

Lau and Kosberg (1979) also found that in 10 cases (26%), the abuse probably continued since assistance was refused. In some instances, family members refused access to the older person. In other cases the problem was acknowledged; however, "the elderly person and relative(s) indicated that the problem and its solution would remain a personal family matter and professional help was refused" (p. 14).

In a survey conducted by O'Malley et al., (1979), referral to other agencies, counseling, in-home care, and removal of the victim were found to be the most frequently used intervention strategies. Of the helping professionals who responded to the survey, 70% indicated that some barrier to service provision was experienced. Refusal of the victim to acknowledge the problem constituted the barrier according to 36% of those surveyed.
The survey indicated that in 45% of the citings the problem had been resolved; 36% indicated that the problem had not been resolved; and, 4% reported that resolution was in progress.

Some proposed solutions often seem inappropriate or unfeasible. For example, if the abused person is unwilling to leave the home, having the older person declared mentally incompetent has been offered as an alternative. Yet, many aged victims show no signs of mental confusion and such a certification of mental incompetency leaves the older person with no alternative but to be committed to a mental institution (Rathbone-McCuan, 1980).

Although no specific information concerning intervention techniques was obtained, Rathbone-McCuan (1980) concluded, from an examination of elder abuse case materials, that attempted interventions generally did not significantly reduce the danger of abuse. In some cases the elderly did not choose to take advantage of the options available to them, as often these options involved some form of institutionalization.

In a more recent study examining elder abuse reporting statutes in 16 states, Salend et al., (1984) found that protective service units generally tried to stabilize crisis situations through immediate resources and then the client was typically referred to other
agencies for continuing assistance. While detailed descriptive information was not provided regarding intervention strategies, legal remedies were reported utilized only as a last resort. In all 16 states examined, there was seldom prosecution of alleged abusers. Respondents generally indicated that the "least restrictive alternative" was often selected, but there was no indication as to how this strategy was implemented.

In summary, the high degree of interindividual variability in the aged creates problems in making broad generalizations concerning the efficacy of particular treatments (Hoyer, 1978). Belsky (1984), in examining some approaches to psychotherapy with the aged, concludes that the evidence does not exist to argue that any one intervention strategy is more effective than another. Controlled research in the form of outcome studies are needed to demonstrate the effectiveness of various approaches.

While the rapidly growing concern in the area of elder abuse has mobilized media attention and legislative initiative, this interest and concern has outpaced available knowledge. Practitioners dealing with elder abuse cannot presently locate research knowledge which could be informative for their clinical practice; thus, helping professionals are often at a
loss as to which forms of intervention may be most appropriate (Pedrick-Cornell & Gelles, 1982).

Past research on elder abuse has been limited to surveys mostly in the form of questionnaires sent to helping professionals in an attempt to gain information concerning the prevalence of abuse, the types of abuse that occur, and "typical" characteristics of both abuser and abused (Block & Sinnott, 1979; Gray Panthers of Austin, 1983; Hickey and Douglass, 1981; O'Malley, et al., 1979). While such surveys have provided important statistical data, Bogdan and Biklen (1982) point out that numbers themselves rarely provide help in coping with the problem.

Research on elder abuse is particularly lacking with regard to detailed descriptive information concerning management by helping professionals of elder abuse cases. A review of the literature reveals only three studies (Gray Panthers of Austin, 1983; Lau & Kosberg, 1979; O'Malley et al., 1979) which have made any attempt to examine strategies used in elder abuse cases; yet, in none of these studies were case management the main focus of research.

Both the Gray Panthers of Austin (1983) study and the O'Malley et al., (1979) study consisted of questionnaires sent to helping professionals. The Lau and Kosberg (1979) study was based on a sample of 39 elder
abuse cases obtained from the files of a chronic illness center. However, the elderly abuse victims were identified only secondarily to receiving other services, and intervention for abuse was not the primary goal of the institute. None of the three mentioned studies described with any detail the intervention strategies, and interventions were not related to specific cases and situations. In addition, outcomes were not examined in relation to interventions utilized.

While prevention and assistance programs should be instituted, further research needs to be undertaken with regard to the older victim (Harris, 1978). "Research to determine the effectiveness of counseling and other psychological interventions is perhaps the most important research for improving these services" (Wellman & McCormack, 1984, p. 82).

In conclusion, society has largely ignored the phenomenon of elder abuse. This may be due in part to the fact that the elderly continue to be perceived as non-productive components of society and have not roused the public conscience to take up their protection from abuse as a cause (Steinmetz, 1978). However, a pessimistic outlook may be unwarranted. The same barriers were present in the early stages of child abuse treatment and intervention that are currently being encountered in dealing with cases of elder abuse.
Examination of the complex phenomenon of elder abuse is needed to assist in establishing a set of criteria to be used in case identification and to provide a body of systematic case material describing the circumstances surrounding abuse of the elderly. Research is essential in judging the appropriateness of the various explanatory frameworks and to provide direction for the planning of intervention and prevention strategies (Rathbone-McCuan, 1980).
CHAPTER BIBLIOGRAPHY


CHAPTER II

PROCEDURES

This chapter provides a description of the procedures utilized in the study. The first section outlines the research questions which have been formulated. The second section defines the terms which have restricted meaning for this study. The third section describes the selection of cases for review; and, the fourth section outlines the procedures used for the collection of data.

Research Questions

While this research has quantitative aspects, it is in fact, a descriptive study of elder abuse. Qualitative study involves developing a focus in the collection of data but not necessarily the formulation of a hypothesis to test (Bogdan & Biklen, 1982). While this descriptive study was not designed to test hypotheses, it sought both quantitative and descriptive information.

The following quantitative questions were posed:

1. What types of elder abuse occur?
2. What is the frequency/duration of abuse?

3. What are some characteristics of the victim and abuser with regard to age, sex, race, income, marital status, living arrangements, and the caseworkers' perceptions with regard to the state of mental/physical health?

4. What is the relationship of victim to abuser?

5. Who reports cases of elder abuse?

6. Once initiated, how long do case files remain "open"?

The following descriptive/inferential questions were posed:

1. How do caseworkers investigate and verify cases of elder abuse?

2. What approaches do caseworkers use in contacting elderly victims?

3. What are some descriptions of abusive situations?

4. What case management strategies are being utilized by caseworkers?

5. What are the results of these strategies?

6. What indications are there for preventative as well as remedial services?

Definition of Terms

The following terms have restricted meaning and are
thus defined for this study:

1. Elder is any person age 65 or older and resides in a non-institutional setting.

2. Elder abuse is the willful infliction by a caretaker or other of physical pain, injury or mental anguish, unreasonable confinement or deprivation of services essential to the maintenance of mental and physical health (O'Malley, Segars, Perez, Mitchell, & Kneupfel, 1979). This definition encompasses the following forms of abuse:

   (a) Physical abuse refers to instances where the "elderly person has been hit, slapped, bruised, sexually molested, cut, burned, or physically restrained" (Gray Panthers of Austin, 1983, p. 2).

   (b) Financial abuse refers to the illegal or improper act of using resources belonging to elderly person for monetary or personal benefit (Lau & Kosberg, 1979).

   (c) Verbal/Emotional abuse refers to situations in which "the elderly person is insulted, treated as a child, frightened, humiliated, or threatened" (Gray Panthers of Austin, 1983, p. 2).

   (d) Active neglect is defined as situations in
which "the abuser withholds items necessary for daily living, such as food, medicine, money, or bathroom assistance" (Gray Panthers of Austin, 1983, p. 2).

(e) Passive neglect refers to instances which generally involve harm resulting from inadequate knowledge about caring for the elderly. It is characterized by situations in which the elderly person is left alone, isolated, or forgotten" (Gray Panthers of Austin, 1983, p. 3).

Selection of Cases for Study

Sixty elder abuse cases were selected from the files of a North Central Texas unit of the Adult Protective Services Division (APS). To facilitate the selection of appropriate cases, a form was created which outlined the criteria each case was required to meet prior to being considered for the study (see Appendix A). Each case eligible for study met the following criteria: (1) the elderly victim was 65 years old or older; (2) it had been established by the APS caseworker that some form(s) of elder abuse had occurred; and, (3) the case was, at the time of review, in a state of closure.

The selection process involved the five APS caseworkers in the unit reviewing their files and listing on
the forms provided all cases which met the criteria. In approximately 25% of the abuse cases reported to APS, caseworkers determined, after investigation, that abusive situations did not exist; thus, such cases did not meet the criteria for inclusion in this study. Completed lists were then given to the unit supervisor of APS who then compiled a master list of all potential cases for study totaling one hundred twenty-seven cases. Through the random drawing of names from the list, sixty cases were selected.

Procedures for Collection of Data

Multi-case study methodology was employed in this descriptive investigation of the phenomenon of elder abuse. A descriptive study can be defined as an attempt to describe systematically a situation or area of interest factually and accurately (Issac & Michael, 1981). Hersen and Barlow (1976) suggested that the case study approach can be used to: (1) foster clinical innovation; (2) cast doubt on theoretical assumptions; (3) permit the examination of rare phenomena; (4) provide support for current theoretical views; (5) promote refinement in technique; and, (6) provide information useful in designing future research.

This study was composed of an in-depth examination of sixty cases of elder abuse which had been handled by
a unit of the Adult Protective Services Division of the Department of Human Resources. The adult services division was chosen because it assumes a major intervention role in cases of elder abuse (Rathbone-McCuan, 1980).

Bureaucratic organizations have reputations for producing a profusion of written communications and files. This study took advantage of the Department of Human Resources' (DHR) extensive documentation by choosing, as the source of its data, case files on elder abuse which have been recorded by Adult Protective Services (APS) caseworkers.

In an attempt to gain permission to conduct this study, appointments were scheduled with various APS officials. Discussions concerning the possibility of research proceeded in hierarchical fashion beginning at the unit or county level, moving to the regional level, and culminating at the state level. Eight months later permission was obtained from both the Adult Protective Services and the Department of Human Resources to conduct the study. It was agreed that the researcher would serve as a volunteer worker which would allow for access to confidential files (see Appendix B). A copy of the data obtained was made available to APS to assist in the planning and implementation of future services for elderly abuse victims.
Through interviews with the APS unit supervisor, it was determined by the researcher that case files had been adequately documented by APS caseworkers to include the information sought for the study. DHR provides caseworkers with detailed guidelines for the management of protective service cases and must render services in such a manner so as to comply with the specific control standards set forth by the Adult Protective Services Division.

With knowledge of the above mentioned set of guidelines and after completing an extensive review of existing information in the literature concerning elder abuse, an outline was created by the researcher to be used in the systematic examination of each case of abuse selected for the study (see Appendix C).

In compliance with the APS requirements for the study, only the primary researcher had access to confidential case files. In order to strengthen interrater reliability, care was taken to ensure that, if the same cases were reviewed by other researchers, similar information would be collected. To make such an assumption, five cases were selected for review by the researcher and an APS caseworker. Completed case review forms were then compared for each of the five cases (see Appendix D). A committee of five disinterested judges, professors, knowledgeable in psychology and research,
rated the degree of agreement between the two reviewers among ten areas of information outlined by the review form. A Likert scale was used to assist in the rating process with scores ranging from one, representing zero percent agreement to five, or one hundred percent agreement.

The comparison ratings of the five committee members were then obtained and an average percentage of agreement between the reviewers was determined for each of the eleven categories of information. This information has been outlined in Table I. While there was a high percentage of agreement between reviewers concerning the majority of categories, agreement appeared less with regard to case management strategies and consequences.

In order to provide further clarification, case review methodology was supplemented by data gathered from interviews with caseworkers. In this manner, in-depth information was obtained concerning the processes of case management strategies and their consequences which other helping professionals may find useful in the implementation of similar assistance programs.

Every precaution was taken to comply with ethical research guidelines and with the DHR mandate that total anonymity exist for the subjects of this research. While anonymity will remain preserved, the very nature of case studies of client records ensures that the
TABLE I
PERCENTAGE OF AGREEMENT BETWEEN REVIEWERS

<table>
<thead>
<tr>
<th>Categories of Information</th>
<th>Cases</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>1. Profile of victim</td>
<td></td>
<td>100</td>
<td>90</td>
<td>100</td>
<td>60</td>
<td>97</td>
</tr>
<tr>
<td>2. Profile of abuser</td>
<td></td>
<td>85</td>
<td>90</td>
<td>85</td>
<td>65</td>
<td>95</td>
</tr>
<tr>
<td>3. Types of abuse reported</td>
<td></td>
<td>85</td>
<td>100</td>
<td>100</td>
<td>65</td>
<td>100</td>
</tr>
<tr>
<td>4. Frequency/duration</td>
<td></td>
<td>85</td>
<td>77</td>
<td>95</td>
<td>95</td>
<td>75</td>
</tr>
<tr>
<td>5. Reporting process</td>
<td></td>
<td>95</td>
<td>100</td>
<td>85</td>
<td>95</td>
<td>95</td>
</tr>
<tr>
<td>6. Observations of victim</td>
<td></td>
<td>82</td>
<td>70</td>
<td>82</td>
<td>77</td>
<td>75</td>
</tr>
<tr>
<td>7. Description of situation</td>
<td></td>
<td>80</td>
<td>70</td>
<td>100</td>
<td>80</td>
<td>100</td>
</tr>
<tr>
<td>8. Length of case</td>
<td></td>
<td>60</td>
<td>77</td>
<td>80</td>
<td>70</td>
<td>80</td>
</tr>
<tr>
<td>9. Case Management</td>
<td></td>
<td>65</td>
<td>67</td>
<td>75</td>
<td>65</td>
<td>75</td>
</tr>
</tbody>
</table>

The findings will be verifiable through the continued availability of these records for examination (Bogdan & Biklen, 1982).

In order to facilitate the systematic and detailed collection of data, case review forms were completed for each case studied (see Appendix C). Each case examined was assigned an identifying number, and each form associated with a particular case marked with the
appropriate identification code. Analysis was postponed until all the cases had been examined. The analysis process was facilitated by the development of a coding scheme.

The descriptive data collected by the researcher was organized according to the coding scheme (see Appendix E). These coding categories evolved from the data gathered and were consistent with the parameters set forth by the research questions posed in the study. The coding process followed the outline for analysis for descriptive data proposed by Bogdan and Biklen (1982).
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CHAPTER III

RESULTS AND DISCUSSION

The purpose of this study was to examine the phenomenon of elder abuse through the systematic review of actual cases of abuse. The first section of this chapter describes the process involved in the analysis of data. The second section outlines the findings. Discussion, conclusions, and implications are provided in the third section.

Analysis of Data

The descriptive nature of this study places it in the category of qualitative research which leads to an inductive analysis of data (Bogden & Biklin, 1982). The researcher's primary goal was to add knowledge through an in-depth examination of interrelated themes and events (Glaser & Strauss, 1967).

The first step of data analysis required a comprehensive review of all the data collected by the researcher. Specific research questions and concerns provided guidelines for the generation of a list of potential code categories. For example, characteristic
codes were developed to describe important characteristics of victims and abusers. Activity codes were used to describe the various circumstances under which abuse occurred and the type(s) of abuse documented. Strategy codes were developed to refer to case management techniques and consequences.

The second step in data analysis consisted of assigning a numerical value to each coding category. Photocopies were made of the original completed review forms, and each unit of data on the photocopies was numbered to reflect the appropriate coding category. To facilitate the reporting of data, a master list of the coding categories, accompanied by their respective definitions was compiled. The coding scheme was then used to construct data lines containing all information gathered on each case.

To assist in the interpretation of information, quantitative data were obtained in the form of frequency distributions giving counts and percentages of the various categories of information: (1) characteristics of victims and abusers; (2) types of abuse; (3) reporting and verifying procedures; (4) case management strategies; and, (5) the consequences of those strategies.

In addition to determining frequencies, descriptions were obtained concerning: (1) approaches used by caseworkers in contacting elderly victims; (2) situations
illustrating the various types of abuse; (3) details concerning case management strategies; and (4) results of specific case management strategies.

To assist in a meaningful examination of the ways in which some of the variables might be related, crosstabulations were done comparing certain variables, such as victim demographics, types of abuse, and person reporting abuse with the final closure status of the case. The relationships depicted in the crosstabulation tables were then summarized with the Chi-square test of statistical significance.

Findings

Before presenting the quantitative findings of this study, some descriptive information is provided in order to present an overview of the general nature of elder abuse cases. The following two cases (see Case Examples A and B) illustrate some of the issues encountered in elder abuse cases:

Case Example A

An 82 year old man, who was blind and suffering from hypertension, had been abused for approximately two years by his 40 year old wife. The abuse was finally reported to APS by a neighbor who was a close male friend of the victim. The reporter was finally prompted to take action when the wife placed the victim in a nursing home against his wishes.

The caseworker made an immediate visit to the nursing home where the presence of abuse was
confirmed by statements from the victim. The caseworker also observed that the victim was suffering from a broken arm and bruises about the face and hands. Despite physical limitations, the victim appeared alert, capable of making decisions, and very upset about being in the unfamiliar environment of the nursing home.

The caseworker learned that numerous forms of abuse had been perpetrated on the victim by his wife from whom he had repeatedly requested a divorce. He had been subjected to beatings resulting in injuries for which he had received no medical treatment. Financial abuse was also present in which the wife cashed his social security checks and sold items from the home. The victim was often actively neglected for extended periods of time in which he was refused food and assistance. Emotional abuse consisted of repeated threats to institutionalize him. In the latest incident, the wife had repeatedly hit him with a stick across his hands and arms resulting in numerous cuts and bruises. She told him she was taking him to a doctor for medical treatment, but instead admitted him to a nursing home.

The victim requested the caseworker’s assistance in returning home and divorcing his wife. Case management strategies utilized included assisting the victim in moving from the nursing home to a congregate care facility until his physical condition improved and until his wife could be removed from the home. The victim followed through on his referral to legal aide services, and he was able to obtain a restraining order against his wife and eventually a divorce.

After two months, the victim was able to return to his home and the caseworker made numerous home visits to assist him in remaining in the home. He refused homemaking services that were offered stating that, because of his blindness, he did not want a stranger in his home. The caseworker then approached the man who had reported the abuse who readily agreed to assist in transportation, shopping, and housekeeping chores. The caseworker also enlisted the help of a local charity in paying for the placement of an alarm system in the home which could be used to alert help in the case of an emergency. Thirteen months following its initiation, the case was closed as no further assistance appeared necessary.
Case Example B

A 67 year old widow, residing in her own home, had been abused periodically for the past 15 years by her adult son. She had been subjected to multiple types of abuse—physical, emotional, and financial. Physical abuse consisted of striking her with fists and using wrestling holds on her. Emotional abuse involved intimidation during violent episodes in which he would break furniture and threaten to harm her or to burn down the house if she protested. The abuser also took financial advantage of his mother, moving in against her will and refusing to assist in paying bills. The son had been married and divorced several times with a history of violent behaviors toward his ex-wives and a history of alcohol abuse.

The abuse was finally brought to the attention of APS by the victim's daughter who was frequently called by the mother to "come and get her." The daughter would then take the mother to her home until the brother had calmed down. The caseworker was advised by the daughter to visit her mother during the day when the son was not at home. A home visit was made that day and the presence of abuse substantiated by statements from both the victim and her daughter. The victim was observed to have no physical or mental disabilities that would limit her functioning.

While the victim wanted the caseworker to assist in removing the son from her home, she refused to allow the caseworker to directly confront the abuser. The victim did initially agree to contact legal aide for assistance in obtaining emergency protection services; however, despite repeated encouragements from both the caseworker and the daughter, the victim failed to follow through. Numerous supportive home visits were made by the caseworker, but the elderly woman always had a reason for not insisting that the son leave her home—"let's wait until he gets his paycheck" or "he needs someone to take care of him." Two months later, the case was closed due to the victim's continued refusal to take action to correct the situation.

Characteristics of Victims

The following findings sections include numerous
tables; however, it should be remembered that this is not intended to be a quantitative study but a descriptive study with quantitative aspects.

Age of Victim

In this study, "elder" was defined as any person age 65 or older who resided in a noninstitutional setting. In compiling information from the case reviews, ages were divided into categories and the frequency count and percentage were obtained for each age category (see Table II). In the three cases that involved couples, the average age of the couple determined the age category in which the case was placed.

The age groups of 65-69 and 80-84 represented the categories having the greatest frequency of abuse with each containing 14 cases of 23.3%. The least number of abuse cases was found in the 95 and older age category (1 case or 1.7%), understandable in view of life expectancy.
TABLE II
FREQUENCY AND PERCENTAGE OF AGE CATEGORIES
OF ABUSE VICTIMS

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Frequency</th>
<th>Percentage of Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>65 - 69</td>
<td>14</td>
<td>23.3</td>
</tr>
<tr>
<td>70 - 74</td>
<td>12</td>
<td>20.0</td>
</tr>
<tr>
<td>75 - 79</td>
<td>9</td>
<td>15.0</td>
</tr>
<tr>
<td>80 - 84</td>
<td>14</td>
<td>23.3</td>
</tr>
<tr>
<td>85 - 89</td>
<td>6</td>
<td>10.0</td>
</tr>
<tr>
<td>90 - 94</td>
<td>4</td>
<td>6.7</td>
</tr>
<tr>
<td>95 and over</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Sex of Victim

With regard to the sex of the victim (see Table III), 75% of the cases involved females and 20% involved males. The remaining 5% (3 cases) involved situations in which both the husband and wife were being subjected to abuse.
TABLE III
FREQUENCIES AND PERCENTAGES OF SEX
OF ABUSE VICTIMS

<table>
<thead>
<tr>
<th>Sex</th>
<th>Frequency</th>
<th>Percentage of Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>45</td>
<td>75.0</td>
</tr>
<tr>
<td>Male</td>
<td>12</td>
<td>20.0</td>
</tr>
<tr>
<td>Couple</td>
<td>3</td>
<td>5.0</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Race of Victim

With regard to other characteristics of abuse victims, the great majority, 83.3%, were white (see Table IV). Blacks comprised 15%, and Hispanics accounted for only 1.7% of the victims.

Income of Victim

The income level of the abuse victim was recorded in only 40 of the 60 cases examined. According to interviews with caseworkers, the income level of the victim was not usually recorded unless the individual was to be referred for services where income level was a factor in eligibility, such as government subsidized home health care and homemaking services. Of the cases providing
### TABLE IV

**FREQUENCIES AND PERCENTAGES OF RACE OF ABUSE VICTIMS**

<table>
<thead>
<tr>
<th>Race</th>
<th>Frequency</th>
<th>Percentage of Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>50</td>
<td>83.3</td>
</tr>
<tr>
<td>Black</td>
<td>9</td>
<td>15.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>60</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

Information concerning the source of the victim's income was also limited and reported in only 49 cases. However, of the cases reporting source of income, 93.8% (46 cases) reported Social Security benefits as the major source of financial support.

**Marital Status of Victim**

With regard to marital status (see Table V), 60% of the elderly victims were widowed and 21.6% were married.
TABLE V
FREQUENCIES AND PERCENTAGES OF MARITAL STATUS OF ABUSE VICTIM

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Frequency</th>
<th>Percentage of Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Widowed</td>
<td>36</td>
<td>60.0</td>
</tr>
<tr>
<td>Married</td>
<td>13</td>
<td>21.6</td>
</tr>
<tr>
<td>Single</td>
<td>4</td>
<td>6.7</td>
</tr>
<tr>
<td>Divorced</td>
<td>4</td>
<td>6.7</td>
</tr>
<tr>
<td>Unknown</td>
<td>3</td>
<td>5.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>60</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

With regard to physical condition (see Table VI), 45% (27 cases) of the victims were found, in the judgment of the caseworker, to have severe physical problems which greatly limited their ability to care for themselves. Some of the most common physical problems noted were heart disease, stroke, diabetes, kidney disorders and arthritis.

In 21.7% of the cases, physical problems were noted, but the caseworker judged them to result in only mild impairment. The person's self-help skills appeared to remain intact. No physical problems or limitations were observed in 33.3% of the cases.
TABLE VI
FREQUENCIES AND PERCENTAGES OF CASEWORKER'S OBSERVATION OF VICTIM'S PHYSICAL FUNCTIONING

<table>
<thead>
<tr>
<th>Physical Condition</th>
<th>Frequency</th>
<th>Percentage of Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical impairment(s) resulting in severe limitations of functioning</td>
<td>27</td>
<td>45.0</td>
</tr>
<tr>
<td>Mild physical impairments</td>
<td>13</td>
<td>21.7</td>
</tr>
<tr>
<td>No observed physical limitations</td>
<td>20</td>
<td>33.3</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Caseworkers also reported observations of the victim's levels of mental functioning (see Table VII). In only 20% of the cases was mental functioning judged to be severely impaired. Mild mental impairment was noted in 26.7% of the cases; however, the caseworker judged these individuals to be capable of daily functioning and decision-making. In the majority of cases (32 or 53.5%) the victims were judged to be mentally alert, oriented to the environment, and capable of understanding and decision-making.

Of the cases reporting impairment in mental functioning (either severe or mild), most were accompanied
TABLE VII

FREQUENCIES AND PERCENTAGES OF CASEWORKER'S OBSERVATIONS OF VICTIM'S MENTAL FUNCTIONING

<table>
<thead>
<tr>
<th>Mental/Intellectual Condition</th>
<th>Frequency</th>
<th>Percentage of Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe impairment</td>
<td>12</td>
<td>20.0</td>
</tr>
<tr>
<td>Mild impairment</td>
<td>16</td>
<td>26.7</td>
</tr>
<tr>
<td>Alert &amp; well-oriented</td>
<td>32</td>
<td>53.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>60</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

by severe physical problems. In three cases alcohol/drug abuse was noted; four cases reported a history of emotional disturbance; and, in one case, the victim was reported to be mentally retarded.

When combining the presence of physical and mental limitations, 48.3% (29) cases had physical and/or mental problems judged to be severe. In 16.7% (10) cases, there was the presence of both severe physical and mental disability; in 28.3% (17) cases severe physical problems were reported; and, in 3.3% (2) cases, the caseworkers noted severe mental problems.

Living Arrangement of Victim

The majority of victims in this study resided in
their own homes (see Table VIII). In 27 cases (45%), the abuser was staying in the victim's home. In 10 cases

<table>
<thead>
<tr>
<th>Living Arrangement of Victim</th>
<th>Frequency</th>
<th>Percentage of Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resided in own home (abuser lived with victim)</td>
<td>27</td>
<td>45.0</td>
</tr>
<tr>
<td>Resided in abuser's home</td>
<td>12</td>
<td>20.0</td>
</tr>
<tr>
<td>Resided in own home home with spouse</td>
<td>11</td>
<td>18.3</td>
</tr>
<tr>
<td>Resided in own home alone</td>
<td>10</td>
<td>16.7</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100.0</td>
</tr>
</tbody>
</table>

(16.7%), the victim(s) resided alone in their own homes. In only 12 cases (20%) did the victim reside with the abuser in the abuser's home. The victim and spouse resided in their own home in 11 cases (18.3%), and in 8 of these cases, the abusing person was the spouse.

Characteristics of Abusers

Compared to information available with regard to
victims' characteristics, information recorded by the caseworkers concerning the characteristics of the abusers was much more limited. The major task of the caseworker was to obtain information concerning the elderly victim and little emphasis was placed on gaining information about the abuser. However, caseworkers' narratives did provide some insight into those who abused the elderly.

Age of Abuser

The abuser's age was not recorded in 50% of the cases examined. Of the remaining 30 cases where age was reported, the majority of abusers appeared in either the 30-44 age category or the over 60 age category (see Table IX).

TABLE IX

FREQUENCY AND PERCENTAGE OF AGE CATEGORIES OF ABUSERS

<table>
<thead>
<tr>
<th>Sex</th>
<th>Frequency</th>
<th>Percentage of Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Recorded</td>
<td>30</td>
<td>50.0</td>
</tr>
<tr>
<td>16-29</td>
<td>7</td>
<td>11.7</td>
</tr>
<tr>
<td>30-44</td>
<td>9</td>
<td>15.0</td>
</tr>
<tr>
<td>45-59</td>
<td>4</td>
<td>6.7</td>
</tr>
<tr>
<td>60 and over</td>
<td>10</td>
<td>16.6</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Sex of Abuser

Information concerning sex of the abuser was provided in all 60 cases (see Table X). This study found 55% of the abusers to be male; 40% female; and, in the remaining 5%, couples were the perpetrators of abuse.

<table>
<thead>
<tr>
<th>Sex</th>
<th>Frequency</th>
<th>Percentage of Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>33</td>
<td>55.0</td>
</tr>
<tr>
<td>Female</td>
<td>24</td>
<td>40.0</td>
</tr>
<tr>
<td>Couple</td>
<td>3</td>
<td>5.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>60</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Relationship of Abuser to Victim

In 31.7% of the cases examined, the abuser was the son of the victim (see Table XI). Daughters accounted for 8 cases (13.3%) of abuse. Next to son, grandchildren comprised the second largest category of abusers (16.7% or 10 cases). Paid caregivers, non-relatives who were compensated either through salary or food and lodging to care for the elderly person, comprised 10% of the abusers. The "other" category (8.3%) was comprised of a pastor, a
daughter-in-law, and 3 cases where the abuser was a niece or nephew.

### TABLE XI

**Frequencies and Percentages of Relationship of Abuser to Victim**

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Frequency</th>
<th>Percentage of Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Son</td>
<td>19</td>
<td>31.7</td>
</tr>
<tr>
<td>Grandchild</td>
<td>10</td>
<td>16.7</td>
</tr>
<tr>
<td>Daughter</td>
<td>8</td>
<td>13.3</td>
</tr>
<tr>
<td>Spouse</td>
<td>8</td>
<td>13.3</td>
</tr>
<tr>
<td>Paid Caregiver</td>
<td>6</td>
<td>10.0</td>
</tr>
<tr>
<td>Brother/Sister</td>
<td>4</td>
<td>6.7</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>8.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>60</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

**Race of Abuser**

In most cases the race of the abusing individual (75.0% white; 13.3% black; 1.7% Hispanic) paralleled that of the victim. In the 6 cases where the abuser was a caretaker (10.0%), race was not noted by the caseworker.
Income of Abuser

Scant information was available with regard to the amount and source of the abuser's income. In the majority of cases (39 or 65%), no information concerning amount of income was recorded. It is interesting to note, however, that in 18 cases (30%) the abuser was reported to be unemployed with no source of income.

Even though the level of income was seldom reported, the caseworkers' narratives did occasionally refer to the abuser's source of income. Although this information was not provided in 18 cases (30%), in 19 cases (31.7%), the abuser was reported to be dependent, either by choice or necessity, on the victim for financial support. In an additional 6 cases (10%), the abuser was receiving caretaker compensation.

Marital Status of Abuser

While marital status was not reported in 19 (31.7%) of the cases, of those cases providing this information, 24 (40%) of the abusers were unmarried (see Table XII) and 17 (23.3%) were married.

Physical/Mental Condition of Abuser

Information concerning the physical condition of the abuser was extremely limited. In 55 (91.7%) of the cases examined in this study, there was no mention of the
abuser's physical condition. In the remaining 5 cases (8.3%), the caseworker noted that the abuser was suffering from a chronic physical problem.

TABLE XII
FREQUENCIES AND PERCENTAGES OF MARITAL STATUS OF ABUSER

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Frequency</th>
<th>Percentage of Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>17</td>
<td>28.3</td>
</tr>
<tr>
<td>Single</td>
<td>16</td>
<td>26.7</td>
</tr>
<tr>
<td>Divorced</td>
<td>6</td>
<td>10.0</td>
</tr>
<tr>
<td>Widowed</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>Not Reported</td>
<td>19</td>
<td>31.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>60</td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

The caseworker's observation of the abuser's mental condition was somewhat more complete (see Table III). While there was no information provided in 29 cases (48.3%), in 17 cases (28.4%) it was reported that the abuser had a history of psychiatric problems, such as bizarre and/or violent behavior, which had often required hospitalization. In the remaining 14 cases (23.3%), alcohol/drug abuse has led to hospitalization and/or imprisonment.
### TABLE XIII

**FREQUENCIES AND PERCENTAGES OF CASEWORKER'S OBSERVATIONS OF ABUSER'S MENTAL FUNCTIONING**

<table>
<thead>
<tr>
<th>Mental/Intellectual Condition</th>
<th>Frequency</th>
<th>Percentage of Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of psychiatric problems</td>
<td>17</td>
<td>28.4</td>
</tr>
<tr>
<td>Alcohol/drug abuse</td>
<td>14</td>
<td>23.3</td>
</tr>
<tr>
<td>Not Recorded</td>
<td>29</td>
<td>48.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>60</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

**Types of Abuse**

This study noted the presence of all forms of abuse—physical, financial, emotional, active neglect, and passive neglect (See Table XIV). The most frequently occurring type of abuse was financial (observed in 61.7% of the cases), and the least noted type of abuse was passive neglect, observed in 3.3% of the cases.
TABLE XIV

SUMMARY OF THE FREQUENCIES AND PERCENTAGES OF TYPES OF ABUSE

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>Frequency</th>
<th>Percentage of Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial</td>
<td>37</td>
<td>61.7</td>
</tr>
<tr>
<td>Emotional</td>
<td>33</td>
<td>55.0</td>
</tr>
<tr>
<td>Physical</td>
<td>27</td>
<td>45.0</td>
</tr>
<tr>
<td>Active Neglect</td>
<td>21</td>
<td>35.0</td>
</tr>
<tr>
<td>Passive Neglect</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>120</strong></td>
<td><strong>200.0</strong></td>
</tr>
</tbody>
</table>

More than one type of abuse often occurred in a given case (see Table XV). Only one form of abuse was reported in 19 or (31.7%) of the cases. The majority of cases (41 or 68.3%) exhibited multiple types of abuse occurring in diverse patterns.
### TABLE XV

**FREQUENCIES AND PERCENTAGES OF SINGLE AND MULTIPLE FORMS OF ABUSE**

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>Frequency</th>
<th>Percentage of Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial</td>
<td>6</td>
<td>10.0</td>
</tr>
<tr>
<td>Active Neglect</td>
<td>5</td>
<td>8.3</td>
</tr>
<tr>
<td>Physical</td>
<td>4</td>
<td>6.7</td>
</tr>
<tr>
<td>Emotional</td>
<td>3</td>
<td>5.0</td>
</tr>
<tr>
<td>Passive Neglect</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td>Physical/Financial/Emotional</td>
<td>10</td>
<td>16.7</td>
</tr>
<tr>
<td>Financial/Active Neglect</td>
<td>8</td>
<td>13.3</td>
</tr>
<tr>
<td>Financial/Emotional</td>
<td>7</td>
<td>11.7</td>
</tr>
<tr>
<td>Physical/Emotional</td>
<td>7</td>
<td>11.7</td>
</tr>
<tr>
<td>Other Combinations</td>
<td>9</td>
<td>15.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>60</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

**Duration of Abuse**

This study found most instances of abuse to be recurring events and not single occurrences. In examining the length of time the abusive situation had existed, it was found that seldom was abuse reported after only one occurrence (see Table XVI). The largest category for
length of abuse was 2 to 4 years (11 cases of 18.3%). In 6 cases (10%) the abusive situation had existed for over 4 years. In 18.3% of the cases, however, the length of abuse was either unknown or not recorded.

**TABLE XVI**

**FREQUENCIES AND PERCENTAGES OF OCCURRENCES OF LENGTH OF ABUSIVE SITUATION**

<table>
<thead>
<tr>
<th>Length of Abuse</th>
<th>Frequency</th>
<th>Percentage of Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>One occurrence</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>1 - 5 weeks</td>
<td>9</td>
<td>15.0</td>
</tr>
<tr>
<td>6 weeks to 6 months</td>
<td>9</td>
<td>15.0</td>
</tr>
<tr>
<td>6 months to 1 year</td>
<td>9</td>
<td>15.0</td>
</tr>
<tr>
<td>1 to 2 years</td>
<td>3</td>
<td>5.0</td>
</tr>
<tr>
<td>2 to 4 years</td>
<td>11</td>
<td>18.3</td>
</tr>
<tr>
<td>Over 4 years</td>
<td>6</td>
<td>10.0</td>
</tr>
<tr>
<td>Unknown</td>
<td>11</td>
<td>18.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>60</strong></td>
<td><strong>99.9</strong></td>
</tr>
</tbody>
</table>

**Case Management Strategies and Consequences**

Case management strategies examined in this study first began with a report to the Adult Protective Services that an elderly person was being abused. The next step
involved the supervisor assigning the case to one of five caseworkers who then investigated the situation, verified that some form of elder abuse was occurring, and initiated assistance.

Reporting and Verification

Elder abuse was found to be reported by a variety of individuals (see Table XVII). The largest single category of individuals reporting abuse consisted of victims themselves (11 or 18.3%). Also categorized were relatives, neighbors/friends, medical and social workers, and police officers. The "other" category (10%) was comprised of pastors, senior center workers, other agency personnel, and anonymous reporters.

With regard to the basis for the reporter's knowledge, in most instances (44 cases of 73.3%), the reporter had directly observed the abusive situation. In 12 cases (20%), the victim had made statements to the reported indicating that some form of abuse was occurring. In the remaining 4 cases (6.7%), the reporter had learned of the abusive situation through a third party witness.

In examining the initial response of the caseworker, it was found that the most frequent response (39 cases or 65%) was to make a home visit to investigate the situation. In 15 cases (25%), the initial contact involved seeing the victim in a hospital or supervised living setting. In the
TABLE XVII
FREQUENCIES AND PERCENTAGES OF INDIVIDUALS REPORTING ABUSE

<table>
<thead>
<tr>
<th>Person Reporting Abuse</th>
<th>Frequency</th>
<th>Percentage of Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim</td>
<td>11</td>
<td>18.3</td>
</tr>
<tr>
<td>Relative</td>
<td>10</td>
<td>16.7</td>
</tr>
<tr>
<td>Neighbor/Friend</td>
<td>9</td>
<td>15.0</td>
</tr>
<tr>
<td>Medical Personnel/Hospital Social Worker</td>
<td>9</td>
<td>15.0</td>
</tr>
<tr>
<td>Visiting Nurse</td>
<td>8</td>
<td>13.3</td>
</tr>
<tr>
<td>Police Officer</td>
<td>4</td>
<td>6.7</td>
</tr>
<tr>
<td>Meals on Wheels Worker</td>
<td>3</td>
<td>5.0</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>10.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>60</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

remaining 6 cases (10%), after collateral contact was made with the reporter, the victim was met by the caseworker in a variety of neutral settings.

The caseworker utilized a variety of sources in confirming the presence of abuse, with 85% of the cases having more than one individual confirm that abuse had occurred. In 60% of the cases, the victim directly stated to the caseworker that he/she was being abused. Evidence of abuse was directly observed by the caseworker in 25
cases (41.7%).

Case Management Strategies

The number of case management strategies utilized per case ranged from one to seven (see Table XVIII). In the majority of cases (88.3%), the caseworker used more than one strategy in attempting to assist the elderly victim. The most frequently used number of strategies per case was four, implemented in 17 cases (28.3%).

Descriptive information concerning case management strategies were obtained from both caseworker narratives and from the caseworker's service plan which outlined specific problems and objectives. A total of 185 strategies were represented in the 60 cases examined. To
TABLE XVIII
FREQUENCIES AND PERCENTAGES OF NUMBER OF CASE MANAGEMENT STRATEGIES PER CASE

<table>
<thead>
<tr>
<th>Number of Strategies Per Case</th>
<th>Frequency</th>
<th>Percentage of Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>7</td>
<td>11.7</td>
</tr>
<tr>
<td>Two</td>
<td>15</td>
<td>25.0</td>
</tr>
<tr>
<td>Three</td>
<td>14</td>
<td>23.3</td>
</tr>
<tr>
<td>Four</td>
<td>17</td>
<td>28.3</td>
</tr>
<tr>
<td>Five</td>
<td>5</td>
<td>8.3</td>
</tr>
<tr>
<td>Six</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td>Seven</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100.0</td>
</tr>
</tbody>
</table>

facilitate in analysis of data, strategies were categorized into 15 different types (see Table XIX).

The most frequently attempted form of case management was that of offering the victim legal assistance, found in 58.3% of the cases. The least used strategies were those of home health care services and foster home placement, each seen in only 5% of the 60 cases examined.
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Frequency</th>
<th>Percentage of Total Cases (60)</th>
<th>Percentage of Total Number of Interventions (185)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Legal services</td>
<td>35</td>
<td>58.3</td>
<td>18.9</td>
</tr>
<tr>
<td>2. Multiple home visits by caseworker</td>
<td>26</td>
<td>43.3</td>
<td>14.1</td>
</tr>
<tr>
<td>3. Enlisting help of relatives</td>
<td>21</td>
<td>35.0</td>
<td>11.4</td>
</tr>
<tr>
<td>4. Emergency housing placement</td>
<td>20</td>
<td>33.3</td>
<td>10.8</td>
</tr>
<tr>
<td>5. Confrontation of abuser by caseworker</td>
<td>16</td>
<td>26.7</td>
<td>8.6</td>
</tr>
<tr>
<td>6. Nursing home placement</td>
<td>12</td>
<td>20.0</td>
<td>6.5</td>
</tr>
<tr>
<td>7. Hospitalization or visit to physician</td>
<td>11</td>
<td>18.3</td>
<td>5.9</td>
</tr>
<tr>
<td>8. Enlisting help of neighbors/friends</td>
<td>9</td>
<td>15.0</td>
<td>4.9</td>
</tr>
<tr>
<td>9. Guardianship</td>
<td>7</td>
<td>11.7</td>
<td>3.8</td>
</tr>
<tr>
<td>10. Homemaking services</td>
<td>6</td>
<td>10.0</td>
<td>3.2</td>
</tr>
<tr>
<td>11. MHMR Counseling Services</td>
<td>6</td>
<td>10.0</td>
<td>3.2</td>
</tr>
<tr>
<td>12. Referral to other agencies</td>
<td>5</td>
<td>8.4</td>
<td>2.6</td>
</tr>
</tbody>
</table>
TABLE XIX
FREQUENCIES AND PERCENTAGES OF CASE MANAGEMENT STRATEGIES
(continued)

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Frequency</th>
<th>Percentage of Total Cases (60)</th>
<th>Percentage of Total Number of Interventions (185)</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Meals on Wheels</td>
<td>5</td>
<td>8.3</td>
<td>2.7</td>
</tr>
<tr>
<td>14. Foster home placement</td>
<td>3</td>
<td>5.0</td>
<td>1.6</td>
</tr>
<tr>
<td>15. Home health care</td>
<td>3</td>
<td>5.0</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>185</strong></td>
<td><strong>308.3</strong></td>
<td><strong>99.8</strong></td>
</tr>
</tbody>
</table>

Consequences of Case Management Strategies

This study examined the consequences of the specific case management strategies as well as the overall closure status of the case. The 15 categories, comprising 185 different strategies, were examined in terms of whether they were: successful in leading to improved circumstances for the elderly person; unsuccessful; refused by the victim; or unknown (see Table XX). It should be remembered, however, that the success or failure of a specific strategy did not necessarily correspond with the final outcome status of the case.
<table>
<thead>
<tr>
<th>Strategy Initiated</th>
<th>Total Frequency</th>
<th>Successful</th>
<th>Unsuccessful</th>
<th>Refused by Victim</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Legal Services</td>
<td>35</td>
<td>7</td>
<td>4</td>
<td>17</td>
<td>7</td>
</tr>
<tr>
<td>2. Multiple home-visits by case-worker</td>
<td>26</td>
<td>20</td>
<td>4</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>3. Enlisting help of relatives</td>
<td>21</td>
<td>15</td>
<td>5</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>4. Emergency housing placement</td>
<td>20</td>
<td>12</td>
<td>1</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>5. Confrontation of abuser by case-worker</td>
<td>16</td>
<td>11</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6. Nursing home placement</td>
<td>12</td>
<td>9</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7. Hospitalization or visit to physician</td>
<td>11</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>8. Enlisting help of neighbors/friends</td>
<td>9</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>9. Guardianship</td>
<td>7</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10. Homemaking services</td>
<td>6</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>11. MHMR counseling</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
### TABLE XX

**Frequencies of Consequences of Case Management Strategies**

(continued)

<table>
<thead>
<tr>
<th>Strategy Initiated</th>
<th>Total Frequency</th>
<th>Successful</th>
<th>Unsuccessful</th>
<th>Refused by Victim</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Referral to other agencies</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>13. Meals on Wheels</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>14. Foster Home placement</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15. Home health care</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>185</strong></td>
<td><strong>119</strong></td>
<td><strong>27</strong></td>
<td><strong>28</strong></td>
<td><strong>11</strong></td>
</tr>
</tbody>
</table>

Of the 185 separate case management strategies utilized in the 60 cases examined, 119 (64.3%) were judged successful in that they resulted in improved circumstances for the elderly victim. Improvement occurred in such areas as: reduction or elimination of abuse; providing medical attention; improved living environment; assistance in meeting daily needs; and/or decreased isolation.

In 27 instances (14.6%), the strategies were judged unsuccessful in that they were either not implemented or resulted in no improvement in the situation. In 28
instances (15.1%), the elderly person refused the intervention strategy proposed by the caseworker. The consequences were either unknown or not recorded for 11 (6%) of the case management strategies utilized.

The overall closure status of the case was also examined. When closing an APS case, the caseworker must document the reason for closure. Reasons for closure were comprised of six possible categories, and frequencies and percentages for each category were obtained (see Table XXI).

The largest category (40%) of closure status involved situations in which the case was terminated because the abusive situation no longer existed. The least used category of closure (4%) involved the death of the victim.
TABLE XXI
FREQUENCIES AND PERCENTAGES OF FINAL CLOSURE STATUS OF CASE

<table>
<thead>
<tr>
<th>Closure Status</th>
<th>Frequency</th>
<th>Percentage of Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Situation improved</td>
<td>24</td>
<td>40.0</td>
</tr>
<tr>
<td>Client refused services</td>
<td>11</td>
<td>18.3</td>
</tr>
<tr>
<td>Nursing home placement</td>
<td>8</td>
<td>13.3</td>
</tr>
<tr>
<td>Referred to other agency; moved; other</td>
<td>7</td>
<td>11.7</td>
</tr>
<tr>
<td>Placed with family or in a foster home</td>
<td>6</td>
<td>10.0</td>
</tr>
<tr>
<td>Victim deceased</td>
<td>4</td>
<td>6.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>60</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Length of cases from initiation to closure ranged from less than one week to over one year (see Table XXII). The majority of cases (95%) remained open for a period of less than six months.

Variable Relationships

Contingency tables were created to examine potential relationships between variables whenever data appropriate for such analysis had been obtained. Crosstabulations were performed comparing certain victim characteristics.
TABLE XXII

FREQUENCIES AND PERCENTAGES OF LENGTH OF CASE FROM INITIATION TO CLOSURE

<table>
<thead>
<tr>
<th>Length of Case</th>
<th>Frequency</th>
<th>Percentage of Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 week</td>
<td>11</td>
<td>18.3</td>
</tr>
<tr>
<td>1 to 5 weeks</td>
<td>21</td>
<td>35.0</td>
</tr>
<tr>
<td>6 weeks to 5 months</td>
<td>25</td>
<td>41.7</td>
</tr>
<tr>
<td>6 months to 1 year</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>Over 1 year</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>60</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

with the type(s) of abuse the victim experienced (see Table XXIII). While Chi-Square values obtained showed no systematic relationships between age and sex of the victim and the type(s) of abuse experienced, results did indicate a highly significant relationship between race of the victim and type(s) of abuse. When the victim was white, there was a strong likelihood that the abuse experienced was physical and financial. A Chi-square with 60 degrees of freedom yielded a value of 27.82, significant at the .0001 level.
TABLE XXIII

CHI-SQUARE VALUES EXAMINING RELATIONSHIPS BETWEEN CERTAIN VICTIM CHARACTERISTICS AND TYPE(S) OF ABUSE EXPERIENCED

<table>
<thead>
<tr>
<th>Victim Characteristics</th>
<th>Degrees of Freedom</th>
<th>$X^2$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>75</td>
<td>59.60</td>
<td>0.0967</td>
</tr>
<tr>
<td>Sex</td>
<td>30</td>
<td>35.62</td>
<td>0.2209</td>
</tr>
<tr>
<td>Race</td>
<td>60</td>
<td>27.82</td>
<td>0.0001</td>
</tr>
</tbody>
</table>

Crosstabulations were also used to examine potential relationships between final closure status and specific case variables; however, no significant relationships were found (see Table XXIV).
### TABLE XXIV

**CHI-SQUARE VALUES EXAMINING RELATIONSHIPS BETWEEN CERTAIN CASE VARIABLES AND FINAL CLOSURE STATUS OF THE CASE**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Degrees of Freedom</th>
<th>$\chi^2$</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of Victim</td>
<td>25</td>
<td>18.32</td>
<td>0.82</td>
</tr>
<tr>
<td>Sex of Victim</td>
<td>10</td>
<td>9.50</td>
<td>0.49</td>
</tr>
<tr>
<td>Race of Victim</td>
<td>20</td>
<td>8.19</td>
<td>0.99</td>
</tr>
<tr>
<td>Living Arrangement of Victim</td>
<td>25</td>
<td>23.13</td>
<td>0.57</td>
</tr>
<tr>
<td>Relationship of Abuser to Victim</td>
<td>40</td>
<td>29.98</td>
<td>0.88</td>
</tr>
<tr>
<td>Type(s) of Abuse</td>
<td>45</td>
<td>47.98</td>
<td>0.35</td>
</tr>
<tr>
<td>Person Reporting Abuse</td>
<td>35</td>
<td>43.73</td>
<td>0.15</td>
</tr>
<tr>
<td>Length of Case From Initiation to Closure</td>
<td>20</td>
<td>19.82</td>
<td>0.47</td>
</tr>
</tbody>
</table>

### Discussion

Discussion centers around attempts to address the various research questions posed in the study. This section restates each research question and discusses the relevant findings along with comparative results from other studies. An exception to this format will be the question concerning indications for preventative and
What Are Some Characteristics of the Victim and Abuser With Regard to Age, Sex, Race, Income, Marital Status, Living Arrangements, and the Case Workers' perceptions with regard to the State of Mental/Physical Health?

This study appears to support earlier findings (Block & Sinnott, 1979; O'Malley et al., 1979) that the victims of abuse are more likely to be over the age of 75. According to the U.S. Census Bureau (1977), the 75 and older age group represents only 37% of the total elderly population, but this study finds 56.7% of the victims to be 75 or older (see Table II), considerably more than the population would suggest.

Findings also agree with other researchers (Block & Sinnott, 1979; Lau & Kosberg, 1979; O'Malley et al., 1979) that the elderly victim is more likely to be female (see Table III). Women appear to represent a proportionately larger share of the abused population than their numbers in the general population would suggest. As indicated by the U.S. Census Bureau (1977), only 58% of the population age 65 to 74 is female; yet, this study found 70.8% of the abused in this age group to be female. Of the general population 75 and over, 64% are females; however, in the 75 and older age category, 84.8% of the victims were female. One possible explanation for more women victims
than men may be that women are more likely to seek assistance or report abuse than men (O'Malley et al., 1979).

With regard to race (see Table IV), 83.3% of the victims were white, which is consistent with previous findings (O'Malley et al., 1979; Lau & Kosberg, 1979). According to a survey by the North Central Texas Council of Governments (1982), 79.8% of the population in the area encompassed by this study is white; 14.0% is black; and, 8.4% is Hispanic. When examined in light of the general population, abuse appears in only a slightly higher percentage than the racial breakdown as a whole would indicate. An exception occurs in the Hispanic category which accounts for only 1.7% of the abuse victims, lower than might be expected when compared to the general population. One possible explanation may be the Hispanic culture's emphasis on the extended family and the importance it places on care and respect for older individuals. Another explanation may be the possible reluctance of Hispanics to report cases of elder abuse which might discredit the family image.

With regard to marital status (see Table V), 60% of the elderly victims were widowed and 21.6% were married. These findings are similar to those of Lau and Kosberg (1979).

The finding that 57.5% of the elderly victims
received less than $600 a month appears consistent with the 1977 U.S. Census Bureau's report that 60% of those over age 65 earn less than $5,000 per year. While this study gives some indication that the elderly poor are no more likely to be abused than any other economic class of elderly, the results should be interpreted with caution in view of the fact that in 20 of the cases (33.3%) income was not reported.

The findings also indicate that 48.3% of the elderly victims have at least one major physical or mental impairment (see Table VI and Table VII), considerably less than the 75% findings of physical/mental disability by Block and Sinnott (1979) and O'Malley et al. (1979). However, it should be remembered that the Lau and Kosberg study was conducted at a Chronic Illness Center, and the O'Malley et al. survey did not represent unduplicated cases of abuse. The decreased numbers found in this study may also be due, in part, to the efforts to distinguish between mild and severe limitations to functioning. In addition, the two categories of physical and mental functioning were examined separately rather than combined, and determination as to the victim's level of functioning was based on the subjective opinion of the caseworker.

Case records reflect limited information with regard to the characteristics of the abuser in that gathering information about the abuser was not a major objective of
the caseworker.

Scant information was available with regard to the abuser's age (see Table IX) and marital status (see Table XII). Past studies have also been unable to provide comparative information concerning these characteristics of the abuser. This study does find that race of the abuser generally parallels that of the victim—understandable in view of the fact that most abusers are relatives.

Abusers have typically been pictured as suffering from some emotional or physical disorder that renders them incapable of providing care for another (Costa, 1984; Lau & Kosberg, 1979; O'Malley et al., 1979; Pedrick-Cornell & Gelles, 1982; Rathbone-McCuan, 1980). In this study, the physical condition of the abuser was noted in only 5 cases (8.3%), where it was reported that the abuser suffered from a chronic illness. In the remaining 55 cases it was unclear as to whether there was no illness/disability present or the caseworker did not observe one and make note of its presence. There was more information concerning the mental condition of the abuser (see Table XIII), with 51.7% of the cases reporting the presence of either psychiatric problems or alcohol/drug abuse. Yet, few inferences could be made due to the large number of cases (48.3%) providing no information.

This study closely examined the living arrangements
of the victim and it was found that in 48 cases (80%) the victims lived in their own homes (see Table VIII). In 27 of those 48 cases, the abuser lived with the victim in the victim's home. However, it cannot be automatically assumed that the abuser did so in order to care for the "dependent" elderly victim. In only 8 of these 27 cases were the victims found to have physical/mental disabilities to the extent that they required the assistance of others to meet daily living needs.

Of the 60 cases examined in this study, 12 (20%) of the victims resided in the abuser's home, and in these instances, there did appear to be a greater probability that the victims were dependent. In 10 of the 12 cases, the victim had physical/mental disabilities judged to be severe by the caseworker. This may support the assumption of O'Malley et al. (1979) that elderly requiring care tend to live with their families.

What is the Relationship of Victim to Abuser?

Past research has focused on the relationship of the abuser to the victim. In keeping with previous findings (Lau & Kosberg, 1979; O'Malley et al., 1979), this study also noted that the abusing person was more likely to be a relative. However, the nature of the relationship (see Table XI) was found to be different from that of previous studies.
In 31.7% of the cases examined, the abuser was the son of the victim. This is higher than the previous 24% findings by O'Malley et al. (1979) and the 15.4% findings by Lau and Kosberg (1979). This study found daughters to be the abusers in only 13.3% of the cases, which is surprising when considering that daughters are often placed in the roles of caregivers.

According to O'Malley et al. (1979), living arrangements may be a more important variable than the relationship of abuser to victim in understanding the abusive situation. This study found that in 27 cases (45%), the abuser lived with the victim in the victim's home (see Table VIII). Yet, in only 8 of the 27 cases did the victim have physical/mental limitations that would place the abuser in the role of caretaker. However, when the victim resided in the home of the abuser, there was a greater likelihood that the victim was a source of stress to the abuser. In 10 of the 12 cases where the victim resided in the abuser's home, the victim suffered from severe physical/mental limitations and required a great deal of assistance in meeting daily needs.

In order to provide an overall picture of the nature of the relationship between victim and abuser, caseworkers' records and narratives were closely examined concerning possible dependency relationships. In 31 cases (51.7%) it was determined by the reviewer that, because of
limitations in functioning, the victim was, to some degree, dependent on the abuser for assistance. This finding was considerably lower than the 63% findings of the O'Malley et al. (1979) survey where it was determined that the majority of victims were a source of stress to the abuser.

In two cases, the reviewer was unable to determine the nature of the relationship. However, in 27 cases (45%), the victim did not appear to depend on the abuser to meet daily needs, which certainly questions the assumption that the elderly are victims because they are a source of stress to abusing caregivers. In fact, this study indicated that dependency may be reversed with the abuser showing, either by choice or necessity, dependency on the victim, particularly with regard to financial assistance. In many cases, the victim's resources were the abuser's only source of support.

What Types of Elder Abuse Occur? What are Some Descriptions of Abusive Situations?

With regard to the frequency of occurrences of the different types of abuse, this study found all types of abuse in substantial proportions (see Table XIV), with the exception of passive neglect which was found in only 3.3% of the cases. Consistent with that of previous studies (Gray Panthers of Austin, 1983; Lau & Kosberg, 1979;
O'Malley et al., 1979), many cases involved multiple forms of abuse (see Table XV). The combination of physical, financial, and emotional abuse was found to be the most frequently occurring form of multiple abuse.

In the 60 cases examined, financial abuse was seen with the greatest frequency (61.7%). Numerous aspects of financial abuse were observed. It was found that elderly victims were being either forced or deceived into signing over social security checks and personal assets, which were then used for the personal gain of the abuser and not to take care of the elderly person's needs. Other instances of financial abuse included relatives moving in with the elderly individual against that person's wishes and not assisting in paying for any living expenses. In addition, items were taken from the elderly person's home and sold by the abuser.

The following is an example of a case of financial abuse that was examined in this study:

It was reported by a neighbor that an 81 year old woman, living alone in her own home, was being financially abused by her (the victim's) niece and nephew. On investigation, the APS caseworker learned that the woman had, a year previously, fallen from her porch and was slightly injured. Upon learning of the accident, her niece and nephew came to visit from out of town in order to "take care of her". The niece and nephew convinced her to go into the hospital for a check-up. Upon her release, the elderly woman learned that the papers she had signed (thinking they were for hospital admittance) had actually authorized the signing of her home and other assets over to her niece and nephew. The victim stated that they had also taken all her money, $5,000
from her savings account. At the time of the report, she was living in fear that the niece and nephew would return and demand that she turn her home over to them.

This study observed emotional abuse to be the next most frequently cited type of abuse, occurring in 33 cases (55%). In instances of emotional abuse, it was found that the elderly person was subjected to verbal abuse, humiliation, and/or intimidation. Emotional abuse often took the form of threatening to throw the elderly person out of the house or burn the house down. In some cases, the victim was subjected to unnecessary isolation and prevented from seeing friends or relatives.

The following is an example from the study of emotional abuse:

A 71 year old woman called the APS hotline stating that she was afraid of her son (a 41 year old psychiatric patient who had recently been released after being hospitalized for an emotional disorder). She resided alone in her own home, but the son frequently moved in with her and was staying in her home at the time of the report. The victim reported that she was fearful of confronting him and stayed in her room most of the time. She stated that the son had "taken over" the rest of the house and was very destructive--ripping up the upholstery and knocking holes in the walls. Although he had never physically harmed her, he had made numerous threats. The son used extremely vulgar language when talking with her and would further intimidate and humiliate her by spitting tobacco on her food.

Physical abuse was also found in substantial proportions, present in 45% of the cases. The higher findings of physical abuse in previous studies (Lau & Kosberg, 1979; O'Malley et al., 1979) may be the result of
sampling artifacts where many of the social services surveyed were likely to be involved in cases where disability existed.

In cases of physical abuse, this study found that elderly victims were being slapped, hit with fists or objects, pushed, physically restrained, purposefully overmedicated, and/or sexually abused. The following is an example of a case where physical abuse was the only type of abuse noted:

A 78 year old woman was found by the police after spending the night in a bus terminal. She was interviewed by the APS caseworker at the police station because she (the victim) was afraid to return home. She lived in her own home and the abusing son resided with her.

The victim stated that she and her son had argued several days previously, she did not remember which day, and the son had begun to hit her. She told the caseworker that such instances had happened many times in the past. On this occasion, the son had struck her several times and then pushed her against a cabinet. The caseworker described the victim as generally unkempt with dirty nails and wearing a tattered and soiled dress. She had a large bruise above her right eye and bruises on both arms, hands, and wrists.

The findings of previous studies have not distinguished between active and passive neglect. Results were classified under the general category of neglect. Only two previous studies have addressed neglect (Gray Panthers of Austin, 1983; Hickey & Douglass, 1981) and both found neglect present in 50% of the abuse citings.

This study found active neglect to be present in 35% of the cases examined. Active neglect was noted in cases
where the abuser failed to provide assistance or items essential to daily functioning. In such cases, the elderly person was denied adequate medical treatment, allowed to remain in extremely unsanitary environments, and/or denied food to the extend that the individual suffered from serious malnourishment and dehydration.

The following example illustrates one of the cases of active neglect that was examined in this study:

A police officer called APS after having observed the living conditions of an 87 year old woman. She was residing with her son in his home (and reportedly had been living with him for the past 20 years). Upon making a home visit, the caseworker found the woman lying in a bed in the dining room. She was able to walk only with extreme difficulty due to a past broken hip. The home was described as filthy, overflowing with trash, and smelling strongly of urine.

The elderly woman was described by the caseworker as being obviously malnourished and extremely weak. She was also found to be totally confused and disoriented. Upon being interviewed by the caseworker, the son stated that his mother refused to cooperate with him so he left her alone. The woman had not taken a bath in two years and the nails on her hands and toes were long and curling. According to the caseworker, the son seemed capable of taking charge of the situation but had allowed the neglect to continue for years.

Passive neglect was the least observed form of abuse, found in only 2 cases (3.3%). In one case it was the only type of abuse noted, and in the other case, it co-existed with financial abuse. Passive differed from active neglect in that passive neglect usually involved harm resulting from inadequate knowledge of how to care for the elderly person. It was characterized by situations in
which the elderly person was not provided with adequate care and/or was left alone or forgotten. Caseworkers report passive neglect difficult to identify and seldom reported which may account for the few cases indicating this type of abuse.

The following provides an example of passive neglect found in this study:

A nursing home social worker reported to APS a situation in which a 67 year old female was removed against medical advice from the nursing home by her 70 year old husband. The woman was able to ambulate only with great difficulty and was reportedly suffering from multiple chronic health problems including Parkinson's disease. It was believed by the social worker that the woman needed a supervised setting and that the husband was not capable of taking adequate care of her.

Upon investigating the situation, the APS caseworker learned that the husband was giving her medication only when he felt she "needed it". He would also leave her locked in the apartment, alone and unattended. However, the woman and husband both insisted that she remain at home. The woman stated that she was unhappy in the nursing home, and the husband stated that he missed her when she was not home. It was believed by the caseworker that the husband was trying to act in his wife's interests, but he was having difficulty understanding how to adequately care for her.

When considering both singular and multiple forms of abuse (see Table XV) the most frequently occurring form consisted of a combination of physical, financial, and emotional abuse (10 cases or 16.7%).

The following is an example of the multiple form of physical, financial, and emotional abuse that was found in this study:
A man called APS and reported that his aunt, a 70 year old widow, was being abused by her brother. On making a home visit, the caseworker found the elderly woman dressed in a robe and appearing weak and somewhat confused. The woman said that she had made a "big mistake" in asking her brother to come and live with her 3 years previously. She stated that he "beat her up" on occasion and had taken over her home, living on her resources without compensating her.

The woman also stated that her brother was also trying to convince her, and everyone else, that she was "crazy" in order to take possession of her house, car, and other assets. The brother had threatened other family members to stay away, and increased her isolation by having the phone service to the house disconnected and reconnected only to his room.

Before the caseworker left the house, the brother came home and insisted on showing the caseworker a typed list of "evidence" that his sister had "lost her mind" and was no longer able to manage her affairs. He insisted that she needed to be "put away" and that he be named guardian in charge of her finances.

Another frequently seen multiple type of abuse was that of financial abuse coupled with active neglect and was seen in 8 cases (13.3%). The following is an example of this type of abuse:

A community center social worker called APS after discovering a 96 year old man living alone in an obvious state of active neglect. The caseworker made a home visit and discovered the elderly man to be in an extremely filthy environment with the house literally falling down around him. He had not bathed in weeks and the home reeked with the smell of urine and feces. When the caseworker arrived, the elderly man was in the process of eating cookies and cheese that had been left on the table for days. No other food was found in the house, and roaches were crawling all over the walls, kitchen, and table.

Although somewhat confused (he would often start telling the caseworker of instances that had happened years earlier), the caseworker noted that the man did appear to understand the severity of his present situation. He reported to the caseworker that his son (who lived 3 blocks away) was "taking care" of
him and was also taking care of all his mail including his social security checks.

When questioned about the condition of his house, he stated that he had built it himself 50 years ago, his wife had died there, and he preferred to stay and die there than a nursing home. He also stated that his son had turned all the utilities off in order to save money, but that his son occasionally brought him food and water. He could not recall the last time he had been to a physician, but stated that he probably needed to see one as he had been having stomach problems and headaches. He was currently wearing a tight headband in order to relieve the pain in his head.

What is the Frequency/Duration of Abuse?

The only previous research to examine the length of elder abuse was the O'Malley et al. (1979) survey in which 70% of the citings indicated abuse had occurred more than twice. The findings of this study also indicate that abuse tends to be recurring and not isolated (see Table XVI).

In only 2 of the 60 cases examined (3.3%) had abuse consisted of a single occurrence. In 45% of the cases, abuse had lasted, continually or periodically, for a period from one week to one year. Abuse had occurred up to 4 years in 23.3% of the cases, while in 6% of the cases, abuse had existed for over 4 years. Such findings point to the significant problem of abuse existing for extended periods of time without being reported, even in a state that has a mandatory reporting law.
Who Reports Cases of Elder Abuse?

In 81.7% of the cases the abuse was reported by someone other than the victim (see Table XVII). Relatives and friends/neighbors accounted for 31.7% of those reporting abuse, which is similar to the Lau and Kosberg (1979) finding.

Caseworkers' narratives reveal that, in at least 48% of the cases, relatives were aware that an abusive situation existed; yet, relatives accounted for only 16.7% of those reporting abuse. Case records reflected a number of possible reasons for relatives not reporting abuse: fear of reprisal from the abuser; inability or unwillingness to assume responsibility for the older person; and/or, uncertainty as to how to deal with the knowledge that abuse was occurring.

Previous research has found that the elderly victim often fails to report the abusive situation (Lau & Kosberg, 1979; O'Malley et al., 1979). This study also found that, while victims comprised the largest single category of those reporting abuse (see Table XVII), victims only accounted for 18.3% of those reporting abuse. Case narratives revealed some of the difficulties faced by the elderly in reporting abuse: fear of reprisal; a desire to protect the abuser; and, physical/mental inability to report such abuse.

Similar to the findings of O'Malley et al. (1979),
this study noted that the involvement of a third party, someone other than the victim or a relative, was often required before abuse was reported. Medical personnel, police, home health care, homemaking services, and other social networks accounted for half the abuse reporting sources.

What Approaches Do Caseworkers Use in Contacting Elderly Victims? How Do Caseworkers Investigate and Verify Cases of Elder Abuse?

Previous research has not addressed the task of investigating and verifying the presence of elder abuse. This study found that each month the Adult Protective Service caseworkers in Texas handle over 1,000 cases of disabled and aged adults suffering from abuse, neglect, or exploitation. Close to 20% of these cases involve the willful infliction of injury, unreasonable confinement, or intimidation (Texas Department of Human Resources, 1984). The majority of reports result from individuals calling the APS hotline to report abuse.

The service control standards of the APS Department require the caseworker to initiate an investigation within 24 hours of receipt of the report of abuse, and this investigation must include an attempt by the caseworker to make face-to-face contact with the reported victim. Initial contact was accomplished in 65% of the cases
through the caseworker making a home visit, and, in 25% contact was made in a hospital or supervised living facility. In the remaining 10% of the cases, some indication had been given by the person reporting the abuse that the victim would be in danger of retaliation by the abuser if contacted directly. In such instances, collateral contacts were made with the reporter and/or the victim was discreetly met in a neutral setting. In all 60 cases, the caseworker responded in some manner within 24 hours after receiving the report. When the situation was reported as imminently life threatening, the response was immediate.

In documenting the investigation, the caseworker was required to address the validity or invalidity of the specific allegations of abuse, and based on these findings, make a decision to continue/discontinue protective services.

Investigation usually began with the caseworker contacting the person who had reported the abuse (see Table XVII) and obtaining further information concerning the basis for the reporter's knowledge. In the majority of cases (73.3%), the reporter had directly observed the abusive situation; in 20% the victim told the reporter that abuse was occurring; and, in 6.7% the reporter had learned of the abuse through a third party witness.

In 85% of the cases, sources in addition to the
reporter were able to confirm that an abusive situation existed. The most frequently used verification sources were statements by the victim, relatives, friends, police, and the caseworkers' own observations of the situation.

What Case Management Strategies are Being Utilized by Caseworkers? What are the Consequences of These Strategies?

After making the determination that the elderly person required protected services, the caseworker developed a service plan with objectives which addressed the specific problems identified during the investigation. Caseworkers were instructed to work in an advocacy role where the autonomy, rights, and wishes of the elderly person were respected.

This study examined 185 different case management strategies, averaging 3 per case (see Table XIX) and the consequences of those strategies (see Table XX). The most frequently utilized was that of legal services, found in 35 cases. This is higher than the 20% use of legal services found by the O'Malley et al. (1979). The category of legal services included such strategies as obtaining protective orders, mental health warrants, and reporting cases of abuse to law enforcement officials. Legal services were particularly encouraged by the caseworker in situations where there existed the potential for continued abuse.
Numerous difficulties were encountered by caseworkers when attempting to use legal services. In 17 of the 35 cases, the victim refused to take legal action generally because of either fear of retaliation or a need to protect the abuser. In 4 of the 11 cases where legal services were attempted, difficulties were encountered in implementation. The following is an example of one such case:

A 67 year old black man was paralyzed as the result of a stroke and was suffering physical abuse and active neglect from his wife. The district attorney's office was contacted and information submitted in order to obtain a protective service warrant against his wife. However, the attorney was unable to proceed because the physician refused to sign a statement attesting to the fact that the client's life was in danger.

Positive consequences of legal services were found in only 7 of the 35 cases. The following is an example of a case where the use of legal services led to improvement as defined by in the elderly person's situation:

An 87 year old female was being physically, emotionally, and financially abused by her 59 year old son who had a history of severe emotional disturbance. The woman was assisted in filing for a mental health warrant which allowed the son to be picked up by the police and hospitalized for psychiatric evaluation.

In cases where the elderly person was obviously being physically abused and/or criminally neglected, the caseworker provided information to law enforcement officials. However, in none of the cases were charges brought against the abuser. Cases of elder abuse
typically have a poor history of prosecution.

The caseworker achieved face-to-face contact with the victim in all 60 cases, and in 26 cases (43.3%), the caseworker made multiple home visits in order to provide further counseling and support to the victim. The consequences of home visits appeared generally positive with 20 out of 26 cases reporting improvement in the elderly victim's situation. While none of the victims were reported to have refused home visits, this is probably because further home visits were not attempted when caseworkers had been unable to establish a positive relationship with the victims or additional assistance had been refused.

Attempts were made to alert relatives to the presence of abuse and enlist their assistance in dealing with the abusive situation in 35% of the cases. The assistance of relatives was sought in such areas as providing transportation services, managing finances, and assisting the elderly person to meet daily living needs. In the 21 cases where the help of relatives was sought, 15 results in improved circumstances for the elderly person. In the 5 cases where attempts to gain the assistance of relatives were unsuccessful, it was usually because the relative did not wish to become involved. In no instance was the help of relatives refused by the victim.

In 15% of the cases, neighbors/friends were contacted
by the caseworker with requests similar to those made of relatives. Of the 9 cases where such requests were initiated, all 9 resulted in improved situations. Most of these cases involved instances where the friend had already expressed concern for the elderly person's situation and had volunteered assistance.

Emergency housing was sought in 33.3% of the cases where it was determined that there was an immediate threat to the safety of the elderly person, and no friend or relative could be located to provide such assistance. Temporary placement in a nursing home or supervised living facility was sought until the situation improved and the elderly person could return home or find permanent living arrangements. Of the 20 cases where emergency placement was attempted, 12 victims were successfully placed and 7 refused to leave their homes. In the remaining case, the caseworker was unable to locate a temporary placement facility appropriate for the elderly person.

In 16 cases (26.7%), the caseworker directly confronted the abuser with the evidence of abuse and warned of the legal consequences should such abuse continue. In 11 cases, this confrontation led to the elimination or reduction of abuse; however, in 5 cases, the abuser either denied that the abuse was occurring or failed to follow through on eliminating the abusive behavior. Case narratives did not reflect the number of
times that the elderly victim refused to allow the caseworker to confront the abuser.

Due to injuries resulting from abuse and/or the presence of chronic illness, medical assistance was sought in 18.3% of the cases. This finding is considerably lower than the 39% receiving medical services indicated by O'Malley et al. (1979). However, it should be remembered that health care professionals comprised a large portion of those surveyed by O'Malley et al. which would increase the likelihood that medical assistance would be required. In this study, it was found that medical assistance took the form of immediate hospitalization and/or arrangements for office visits to see a physician. The aid of relatives and friends was sought in providing transportation for such services.

In 8 of the 11 cases where medical assistance was sought, the elderly victims did receive treatment and their condition improved. In 2 cases the victims died shortly after entering the hospital, and, in the remaining case, the victim refused medical attention.

Numerous efforts were made to help the victim to remain in the home through assistance in the implementation of home health care, homemaking services, and Meals on Wheels (see Table XX). These type of services were sought in 14 cases (23.3%) and led to improved circumstances for the elderly person in all but one case where homemaking
services where refused by the victim. It should be noted that such services were already present in a number of cases which probably accounts for a lower instance of their utilization than might otherwise be expected.

In 5 cases (8.4%), the victims were referred to other agencies for additional assistance, such as transportation services and subsidized housing programs. These services were obtained for the elderly person in 4 out of 5 cases. In the remaining case, the elderly individual did not meet the financial guidelines to qualify for such assistance.

In the 6 cases (10%) where the emotional disturbance of either the victim or the abuser appeared severe, referral was made to Mental Health and Mental Retardation (MHMR) for additional counseling services. The results of these counseling services were mixed. In 3 cases, the victim/abuser followed through on this recommendation and received counseling services. In 2 of these cases, additional counseling appeared helpful; but, in one case such assistance appeared unsuccessful as the abuser committed suicide. MHMR services were refused in 2 cases, and in another case, where services were accepted, the results were unknown.

In some cases the limitations of the elderly person were so severe as to prevent remaining in the home. Foster home placement was sought in 3 cases (5%) and successful placement was achieved in 2 of the cases. In the
remaining case, the elderly person's state of mental confusion was so severe that such placement was unsuccessful and the individual was eventually placed in a nursing home.

Nursing home placement was generally used as a last resort; however, in 12 cases (20%), the physical and/or mental deterioration of the individual along with the lack of available support services led to the caseworker providing assistance in nursing home placement. This finding is considerably lower than the 46% of the cases in the Lau and Kosberg (1979) study where the victims were eventually institutionalized in nursing homes.

This study found that caseworkers had tried anywhere from one to four other case management strategies before resorting to nursing home placement. In 9 of the 12 cases, the individuals were successfully placed in nursing homes. In the remaining 3 cases, nursing home placement was unsuccessful for a variety of reasons. In one case, because of the presence of decubitus ulcers, no nursing home could be found that had an opening for another patient requiring extensive medical care. In a second case, the wife refused to place the husband in a nursing home because it would require that she turn his social security check over to the nursing home. In the third case, the elderly person owned property which excluded qualification for financial assistance in extended nursing
home placement.

This study examined guardianship separately from other legal forms of interventions. Guardianships involved placing responsibility for the care of an elderly person in the hands of another individual. Guardianships were sought in 7 cases (11.7) where the elderly persons were determined, in the opinion of the courts, to be of unsound mind and incompetent to manage their own affairs. Such a judgment required examination and confirmation by a physician or psychiatrist. Caseworkers sought guardianship only when the situation of the elderly person was judged to be life-threatening. When guardianships were obtained, the conservatorship was placed with a family member, friend, or an attorney ad litem.

In all 7 cases where guardianship was sought, authorization was given. Texas has done away with the all-or-nothing guardianship that has traditionally been employed giving the guardian wide-sweeping powers. It has been recognized that only limited guardianship may be needed in many instances. In 3 out of the 7 cases, guardianships consisted of short-term authorization of medical services and were used in instances where individuals were unconscious or semi-conscious to provide for emergency medical treatment. In this manner, the individuals were provided with medical services which facilitated a return to decision-making ability enabling
them to either choose to continue or limit additional services.

An overview of the specific consequences of case management strategies (see Table XX) indicates that of the 185 strategies attempted: 64% were judged as leading to some improvement in the elderly victim's circumstances; 14.6% were unsuccessful; 15.1% were refused by the victim; and, in the remaining 6%, the results were either unknown or not documented. Even though the consequences of a particular strategy may have been either positive or negative, it may not have affected the final closure status of the case.

When closing an APS case, the caseworker must document the reason for closure (see Table XXI). In 40% of the cases, closure was obtained when the situation had improved and no further services were deemed necessary. This finding is slightly lower than that of the O'Malley et al. (1979) survey where 45% of the respondents indicated that the problem of abuse had been resolved. When comparing the results, it should be noted that in the O'Malley et al. survey, 5 of the reported 82 "resolved" citings indicated that the abused elder had died. In addition, the 40% figure of this study does not include: the 13.3% where the victims were placed in a nursing home; the 10% where they were placed with family or in a foster home; and, the 11.7% where the victims were referred to
other agencies.

This study found that caseworkers often spent hours investigating and verifying elder abuse reports only to find that the victim refused assistance. In 18.3% of the cases, the files were closed because the victims refused services; however, this study found refusal of services considerably lower than the two previously mentioned studies (Lau & Kosberg, 1979; O'Malley et al., 1979). A number of factors appeared to be operating in the victim's refusal. As pointed out by Gelles and Cornell (1985), often affection for the abuser was stronger than the desire to leave the abusing situation. Several victims were found to be more concerned for the welfare of the abuser than their own well-being. Similar to the conclusions of Lau and Kosberg (1979), denial by the victim and/or the abuser precluded services. This study also found that, in some cases, a pattern of mutual dependence may have lead to refusal of services. The most common pattern of mutual dependence involved the victim being dependent on the abuser to meet daily needs, and the abuser being dependent on the elderly person's financial resources.

Once Initiated, How Long do Case Files Remain "Open"?

Length of cases from initiation to closure ranged
from one week to over one year (see Table XXII). Crosstabulations using Chi-square indicated no relationship between the length of time a case remained "open" and the final closure status of the case (see Table XXIV). The majority of cases (76.5%) remained open for a period ranging from one week to less than six months.

Conclusions and Recommendations

Limitations

Before examining the conclusions of this study, it is important to recognize some of its limitations. Due to the ex post facto nature of this research, as well as practical and ethical considerations, neither experimental manipulation nor random assignment could be employed (Glass, Wilson & Gottman, 1975). Case study methodology is limited in its representativeness and generalizability is restricted until appropriate follow-up research is accomplished (Isaac & Michael, 1981).

According to Pedrick-Cornell and Gelles (1982), research which samples only from cases which come to the attention of an agency pose additional problems in forming conclusions from the data generated. Relying exclusively on such cases makes it impossible to distinguish between the characteristics of the abused elderly from those of the elderly population in general. For example, the "typical" profile of the older abused person should be
viewed in terms of the "typical" older person. First, most older individuals are women; secondly, although not limited greatly by it, most people over 65 have at least one chronic illness or impairment (Zarit, 1980); and finally, most older women are widowed and most older widowed women are in the low-income range with half living below the official poverty line (Costa, 1984).

Another caution is that this study is based on the assumption that each case documented by the APS caseworker reflects accurately information surrounding the case. Subjective case narratives may represent the biases of the caseworkers, particularly with regard to descriptions of case management strategies and consequences. In addition, the previously mentioned comparison rating of the average percentage of agreement between the reviewers had a lower percentage of agreement (69.4%) for information concerning case management strategies and consequences than for the other categories of case information; thus, data concerning strategies and consequences should be interpreted with caution.

Additional care should be taken whenever considering the consequences of multiple case management strategies. Kratochwill (1978) warned that the use of multiple interventions could make it difficult to establish that subsequent interventions had effects equivalent to those of previous interventions. Multiple interventions could
also make it difficult to determine if results could be 
generalized to settings in which only one intervention 
strategy was utilized.

Finally, indications of positive or negative 
consequences cannot necessarily be attributed to the 
strategies of the APS caseworker. They may be the result 
of other intervening variables such as changes in the 
victim's health, changes in the living circumstances of 
the abuser, and/or actions taken by other family members 
or agencies that were not initiated by the APS caseworker.

Conclusions

While this study is limited as stated above, it does 
address some crucial questions surrounding elder abuse and 
provides a great deal of information from a purposeful 
sampling of elder abuse cases.

The results of this study point to the probability 
that the elderly abuse victim is 75 years of age or older, 
female, white, and widowed. There does appear to be some 
connection between race and type of abuse, with some 
indication that, if the victim is white, there is a strong 
likelihood that the abuse experienced will be physical and 
financial. This study also indicates that approximately 
half of the elderly abuse victims have severe limitations 
in physical and/or mental functioning and have some degree 
of dependence upon their abusers.
One of the important findings of this study is that it should caution against making the assumption that when an elderly person is living independently, abuse does not occur. This study indicates that as many as 80% of elder abuse victims may reside in their own homes, and at least 50% of these individuals may be functionally independent. In cases where a relative suddenly moves in with an elderly individual, it should not be automatically assumed that the relative does so in order to care for the "dependent" older person. It also may be that the individual is moving in against the older person's wishes and taking advantage of the elderly person's resources and possibly subjecting them to additional forms of abuse.

This study finds elder abuse to be complex with the majority of cases involving multiple types of abuse. The most frequently appearing format for multiple abuse is that of physical/financial/emotional abuse. Abuse is also found to be recurring with many elderly individuals being abused for years before such abuse is reported. The most frequently seen sources for the reporting of abuse are relatives, victims, friends, neighbors, and medical personnel.

With regard to case management strategies, caseworkers average 4 different strategies of assistance per case, and cases generally remain open from a period of one to six months. When examining case management
strategy with the specific consequences of that strategy, legal services appear to be the most often refused form of assistance. Thus, it may be important for helping professionals to establish a positive relationship of mutual respect and trust prior to suggesting the use of legal services.

In contrast, some strategies, such as home visits by the caseworker and enlisting the aid of friends and relatives are less likely to be refused by the elderly person. "Protective" services seem to work best when viewed more in terms of "supportive" services. Perhaps the role of caseworker is not so much that of crisis intervention as it is that of coordinating existing services to enable and promote independent living.

Recommendations

This section represents an attempt to address the remaining research question: What indications are there for preventative as well as remedial services?

One of the most pressing issues is that too many cases of elderly abuse go unreported. One of the most important steps to be taken is to increase the level of awareness of elder abuse. Education about the nature and causes of elder abuse is imperative for both the general public and those professional workers caring for the elderly. In particular, the public needs to be made more
aware of the stress related to caring for an elderly person and of the services helpful in dealing with that stress (Gray Panthers of Austin, 1983).

It is important to answer the question of who is at greatest risk of maltreatment in order to develop appropriate screening procedures and alert helping professions to the need for intervention. Sensitizing medical personnel, social service workers, and the general public may lead to a higher degree of suspicion for elder abuse which may assist in prevention as well as more timely interventions (Rathbone-McCuan, 1980; Salend et al., 1984).

According to the Gray Panthers of Austin (1983), the more time a person spends with an abused elder, the more likely that individual will recognize and report the abuse. Unfortunately, the identification of victims is made more difficult because the elderly are not tied to many social networks. Isolation of the elderly from community resources increases the probability that abusive situations will go unreported. Perhaps one answer to this problem would be to increase transportation services to the elderly which would promote both community involvement and independent functioning.

There is a general agreement among investigators that the stress of caring for an elderly person can lead to an abusive situation (Pedrick-Cornell & Gelles, 1982). Costa
(1984) stated that 80% of the elderly needing care live with a family member; and, of that number, approximately one-third need constant medical and personal care. Often this task is equal to a full-time job for the adult children. Lau and Kosberg (1979) point out that stress becomes an even greater issue when responsibility is placed on those who are ill-equipped by personality, skill, age, financial resources, and other factors to successfully cope with the demands.

This study discovered that one-fifth of abuse victims reside in the home of the abuser, and those victims are likely to be experiencing physical/emotional impairment. Since it is impractical to expect each family to have the resources to handle this burden (Gelles & Cornell, 1985), one means of alleviating the abusive situation and preventing its repetition or initial occurrence would be to provide family counseling at the time that an aged person moves into a relative's home. Such counseling would emphasize the physical and psychological processes of aging and would include special instructions on care of a sick and elderly person (Gray Panthers of Austin, 1983). Programs that offer respite care can provide support to families and allow them time away from the work and responsibility involved in the care of an aging person. Respite care can provide a convenient, socially sanctioned "breather" (Johnson & Bursk, 1977).
In investigating the relationships between the elderly and their adult children, Johnson and Bursk (1977) observe that in today's society there are no cultural guidelines, no specific norms, for behavior in the area of relationships between elderly parents and their adult children. There is no socialization mechanism available for aiding elderly parents or adult children with their new roles at this life stage. Perhaps family counseling could be utilized to emphasize communication skills between elderly parent and adult child (Lau & Kosberg, 1979). In a study by Johnson and Bursk (1977), it was found that when parents and children shared similar values, and had a relationship based on mutual respect and trust, with realistic perceptions of the other, the pair seemed to give the quality of their relationship a higher rating.

Studies suggest that good health for elderly people can be an important variable in how elderly parents and their adult children regard their relationship. Poor health may exacerbate poor family relationships (Johnson & Bursk, 1977). Poor health appears to increase the elderly person's vulnerability to abuse by increasing dependency. Improved health care services for the elderly may decrease the probability that they will find themselves in a dependent and potentially abusive relationship.

One cannot ignore the responsibility of the victim in
cases of elder abuse. It may be that many abusive situations could be eliminated if the elderly were encouraged to be more assertive in demanding that their wishes be respected. Society currently does little to encourage the autonomy of elderly individuals. According to Williamson, Evans, and Powell (1982):

Whereas earlier generations feared the physical aspects of aging, we have created a situation where social aspects are to be feared too. This straightjacketing of the elderly can best be examined by tracing the "career" of an old person. A process that begins with the labeling of someone as "old", and reflects an expression of power by those who do the labeling, results in a loss of power for the elderly, particularly with respect to personal autonomy and choice. (p. 229)

According to Seligman (1975), feelings of helplessness create situations in which people believe there to be no alternatives. This concept could certainly be applied to elder abuse cases where the elderly victim sees no alternative but to remain in an abusive situation; therefore it is important to eliminate feelings of helplessness in older individuals if they are going to resist the attempts of others to abuse them.

It is recognized that many families are unwilling or
incapable of being caretakers of highly dependent older members and a continuing need exists for adequate formal care systems and protective services (Hickey & Douglass, 1981). However, moving the elderly person from the home should generally be the last alternative chosen (Lau & Kosberg, 1979). Deterioration, dependency, and excess disability may result from premature institutionalization (Tobin & Leiberman, 1976). Custodial care can hardly be considered treatment since there are no active steps for solution to the problem, and, in reality, the person may be no better off than the original condition (Levy et al., 1980).

With regard to the implications for the counseling services provided to elderly abuse victims, Hickey and Douglass (1981) point out that counseling approaches are often effected by the perspectives of the various helpers regarding the hypothesized cause of the abusive situation. Some counselors are more victim-oriented in their work while others focus more on the crisis itself. Still others take a fatalistic view of people entrapped in such life-situations. According to Hickey and Douglass (1981), "developing a causal model that is free from professional bias is essential for the development of appropriate crisis intervention and prevention techniques" (p. 174).

Caseworkers may find it particularly frustrating when the victim wishes to abandon prosecution or assistance and
return to the abusing situation. It is important to cultivate in caseworkers the ability to understand the situation and withhold judgment. It is important that the caseworker not convey disappointment if the person elects to remain in the abusing situation. However, it is essential that caseworkers honestly explain their fears and let elderly individuals know that they can always return for assistance.

Many issues addressed by Sue and Sue (1975) concerning effective cross-cultural counseling can be applied by caseworkers with elderly abuse victims. This includes caseworkers being action-oriented in initiating counseling, structuring sessions, and helping victims cope with the problems of immediate concern to them.

Elderly victims often want information, reassurance, and someone to talk with about the abuse; thus, establishing rapport during the initial contact is essential. Those who work with elderly abuse victims should have knowledge in the area of gerontology and training to work with multi-generational family issues. Caseworkers also need to remember that too much of an effort to "rescue" may undermine elderly individuals' confidence in their ability to help themselves. It is important that the elderly be involved to the greatest extent possible in locating resources for assistance.

The creation of an Adult Protective Service program
certainly does not mean that the problem of elder abuse has been resolved. In addition to the many barriers to intervention, case loads are large, and not only must caseworkers provide services, but they must also investigate reports of abuse. The emphasis on following up every report within 24 hours pressures caseworkers into placing emphasis on investigation, often at the expense of handling existing active cases. It is important that additional funding be sought to increase the number of APS caseworkers.

Elderly victims often need temporary placement in a hospital, nursing home, or supervised living facility while efforts are made to determine long-range care plans. While some facilities have beds reserved for emergency situations, openings are extremely limited and rarely adequate to meet the demands of those seeking temporary haven from abuse. More funding needs to be made available to caseworkers in providing temporary living quarters. In addition, the elderly need to continue to be encouraged to take advantage of existing community resources that provide shelter for victims of family violence.

Obtaining guardianships for elderly abuse victims should continue to be used with caution. While caseworkers involved in this study sought guardianships only in those cases where the elderly individuals were believed to be mentally incompetent and the situation was
determined to be life-threatening, guardianships are not always used with such care. In some states, guardianship is not necessarily based on mental incompetency but being elderly itself can be a reason for giving guardianship. In some instances, guardianship may be sought because the elderly person continues to live in a situation which is bad but not life-threatening. Caseworkers must be careful not to allow their determination of the elderly person's mental competency to be influenced by differences in judgment as to appropriate lifestyles.

The elderly person whose competency is being challenged should have the right to legal representation. Often there is no proper notice of the competency hearing, and no attorney present to represent elderly individuals in retaining their rights. In addition, guardians should be held accountable on a regular basis. A review process should be established to check on the guardian's management of, not only the financial affairs, but the physical well-being of those who have been entrusted to their care. Currently, it is more likely that where an individual's social security check is being cashed will be investigated sooner than whether or not that individual is getting adequate medical care or enough to eat.

This study points out that, even in states with specific legal sanctions against elder abuse, little court-related activity takes place. This study found no
evidence that those who abuse the elderly are being prosecuted. Clearer laws need to be established that define the areas of responsibility that relatives and caretakers have for elderly individuals who are in need of assistance.

Although Texas requires by law that cases of abuse be reported, there currently exist no penalties in Texas for failure to report such abuse. Such penalties might lead to a reduction in the number of elder abuse cases that go unreported. In addition, even though Texas has strong criminal laws protecting the elderly, often charges are dropped on the basis of there being no legal responsibilities of children to care for their parents. There exists a severe lack of legal penalties in cases of gross neglect of the elderly by family members, and, in cases of physical abuse, the elderly victim is seldom willing to testify that abuse has occurred.

Currently, all reported cases of elder abuse in Texas must be investigated; yet, mandatory investigation should not be viewed as a panacea. First, such investigation tends to perpetuate the stereotype of the elderly as children. Before age 65, a "disability" must be present before there is mandatory investigation. The elderly person is given no choice; thus, being 65 years of age or older is interpreted as a "disability." Second, continuing the investigation against the older person's
wishes represents an invasion into that individual's private life. Third, mandatory investigation may place the elderly person in danger of further abuse by intensifying an already volatile situation. In summary, it is recommended that consideration should be given to using mandatory investigation only as a last resort.

Funding needs to be made available to provide legal assistance to the elderly who have been financially abused since this type of abuse is often considered a civil matter. Elderly victims rarely have the financial resources, particularly after they have been financially exploited, to pay for the expensive legal process of restoring their money and property. In addition, priority needs to be given to the hearing of elderly financial exploitation cases so that these individuals do not have to wait years for court action.

Finally, since much financial abuse involves the abuser taking the elderly person's social security check, older individuals should be encouraged to take advantage of the "direct deposit" program for their social security payments.

**Recommendations for Future Study**

Those interested in the study of elder abuse should avoid the temptation to perpetuate current guesses and notions (Pedrick-Cornell & Celles, 1982). In reality
little is known about the phenomena of elder abuse. This study represents a first step in bridging the gap between commonly held beliefs regarding elder abuse and actual case samples.

While this study is one of the first to provide preliminary information regarding case management strategies and consequences, further research is greatly needed in this area. It is recommended that future researchers become involved in examining the case immediately upon its initiation in order to conduct pre- and post-measurements which are essential to outcome evaluation. In addition, future research needs to include comparison groups in order to separate the characteristics of the abused from the non-abused elderly population.

In summary, further empirical studies are needed to investigate the complex phenomenon of elder abuse and to address the numerous questions concerning elder abuse:

1. What characteristics can be used to distinguish elderly abuse victims from the characteristics of the general elderly population?
2. When is elder abuse a function of age or an element in a historical pattern of family violence?
3. What evidence is there to support the various theories concerning the causes of elder abuse?
4. Is the level of stress on caretakers in
situations where abuse occurs different from the level of stress on caretakers where the elderly are not being abused?

5. What is a uniformly accepted definition of elder abuse that can be used to facilitate comparisons of investigations and provide a basis for a systematic body of knowledge?

6. Where does the responsibility lie for the care of the elderly who require assistance in meeting daily living needs?

7. What further information can be found relating the characteristics of the victim, abuser, and abusive situation to both the effectiveness of intervention strategies and the prevention of abuse?

In conclusion, elder abuse will probably continue until the elderly can be offered viable alternatives to remaining in an abusing situation and until our society begins to address some of the issues surrounding our nation's elderly. Should society continue in the assumption that children know what is best for their parents and are entitled to rights of control? Who is responsible for providing support systems to aide families who have the responsibility of elderly kin? Where is the economic motive for providing help for the aged who are at the end of economic productivity? Perhaps the answers can
be found when society begins to recognize the importance of valuing human life as well as extending it.
CHAPTER BIBLIOGRAPHY


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APPENDIX A

GUIDELINE FOR CASE SELECTION
RESEARCH PROJECT ON ELDER ABUSE

Your cooperation is greatly appreciated in assisting in the identification of cases of elder abuse that have occurred within the past 2 years.

This study seeks to provide much needed information which can be obtained only through extensive and systematic study of actual cases of elder abuse. Not only will this research project attempt to verify present statistical information, but it is also designed to provide insight with regard to specific approaches to intervention. All aspects of the study will be subject to stringent research and ethical guidelines.

It is recognized that elder abuse can take many forms. Some of the types of abuse which this research wishes to examine are:

Physical Abuse - The elderly person has been hit, slapped, bruised, sexually molested, cut, burned, or physically restrained.

Financial Abuse - The illegal or improper act of using resources of an elderly person for monetary or personal benefit. The elderly person may transfer accounts to the relatives out of trust or because they must depend on relatives to cash checks and handle their money. However, in financial abuse, the money is not used to meet the elderly relative's needs.

Verbal/Emotional Abuse - The elderly person is insulted, treated as a child, frightened, humiliated, or threatened.

Active Neglect - The abuser withholds items necessary for daily living, such as food, medicine, money, or bathroom assistance.

Passive Neglect - It generally involves harm resulting from inadequate knowledge about caring for the elderly. It is characterized by situations in which the elderly person is left alone, isolated, or forgotten.

Self-neglect or self-abuse has also been described as a form of elder abuse; however, one person's self-neglect may be another person's exercise of free judgment. Thus, for the purpose of this study, the term "elder abuse" will apply only to those cases where deliberate harm or active/passive neglect has been perpetrated on the old by another person.

PLEASE LIST BELOW THE CASES WHICH YOU BELIEVE MEET THE ABOVE GUIDELINES AND RETURN THIS FORM TO YOUR SUPERVISOR. (Cases may be either active or closed.)

Thanks for your help!
APPENDIX B

VOLUNTEER FORM
JOB TITLE:
Researcher

DEFINITION OF DUTIES:
Will conduct case research in the area of elder abuse.
Will write up findings and make them available to the department to assist in future planning and development.
Will assist in conducting staff seminars in the areas of personal and professional growth.

QUALIFICATIONS:
B.S. Degree in Education from Texas A&M University.
M.S. Degree in Counseling from Texas A&M University.
Presently Ph.D. Candidate at North Texas State University.
Currently counselor in private practice in Arlington.

TRAINING:
Three years experience as a counselor with Texas Rehabilitation Commission.
Training at NTSU and UTA in research and statistics.

TIME REQUIREMENTS:
5 to 10 hrs. weekly

LENGTH OF COMMITMENT:
One year

RESPONSIBLE TO: [Signature] DATE: 1/27/83

OFFICE: [Signature] [Office]

PHONE: [Signature] [Phone]

VOLUNTEER: [Signature] DATE: 1/27/83
APPENDIX C

CASE REVIEW FORM
PROFILE OF VICTIM

AGE _______________________
SEX _______________________
RACE _______________________
MARITAL STATUS _______________
INCOME ______________________ SOURCE ______________________
LIVING ARRANGEMENTS AT TIME OF ABUSE ______________________

PROFILE OF ABUSER

AGE _______________________
SEX _______________________
RACE _______________________
MARITAL STATUS _______________
INCOME ______________________ SOURCE ______________________
RELATIONSHIP TO VICTIM ______________________

TYPE(S) OF ABUSE REPORTED

____________________
____________________
____________________

FREQUENCY/DURATION OF ABUSE

____________________
____________________
____________________
REPORTING PROCESS

INDIVIDUAL REPORTING ABUSE ________________________________

BASIS OF REPORTER'S KNOWLEDGE ________________________________

RESPONSE OF APS CASEWORKER ________________________________

HOW PRESENCE OF ABUSE VERIFIED ________________________________

APS CASEWORKER'S OBSERVATIONS OF CLIENT (VICTIM)

PHYSICAL CONDITION ________________________________

MENTAL/INTELLECTUAL STATUS ________________________________

APS CASEWORKER'S OBSERVATIONS OF ABUSER

PHYSICAL CONDITION ________________________________

MENTAL/INTELLECTUAL STATUS ________________________________
Code # _____

APS CASEWORKER'S DESCRIPTION OF ABUSIVE SITUATION
<table>
<thead>
<tr>
<th>Code #</th>
<th>INTERVENTION(S)/OUTCOME(S)</th>
<th>LENGTH OF TIME FROM CASE INITIATION TO CLOSURE</th>
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</thead>
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<td></td>
</tr>
<tr>
<td></td>
<td>OUTCOME</td>
<td></td>
</tr>
<tr>
<td>* * * *</td>
<td>INTERVENTION</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OUTCOME</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX D

CASE REVIEW COMPARISON FORM
COMPARISON FORM

Each of the attached five cases have been examined by two reviewers. Please compare the two reviews for each case using the following format:

<table>
<thead>
<tr>
<th>No Agreement</th>
<th>Slight Agreement</th>
<th>Moderate Agreement</th>
<th>Strong Agreement</th>
<th>Complete Agreement</th>
</tr>
</thead>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
</table>

**Category**

- **PROFILE OF VICTIM**
- **PROFILE OF ABUSER**
- **TYPES OF ABUSE REPORTED**
- **FREQUENCY/DURATION OF ABUSE**
- **REPORTING PROCESS**
- **CASEWORKER'S OBSERVATIONS OF CLIENT (VICTIM)**
- **CASEWORKER'S OBSERVATIONS OF ABUSER**
- **CASEWORKER'S DESCRIPTION OF ABUSIVE SITUATION**
- **LENGTH OF CASE FROM INITIATION TO CLOSURE**
- **INTERVENTION(S)**
- **OUTCOME(S)**

Case ID Code # __________

Rated by ________________
APPENDIX E

CODED DATA
The original completed review forms are on file along with the photocopies which were numbered to reflect the appropriate coding categories. In addition, the coding scheme developed for this study is on file and available for further analysis upon request.
BIBLIOGRAPHY


