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Client outcomes in the adult protective service system

Susan Lee Brown

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CLIENT OUTCOMES IN THE ADULT PROTECTIVE

SERVICE SYSTEM

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

Susan Lee Brown

June 2001

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ABSTRACT

This study examined the outcomes that clients are experiencing with the Adult Protective Services System in the County of San Bernardino. The study was exploratory and descriptive. Data were extracted from closed case records from the period of September 1, 1999 until August 31, 2000. Two hundred and nineteen cases were analyzed using frequency analysis. The findings demonstrated the demographics of clients, the types of abuse being investigated, and what outcomes are being experienced for clients. Social work implications and study limitations were discussed.

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CHAPTER ONE

CURRENT STATUS OF ADULT PROTECTIVE SERVICES

Introduction

``Elder abuse. The phrase still sends shock waves
among the majority of Americans. Most find it hard to
believe how widespread and frequent this problem is. Most
would prefer not to acknowledge that elder abuse, which
flies in the face of traditional American ideals exists''
(Pepper, 1986). This statement, written in 1986 is still
apropos today. Elder abuse has emerged as a disturbing
problem in our society. This phenomenon has important
implications for professional practice as well as for
social policy. With the bulk of social policy and
legislative changes occurring within the last twenty years,
a problem has arisen from the mishmash of dissimilar
definitions and statistics. Researchers can little agree on
what constitutes elder and dependent adult abuse, much less
what the incidence levels are.

With continual medical advances, both dependent adults
and the elderly are living to increasingly older ages. It
is imperative that we begin to understand and come to a
consensus of what constitutes abuse and understand the
incidence levels. As Quinn and Tomita stated (1986), ``Not
only has the problem of elder abuse and neglect been
difficult to detect and comprehend, but concrete strategies

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for thoughtful and successful interventions have until now been nonexistent. Practitioners have had few guidelines to draw on when dealing with elder abuse and neglect, even in situations which endanger elder life. Community resources have been sparse.'' (p. 4). Quinn and Tomita went out to point out how elder abuse is largely hidden, both because often children are the perpetrators and want to maintain the situation for their own self interest, as in cases of financial abuse. Often the elderly person is embarrassed and ashamed of the adult child or grandchild that would do such a thing. Often times even the seasoned professional is amazed by what unfolds in investigating elder abuse. What Quinn and Tomita wrote about in 1986 still holds true today.

California recently passed legislation Senate Bill 2199(SB2199) that mandated that all counties provide Adult Protective Services (APS) beginning May 1, 1999. Prior to this, the California Welfare and Institutions Code (WIC) only required counties to take referrals on certain types of elder abuse and only mandated a limited number of professionals to be reporters. It did not mandate that counties investigate reports of elder abuse, or provide social or tangible services, just to gather statistical data and make referrals to other services.

The major changes to the WIC by SB 2199 consisted of several key items. First, it mandated the reporting of all

types of abuse. Second, it mandated the reporting by phone immediately or as soon as practically possible. Third, it reduced the time required for reporting in writing subsequent to the phone contact. SB 2199 also required that counties implement a 24-hour abuse hotline and provide emergency response. The new law also mandated that social and tangible services be provided for victims of elder and dependent adult abuse.

San Bernardino County had been one of five counties that piloted Adult Protective Services as a demonstration project in 1983 (SB 129). At that point in time, many of the same services now mandated by SB 2199 were provided but stopped when the demonstration project ended. During the interim period, there were APS units operating within the county, albeit in a limited capacity. There was little to no money for tangible services, or for temporary placements or caregivers. In the intervening years between SB 129 and SB 2199, there also was no twenty-four hour hotline or after hours response. This project studied what has occurred within San Bernardino County with the changes under SB 2199.

Statement of the Problem

Researchers still cannot agree on definitions of what constitutes elder and dependent adult abuse. Studies of outcomes and even incidence levels are still relatively

rare and vary greatly. It is vitally important to begin coming to some consensus and understanding of the issue of dependent and elder abuse because the numbers of these populations are increasing dramatically as the baby boomers age. Since the implementation of SB 2199 the number of APS social workers has more than tripled across the state of California. With this drastic increase in numbers of practitioners in this field comes a necessity of training, education, and appropriate supervision. Within San Bernardino County alone, the number of workers within APS went from eleven (prior to SB2199) to forty-five countywide at the present time.

We must have a clearer understanding of the problem in order to fund and staff aging and adult services correctly. We must also continue to develop and improve services in order to meet the needs of these growing populations. The findings of this study may also have great impact on current programming. The numbers of staff may also be impacted in the sense that if the incidence levels far outweigh the effectiveness of current staffing levels, there may be a need for increased numbers of practitioners. Methods for tracking case outcomes must also be developed so supervisors can identify training needs. Management tools for tracking outcomes by social workers are also needed. Exploratory studies will be requisite in

understanding what types of outcomes are occurring in practice so that all of these can begin to be addressed.

Purpose of the Study

The current problem is that there is no clear evidence for the incidence levels of dependent adult and elder abuse. This study was undertaken in order to begin exploring what is occurring in the APS program in San Bernardino County in terms of client outcomes.

CHAPTER TWO

LITERATURE REVIEW

Historians have not specifically examined the issue of elder abuse as a distinct subject (Stearns, 1986). What historians have examined, however, are the conditions of old age across time. From this, one can come to some understanding of how elders were regarded during various historical periods. What is clear is that conflicts certainly existed between young and old for centuries. Greek mythology, Biblical passages, legends, fairy tales, literature, psychoanalytic theory, and famous crimes all have one thing in common: two contradictory themes in regards to treatment of the elderly. One theme is that one should venerate the elder, the other is that adults are expected to abuse them. These historical and literary sources also serve to illustrate the fact that elder abuse is not a new phenomenon, but is representative of an ongoing and enduring saga in the relations between adults and their elders.

Fairy tales and literature give testimony to enduring intergenerational cruelty. This cruelty is challenged by an equally enduring norm that one should have respect of one's elders. These two diverse themes represent the dichotomy that exists in regards to elder abuse across historical periods.

The themes of abuse, cruelty, neglect and even murder committed by adults on their elders has existed across history and cultures. Greek mythology contains stories of offspring who wish to kill their parents. One example is the myth of Oedipus murdering his father Laius. Sigmund Freud (1913) believed that this myth represented a universal desire - that sons yearn to kill their fathers. He, in fact, went on to develop it as an essential component of human development.

The Bible, surprisingly, does not contain motifs of elder abuse. It in fact supports the opposite theme; that one should honor and respect elders. Two of the Ten Commandments, in fact, would address this theme. The first is ``Honor thy father and thy mother,..''. The second commandment prohibits all murder. Honoring one's parents would guarantee that one's children would never abandon or neglect them in old age. The Bible, in fact, metes out punishment to those who do not honor their parents: stoning (Deuteronomy).

Primitive Societies also struggled with both themes in regards to the elderly (Sumner, 1906). Sumner claimed that various cultures socialized the young very differently. Some cultures taught respect for the aged while others taught the young that the aged were a burden that waste the strength of the society. In certain cultures the elderly were even killed so that the strength of the young could be

maximized, as the Teutons practiced. Some nomadic tribes practiced abandonment, that is, the elderly would drop out and die from exposure or exhaustion. Native American tribes utilized this method when resources were limited. Other examples are numerous among South American, African, and Melanesian peoples. Eskimos practiced many forms of this; some elders would ``volunteer'' to be killed in order that the group would survive. Some Eskimos would strangle the elderly to conserve resources, and others practiced cruelty to the elder so that when the need arose, the elder would want to die (Sumner, 1906).

From a Darwinian point of view the elderly can sometime represent a burden to society. Within these cultures, it may have been adaptive to end the life of an elder or to be cruel to them. Within Westernized cultures, and since the Bible, the challenge has been to develop respect and veneration towards elders. Literature suggests that the struggle between the two themes has continued to occur. Fairy tales often speak of this dilemma. Bruno Bettelheim (1977), in fact, points out that many fairy tales begin with the death of a mother or father, or even a stepparent. He further postulates that fairy tales turn a good parent into a bad one in order to justify the killing.

Other literature illustrates the ambivalence and the dual theme between adults and elders. Shakespeare wrote several works that demonstrate this. Hamlet spoken of as

the most venerated of Shakespeare's works. It holds a universal appeal. It is the story of intergenerational conflicts, one that closely resembles the Oedipal conflict. Hamlet burns with the desire to kill his uncle/stepfather. Shakespeare actually wrote this play shortly after the death of his own father. King Lear is another of his works that speaks to this conflict between adult and elder. King Lear's evil daughters conspire to rob their father of his possessions while pretending to love him.

Actual cases of parricide can also speak to the dual nature of the relationship between adults and elders. Lizzie Borden, probably remains the most famous case of parricide. No one was ever convicted of the murders of Lizzie's father and stepmother. Her parents were elderly, and her father was reportedly squandering his wealth on his second wife's family. Since Lizzie did not defend herself at her trial, one can only infer her motivations. If she did kill her parents, her motivations could have been greed or hatred of the stepmother. Lizzie Borden was acquitted of double murder partly because it was considered inconceivable at the time that any God-fearing woman could commit such evil. Her lawyers encouraged such beliefs by surrounding Lizzie in court with ministers.

While the case of Lizzie Borden illustrated a specific modern illustration of intergenerational conflict, a more general examination of this conflict can be made. Stearns

(1986) pointed out that one pattern of this intergenerational conflict can be detected across history. He postulated that this theme of conflict has gone through three cycles. Concern about the conflict ran high in the 17th and 18th centuries, there was lessening concern in the 19th and early 20th centuries, although there was more concern about other family problems. Recently in the third cycle, the interest in this intergenerational conflict has renewed, albeit in social scientific language.

During the 18th century there was strong appeal in religious linked family manuals for respect and obedience to the elderly. For elderly males who were wealthy there were public signs that those religious teachings were heeded. In colonial New England, the elderly held disproportionate shares in public office holding, they also received pride of place in church seating (Fischer, 1977). Family tensions may have been greater than what was shown in public.

During the colonial period the elderly were at the center of property relationships that often had disparaging effects on younger family members. For the most part the young could not marry or begin families until the elder member passed on property. Another factor that contributed to intergenerational conflict was the practice of child rearing during colonial times. Force and isolation was used to break a child's will. This system of child rearing would

only lead to built-up tensions on behalf of the child. As an adult the repressed hostilities may have been displayed when the parent became a vulnerable elder.

Tensions among families could also be seen in the practice of building small cottages to the rear of main dwellings to house the elderly once the young gained property control. Many elderly were forced into almshouses and hospitals well into the 19th century. This population dominated these institutions, although not specifically built for them. Some of these poor older people had no families or had families that were too poor to offer any help. Some families attempted to cast dependent elderly out; even the social norms of the day attempted to make families maintain responsibility in such cases (Altschuler and Saltzgaber, 1984).

Tensions with older women within families, as well as in larger communities, played a large role in the witchcraft craze that swept colonial Western society. A disproportionate number of older women were victims of this craze. Two explanations appear to be key: first is that the elderly female may have been a threat to the inheriting of property and secondly that they placed a burden on family resources. In addition there is a belief in Western culture that the post-menopausal woman has no use. This craze did end, perhaps because older women learned to be more cautious and docile (Stearns, 1982).

While physical violence towards women may have been subverted into a ``witch craze'' there is some evidence that physical violence towards older men existed as well. In the 18th century men over 50 were the most frequent murder victims. One cannot reconstruct specific details of these crimes, but one can surmise that most of these murders were familial, perhaps generated by the struggles over control of property and wealth. A clue to this is the extraordinary lengths that the elderly would go to in order to remain in control of their property and their legal rights. This was a widespread phenomenon and would appear to be done to protect themselves from neglect and financial abuse by their offspring. Older men would frequently draw up legal contracts that would protect their wives or themselves. Some of the wording in these documents appeared to be fearful, as if the elder parent had an awareness of the potential for future abuse or neglect. One document even specified the number of pecks of potatoes to be allotted monthly. These legal documents yielded the one weapon that an elder had during that time period: ownership. They enabled an elder to negotiate the treatment that they would receive once they could no longer care for themselves (Berkner, 1972).

These prior examples should not lead one to assume that abuse and neglect of the elderly was commonplace. Certainly not all old men and women were treated poorly.

There are examples of families treating the old with respect and even affection. Colonial America was a land blessed with abundant resources, many families were able to provide for the young before retirement, and without great tension (Greven, 1970). This enabled colonial Americans to marry earlier than European counterparts of the same period. Despite this, overcrowding of the Eastern seaboard, and a higher concentration of poor lead to family conflicts. The availability of land and a greater sense of independence contributed to increased disputes within families. Some teenage offspring resented the oppression of apprenticeship and would quarrel with parents. Benjamin Franklin quarreled bitterly with his father about his apprenticeship and his desire for greater independence and opportunity (Franklin, 1962).

To sum up the mores of the colonial period in America regarding the treatment of the elderly, several patterns continued. The struggle between loving and hating one's elders continued. There was a struggle over property and wealth, to the extent that some elders drew up legal documents in an attempt to ensure good treatment. Family life was not an easy one during this time period and the elderly were well aware of that fact (Stone, 1977).

Industrialization changed many key tensions within family life during the late 18th and 19th centuries. Overall, industrialization was hostile to the old. Industry

valued youthful energy, and it enhanced the economic hardships of old age because of the move towards not having any property. These shifts lessened tensions within the realm of one's private life. There was a gradual decline in the power of the parents to determine offspring's economic fate and marital choices. The young could now find independence at an earlier age because of the ability to earn a living separate from the family farm. Through the factory, one could support oneself by the age of 17 or 18. There were rising rates of marriage and a decrease in the average marriage age. Relationships between generations changed first among the urban workers and then spread among the growing middle-class (Shorter, 1975). The shift in opportunities for work and courtship did not produce new conflicts in relations between old and young. Among the working class, the young now remained at home until marriage and the old, in particular widows, lived with adult children. The change between generations was that the elderly power base eroded, and with it the conflicts between the young and old appeared to be reduced. New functions developed for the elderly, especially among the working class. Grandparents began taking care of the grandchildren so that younger women could work or shop (Anderson, 1971).

As the property generated conflict declined, other changes of the family system in the late 18th century

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contributed to the decreased tension between generations. A
new middle-class ideal developed regarding the family.
Child-rearing practices changed, with a shift in previous
physical discipline and increasing emotional ties to one's
children. This led to less tension between adults and
elders. The notion that one should provide a home life free
from tensions developed during the late 18th century
(Stearns and Stearns, 1986). This conflict-free ideal
applied to parent-child, husband-wife, and relations with
elderly parents. The image of the elderly began to change
from the witch in the 17th century to the rosy-cheeked,
benign grandmother.

In the 18th century, the elderly gravitated to
families of their sons; daughters were expected to orient
around their husband's. Extended households involved
relationships with married sons. In the 19th century, this
changed. Elderly people began to choose daughters when
having to live with family. Co-residence became more likely
as life spans increased and widows became more likely to be
the one living with a daughter. The most common extended

tie thus became the mother-daughter relationship. This change was occurring at the same time that the deal of avoiding familial anger was evolving (Fischer, 1977).

These shifts created noticeable improved relations between the generations. Other shifts were taking place that detracted from the treatment of the elderly. Industrialization created a uselessness image for the elderly. The young were seen as being more vital, having the energy and ability to change with the times. Mass education became the norm. After about 1820, Americans began to lie about their age, pretending to be younger. Before this time they had lied in the opposite direction, they pretended to be older and wiser then they actually were (Stearns, 1986).

The change in how the old were valued caused shifts in family life. Among the middle-class, child-rearing manuals became a source of authority. These manuals also changed every 20 years, so that prior advice was obsolete. This then lead to the belief that the elderly had no substance in regards to child rearing. Second-generation immigrants faced huge gaps between generations. Language and values differed in large ways between generations of immigrants.

The elderly became increasingly economically dependent on younger generations. This change was significant among the urban elderly. It also became evident among landless agricultural workers. The older worker also found it

difficult to retain employment in the face of changing

technology and skill level (Gratton, 1986). These changes

in the work force took place long before the beginning of

pension plans or the Social Security Acts by 1935.

Economic dependence of the elderly in the 19th century

is a fact that is undisputed. Family conflicts concerning

property issues declined. A growing interest in family

issues increased however. Child abuse and domestic violence

began to receive greater attention among 19th century

reformers. Elder abuse did not appear to be documented

during this time period. While the middle-class was lording

their values over the vices of immigrant, working class and

African American families; treatment of the elderly appears

to be left out. Literary references were rare on the

subject of the elderly as well. Old people, mostly of the

middle-class, wrote of concerns about their health,

changing values, and of economic issues (Gratton, 1986).

While these comments spoke of the economic times, of the

poverty and the joblessness, they also spoke of the

unreliability of adult children. Later in the 19th century,

the elderly became the disproportionate population in

insane asylums, with younger offspring being the

instigators for this institutionalization (Grob, 1986).

Despite these examples, it appears that conflict and abuse

towards the elderly was less common than before. Perhaps

families were more reticent about the problem.

The decades between 1920 and 1950 are considered to be
``....seen as a historic watershed in the history of the
elderly'' (Stearns, 1986). These years were marked by the
establishment of mass retirement. Only from the 1950's on,
did the elderly ``look'' forward to retirement, that with
it would come pleasurable events (King and Stearns, 1981).
There is some evidence that prior to the 1950's workers
still consider the family as primary support in old age,
and that any programs were welfare. By the 1960's, most
people agreed that economic support was not required by the
family in old age (Hareven, 1982).

The second great change in the 20th century was the
residential revolution. Old people stopped living with
their adult children, thus reducing contact. In 1900,
approximately 60 percent of all old people lived in
households with younger kin (Smith, 1979). By the 1960's,
eighty-nine percent of old people lived alone, with a
spouse, or with non-relatives (Kobrin, 1976). This change
could have produced conflict. It appears to have had the
opposite effect. Adults and the elderly parents both agree
that the arrangements made sense. Some younger kin even
express regret that the elder may not be able to care for
his/herself. While these two great changes, pensions and
the residential revolution, may have reduced the clearest
conflicts, problems still remained.

The 1920's heralded a sweeping legislative approach to moral and family reform in America. While the earlier reforms were concerned with drinking, illegitimacy, delinquency, childcare, recent legislative attention has been placed on abuse of the elderly. It is not clear if abuse itself has risen, or if it is the imposing of middle-class values on others. While it is clear that abuse is perpetrated on the elderly in current times, it will be difficult to ascertain in detail the types of abuse and the incidence rates historically.

The ``Golden Age'' of family life does not appear to exist for the elderly in historical times as was believed before. Peter Laslett (1986) labeled this belief as the ``world that we have lost'' syndrome. What is clear from the preceding discussion of treatment of the elderly through history is that the dual themes, one of reverence, the other of hate, is not new. The problem of elder abuse came to the public's attention approximately twenty year ago. Callahan (1981) suggests that elder abuse programs were developed ``because there is a supply of professionals looking for new markets ----- resources in search of needs.'' While there may be some element of truth to this statement, social workers have been the main advocates for state legislation (Salend et al., 1984). According to Wolf and Pillemer (1989) there are four main factors that

explain the attention that elder abuse has received in the last twenty years.

First of all, the elderly population has increased tremendously. Second, the aged has increasing political power. Third, the women's movement in the 1970's caused an examination of the realities of family life. Last, there has been an increasing willingness for the state to intervene in family life. ``Protective services'' emerged in the 1960's in response to protecting abused children. It has been suggested that the step to protecting the vulnerable elderly was a natural progression (Crystal, 1986).

Legislation

Currently, the protection of the elderly is in a state of flux. Federal and state agencies have approached the problem very differently. Federal leadership regarding elder abuse has been missing; this has lead to states' approaching the issue in a multitude of ways. The first public mention of elder abuse was recorded before a congressional subcommittee in 1978. Thereafter began a series of hearings on the issue before the House Select Committee on Aging under the Representative Claude Pepper. A series of proposed policies followed (U.S. House of Representatives, 1981). Several federal bills have been proposed since this time with limited success. The

Subcommittee on Health and Long-term Care (1985) found that most states had enacted legislation on elder abuse and that elder abuse was on the rise. While 4.7 percent of the average state's total budget was allocated for protective services of the elderly, they constitute about forty percent of all reported abuse cases. The Social Services Block Grant, which is the federal funding for protective services, has been continually reduced over the years due to inflation and direct cuts.

In 1985, the Select Committee recommended that the national government should assist the states as they did in regards to child abuse. Other legislation proposed that a national task force should be developed that would study this issue. The 99th Congress ended without passage of either of these bills. Since that time, other legislation has been proposed with limited success at the federal level. As Nelson (1984) pointed out, the Congress was no longer in control of social liberals as it had in the development of child abuse legislation. Conservatives within the Congress and in the administration believed that elder abuse should be handled at the state level.

Intervention has not come at the federal level and subsequently by 1988 all the states had a multitude of protection legislation. An analysis of the various state laws reveals a wide variety of definitions regarding what constitutes the maltreatment and neglect of the elderly.

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Salend et al (1984) points out that this variety of definitions causes state residence to be the most important factor in the designation of whether one is an abused elder. States also vary widely in the persons that legislation covers. In some states adults who are impaired, incapacitated, or disabled are covered, and in others they are not. Laws also vary widely in the penalties for non-reporting and who is required to report.

Despite a lack of research and insufficient knowledge of the subject of elder abuse, all states have taken some action. While the federal government passed an amendment to the Older Americans Act requiring states to provide elder abuse prevention programs during the 100th Congress, they did so with no further appropriations. Callahan (1986) even disputes the existence of this problem; ``Elder abuse is a dying non-issue whose time is past.'' This may be a problem that is difficult to define and accurately measure, but others dispute that it is a distinct category and must be given special attention (Finkelhor and Pillemer, 1984).

Today, the problem of elder abuse is being re-examined. Several states are reviewing past legislation concerning elder abuse and proposing changes. The current debate is whether or not to treat elder abuse within a child abuse framework or from a domestic violence model (Hugman, 1995). Pillemer (1986) pointed out that while deriving theory for the dynamics of elder abuse from

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findings on child abuse and spouse abuse is understandable, it is still vitally important to consider the uniqueness of being aged with the dynamics of family violence. As Kosberg (1986) stressed, elder abuse will continue to exist as long as ageism and violence exist. Others (Quinn and Tomita, 1986) also note that the contribution of society's values impact elder abuse. These include ageism, attitudes towards the disabled, sexism and greed.

Elder Abuse Research

The same lack of consensus among state laws has existed among researchers in elder abuse. As Pillemer and Suitor (1988) pointed out, there is an ``inability to compare findings among studies, due to the lack of consistency in defining abuse.'' (p.251). Lau and Kosberg (1979) described four categories in their research: physical abuse, psychological abuse, material abuse and material rights. Block and Sinnott (1979) used the categories of physical abuse, psychological abuse, material abuse, and poor residential environment. Block and Sinnott did not include violation of rights in their study. Douglass et al. (1980) defined a lack of personal care on the part of a caregiver as active neglect, while Senstock and Liang (1982) placed it under psychological neglect. As one can see, the very definitions of researchers in elder abuse are stymied by the use of varying terms. Several

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attempts have been made to determine prevalence levels using population surveys. Block and Sinnott (1979) surveyed three groups by mail in the District of Columbia. These were made up of a random sample of elderly living in the community, community agencies that had contact with the elderly, and health and human service professionals. The overall response among the three groups was very low. Only one of the 24 agencies responded along with 16% of the elderly and approximately one third of the professionals. The sample among the elderly found 24 reports of abuse or neglect, which was a 4 percent rate of abuse. They found that the abused had a mean age of 84 years old and 85 percent white. Since then, their findings have been used to estimate approximately one million cases nationwide.

Giglio and Blakemore (1983) found a very low incidence level in New Jersey. Their study is one of two that was a random possibility sample of a state population. They found 23 reported incidents of abuse, 11 being financial, 5 cases each of psychological and neglect and 2 physical. Projecting this figure to the elderly population in New Jersey, Giglio and Blakemore estimated that approximately 8,000 elders would report being abused. Other findings that are interesting to note are that 57% of the abused were 75+ years in age, or members of what would be termed as the old-old. Forty-four percent were over 80 years old. All

reported victims of abuse were all Caucasian and 69.6 %
were female.

The national Elder Abuse Incidence Study (1996) found
that ``approximately 450,000 elderly persons in domestic
settings were abused and/or neglected during 1996. When
elderly persons who experienced self-neglect are added, the
number increases to approximately 551,000 in 1996.'' (p.1).
This study utilized substantiated reports from twenty
county APS programs in 15 states throughout the United
States and reports from sentinels to arrive at their
statistics. The sentinels are defined as individuals who
are specially trained in a variety of community agencies
having frequent contact with the elderly. They found that
female elders were abused at a much higher rate than males,
and that the oldest elders are abused two to three times
higher than other elders. In 90% of cases a family member
was the perpetrator and two-thirds were adult children or
spouses.

While epidemiological studies are still not
satisfactory, most states have some type of Adult
Protective Services. Just as with the research, states have
different definitions of abuse, ages served and services
provided. The National Aging Resource Center on Elder Abuse
(Stein, 1991) called for more evaluation studies to be
done. Some studies thus far have focused on what types of
services have been provided and the likelihood of the

client accepting service (Blakely and Dolon, 1991;
Fiegener, Fiegener & Mesaros, 1989; Illinois Department of
Aging, 1987; Longres, 1991; Vinton, 1991). Several studies
not only focused on the type of abuse, but how long a case
was open, as well as the number of services provided
(Sengstock, Hwalek and Petrone, 1989; Neale et al., 1996).
None of the studies thus far have looked at how effective
the services were in relieving the abuse.

Study Description

This study sought to understand the incidence levels
of abuse and the outcomes being experienced by clients
referred to Adult Protective Services in San Bernardino
County. What types of abuse are being reported and being
confirmed? What types of outcomes for clients are social
workers reporting after investigating the reported abuse?
What types of services are being provided to the referred
clients? How many face-to-face contacts are social workers
making with clients? What length of time is elapsing before
social workers make a face-to-face contact? What cases are
being seen as an emergency response after working hours?

The majority of literature revealed that little is
known about elder abuse. Virtually nothing exists in the
literature about dependent adult abuse. This study examined
variables that would reveal some understanding of the

above. No specific outcomes or incidence levels were
hypothesized thus there were no dependent variables.

CHAPTER THREE

METHODOLOGY

Introduction

The study methodology used was quantitative post positivist. It was used because the study was exploratory and descriptive in nature, no hypothesizes were formulated, and linkages between variables (statistical casuality) were sought. Data were extracted from cases files and recorded.

Design

Consequently, the researcher used a secondary analysis design, instead of a survey design, because of time constraints and the potential harm that could have resulted had clients been confronted once again with abuse and neglect either perpetrated by others or themselves. The researcher determined that a secondary design would be beneficial for clients since future practice or services might be improved. Furthermore, the choice of the design would prevent clients from undergoing an interview process, which could resurrect highly emotionally charged experiences and risk further possible injury.

Procedure

Data were extracted from case records that were closed in San Bernardino's County Department of Aging and Adult Services Adult Protective Services (APS) program during the

period of September 1, 1999 to August 31, 2000. The sample
was drawn from the APS Automated System. Every APS case
closed during the sample period was first extracted and
listed. The total number of cases closed during that period
was 3,370. Next, any case that did not fall within the
prescribed framework was eliminated from the sample. The
only cases that were to remain in the sample were those
that were closed by either a Social Worker II or Social
Service Practitioners who had at least 6 months of
experience and training in Adult Protective Services. After
removing those cases that did not meet those guidelines,
2,671 remained. From those cases a random stratified sample
was obtained. The cases were stratified by district of
assignment, social worker and then by date of closure. The
selected sample consisted of 296 cases. Of those 219 were
reviewed. The remaining 85 case files were unavailable
either because the physical case file could not be located
or was assigned currently to a social worker, having been
reopened because of subsequent referrals of abuse or
neglect.

Again, the study was exploratory and descriptive and
as such had no independent or dependent variable. There
were no constants or comparison groups. The data collected
is reported as found, no hypothesis being predicted. As the
study period was during the first year that the State of
California has mandated that APS be provided in all

counties, there were no predictions for the findings. The study focused on case outcomes and services provided by staff. Variables regarding the client, perpetrator, and timeframes were gathered along with service outcome variables in order to develop a sense of what kinds of cases that San Bernardino County is receiving, the work that has been done, as well as the case outcomes that clients are experiencing.

Instrumentation

A data extraction tool was developed in order to obtain the needed information, which can be found in appendix A. San Bernardino County APS has developed an Automated System for case management purposes, but several key elements are missing from that system at this time. Enhancements have been requested from the county's Information and Technology Services Department, but they were not expected to occur prior to data collection. Certain data elements are contained within the APS Automated System, but would require significant changes in formatting in order for the researcher to gain access to the required data. Two key elements are missing from the Automated System, namely placement out of the home and remaining in independent living. It was decided that it would be more effective to glean the required information from the screen prints contained within physical case

records. This method accessed both the information held within a Word format, as well as the elements contained in the Automated System.

The data extraction tool was created for this study since it provides a structured format for extracting data from case records in the same manner for every case record. The tool met the needs of the research study since the variables covered all the outcome scenarios that were encountered.

CHAPTER FOUR

RESULTS

Frequencies, mean, median, mode, and standard
deviation were computed for all variables. Chi squares and
bivariate analyses were run between variables to determine
if any relationships existed.

Figure 4.1 shows the ethnicity of the clients that
were sampled. The clients in the sample were 64.8%
Caucasian, 12.8% Hispanic, 10.8% African American, 10%
Unknown, and 1.8% Other.

Figure 4.1 Client Ethnicity
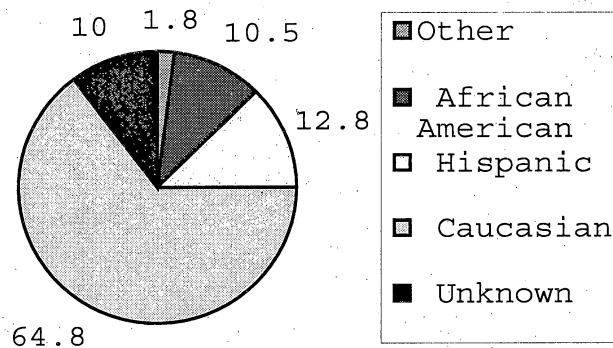
Figure 4.2 demonstrates the clients' gender of the
sample. Females made up 58.4%, males 38.8%, and 2.7% was
unknown.

Figure 4.2 Client Gender

2.7

38.8

58.4

Male
Female
Unknown
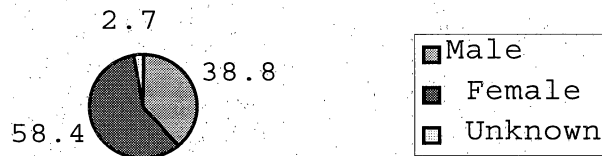
Figure 4.3 illustrates the age groups of clients of
which the sample was comprised. Among them, 34.7% would
fall into what is Old-old age, 75 to 100 years old, 21.9%
would be Late Adult or 60-74 years old. Middle Adult, those
34-59 years old was 19.2%, 6.4% were Early Adult aged 23 to
33 and 2.7% were Late Adolescent aged 18 to 22. In 15.1% of
cases the age of the client could not be determined.

Figure 4.3 Client Age by
Developmental Stages

6.4 2.7

15.1

34.7

19.2

21.9

Old-old age

Late
adulthood
Middle
adulthood
Unknown

Early
adulthood
Late
adolescence
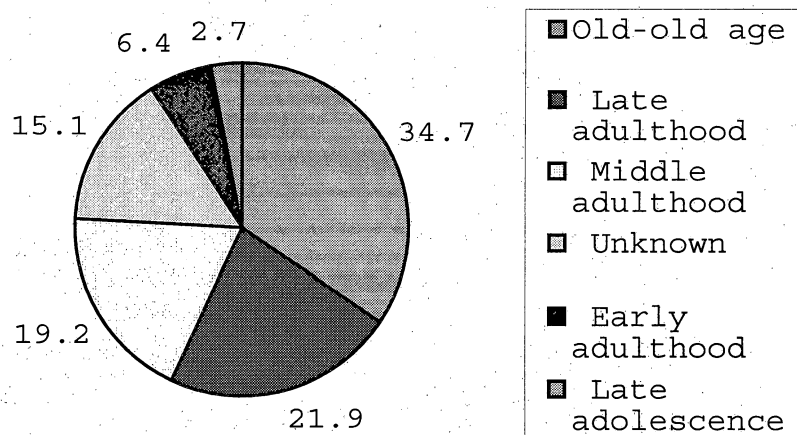
Figure 4.4 Client Linkage

▣	Frail elderly
▣	Physically disabled
☐	Mentally disabled
▣	Developmentally disabled
■	Brain impaired
▣	Acute hospital abuse
▣	Unknown
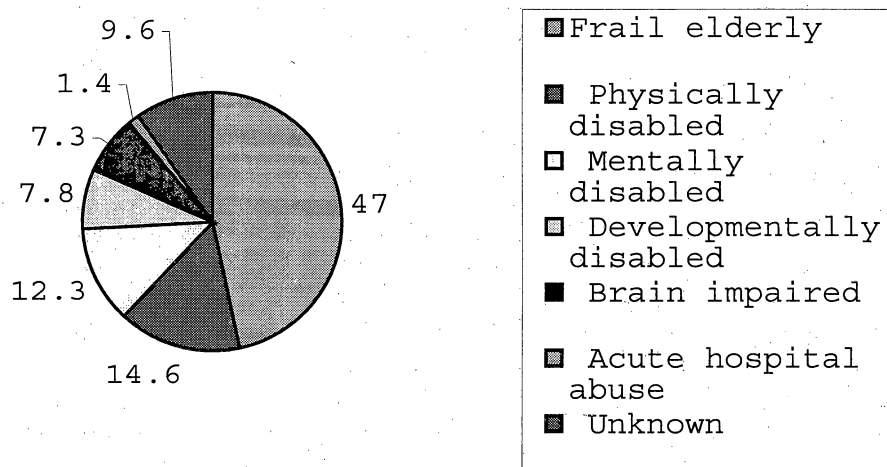
Figure 4.4 shows the linkage a client had to the APS

program. It illustrates that 47% of the APS cases sampled

were frail elderly. There were 14.6% that were physically

disabled adults and 12.3% were mentally

disabled adults.

Table 4.1, as seen in Appendix B, shows the types of

abuse that after investigation were confirmed, found

inconclusive, not reported, or also found. Of the 219 cases

sampled, the most frequently confirmed abuse was that of

self-neglect (21.9%), followed by neglect by others (7.8%),

self- fiduciary abuse (7.3%) and fiduciary by others

(5.9%).

34

Figure 4.5 shows the perpetrator's gender. Among

sampled cases that reported abuse perpetrated by others,

29% were male, 19% were female, and in 5% of

cases the gender of the perpetrator was unknown. In

47% of cases there was no perpetrator, types of self abuse

being reported.

Figure 4.5 Perpetrator
Gender

18.7   5

29.2   47

No perpetrator

Male

Female
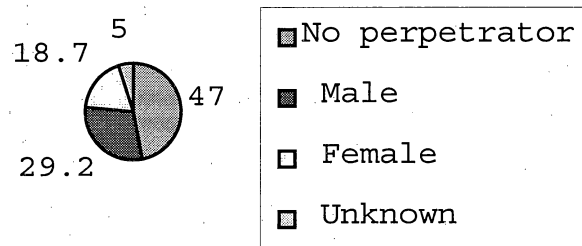
Unknown

Among perpetrators, the ethnicity was unknown on 33%

of the sampled cases. Available data showed that 14% of

perpetrators were Caucasian, 4% Hispanic, 2% African

American, and 0.5% other.

Figure 4.6 Perpetrator
Ethnicity

32.9

0.5
3.7
2.3

13.7

47

No perpetrator

Caucasian

African
American

Hispanic
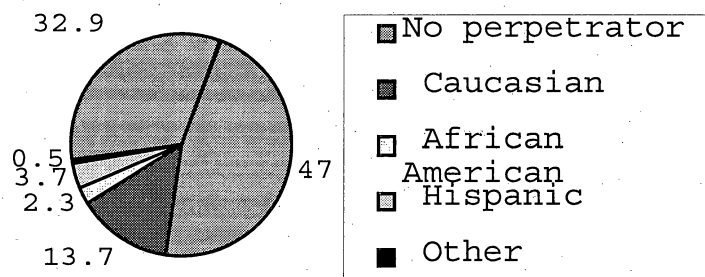
Other

The relationship between perpetrators and clients are reported in Figure 4.7. In 15.5% of cases, offspring were the reported perpetrator, care custodian 8.7%, other 8.2%, other relation 6.8%, and unknown 5%. Spouse and parent were

Figure 4.7 Relationship of
Perpetrator to Client
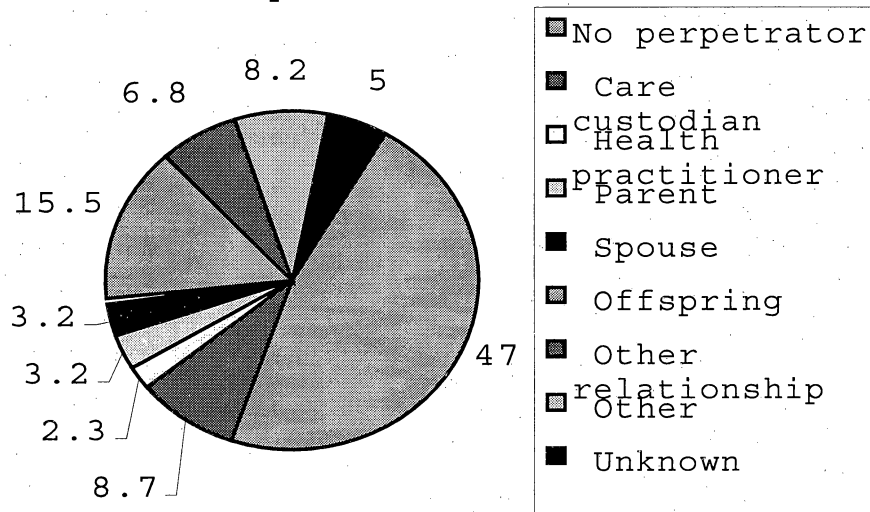
the reported perpetrator in 3.2%, while health practitioners were reported in 2.3% of cases.

The types of services provided during the APS investigation are illustrated in Figure 4.8. In 36.1% of cases a face-to-face interview was provided only and in 45.2% multiple services were provided. Multiple services could have consisted of any combination of services including a face-to-face interview, client advocacy, assistance with appropriate living arrangements, transportation, crisis intervention, family counseling,

provision of necessities, and referrals to other agencies.
In 9.1% of cases sampled there were no services documented
and in 8.7% the services provided were unknown.

Figure 4.8 Services Provided

8.7

9.1

36.

0.9

45.2

- Face-to-face
- Family counseling
- Multiple services
- none
- unknown
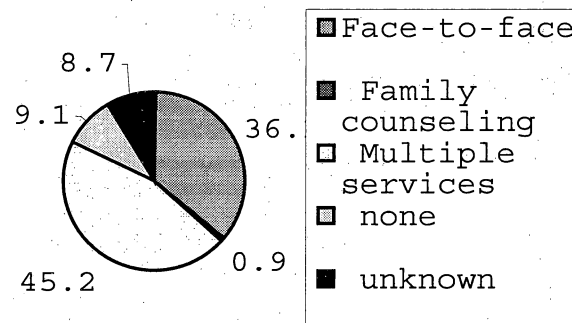
Figure 4.9 illustrates the number of face-to-face
contacts that the social worker made with the client. The
largest percentage had one face-to-face (47.5%), 16.4% had

Figure 4.9 Number of Face-to-face Contacts

10%

16%

19%

55%

- One face-to-face
- Two face-to-face
- No contact
- Unknown
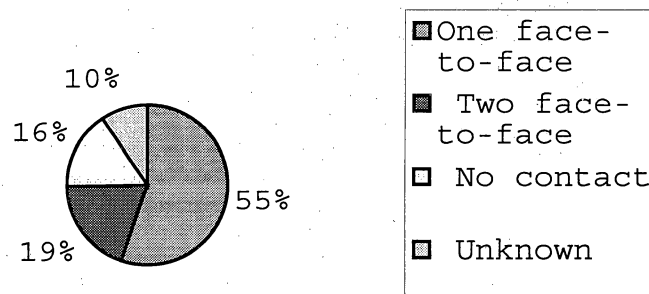
two, 13.7% had no contact, and in 8.2% the number was
unknown.

Figure 4.10 shows the outcomes that were recorded for
clients in the case closures. Among them 28.8% remained in
independent living after APS, 26.0% refused services, in
16.9% the outcomes were unknown. In the remaining cases
12.3% went into placement, 4.6% died, 3.2% moved in with a
friend, and other outcomes consisted of .5%.

Figure 4.10 Client Outcomes
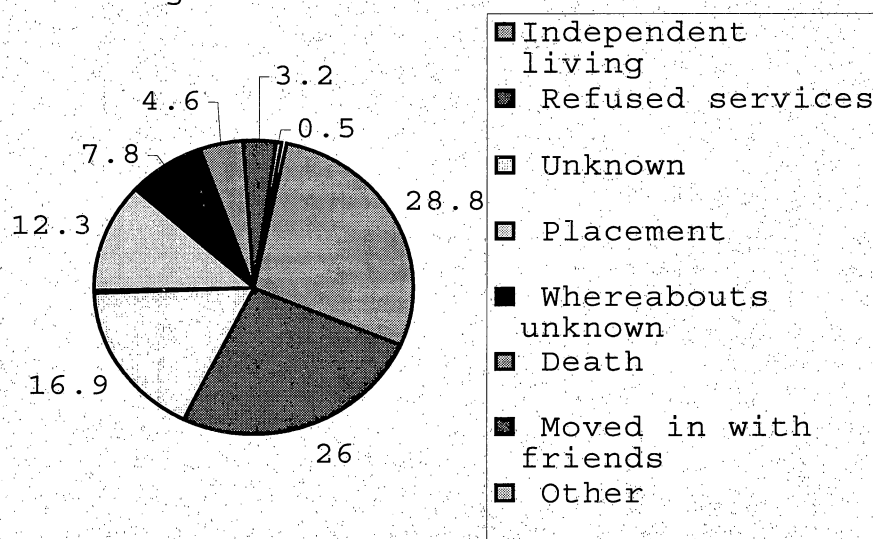
Figure 4.11 shows the types of placement that clients
experienced if that was the outcome. In 85.8% of cases
clients did not go into placement. Board and care was 7.3%,
skilled nursing facility was 5.9% and room and board was
.9%

Figure 4.11 Type of Placement

▨	No placement
▨	Board and care
☐	Skilled nursing facility
▨	Room and board

5.9
7.3
0.9
85.8
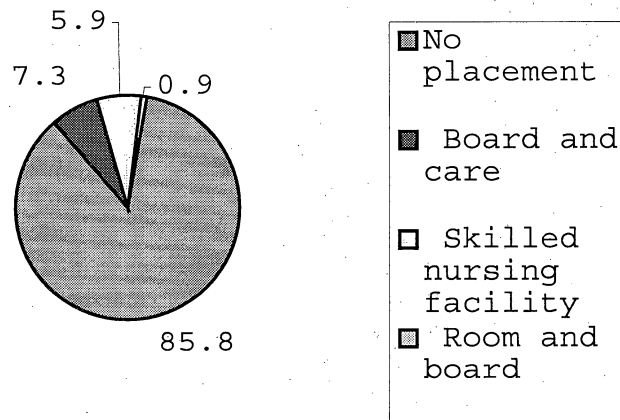
Among the sampled cases 69.4% of the cases had prior referrals. Figure 4.12 illustrates those findings. 16.4% had

Figure 4.12 Prior Referrals

▨	No priors
▨	One prior
☐	Two priors
▨	Three priors
■	Four priors
▨	Six priors

1.4
1.8
8.7
0.9
16.4
70.8
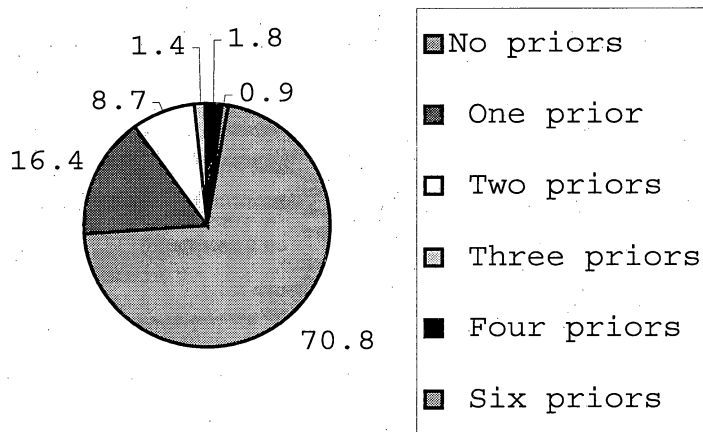
one prior referral, 8.7% had two.

Referrals made on cases that were subsequent to the case closure are reported in Figure 4.13. There were no subsequent referrals on 78.5% of cases, 15.1% had one

subsequent referral, 3.2% had two referrals, 1.4% had

three, .9% had four, .5% had seven and .5% that had ten.

Figure 4.13 Subsequent
Referrals
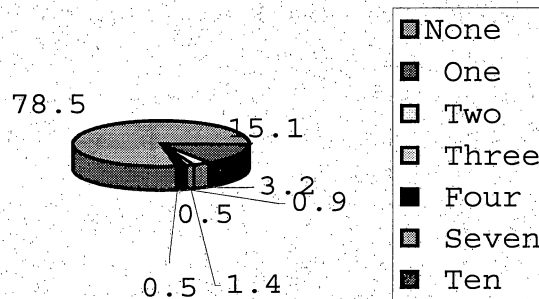
The classification of social worker assigned to APS

cases were Social Worker II's (44.3%) and Social Service

Practitioners (54.8%). After hours or emergency responses

were documented in 3.7% of the cases. Service plans were

present in 21.5% of the cases.

Chi squares and bivariate analyses were run to

determine if there were any relationships between

variables. None of the analysis proved to be significant.

CHAPTER FIVE

DISCUSSION

The results of this exploratory study described the outcomes and characteristics among the sample of APS clients whose cases were closed over a year. The data were drawn from documents contained within physical case files. What is interesting to note is the amount of data missing from the physical files. It is unknown if the information is contained within the APS Automation System or whether or not it has not been recorded. It is an interesting question since at some point the State of California will conduct an audit by reviewing case files. It is unknown at this time whether or not they will have access to the APS Automation System or to physical case files alone. This is a question that needs to be answered and some standard of practice developed in order to gain consistency among the regions and districts in the County of San Bernardino. Specifics regarding client demographics as well as those regarding perpetrators are important to track since such data could play an important role is developing service and training programs for staff.

Several of the findings are interesting since they are very different from the research that has been done in the field previously. One example is the age range of clients. While the largest majority of clients is among the very old

(75-100) there is a wide representations of clients from
other age groups. Other research has focused on APS work
with elderly clients alone, not including dependent adults.
California charges APS with investigating and providing
services to both elderly and dependent adults who
experience abuse, which is very different from that
reported by other states that only deal with the elderly.
This finding is important to note as practice with such
varying ages may require practitioners to have a wide range
of experience and training regarding aging issues,
developmental stages, and many types of disabilities.

Another finding that deviates from prior research is
that of the types of abuse that the elderly suffer. In this
study self-neglect, neglect by others, and self-fiduciary
neglect were the most often confirmed types of abuse in San
Bernardino County. One can also see by Table 1.5 that other
types of abuse were rarely reported by social workers as
``also found.'' This is in direct contrast to research that
has demonstrated that often one type of abuse is reported
but upon investigation other types are discovered. Some
researchers even suggest that elder abuse is not limited to
one type but more than likely several forms exist in a
household. Illinois in fact reports a large percentage of
financial abuse by others compared to this study, making up
49% of reports between October 1989 and December 1991.

As far as outcomes are concerned the results of the study demonstrates consistency with other research. The largest majority of clients remain in independent living after investigation (28.8%), followed by 26% who refuse services and 16.9% the outcomes were unknown. Illinois has found similar percentages of clients who refuse services. Their study could document that those victims that refused had less impairment compared to other reasons for case closures. It is unknown whether that would hold true for client refusals in San Bernardino County. The current study did not take into account the assessment of the client and their impairments, only that they had refused services. The Illinois study also had profiled the perpetrators and they appeared to be less likely to be substance abusing, mentally ill, or financially dependent on the victims than cases closed for other reasons. This study also did not have the information to determine such a finding. State mandates for case management were implemented at some point after the period of evaluation and an ``initial addendum'' must be done now regarding the family and household information which in the future can capture such information.

This study had a number of limitations arising from the use of secondary analysis design or case record. The use of secondary data limits the ability to generalize the findings to any other populations. The study could also be

limited by transference issues or unconscious biases that the social worker might have about aging, disability, abuse and neglect. Reliability issues play a factor since the researcher had to at times interpret written narratives by the social worker to determine outcomes. Another limitation included that a large percentage of the selected case records were not sampled because of their unavailability. Such records may have changed the findings.

Future recommendations include training staff in documentation and a standard of what terms mean on referrals, initial assessments, closures and narrative documentation. An example of this would be on what ``refusal of service'' means. In many cases social workers documented a refusal of service on the case closure but would narrate that they had given the client referrals to various programs. Does accepting a referral constitute a refusal of service?

Another recommendation would be to train staff on resistance when working with disabled adults and the elderly. As Neale and Hwalek (1997) pointed out, the APS caseworker should be prepared to deal with both the victims and the abuser's problems and in doing so more than likely reduce the likelihood of refusal of service.

There does appear to be little existing documentation in place for after hours or emergency service. This research reviewed case files six months after the

implementation of a 24 hour hotline and emergency services. Little documentation of such work was found. The reported number of after hours responses does not coincide with the current research. This could be attributed to a lack of documentation being sent to physical files, or the documentation exists on the APS database. It is unknown at this time if such procedures have improved. A follow-up focusing only on such cases that a worker had to respond on an emergency basis during the night, on weekends, or on holidays should be undertaken. Such cases could be singled out to determine if the documentation has been filed. Such research would be important to track since accurate record keeping could affect funding at some point.

Service plans are a similar issue. State guidelines regarding case management were developed and distributed during the study period. In 21.5% of cases there were service plans, but in the vast majority there were none. Service plans that did exist were often completed on cases that were closed because of a refusal of service or the client's whereabouts were unknown. At this time service plans are mandatory on cases that are opened and service provided. Follow up should be done to determine if there is compliance with service plans at this time.

This research is an important first step in identifying the demographics of clients and perpetrators as well as the type of services, how often workers are seeing

clients, how soon they respond and outcomes for clients. Several items should be studied again to determine if there is improvement. One is whether or not there is better documentation of after hours emergency responses. Another would be if the refusal rates are still high.

Future research is needed in this ever-growing field of practice. While this study has limitations and none of the findings were statistically significant it can still provide some guidance in designing future studies in APS, help to develop policies and procedures in policy and practice. It may also offer some directions in training staff and the implementation of programs.

APPENDIX A:

DATA EXTRACTION INSTRUMENT

Data Extraction Instrument

1.Case Number: _____   2. Assigned District_____

3. Clients DOB_____

4. Referral Date: _____   5. Closure Date: _____

6. # days before 1st face to face contact _____

7. **Client Link to APS**
    ____Developmentally Disabled
    ____Mentally Disabled
    ____Physically Disabled
    ____Brain Impaired
    ____Frail Elderly
    ____Acute Hospital Abuse
    ____Unknown

8. **Type(s) of Abuse (Confirm=1, Inconclusive=2, or Also Found=3, Not reported=4) :**

By Others–   Self-inflicted–
Physical (1,2,3)   Physical (1,2,3)
  Constraint/deprivation (1, 2, 3)   Neglect (1,2,3)
  Phys./chem. restraint, meds, isolation (1,2,3)   Substance Abuse
(1,2,3)
Sexual Assault (1,2,3)   Suicidal (1,2,3)
Neglect (1,2,3)   Fiduciary (1,2,3)
Abandonment (1,2,3)   Other
Mental Suffering (1,2,3)
Fiduciary (1,2,3)
Other

9. **Services Provided:**
    ____Face to Face Interview with client
    ____Client Advocacy
    ____Assistance with appropriate living arrangements

_____Transportation
_____Crisis Intervention
_____Family counseling
_____Provision of necessities
_____Referral to other agencies:

10. Outcomes:

_____Refused services
_____Whereabouts unknown
_____Placement
_____Death
_____Moved in with family/friend

11. If Placement, Level of Placement

_____Room and Board
_____Board and Care
_____Skilled Nursing Facility

12. Problem Eliminated (Yes/ No)   **13. Mandated Reporter** (Yes/ No)

14. Place of Incident:
_____Own Home
_____Home of Another
_____Community Care Facility

_____Nursing Facility
_____Hospital
_____Other

15. Client Ethnicity:
_____Caucasian
_____African American
_____Hispanic
_____Native American
_____Other

16. Client Gender: M or F

17. Perpetrator Gender: M or F

18. Perpetrator Age: ___

19. Perpetrator Relationship
_____Care Custodian
   Type_____
_____Health Practitioner
   Type_____
_____Parent
_____Spouse
_____Offspring
_____Other Relation

20. Perpetrator Ethnicity:
_____Caucasian
_____African American
_____Hispanic
_____Native American
_____Other

_____Other

21. Prior Referrals for client? Yes or No   **22. Number of priors** ___

23. Number of Duplicated Referrals?_____   **24. Number of Linked Referrals?** _____

25. Initial After-hours Response? Yes or No

26. Subsequent After-hours Response (s)? Yes or No

27. Total Number of After-hours Responses for this case? _____

28. Initial Responding Social Worker
Social Worker II _____
Social Service Practitioner _____
Supervising Social Service Practitioner _____
Not Applicable_____-

29. Additional/Transfer Social Worker
Social Worker II _____
Social Service Practitioner _____
Supervising Social Service Practitioner _____
Not Applicable_____

30. Closing Social Worker
Social Worker II _____
Social Service Practitioner _____
Supervising Social Service Practitioner _____
Not Applicable_____

31. Number of face to face contacts _____

32. Number of telephone contacts_____

33. Number of face to face attempts if refusal of service_____

34. Service plan yes/no

35. Initial Assessment Addendum yes/no

36. Subsequent referrals   yes/no

37. Number or subsequent referrals? _____

APPENDIX B:

TABLE 4.1 TYPES OF ABUSE AND PERCENTAGES OF STATUS

Table 4.1 Types of Abuse and Percentages of Status

	Confirmed	Inconclusive	Also found	Not reported
Perpetrated by Others				
Physical assault	5	10.5	1.4	83.1
Constraint/deprivation	0.5	1.8	0	97.7
Chemical restraint/medication	0.5	2.7	0	96.8
Sexual assault	1.8	0.9	0	97.3
Neglect	7.8	12.3	0.5	79.5
Abandonment	0.5	1.8	0	97.7
Mental Suffering	5	11	1.4	82.6
Fiduciary	5.9	12.3	0.9	80.8
Other	5.9	12.3	0.9	97.7
By self				
Neglect	21.9	14.2	0.9	63
Substance abuse	0.9	0.9	0	98.2
Suicidal	0	0	0	100
Fiduciary	7.3	5.5	1.4	85.8
Other	0.5	1.4	0	98.2

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