2002

Outcomes of adult protective service cases: Urban regions

Rebecca Ruth Stiltz

OUTCOMES OF ADULT PROTECTIVE SERVICE CASES: URBAN REGIONS

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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ABSTRACT

This study investigated the relationship between San Bernardino County Department of Adult Protective Services (APS) client refusal of services and the outcome of their cases. A data extraction tool was used to collect demographic information about the APS clients and their perpetrators, types and number of contacts made by the APS worker, types of abuse, reasons for refusal, and outcomes from closed APS cases for the San Bernardino, Ontario, and Rancho Cucamonga regions. A parallel study was conducted by Theresa Parrella for the Barstow, Needles, Victorville and Joshua Tree regions. Portions of Ms. Parrella study are similar or identical to this study for they were completed together. A comparison study will be conducted by APS utilizing both sets of data. The univariate and bivariate findings of the study are examined. The limits of the study are identified and the implications and recommendations for social work practice are explained.

ACKNOWLEDGMENTS

I wish to acknowledge and thank Dr. Rosemary McCaslin my research advisor, for all her assistance, guidance, support and understanding.

I wish to thank Mary Sawicki and all of her staff for allowing me to collect the data at their individual regional offices. They were all very helpful and accommodating.

Also I would like to thank my husband Raymond Stiltz and my children Melissa, Corrina, and Jeremiah for all their encouragement, love, and patience.

DEDICATION

I would like to dedicate this project to my mother Marrian Carole Schofield. Her problems with elder abuse at the hands of my sister, lead me in the pursuit of answers to this very public and private problem in our country today.

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INTRODUCTION

Problem Statement

Elder abuse and mistreatment have come to the forefront as a serious gerontological problem. Elder abuse is on the rise. As the baby-boom generation ages the prevalence of elder abuse will continue to increase. The results of the National Elder Abuse Incidence Study (1998)

> ...have shed new light on this significant problem with the finding that approximately 450,000 elderly persons in domestic settings were abused and/or neglected during 1996. When elder persons who experience self-neglect are added, the number increases to approximately 551,000 in 1996. (p. 1)

Add to this figure abuse in non-domestic settings, such as nursing homes and board and care facilities, and the number of elderly persons who are victims of abuse becomes even larger.

The exploitation of this vulnerable group may result in abuse that takes various forms including physical, sexual, emotional, financial and material abuse and neglect, abandonment, and self-neglect. Elderly people are easy targets. It is the frail elder in poor health that is most at risk for abuse (Zastrow & Kirst-Ashman, 2001).

These elders are more likely to be dependent on family members that assist them in daily living.

The perpetrator of elder abuse is most likely a family member. The National Elder Abuse Incidence Study (1998) states that "in most cases 90 percent of elder abuse and neglect incidents with a known perpetrator, the perpetrator is a family member and two-thirds of the perpetrators are adult children or spouses" (p. 1). Elderly people have the money or resources the children or spouses desire. The elder person is demoralized, belittled, beaten, neglected, or shunned into submission.

Elder abuse can occur in nursing homes, hospitals, mental hospitals, and board and care facilities. Private caregivers, service providers, and strangers may also perpetrate abuse.

Elderly persons are not likely to report the abuse themselves or accept intervention for a number of reasons. They may fear retaliation by the perpetrator. They do not want to be removed from their homes and placed in a board and care facility or a nursing home. They do not want to lose autonomy over their lives. In cases of self-neglect the elderly person may be confused, depressed or frail. Elderly victims may be unable or unwilling to report for many reasons including embarrassment, family loyalty,

physical, emotional, and financial interdependence with the perpetrator, fear of removal from the home, lack of capacity to recognize or report the behavior and social isolation (American Public Health Association Program Development Board, 1992). All of these factors can create unrealistic expectations about what will happen if they disclose the abuse. When cases of suspected abuse are reported to the county agency of Adult Protective Services (APS) and the social worker offers services to the elderly person, the services are many times refused. The services are refused for the same reasons the abuse is not reported in the first place.

Policy Context

Reports of elder abuse lack definitive findings on the prevalence of abuse and subsequent risk factors for maltreatment. Pillemer and Finklehor (1988) found that prevalence rates for elder abuse were 32 per 1000 population, but note that underreporting does exist and should be taken into consideration. This may not appear very high when compared with other forms of maltreatment such as parents abusing children. This does not imply that elder abuse is not a serious public policy issue that needs to be addressed.

Block and Sinnott (1979) identified three levels of policy consisting of nominal, procedural and material. Nominal, at the lowest level recognizes the existence of a social problem; elder abuse and maltreatment does exist. At this level social services are considered adequate and address the problem, yet historically this is not necessarily true. At the procedural level, bureaucratic attention focuses on the agency's procedures to deal with elders at risk. At the material level, assigning resources for specific purposes such as prevention, intervention, and research grants is the highest level of public policy.

Today "millions of elderly citizens have received services provided as a result of the 1956 Older Americans Act, the purpose of which was to assist them in maintaining independence and dignity" (Neale, Hwalek, Goodrich, & Quinn, 1996, p. 502). In 1987, the Older Americans Act was amended and the Elder Abuse Prevention Activities provision was created. States were mandated to develop public education and outreach activities to identify abuse, exploitation and neglect of the elderly. States were also required to establish procedures for the receipt of and investigation of elder abuse reports.

States have a wide variety of definitions of what constitutes abuse and neglect of the elderly. According to

Salend et al. (1984) the variation in definitions causes state residency to be the most important factor in determining whether one is an abused elder. Those covered by each state's legislation varies as well. Included by some states in their protection legislation are adults who are impaired, disabled or incapacitated; by other states they are excluded. State laws regarding penalties for non-reporting and who has to report elder abuse also vary widely.

With the passage of California Senate Bill 2199 in September 1998, counties are now required to provide Adult Protective Services. The bill mandated the reporting of all types of abuse. Counties were required to set up 24-hour hotlines and to provide emergency response. The new law provided for tangible and social services for victims of elder abuse.

Practice Context

Adult Protective Services is identified as the primary professional agency that provides intervention for abused elders. APS seeks to invoke services that represent the least restrictive course of action. APS accomplishes this goal by providing education about what constitutes elder abuse to the client, offering information about the clients options, empowering the client to make their own

choices, and by recognizing the client's right to self -determination. APS social workers uses family preservation and case management while utilizing an ecological systems approach and social constructionism approach to interventions, thereby helping the elderly person overcome their abusive situations. The safeguarding of individual rights while enhancing individual functioning is a priority of APS. Specific tasks of agencies vary from state to state. Policy that improves public awareness of elder abuse issues for the public and professional community is identified as one of the most frequent tasks of APS. These include identifying the potential victim at risk and assessing their eligibility for services, locating alternative living arrangements, and working with other federal, state, and private agencies to enhance and promote positive change for the elder (Pierce & Trotta, 1986).

One of the goals of APS social workers is to increase awareness of the problem of elder abuse and its resulting harmful consequences. APS seeks to investigate reports of abuse, assess client needs, provide resources or services to victims or elders at risk, and to pursue legal action against perpetrators, if necessary.

APS also informs and educates various members of the community, family members, and the client or individual at risk. Many professionals, agencies, and programs in the community work cooperatively with APS to provide resources and supportive services to elders and their families. In San Bernardino County, APS forms Multi-Disciplinary Teams (MDT's) with law enforcement agencies, health organizations, legal agencies, physicians, nurses, nursing homes, hospice, programs such as Meals on Wheels, Senior Companion, and with an assortment of other local agencies. MDT's provide a forum for discussion of issues regarding elder abuse and neglect, community resources and services, and provide education on elder abuse signs and reporting procedures. Multi-disciplinary teams serve to protect, empower and advocate on behalf of the elder.

Purpose of the Study

The purpose of the study was to determine what happens to those clients who refuse interventions and to determine the outcome of these cases. The focus of the study considered the influencing factors that cause elders to refuse services, particularly when intervention is offered more than once to the same client.

Each time a referral is made to APS for suspected abuse or neglect the elderly person is put at greater risk for abuse. Bergeron (2000) states that "practitioners charged with conducting investigations and intervening in founded cases of elder abuse practice within the framework of the laws in which 'establishing procedures for reporting, investigating, and treating elderly abuse cases' (Wolf, 1996, p. 90) remains problematic" (p. 1). According to Brandl (2000), "understanding the dynamics of power and control can help professionals intervene in cases of elder abuse more effectively, breaking the fear-filled isolation of victims and ensuring their safety" (p. 1). The elderly person's fear level increases as well as the level of abuse with each subsequent referral. The cycle of abuse has many similarities with domestic violence. The elderly person can be accused by the perpetrator of causing trouble and retaliate toward the victim. By accepting service the first time they are offered the elder person can be spared further abuse and APS would save money by not having to investigate repeated referrals.

The study covered the Rancho Cucamonga, Ontario, and San Bernardino regions of San Bernardino County Department of Adult Protection Services. A parallel study was

conducted by Theresa Parrella and covered the Joshua Tree, Needles, Barstow and Victorville regions. The study concept and literature review were developed as a team effort, but the data were collected separately, so some portions of the two projects are identical. APS plans to compare the data sets from these two studies for further analysis. The study used the APS automated system and closed cases files to protect the elderly person's confidentiality and to prevent any further harm to them by bring up the incident that brought the elderly person to APS attend.

The study utilized closed case records to protect the elderly person from additional harm and involvement for another outside person. Studying the clients in this way also protects their confidentiality.

Significance of the Project for Social Work

Meaningful research on interventions and outcomes can lead to informed social work practice, enhanced social policy and planning, and program development. Research can lead to developing more uniform criteria for defining elder abuse throughout APS agencies and across states. It can help to formulate strategies for prevention and interventions that will result in positive outcomes. APS

in San Bernardino County as a result of this study may require their social workers to have additional training on how to work with resistant clients. This would enable them to provide improved services and outcomes for those clients who refuse services.

Useful information derived from meaningful research could result in changes regarding staffing and budgeting. For example, hours dedicated to each case may be increased; uniformity in reporting procedures among agencies and across states may help in recognizing common factors present in cases with successful outcomes. Sufficient money to support local, state, and federal programs can help in identifying and forming a data base network of responses and supportive services for dealing with the problem of elder abuse.

APS is often the first organized response addressing the problem of elder abuse. By understanding what happens to those clients that refuse interventions and determining what are the outcomes of those cases, new approaches to dealing with resistant clients may emerge as a result of this study.

CHAPTER TWO:

LITERATURE REVIEW

Introduction

Relevant literature regarding elderly clients' refusal of services, the reasons for refusal and the outcomes of these cases is sparse. Some of the reasons identified in various studies for refusal of services have been: 1) the public does not understand what services APS offers; 2) the public does not understand what elder abuse is and how to recognize it; and 3) the way in which the public defines elder abuse is directly related to its cultural understanding of what is defined as acceptable or unacceptable behaviors toward elderly people. The cycle of violence theory, ecological, role, systems, situational model, social exchange, symbolic interaction approach, and feminist theory will be examined to identify how they were used to understand elder abuse and the conceptualization of the study. An overview of some of the APS issues arising when dealing with elderly clients who refuse services are examined. The roles of the social worker when working with elderly clients who refuse services are explored and finally the prevalence of elder abuse and outcomes for APS interventions are reviewed.

Prevalence and Outcomes

Historically, it has been difficult to substantiate the incidence of elder abuse. There is a lack of formal criteria for the evaluation of abuse. For example, definitions of abuse vary from one state to another. The varying definitions create inconsistency in what is recorded as elder abuse. This can generate an under representation of the actual prevalence of this significant social problem.

The actual prevalence of elder abuse in the United States is unknown. According to Toshio (1996) in 1996, it was estimated that there were between 820,000 and 1,860,000 abused elders in the country (as cited in National Crime Victims Rights Week, 2001). Much of the research has focused on causal factors, definitions, incidence and prevalence of elder abuse. An emerging concern is that there are a lack of empirical studies that focus on interventions and outcomes (Lithwick, Beaulieu, Gravel, and Straka, 1999).

Research at the local level has been minimal. Data from programs within San Bernardino County such as Special Circumstances, APS Tangibles, Community Service Department, and Ombudsman Program are not currently in the computer system. In the recent past, one program has been

unaware of what services the other program has provided for the same client. Lack of information regarding services provided between agencies can create a host of problems. For example, in some cases there may be a duplication of services or a lack of appropriate services.

Recently, several programs within the agency that provide assistance to elders, such as Linkages, APS, and In Home Supportive Services, have coordinated their efforts by linking specific information regarding case files on the computer. Uniformity of reporting and documentation can help to establish patterns of what types of abuse are predominant, what interventions were used most frequently, and which resulted in positive outcomes or resolution of issues. It can establish a statistical timeframe in which one can look at the number of reports made, what programs are more effective than others and why, help to identify what factors or characteristics of a program influence a client's ability to resolve problems, and evaluate and compare specific interventions with clients across agencies. These programs are currently working on pooling their resources to provide needed services to elders.

Regarding outcomes, San Bernardino County has had at least one survey of client outcomes in Adult Protective

Services (Brown, 2001). APS agencies within San Bernardino County have expressed an interest in a study of interventions and outcomes but lack the time, money and personnel needed to accomplish this.

One small study found statistically significant differences regarding the abuser's age, etiology of the abuse, the prevalent interventions used, length of time of abuse, and subsequent outcomes (O'Malley, O'Malley, Everitt and Sarson, 1984). Data were quantified using the OARS Multidimensional Functional Assessment form, an instrument that allows for detailed comparisons of cases.

Of the twenty-two cases, subjects fell into one of three categories based on needs: extensive with inadequate services by family members, extensive with inconsistent care, and independent with some need for services. Outcomes were grouped in categories of being resolved by any means, unresolved, and resolved by placement. Although the study allowed comparison of cases, it was restrictive in categories and outcome.

Another meaningful study of interventions and outcomes is Project Care, a three-year research project supported by Health Canada. The findings identified abuse alert signals and specific problems that needed intervention. The results of the research indicated that

typical abuse was characterized by a troubled caregiver having difficulty interacting with others and elder victims that have been abused in the past due to a lack of social support. Abuse was strongly correlated with a caregiver's emotional and personal problems, a lack of knowledge of the elder's problems, and due to financial dependence of the caregiver on the elder. This profile is an indicator of a situation that warrants further investigation and intervention (Reis, 2000).

State and National Studies

Several studies have focused on elder abuse at the state and national level (Block and Sinnott, 1979; Lau and Kosberg, 1979; Pillemer and Finkelhor, 1988; Poertner, 1986; Tatara, 1989). One national survey of APS programs and sentinels utilized documentation systems and risk assessment protocols. The study, known as the National Elder Abuse Incidence Study (NEAIS), supports the "Iceberg Theory" of elder abuse (Administration on Aging, 1998). Under this theory, reporting tends to be limited to the most visible types of abuse while other incidents go unidentified and under reported. The primary goal of the study was to estimate the incidence of domestic elder abuse in the United States. The study concluded that for every case of substantiated abuse there are five cases

that are not reported (Administration on Aging, 1998). The United States Department of Health and Human Services, Administration on Aging's National Elder Abuse Incidence Study did not look at the number of incidents; if there were more than one incident reported for an individual they were not included. If the actual number of incidents regardless of the identified client had been included the total number of incidents of elder abuse and neglect would have increased significantly for the year 1996. An elder person can be referred to APS for more than one type of abuse or neglect and have multiple perpetrators, which can lead to many referrals on the same client. According to Wolf (2000),

> ...as one of their tasks under the new National Center on Elder Abuse, the National Committee for the Prevention of Elder Abuse and the National Association of Adult Protective Services undertook the development of a Research Agenda on Abuse of Older Persons and Disabled Adults. Listed as the fourth highest ranking research topic was, What happens to those clients that refuse services and What are the outcomes of these cases? Tenth in the Ranking was, What would victims have liked APS to have done differently? (p. 1)

These questions can be linked to why elders refuse interventions.

Elder Abuse

Compared to spousal or child abuse, elder abuse is not as well recognized. Society is not as informed about the dynamics and characteristics surrounding the various types of elder abuse. They are unfamiliar with services that are available to the elder at risk, the victim, and their families. Research suggests that as a health and social issue, many situations of elder abuse are never reported. Victims may refuse help, abuse may reoccur, or intervention may have a negative outcome (Wolf, Godkin, and Pillemer, 1984; Simon, 1992; Anetzberger, 1995).

Moon (2000) discusses perception and cultural factors that effect the risk of abuse and different approaches to the problem among different ethnic populations. Moon and Williams' (1993) study revealed that elder respondents considered three factors when deciding whether or not a given situation was defined as abusive: circumstantial factors including the availability of alternative actions, the intention of the perpetrator, and the nature of the possible abuse act. Failing to consider perception and cultural factors regarding elder abuse can result in a failure of professionals to provide interventions that are responsive to the needs of the elderly, to intervene when intervention is required, and to effect outcomes.

Hudson and Beasley (1999) examined elder abuse and elder neglect from the perspective of various cultural groups in order to understand the meaning of these phenomena to the groups. Pulling data from a larger study Hudson and Bealsey (1999) studied African American from four different counties and regions of North Carolina. The responses from the four groups were compared against one another to see if there were similarities or differences in the perception of elder abuse. The authors found that African Americans share some commonalties and some differences in their views of elder abuse and their perceptions of what is elder abuse. Knowledge of norms and perceptions of elder abuse from various cultures would be helpful when investigating and offering services and would decrease the likelihood that services would be refused.

Human Behavior in the Social Environment Theories Guiding Conceptualization

Some causal theories attributed to domestic elder abuse include caregiver stress, personal problems of the abuser, the cognitive impairment of dependent elders, and the cycle of violence theory (Tatara, 1995). Caregiver stress can occur for several reasons including as a lack of time, energy, and finances needed to care for the

elder. Adult children may find themselves in situational abuse when dealing with the limitations of the elder such as physical impairments. A contributing factor to abuse is increased dependency on the caregiver. The theory of the cycle of violence holds that violence is a learned behavior that may become generational. The family member who is the primary caregiver may have been abused in childhood and now as an adult child caring for the parent, the abuse is reversed.

One theory that guided this study is the ecological point of view. Dunkle and Norgard (1995) suggest utilizing the person-in-environment (PIE) approach, developed by Lawton and Nahemow (1973) to examine a client's environment, family, and needs. This perspective emphasizes focusing on client strengths and subsequent adaptation to their environment. Comparing the client's social, physical, and psychological functioning with their surrounding environment can help to maximize client functioning, leading to a more positive outcome. For example, if a client is able to perform most of their Activities of Daily Living (ADL'S) but needs assistance with housekeeping chores, shopping, and transportation, hiring a private provider to come into the home to assist in or perform these duties could minimize caregiver stress

of the adult child. As a result, this can reduce the risk of the elder being abused or neglected. The PIE perspective helps the elder to enhance and develop skills, which may increase their concept of individuality, competence and well-being (Zuniga, 1995). For continued growth and development of the elder while sustaining or enhancing their environment, this theory emphasizes the concept of goodness of fit (Germain and Bloom, 1999). This concept incorporates the individual's needs, aspirations, and capabilities with their sociocultural and physical environment.

Role theory analyzes the various roles an elder individual may experience throughout their life span. The elder's status and position in society evolves over time and adjustments are made accordingly. Elderly people are seen as having less status and value in relation to the rest of society. They are not actively contributing to the production of goods and services and not viewed as a necessary component. Elderly people are not revered for their knowledge and wisdom as in past generations. This lowering of status and value of the elderly person by society contributes to elder abuse. The elderly person who views themselves as less valuable and necessary may succumb to abuse. Delon and Wenston (1989) suggest that

intervention strategies for new role formation can increase the likelihood of a more positive self-perception while minimizing the likelihood of depression. By changing the way in which the elder person views themselves and helping them to realize that they do not have to tolerate the abuse they are less likely to refuse APS interventions.

Systems theory and a holistic approach to human behavior may also be meaningful in social work practice with abused elders. Systems theory applies to the fear the elderly person has toward revealing abuse and accepting interventions. The institutional system is going to change what the person already knows how to deal with and will put the elderly person at the mercy of the system. The social worker will not be available twenty-four hours a day to protect the elderly person, if the perpetrator decides to retaliate. Being alone and not knowing what will happen creates fear. The elderly person could be pulled from their home and institutionalized for their own protection if they accept the intervention. The elderly person fears they will lose their own home. If the elderly person accepts intervention, the loss of their autonomy could be realized as they feel the pressure from the social worker to do what they want the elder person to

accomplish. Not knowing what will happen can create more stress and be more detrimental than remaining with the perpetrator.

According to Lithwick et al. (1999) there is no one particular theory that has evolved to serve as the dominant model for interventions. Theories such as the situational model, social exchange theory, the symbolic interaction approach, and the feminist model focus on the etiology of elder abuse and neglect (National Clearinghouse on Family Violence, 2001). A study in Canada provided a list of effective interventions for both victims and perpetrators by investigating similarities and differences in elder abuse cases (Lithwick et al., 1999). This study identified the most prominent interventions as medical services, in home supportive services, private services, day treatment programs and respite services. Lithwick et al. (1999) state that these interventions, in conjunction with placement of the victim or perpetrator, psychiatric intervention, and providing legal services were identified as the most successful in reducing or stopping physical abuse but not psychological abuse.

Refusal of Adult Protective Services

Many clients referred to APS refuse services and subsequent referrals are made for these clients. An APS social worker can return to investigate suspected abuse or neglect numerous times before services are accepted voluntarily or are furnished on an involuntary basis.

Neale and Hwalek (1997) studied reasons for case closures among substantiated reports of elder abuse. The study examined 2,679 substantiated reports of elder abuse from the Illinois APS. The most common reasons for case closures were no longer being at risk (34.5%), followed by long-term care placement (21.4%), administrative closure (14.2%), victim refusal of services (12.3%), and victim's death (12%). Neale and Hwalek (1997) found a distinct profile of victim and abuser in cases closed because of refusal of services. The victims were less likely to have impairments compared to those with other reasons for case closure. Abusers in these cases were more likely substance abusers or mentally ill and were less likely to have caregiving responsibilities or be financially dependent on their victims. In addition, refusal of services was the only type of case closure related to an abuser's substance abuse.

Nerenberg (2000) discusses the underlying causes or motives of abuse and the service needs of elder abuse victims from a protective services model approach. Victims refuse services for a variety of reasons including ambivalence, despair, fear and shame. APS social workers, as a result of the client's refusal to accept services, must leave vulnerable clients in potentially dangerous or unhealthy settings. Nerenberg (2000) states that APS workers and programs have been targets of frequent and intense criticism from the public and even their colleagues, who fail to understand that the mandate of APS is not only to protect the safety, health, and security of clients but also their civil liberties as well. Clients have a right to autonomy and self-determination.

According to Goodrich's (1997) evaluation of a national survey of APS programs completed in 1996, it was determined that "the victim's risk of further harm sufficiently reduced" and "victims no longer need protection services" are positive outcomes in contrast to "victim refuses APS interventions or services" (p. 81). Refusal of services is a lost opportunity to assist the victim in addressing an abusive situation and avoiding possible further harm. A high victim refusal rate could mean that a program is not offering the type of assistance

or interventions needed by the abuse victims and that supervisors and caseworker may need additional training in working with resistant clients (Goodrich, 1997). Reasons for case closure is the most common client outcome measure, while reporting and substantiation statistics serve as a primary criteria for achievement of program goals for APS (Goodrich, 1997).

Role of the Social Worker with Those Who Refuse Services

According to Wolf and Pillemer (1986) early research on elder abuse provided documentation regarding characteristics and situations of both victim and perpetrator. Through a review of the literature they found that initial research efforts were methodologically flawed and were hampered by small sample size with few cases, inconsistent terminology of abuse and neglect, unverified suppositions about prevention and treatment, and a lack of a well-controlled analysis of the subject matter.

In 1980, the Administration on Aging requested Congress to support Model Projects on Elderly Abuse. These models provided casework services to the abused elderly and their families. These projects were to coordinate services as well as educate the community. A grant was

later established to evaluate these projects and make recommendations. The study recommended organizing a community response system whereby agencies would have a flexible approach, coordinate services and agency efforts, and be creative in overcoming the barriers that hinder service delivery. The purpose is to develop linkages among several organizations to produce a well-organized human service system necessary for effectively working with difficult cases.

Most states established a network of agencies to confront elder abuse and neglect at the local level. These agencies consisted of social and legal services, health and mental health facilities, police, courts, and other agencies. A social service agency such as APS is best suited for case management of services to reduce and eliminate elder abuse cases. The responsibility is given to one individual within the agency rather than to an entire agency or coalition of agencies.

Separation and support became the two broadest approaches advocated by researchers. The primary goal of any strategy is to protect the victim from further abuse. When intervention is reduced to one strategy of removing the elder from the home, separation may not be in the best interests of the victim or the abuser. There is a need for

designing a long-term intervention strategy by providing support. Support may include financial, psychological, medical, social, and physical assistance provided for the abuser and/or victim. Extensive professional in home support including assistance in education and skills training may help prevent or stop caregiver perpetrated abuse.

These traditional approaches have been reframed since the recent increase in clients that refuse services. The role of the social worker has been understated regarding the outcome of the process. Emphasis has been placed on voluntary mutual relationships. In cases where elderly clients refuse interventions, social work techniques to bring about desired changes bring about the dual mandate of APS. The objective is to maintain the client's freedom of choice while keeping the client safe. Social workers actions fall into one of five categories of influence when dealing with elders that refuse intervention. These categories include use of the relationship, positive inducement, coercion, persuasion, and manipulation of the environment (Abramson, 1991).

Use of Relationship

APS seeks to influence the client to change. The more successful the worker is in establishing rapport, the more

susceptible the client becomes to the social workers' influence. The foundation for establishing trust with the elder who refuses services is through talking and sharing feelings, listening attentively, and being dependable, that is, to show up when agreed upon.

Positive Inducement

Elders must believe that the resources available are important. Implementing rewards reinforces desired change in the elder client. For example, the worker may support the elder's desire to continue to live alone if he or she agrees to have a home care provider come in several days a week thereby preventing self-neglect.

Coercion

Social workers implement coercion techniques for elders who refuse to comply with requests or accept interventions. This technique is applied with sufficient force, taking the form of a threat through deception. For example, if the elder refuses to take his psychoactive medications the social worker may state that she can take him back to the hospital even if he or she refuses to go. According to Childress (1982) when this occurs and the protective service worker believes that the client's welfare should take precedence over the client's autonomy, the worker may act 'paternalistically' to try to influence

the client to do what it is the worker thinks is in the client's best interest (as cited in Abramson, 1991). APS dual mandate to make the client safe and to maintain their freedom of choice is called into question with this type of client.

Persuasion

A social worker utilizes communication skills, knowledge, and expertise through the process of persuasion. When presenting information to the elder, the worker may not tell the client that he or she can refuse to accept services. Withholding information may increase the likelihood of the worker's ability to persuade the client. According to Pincus and Minahan (1973) "the willingness of the client to go along with the worker may be based on the client's conviction that the worker is correct, the client's appraisal of the worker's expertise or the client's acceptance of the legitimacy of the workers request" (as cited in Abramson, 1991, p. 129). The client's appraisal may be based on persuasive deception.

Manipulating the Environment

The worker can influence the client to accept services by manipulating his or her physical and social environment. Here a worker can structure the environment to elicit particular behaviors. For example, to avoid

isolation for the elder living in a complex for seniors, the worker insists that the housing project may require that at least one meal to be eaten in a communal area.

The use of any form of influence brings forth the question of the social workers' ethics. The relationship with the elderly client who has been brought to the attention of the APS worker indicates that there is an imbalance of power between the two. Abramson (1991) states that elderly persons and most particularly those who have been brought to the attention of adult protective service workers have suffered a series of losses in which their relative power "vis-à-vis their social environment is gradually diminished until all that remains of their power resources is the humble capacity to comply" (Dowd, 1979, p. 104 as cited in Abramson, 1991). The potential for abuse and the risk of harm needs to be evaluated prior to implementing any form of influence. The goal is to utilize the least restrictive methods without jeopardizing the elder's values and goals.

Summary

The literature review examined studies of the public understanding of what elder abuse is and attitudes regarding cultural definitions of acceptable and

unacceptable behaviors toward the elderly. Several theories were used to focus the conceptualization of the proposed study. Issues relating to the prevalence and outcomes of APS interventions were identified. The roles used by social workers when working with a client who refuses APS services were discussed. Reviewed were issues relating to dealing with elderly clients who refuse services. Very little research has been done that relates to refusal of services and none was found that relates to the outcomes of the cases where APS services were refused.

CHAPTER THREE:

METHODS

Introduction

This chapter will further explain how the study design was developed, the purpose of the research project and the limitations of the study. The procedures for drawing the systematic random sample and the criteria that were used to select the closed APS case records will be examined. The ways in which the confidentiality of the clients represented in the case files was protected will be explained. The use of a variety of descriptive, univariate and bivariate statistical analysis will be identified.

Study Design

The purpose of this research project was to explore and examine what happens to abused and neglected elderly clients who refuse Adult Protective Service interventions. The questions being asked by this research project are "What happens to those clients who refuse interventions and what are the outcomes of these cases?" These elderly clients may continue in the abusive and neglectful situation or may change their outlook and situation as a result of the contact with APS. This research used a

secondary analysis design because of time constraints and the desire to avoid further harm to the elderly clients by having to confront them again about the abuse and neglect and their refusal of services.

The study utilized closed case records and the APS automated computer system for the San Bernardino, Ontario and Rancho Cucamonga regions of the San Bernardino County Department of Adult Protective Services. The population consisted of both males and females, ages 18 years old and older. There were no exclusions of socio-economic status, religion, ethnicity, education, acceptance of services or who the perpetrator of the abuse was. The list of client's was obtained through the APS automated system. Various regions were targeted to increase the representativeness of the sample. A data extraction tool was developed for data collection to provide consistency in the way that the information was interpreted and recorded.

The limitations of this research project included the researcher's own bias of wanting to identify fear as a major factor for the refusal of services. Some of the data for variables that may have been relevant to the study were not found in the case records or the APS automated computer system. There were data missing from case files or was it entered in the APS computer system differently

than the way it was found in the case record or it was omitted completely. Additionally, the caseworker's interpretation of why the client refused services had to be reclassified due to the wording of the various reasons. Clients who had refused services previously, but had an open case during the actual research period were not included in this project and may have offered additional information relevant to the study. The data extraction tool had not been used with other studies therefore, information on its reliability or validity were not available. The questions being asked by this research project are "What happens to those clients who refuse interventions and what are the outcomes of these cases?"

Sampling

The sampling frame for this research project was the San Bernardino County Department of Adult Protective Service's client population. This was a convenience sample because the case records already existed. The APS automated computer system drew the systematic random sample of 80 cases which had a referral opened in the San Bernardino, Ontario or Rancho Cucamonga regions during the period of time from January 1, 2000 to January 31, 2001. Four of the 80 cases were not included in the data set

because they were missing or had an open referral at the time the data was collected. The age group of 18 to 100+ was utilized as a part of this research project. APS determined the age grouping.

Data Collection and Instruments

A data extraction tool was developed to collect the needed information, and can be found in the Appendix A. Studies that looked at refusal of APS interventions have not been found. The studies that were located gave general ideas for demographic variables, such as age and gender. All of the necessary information was not found in the APS Automated System and was then gleaned from the actual case records. If the data was different in the case file and the APS automated system the data was retrieved from the case file. A data extraction tool provided a structured way to extract the same information from each case record.

The strength of this data extraction tool was that the information in every case was interpreted and recorded in the same way. The limitations of the instrument were that it had not been tested before by another study. There was the question of whether it would test what the research project is trying to capture, namely whether

those who refuse intervention have outcomes that are better or worse as a result of the refusal.

The data extraction tool was given to the APS Director and two Deputy Directors and Susan Brown for their review. Susan Brown is the researcher and author of a study done in 2001 that looked at Client Outcomes in the Adult Protective Service System for the San Bernardino County, upon which this study is based. They requested religion, primary language and physical\psychological health be added to it. They also suggested that the variables number of children, and last grade completed for the client and perpetrator might not be found.

This research project focused on the independent variables of age, gender, ethnicity, last grade completed, medical\psychological health, place of birth, martial status, number of children, primary language, living situation, type of abuse, type of housing, income level, and setting where the incident occurred. Independent variables about the perpetrator of the abuse were the perpetrator's relationship to the client, whether the perpetrator was known to the client, age, gender, ethnicity, last grade completed, whether dependent on the victim, presence alcohol or substance abuse, and access to the victim. Additional independent variables were the type

of services offered, prior referrals, number of prior referrals, subsequent referrals, the number of subsequent referrals, total number of referrals, the number of contacts with APS worker, the number of times services were refused and the reason for refusing the interventions. The dependent variable was the outcomes of the cases.

The level of measurement is interval for the variables referral date, date referral closed, age, last grade completed, perpetrator's last grade completed, number of children, and income level. Also at an interval level of measurement were the variables number of prior referrals, number of subsequent referrals, number of face-to-face contacts, number of telephone contacts, number of collateral contacts, number of mail contacts, number of attempted phone contacts, number of attempted face-to-face contacts, and the number of times services were refused. All other variables are at a nominal level of measurement.

Procedures

Data were extracted from case records from San Bernardino County Department of Aging and Adult Protective Service that were closed during the period of January 1,

2000 to January 31 2001. The random sample was drawn through the APS Automated Computer System. The APS Automated System assigned a file number to the case files. The APS file numbers was recorded on the list. Each file number was assigned a research project identification number from 1 to 80. The data was collected from the referral with the date closest to January 1, 2000 for multi-referral date case records.

A list of APS file numbers selected by the random sample was forwarded to the individual offices for the three regions. Data collection was conducted at the individual regional offices. Case files matching the file numbers were pulled by the offices for data collection and refiled after the data collection process. Case files that were reopened for new referrals of abuse or neglect were not included in the study. Case files that were not available were also not included in the data set. Added to the data extraction tool during data collection were the number of mail contacts, number of attempted phone contacts, and number of attempted face-to-face contacts. Data related to religion, place of birth, and last grade completed for both the client and perpetrator were not found in the case files or on the APS computer system. The SPSS file was created and the variables were categorized.

The qualitative variable refusal of services was categorized post hoc by extracting the responses recorded by the social worker from the data extraction tool and recording them on index cards. Responses that were similar were consolidated. The responses were then given values and value labels on SPSS program. It took 40 hours to collect the data and enter it on the SPSS computer software program for analysis.

Protection of Human Subjects

A numbering system was used to provide confidentiality to the case records and for the inputting of the data in to the SPSS program. The file number from the APS Automated System was recorded on a list and a research project number assigned to each of these file numbers. The numbering system facilitated the tracking of the cases through the APS Automated System. The name of the client was not recorded. When a case become open during the time the research was taking place the case record was removed from the study to preserve the confidentiality of the case records and the people the case records represent. The list of APS file numbers and the APS Automated System print out of the sample were

destroyed at the end of the research project, as well as the data extraction tool.

Data Analysis

This study used descriptive and bivariate statistics to examine whether relationships exist between the various independent variables and outcomes, the dependent variable. The qualitative variable reasons for refusal response of the clients were recorded then categorized and examined to see if there was a relationship between the reasons and the outcomes.

Univariate analyses, including measures of central tendency and frequency distribution were utilized to identify demographic characteristics of the clients represented in the case files. Bivariate analyses using a Chi-Square were used to examine relationships between independent and dependent variables. Analysis of variance T-tests were used to examine relationships among variables.

Summary

This research project, using a secondary analysis design to avoid further harm to the clients of San Bernardino County Department of APS, drew a sample from a thirteen-month period of time. Using a data extraction

tool, various independent variables and a dependent variable were examined. Data were drawn from closed case records to protect the confidentiality of the clients. Using descriptive and bivariate statistics the data were analyzed to determine the association among the variables.

CHAPTER FOUR:

RESULTS

Introduction

This chapter will look at the results gathered through univariate and bivariate analysis. Frequencies, Chi squares and T-test results will be itemized.

Presentation of the Findings

Univariate Analysis

Appendix B shows the demographic characteristics of the Adult Protective Services Clients. There were a total of 76 case records utilized to create the data set. There were 28.9% males and 71.1% females. Over sixty percent of the clients represented in the case files were Anglo (60.8%), 18.4% were African American, 18.4% were Latino and 1.3% were identified as other, 1.3% was unknown and for 1.3% the information was missing.

The developmental age groups represented by the case records were as follows: 6.6% were young adults between the ages of 18 and 33, 25% fell in the middle adult group representing ages 34 to 59, late adults between the ages of 60 and 74 comprised 19.7%, and there were 48.7% in old-old age adult group representing ages 75 to 100. The

primary language spoken by eighty-five (85.5%) of the clients was English, followed by Spanish (10.5%).

The economic resources for most clients were adequate to meet their basic needs. This is representative of (77%) of the sample, 1.3% did not have adequate income or resources, 2.6% had monthly income, but were temporarily out of money, and 14 case records had this information missing. The monthly income ranged from $0 to $3,364 a month, the mean for the sample was $830.24, and 22 case records were missing this information.

The APS clients had various living situations. Seventeen percent (17.1%) lived in their own home independently, 19.7% lived in their own home with others, 11.8% lived in the home of a relative, friend or another person, 28.9% rented an apartment, home or mobile home, 5.3% were homeless, 3.9% lived in a board and care, 2.6% resided in an acute care facility, and 8 of the case records did not have this information recorded. Over thirty-five percent (35.5%) of the APS clients lived alone, while 15.8% lived with a spouse, 9.2% lived with a daughter, 15.8% lived with a son, 2.6% lived with a sister, 2.6% lived with a brother, 5.3% lived with a mother, 22.4% lived with another person not identified as a relative, 5.3% were recorded as unknown, and 5.3% of the

case records had this information missing. These percentages do not total 100% because the client could be living with more than one person.

Thirty-eight percent (38.2%) of the APS clients were rated by the social worker as appearing to be in good health, while 48.7% appeared to be in poor health, and 13.2% of the case records did have this information recorded. Forty-two percent (42.1%) of the clients were ambulatory, 15.8% were ambulatory with assistive devices, 15.8% were wheelchair bound, and 7.9% were non-ambulatory.

For the following physical and mental health conditions variables 13.2% or 10 cases records were missing this information. A physical diagnosis was identified in 60.5% of the APS clients, 26.3% did not have a physical diagnosis, and 13.2% of the case records did not include this information. APS clients who experienced paralysis was representative of 5.3% of the sample and 6.6% of the clients experienced hearing impairment. APS clients who experienced impairment in their speech or their ability to communicate were found in 7.9% of the sample. Only 10.5% of the clients experienced respiratory problems and thirty-eight percent (38.3%) of the clients experienced some other type of physical limitation.

The APS social worker considered 69.7% of the clients to be alert and nearly forty-five percent (44.7%) of the clients were considered logically coherent. The APS social workers considered 69.7% of the APS clients to be oriented times 4, 1.3% times 3, 15.8% times 0. Nine percent (9.2%) of the clients experienced short-term memory loss. The APS clients who experienced dementia represented 5.3% of the sample, 2.6% experienced delusions, and only 1.3% of the clients experienced hallucinations. None of the APS clients were experiencing delirium at the time of the social workers visit. Five percent (5.3%)experienced suicidal ideation or had a history of it. In sixty percent (60.5%) of the cases the perpetrator was the client themselves.

Appendix C provides details on the perpetrator's (other the client himself or herself) demographic characteristics. The perpetrator's ages ranged from 22 to 83 representing 19.7% of the sample; 47.4% of the perpetrator's ages were unknown, and 32.9% was not applicable as the perpetrator was the client himself or herself. The latter figure will remain the same for all the perpetrator variables that will follow and will not be reported again.

Over thirty-six percent (36.8%) of the perpetrators were female, 22.4% were male, and in 7.9% of the cases the gender was unknown. The ethnicity of the perpetrator was unknown in 35.5% of the cases, 18.4% were Anglo, 2.6% were African American, and 10.5% were Latino. The perpetrators were dependent upon the client for financial support 23.7% of the time, 5.3% were not dependent, and in 38.2% of the cases this information was unknown. Three percent of the perpetrators were shown to have a substance abuse problem, 1.3% was shown not to have a problem, and for 61.8% this information was unknown.

The perpetrators in the case records were identified as various relatives or care providers. These figures will not equal 100% for some case records reflected multiple perpetrators, as well as the clients themselves as the perpetrator. The client's spouse was shown to be the perpetrator 3.9% of the time. The client's mother was the perpetrator 3.9% of the time. The client's father was not found to be a perpetrator in this data sample. The client's daughter was shown to be the perpetrator 11.8% of the time and the client's son 5.3% of the time. The client's sister was identified as the perpetrator 1.3% of the time and the client's brother 2.6% of the time, the

client's care custodian, 9.2% of the time, and the client's health practitioner 1.3% of the time.

The different types of abuse, the setting where the abuse occurred and the perpetrator's ability to access the client are represented in Appendix D. Abuse committed by others included physical restraint or deprivation (9.2%), restrain (5.3%), other physical abuse (15.8%), assault and battery (6.6%), sexual abuse (1.3%), neglect (23.7%), abandonment (2.6%), mental suffering (18.4%) and fiduciary abuse (17.1). Self inflicted abuse included physical self neglect which represented the most frequently occurring type of abuse at 48.7%, followed by other abuse at 26.3%, self-fiduciary and substance abuse at 10.5, and suicidal ideation at 2.6%.

There were various settings where the abuse was reported to have occurred. In one's own home was the most frequent representing 77.6% of the case records. The home of another was listed 7.9% of the time, community care facility was shown 2.6% of the time, nursing homes represented 1.3%, other was 7.9% and unknown was recorded 1.3% of the time. The perpetrator's ability to access the client because he or she lived in the home was found in 28.9% of the case records, no identified perpetrator was shown as 1.3%, not in the home but has access was

represented by 3.9%, no longer has access was identified as 7.9%.

Services information is represented in Appendix E. The most frequently occurring outcome was a determination that the client has a support system to assist them with 18.4% falling in this category, followed by needed/services plan completed (17.1%), no need for protective services (10.5%), client is unwilling to accept services at this time (3.9%), no need for other services (2.6%), and 32 of the cases records had this information missing.

A face-to-face interview was the most often recorded service (86.8%), followed by referrals to other agencies (28.9%), crisis intervention (19.7%), client advocacy and other services (17.1%), assisted with living arrangements (11.8%), family counseling (10.5%), transportation (9.2%), and provision of necessities (3.9%). These services were offered alone or in combination.

Nine percent (9.2%)of the case records sampled reflected having prior referrals. The number of prior referrals was small; 7.9% of the case records had one prior referral and 1.3% had 2. The number of subsequent referrals ranged from 0 to 8, with zero being the most common at 69.7%, followed by 17.1% with one and two at

7.9%. The total number of referrals ranged from 1 to 10 with one referral being the most common (64.5%), followed by 2 at 21.1%, 3 at 5.3% and 5 at 5.3%.

The number of face to face contacts made by the social workers varied from 0 to 6. The most common number of face-to-face contacts was 1 at 63.2%, 2 at 14.5% and 17.1% of the clients did not experience a face-to-face contact with the social worker. Fifteen percent (15.8%) had at least one attempted face-to-face contact made by the social worker.

The number of phone contacts made by the social worker to the client or others ranged from 0 to 9. Seventy -eight percent (78.9%) of the cases records sampled reflected no phone contact, 15.8% had 1 phone contact. Two percent (2.6%) of the cases sampled had one attempted phone contact made by the social worker, while 1.3% had attempted contacts. All most four percent (3.9%) of the case records reflected a correspondence sent through the mail by the social worker. The number of collateral contacts made by the social worker to other people involved with the referral or agencies ranged from 0 to 15. Thirty-five percent (35.5%) of the cases records sampled had no collateral contacts, 23.7% had one, and 14.5 had 2.

The most frequent outcome for the APS clients was no subsequent referrals at 68.4%, followed by other at 21.1% and refusal of services at 21.1%, resolved by placement 5.3%, and death, moved out of the area, and resolved other than by placement all at 2.6%. Services were refused for various reasons. The reasons listed by the social workers included client does not want services at 5.3%, client denies allegations at 3.9%, does not want to go to shelter at 2.6%. It is okay with the client that family members uses their money, client resolved the problem, client does not want to move, client ordered APS off the property, client does not want to be a burden, and unwilling to do anything about her situation were all recorded 1.3% of the time.

Bivariate Analyses

Bivariate analyses produced items of interest and significance. The relationship between refusing services and whether the APS client was ambulatory approached significance (Table 1) those who refused services, were more likely to be ambulatory then non-ambulatory.

The relationship between region and physical self-neglect, represented in Tables 2 was significant. San Bernardino and Ontario regions had a higher incidence of physical self-neglect in the cases sampled. Rancho

Cucamonga had the least number of physical self-neglect cases.

Table 1. Relationship of Refused Services and Ambulation

	Ambulatory	Non-Ambulatory	Total
Refused Services			
No	22	26	48
Yes	10	4	14
Total	32	30	62

Chi-Square value = 2.843, df = 1, p = .092

Table 2. Relationship of Region and Physical Self-Neglect

	Physical Self-Neglect		
Region	No	Yes	Total
Rancho Cucamonga	14	1	15
San Bernardino	16	21	37
Ontario	9	15	24
Total	39	37	76

Chi-Square value = 13.3999, df = 2, p = .001

The relationship between region and perpetrator being the client themselves was also significant Table 3. In the Rancho Cucamonga region the perpetrator was more likely to be someone other then the client. In San Bernardino and Ontario regions the perpetrator is more likely to be the clients themselves.

Table 3. Relationship of Region and Perpetrator is Self

	Perpetrator is Self		
Region	No	Yes	Total
Rancho Cucamonga	10	4	14
San Bernardino	9	27	36
Ontario	8	15	23
Total	27	46	73

Chi-Square valve = 9.39, df = 2, p = .009

T tests were performed for region, refusal of services, the outcomes of client advocacy, referrals to other agencies, and crisis intervention, number of days between opening and closing date of the referral, monthly income, number of services offered, number of prior referrals, number of subsequent referrals, number of phone contacts, and number of collateral contacts. Table 4 and Table 5. present the T-Test means for these variables.

Table 4. T-Test Means

	No	Yes
Crisis Intervention		
Monthly Income	$901.77	$602.41
Number of Services Offered	1.77	3.67
Client Advocacy		
Number of Services Offered	1.73	4.15
Number of Collateral Contacts	1.61	4.62
Number of Phone Contacts	.25	1.15
Number of Attempted Contacts	.61	.00
Referrals to Other Agencies		
Number of Services Offered	1.66	3.32
Number of Phone Contacts	.95	.18
Refused Services		
Number of Days Between Opening and Closing of Referral	58.08	28.69
Total Number of Referrals	1.52	2.75
Number of Subsequent Referrals	.30	1.56
Number of Collateral Contacts	2.52	.81

Table 5. T-Test Means By Region

	Region
Number of Prior Referrals	
San Bernardino	.22
Ontario	.00
Number of Prior Referrals	
San Bernardino	.22
Rancho Cucamonga	.00
Total Number of Referral	
San Bernardino	2.30
Rancho Cucamonga	1.07
Total Number of Referrals	
Ontario	1.42
Rancho Cucamonga	1.07
Monthly Income	
Rancho Cucamonga	$724.45
Ontario	$977.89

The test for monthly income and crisis intervention as a service offered to the client revealed that clients who were offered this type of service had lower monthly income ($t = 1.750$, $df = 49$, $p = .086$). A test for crisis

intervention and number of services offered to the client revealed that crisis situations resulted in a larger number of services offered ($t = -5.715$, $df = 70$, $p = .000$).

A test for client advocacy and number of services offered to the client revealed that this service was offered in conjunction with other services ($t = -7.840$, $df = 70$, $p = .000$). A test for client advocacy and number of phone contacts revealed that social workers were making more phone contacts when they were advocating for their clients ($t = -2.446$, $df = 70$, $p = .017$). A test for client advocacy and number of collateral contacts revealed that social workers were making more collateral contacts when they advocated for their clients ($t = -3.446$, $df = 70$, $p = .001$). A test for client advocacy and number of attempted contacts (this includes face-to-face, phone and collateral) revealed that the social workers were making fewer contact attempts when they were advocating for their clients ($t = 2.570$, $df = 70$, $p = .012$).

A test for referrals to other agencies and number of services provided to the client revealed that referrals to other agencies were offered in conjunction with other types of services ($t = -5.654$, $df = 70$, $p = .000$). A test for referrals to other agencies and number of phone

contacts revealed that social workers were making phone contact with other agencies on behalf of the their clients ($t = -2.529$, $df = 70$, $p = .014$).

A test for refused services and number of days between the opening and closing days showed a relationship. The cases of those who refused services were closed much sooner than those who did not refuse ($t = 1.884$, $df = 74$, $p = .064$). A test for refusal of services and number of subsequent referrals showed that for those who refused services the number of subsequent referral was larger ($t = -4.057$, $df = 74$, $p = .000$). A test for refusal and total number of referrals revealed that for those who refused services there were more referrals, prior or subsequent ($t = -2.765$, $df = 74$, $p = .007$). A test for refusal of services and number of collateral contacts revealed that those who refused services had fewer collateral contacts made to other agencies or family members by the social worker ($t = 2.064$, $df = 74$, $p = .043$).

A test for the San Bernardino and Rancho Cucamonga regions and total number of referrals showed a relationship. For San Bernardino region there were more prior and subsequent referral for their clients. ($t = -2.151$, $df = 50$, $p = .036$). A test for Rancho Cucamonga and

Ontario regions and total number of referrals showed that the Ontario region had more prior and subsequent referrals ($t = -1.810$, $df = 37$, $p = .078$). A test for San Bernardino and Ontario regions and total number of referrals also showed that San Bernardino had more prior and subsequent referrals than Ontario did ($t = 1.915$, $df = 59$, $p = .060$).

A test for Rancho Cucamonga and Ontario regions and monthly income showed a relationship. The average income of the APS clients was higher in Ontario region ($t = -1.917$, $df = 24$, $p = .067$). A test for San Bernardino and Ontario regions and number of prior referrals revealed a relationship. Ontario did not have any prior referrals for the case records used in the sample ($t = 2.203$, $df = 59$, $p = .031$). A test for Rancho Cucamonga and San Bernardino regions and prior referrals showed that Rancho Cucamonga region also did not have any prior referrals for the case records used for this sample ($t = -1.737$, $df = 50$, $p = .089$).

Summary

This study looked at relationships among and between variables and specifically at refusal of services, outcomes, and the various regions to determine if relationships existed with the independent variables,

using univariate and bivariate analysis. The details related to the frequencies of the variables have been examined. The results of the valid Chi square statistical analyses have been explored and the finding related to various T tests have been explained. Many relationships between the independent and dependent variables were found to have statistical significance. Also found were relationships related to the three regions and the other independent variables used in this study.

CHAPTER FIVE:

DISCUSSION

Introduction

This study looked at Adult Protective Service (APS) clients case records and the automated APS system to explore what contributed to clients refusing services and if the outcomes for these clients were different then the outcomes for other clients. The conclusions drawn from the various statistics will be discussed as well as the limitations of this study and recommendations for further research, policy and procedure changes for Adult Protective Services and areas where additional training are needed for APS workers.

Discussion

The conclusions extracted from the project are as follows. The study revealed that there were missing data in the case records, as well as in the APS automated system. The case records and the automated system did not always contain the same information. The information was found to be recorded one way in the case records and another on the APS system or missing altogether on the system.

This study revealed that physical self-neglect, was recorded in more case records for San Bernardino and Ontario regions. Many of the cases recorded two perpetrators, the client and another person. A total of fifty-five perpetrators were identified in the cases by the social workers in the case record referrals or on the APS intake form filled out by the person submitting the referral to APS. Demographic characteristics for the perpetrator were not generally included in the case records. The information was recorded in varying degrees of completion.

The findings revealed that the client's own home was the place where most of the abuse occurred. The perpetrator lived in the home for 22 of the cases in which the perpetrator was identified.

The findings showed that APS clients who refuse services were more likely to be ambulatory than non-ambulatory. According to the social workers, most of the clients appeared to be in poor health. Most of the APS clients had some diagnosed physical limitation or disease. Most of the clients were considered by the social workers to be mentally intact.

The most commonly offered service was face-to-face interviews, followed by referrals to other agencies,

crisis intervention and client advocacy. The number of services offered varied greatly among clients. Crisis intervention was offered more often to those clients who had a lower monthly income. When referrals to other agencies or crisis intervention services were offered to the client there was an increase in the number of other services provided by the social worker. The social worker was making more phone contacts when referrals to other agencies were provided to the client.

Multiple services were offered when the social worker was advocating for their clients. Social workers were making more phone calls and collateral contacts when they were advocating for their clients. When social workers were advocating for their clients they were making fewer attempted face-to-face contacts, phone contacts and collateral contacts, because they making contact with the agencies or family members and meeting their objective of helping the client.

The findings revealed that most (sixty-eight percent) of the referrals did not have subsequent referrals; seventeen percent of the cases had an additional referral and thirteen percent two or more subsequent referrals. No further referrals was the most often reported outcome at sixty-eight percent, subsequent referrals occurred a

quarter of the time, and clients refused services one-fifth (21.1%)of the time.

The most common reason for refusal of service noted by the social worker that was the client did not want services. The findings revealed that when a client refused services the social worker closed the case. The case records did not show that the social worker made follow up visits or calls to see if the client had changed their mind as a result of the previous encounter with the social worker.

The finding showed APS social workers were closing their cases for those who refuse services thirty days sooner than for those who did not refuse services. Social workers made fewer collateral contacts for clients who refused services than for other types of clients. Clients who refused services experienced an increased number of subsequent referrals and an increase in the number of total referrals. Both prior and subsequent referrals are included in the total number of referrals figure.

The findings showed that Rancho Cucamonga and Ontario regions did not have any prior referrals while San Bernardino had several. The number of total referrals, both prior and subsequent referrals for clients was greater in the San Bernardino region. Ontario region had a

larger number of total referrals for their clients than the Rancho Cucamonga region. The findings showed that clients in the Ontario region had a higher average income than in the Rancho Cucamonga region.

Limitations

The following limitations apply to this project. The sample size was a limiting factor. When running Chi Square statistical measures, there were cells that had an expected count of less than five.

The study did not measure the outcomes for those clients that refused services, other than subsequent referrals or no subsequent referrals, for the social worker did not follow-up with the clients to determine if the problem had been resolved.

The amount of missing information from the case records or the APS automated system limited the variables that could be utilized to run the statistical analysis so that they reflected valid information.

Recommendations for Social Work Practice, Policy and Research

The conclusions extracted from the project follows. Social workers need to follow-up with clients who refuse services to determine if the problem situation that

brought the client into the APS originally has been resolved, before closing the referral. Changes in APS policy related to those clients who refuse services needs to be examined. The number of days the refusal of service referrals remains opens need to be extended so that the necessary follow-up can be done, which could prevent the client from having subsequent referrals. Current practice ends up costing the county additional funds to investigate the subsequent referrals. Ten out of the sixteen refusal of service cases had subsequent referrals.

The main service that was offered to clients who refused services was a face-to-face interview. This one time interview does not appear to be enough to establish a relationship with the client, so that they can work through their concerns and resistance to accepting services. Additional training on how to approach resistant clients may be necessary to facilitate the rapport building necessary to help these clients eliminate the abuse they are experiencing.

Physical self-neglect was the most predominant type of abuse for San Bernardino and Ontario regions. These clients may be in need of more referrals and follow up by the social worker for in home supportive services in order to meet their physical self-neglect needs. These are the

same clients who tend to refuse services. This may be a community issue that needs to be addressed on non-profit basis, as a community out reach program to adult clients.

Accurate completion of the assessment and other APS forms in the case records and the automated system would be beneficial for the social worker who has to investigate a new referral on a client with a prior referral. A more complete history of the previous encounter with the client may give the next social worker insight on how to work with the client to resolve their current problem.

Further studies of the outcomes for clients who refuse services needs to be done. Dr. Rosemary McCaslin and Mary Sawicki should be able to combine this study's data set and Terri Parrella's parallel data set to have a large enough sample run valid Chi Square and T Tests and other statistic analysis. A larger sample may reveal additional statistically significant results for refusal of services and outcomes. Regional data needs to be compared to assess how each office is performing throughout San Bernardino County's Adult Protective Services Agency.

APPENDIX A:

DATA EXTRACTION TOOL

DATA EXTRACTION TOOL

Region

_____ Rancho Cucamonga
_____ San Bernardino
_____ Victorville
_____ Barstow
_____ Needles
_____ Joshua Tree
_____ Ontario

APS automated system assigned number _____

ID number _____

Referral date 1_____ 2_____ 3_____

Date closed 1_____ 2_____ 3_____

Client's gender Male _____ Female _____

Client's birth date _____

Client's martial status

_____ Married
_____ Single
_____ Separated
_____ Divorced
_____ Widow(er)
_____ Significant other
_____ Unknown

Client's ethnicity

_____ Anglo
_____ African American
_____ Latino
_____ Native American
_____ Asian
_____ Other _____
_____ Unknown

Client's place of birth _____

Client's last grade completed _____

Client's number of children _____

Client's monthly income _____

Economic resources/income
_____ Adequate for basis needs
_____ Inadequate for basis needs
_____ Has monthly income; temporarily out of income
_____ No income/no assets

Living accommodations
_____ Own home/independent living
_____ Own home/lives with others
_____ Lives in private home of relative/friend/other
_____ Rented apt./home/mobile home
_____ Homeless shelter
_____ Homeless
_____ Room and board home
_____ Acute care facility
_____ Other

Client's primary language
_____ English
_____ Spanish
_____ Other
_____ Bilingual
_____ Unknown

Religion
_____ Protestant
_____ Catholic
_____ Atheist/Agnostic
_____ Other
_____ Unknown

Living situation
_____ Alone
_____ Spouse
_____ Daughter
_____ Son
_____ Sister
_____ Brother
_____ Father
_____ Mother
_____ Other _____
_____ Unknown

Setting where incident occurred

_____ Own home
_____ Home of another
_____ Community care facility
_____ Nursing home
_____ Hospital
_____ Other _____
_____ Unknown

Appears to be in good physical condition

_____ Yes _____No

Ambulation

_____ Ambulatory
_____ Ambulatory with assistive device
_____ Wheelchair
_____ Non-ambulatory

Needs assistances in ADLs

_____ None
_____ Minimal
_____ Total

Client's medical/psychological/health

_____ Physical/medical diagnosis
_____ Paralysis
_____ Hearing impaired
_____ Partially blind
_____ Legally blind
_____ Speech/communication impaired
_____ Respiratory problems
_____ Other physical limitations _____

Current mental status

_____ Alert
_____ Logically coherent
_____ Oriented ____ x4 ____ x3 ____ x2 ____ x1 ____ x0
_____ Short-term memory loss
_____ Confusion present
_____ Significant cognitive impairment
_____ Dementia
_____ Delusions
_____ Auditory or visual hallucinations
_____ Both auditory and visual hallucinations
_____ Delirium
_____ Suicidal ideation/history

Perpetrator's birth date _____

Perpetrator's gender Male _____ Female _____

Perpetrator's last grade completed _____

Perpetrator's ethnicity
_____ Anglo
_____ African American
_____ Latino
_____ Native American
_____ Asian
_____ Other _____
_____ Unknown

Perpetrator dependent on the client Yes _____ No _____

Does perpetrator have an alcohol or substance abuse problem Yes _____ No _____

Perpetrator's relationship to the client
_____ Spouse
_____ Mother
_____ Father
_____ Daughter
_____ Son
_____ Sister
_____ Brother
_____ Care Custodian
_____ Health Practitioner
_____ Other _____
_____ Unknown

Perpetrator
_____ Self-neglect
_____ No identified perpetrator
_____ Perp lives in home
_____ Not in home but has access
_____ No longer has access
_____ Other _____
_____ Unknown

Need for APS

_____ No need for protective services
_____ No need for other services
_____ Client has support system to assist
_____ Referrals only
_____ Client is unwilling to accept service at this time
_____ Protective services needed/service plan completed
_____ Unknown

Types of abuse

_____ Physical constraint/deprivation
_____ Physical/chemical restraint
_____ Assault/battery
_____ Sexual
_____ Neglect
_____ Abandonment
_____ Mental suffering
_____ Fiduciary
_____ Physical self-neglect
_____ Substance abuse
_____ Suicidal
_____ Self fiduciary
_____ Other _____
_____ Unknown

Reason for refusal of services_____
_____

Number of times refused services _____

Prior referrals Yes _____ No _____

Number of prior referrals _____

Number of subsequent referrals _____

Total number of referrals _____

Contacts with the APS worker

_____ Number of face-to-face contacts
_____ Number of telephone contacts
_____ Number of collateral contacts

Services offered to the client

_____ Face-to-face interview with the client
_____ Client advocacy
_____ Assistance with appropriate living arrangements
_____ Transportation
_____ Crisis intervention
_____ Family counseling
_____ Provision of needed necessities
_____ Referrals to other agencies
_____ Other _____
_____ Unknown

Outcomes

_____ No further reports
_____ Subsequent reports filed
_____ Resolved other than by placement
_____ Resolved by other placement
_____ Moved out of area
_____ Unresolved
_____ Refused services
_____ Death
_____ Other _____
_____ Unknown

APPENDIX B:

ADULT PROTECTIVE SERVICES

CLIENT DEMOGRAPHIC

CHARACTERISTCICS

ADULT PROTECTIVE SERVICES CLIENT DEMOGRAPHIC

CHARACTERISTICS

Variable	N	n(%)
Gender	76	
Male		22(28.9)
Female		54(71.1)
Ethnicity	76	
Anglo		45(60.8)
African American		14(18.4)
Latino		14(18.4)
Other		1(1.3)
Unknown		1(1.3)
Missing Information		1(1.3)
Age	76	
18-33 Young Adult		5(6.6)
34-59 Middle Adult		19(25.0)
60-74 Late Adult		15(19.7)
75-100 Old-Old Age		37(48.7)
Marital Status	76	
Married		12(15.8)
Single		5(6.6)
Separated		3(3.9)
Divorced		4(5.3)
Widow(er)		18(23.7)
Unknown		18(23.7)
Missing Information		16(23.1)
Primary Language	76	
English		65(85.5)
Spanish		8(10.5)
Unknown		1(1.3)
Missing Information		2(2.6)
Economic Resources/Income	76	
Adequate for basic needs		59(77.0)
Inadequate for basic needs		1(1.3)
Has monthly income/temporarily out of money		2(2.6)
Missing Information		14(18.4)

ADULT PROTECTIVE SERVICES CLIENT DEMOGRAPHIC CHARACTERISTICS

Variable	N	n(%)
Monthly Income in Dollars	76	
0-99		2(2.6)
100-199		1(1.3)
200-299		0(0.0)
300-399		1(1.3)
400-499		0(0.0)
500-599		0(0.0)
600-699		13(17.0)
700-799		25(32.8)
800-899		3(3.9)
900-999		2(2.6)
1000-1099		0(0.0)
1100-1199		0(0.0)
1200-1299		1(1.3)
1300-1399		0(0.0)
1400-1499		1(1.3)
1500-1599		0(0.0)
1600-1699		1(1.3)
1700-1799		0(0.0)
1800-1899		2(2.6)
1900-1999		1(1.3)
3000-3999		1(1.3)
Missing Information		22(28.9)
Living Accommodations	76	
Own home/independent living		13(17.1)
Own home/lives with others		15(19.7)
Lives in home of relative/friend/other		9(11.8)
Rented apt./home/mobile home		22(28.9)
Homeless		4(5.3)
Room and Board home		3(3.9)
Acute care facility		2(2.6)
Missing Information		8(10.5)
Appears in Good Physical Condition	76	
Yes		29(38.2)
No		37(48.7)
Missing Information		10(13.2)

ADULT PROTECTIVE SERVICES CLIENT DEMOGRAPHIC CHARACTERISTICS

Variable	N	n(%)
Living Situation (Make-up of the family in the home)	76	
Alone		27(35.5)
Spouse		12(15.8)
Daughter		7(9.2)
Son		12(15.8)
Sister		2(2.6)
Brother		2(2.6)
Father		0(0.0)
Mother		4(5.3)
Other		17(22.4)
Unknown		4(5.3)
Missing Information		4(5.3)
Needs Assistance in ADLS	76	
None		2(2.6)
Minimal		23(30.3)
Total		16(21.1)
Missing Information		35(46.1)
Ambulation	76	
Ambulatory		32(42.1)
Ambulatory with Assistive Device		12(15.8)
Wheelchair		12(15.8)
Non-ambulatory		6(7.9)
Missing Information		14(18.4)
Physical Diagnosis	76	
No		20(26.3)
Yes		46(60.5)
Missing Information		10(13.2)
Paralysis	76	
No		62(81.6)
Yes		4(5.3)
Missing Information		10(13.2)

ADULT PROTECTIVE SERVICES CLIENT DEMOGRAPHIC CHARACTERISTICS

Variable	N	n(%)
Hearing Impairment	76	
No		61(80.3)
Yes		5(6.6)
Missing Information		10(13.2)
Blind	76	
No		61(80.3)
Partially Blind		3(3.9)
Legally blind		2(2.6)
Missing Information		10(13.2)
Impaired Speech/Communication	76	
No		60(78.9)
Yes		6(7.9)
Missing Information		10(13.2)
Respiratory Problems	76	
No		58(76.3)
Yes		8(10.5)
Missing Information		10(13.2)
Other Physical Limitations	76	
No		36(47.4)
Yes		29(38.3)
Missing Information		10(13.2)
Alert	76	
Yes		53(69.7)
No		13(17.1)
Missing Information		10(13.2)
Logically Coherent	76	
Yes		34(44.7)
No		32(42.1)
Missing Information		10(13.2)

ADULT PROTECTIVE SERVICES CLIENT DEMOGRAPHIC CHARACTERISTICS

Variable	N	n(%)
Oriented	76	
Times 4		53(69.7)
Times 3		1(1.3)
Times 2		0(0.0)
Times 1		0(0.0)
Times 0		12(15.8)
Missing Information		10(13.2)
Short-Term Memory Loss	76	
No		59(77.6)
Yes		7(9.2)
Missing Information		10(13.2)
Confusion Present	76	
No		64(84.2)
Yes		2(2.6)
Missing Information		10(13.2)
Significant Cognitive Impairment	76	
No		62(81.6)
Yes		4(5.3)
Missing Information		10(13.2)
Dementia	76	
No		61(80.3)
Yes		4(5.3)
Missing Information		10(13.2)
Delusions	76	
No		64(84.2)
Yes		2(2.6)
Missing Information		10(13.2)

ADULT PROTECTIVE SERVICES CLIENT DEMOGRAPHIC CHARACTERISTICS

Variable	N	n(%)
Hallucinations	76	
None		65(85.5)
Auditory or visual alone		1(1.3)
Missing Information		10(13.2)
Delirium	76	
No		66(86.8)
Yes		0(0.0)
Missing Information		10(13.2)
Suicidal Ideation/History	76	
No		62(81.6)
Yes		4(5.3)
Missing Information		10(13.2)
Perpetrator is Self	76	
No		27(35.5)
Yes		46(60.5)
Missing Information		3(3.9)

APPENDIX C:

PERPETRATOR OTHER THAN SELF

DEMOGRAPHIC CHARACTERISTICS

PERPETRATOR OTHER THAN SELF DEMOGRAPHIC CHARACTERISTICS

Variable	N	n(%)
Perpetrator's Age	76	
22		1(1.3)
25		1(1.3)
31		1(1.3)
35		2(2.6)
40		2(2.6)
44		1(1.3)
47		1(1.3)
51		1(1.3)
58		1(1.3)
62		2(2.6)
77		1(1.3)
83		1(1.3)
Unknown		36(47.4)
Not Applicable		25(32.9)
Perpetrator's Gender	76	
Male		17(22.4)
Female		28(36.8)
Unknown		6(7.9)
Not Applicable		25(32.9)
Perpetrator's Ethnicity	76	
Anglo		14(18.4)
African American		2(2.6)
Latino		8(10.5)
Unknown		27(35.5)
Not Applicable		25(32.9)
Perpetrator Dependent on the Client	76	
No		4(5.3)
Yes		18(23.7)
Unknown		29(38.2)
Not Applicable		25(32.9)

PERPETRATOR OTHER THAN SELF DEMOGRAPHIC CHARACTERISTICS

Variable	N	n(%)
Perpetrator Substance Abuse Problem	76	
No		1(1.3)
Yes		3(3.9)
Unknown		47(61.8)
Not Applicable		25(32.9)
Perpetrator is Client's Spouse	76	
No		42(55.3)
Yes		6(7.9)
Unknown		3(3.9)
Not Applicable		25(32.9)
Perpetrator is Client's Mother	76	
No		45(59.2)
Yes		3(3.9)
Unknown		3(3.9)
Not Applicable		25(32.9)
Perpetrator is Client's Father	76	
No		48(63.2)
Unknown		3(3.9)
Not Applicable		25(32.9)
Perpetrator is Client's Daughter	76	
No		39(51.3)
Yes		9(11.8)
Unknown		3(3.9)
Not Applicable		25(32.9)
Perpetrator is Client's Son	76	
No		44(57.9)
Yes		4(5.3)
Unknown		3(3.9)
Not Applicable		25(32.9)

PERPETRATOR OTHER THAN SELF DEMOGRAPHIC CHARACTERISTICS

Variable	N	n(%)
Perpetrator is Client's Sister	76	
No		47(61.8)
Yes		1(1.3)
Unknown		3(3.9)
Not Applicable		25(32.9)
Perpetrator is Client's Brother	76	
No		46(60.6)
Yes		2(2.6)
Unknown		3(3.9)
Not Applicable		25(32.9)
Perpetrator is Client's Care Custodian	76	
No		41(53.9)
Yes		7(9.2)
Unknown		3(3.9)
Not Applicable		25(32.9)
Perpetrator is Client's Health Practitioner	76	
No		48(63.2)
Yes		1(1.3)
Unknown		3(3.9)
Not Applicable		25(32.9)
Perpetrator is Client's Other	76	
No		26(34.2)
Yes		22(28.9)
Unknown		3(3.9)
Not Applicable		24(31.6)

APPENDIX D:

ABUSE INFORMATION FROM ADULT PROTECTIVE SERVICE CLIENT CASE RECORDS

ABUSE INFORMATION FROM ADULT PROTECTIVE SERVICES CLIENT CASE RECORDS

Variable	N	n(%)
Physical Restraint/Deprivation	76	
No		69(90.8)
Yes		7(9.2)
Restrain	76	
No		72(94.7)
Yes		4(5.3)
Other Physical Abuse	76	
No		64(84.2)
Yes		12(15.8)
Assault/Battery	76	
No		71(93.4)
Yes		5(6.6)
Sexual	76	
No		75(98.7)
Yes		1(1.3)
Neglect	76	
No		58(76.3)
Yes		18(23.7)
Abandonment	76	
No		74(97.4)
Yes		2(2.6)
Mental Suffering	76	
No		62(81.6)
Yes		14(18.4)

ABUSE INFORMATION FROM ADULT PROTECTIVE SERVICES CLIENT CASE RECORDS

Variable	N	n(%)
Fiduciary	76	
No		63(82.9)
Yes		13(17.1)
Physical Self-Neglect	76	
No		39(51.3)
Yes		37(48.7)
Substance Abuse	76	
No		68(89.5)
Yes		8(10.5)
Suicidal	76	
No		74(97.4)
Yes		2(2.6)
Self-Fiduciary	76	
No		68(89.5)
Yes		8(10.5)
Other	76	
No		56(73.7)
Yes		20(26.3)
Setting Where Abuse Occurred	76	
Own Home		59(77.6)
Home of Another		6(7.9)
Community Care Facility		2(2.6)
Nursing Home		1(1.3)
Hospital		1(1.3)
Other		6(7.9)
Unknown		1(1.3)

ABUSE INFORMATION FROM ADULT PROTECTIVE SERVICES CLIENT CASE RECORDS

Variable	N	n(%)
Perpetrator's Access to Client	76	
No Identified Perpetrator		1(1.3)
Perpetrator Lives in Home		22(28.9)
Not in the Home but has Access		6(7.9)
No Longer has Access		3(3.9)
Other		1(1.3)
Unknown		2(2.6)
Missing Information		16(21.1)
Not Applicable		25(32.9)

APPENDIX E:

ADULT PROTECTIVE SERVICE INFORMATION FROM CLIENT CASE RECORDS

ADULT PROTECTIVE SERVICE INFORMATION FROM CLIENT CASE RECORDS

Variable	N	n(%)
Need for Adult Protective Services	76	
No Need for Protective Services		8(10.5)
No Need for Other Services		2(2.6)
Client has Support System to Assist		14(18.4)
Referrals Only		4(5.3)
Client is Unwilling to Accept Services at This Time		3(3.9)
Protective Services are Needed/Service Plan Completed		13(17.1)
Missing Information		32(42.1)
Services Offered:		
Face-to-Face Interview	76	
No		6(7.9)
Yes		66(86.8)
Missing Information		4(5.3)
Client Advocacy	76	
No		59(77.6)
Yes		13(17.1)
Missing Information		4(5.3)
Assistance with Living Arrangements	76	
No		63(82.9)
Yes		9(11.8)
Missing Information		4(5.3)
Transportation	76	
No		65(85.5)
Yes		7(9.2)
Missing Information		4(9.2)

ADULT PROTECTIVE SERVICE INFORMATION FROM CLIENT CASE RECORDS

Variable	N	n(%)
Crisis Interventions	76	
No		57(75.0)
Yes		15(19.7)
Missing Information		4(5.3)
Family Counseling	76	
No		64(84.2)
Yes		8(10.5)
Missing Information		4) 5.3)
Provision of Necessities	76	
No		69(90.8)
Yes		3(3.9)
Missing Information		4(5.3)
Referral to Other Agencies	76	
No		50(65.8)
Yes		22(28.9)
Missing Information		4(5.3)
Other	76	
No		59(77.6)
Yes		13(17.1)
Missing Information		4(5.3)
Number of Times Client Refused Services	76	
No		60(78.9)
Yes		16(21.1)
Prior Referrals	76	
No		69(90.8)
Yes		7(9.2)

ADULT PROTECTIVE SERVICE INFORMATION FROM CLIENT CASE RECORDS

Variable	N	n(%)
Number of Prior Referrals	76	
0		69(90.8)
1		6(7.9)
2		1(1.3)
Number of Subsequent Referrals	76	
0		53(69.7)
1		13(17.1)
2		6(7.9)
3		2(2.6)
4		1(1.3)
8		1(1.3)
Total Number of Referrals	76	
1		49(64.5)
2		16(21.1)
3		4(5.3)
4		1(1.3)
5		4(5.3)
9		1(1.3)
10		1(1.3)
Number of Face-to-Face Contacts	76	
0		13(17.1)
1		48(63.2)
2		11(14.5)
3		4(5.3)
4		4(5.3)
6		2(2.6)
Number of Mail Contacts	76	
0		73(96.1)
1		3(3.9)

ADULT PROTECTIVE SERVICE INFORMATION FROM CLIENT CASE RECORDS

Variable	N	n(%)
Number of Phone Contacts	76	
0		60(78.9)
1		12(15.8)
2		1(1.3)
3		1(1.3)
4		1(1.3)
9		1(1.3)
Number of Collateral Contacts	76	
0		27(35.5)
1		18(23.7)
2		11(14.5)
3		4(5.3)
4		3(3.9)
5		5(5.5)
6		1(1.3)
7		1(1.3)
8		1(1.3)
9		2(2.6)
10		1(1.3)
11		1(1.3)
15		1(1.3)
Number of Attempted Phone Contacts	76	
0		73(96.1)
1		2(2.6)
2		1(1.3)
Number of Attempted Face-to-Face Contacts	76	
0		56(73.7)
1		12(15.8)
2		6(7.9)
3		2(2.6)

ADULT PROTECTIVE SERVICE INFORMATION FROM CLIENT CASE RECORDS

Variable	N	n(%)
Outcomes:		
No Further Reports	76	
No		24(31.6)
Yes		52(68.4)
Subsequent Reports Filed	76	
No		52(68.4)
Yes		24(31.6)
Resolved Other Than by Placement	76	
No		74(97.4)
Yes		2(2.6)
Resolved by Placement	76	
No		72(94.7)
Yes		4(5.3)
Moved Out of Area	76	
No		74(97.4)
Yes		2(2.6)
Unresolved	76	
No		76(100.)
Refused Services	76	
No		60(78.9)
Yes		16(21.1)
Death	76	
No		74(97.4)
Yes		2(2.6)

ADULT PROTECTIVE SERVICE INFORMATION FROM CLIENT CASE RECORDS

Variable	N	n(%)
Other	76	
No		60(78.9)
Yes		16(21.1)
Reason Refused Services	76	
Client Denies Allegations		3(3.9)
Okay that Family members Use Money		1(1.3)
Client Resolved the Problem		1(1.3)
Client Does Not Want services		4(5.3)
Client is Staying Away from Perpetrator		1(1.3)
Does Not Want to Go to Shelter		2(2.6)
Client Does Not Want to Move		1(1.3)
Client Ordered APS Off the Property		1(1.3)
Client Does Not Want to be a Burden		1(1.3)
Unwilling to do Anything About Her Situation		1(1.3)
Not Applicable		60(78.9)

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ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection: Rebecca Stiltz
2. Data Entry and Analysis: Rebecca Stiltz
3. Writing Report and Presentation of Findings:
   a. Introduction and Literature

      Team Effort:
      Assigned Leader: Rebecca Stiltz
      Assisted By: Theresa Parrella

   b. Methods: Rebecca Stiltz
   c. Results: Rebecca Stiltz
   d. Discussion: Rebecca Stiltz