

A PROFILE OF ELDER ABUSE OF REPORTED CASES
FROM THE OKLAHOMA COALITION ON DOMESTIC
VIOLENCE AND SEXUAL ASSAULT

By

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DEDICATION

This project is dedicated to the memory of my father

Eugene Galbraith
(1915 - 1952)

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CHAPTER I

INTRODUCTION

A distinct characteristic of this century has been the increase in population of individuals 60 years of age and older. Recent medical advances have enabled more people to live longer, healthier lives. Most effected by these advances have been individuals 75 years and older. The United States (U.S.) Bureau of the Census (1973) reported that between 1960 and 1970 the number of persons in the 75 years and older category increased at nearly three times the rate of those in the 65-75 age group. Between 1970 and 1980 the 75 years and over population increased an additional 2.4 million. With nearly 16 percent of the total population, or 36.5 million persons 60 years and over, a "graying" of America is occurring (U.S. Bureau of the Census, 1982a). It is projected that by the year 2030 that 17 percent of the total American population, or 52 million people, will be 65 years old or over (U.S. Bureau of the Census, 1975).

Accompanying this population increase are changes in living arrangements and family relationships. Mindel (1979, p. 456) reported that "95 percent of the elderly not presently in institutions are either living by themselves or with their spouses, friends, or in multigenerational households." Nearly 50 percent of all persons over 65, who have children, are members of a four-generation family (Steinmetz, 1981). She adds that "this is the century not only of old age, but of

multigenerational families . . ." (p. 6).

The changes that are occurring have implications for the older population and their caregivers, as well as the quality and quantity of life they both experience. Brody (1978) found that the older an individual became, especially 75 years and over, the more vulnerable he or she was to physical, financial, and mental crises requiring family and societal assistance.

Although families are an excellent support system for older family members, not all families may be prepared to assume such a supportive role (Shanas, 1979). Steinmetz (1983) has used the term generational inversion to describe the roles that are more permanently inverted in the elderly and adult child relationship. She adds: "In these families it is not only role reversal but generationally linked rights, responsibilities, and expectations that are reversed" (p. 136). The acceptance and reaction of role reversal and inversion may be varied among the elderly and adult family members.

Multigenerational family households may be established as an alternative means for providing the necessary support to older family members. However, Mindel (1979) warns that:

Unlike many traditional societies in which multigenerational households might typically be the culturally prescribed form of family life, normatively and behaviorally the multigenerational household in the U.S. appears to be atypical and is an interruption in the usual family life cycle (p. 457).

Older family members may be seen as a source of dependency and interruption in the family unit.

According to Straus, Gelles and Steinmetz (1981):

We have always known that America is a violent society. A war in Vietnam, a riot in Watts, a gangland slaying,

a political assassination, or a rape in an alley are all types of violence familiar to Americans. What is new and surprising is that the American family and the American home are perhaps as or more violent than any other single American institution or setting (with the exception of the military, and only then in time of war). Americans run the greatest risk of assault, physical injury, and even murder in their own homes by members of their own families (p. 3-4).

The victimization of the elderly can be placed in the context of the domestic violence setting whereby caregiving adult children abuse their elderly parents. While various types of domestic violence occur, Viano (1983, p. 14) states that "victimization of the elderly is the most crucial and urgent one facing victimology today."

Statement of the Problem

The problem of abuse against the elderly is an increasing concern to practitioners and policymakers (Kosberg, 1983). Block and Sinnott (1979) indicated that elder abuse was a problem equal in magnitude to the current situation with child and spouse abuse. The lack of a broad-based data collection system by most states has hampered the identification and realization of the problem.

A mandatory reporting law for abused elders, 65 years old and older, does exist in the State of Oklahoma. However, Oklahoma does not have a mandated system for gathering and analyzing characteristic data of the abused elderly and those individuals who inflict the abuse. Because of the lack of available data analysis, the system does not allow aggregation and comparison of information concerning abused elders in Oklahoma (See Appendix A for a letter from the Oklahoma Department of Human Services). Consequently, the types, extent, and characteristics data concerning the problem of elder abuse in Oklahoma is not fully

documented. This study was an attempt to develop a profile of elder abuse of reported cases from the Oklahoma Coalition on Domestic Violence and Sexual Assault (Coalition) for the calendar years 1981 and 1982.

Purposes and Research Questions

The purposes of this study were to describe the types and extent of reported abuse incidences of elders, 60 years old or older from the Coalition, to present a profile of the abused and the abusers, and to present the perceptions of the Coalition agency directors about elder abuse. Specific research questions of the study were:

1. What are the characteristics of the abused?
 - a. sex
 - b. age
 - c. urban and rural setting
 - d. ethnic distribution
 - e. education level
 - f. living arrangement
 - g. employment status
 - h. income level and source
 - i. relationship to abuser
 - j. marital status.
2. What are the characteristics of the abusers?
 - a. sex
 - b. age
 - c. ethnic distribution
 - d. educational level
 - e. employment status

- f. income
 - g. relationship to abused.
3. How prevalent is the reoccurrence of elder abuse?
 4. What types of abuse occur?
 5. What are the perceptions of the Coalition agency directors about elder abuse?

Assumptions

The following assumptions were accepted in order to conduct the study:

1. The reported and collected data were accurate.
2. The reported cases were representative of abuse of the elderly in Oklahoma.

Limitations of the Study

Limitations are divided into two major categories: (1) the population and (2) the collection method. The population consisted of all abused residents of the State of Oklahoma aged 60 years and over who live in non-institutional settings. Because of the nature of abuse, the study's cases were self-selected, that is, they were self reported to a particular type of agency associated with the Coalition.

Secondly, the agencies used for data collection were known to have information about reported cases of elder abuse. The data were screened by the reporting agencies from forms developed by the Oklahoma Department of Mental Health and the Oklahoma Coalition on Domestic Violence and Sexual Assault. Because of the confidentiality of the information, the researcher was not able to have first hand access to the data. The

study excluded duplication of cases. In addition, the limitations of the study result in the inability to generalize the findings to a larger population.

Definition of Terms

The following terms and definitions were used for this study.

Abuse: Intentional or unintentional infliction by a caregiver that results in mental or physical harm. For this study, abuse and neglect are not differentiated. It is assumed that if neglect, intentional or unintentional, has occurred some type of abuse has resulted.

Abuser: A person who inflicts abuse upon an elderly individual.

Adult Children: Children of the elderly parents either by blood or legal processes.

Aged Parent(s): Elderly parents who are dependent on their adult caregiving children.

Ageism: Prejudicial and stereotypical appraisals of older persons and the role they have in society (Butler, 1969).

Caregiver:

A person who has the responsibility for the care of an elderly person as a result of family relationship or who has assumed the responsibility for the care of the elderly voluntarily, by contract or by order of a court of competent jurisdiction (Joint Hearing, 1980, p. 32).

Developmental Dysfunction: An individual is "incapable of sustaining personal relationships in the interdependent context of the family" (Hickey, 1979, p. 1).

Elder (Elderly): Any person 60 years of age or older.

Family: One or more persons related by blood, marriage, or other legal relationship.

Household: "The person or persons occupying a housing unit. A house, an apartment or other group of rooms, or a single room, is regarded as a housing unit" (U.S. Bureau of the Census, 1982a, p. 20).

Infringement of Rights: Includes theft and/or misuse of monies or property, being forced from one's home or forced into another living setting without due process of law.

Multigenerational Household: Two or more generations living and sharing a common residence. Individuals in the multigenerational household may be related by blood, marriage or other legal relationship.

Physical Abuse: Includes direct beatings, being hit, slapped, bruised, sexually molested, cut, burned, physically restrained, malnourished, withholding personal care, medical care, food care, or lack of supervision.

Psychological Abuse: Includes verbally assaulted, being insulted, humiliated, intimidated, threatened, isolated, being ignored, or frightened.

Psychopathological Framework: Personality problems or disorder which causes an individual to be abusive (Hickey, 1979).

Stress: Any action or situation that places special physical or psychological demands on a person.

Violence: "The intentional use of physical force on another person, or noxious physical stimuli invoked by one person on another" (Joint Hearing, 1980, p. 32).

Organization of the Study

Chapter I has introduced the study, presented the problem, purposes, research questions, assumptions, limitations, and definitions to clarify

terms used in the study. Chapter II includes a discussion of related literature concerning elder abuse. Chapter III reports the methodology used in this study. The findings of the study are presented in Chapter IV. Chapter V includes a summary of the study, conclusions, and recommendations.

CHAPTER II

REVIEW OF LITERATURE

There are several aspects of domestic violence that have come to the forefront of societal attention during the last 20 years.

In the 1960's we were made aware of the problem labeled child abuse, and in the 1970's that of wife beating. Both conditions have existed at least as far back as recorded history, but only recently has the public demanded protection for these categories of individuals considered to be economically dependent, politically weak, and lacking in adequate legal protection. It may well be that the 1980's will herald the 'public' awareness of the battered aged-elderly parents who reside with, are dependent on, and battered by their adult, caretaking children (Steinmetz, 1978, p. 54).

Abuse of the elderly has been referred to as "granny bashing" (Renvoize, 1978), "the battered elder syndrome" (Block and Sinnott, 1979) or simply elder abuse in most of the domestic violence and gerontological literature.

In the forward of the report entitled Elder Abuse: An Examination of a Hidden Problem, Representative Biaggi of New York stated, "As we enter into the 1980's, we have sadly discovered that elder abuse is now emerging as another major concern" (United States House of Representatives Select Committee on Aging, 1981, p. vi). The purpose of this chapter is to review literature related to this major concern, elder abuse in the domestic setting.

The review has been divided into seven major areas: a discussion of demographics of the elderly population; a discussion of four major

research studies on elder abuse; a discussion of other research studies on elder abuse; a discussion on the problem of defining elder abuse; a discussion on theories and causes; a discussion on the federal interest in elder abuse; and a discussion of protective legislation of the older population.

Demographics of the Elderly

The elderly population of the United States has experienced rapid change and growth in the last 11 years. Between 1970 and 1981, the 75 to 79 years old population increased 28 percent, with a 34.9 percent population change in the 80 to 84 years population. The largest increase has been in the 85 years and over group, 67.7 percent (U.S. Bureau of the Census, 1982b). Following is a discussion of selected demographics of the elderly population in the United States and Oklahoma. These data are presented to assist the reader in developing a context for this study. Because of the categories used by the U.S. Bureau of the Census, data presented will be for the 65 years and older elderly unless otherwise specified.

In the United States

According to the U.S. Bureau of the Census (1982c), the elderly population in the United States, 60 years and over, totals more than 36.5 million, with 15.3 million males and 21.2 million females. If the population of the elderly is divided by race, Blacks and other races comprise 3.5 million of the over 60 years population. Data from the same report indicated that the 60 to 64 years population category (10.3 million) is the largest in number with the 85 years and over

population the least (2.3 million). The ratio of females to males showed a positive relation with age. In the age category 70 to 74 years, there were four million females compared to 2.9 million males. In the 80 to 84 age group, there were two females for every one male. For the 85 years and over population group the female to male ratio increases to 2.5 to one. When the female to male ratio is examined by race, the data showed no difference in the ratio across all age categories or among the racial groups for the over 60 years population.

The majority of elderly reside in metropolitan areas versus non-metropolitan or rural areas. According to the U.S. Bureau of the Census (1983a), nearly 16.9 million elderly 65 years and over live in urban areas. Nonmetropolitan elderly residents totaled nearly 9.3 million. Females outnumber the males in both residence choices.

When educational attainment of the elderly population is examined, 41.8 percent of the 65 years and over population have four years of high school or more; 17.3 percent have at least one year of college; and 8.5 percent have four or more years of college (U.S. Bureau of the Census, 1982b). Educational attainment of the group by sex showed that 40.8 percent of the males and 42.5 percent of the females had four years of high school or more. Educational level by race showed that 44.2 percent of Whites and 17.6 percent of Blacks had attained at least high school graduate status. In the over 65 years of age population, 11 percent of the males and 6.8 percent of the females had four or more years of college. Nine percent of the total White elderly population and 3.5 percent of the total Black elderly population have four or more years of college (U.S. Bureau of the Census, 1982b).

According to the U.S. Department of Labor (1980), in 1979 more than three million persons 65 years and over were employed in the total labor force. This represented three percent of the total employed labor force. Nearly 20 percent of the men and eight percent of the women in the 65 years and over category participated.

An examination of median income data for 1981 showed the males, 60 to 61 years, earned \$26,945 while females in the same age category had a median income of \$18,051. Females between ages 62 and 64 had a median income of \$18,809 as compared to \$21,301 for males. After age 64, the median income for both sexes decreased. Males' median income declined to \$14,748 and females' income to \$14,805. This sharp decline most likely was due to the traditional retirement age of 65 when a person would leave the workforce (U.S. Bureau of the Census, 1983b).

Although the average median income for persons 65 years and over is \$14,776, 3.8 million older adults are below the poverty level. This is 15.7 percent of the total elderly population (U.S. Bureau of the Census, 1982b).

The final demographic data to be considered is the household and family characteristics of the elderly. According to the Bureau of the Census (1983c), the 65 years and over category includes 9.4 million families. These families account of 15.2 million of the total elderly population. Married-couple families number 7.8 million of the total families headed by an individual 65 years and over. The same Bureau of the Census report revealed that five million families in the 65 to 74 years group and 2.6 million families in the 75 and over category had at least two persons in them. Fifty-eight thousand families in the 65 years and over range were found to have seven or more persons.

The Bureau of the Census (1983b) report disclosed that 24 thousand adult unmarried children occupied a household with elderly family members aged 65 and over. Other family members who lived in households with 65 years and over individuals accounted for nearly 1.8 million. Nearly one million of the family members resided with 75 years and over females. The number of family members who lived with elderly males decreased as the male's age increased. However, as elderly females increased in age, likewise was the number of family members who lived with them. Unrelated persons, those not in the family, but who lived in households occupied by the elderly numbered 192,000. The majority of unrelated persons occupied households with elderly females.

In Oklahoma

The source of data presented in the following section, unless otherwise referenced, is the Current Population Survey, March 1981 (U.S. Bureau of the Census, 1981). Since this report uses a sample, the figures have been weighted.

Among the 50 states, Oklahoma ranks 25th in the number of older people 60 years and older and ninth in the percent of older people to the total population. Oklahoma's 541,276 residents over age 60 accounts for nearly 17.5 percent of the state's population. The age group 65 to 69 is the largest in the number of elderly (141,808) compared to other categories in the 60 years and over population. They constitute approximately 27 percent of the total elderly population. Nearly 29 percent (154,645) of the over age 60 population is 75 years old or older. As throughout the nation, those age 75 or older are Oklahoma's fastest growing portion of the population (Ingraham, 1981).

The modal age in the total elderly population is 67.

In examining data on the racial diversity of the Oklahoma elderly, the U.S. Census Bureau (1973) reported that more than 88 percent of the 60 years and over population is White. Slightly more than seven percent are Black, while 4.28 percent are from other racial backgrounds.

Nearly 94 percent of older Oklahomans live in urban settings. The remaining six percent of the elderly population reside in rural areas.

The data which show the median years of school completed have several trends. First, as age increases the number of years completed decreases. Males age 60 to 64 completed 9.3 years of school while the 75 years and over completed 8.1 years respectively. Second, Whites compared to Blacks, for both males and females, show a higher median years of school completed. This also held true across all age groups. Third, more females compared to males completed four or more years of college. Fourth, Whites completed more years of high school and college than Blacks (U.S. Bureau of the Census, 1973).

The Bureau of the Census data showed that 12.46 percent of the 60 years and over population had social security as the sole source of income. When property income was added as a source of income, the percentage doubled to slightly more than 25 percent. Almost 14 percent of the population under study received wages and salaries as income.

Approximately 30 percent of the elderly population reported an income of less than \$4,000. The median income for the over age 60 population is less than 6,000. Modal income for households headed by persons 60 years and older is between \$2,500 and \$5,000 (U.S. Bureau of the Census, 1973). The Legislative Information Action Network of the Oklahoma's Conference on Churches reported that 31 percent of Oklahoma's

over age 65 has inadequate incomes to maintain standards of living above the poverty level (Ingraham, 1981).

In terms of household and living arrangements data, approximately 70 percent of the 60 years and over population live in family settings. Nearly one-third of the elderly population are non-family householders living alone. Females living alone or with nonrelatives outnumber males in the same living circumstances almost four and one-half to one. Among Oklahoma's elderly population who are not the head of a household, nearly 28 percent live with other family members (U.S. Bureau of the Census, 1982d). According to Ingraham (1981), 19,000 elderly individuals over age 65 are confined to their homes because of chronic health conditions. An additional 46,000 homebound persons need assistance with their mobility.

Recent Research on Elder Abuse

Research on elder abuse is limited (Douglass and Hickey, 1983; Pedrick-Cornell and Gelles, 1982). Most of the research has included four studies, all completed within two years of each other at various locations in the United States. The research included studies in the states of Ohio (Lau and Kosberg, 1979), Maryland (Block and Sinnott, 1979), Massachusetts (O'Malley et al. 1979) and Michigan (Douglass, Hickey, and Noel, 1980). Following are the four studies. Each is presented separately for review and analysis according to the state and date of release.

Ohio

The study "Abuse of the Elderly by Informal Care Providers", was conducted by Lau and Kosberg (1979) at the Chronic Illness Center in Cleveland, Ohio. The purpose of the study was to describe the type and extent of abuse of elders living in the community. The elders were dependent upon their family or others for necessary services to remain in the community. Lau and Kosberg identified cases of abuse and neglect from case records of clients over 60 years of age served through the Chronic Illness Center. The researchers reviewed 404 cases of patients in a 12-month period between May, 1977 and May, 1978. A total of 9.6 percent of the cases or 39 individuals showed or experienced some form of abuse during the one year period.

Lau and Kosberg classified abuse into four types: physical abuse, psychological abuse, material abuse, and violation of rights. Direct beatings, withholding personal care, food and medical care and lack of supervision were included in physical abuse. Psychological abuse was defined in terms of verbal assaults and threats, provoking fear and being isolated. The third type, material abuse, included monetary or material theft and misuse of property or money. A violation of rights, the fourth type of abuse, involved being forced out of their residence or being forced into another setting. The researchers identified a fifth category, self-abuse, but did not use their findings in their tabulations.

From the 39 cases of abuse, the majority of the victims were severely impaired, female, widowed, white and living with relatives. Over 75 percent of the abused elders had at least one major physical or mental impairment.

Of the cases of abuse, 74 percent were determined to be physical abuse or consequences of neglect. The most common incident was lack of personal care. Direct beatings occurred in 20 percent of the cases.

Fifty-one percent of the cases were categorized as psychological abuse, with verbal assault frequently occurring in 33 percent of all cases. Twenty-one persons (33 percent) experienced material abuse while seven persons (18 percent) had their rights violated. Material abuse and violation of rights were a less common phenomena at the Chronic Illness Center.

Lau and Kosberg (1979) reported that most patients had experienced more than one kind of abuse. The researchers found a range of one to eight forms of abuse per client with most experiencing two to five forms of abuse.

Denial or resignation were the most common reactions of the abused person when confronted. Protection was sought by the abused person in only four instances.

Over 90 percent of the abusers were related to the victim. Of the 39 cases of abuse, there were 46 different abusers involved. The majority of the abusers were daughters. They inflicted the abuse twice as often as any other relative. Following daughters as abusers were sons, granddaughters, husbands and siblings. In only four instances, the abusers were not relatives.

Lau and Kosberg (1979) found that in 46 percent of the cases institutionalization occurred after the identification of abuse. In 28 percent of the cases, assistance was provided such as nutrition, homemaker, recreations and guardianship services. The problem of abuse continued in 26 percent of the cases due to denial by the abused and the

abuser and the refusal to accept any type of intervention.

The Ohio study had some major limitations. The Chronic Illness Center's case load consisted mainly of seriously ill or disabled individuals thus it was not representative of the over 60 population. Focus of the study was very narrow; therefore, the 9.6 percent rate of abuse could not be generalized to the larger population.

Maryland

The Maryland study entitled "Elder Abuse Syndrome: An Exploratory Study" was conducted by Block and Sinnott (1979) in Metropolitan Washington, D.C. and the State of Maryland. The study had three major purposes. The first purpose was to make preliminary estimates of the prevalence of physical and psychological abuse of elders by their adult relatives. The researchers also wanted to develop a model describing the types of maltreatment. A third purpose was to test different research methods for feasibility, cost, adequacy and usefulness.

Three populations and networks were employed for the collection of data. The first method solicited case report data from agencies that interfaced with elders. These agencies in greater Washington, D.C. and Baltimore included county police departments, adult protective service agencies, senior centers and home care programs. The questionnaire used requested information about the respondents, as well as information about the victims of abuse and the perpetrators. They were asked to indicate the type or types of abuse sustained and the degree of severity. A direct mail questionnaire was the second method. The questionnaire was sent to elderly persons living in greater Washington, D.C. and inquired about their experience or knowledge of domestic abuse and

neglect. An abuse report form with 23 questions was utilized. The questionnaire requested characteristic data about the respondents, characteristic data about individuals over 60 years of age that the respondents knew had been mistreated, and abuser characteristic data. The 23 questions were fill-in and check-the-appropriate information type responses.

The third method used by Block and Sinnott (1979) was to mail questionnaires to members of the American Psychological Association, Gerontological Society, and emergency room nurses and physicians who lived in Maryland. The survey instrument utilized in the first method of collecting data was also used with this population. Questionnaires sent to the elderly and social agencies produced very low response rates, three and four responses respectively.

The majority of data for the Maryland study came from the mailed questionnaire to the professional personnel in the two associations and from the medical personnel. They produced 19 responses. The study findings were based on a final sample of 26 cases.

Block and Sinnott (1979) identified four types of abuse, physical abuse, psychological abuse, material abuse, and medical abuse. The research described these four types of abuse as the battered elder syndrome. Included in physical abuse was malnutrition, injuries such as welts, bruises, sprains, dislocations, abrasions and lacerations. Psychological abuse consisted of verbal assault, threat, fear and isolation. Theft or misuse of money or property was involved in material abuse. Medical abuse, the fourth type, was defined in terms of withholding medication or aids required such as hearing aids, false teeth and glasses. Victims of abuse were defined as individuals who

were at least 60 years of age and has sustained a history of repeated physical, psychological, material, and medical abuse in the home. They had to reside in the home of a son or daughter, with a relative or with a caretaker.

The profile of the abused victims that emerged from the data suggests that the elderly individual was frail, female (81 percent) and had a mean age of 84. Seventy-six percent of the victims lived with relatives who were under some internal or external stress. Nearly 50 percent of the elderly victims had a moderate or severe mental impairment and 96 percent had some type of physical impairment.

Abusers and victims were related in 80 percent of the abuse cases. Primary abusers were children of the victims (42 percent) who were in their forties and fifties (53 percent). The majority of abusers in the Maryland study were middle class (65 percent), White (88 percent), and female (58 percent). According to the respondents, the incidents of abuse were often repeated and were done more for psychological reasons than economic.

Block and Sinnott (1979) reported that bruises and welts were present in 31 percent of the cases of abuse with bone fractures in eight percent. Psychological abuse was more common than physical abuse. Within the four separate behaviors identified under psychological abuse, frequency rates of 46 percent to 58 percent occurred. The misuse of money and property occurred in 46 percent of the identified cases. Categories of abuse were not mutually exclusive which indicated that the elderly often suffered more than one type of abuse.

The researchers of the Maryland study estimated that if the rate of elder abuse nationwide was similar to the four percent incident rate

in Maryland, then the national incidence of elder abuse could be approximately one million cases per year. Their study concluded that elder abuse is characteristic to other forms of abuse, such as child and spouse, in that, it is repetitive and inflicted by family members, relatives and caretakers who suffer from stress.

The Maryland study response rates to the survey questionnaire were low and the sample of the study was small and non-random, thus the results could not be generalized to a larger population. Other limitations of the study were in the survey instruments that asked for some information based on opinions of the respondents, not actual experience, and the difficulty of judging some important information about the victim such as financial status, reasons for the attack and the extent to which action was taken. The findings raise questions as to the profiles of the abused and abuser that the study presented.

Massachusetts

"Elder Abuse in Massachusetts: A Survey of Professionals and Paraprofessionals"(O'Malley et al., 1979), sponsored by the Legal Research and Services for the Elderly, was a state-wide mail survey of 1044 professionals who were likely to encounter abuse of the elderly. The professional groups included nurses, social service workers, lawyers, police officers and protective service workers. The Massachusetts Legal Research and Services for the Elderly, headquartered in Boston, recieved 332 responses from the survey for a 32 percent response rate.

In the study, 55 percent (183 cases) of the returned survey questionnaires cited an incident of elder abuse within the prior 18 months which indicated the respondents had experience with abuse of the

elderly. The majority of citations were by individuals who had access in the homes of the elderly person.

The purpose of the survey was to gain descriptive data on the extent of abuse of elders residing at home by their families, friends and other caretakers. O'Malley et al. (1979) sought information that answered questions about which professionals encountered abuse; what were the characteristics of the abused and the abusers; what kinds of abuse occurred; and what responses were made by the helping professions toward the abused.

O'Malley et al. identified six categories of abuse, physical trauma, debilitating mental anguish, malnutrition, financial mismanagement, unreasonable confinement, and sexual abuse. Physical trauma was present in nearly half of the cases. Bruises, welts, cuts, punctures, bone fractures, dislocations, and burns constituted physical trauma. O'Malley et al. defined trauma in terms of major and minor trauma. Bone fractures and/or dislocations involved major trauma in seven percent of the cases. Survey respondents cited debilitating mental anguish in 40 percent of the cases. Verbal harassment was reported in 20 cases, while 165 cases involved malnutrition abuse. The researchers found eight cases of financial mismanagement, such as withholding food or rent money from the elderly individual and seven cases involving unreasonable confinement. One case of sexual abuse was reported as well as one case of oversedation.

The Massachusetts study indicated a similar profile of the abused victims to those found in the Lau and Kosberg (1979) and the Block and Sinnott (1979) studies. The victims were 80 years old in 36 percent of the cases and 75 years old in 54 percent of the cases. The data tended

to support the conclusion that abused elders were more likely to be very old, 75 and over. They were also female (80 percent) and suffering from mental or physical disabilities (75 percent) and lived with a family member (84 percent) who assisted them in meeting daily needs. The research showed that those 65 years old and under were least likely to be abused.

In 86 percent of the cases reported the abuser was a relative living with the victim. The abuser was responsible for the physical, emotional, and financial care of the elderly individual. Sons were the major abusers in 24 percent of the cases. In 20 percent of the reported cases, husbands inflicted the abuse while daughters accounted for 15 percent.

The researchers found that the victims were abused by the relative on a recurring basis in 78 percent of the cases. It was reported that the abuser suffered from some form of stress (74 percent), with 28 percent of the abuses cited involving alcoholism or drug addiction at the time of the abusive act or acts. Because of the high level of physical and emotional care required of the abuser, stress was determined to be the major precipitating factor in the abusive behavior.

The O'Malley et al. study concentrated more on the ways the respondents reported, referred and treated the identified cases. In 70 percent of the cases a third party brought the attention of the abuse to the helping professional. The victims and respondents were less likely to report or recognize that abuse occurred. Once abuse was identified, placement of the victim ranked as a high priority. Placement according to the study referred to finding a long-term alternative situation for the abused client. It was recommended in 36 percent of the cases that

placement in another living situation occur. Removal of the victim from the home or abuse situation temporarily was recommended in 56 percent of the cases as an emergency course of action. Seventy percent of the responses indicated that the refusal of the victim to acknowledge the problem or to allow placement, removal or referral action to be taken presented a barrier to providing the necessary services. Legal Research and Services for the Elderly represented 20 percent of all referrals. Nearly half of the cases referred were resolved, although little information was presented as to what actions were taken.

The O'Malley et al. findings were significantly different from the studies by Lau and Kosberg (1979) and Block and Sinnott (1979). O'Malley et al. found that the majority of identified cases were physical trauma. Lau and Kosberg identified the most common incidents as lack of personal care, which was included within their physical abuse category. Block and Sinnott found that psychological abuse was more prominent in their research than other identified types of abuse.

As with the Ohio and Maryland studies mentioned above, the Massachusetts study had some major limitations. The results could not be generalized to a larger population because the sample was not random. It was not determined if the abuse cases cited and reported represented separate cases or if the respondents were reporting on the same cases. Opinion information and responses based on memory were accepted as well as written cases for evaluation.

Michigan

"A Study of Maltreatment of the Elderly and Other Vulnerable Adults" (Douglass, Hickey, and Noel, 1980) was conducted at the Institute

of Gerontology and the School of Public Health at the University of Michigan. The researchers conducted 228 personal interviews with professionals and practitioners in five Michigan locations. The group of professionals and practitioners included physicians, nurses, police officers, lawyers, protective service, social community mental health and aging service workers. Members of the clergy, morticians and coroners were also surveyed.

The study sites were representative of metropolitan, suburban, rural, affluent, and depressed areas. For a respondent to be selected for an interview, he or she must have spent one-third of his or her routine activities in direct social delivery. In addition to the personal interviews of professionals and practitioners, secondary data analysis were performed on nursing home admissions data of publicly supported clients and on Detroit police department data on crimes against the elderly in 1978. The purpose of the former was to ascertain the extent of the impairment and the potential for alternative care at home by families. Analysis of police data was to determine the extent of criminal charges involving violence by family members toward the aged.

The purposes of the Michigan study were to ascertain the extent of abuse and neglect of elders and other vulnerable adults, identify characteristics of abuse and neglect, identify potential case-finding procedures, and relate the findings to the psychosocial literature on domestic violence. Data were collected through an interview process that was guided by a questionnaire.

Four categories of maltreatment were developed: passive neglect, active neglect, verbal or emotional abuse, and physical abuse. Passive neglect included being ignored, left alone, isolated or forgotten.

Active neglect was defined in terms of having needed things withheld. This included such things as companionship, medicine, food, exercise, and assistance to the bathroom. Involved in verbal or emotional abuse was name calling, being isolated, treated as a child, frightened, humiliated, intimidated, or threatened. Being hit, slapped, bruised, sexually molested, cut, burned, or physically restrained categorized physical abuse.

Responses to the interviews indicated that passive neglect was the most prevalent, followed by verbal and emotional abuse. Active neglect and physical abuse existed, but to a lesser extent than the other categories of maltreatment. Police personnel and adult protective service workers were identified as most likely to have had experience with passive neglect. They indicated that families in nearly 20 percent of the cases of passive neglect lacked the necessary knowledge to respond adequately to the needs of their elderly family members. Active neglect was experienced less frequently according to the respondents.

Experiences with particular types of abuse varied greatly by professions. Verbal and emotional abuse cases were experienced more often by police officers, lawyers and community mental health workers while nurses, caseworkers, and aging service practitioners saw these types of cases less often but on a regular basis. Douglass, Hickey, and Noel (1980) found that physical abuse was less prevalent than other forms of maltreatment. Police officers, public health nurses, case workers, and mental health workers were more likely to cite physical abuse cases than the other professional respondents. Thirty-eight percent of the 228 respondents had no experience with physical abuse. The study, as with previous studies, reported that highly dependent, frail, older women

were more likely to be the victims of neglect or abusive acts.

Douglass, Hickey and Noel (1980) elicited information about the causes of abuse and neglect. They developed four hypotheses about the causality of mistreatment. They suggested that as the dependencies increased in old age so did the risk of abuse or neglect; an abusive adult is a result of witnessing abuse or being abused as a child; abusive behavior is triggered by life crises; and abusive behavior or neglectful behavior is brought about by environmental factors.

In their study, practitioners were asked to select the most and least important factor they believed to cause abuse and neglect. No pattern emerged as a predominant cause or explanation of abuse or neglect. Lawyers, adult protective and aging services workers accepted the hypothesis of dependency as a major cause. Police officers, nurses, and morticians accepted the hypothesis of the developmental explanation, while life crises explanation of the mistreatment was accepted only by mental health workers. Nurses and community health workers rejected the negative environmental explanation as the major cause of the mistreatment. Social workers and physicians favored the supposition concerning environmental factors.

The results of their secondary data that consisted of nursing home admission data and the Detroit police department crime data were also analyzed. Nursing home patient intake forms indicated that the elderly clients had severe physical problems at the time of admission. The severe physical problems required personal and medical care and treatment. Douglass, Hickey and Noel (1980) reported that nursing home placement was most appropriate to meet the needs of such clients. They speculated that it was highly probable abuse or neglect would occur

if placed in the family unit because of the great demand and dependence of the elderly member. The police data indicated that family members were involved in 1.7 percent of crimes against the elderly in 1978. A higher percentage involved acquaintances and other caregivers of the elderly victim.

Douglass, Hickey and Noel presented a study that was based on the perceptions of professionals' and practitioners' experiences with abuse and neglect. Other studies (Lau and Kosberg, 1979; Block and Sinnott, 1979; O'Malley et al., 1979) did not address the perceptual issue.

The Michigan study was not without its limitations. The researchers' sample was not a probability sample and could not be generalized to larger populations. In addition, the survey accepted subjective judgments and opinions of the professionals and practitioners which made the measurement of the data difficult.

Other Studies on Elder Abuse

A number of other studies of elder abuse and neglect have been undertaken in other states across the country. The results have been various reports, publications and presentations before conferences and congressional hearings. Methodologies used by the researchers have been diverse, but their study findings similar. Different aspects of the issue have been discovered through the research that provided for a more complete comprehensive understanding of elder abuse.

Rathbone-McCuan (1978, 1980) in Missouri and Steinmetz (1978) in Delaware presented case studies of abuse based on information obtained from police, hospital emergency room personnel and social service workers. Characteristics emerging from their studies indicated that the

victims were female, frail, older than 65 years and dependent on others for daily needs. There was a history of related incidences of abuse as well as a history of family conflict. Psychiatric illness or alcoholism was prevalent either for the caregiver or the elderly person. Steinmetz (1979) reported that the majority of mistreatment was in the form of benign neglect. Inadequate understanding and knowledge about caregiving to older family members resulted in harm. The Rathbone-McCuan (1978, 1980) and Steinmetz (1978) studies were intended to raise hypotheses concerning elder abuse. Rathbone-McCuan (1980) encouraged further research and concluded that:

It is important to continue investigating the possibility that the aged are victims of abuse and that their situations are similar to wives and children who are abused and neglected. Only then will it be possible to understand what has recently been labeled as the 'battered parent syndrome' (p. 304).

In 1979 two other elder abuse studies in Florida and Maine and New Hampshire were conducted. The results of the two studies were presented in a report entitled "Elder Abuse: An Examination of a Hidden Problem" (United States House of Representatives Select Committee on Aging, 1980). Information and data concerning the two studies are limited, however they reported similar findings and profiles of the abused and abuser that the other research studies had found.

In Florida, the Department of Health and Rehabilitative Services gathered data on 49 elder abuse cases in one county over a six-month period, November, 1979 to April, 1980. Three types of mistreatment were reported, physical abuse, exploitation, and neglect. Nearly half of the reported cases were classified as physical abuse. Thirty-six percent of the cases were defined in terms of exploitation and

14 percent were neglect cases. The report did not specify as to what was included in each type of mistreatment identified. The Florida study substantiated earlier findings that relatives inflicted the abuse in the majority of cases. Seventy-five percent of the cases reported involved relatives as primary abusers. Caretakers or non-relatives were involved in 14 percent of the cases. In 10 percent of the identified cases, acquaintances were the perpetrators. The abuser was unknown in one percent. Specific data as to what constituted the relative, caretaker, and acquaintance categories were not presented.

The study in Maine and New Hampshire entitled "An Epidemiological Investigation of Elder Abuse in Southern Maine and New Hampshire, 1979-1980" was conducted by three graduate students (United States House of Representatives Select Committee on Aging, 1981). The purposes of the study were to determine whether abuse and neglect of the elderly was perceived as a problem and if a framework for intervention strategies existed. Thirty-one Maine and New Hampshire health, social service, legal aid, and civil rights agencies and associations were contacted either in person or by telephone. A telephone interview survey guided by a questionnaire was the major data-gathering technique.

The researchers indicated that five types of mistreatment existed, physical abuse, physical neglect, psychological neglect, material and financial exploitation and violation of human and civil rights. Over an 18-month period, the study found that 4.5 percent of all clients over 65 years of age were known to have sustained some degree of abuse or neglect. The types of abuse were not defined in terms of what was included or involved in each. The total number of clients identified by each agency were not presented in the Select Committee on Aging

report concerning the Maine and New Hampshire study.

The researchers reported that the victims of abuse were most likely to be female, frail, dependent on others for daily needs, lonely, fearful and most often over the age of 75. They resided in a home or near one or more of their adult children who may be categorized as being elderly themselves. Results or findings of the study concerning the victim are similar to other elder abuse research profiles of the victim.

Abuse appeared to be cyclical in nature. Sons, daughters and other relatives constituted the primary categories of abusing relatives. Each accounted for 28 percent of abuse cases reported. The abusers were reported to be suffering from some form of stress with alcohol or drug abuse cited frequently. Older family members were judged to be a source of stress to the abusers due to the caretaking demands required of them.

In summarizing the Maine and New Hampshire study, it was suggested by the researchers that intra-agency coordination of present supportive services were needed. In addition, community health agencies were determined to be a major factor in the detection and prevention of elder abuse and neglect. The researchers concluded that sufficient data were not available to establish a certainty of elder abuse incidences and prevalence even though some abuse existed.

The limitations of the Maine and New Hampshire study are similar to the studies by Lau and Kosberg (1979), Block and Sinnott (1979), O'Malley et al. (1979) and Douglass, Hickey and Noel (1980). Results of the Maine and New Hampshire study could not be generalized to a larger population because of non-random sampling used. The survey instruments asked for information based on opinion, memory and recall

which made measurement of the data difficult.

A study in the state of Illinois took a different approach to the study of elder abuse (Crouse et al., 1981). The Illinois Department on Aging funded a joint proposal to study the nature and extent of elder abuse, legal issues and legislation dealing with elder abuse, and to make policy recommendations according to three models dealing with elder abuse. The recipients of the grant award were the School of Home Economics, Eastern Illinois University; Center for Legal Studies, Sangamon State University; and, the Department of Family Practice, Southern Illinois School of Medicine.

Crouse et al. (1981) divided Illinois into five strata from which seven units were randomly selected. The seven communities were studied in three stages. In the first stage, two researchers were sent into each community for one week. They were to gather information from individuals who directly interfaced with the elderly and to compile a list of individuals providing services to the elderly who would receive questionnaires in the second stage of the study. The 1,890 individuals identified were sent questionnaires to obtain information concerning their perceptions and experiences with elder abuse and neglect. In the third stage, respondents to the first survey were sent a second questionnaire for the purpose of collecting data on each abuse or neglect case they identified or suspected. Six types of abuse and neglect were defined within the questionnaire. Included in the types of abuse were verbal and emotional, physical and severe. Neglect was categorized as passive, action and severe.

The survey group reported 11,739 cases of abuse and neglect. Most prevalent were passive neglect and verbal and emotional abuse, with

severe abuse and neglect represented in five percent of the total cases. The highest incidences of abuse and neglect occurred in urban and rural areas. The suburban areas reported the lowest number of cases. Medical emergency room personnel, police and clergy were found to be more likely to report abuse and neglect. Least likely to report cases were physicians, lawyers and home health aids.

The researchers found major characteristic differences in abuse and neglect cases. A victim of neglect was reported to be older than the abused individual with a median age of 76 and 70 respectively. Physical disabilities were present more frequently in the neglected victim than the abused. Both neglect and abuse victims were highly dependent on a family situation for their financial, emotional, and physical needs. Incidents of neglect and abuse were recurring in over 80 percent of the total cases. The Illinois study stated that the victims were more likely to be female.

Stress was a precipitating factor more often in cases of neglect than abuse. The neglected victims were found to be more dependent and demanding of needs from the family. The family situation was seen as a major factor contributing to mistreatment. Because the neglected victims were found to have a physical disability more often than abused victims, the researchers reported:

Those elderly persons judged as suffering the more severe types of neglect have a higher probability of being dependent than those suffering abuse. This may suggest that while neglect may be traced to a characteristic of the victim, abuse is more likely to be a result of a characteristic of the abuser (Crouse et al., 1981, p. I-78).

Respondents to the Illinois study suggested that as abuse and neglect became more severe, legal services should be part of the remedy.

Crouse et al. (1981) found that proposed legislation and intervention brought an array of basic legal doctrines and constitutional rights into question. Legal intervention versus individual freedom was an issue that the researchers addressed. Involuntary intervention under the doctrine of paren patriae, which allows states to become the guardian of the general public, needed to be examined in view of the abused or neglected persons fundamental liberties. Crouse et al. found that due process was circumvented in many cases involving the abused and neglected elderly in favor of the states' interests. States with a legal commitment to protect vulnerable adults from abuse and neglect revealed that intervention in many situations went beyond legislative intent. According to the authors, individual rights did not prevail over states' interest in many court cases involving the use of parens patriae.

Crouse et al. (1981) determined that there was a need for legal and social services to assist abused and neglected elderly individuals. However, no remedy was found to be completely satisfactory due to the legal considerations and the sensitivity of the elder abuse issue.

Crouse et al. discussed three major models of intervention which they considered policy options. The first was the child abuse/neglect reporting model. Domestic violence model was the second approach and identified as the third approach was the advocacy model. Each model was evaluated in terms of structure, modes of operation and costs. Under the provisions of the first and second models, it was determined they were too costly and inappropriate for abused and neglected elderly individuals. Strategies were oriented toward crisis and emergency intervention and did not provide for direct provision of long-term services. Court orders of protection, protective service and increased

police intervention were critical elements of the child abuse/neglect reporting and the domestic violence models. These elements were seen as probably less useful in an elderly abuse or neglect situation for several reasons. The authors reported that protective social services are viewed as a threat rather than a source of help to many elderly persons. Elderly individuals generally feel that the assistance eventually leads to institutionalization or some form of restrictive intervention and independence. Police intervention creates anxiety for the elderly person which results in a problematic situation. The two models are characteristically decentralized and oriented toward younger victims of abuse/neglect.

Crouse et al. identified an advocacy model as the most effective approach to elder abuse and neglect intervention. The advocacy model recognizes the elderly person as an emancipated adult and:

suggests that current interventions are adequate and that elderly persons most often need help in sustaining their well-being and protecting their rights. This model allows both intervention to protect vulnerable elderly and time to learn from existing legal and social frameworks and to develop additional remedies in an incremental, considered way. Lastly, this model provides a very specific definition for the concept of protective services and allows for the development and evaluation of that concept (p. III-10).

Basic features of the advocacy model recognize that the advocate is independent of the service delivery system and directly accountable to the elderly client. The advocate informs the client of his or her rights and existing community services that the elderly individual could use for protection. If the client does not want interventive assistance, the advocate must honor the client's desires.

The Illinois study indicates that the advocacy model provides the

most effective and efficient means of protecting vulnerable individuals and still provides a low level of state intrusion in their lives. It allows immediate intervention to abused and neglected elderly individuals within the framework of due process procedures and client's rights.

Walker (1983) reported the findings of mistreatment of elderly individuals from the records of the Ombudsman Office in the Connecticut Department on Aging. Four categories of mistreatment were identified: abuse, neglect, abandonment, and exploitation. More than 3,600 cases of mistreatment were investigated as of June, 1981.

Walker's findings substantiated the results of other research studies conducted on the issue of elder mistreatment mentioned above. The majority of clients were female, frail, and over 80 years old. All four types of mistreatment mentioned occurred in rural, suburban and urban settings, however the greatest number of cases occurred in urban areas and the smallest in rural areas. Abuse was reported to occur in all economic groups.

Family members were cited as most likely to inflict the abuse. Walker reported that family members who served as caretakers were found to be suffering from alcoholism and psychiatric problems as well as advanced age. The problems appeared to influence the caretaker's handling of the situation.

It is not unusual to find a 65 to 70 year old son or daughter attempting to care for an 85 to 90 year old parent. In many instances, the 65 year old caretaker cannot manage his/her own needs and is, therefore, frustrated over having to carry the additional burden of an elderly parent. Frequently, this frustration results in physical acting out against the older person (Walker, 1983, pp. 299-300).

Walker found in many cases of abuse and neglect:

as soon as the burden of responsibility is removed from the caretaker (abuser) and ancillary services are introduced the abuse and neglect stop. The caretaker simply needs relief from the pressures of providing continuous, uninterrupted care (p. 300).

The Connecticut study presents the importance of the establishment of an ombudsman office and the adoption of a reporting law for protection of the elderly against mistreatment. From this study Walker (1983) concludes:

Whether or not elder abuse is on the upswing is a guess, but judging from Connecticut's three year experience, many older people are living in drastic situations that require intervention for their survival (p. 302).

Summary of Research Studies

The elder abuse surveys described have many methodological and definitional limitations, although a broadly consistent image of elder abuse arises out of them. The recent elder abuse research studies (Steinmetz, 1978; Rathbone-McCuan, 1978, 1980; Lau and Kosberg, 1979; Block and Sinnott, 1979; O'Malley et al., 1979; Douglass, Hickey and Noel, 1980; United States House of Representatives Select Committee on Aging, 1981; Crouse et al., 1981; and Walker, 1983) have examined the extent and incidence of elder abuse and have presented characteristic profiles of the abused and abuser, although the generalizations that can be made from their findings are limited.

Mistreatment occurred more frequently to elderly females who were frail, physically or mentally impaired, over 65 years of age, highly dependent on others for daily needs and resided with relatives. Incidents of mistreatment occurred on a recurring basis.

The research studies profiled the abuser as a relative of the

elderly victim. Many abusers were categorized as elderly or nearly elderly themselves. Abusers were sons, daughters or spouses of the victims in a majority of the cases cited. The caregivers suffered from some form of stress due to the demanding needs of the elderly person. Alcohol or drug abuse was a frequent characteristic of the abuser. More than one form of abuse or neglect was inflicted in a single case by the abuser.

Abuse and neglect of elderly individuals was found to have no racial or socioeconomic boundaries. Incidents of mistreatment occurred in urban, rural, and suburban areas.

The recent research indicated a lack of consistency in categorizing and defining types of mistreatment. Because of the inconsistency, a separate section concerning the problems of defining elder abuse follows.

Problems of Defining Elder Abuse

Bergman (1981), Pedrick-Cornell and Gelles (1982), and Douglass and Hickey (1983) have addressed the problem of definitions utilized in the elder abuse research studies. Pedrick-Cornell and Gelles (1982) stated:

Perhaps the most significant impediment in the development of an adequate knowledge base on intrafamily violence and abuse has been the problem of developing a satisfactory and acceptable definitions of violence and abuse (p. 458).

The variations in the definitions of elder abuse within the research studies are inconsistent from study to study which results in limitations of comparability and collaboration (Bergman, 1981).

Pedrick-Cornell and Gelles (1982, p. 459) add that, "the variety of

definitions of elder abuse in current studies makes the task of comparing the results of the research impossible."

According to Douglass and Hickey (1983, p. 122), "the meaning of the term abuse is generally avoided or confused with the term neglect since these generic terms have been used in the general domestic violence literature." Each of the recent research studies presented has included a type or category of physical abuse. However, the categories were defined differently in terms of what was included. What was defined in most of the physical abuse categories of the Lau and Kosberg (1979) study would fit into the categories of neglect in the Douglass, Hickey and Noel (1981), Crouse et al. (1981), and Walker (1983) studies. Psychological abuse categories of Lau and Kosberg (1979) and Block and Sinnott (1979) would correspond to the verbal and emotional abuse categories of Douglass, Hickey and Noel (1980) and Crouse et al. (1981) studies. O'Malley et al. (1979) developed the category of debilitating mental anguish in place of psychological abuse for their Massachusetts study.

Douglass, Hickey and Noel (1980), the Florida, Maine, and New Hampshire (United States House of Representatives Select Committee on Aging, 1981), Crouse et al. (1981) and Walker (1983) research studies on elder abuse differentiated between the terms of abuse and neglect. Douglass, Hickey and Noel in the Michigan study and Crouse et al. in Illinois defined neglect in terms of passive and active. The Florida study and the Walker study in Connecticut identified a category of elder abuse in neglect. They did not categorize neglect into passive or active. Neglect was categorized as physical and psychological in the Maine and New Hampshire study. Much of what is included in the

abuse categories of the Lau and Kosberg (1979), O'Malley et al. (1979), and Block and Sinnott (1979) studies would more "appropriately fit into the categories of active and passive neglect" (Douglass and Hickey, 1983, p. 122). Clear distinctions in defining elder abuse and neglect as well as distinguishing between such terms as passive and active neglect has created a definitional dilemma for researchers (Pedrick-Cornell and Gelles, 1982) and program developers (Douglass and Hickey, 1983).

Bergman (1981) points out that a common classification or definitional system of categories would assist elder abuse researchers by assuring them they were measuring the same thing. Douglass and Hickey (1983, p. 124) believes "the actions or inactions of the caregivers formed the basis of the definitions" used in the Michigan study. Caregiver behaviors were abusive or neglectful with consequences "equally damaging to a victim" (p. 124). However, by distinguishing between abusive or neglectful behaviors "the intent or ability of the caregiver to have avoided causing harm is differentiated" (Douglass and Hickey, 1983, p. 124). Douglass and Hickey view their definitional distinctions as a means of deciding what consequences support services could have aided in the prevention of abuse or neglect.

The definitions used in elder abuse research vary from study to study. Definitions are narrow and broad which make comparing results difficult (Pedrick-Cornell and Gelles, 1982). An additional concern in the definitional dilemma pointed out by Pedrick-Cornell and Gelles (1982) is that:

The concept of elder abuse has become a political/journalistic concept, best suited for attracting public attention to the plight of the victims. But while elder abuse may be a fruitful political term, it is fast becoming a useless scientific concept (p. 459).

Theories and Causes

Whatever form of family violence occurs, it is difficult to understand all aspects of such behavior. Theories on elder abuse draw heavily on family violence research. The theoretical works of elder abuse "are actually propositions and theories which have been developed and applied to other types of intrafamilial abuse" (Pedrick-Cornell and Gelles, 1982, p. 462). Steinmetz (1981) has pointed out there are similarities between elderly abuse and other forms of intrafamilial violence; however, elder abuse has some unique characteristics not found in other forms of family violence.

No one theory provides the entire explanation of why domestic violence occurs. The review of theories and causes of elder abuse has been provided into five theoretical frameworks: psychopathological; developmental dysfunction; physical and mental impairment; stress and dependency; and ageism. Any one or combination of the five theories may explain why elderly individuals are abused and neglected by their caregivers.

Psychopathological Framework

The basic premise of the psychopathological theory is that the abuser has personality problems or disorders which causes him or her to be abusive (Hickey, 1979). Characteristics of the psychopathological individual include inadequate self-control, compulsiveness, sadism, undifferentiated types of mental illness or displaced aggression (Boisvert, 1972; Gelles and Straus, 1979). Because of the inherent problems and the close proximity to the abuser, family members become the objects of the abuser behavior. According to Rathbone-McCuan and

Hashimi (1982), individuals of this type deal with their emotional reactions in accordance to their present situation.

In the Douglass, Hickey and Noel (1980) study conducted in Michigan, a majority of professionals surveyed thought that pathological problems inherent in the abuser was one underlying cause of abuse. Hickey (1979) viewed the psychopathological framework as a learning disorder rather than a disease. Abusive, antisocial and aggressive behaviors are learned early in life. The abuser may be unable to discriminate between his or her own feelings and the behaviors he or she exhibits. The combination of the pathological individual and a family structural factor of a dependent elderly person could produce abusive behavior.

Gelles and Straus (1979) believe that alcohol and drug abuse are closely related to the psychopathological framework theory. They state that, "The theory rests on the assumption that alcohol and drugs act to breakdown inhibitions in the superego and thus release man's inherited or acquired potential to be violent" (p. 561).

The studies by Lau and Kosberg (1979), Block and Sinnott (1979), O'Malley et al. (1979), Crouse et al. (1981), and Walker (1983) cited that abusive caregivers were suffering alcohol and drug abuse. The caregiver became abusive or neglectful because of the inability to make appropriate decisions and judgments as a result of the alcohol or drug abuse. Using alcohol or drugs provide the abusive caregivers an excuse for their behaviors toward family members (Gelles and Straus, 1979).

The intraindividual theories, psychopathological and alcohol and drugs, are widely used to explain child abuse and spouse abuse (Kempe

et al., 1962; Wasserman, 1967, and Gelles, 1974). The present gerontology literature indicates that this theory is a possible explanation for abuse against the elderly. However, the association of this theory to elder abuse has not been supported by research (Pedrick-Cornell and Gelles, 1982).

Developmental Dysfunction

The developmental dysfunction theory assumes that an individual is "incapable of sustaining personal relationships in the interdependent context of the family " (Hickey, 1979, p. 1). Hickey suggests that children would be unlikely to develop outside relationships from parents who are also developmentally dysfunctional. A cycle of violence occurs with parents and children abusing each other throughout their life time (Steinmetz, 1977). The interactional outcome between parent and child is a pattern that is learned which preconditions an abused child to become an abusive parent (Hickey, 1979).

Conflicts are resolved through violence and this cycle of violence is passed on from generation to generation. Research on abusers:

all confirm the hypothesis that the more violence he (abuser) experiences in growing up, the more likely an individual is to use violence as an adult. . . . children who see and experience violence when growing up tend to use these experiences as guides for dealing with problems in their adult families (Gelles, 1978, p. 179).

Although the author was referring to murderers, child and wife abusers, other researchers believe adult children could be predisposed to continue violent behavior in family situations or crises even to the mistreatment of older family members (Steinmetz, 1978; Briley, 1979; Rathbone-McCuan, 1980; Rathbone-McCuan and Hashimi, 1982). A national

study of American family violence, Behind Closed Doors: Violence in the American Family, conducted by Straus, Gelles and Steinmetz (1980) appeared to confirm that violence produces violence in the American family. One of their theories of causation was that violent behavior is learned within the family and is transmitted from generation to generation. Straus, Gelles and Steinmetz (1980) found a significant percentage of persons who grew up in homes characterized by violence, in turn, practiced violence in their adult lives and passed them on to their own children.

Another aspect of the developmental dysfunction theory as a cause of elder abuse is that of revenge (Rathbone-McCuan and Hashimi, 1982). The revenge framework finds the family members who are caregivers mistreating elderly individuals because they were mistreated or perceived themselves to have been mistreated in the past. It is an opportunity for the abuser to get even for the abuse or mistreatment inflicted on him or her by the parents. Elbow (1977) states that elderly dependent parents can serve as a target for abuse because of what they symbolize to developmental dysfunctional caregivers.

The domestic violence literature indicates that violent behavior is learned within the society as well as within the family context in which the developmental dysfunctional individual resides (Straus, 1977; Steinmetz, 1977; Renvoize, 1978; and Gelles, 1979). Societal norms and values legitimize and glorify violence in the society and family. An individual with a developmental problem may find societal conditions reinforcing his or her violent behavior (Steinmetz, 1977). Societal conditions such as television, movies, literature, as well as other media and possession of guns for nonsporting purposes support the idea

that violence is a normal and legitimate way of solving conflict within the family unit. Gelles (1979, p. 18) has stated that, "to reduce violence in the home we must reduce violence in society."

Physical and Mental Impairment

The recent research on elder abuse (Block and Sinnott, 1979; Lau and Kosberg, 1979; O'Malley et al., 1979; Douglass, Hickey and Noel, 1980; Rathbone-McCuan, 1980; Crouse et al., 1981; United States House of Representatives Select Committee on Aging, 1981; and Walker, 1983) denotes that elderly individuals who have physical and mental impairments are most likely to be abused. Friedrich and Boriskin (1976) found similar results in the area of child abuse. Children most likely to be abused were those who suffered from physical and mental impairment. Researchers in elder abuse (O'Malley et al., 1979; Lau and Kosberg, 1979; and Block and Sinnott, 1979) imply that impairments lead to dependency which results in a high level of vulnerability to abuse.

Block and Sinnott (1979) found that nearly half of the abused elderly in their Maryland study had moderate or severe mental impairments with 96 percent of the cases showing some form of physical disability. Over 75 percent of the clients in the Ohio study had at least one major physical or mental impairment (Lau and Kosberg, 1979). The O'Malley et al. (1979) study also showed that 75 percent of the victims of abuse had a significant physical and mental impairment. The basic assumptions of the recent research on elder abuse is that impairments increase vulnerability to abuse. Because of the diminished physical and mental strengths and abilities of elderly individuals, they are less able to defend or escape from abusive situations

(Goldsmith and Tomas, 1974).

Each of the recent research studies on elder abuse mentioned above have profiled the victims of the abusive or neglectful acts, in a majority of cases, as female, frail and over 65 years of age with physical and mental impairments. The emerging characteristics indicate that older people become highly vulnerable to abuse and neglect by caregivers as a result of their physical and mental impairments.

Stress and Dependency

There is much research and literature which lead "to the conclusion that there is a substantial kinship solidarity remaining in the American family situation" (Mindel, 1979, p. 461). Most elderly individuals are not abandoned, neglected, isolated or rejected by their adult children or relatives (Shanas et al., 1968; Litwak, 1969; Bild and Havighurst, 1976; and Shanas, 1979). Sussman (1965) found that elderly people, as they grow older, become more involved with their families. In addition, adult children become more important for assistance to aid them in their needs (Adams, 1968, 1970). This dependency and the stresses related to it are the basis for another theory of elder abuse.

Horowitz (1978) suggests that a positive relationship with an elderly parent is not a necessary prerequisite for an adult child to provide care and assistance to that parent. Adult children caregivers feel less positive toward their parents when the parents are no longer healthy and independent (Johnson and Bursk, 1977). The poorer the health of the older person the more likely that person would reside in the household of an adult child (Shanas, 1960). Troll, Miller, and Atchley (1979) and Robinson and Thurnher (1979) indicates that the

needs and dependencies of the elderly person may result in stresses on the caregiving individual which may lead to abuse (Block and Sinnott, 1979).

Economic, physical, social psychological and emotional stress can be related to the dependency of an elderly person (Steinmetz, 1983). Economically, caregivers may find themselves providing support simultaneously to their children and their aged parents (Morgan, 1973). Medical costs of the elderly parent not covered by insurance compete with expenses incurred by other family members such as vacations, education, and retirement planning (Steinmetz, 1983). Simos (1973) found that adult family caregivers had the added expense of transportation and housing alterations to meet the aged parents needs. In a time that the two-income family is essential to maintain the standard of living, a family member, usually the woman, must resign from his or her career position to assist the aged parent (Cicirelli, 1981). Resentment and frustration among family members or by the caregiver over the financial burden could result in abusive acts against the elderly parent.

Physical and mental impairments are believed to increase dependency on the caregiver and the elderly individual's vulnerability to abuse and neglect. In addition to the medical costs that may be experienced, caregivers may be required to expend increased amounts of personal time and energy providing assistance (Rathbone-McCuan and Hashimi, 1982). The responsibility of providing constant care could bring about negative feelings toward the elderly person. Cicirelli (1981) reported that "the amount of personal strains and negative feelings experienced by adult children is related to the degree of dependency of elderly parents" (p. 175). Physical stress on the caregiver according to

Block and Sinnott (1979) was a precipitating factor in elder abuse.

Stress related to social factors can also be associated with elder abuse. The task of caregiving may severely curtail the caregivers social and recreational activities (Cicirelli, 1981). Vacations, family gatherings, shopping trips and other-away-from-the-home activities could be curtailed or eliminated from the caregivers' life styles because of the constant time restraints they feel they are operating within. Daily schedules and activities may be coordinated around preparing meals, making sure that prescriptions are filled and medicines taken, transporting the aged parent and providing physical and emotional support (Simos, 1973). Little time remains for the caregiver's own personal social activities. Caregivers may experience less mobility and more isolation due to the dependency of the aged parent (Rathbone-McCuan and Hashimi, 1982). Abusive or neglectful acts may occur as a result of feeling isolated and overwhelmed with the caregiving responsibilities.

Situational or environmental conditions can also precipitate stress which may lead to abusive or neglectful behavior of caregivers toward dependent elderly persons (Hickey, 1979). Crowded living conditions, unemployment, marital problems, alcohol or drug abuse, poor housing, and poverty could trigger or encourage abusive behavior toward elderly individuals. The social conditions may produce levels of stress above the caregivers limits of tolerance and as a result strike out at those who are most vulnerable.

Psychological and emotional dependencies were also found to be stressful (Foulke, 1980). Foulke indicates that this type of dependency is the most stressful for families and caregivers because of the

association of continuous decision-making, emotional dependency and personal time required to care for the dependent elderly person. The change of role responsibilities may be stressful as well as producing feelings of resentment between the caregiver and aged parent (Silverstone and Hyman, 1976). Brody (1970), Silverstone and Hyman (1976), and Otten and Shelly (1977) denote that caring for an elderly parent may be motivated out of a sense of responsibility, duty or guilt and not solely out of love. The lack of respect for the caregivers' privacy (Simos, 1973; Johnson and Bursk, 1977), the inability of the elderly individual to understand that the adult child caregiver is an adult (Steinmetz, 1983) and power conflicts (Renvoize, 1978) can be sources of psychological and emotional stress.

Although adult children feel obligated toward their aged parents (Cicirelli, 1981), feelings of guilt and panic are exhibited by the adult child caregiver when he or she discovers the inability or unwillingness to provide the elderly parent with the necessary services and care (Tuzil, 1978). Douglass and Hickey (1983) contend that adult caregivers are "overtaxed by the requirements of caring for a frail, dependent adult" (p. 126) and, without an occasional period of relief, emotional stress could lead to abusive acts. The potential for violence increases when the psychological and emotional stress reach an elevated level. According to Steinmetz:

The bottom line is that if you increase the stress on family members without adding supports and help them compete with it, you increase the likelihood of violence because a person and a family can handle only so much (United States House of Representatives Select Committee on Aging, 1981, p. 64).

Ageism

A Harris (1975) poll report:

established beyond a doubt that the image of older people held by the public at large is a distorted one tending to be negative and possibly damaging. The media, with coverage of the elderly poor, the elderly sick, the elderly institutionalized and the elderly unemployed or retired, may be protecting and reinforcing the distorted stereotypes of the elderly and myths of old age (p. 193).

The way an individual characterizes an elderly person has potential ramifications for abuse. According to Butler (1969), ageism is prejudicial and stereotypical appraisals of older persons and their roles they have in society. These characteristics are learned and acquired within a culture.

Viano (1983, p. 13) suggests, "there is no doubt that in American society becoming old means becoming less of something on the way to losing everything." According to the general public, older people have rather unsatisfactory lives. Negative perceptions and distortions concerning the aged may create abusive situations.

Johnson and Bursk (1977) found that when parents were no longer healthy and independent, their adult children felt less positive toward them. Americans value physical health, youth, productivity and independence. When physically and mentally impaired aged individuals are no longer perceived to possess what society values most, potential for abuse is created (Block and Sinnott, 1979; Katz, 1980). Viano (1983, p. 13) adds, "If, in the eyes of many, becoming old means becoming less human, it is easy to see how a wide spectrum of victimization of the elderly can take place and be justified." Thomas (1981) found that old people tend to see other old people just as negatively

as the general public perceives them. The elderly may hold negative attitudes and self-concepts of themselves and view abusive acts as deserved.

Block and Sinnott (1979) reported on the stereotyping of the disabled and aged by the mass media. Children's comic books and movies, adult adventure movies, medical shows and soap operas often characterized evil people as physically deformed or old. In a majority of cases reported in the recent research on elder abuse (Lau and Kosberg, 1979; Block and Sinnott, 1979; O'Malley et al., 1979; and Crouse et al., 1981), physical disabilities were identified in the victims of abuse. Physically impaired elderly individuals were most vulnerable to abuses and neglectful acts. Stereotyping the physically impaired as evil and accepting the attitudes of the society toward the aged may be another potential theory for the cause of elder abuse.

Federal Interest in Elder Abuse

A number of Congressional hearings have been held concerning the issue of elder abuse. The first congressional hearing was held by the House Select Committee on Aging on June 23, 1979 (United States House of Representatives Select Committee on Aging, 1979). Representative Drinan of Massachusetts chaired the hearing entitled "Elder Abuse: The Hidden Problem". The hearing indicated that there was a lack of knowledge about the issue which made finding solutions difficult.

"Domestic Violence Against the Elderly" was the second hearing. It was held by the Subcommittee on Human Services of the Select Committee on Aging on April 21, 1980 and was chaired by Representative Biaggi of New York (United States House of Representatives Select

Committee on Aging, 1980). Victims of elder abuse gave testimonies before the Congressional hearing. Implications of the hearing indicated that elder abuse was becoming a national social problem with inadequate intervention strategies.

A joint hearing of the United States Senate Special Committee on Aging and the House of Representatives Select Committee on Aging, was held on June 11, 1980 in Washington, D.C. (Joint Hearing, 1980). Presiding over the hearing entitled "Elder Abuse" were Representative Pepper of Florida and Senator Pryor of Arkansas. Examples of elder abuse were cited by legal experts, adult protective workers and researchers of domestic violence. Victims of elder abuse also gave testimony before the hearing. Eighteen statements were presented before the joint hearing by Senators and Representatives of their respective committee on aging. Senator Chiles of Florida (cited in Joint Hearing, 1980, p. 2) stated, "Since I have been a member of the Senate I have attended many hearings that have focused on unfortunate problems, but perhaps never have I attended one on a problem as regrettable as elder abuse." Senator Pryor of Arkansas (cited in Joint Hearing, 1980) concluded his prepared statement by saying:

In short, there are many unanswered questions about elder abuse. Hopefully, this hearing will begin to answer some of these questions and help us determine what the appropriate role of the Federal Government should be in dealing with elder abuse (p. 5).

In conjunction with the 1981 two-site first National Conference on Abuse of Older Persons, the Select Committee on Aging held hearings in San Francisco, California and Cambridge, Massachusetts (Oaker and Miller, 1983). The national conference was sponsored by the Legal Research Service for the Elderly, Boston, Massachusetts. One hearing,

"Abuse of Elder Persons", was held March 23, 1981 in Cambridge, Massachusetts by the Subcommittee on Human Services of the Select Committee on Aging. It was chaired by Representative Biaggi of New York (United States House of Representatives Subcommittee on Human Services of the Select Committee on Aging, 1981). A second Congressional hearing, that coincided with the National Conference on Abuse of Older Persons, was entitled "Physical and Financial Abuse of the Elderly" and was held April 3, 1981 in San Francisco, California before the Subcommittee on Retirement Income and Employment of the Select Committee on Aging, House of Representatives (United States House of Representatives Subcommittee on Retirement Income and Employment of the Select Committee on Aging, 1981).

Witnesses before the two hearings included adult protective workers, social service directors for the elderly, attorneys, emergency room personnel, and victims of abuse. Actual cases of elder abuse were discussed by the witnesses as well as previous research that had been conducted on the topic. Recommendations were offered as to what the Federal Governments' role should be toward the assistance and alleviations of elder abuse.

In addition to Congressional hearings on the topic of elder abuse, the House of Representatives Select Committee on Aging undertook a national study on the problem. The report entitled, "Elder Abuse: An Examination of an Hidden Problem" was released April 3, 1981 (United States House of Representatives Select Committee on Aging, 1981). The main components of the report included summaries of studies on elder abuse and case histories received in congressional hearings; reviewing domestic violence literature in the possession of the Library of Congress;

preparing and sending a questionnaire to 50 state human service departments; preparing and sending questionnaires to selected police departments, visiting nurses' associations, protective service workers and other agencies that interface with the elderly; and interviewing experts on domestic violence.

The Select Committee on Aging was able to reach some major conclusions about elder abuse in the United States. One conclusion was that elder abuse is a "full scale national problem which exists with a frequency that few have dared to imagine" (United States House of Representatives Select Committee on Aging, 1981, p. xiv). Victims were likely to be over 75 years of age, female, and very dependent while abusers were usually family members, most likely sons of the victims. The probable abuser would be experiencing some form of stress. The report estimated that four percent of the nation's elderly are victims of some sort of abuse.

A major portion of the Select Committee on Aging report was the results from the survey of the 50 states' human service departments. Twenty-six states had adult protective service laws which varied in scope of protection and intervention. Sixteen of the 26 states required mandatory reporting of elder abuse cases. Twenty states had sponsored adult protective bills pending while ten states did not have adult protective laws, mandatory reporting provisions, or legislation pending considerations. The allocation of state funds for protective services for abused older persons averaged 6.6 percent nationally (Oaker and Miller, 1983). The majority of states, 63 percent, reported that the greatest hindrance to assist abused elders was the lack of statutory authority. Statutes relating to adult protective services appear

ineffective to meet the needs of abused elders. Authority conferred to the adult protective service agencies by state law appear "to be more on paper than real with the exception of a few states" (United States House of Representatives Select Committee on Aging, 1981, p. 74).

Eighty-three percent of the states favored federal legislation to establish model mandatory elder abuse reporting laws which could be adopted by the states. The majority of the states would support the passage of H.R. 769 and its provisions and incentives to develop adult protective service programs.

The Select Committee on Aging summarized their survey of state human service departments by stating that elder abuse "is a significant problem of growing importance to the state human service departments." And that, "State statutes are, with singular exceptions, inadequate to fully meet the needs of the elderly" (United States House of Representatives Select Committee on Aging, 1981, p. 79). In addition, the majority of funds and resources in providing protective services are not directed to older adults but to the protective services for children.

Protective Legislation Regarding Elder Abuse

Introduction of protective legislation regarding elder abuse has occurred at both the federal and state level. At the federal level, the legislation has failed because of the broad scope of the bills (Oakar and Miller, 1983). At the state level, the local legislators have written the bills in ways to meet their local needs and beliefs about the elder abuse problem (United States House of Representatives Select Committee on Aging, 1981).

Federal Level

During the "Elder Abuse" joint hearing before the Special Committee on Aging and the Select Committee on Aging, federal legislation was introduced. Entitled "The Prevention, Identification, and Treatment of Adult Abuse Bill" (H.R. 7551), the legislation was sponsored by Representatives Oakar of Ohio and Pepper of Florida (Oakar and Miller, 1983). In a prepared statement before the joint hearing, Representative Oakar states:

This bill will relate not only to the elderly who are often victims of abuse, neglect, and exploitation, but also to other vulnerable adults such as women and the mentally and physically handicapped. It is long overdue that the millions of elderly and handicapped persons who are the victims of abuse and neglect be provided the services and protection to which they are entitled. The deliberate abuse of individuals who are least able to protect themselves is a national disgrace. We are hopeful that the 'Adult Abuse Prevention and Treatment Act' will provide the viable solutions to meet the critical problems of vulnerable adults who suffer abuse, neglect, and exploitation (Joint Hearing, 1980, p 13).

The purpose of the H.R. 7551 bill was, "To provide financial assistance for the prevention, identification, and treatment of adult abuse, neglect, and exploitation, to establish a National Center on Adult Abuse, and for other purposes" (Joint Hearing, 1980, p. 85).

The National Center on Adult Abuse would be an office under the Secretary of Health and Human Services. Its purposes would be to serve as a clearinghouse for research and information, publish training materials, provide technical assistance directly or through grants or contracts to public and non-profit agencies engaged in programs and activities related to abuse, neglect and exploitation, and to conduct a national study. The bill would provide federal funds, through the

National Center on Adult Abuse, to states which "had mandatory reporting laws and provided for immunity from prosecution for persons reporting incidents of abuse, neglect, and exploitation " (Oakar and Miller, 1983, p. 433).

H. R. 7551 was referred to the Committees on Interstate and Foreign Commerce and Education and Labor. Thirty-nine members of Congress co-sponsored the bill, but no committee action was taken during that session of Congress.

During the 97th Congress Representative Oakar and Pepper introduced a bill, "Prevention, Identification and Treatment of Elder Abuse Act of 1981," (H.R. 769) that was essentially the same as H.R. 7551 except it was limited to adults over 60 years of age and it established a National Center on Elder Abuse (Oakar and Miller, 1983). Oakar and Miller point out that the majority opposed to H.R. 7551 did so due to the broad scope of the bill. Because the focus on Congressional hearings had been on elder abuse, H.R. 769 was revised and limited to the adult elderly. After the introduction of the the bill it was "referred jointly to the Committee on Education and Labor and Energy and Commerce" in January 1981 (United States House of Representatives Select Committee on Aging, 1981, p. 161). No hearings had been held on H.R. 769 as of September 1981 (Oakar and Miller, 1983).

In Oklahoma

Oklahoma has two pieces of protective legislation that may deal with elder abuse. The first law is titled Protection From Domestic Abuse Act (Oklahoma Statutes, 1983 Supplement). The second law is more specifically directed toward the elderly, Protective Services

for the Elderly Act of 1977 (43A Oklahoma Statutes, 1981).

The Protection from Domestic Abuse Act became effective in 1982.

According to the Act:

Domestic abuse means the occurrence of one or more of the following acts between family and household members:

- a. causing or attempting to cause serious physical harm or,
 - b. threatening another with imminent serious harm
- (Oklahoma Statutes, 1982 Supplement, p. 201).

The Act states that this includes the protection of the elderly from domestic abuse.

The major component of the Act is a petition for protective order that can be filed with the district court of the county in which the victim resides. The court arranges a hearing on the petition within ten days unless there is an emergency ex parte order, in that case a hearing will be held on the same day the petition is filed. An emergency ex parte order can require the defendant not to abuse, visit, communicate, or threaten the victim and be ordered to leave the residence (Oklahoma Statutes, 1982 Supplement). The relief granted by the court to a victim may not exceed one year.

A copy of this protective order is sent to the police department with appropriate jurisdiction to enforce the court actions. Any person who has been served with a protective order and violates the order is guilty of a misdemeanor.

The survey of state human services departments conducted by the Select Committee on Aging indicated that 26 states had adult protective laws and only 16 of the 26 states had provisions in the laws that required the mandatory reporting of elder abuse cases (United States House of Representatives Select Committee on Aging, 1981). The State

of Oklahoma is one of the 16 states that has protective legislation and a mandatory reporting provision.

The act is titled Protective Services for the Elderly Act of 1977 and has as its purpose a guarantee to elderly individuals "the same rights as other citizens and at the same time protect the individual from exploitation, abuse or neglect" (43A Oklahoma Statutes, 1981, p. 3124). An elderly person, within the act, is defined as any person 65 years old or over who resides in Oklahoma. The authority of protective service and investigation of elder abuse cases rests with the Department of Human Services.

Major provisions of the Protective Services for the Elderly Act of 1977 are the reporting of abused persons, investigation of the report, and the voluntary or involuntary protective services provided through the Department of Human Services. According to the act:

Any person having reasonable cause to believe that an elderly person is suffering from abuse, neglect or financial exploitation shall make a report to the Department (43A Oklahoma Statutes, 1981, p. 3125).

The name and address of both the elderly person, and the caretaker and a description of the elderly person's situation must be included in the report. A person who willfully or recklessly makes a false report can be liable in a civil suit.

The investigation of a report is conducted by the Department of Human Services. An investigation should include, according to the act, a determination of whether the elderly person needs protective services; what least restrictive services are needed; what services are available and how can they be provided; is a caretaker willing to provide services; does the elderly person desire protective services,

and what follow-up investigation and monitoring of the services will be needed. The investigation should include consultation with persons thought to have knowledge of the circumstances relating to the abuse, neglect or exploitation. If during the investigation, ". . . the Department is denied entrance to the elderly person's home, the Department may petition the court for an order allowing entry" (43A Oklahoma Statutes, 1981, p. 3125).

Once it is determined that the elderly person needs protective services, the Department arranges for the provision of such services "in the least restrictive manner" (43A Oklahoma Statutes, 1981, p. 3125) providing the elderly person consents to receiving the services. Anytime the elderly person's consent is withdrawn, services are terminated. If the caretaker of a consenting elderly person refuses to allow the provision of services, the Department may petition the court to stop the caretaker from interfering with the provision of the services. The Department of Human Services is budgeted for the cost of providing protective services unless the elderly person agrees to pay for them or unless the court determines the person is financially able.

An involuntary protective services provision is incorporated into the Protection Services for the Elderly Act of 1977. If an elderly person is suffering from abuse, neglect or financial exploitation and lacks the mental capacity to consent to receiving protective services, the Department of Human Services can petition the courts for an order authorizing protective services.

In ordering involuntary protective services, the court shall authorize only that intervention which it finds to be least restrictive to the elderly persons liberty and rights, while consistent with his or her welfare and safety (43A Oklahoma Statutes, 1981, p. 3125).

A temporary guardian may be appointed if emergency protective services are deemed necessary. If the elderly person continues to need protective services, the temporary guardian can petition the court to order the appointment of a permanent

guardian or apply for commitment of the elderly person to a nursing home, personal medical institution, foster care service and other home placement, or to some other appropriate facility other than a facility for the acutely mentally ill (43A Oklahoma Statutes, 1981, p. 3126).

The court can order either or both of the above options and authorize protective services on an involuntary basis for an elderly person for a period not to exceed six months.

According to the Protective Services for the Elderly Act of 1977, the reports, records and working papers used or developed in an investigation are confidential. Disclosure of the information may be only under regulations adopted by the Department of Human Services or by order of the court.

Although the State of Oklahoma has a protective service law for individuals 65 years and over, the House Select Committee on Aging survey of human service departments indicated that only 3.92 percent of Oklahoma's 1980 protective services budget was allocated for the protection of the elderly (United States House of Representatives Select Committee on Aging, 1981). This amounted to \$430,950 of Oklahoma's 11 million dollars protective services budget. Nearly 94 percent (\$10,337,000) of the total protective services budget was allocated for protective services of Oklahoma's children.

Summary

This chapter has dealt with a review of literature concerning the

demographics of the elderly, recent research on elder abuse, federal interest, and the protective legislation regarding the older population. A review of the demographic data indicate that the elderly population in the United States, 60 years and over totals more than 36.5 million, with 15.3 million males and 21.2 million females. The majority of 65 years and over elderly (16.9 million) reside in metropolitan areas.

Less than 50 percent of the elderly population have four years of high school education. In terms of employment, more than three million persons 65 years and over are employed in the total labor force, which represents three percent of the total employed labor force.

An examination of median income data show males earning more than females from ages 60 to 64. After age 64, the median income for both sexes decreased.

The final demographic data concerning the elderly population in the United States dealt with household and family characteristics. The 65 years and over category includes 9.4 million families which account for 15.2 million individuals of the total elderly population. More than half of the families headed by an individual 65 to 74 years old had at least two persons in them. The data disclosed that 24 thousand adult unmarried children occupied a household with elderly family members aged 65 and over, while nearly 1.8 million individuals who were classified as other family members lived in a household with individuals 65 years and over. The number of family members who lived with aging males decreased with age but increased as elderly females increased in age.

The second section of the demographic data presented Oklahoma's elderly population information. Oklahoma ranks 25th among the 50 states

in the number of older people 60 years and older. More than one-half million residents over age 60 accounts for nearly 17.5 percent of the state's population. Nearly 94 percent of older Oklahomans live in urban settings.

The data show the median years of school completed decreased as age increased. More females compared to males completed four or more years of college. In terms of income, more than one-third of Oklahoma's over age 65 had inadequate income to maintain standards of living above the poverty level.

The household and living arrangement data indicate that approximately 70 percent of the 60 years and over population live in family settings. More females than males live alone or with nonrelatives. Among Oklahoma's elderly population who are not the head of a household, nearly 28 percent live with other family members. Chronic health conditions cause nearly 19,000 elderly individuals over age 65 to be confined to their homes.

In addition to the discussion of the demographic data of the elderly population, the review presented summaries of the most recent research on elder abuse. Although the research studies examined the extent and incidence of elder abuse and presented characteristic profiles of the abused and abuser, the generalization that could be made from their findings were limited. Mistreatment seemed to occur more frequently to elderly members who were frail, physically or mentally impaired, over 65 years of age, highly dependent on others for their daily needs, and living with relatives. Mistreatment also seemed to be a recurrent phenomenon; not only did one incident lead to another; but the occurrence of one form of abuse seemed to stimulate others.

An abuser was likely to be a relative of the elderly victim. A majority of the surveys reported that abusers were sons, daughters, and/or spouses of their victims. One of the more surprising findings in this review was that many abusers are themselves elderly individuals. Less surprising was the finding that many abusers suffered medical disabilities themselves, frequently alcohol and/or drug abuse.

At a more general scale of observation, abuse of the elderly seemed more likely among broadly middle class individuals of European descent rather than others. Incidents of mistreatment were also reported in urban, suburban areas, and rural areas, apparently discounting any community effects on the frequency of elder abuse.

Authors of the elder abuse research have indicated that the surveys had many methodological and definitional limitations. They also stated that the surveys had been hampered by small samples, non-random sampling techniques, narrow research objectives, and a failure to address the larger question of abuse's causation. According to various researchers the variety of definitions utilized in the elder abuse research seemed to make the task of comparing current research results impossible.

Another major section in this chapter of the review of literature dealt with the theories and causes of elder abuse. The review indicated that theories on elder abuse draw heavily on family violence research. Five theoretical frameworks were presented, although the authors of the research indicated that no one theory provided the entire explanation of why domestic violence occurred to the elderly.

The last two sections of this review were concerned with the Congressional interest and the protective legislation regarding elder

abuse. A number of hearings were held concerning the issue and various recommendations were presented.

Introduction of federal and state protective legislation regarding elder abuse were examined. The literature revealed that several federal elder abuse prevention, identification, and treatment bills had been introduced to the legislature. However, no elder abuse bill had been enacted into law.

The final discussion in the review dealt with Oklahoma's protective legislation regarding elder abuse. It was found that the state had two pieces of protective legislation that dealt with the abuse of the elderly. In addition, the review indicated that Oklahoma was one of 16 states that had protective legislation and a mandatory reporting provision concerning elder abuse.

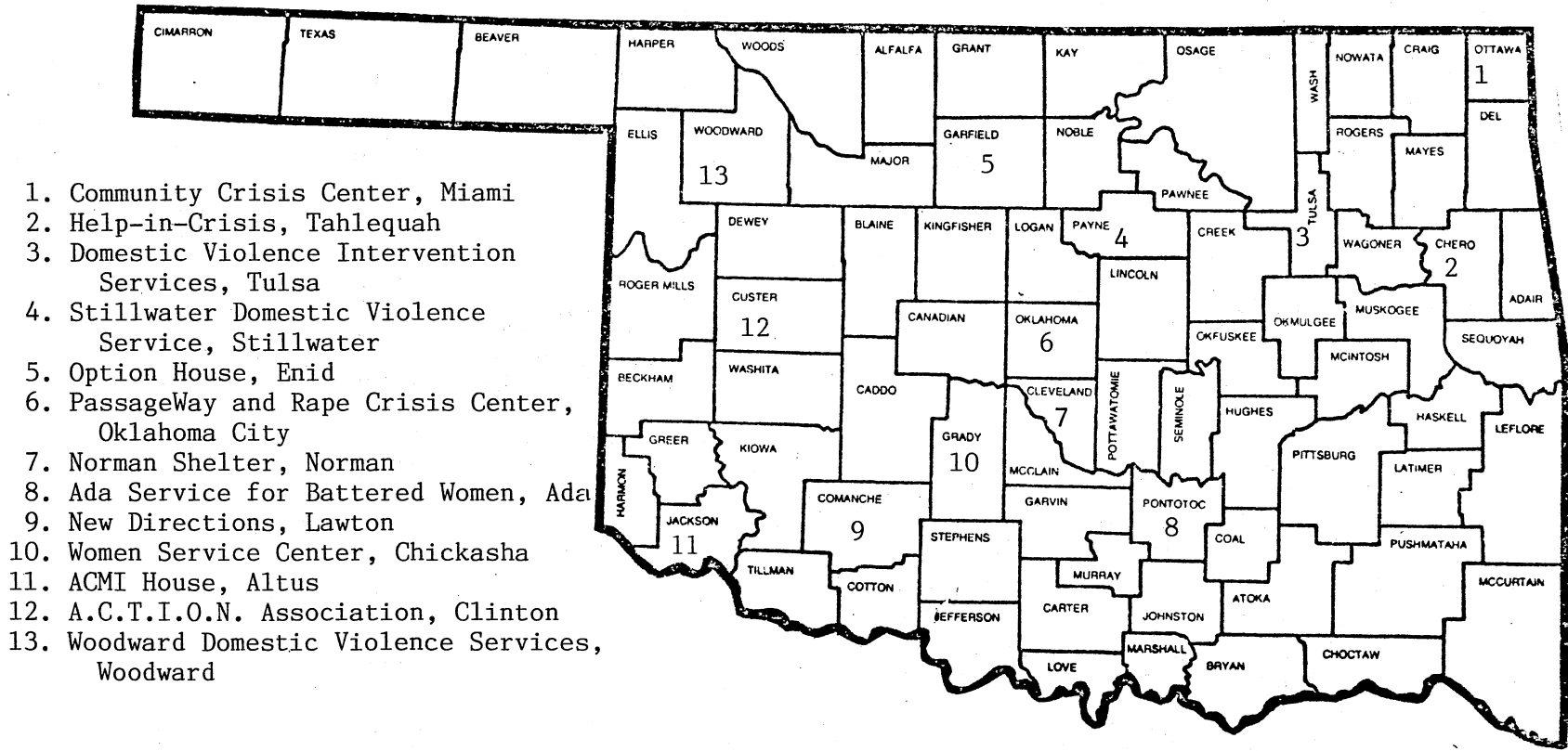
CHAPTER III

METHODOLOGY

The major purposes of this study were to describe the types and extent of reported abuse incidences of elders, to present a profile of the abused and abusers, and to present the perceptions of the Coalition directors about elder abuse. This chapter is devoted to the discussion of methods utilized to accomplish the study's purposes. Specifically the following sections are discussed: (1) sponsorship of the study, (2) type of research, (3) subjects, (4) instruments, (5) data collection and (6) analysis of data and statistical analysis.

Sponsorship of the Study

The study was conducted under the sponsorship of the Oklahoma Coalition on Domestic Violence and Sexual Assault (see Appendix B for a list of the members). The Coalition is comprised of 13 non-profit, community-based organizations (see Figure 1 for locations of Coalition agencies). The agencies' services include shelters, safe houses, crisis/hotlines, and task forces working with the concerns of battered individuals, victims of sexual assault, and their families. Rural and urban areas in Oklahoma are served by the Coalition agencies. The Coalition was established in 1979. Each agency in the Coalition is an independent non-profit organization which is governed by a board of directors. Funds for each agency are appropriated by the Oklahoma



1. Community Crisis Center, Miami
2. Help-in-Crisis, Tahlequah
3. Domestic Violence Intervention Services, Tulsa
4. Stillwater Domestic Violence Service, Stillwater
5. Option House, Enid
6. PassageWay and Rape Crisis Center, Oklahoma City
7. Norman Shelter, Norman
8. Ada Service for Battered Women, Ada
9. New Directions, Lawton
10. Women Service Center, Chickasha
11. ACMI House, Altus
12. A.C.T.I.O.N. Association, Clinton
13. Woodward Domestic Violence Services, Woodward

Figure 1. Location of Coalition Agencies

Legislature and distributed by the State's Department of Mental Health to the local agencies. Additional funds for each agency are obtained through local community fundraising efforts (Heath, 1983).

The primary purposes of the Coalition are:

To eliminate domestic violence and sexual assault in the State of Oklahoma.

To provide services to victims of domestic violence and sexual assault.

To expose the roots of domestic violence and sexual assault.

To provide quality services statewide and expand services so that every victim of domestic violence and sexual assault in the state may obtain immediate, comprehensive services locally (Purposes and Services, n.d., p. 3-4).

The Coalition provides technical assistance to other human service agencies and community organizations in areas of crisis intervention, as well as, professional and organizational consultation to state and local agencies involved in providing services to victims of domestic violence and sexual assault. In addition, they provide in-service training and staff development to assist agencies in increasing their capacity to deal with the crisis created by working with victims of domestic violence and sexual assault. Consultation in education services in underserved rural areas of the state are also provided in order that appropriate referrals for victims in need of services may be made (Heath, 1983).

Type of Research

Key (1974, p. 124) categorized descriptive research by stating: "Descriptive research is used to obtain information concerning the current status of the phenomena. The purpose of these methods are to

describe 'what exists' with respect to variables or conditions in a situation."

Turney and Robb (1971) add that descriptive research attempts to answer the question:

Does the research deal with what is? If it does then it is descriptive research. Descriptive research is concerned with characterizing the features of situations, objects, or practices. It allows one to find out pertinent information about an existing situation (p. 8).

They concluded, however, that "descriptive research is more than just a collection of data; it is not research unless discussion of the data is extended to the level of adequate interpretation" (p. 62).

Descriptive research is an attempt to describe things instead of discovering a cause-and-effect relationship (Huck, Cormier and Bounds, 1974).

There are two types of descriptive research, the survey and the case study (Turney and Robb, 1971).

The survey is an attempt to analyze, interpret and report the status of an institution, group, or area in order to guide practice in the immediate future . . . case-study method provides information about specific persons, existing institutions, or concrete entities (p. 63-64).

The difference between the survey and the case study relate to the amount and detail of the data collected. According to Van Dalen (1979, p. 295), "A case study is narrower in scope but more exhaustive and more qualitative in nature than a survey." This study utilized a combination of the survey and case-study method. A survey technique was used to collect data.

Subjects

The subjects of this study were individuals 60 years and over,

living in the State of Oklahoma, who reported cases of abuse to the 13 agencies of the Coalition. Reported cases for the years 1981 and 1982 were examined.

Instruments

Two instruments were developed for this study, a survey questionnaire and a telephone interview questionnaire. The survey questionnaire used in this study (see Appendix C) was developed from the Coalition's "Shelter Intake" form and the Oklahoma Department of Mental Health "Intake and Follow-up Abstract" (see Appendix D). The "Shelter Intake" form and the "Intake and Follow-up Abstract" were previously validated by a panel of experts.

The questionnaire in this study was designed to gather characteristic information about abused elders and abusers. The instrument was a closed-form questionnaire that consisted of a prepared list of questions and a choice of possible answers which matched the forms from which the questionnaire was developed. For each question, the respondents were asked to circle one item from the list of answers. On some questions, the respondent was asked to insert brief statements in the space provided.

The questionnaire included three types of abuse that were developed and defined by the researcher. Respondents were asked to check all categories of abuse that applied and to specify in writing what abuse was inflicted. The cover letter (see Appendix E), which accompanied the questionnaires explained the purposes of the study and the procedures on how to complete and return the questionnaires.

Eighteen items in the questionnaire were directly related to

obtaining information concerning the abused elder. Six items focused on abuser information. The three-to-one abused elder to abuser information ratio was the result of less abuser information requested on the "Shelter Intake" and "Intake and Follow-up Abstract" forms from which the questionnaire was developed.

The second instrument used in this study was a telephone interview questionnaire (see Appendix F). It consisted of seven structured questions that related to gathering perceptual information from directors of the Coalition agencies. The research utilized experts in designing the instrument and field tested the questionnaire on people familiar with aging and questionnaire design.

Data Collection

The questionnaires and accompanying letter were sent by mail to directors of the 13 agencies that comprised the Coalition. Because of the confidentiality and sponsorship of the study, the letter was signed by the Chairperson of the Coalition's Research Committee. The agencies were asked to complete one questionnaire for each client who met the subject criteria. Agencies were requested to return completed questionnaires in two weeks. The Coalition's Research Committee Chairperson made follow-up telephone calls to those agencies that did not respond within the specified two-week period.

The second data gathering method utilized a structured telephone interview conducted by the researcher. Each director in the 13 agencies of the Coalition was asked the seven questions from the telephone interview questionnaire. Responses were recorded by the researcher on individual questionnaire forms.

Analysis of Data and Statistical Procedures

According to Ary and Jacobs (1976):

Nominal measurement involves the placing of objects or individuals into categories which are qualitatively rather than quantitatively different. Measurement at this level only requires that one be able to distinguish two or more relevant categories and know the criteria for placing individuals or objects into one or another category (p. 12).

The data collected for this study was categorized in groups which were nominal in scale. Statistical treatment was limited, therefore, to measures of central tendency. The research design and the required statistical treatment resulted in the inability to make legitimate projections and inferences to the general population.

CHAPTER IV

PRESENTATION OF FINDINGS

This chapter presents the findings of the research. There are five sections in this chapter. The first section describes the response rate of the questionnaire by the Coalition agencies. Demographic characteristics of the abused elder and abuser are presented next, followed by a section that describes the profile of elder abuse. The fourth section presents the findings of the perception data of the Coalition agency directors. An elder abuse model is presented and discussed in the final section of Chapter IV.

Responses

Questionnaires were sent to the 13 agencies in the Coalition requesting information concerning abuse against the elderly, 60 years old or over, for calendar years 1981 and 1982. Four agencies reported cases of elder abuse, eight agencies had no reported cases, and one agency could not complete the questionnaire because its board of directors had established a moratorium on research requests (see Appendix G for letter from the Tulsa Agency).

There were 21 reported cases of elder abuse from the four agencies. The agency, New Directions, located in Lawton reported 12 cases or 57 percent of the total reported cases. Passage Way and Rape Crisis Center agency in Oklahoma City reported four cases (19 percent). The

Stillwater Domestic Violence Service, Incorporated, and the Norman Shelter reported three cases (14 percent) and two cases (10 percent) of elder abuse respectively.

Each questionnaire requested the date that the client information was completed on the Shelter Intake form. The purpose of this request was to identify what year had the most reported cases of elder abuse. In this study, 16 cases (76 percent) were reported in the year 1981 and five reported cases (24 percent) in 1982.

Demographic Characteristics

This section is divided into demographic characteristic data relating to the abused and the abuser. The characteristic categories for the abused and abuser were unequal in number because of the available information to the reporting agencies. The demographic characteristic data concerning the abused is presented first, followed by the demographic characteristics of the abuser.

Abused

Demographic characteristics, sex, age, ethnicity, marital status, and education of the abused are presented in Table I. Each characteristic is discussed separately.

Sex. A total of 21 cases were reported to the Coalition agencies. Twenty cases were female (95 percent) and one case was male (10 percent).

Age. The age range for the abused was 60 to 83 years old. A mean age of 66.9 years was calculated from the reported cases. The age

TABLE I
 FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC
 CHARACTERISTICS OF THE ABUSED

Characteristic	N	Percent*
Sex		
Female	20	95
Male	1	5
Age		
60-64	14	66
65-69	1	5
70-74	1	5
75 and over	5	24
Ethnicity		
White	14	66
Black	3	14
American Indian	2	10
Hispanic	2	10
Marital Status		
Married	11	52
Widowed	7	33
Divorced	2	10
Living as Married	1	5
Education (years completed)		
12 years or less	11	52
13-16	4	19
more than 16	1	5
Unknown	5	24

*Percentage rounded to whole numbers.

group, 60 to 64, reported abuse most frequently. This group accounted for 66 percent of the total reported cases. The 75 years and over age group accounted for five cases or 24 percent. Two age group categories, 65 to 69 and 70 to 74, each had one reported case or five percent.

Ethnicity. This characteristic category consisted of six possible choices for race or ethnicity. White, Black, American Indian, and Hispanic elderly individuals were reported to sustain abuse. No abuse was reported in the Asian or Pacific Islanders category, or in the Other category. Whites were found to be most frequently abused. They accounted for 14 cases or 66 percent of the total reported abuse. Second, in terms of ethnicity, were Blacks with three cases (14 percent). American Indian and Hispanic categories each reported two cases (10 percent).

Marital Status. The questionnaire used in this study had seven possible choices concerning marital status. Abused elders marital status was reported for the married, widowed, divorced, and living as married categories. No data were reported for the categories of never married, separated, and annulled. Of the total reported cases, more than half (52 percent) or 11 abused individuals reported they were married. The widowed marital status category accounted for seven cases or 33 percent. Two individuals reported their marital status as being divorced, while one case (5 percent) was categorized as living as married.

Education. The education data were arranged into four categories: 12 years or less, 13-16 years, more than 16 years, and unknown. The

range in years of educational attainment was from seven years to 17. A mean of 12.2 years was calculated from the 16 known reported cases. A majority of cases (11) reported were within the 12 years or less educational category. They accounted for 52 percent of the reported cases. Nineteen percent or four cases had 13 to 16 years of education. One individual reported having more than 16 years of education. The years of education were unknown in five cases.

Location. The distribution of location data by county, and urban or rural setting is presented in Table II. The State of Oklahoma has 77 counties. The 21 cases of reported abuse resided in four counties: Comanche, Logan, Oklahoma, and Payne. Abuse was reported in five percent of the total counties of the state. More than half (57 percent) of the reported abused elders resided in Comanche County, located in the southwestern portion of Oklahoma. Oklahoma County, centrally located in the state, had four cases (19 percent) reported. North and northeast of Oklahoma County are Logan and Payne Counties. Five percent of the total cases of abuse resided in Logan County, while four cases (19 percent) maintained residence in Payne County.

In terms of rural or urban settings, 20 of the abused elders (95 percent) were categorized as residing in an urban setting. A population of more than 2,500 constituted an urban setting classification. Those communities with a population less than 2,500 were considered a rural area. One case (5 percent) reported living in a rural setting.

Living Arrangements. The questionnaire requested information about the current residence of the client at the time the abusive act occurred. The living situation of the abused and the number of persons

TABLE II
DISTRIBUTION OF ABUSE CASES BY LOCATION

Characteristic	N	Percent*
County		
Comanche	12	57
Logan	1	5
Oklahoma	4	19
Payne	4	19
Setting		
Rural	1	5
Urban	20	95

*Percentages rounded to whole numbers.

in the household data were also obtained. The frequency and percentage distribution of living arrangements of the abused are presented in Table III.

There were 12 items in the questionnaire concerned with the current residence of the abused client. Three items, house, hotel/motel, and apartment, were reported as the current residence. Eighteen abused elders (85 percent) resided in a house. Ten percent or two cases reported living in a hotel/motel dwelling. One abused individual (5 percent) resided in an apartment.

In terms of the living situation of the abused, five items were chosen out of a possible ten items identified in the questionnaire. Living with a spouse was the most frequent category. Twelve cases (57 percent) reported living with their spouse at the time of the abuse. Living with a relative was the second largest category reported by the abused client. Nineteen percent or four cases were reported. The category of alone with children accounted for 14 percent or three cases. In only one reported case did the abused person live alone. One case identified the category of Other and specified she maintained a live-in-job situation.

The third part of the discussion of living arrangements deals with the number of persons in the household in which the abused client resided. The questionnaire asked for the number of individuals in the household including the client. The data were divided into four categories: one-to-two persons in household; three-to-four persons; five and more, and unknown reported. Forty-seven percent of the abused elders lived in a household with one-to-two persons in it. A three-to-four person household accounted for five percent of the reported cases.

TABLE III
 FREQUENCY AND PERCENTAGE DISTRIBUTION OF
 LIVING ARRANGEMENTS

Characteristic	N	Percent*
Current Resident		
House	18	85
Hotel/Motel	2	10
Apartment	1	5
Living Situation		
With Spouse	12	57
With Relative	4	19
Alone with Children	3	14
Alone	1	5
Other	1	5
Number in Household (including client)		
1-2	10	47
3-4	1	5
5 or more	2	10
Unknown	8	38

*Percentages rounded to whole numbers.

Two abused elders (10 percent) resided in a household with five or more persons. The category of unknown or unreported consisted of eight cases or 38 percent.

Employment. The employment and occupation data of the abused client are presented in Table IV. The seven employment categories on the questionnaire were utilized by the Coalition personnel during the intake process of an abused person. The results indicated that 28 percent (6 cases) were classified as unemployed. Three clients (14 percent) were employed as a homemaker. Those individuals classified as employed full-time accounted for 14 percent (3 cases) of the total reported cases. The disabled category consisted of two cases (10 percent). One abused client was reported as being employed part-time.

The occupational classifications, as the employment categories, were developed by the Coalition. The client's occupational category in the questionnaire had 15 possible occupations from which to select. Five of the occupational categories were indicated by the abused elders. Thirty-eight percent (8 cases) indicated they were homemakers. The occupational categories of household worker, professional/technical, and service worker each reported three cases (14 percent). Four abused clients (19 percent) indicated they had no occupations.

Income. Income data of the abused elders were limited because such information was not reported, although requested, on the questionnaire. Data concerning the gross household income per year and the client's source of income were, for the most part, unreported or unknown. Seventy-six percent of the total cases reported unknown for the client's monthly income. Three clients reported making less than \$500 per month.

TABLE IV
 FREQUENCY AND PERCENTAGE DISTRIBUTION OF
 EMPLOYMENT AND OCCUPATION OF
 ABUSED CLIENTS

Characteristic	N	Percent*
Employment		
Unemployed	6	28
Retired	6	28
Employed (full-time)	3	14
Homemaker	3	14
Disabled	2	10
Employed (part-time)	1	5
Occupation		
Homemaker	8	38
None	4	19
Household Worker	3	14
Professional/Technical	3	14
Service Worker	3	14

*Percentages rounded to whole numbers; totals may not equal 100 due to rounding.

while the income categories of \$501 to \$1000 per month and \$1000 and more each had one case. The questionnaire asked for the source of the client's income. Three sources were listed: a job, private source, and public sources. A distribution of the sources for the client's income is presented in Table V. Thirty-three percent (7 cases) indicated that their source of income was from a job. Six individuals (28 percent) reported that their income came from public sources. Ten percent (2 cases) of abused elders indicated the category of private sources. Twenty-eight percent of the cases reported their income source as unknown.

In terms of gross household income per year, 61 percent of the abused reported they did not know the gross household income. Five clients (24 percent) reported the household income to be between \$5000 and \$10,000 per year. Ten percent (2 cases) had income over \$10,000 per year and one client resided in a household that made less than \$4900.

Abuser

The available data concerning the abusers are limited because of the requested and reported information on the Coalition's Shelter Intake form. The information was gathered from the abused person and not directly from the abuser. However, using cross referencing techniques of the information of the abused, several unreported characteristics of the abuser can be determined.

Demographic characteristics, sex, age, ethnicity, and education of the abuser are presented in Table VI. Each characteristic is discussed separately.

TABLE V
FREQUENCY AND PERCENTAGE DISTRIBUTION OF
INCOME SOURCES OF THE ABUSED

Characteristics	N	Percent*
Job	7	33
Private Sources	2	10
Public Sources	6	29
Unknown	6	29

*Percentages rounded to whole numbers; total may not equal 100 due to rounding.

TABLE VI
 FREQUENCY AND PERCENTAGE DISTRIBUTION OF
 DEMOGRAPHIC CHARACTERISTICS OF
 THE ABUSER

Characteristic	N	Percent*
Sex		
Male	15	71
Female	2	10
Unknown	4	19
Age		
Less than 35	1	5
36-40	3	14
55-60	2	10
61-65	4	19
66-70	5	24
71-75	2	10
76 and over	1	5
Unknown	3	14
Ethnicity		
American Indian	2	10
Black	3	14
Hispanic	1	5
White	14	66
Unknown	1	5
Education (years completed)		
12 years or less	7	33
13-16	2	10
Unknown	12	57

*Percentages rounded to whole numbers; totals may not equal 100 due to rounding.

Sex. The sex of the abuser could be determined by referring to the research study's questionnaire question relating to the relationship of the abuser to the abused. In 17 of the 21 reported cases, sex could be identified. Fifteen of the abusers were male and two were female. In the other four cases, gender was indeterminable because the descriptions provided were gender free, i.e. relative, friend, and non-relative caregiver.

Age. The age of the abuser ranged from 15 to 84 years old. A mean age of 59.1 was calculated from the 18 reported cases. In three cases (14 percent), the age of the abuser was unreported. The age category of 66 to 70 years was identified as having the largest percentage of abusers. Five cases or 24 percent of the reported abuser cases constituted that category. The age category of 61 to 65 was the second most frequent range of abusers with four cases or 19 percent. Three cases (14 percent) were reported in the 36 to 40 year old age. In the age categories of 55 to 60 and 71 to 75, two cases each were reported. The age category of less than 35 and the category of over 75 each had ten percent or one case. An examination of the data indicated that 58 percent of the abusers were over age 60.

Ethnicity. The questionnaire contained five possible choices for race/ethnicity: White, Black, American Indian, Hispanic, and Other. In 14 cases (66 percent), the abuser was White. Three cases reported the abuser was Black. The American Indian category accounted for two cases, or ten percent, while one abuser was reported as being Hispanic. The ethnicity of the abuser was unknown in one case.

Education. The education data were arranged into three categories: 12 years or less, 13 to 16 years, and unknown. The range in years of educational attainment was seven to 16. A mean of 11.0 years was calculated from the nine reported cases. Seventy-eight percent of the reported cases indicated that the abuser had 12 or less years of education. In 22 percent of the cases, the abuser was categorized into the 13 to 16 years educational range. It was reported in the study that the abuser's educational level was unknown in 12 cases.

Marital Status. Data concerning the marital status of the abuser were not requested on the Coalition's Shelter Intake form. Consequently a question concerning the marital status of the abuser was not included in the study's questionnaire. However, by cross referencing the abused client's marital status and relationship of the abuser to the abused, it could be determined that the abuser was married or living as married in 57 percent of the cases. It could not be determined in nine of the cases.

Location. The county, and urban or rural setting of the abuser were not reported on the questionnaire used in this study. However, by cross referencing three categories of the abused client (living situation, current residence, and relationship of the abuser to the abused client), location data could be interpolated in the majority of cases. The county location and the urban or rural setting of the abuser appeared to be similar to that reported for the abused elder. A majority of the abusers resided in Comanche County followed by Payne, Oklahoma, and Logan counties. Abusers seem most likely to live in an urban setting rather than a rural setting.

Living Arrangements. The demographic characteristics concerning the abuser's living arrangements had to be interpolated through a cross referencing process utilizing the abused clients current residence, living situation, number in household, and relationship of the abuser to client data.

In terms of current residence of the abuser, the findings indicated that the majority lived in a house. This was similar to the current residence of the abused client in which 85 percent were reported living in a house. The abuser also seemed to live with the person that was abused. It could be determined that, in 90 percent of the cases, the abuser and the abused shared a common residence. The number of persons in the household could only be assumed to be similar to the data reported concerning the abused client. More than 50 percent resided in a household with one to four persons. The reported data did not allow for further interpolation of the number in household category.

Employment. The questionnaire used in this study requested the employment of the abuser. In 19 percent (4 cases) of the reported cases, the abuser was employed full-time. The occupational categories reported indicated the abusers were a small business owner, laborer, and farmer. Six cases (28 percent) reported that the abuser was retired while eight abusers (38 percent) were unemployed. The employment information was not known in three cases (14 percent).

Gross personal income of the abuser was unreported in 86 percent of the cases. Therefore, abuser personnel income per month category cannot be further evaluated. A cross reference process cannot be utilized using the income data of the abused because a majority of

income data was unknown in the gross household income category.

Profile of Elder Abuse

This section will include a discussion of the relationship of the abuser to the abused client, types of abuse that occurred and the prevalence of the abuse. In addition, a profile of the abused client and the abuser is presented.

Relationship

The questionnaire asked for the relationship of the abuser to the abused elder. There were eight items describing possible relationships between the abuser and abused from which the respondent could choose. The frequency distribution of the relationship of the abuser to the client is presented in Table VIII.

The spouse of the abused elder was most frequently reported as the abuser. In more than half of the cases (12 or 57 percent), the spouse was cited as the abuser. The son of the abused elder and other relatives in the home categories each accounted for three cases (14 percent). The category of other relatives in the home did not indicate the specific relationship to the abused person. The nonrelative caregiver indicated that in two cases (10 percent), the abuser was outside the family structure. One case reported the abuser was the friend of the abused person's employer. The other reported case did not specify who was the nonrelative caregiver. In only five percent (1 case), the daughter was the abuser.

TABLE VII
RELATIONSHIP OF THE ABUSER TO THE
ABUSED ELDER

Relationship	N	Percent*
Daughter	1	5
Son	3	14
Spouse	12	57
Other Relative	3	14
Nonrelative Caregiver	2	10

*Percentages rounded to whole numbers.

Types of Abuse

The questionnaire provided three types of abuse: physical, infringement of rights, and psychological. Each type of abuse included a description of situations to assist the respondent in choosing the proper type. A line below each abuse-type description was provided so the specific abuse could be reported. The respondent was requested to check all the types of abuse that applied to the situation. The purpose was to determine if an elderly person was being abused in only one form or if the person was subjected to more than one type of abuse.

The types of abuse that the client experienced are presented in Table VIII. A single type of abuse occurred in only one reported case. The remaining 20 cases involved a combination of types of abuse. In the situation where only physical abuse was reported, a 60 year old woman was "hospitalized because of the beatings she sustained from the friend of her employer." The majority of cases (66 percent) reported that they were physically and psychologically abused. The elderly experienced such physical abuse as "being hit," "physically restrained," "hit on the head with a stick," "food thrown on him," "beatings," "slapped," and "bruised." This was combined with the psychological abuse such as being "verbally assaulted," "told she was not pure white," "called names," "threatened," and "isolated." Two cases (10 percent) reported that they experienced physical and infringement of rights abuse. In these cases, an 83 year old woman and a 61 year old woman sustained beatings from a nonrelative caregiver and grandson respectively. Their rights were infringed upon by being "forced from their homes" by the abusers.

TABLE VIII
FREQUENCY OF TYPES OF
ABUSE INFLICTED

Abuse	N	Percent*
Physical	1	5
Physical and Psychological	14	66
Physical and Infringement of Rights	2	10
Physical, Infringements of Rights, and Psychological	4	19

*Percentages rounded to whole numbers.

A combination of physical, infringement of rights, and psychological abuse was reported in four cases (19 percent). Individuals who had a combination of abuses inflicted upon them experienced such things as "being hit," "locked in a hotel bathroom," "slapped," and "withholding food care." Their rights were infringed by such abuse as "not allowing them to have money," "misuse of monies," "telephone off limits," "held prisoner in own home," and "being forced from ones homes." Psychological abuse included intimidation, verbal assault, insulted, isolated, being ignored, and humiliated. In 95 percent of the total reported cases, the abused elder experienced at least two forms of abuse.

The study was also interested in determining how prevalent the reoccurrence of elder abuse was. The questionnaire asked if this was the first reported or nonreported abuse of the client.

The frequency of the reoccurrence of abuse is presented in Table IX. In 71 percent of the reported cases, it was not the first time the individuals had been abused. Four abused clients reported that it was the first time they experienced being abused. Nineteen percent who said that it was the first time were female and had experienced at least two forms of abuse. The occurrence of abuse information was not available in ten percent of the cases.

In a majority of the cases, the abused client reported the number of times abuse had occurred. Some clients would report that it was several times but did not indicate an exact number. Two cases reported being abused three times while two other clients stated they were abused from five to ten times by their abuser. In one case, the male spouse abused his wife weekly for 32 years. Another case reported that the

TABLE IX
FREQUENCY OF THE REOCCURRENCE OF ABUSE

First Occurrence	N	Percent*
Yes	4	19
No	15	71
Information not available	2	10

*Percentages rounded to whole numbers.

wife had abused the husband weekly for 16 years. An 80 year old female was abused daily by her son for a year while a 64 year old reported being abused for ten years by her 65 year old husband. In nearly 50 percent of the cases that reported a reoccurrence of abuse, a husband and wife relationship existed.

A partial profile of the abused elder and the abuser could be developed from the available data. The profile that emerged represents the abused elder and abuser only from the Coalition data.

Profile of the Abused and Abuser

The abused elder was female and was abused most frequently by her spouse. An abused person and an abuser were relatively close to the same age. Most frequently abused were those individuals in the 60 to 64 age range while the abuser fell within the age range of 66 to 70 years. However, the mean age of the abused was 66.9 years as compared to abuser's mean age of 59.1 years. The relationship of the ages of the abused elder and the abuser is presented in a computerized multiple line graph in Figure 2. A distribution of the abused and the abusers' ages is presented in computerized scatter diagram in Figure 3. Both the graph and the scatter diagram pictorially show the cluster of ages which indicate that those abused elders are being victimized most frequently by another elderly person.

In terms of race, education, location, and living arrangements, the findings indicate similar characteristics. The abused elder and the abuser were most likely to be White. The results did not indicate inter-race abuse, that is, one ethnic group did not abuse a person in another ethnic group. An abused person had a higher educational level in

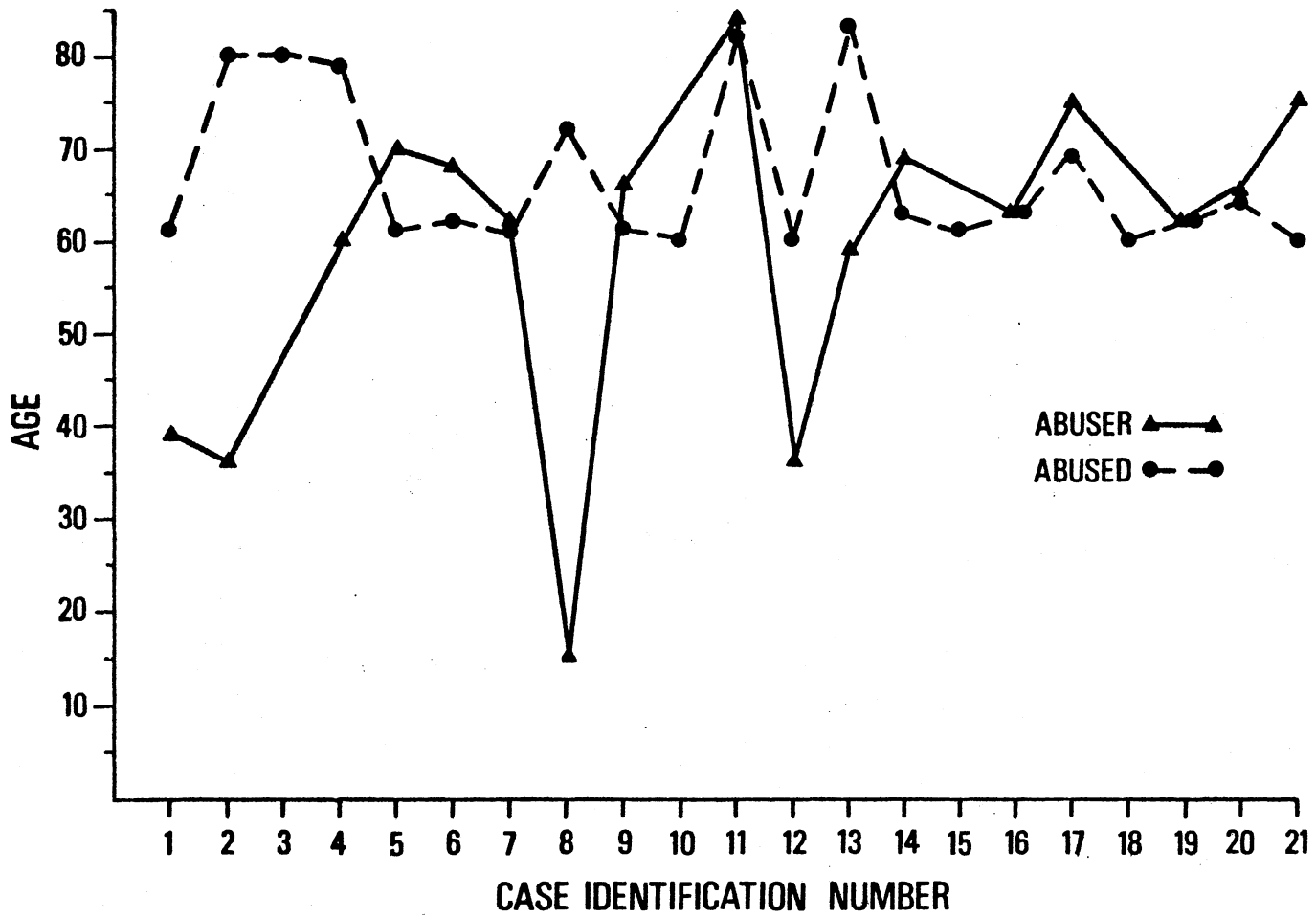


Figure 2. Multiple Line Graph by Case Identification Number of Abused and Abuser Ages

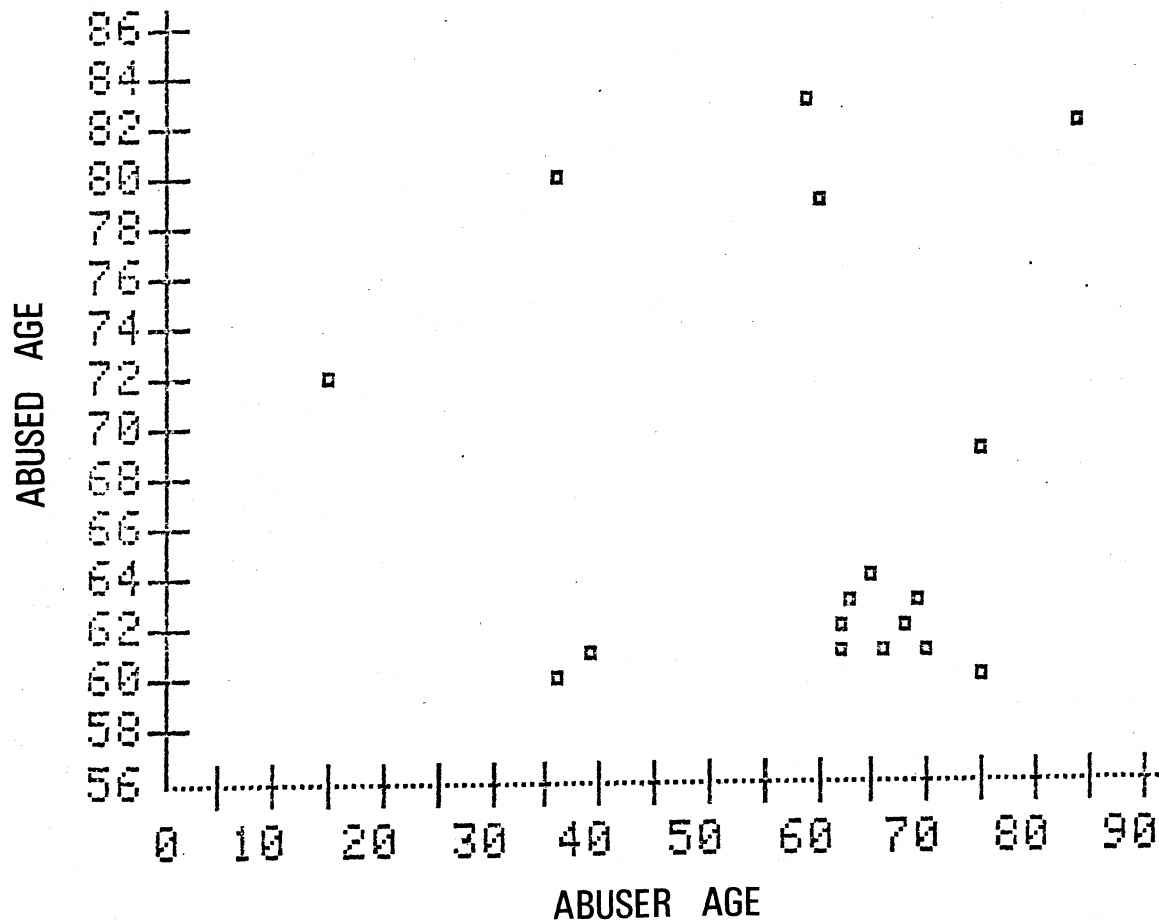


Figure 3. Scatter Diagram of Relationship of the Abused Elder and the Abuser's Ages

terms of years completed than the abuser. However, the mean for educational years completed were very close with 12.2 years for the abused elder and 11.0 years for the abuser. Both the abused and abuser lived in an urban setting and resided in a one-to-two person household. In 90 percent of the reported cases the abused elder lived with a spouse or relative who also turned out to be the abuser.

Data concerned with employment, occupation, and income of the abused and abuser are limited and thus more difficult to develop a profile. A very distinct finding did arise in the employment of the abused and abuser. In over 50 percent of the cases, the abused and abuser were either retired or unemployed. The category of income and the source for the income were unreported in the majority of cases. Consequently, no profile could be developed.

According to the study findings, types of abuse inflicted were distinct. In 95 percent of the cases, the abused elder was subjected to at least two forms of abuse. The frequency of the types of abuse sustained by the abused elder and the frequency of the types of abuse by the abuser are presented in the computerized scatter diagrams in Figures 4 and 5 respectively. The most frequent types of abuse inflicted were a combination of physical and psychological. Physical abuse, physical and infringement of rights abuse, and physical, infringement of rights, and psychological abuse, however, were reported much less frequently. The study's findings also found that if an elder was abused it was on a reoccurring basis. The frequency of abuse ranged from several times to an extended period of time of many years.

1=Physical

2=Physical and
Psychological

3=Physical and
Infringement of
Rights

4=Physical, Infringe-
ment of Rights,
Psychological

NUMBER OF ABUSES

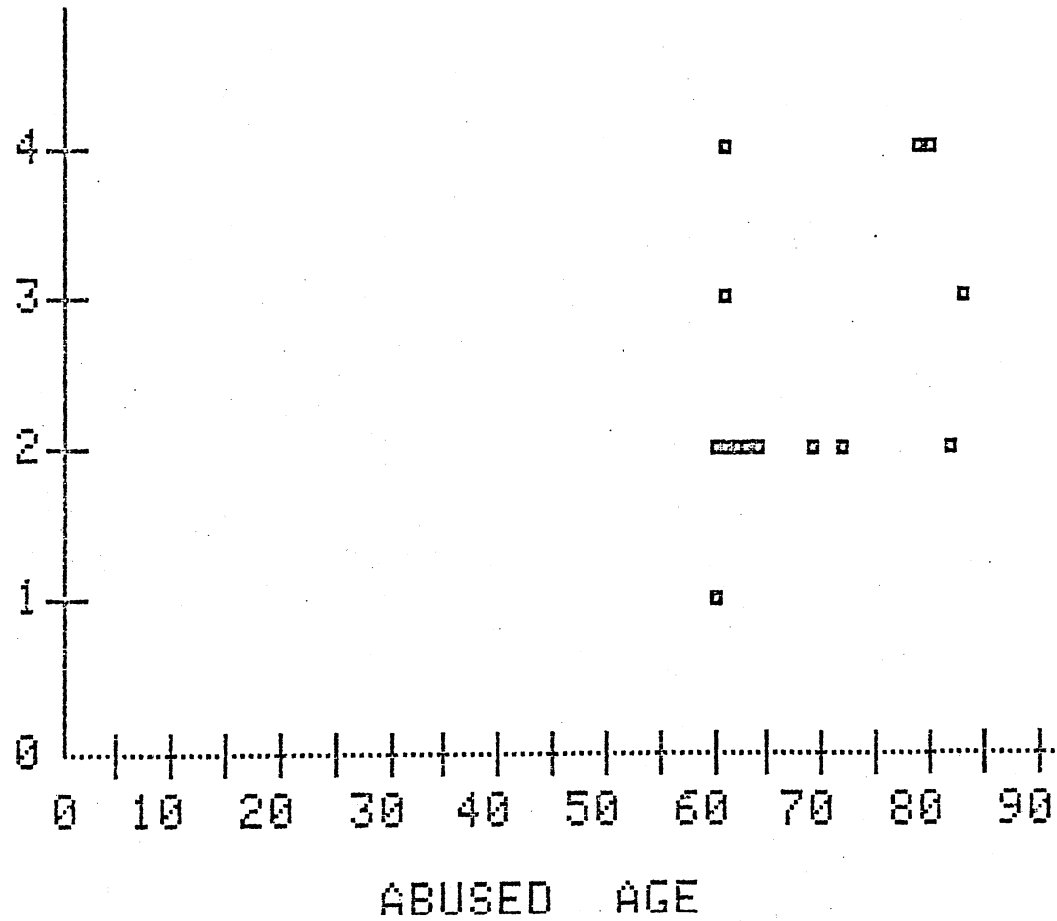


Figure 4. Scatter Diagram of Type of Abuse by Age of Abused

- 1=Physical
- 2=Physical and Psychological
- 3=Physical and Infringement of Rights
- 4=Physical, Infringement of Rights, Psychological

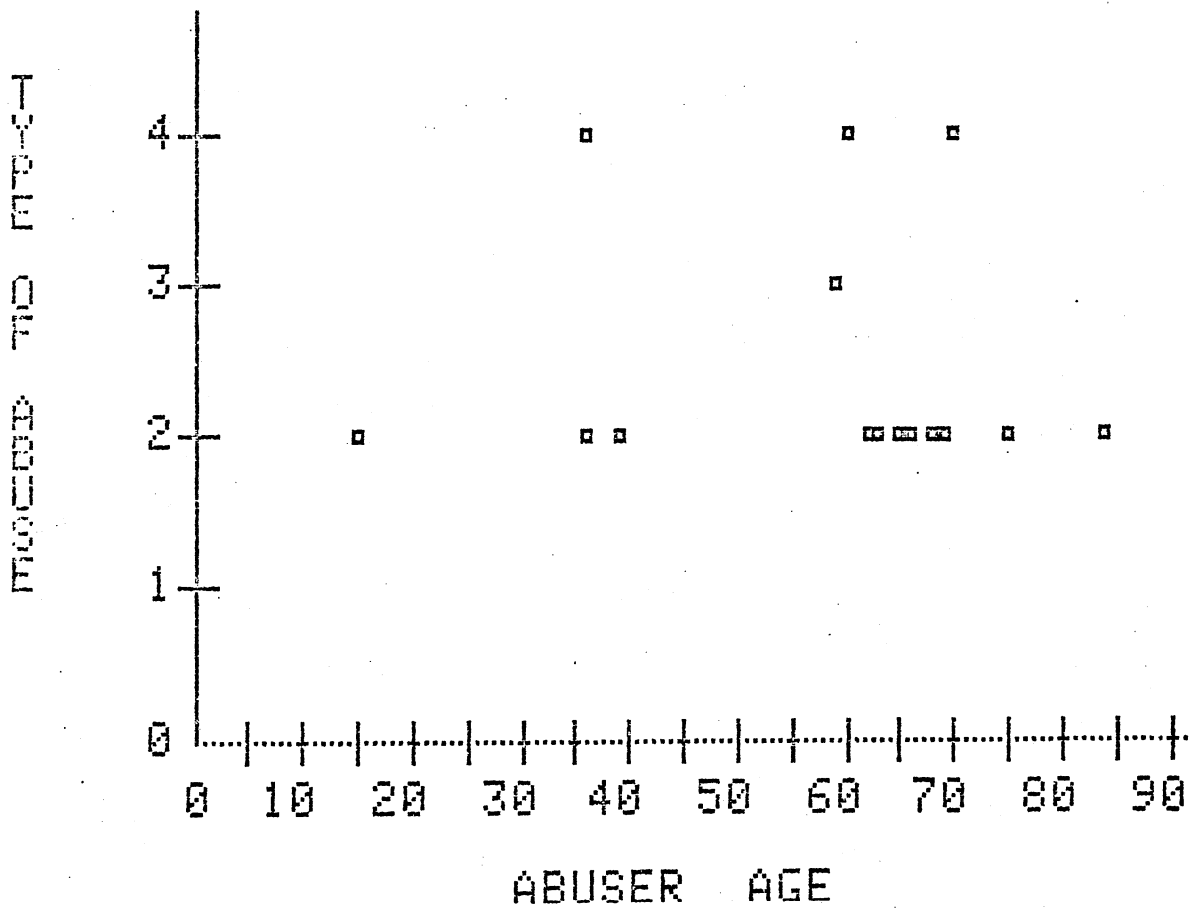


Figure 5. Scatter Diagram of Types of Abuse by Age of Abuser

Perceptions

The second method of collecting elder abuse data was through a structured telephone interview with the 13 directors of the Coalition agencies. The telephone interview questionnaire consisted of seven questions (see Appendix F). Questions were asked in the same way and sequence in each of the interviews. The researcher provided a definition of elder abuse to each agency director at the beginning of the interview. The purpose of the telephone interview was to gather data concerning the directors' perceptions of the elder abuse issue, even though not all agencies reported cases of elder abuse. Findings from each question are presented separately.

The first question asked, "To what extent do you believe elder abuse existed in your community and area?" A majority of the directors believed that elder abuse did exist and in addition, was more prevalent than what was reported. The directors stated that elder abuse was "wide spread but unknown" in terms of the extent of the problem. Half of the directors perceived the problem to be equal in magnitude to spouse and child abuse, while the other directors believed it was "not equal to other forms of abuse, but much less."

Question two of the telephone interview asked, "Where else do abused elders go to get assistance if not to your agency?" A variety of responses prevailed. Nearly half of the directors believed that the abused elderly go to the Oklahoma Department of Human Services for assistance. Others thought the elderly were seeking assistance from churches, legal aid services, senior citizen centers, and mental health centers. Two directors believed abused victims were going to their

family physicians for assistance.

"Why isn't more elder abuse reported?" was the next question asked of the agency directors. Four major reasons were given by the directors. Most frequently mentioned as the reason elder abuse was not reported was the lack of awareness of available services in which the abused client could seek assistance. The lack of awareness was closely related to the directors' perceptions that the elderly were not educated to the available public services. Although most directors believed the lack of awareness of available services was the main reason for not reporting, several perceived the problem as that of denial by the abused elder. One director stated the elderly believe that those kinds of problems "are their own and not for the public to know." In the same vein, another director believed the elderly like to "keep family problems in the family." One director believed abuse was not being reported because the elderly person was "loyal to the family" and feared adverse action toward the family unit if reported. In addition, the director felt that the elderly would deny that abuse had occurred in favor of protecting the family.

A third reason for not reporting abuse seemed to be health related. The lack of mobility by the elderly was perceived to be a cause as well as the dependency of the elderly person on the caregiver. One director stated "who is going to care for them (elderly) if the abused elder reports the caregiver." Another director believed that the "fear of going to a nursing home" was an option the elderly had to confront if they reported abusive actions. The director continued by saying that she believed that more elderly individuals would rather be abused than to be placed in a nursing home.

The final reason seemed to be related to the pride of the elderly individual. A Coalition agency director believed the elderly "don't like to seek help from the government" because of their "pride". Another director perceived the problem of reporting abuse as that of "not wanting to be cast as a welfare type". Such a stigma, she stated, would bring "shame" and "embarrassment" to the abused elder and the family.

The next question concerned the issue of reporting elder abuse. The directors were asked, "Is there a way to approach the problem that it would increase the likelihood that it would be reported?" Nearly all the directors (92 percent) believed that increasing public awareness of the problem was the most effective approach. As one director stated, "it's time we got the issue out of the closet" and confronted the public with it. Agency directors believed the mass media could be very effective in educating the public. They suggested using television and radio announcements, as well as newspaper articles to describe elder abuse and available services. One director suggested that social service agencies that work with the aged review the way they advertise their services. They should make it clear that the abused elderly can get assistance through them if needed. One director indicated a "hot-line" or "crisis-line" and an emergency shelter be developed so the elderly could report abuse as well as seek shelter immediately that was noninstitutional in nature. The directors seemed to perceive that community education was the most viable approach to increasing the number of elder abuse cases reported.

Question five tried to determine how many of the directors were familiar with the Protective Services for the Elderly Act of 1977,

a mandatory reporting law for suspected abuse, neglect, or financial exploitation of the elderly. The question was, "How do you think the Protective Services for the Elderly Act of 1977 could be improved?" The majority of the directors (92 percent) said they were "not familiar with the act" or stated they "never heard of it." The one agency director that had heard of the act believed it was "too narrow and limiting." She continued by stating that the people "that it directly affects don't qualify according to the law." The act protects those individuals 65 years and older. The director believed the age limit should be lowered.

The next question was, "What do you believe to be the major cause or causes of elder abuse?" Three distinct causes emerged from the data. First, the directors believed a major cause of elder abuse was the fact that our society accepts violence as a means of "getting what people want" or a means of venting "frustration and stress." Associated with that idea was the belief that abusers "strike out at the weaker members" in society. One director stated "there is a power imbalance; the one with power will dominate the weaker person." A majority of the directors described the elderly as "easy to beat-up" and in a physical condition that they "can't defend themselves." Several comments related to the issue of ageism within our society. The directors believed that the elderly were not highly valued in our society. One director stated that "society doesn't like old people," consequently, abusers in that society feel justified in abusing those individuals or things they believe have little value or worth.

The second cause frequently mentioned by the directors was that of dependency of the elderly person on the caregiver to meet daily needs.

Two directors stated that caregivers "lack role models" to emulate and thus were unprepared to take on the caregiver's role in an effective and meaningful manner. It was the perceptions of the directors that caregivers became frustrated with the financial burden and the inability to provide adequate care and services. The result was the caregivers striking out at what they believed to be the cause of the frustration and dependency.

The third cause mentioned by the directors dealt with the "developmental process" of the abuser. Nearly half of the directors mentioned the idea of a "cycle of violence" within the family environment. Although the directors could not provide data supporting the developmental problem hypothesis, they perceived the abuser as a person that had been abused as a child by the parents. Violence, by the abuser was a way of reacting to unpleasant or frustrating situations. Directors believed that the violent behavior was learned and passed from one generation to the next generation. One director stated that abusers "were never told they can not abuse other people." She continued by saying that the developmental problems had turned into a "cycle of violence" and no evidence indicated that "the cycle would be broken very easy."

The final question asked, "How can we as professionals deal more effectively with the elder abuse problem?" The directors' responses seemed to be categorized into three areas: education, research, and service. Education was a frequently mentioned method for dealing more effectively with the elder abuse problem. Mentioned as a priority by the directors was the creation of public awareness of the problem through media, fliers, and brochures, and by providing training to professional groups such as lawyers, doctors, social workers, and ministers.

Making the reporting law known to the public was mentioned by nearly half of the directors. The directors also indicated that professionals should become more knowledgeable in the available services for the abused elder.

Nearly 15 percent of the directors believed that researching or studying the problem was an appropriate way to deal effectively with the problem. They believed that more information was needed on elder abuse by professionals and that information should be derived from research studies.

The third method suggested by the directors to deal more effectively with the elder abuse problem was through the development of proper services. They believed that programs should be developed specifically for abused elders. A part of this service development would be the "creation of shelters and crisis-lines" programs. According to one director, any professional working and/or in contact with the elderly could serve as an advocate for such services.

A Model of Elder Abuse

As an outgrowth of the review of literature, particularly that of Zdorkowski (1983), and the findings of this study, a reasonably consistent image of the potentially abused person, his or her abuser, and the forms of elder abuse that result from their interactions has been produced. The most corroborated observations suggest that elder abuse may be the predictable outcome of interactions between and among the abuser and abused person's characteristics. Galbraith and Zdorkowski (in press) have developed a model of elder abuse that could be of theoretical and practical value in defining the interactional environment

within which elder abuse is most common (see Figure 6). The model could also help to define the immediate causes of elder abuse.

The eight key variables that emerge from the elder abuse research are: age, kinship, marital status, family status, family history, living conditions, health status, and ethnicity. The interaction among these variables produces at least three types of abuse: physical, infringement of rights, and psychological. Each of these forms of abuse seem to have its own scale of severity, ranging from minor abrasiveness to major expressions of mistreatment.

Techniques are available to test the interactions among these variables and their abusive outcomes. The use of linear or curvilinear graphs could pictorially show trends that relate to abused and abuser's ages and corresponding forms of abuse. Through another technique using contingency tables, a cross-tabulation of the incidents of abuse attributed to the interactions between abused and abusers sexes and kinship relations, marital statuses, and family status could be made. In addition, questions concerning the family history and living conditions relations could be answered such as: Do histories of family violence account for a significant amount of the total elder abuse?, Do they accurately predict the forms of severity of such abuse? Questions could be addressed concerning the minimum individual space requirements and time-budget requirements beneath which abuse becomes probable. The types of elder abuse and the interaction between an abuser's and an abused person's health status could also be addressed. Each analysis could be expected to provide reasonable predictions about the likelihood of elder abuse, the form such abuse might take and the severity of that form.

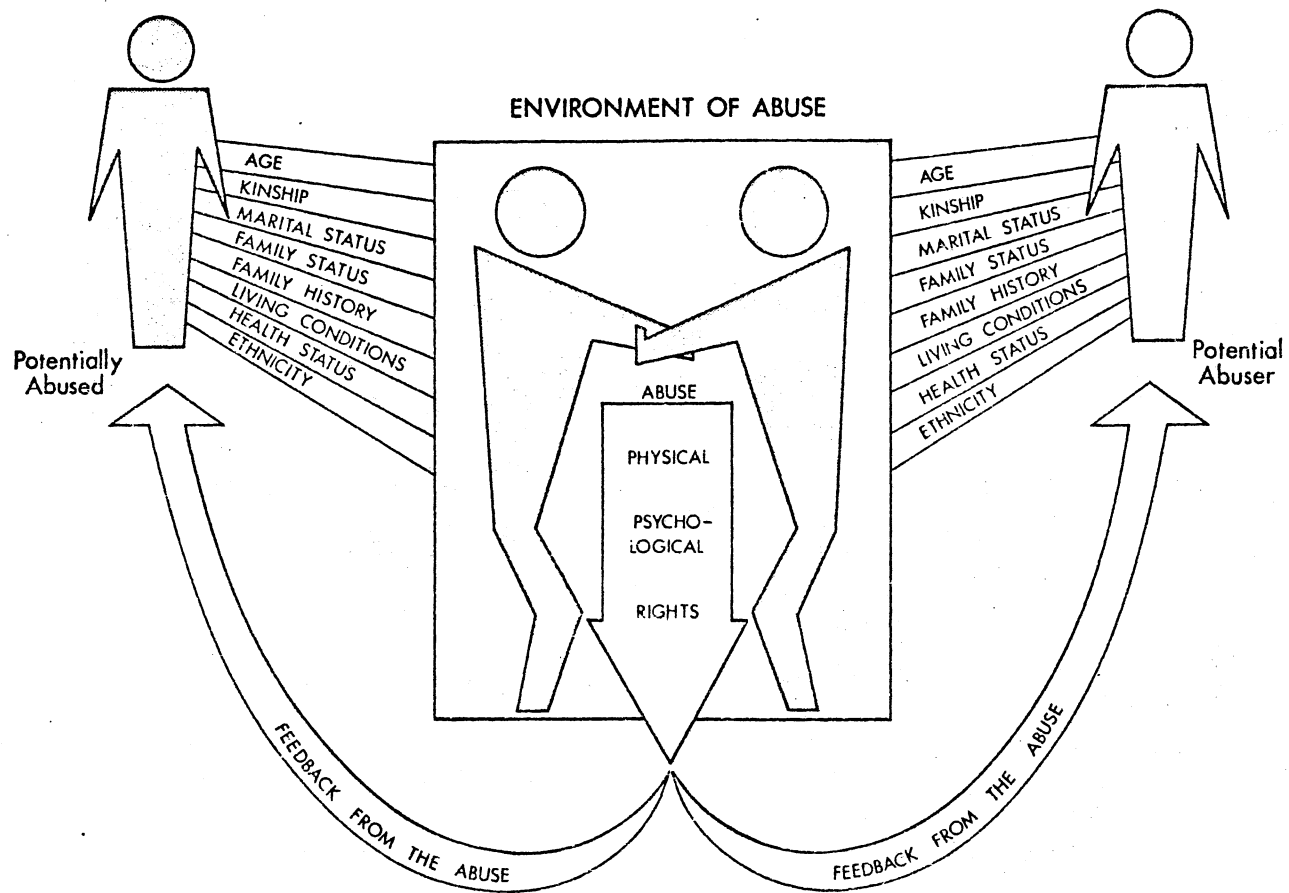


Figure 6. A Model of Elder Abuse

(c) Galbraith and Zdorkowski, 1983

The model could also suggest that the possibility of elder abuse increases with the number of key characteristics that two people bring to their interaction. Some of these characteristics are more powerful stimuli to abuse than others. A simple contingency table analysis could suggest which key characteristics interact with greater than expected frequency in the production of elder abuse, in some of its forms or in its severity.

The model of elder abuse can produce useful theoretical and practical results. Specific "circuits of abuse" can be identified through the testing of the model. The possible cause or causes of elder abuse can be explained through the identified "circuits" linking key characteristics of the abuser and the abused with predictable forms of abuse. The practical implications of the model grow out of its theoretical potential. Once specific "circuits of abuse" linking the key characteristics of elders and abusers are identified and explained, then the kinds of direct intervention and public education required to combat elder abuse may be planned and initiated. A simple checklist approach can be used by practitioners to intervene in potentially abusive situations before that "circuit of abuse" can be closed and a cycle of recurrent abuse set in motion.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The purpose of this study was to develop a profile of elder abuse of reported cases from the Oklahoma Coalition on Domestic Violence and Sexual Assault. Toward this goal then, this chapter presents the summary of the study, the conclusions, and the recommendations from the data collected.

Summary

There were five specific research questions of the study: (1) What are the characteristics of the abused? (2) What are the characteristics of the abusers? (3) How prevalent is the reoccurrence of elder abuse? (4) What types of abuse occur? and (5) What are the perceptions of the Coalition agency directors about elder abuse?

Two questionnaires were used as data collection instruments for this study. The first instrument was a closed-form questionnaire developed from the Coalition's "Shelter In-take" form and the Oklahoma Department of Mental Health "Intake and Follow-up Abstract". A telephone interview questionnaire was the second data collection instrument used in this study. It consisted of seven structured questions that related to gathering perceptual information from the directors of the Coalition agencies.

The survey of literature consisted of an examination of the

demographics of the elderly in the United States and in Oklahoma. Recent research studies on elder abuse were presented as well as the definitional concerns related to such research. The literature review also examined possible theories and causes of elder abuse. Finally, a brief discussion on the federal government's interest in elder abuse and the federal and state (Oklahoma) protective legislation regarding elder abuse was presented.

The subjects of this study were individuals 60 years and over, living in the State of Oklahoma, who reported cases of abuse to the 13 agencies in the Coalition. Reported cases for the years 1981 and 1982 were examined.

Survey questionnaires were sent to each Coalition agency director. Twenty-one cases of abuse were reported from four agencies. Eight agencies reported no abuse cases. Data collected were nominal in scale therefore the data was analyzed using measures of central tendency. Frequency and percentage distributions were computed for the data related to the abused, abuser, reoccurrence of abuse, and types of abuse.

The second stage of analysis consisted of describing the perceptions of the 13 Coalition agency directors. Each of the telephone interview questions were analyzed separately.

Conclusions

Conclusions from this research are:

1. The magnitude of elder abuse is unknown because of the lack of a broad-based data collection system. Agencies and state departments that interface with abused elderly individuals are not mandated to gather and analyze characteristic data.

2. Women have a higher risk of being abused than men.
3. Abuse is more likely to be inflicted by a spouse, son, or other relative residing in the same household.
4. Abused elders are generally victimized by a person who is near-elderly or elderly.
5. Elders are subjected to more than one form of abuse when abused. A combination of physical and psychological abuse is inflicted upon the abused elder most frequently. Physical abuse tends to be combined with another form of abuse such as psychological or infringement of rights or both.
6. Elder abuse is a recurrent phenomenon; there is a tendency for elders who are abused to have abuse occur again.
7. The Coalition agency directors perceive elder abuse as a significant community problem, equal perhaps to child and spouse abuse.
8. Most Coalition agencies are not equipped to provide protective services specifically for abused elders.
9. A lack of information concerning services for abused elders and protective legislation exists among Coalition agency directors.
10. A model of elder abuse can provide a theoretical and practical approach to the investigation of the problem.

Recommendations

The following recommendations could be implemented for practice such as to:

1. Create a mandated social service system for gathering and analyzing characteristic data of abused elders and abusers, preferably through the Oklahoma Department of Human Services.

2. Develop a uniform definition of abuse among agencies that interface with the elderly.
3. Provide awareness workshops for the elderly and their caregivers in an attempt to develop support groups and to increase awareness of available supportive social services.
4. Provide elder abuse awareness workshops for those who interface with the elderly, especially for groups in the social service, legal, allied-health, medical, and religious professions.
5. Establish protective shelters and services for abused elders that are specifically designed to meet their needs.
6. Use mass media (newspaper, radio, television) in an attempt to increase public awareness of elder abuse.

The following recommendations are made for further study:

1. A study that collects data directly from abused elders and abusers should be conducted.
2. Abused elders in institutions should be surveyed and the results such as characteristics of the abused, abuser, and types of abuse compared to studies that utilized non-institutional subjects.
3. Conduct a study related to the health status of the abuser and abused at the time of the abuse.
4. Conduct broad-based and representative sampling elder abuse research that allows for inferences to larger populations.
5. A study should be conducted that utilizes an inductive approach to the investigation of elder abuse through the testing of suggested elder abuse models.

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APPENDIXES

APPENDIX A

LETTER FROM OKLAHOMA DEPARTMENT
OF HUMAN SERVICES

State of Oklahoma
Department of Human Services



COMMISSION
FOR HUMAN SERVICES

Sequoyah Memorial Office Building
P.O. Box 25352
Oklahoma City, Oklahoma 73125

August 19, 1983



ROBERT FULTON
Director of Human Services

Mr. Mike Galbraith
Oklahoma St. Univ.
OAED
Classroom Bldg. 406
Stillwater, OK 74078

Dear Mr. Galbraith:

Please refer to our telephone conversation of August 17, 1983, regarding specific information of elder abuse.

The Department of Human Services only collects a certain amount of data for its Adult Protective Service program. The breakdown of information is the number of recipients of protective services in two age groupings (those under 65 years of age and those 65 years of age and older) and by county. We also keep a count of the number of legal actions involved and the number of referrals received about individuals in medical care facilities.

We hope that in the future that resources can be made available to fund the collection of additional data such as client characteristics and type of abuse, neglect or exploitation.

We hope this information is helpful for you.

Sincerely,

Carey D. Garland, Programs Supervisor
Support Unit/Div. of Aging Services

APPENDIX B

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Stillwater Domestic
Violence Service, Inc.
P. O. Box 1059
Stillwater, OK 74076

Suzi Dickerson
Option House
C/O YWCA
525 S. Quincy
Enid, Ok 73701

Virginia Hollybee
New Directions
P. O. Box 1684
Lawton, Ok 73502

Mary Jane Koppelman
Community Crisis Center
7 S. Main
Miami, Ok 74354

Ann Lowrance
Norman Shelter
Box 5089
Norman, OK 73070

Dreama Moon
YWCA
Passage Way
and Rape Crisis Center
129 N. W. 5th
Oklahoma City, OK 73102

APPENDIX C

QUESTIONNAIRE

QUESTIONNAIRE ON ABUSE AMONG THE ELDERLY
CLIENTS OF THE OKLAHOMA COALITION ON
DOMESTIC VIOLENCE AND SEXUAL ASSAULT

This questionnaire is designed to gather characteristics information on the client and the abuser. The population of this study is the clients of your agency who are 60 years of age or older on their last birth date (clients born before 1922). Please use only client intake forms dated between January 1, 1981 and December 31, 1982 (2 calendar years). The information for the client can be obtained from the "Shelter Intake" form and the Oklahoma Department of Mental Health "Intake and Follow-up Abstract". The information requested for the abuser can also be obtained from the "Shelter Intake" form under the section headed "Abuser Information".

Complete one questionnaire form for each client.

DATE OF THE SHELTER INTAKE FORM _____
month day year

CLIENT INFORMATION

COUNTY _____ CITY/TOWN _____ SEX MALE _____ FEMALE _____

DATE OF BIRTH Month _____ Day _____ Year _____ AGE _____

EDUCATION

(Years Completed) _____

RACE/ETHNICITY (circle one)

- | | | |
|--------------------------|---------------|---------------------------------|
| 1. White | 3. Am. Indian | 5. Asian or
Pacific Islander |
| 2. Black | 4. Hispanic | |
| 6. Other (Specify) _____ | | |

MARITAL STATUS (circle one)

- | | | |
|------------------|-------------|-------------------------|
| 1. Never Married | 4. Divorced | 7. Living as
Married |
| 2. Married | 5. Widowed | |
| 3. Separated | 6. Annulled | |

CURRENT RESIDENCE (circle one)
of the client

- | | |
|------------------------------|------------------------------|
| 1. Hotel/Motel | 7. Nursing Home |
| 2. Boarding Home | 8. Jail/Prison |
| 3. Rooming House | 9. House |
| 4. Half/Quarter
way House | 10. Apartment |
| 5. Mission | 11. Homeless |
| 6. Hospital | 12. Other
(Specify) _____ |

LIVING SITUATION (circle one)
of the client

- | | |
|-------------------------------|------------------------------|
| 1. Alone | 6. Foster Home |
| 2. Alone with children | 7. Institution |
| 3. With Spouse | 8. With Friends |
| 4. With Parents/
Guardians | 9. Homeless |
| 5. With Relative | 10. Other
(Specify) _____ |

NUMBER IN HOUSEHOLD
(including Client) _____

EMPLOYMENT (circle one)
of the client

- | | | | |
|--------------------|--------------------|---------------|------------------|
| 1. Employed (Full) | 2. Employed (Part) | 3. Homemaker | 4. Student/Child |
| 5. Disabled | 6. Retired | 7. Unemployed | |

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<u>CLIENT'S GROSS PERSONAL INCOME</u>	<u>GROSS HOUSEHOLD INCOME</u>
PER MONTH _____	PER YEAR _____
PER YEAR _____	

CLIENT'S INCOME WAS FROM (Circle all that apply)
 1. A job 2. Private Sources 3. Public Sources

CLIENT'S OCCUPATION (circle one)

1. Prof./Tech.	7. Transport	12. Household
2. Mgr./Adm.	8. Laborer	Wrk.
3. Sales Wrk.	(Not Farm)	13. Homemaker
4. Clerical	9. Farmer/Mgr.	14. Student/Child
5. Craftsman	10. Farm Laborer/	15. None
6. Operatives	Foreman	
(Not Transport)	11. Service Wrk.	

RELATIONSHIP OF THE ABUSER TO THE CLIENT (circle one)

1. Son	7. Other Relative
2. Daughter	living outside the
3. Spouse	Home
4. Brother	8. Nonrelative caregiver
5. Sister	(Specify)
6. Other Relative	
living in the	_____
home	

IS THIS THE FIRST ABUSE OF THE CLIENT, REPORTED OR NONREPORTED

Yes ___ No ___ If no how many times _____ Information not Available _____

Using the Presenting Problem Summary and the definitions given:

WHAT TYPE OF ABUSE WAS THE CLIENT SUBJECTED TO: (check all that apply)

Physical abuse: Includes direct beatings, being hit, slapped, bruised, sexually molested, cut, burned, physically restrained, malnourished, withholding personal care, medical care, food care, or lack of supervision.

Specify what abuse was inflicted

Infringement of Rights: Includes theft and/or misuse of monies or property, being forced from one's home or forced into another living setting without due process of law.

Specify what abuse was inflicted

Psychological abuse: Includes verbally assaulted, being insulted, humiliated, intimidated, threatened, isolated, being ignored or frightened.

Specify what abuse was inflicted

Page 3

ABUSER INFORMATION (Found on the "Shelter Intake" form.)AGE _____RACE/ETHNICITY (circle one)1. White 3. Am. Indian 5. Other (Specify) _____
2. Black 4. HispanicEDUCATION LEVEL (years completed) _____EMPLOYMENT _____GROSS PERSONAL INCOME

PER MONTH _____

PER YEAR _____

APPENDIX D

COALITION "SHELTER INTAKE" FORM AND THE
OKLAHOMA DEPARTMENT OF MENTAL HEALTH
"INTAKE AND FOLLOW-UP ABSTRACT"

SHELTER INTAKE

Date _____ Worker _____
 Time _____ AM/PM # Previous stays _____ Referred by _____

CLIENT INFORMATION

Name _____ Maiden name _____
 Address _____ County _____ City _____
 Age _____ Date of Birth _____ Phone _____ SSN _____
 Education level _____ Employment/public assistance _____
 Income: per month _____ per year _____ if unemployed, how long: _____ weeks
 Ethnicity: White () Black () Amerindian () Hispanic () Other _____

ABUSER INFORMATION

Name _____ Address _____
 Phone _____ Age _____ Education level _____
 Employment/public assistance _____ Income: per month _____ per year _____
 Ethnicity: White () Black () Amerindian () Hispanic () Other _____
 Description of abuser: Ht. _____ Wt. _____ Hair color/length _____ Eyes _____
 Scars or distinguishing characteristics _____
 Description of auto: Make _____ Model _____ Year _____ Color _____

CHILDREN - check first column if staying at shelter

	Name	Age	DOB	Relation to client	Relation to abuser

Physical condition of client _____

Physical condition of children _____

Was/is medical attention required? _____ If yes, received? _____ Details _____

Special needs (dietary restrictions, contagious diseases, etc.) _____

current medications: Client _____

04.4/A1 Children _____

**OKLAHOMA DEPARTMENT OF MENTAL HEALTH
INTAKE AND FOLLOW-UP ABSTRACT
CONFIDENTIAL RECORD**

AGENCY NO	CASE IDENTIFICATION	STAFF MEMBER	MONTH	DAY	YEAR	COUNTY CODE	SERVICE AREA	
List up to 3 of the client's presenting problems, in order of priority, indicating frequency (if): 1 = daily, 2 = weekly, 3 = monthly, 4 = less often than monthly, 0 = other			PRIMARY	F	SECONDARY	F	TERTIARY	
TYPE OF REPORT 1. Intake - New Client 2. Intake - Existing Client 3. Follow-up 3 4. Follow-up 6 5. Follow-up 12 6. Follow-up 18 7. Follow-up 24 8. Follow-up 30 9. Follow-up 36			LIVING SITUATION 1. Alone 2. Alone with Children 3. With Spouse 4. With Parents/Guardians 5. With Relative 6. Foster Home 7. Institution 8. With Friends 9. Homeless 10. Other (Specify)		GROSS HOUSEHOLD INCOME LAST YEAR \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		DURING THE LAST SIX MONTHS HAS THE CLIENT BEEN: (Circle all appropriate responses)	
SEX 1. Male 2. Female			OCCUPATION 1. Prof./Tech 2. Mgr./Adm. 3. Sales Wrk. 4. Clerical 5. Craftsman 6. Operatives (Not Transport) 7. Transport 8. Laborer (Not Farm) 9. Farmer/Mgr 10. Farm Laborer/Foreman 11. Service Wrk. 12. Household Wrk. 13. Homemaker 14. Student/Child 15. None		NUMBER IN HOUSEHOLD (Including client) <input type="text"/> <input type="text"/>		Working NO YES Inactive 1 2 Hospitalized (Non-MH) 1 2 Hospitalized (MH) 1 2 Detoxified 1 2 Arrested 1 2 Outpatient 1 2 Residential Care 1 2 Abusing Alc/Drug 1 2	
DATE OF BIRTH Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>			EMPLOYMENT 1. Employed (Full) 2. Employed (Part) 3. Homemaker 4. Student/Child 5. Disabled 6. Retired 7. Unemployed		MEDICAL INSURANCE 1. None 4. Medicare 2. Private Ins. 5. Medicaid 3. Blue Cross/Shield 6. CHAMPUS 7. Other (Specify)		INDICATE THE FREQUENCY DURING LAST 30 DAYS:	
RACE / ETHNICITY 1. White 3. Am. Indian 5. Asian or Pacific Islander 2. Black 4. Hispanic			GROSS PERSONAL INCOME LAST MONTH FROM: Job \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		PRIOR MENTAL HEALTH CARE: 1. Yes, Outpatient Only 2. Yes, Inpatient Only 3. Yes, Both Inpatient/Outpatient 4. No, Never Treated		Days Working Days Inactive Days Hosp. (Non-MH) Days Hosp. (MH) Days Detoxified Days Detention/Jail Visits Outpatient Med Clinic Days Res. Care Days of Heavy Alc/Drug Use	
EDUCATION Years Completed <input type="text"/> <input type="text"/>			Private Sources (Spouse, Family, Friends, Pri. Ins.) \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		CIRCLE ALL APPROPRIATE RESPONSES: 1. Ok, St. Hospital NO YES 2. Other Hospital 1 2 3. Community Cntr./Clinic 1 2 4. Private Professional 1 2 5. This Agency 1 2 6. Other (Specify) 1 2		ALCOHOL/DRUGS ABUSED IN LAST 6 MONTHS (Rank top 3) 1. None 10. Marijuana/Hashish 2. Alcohol 11. Hallucinogens 3. Heroin 12. Inhalants 4. Non-Rx Methadone 13. Over-The-Counter 5. Other Opiates and Synthetics 14. Tranquilizers 6. Barbiturates 15. PCP 7. Other Sedatives 16. Barvon 8. Amphetamines 17. Other (Specify) 9. Cocaine 18. Unknown	
MILITARY STATUS 1. Never Served 3. Reserves 2. Active 4. Veteran 5. Veteran with Retirement/Disability Benefits			Public Sources (Public Asst., Trinal Support, Pensions) \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		IF HOSPITALIZED, INDICATE NUMBER OF ADMISSIONS: <input type="text"/> <input type="text"/>		CURRENTLY RECEIVING MEDICATIONS FOR MENTAL HEALTH REASONS 1. NO 2. YES	
MARITAL STATUS 1. Never Married 4. Divorced 2. Married 5. Widowed 3. Separated 6. Annulled 7. Living as Married			CURRENT RESIDENCE 1. Home/Motel 7. Nursing Home 2. Boarding Home 8. Jail/Prison 3. Rooming House 9. House 4. Hall/Quarter way House 10. Apartment 5. Mission 11. Homeless 6. Hospital 12. Other (Specify)		LENGTH OF PROBLEM Years of Mental Health Problem <input type="text"/> <input type="text"/> Years of Alcohol Problem <input type="text"/> <input type="text"/> Years of Drug Problem <input type="text"/> <input type="text"/>		RANK ITEM # 1. <input type="text"/> <input type="text"/> 2. <input type="text"/> <input type="text"/> 3. <input type="text"/> <input type="text"/>	
-- NOTES --								
CLIENT CHARGE NUMBER			USER DEFINED DATA			THIS CASE NUMBER		
<input type="text"/>			<input type="text"/>			<input type="text"/>		

APPENDIX E

COVER LETTER

Dear Name:

The research committee of the coalition needs your assistance concerning abuse of the elderly. We are gathering characteristic information on the elder clients that your agency serves.

The purpose of the study is to describe the types and extent of reported abuse of elders residing in the State of Oklahoma and to present a profile of the abused and the abuser. The population of this study is the clients of your agency who are 60 years of age or older. Client data is for the calendar years 1981 and 1982.

Information for the enclosed questionnaires can be obtained from the "Shelter Intake" form and the Oklahoma Department of Mental Health "Intake and Follow-up Abstract". Please complete one questionnaire form for each client and return completed questionnaires to this office by May 16, 1983. Also please complete and return the enclosed agency information sheet.

The data will be analyzed by Michael W. Galbraith of the School of Occupational and Adult Education, Oklahoma State University. At the conclusion of the study, each coalition agency will receive a copy of the research findings.

If additional questionnaire forms or information concerning this study are needed, please call me at (405) 624-3020 or Michael Galbraith at (405) 624-6275. Your cooperation is greatly appreciated.

Sincerely,

Peggy Heath

Chairperson,
Research Committee,
Oklahoma Coalition
on Domestic Violence
and Sexual Assault

APPENDIX F

TELEPHONE INTERVIEW QUESTIONNAIRE

1. To what extent do you believe elder abuse exists in your community and area?
2. Where else do abused elders go to get assistance if not to your agency?
3. Why isn't more elder abuse reported?
4. Is there a way to approach the problem that it would increase the likelihood that it would be reported?
5. How do you think the Protective Services for the Elderly Act of 1977 could be improved?
6. What do you believe to be the major cause or causes of elder abuse?
7. How can we as professionals deal more effectively with the elder abuse problem?

APPENDIX G

LETTER FROM TULSA DOMESTIC VIOLENCE
INTERVENTION SERVICES

1331 E. 15th STREET
TULSA, OKLAHOMA 74120
OFFICE (918) 585-3143



DOMESTIC VIOLENCE INTERVENTION SERVICES

September 12, 1983

Michael Galbraith
School of Occupational &
Adult Education
Classroom Building 406
Stillwater, OK 74078

Dear Mr. Galbraith:

DVIS regrets that we are unable to assist in your study of elderly abuse. Your research design, and its potential outcome, are admirable.

Due to the increasing academic interest in family violence, agencies providing victim services are receiving more requests to participate in studies. Many demonstrate a high quality of purpose and design; (as does yours) but many use Shelter residents as a captive population. Many research topics do not meet the needs of battered women. Further, few grass-roots programs are ready to manage research support activities, because we lack adequate knowledge of institutional requirements.

For these reasons, national, state, and local domestic violence organizations have established moratoriums on research. The Tulsa program supports this moratorium. Two social science researchers on our board strongly supported the policy for a moratorium. Although the National Coalition recommended flexibility for case by case review, these researchers encouraged an absolute moratorium in Tulsa until selection criteria and agency procedures are developed.

I do regret that this policy requires us to miss involvement in your study; I will appreciate your understanding.

Sincerely,

Bernita Luce, M. S.
Executive Director

BL/mb

OPTIONS TO STAYING IN A VIOLENT SITUATION



A United Way Agency

VITA ²

Michael Wayne Galbraith
Candidate for the Degree of
Doctor of Education

Thesis: A PROFILE OF ELDER ABUSE OF REPORTED CASES FROM THE OKLAHOMA
COALITION ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT.

Major Field: Occupational and Adult Education

Biographical:

Personal Data: Born in Wauseon, Ohio, January 6, 1949, the son
of Eugene and Doris Galbraith.

Education: Graduated from Wauseon High School, Wauseon, Ohio in
1967; received a Bachelor of Education degree in Social Studies
from the University of Toledo, Toledo, Ohio in 1973; received
a Master of Education in Foundation/Gerontology from the
University of Toledo, Toledo, Ohio in 1981; completed the
requirements for the Doctor of Education degree at Oklahoma
State University, Stillwater, Oklahoma in May, 1984

Professional Experience: Director of Senior Services, Northwestern
Ohio Community Action Commission, Defiance, Ohio, 1975-1976;
Grantsman, Economic Opportunity and Planning Association,
Toledo, Ohio, 1976-1977; Executive Director, Health Clinics
International, Toledo, Ohio, 1978-1979; Graduate Assistant,
the University of Toledo, Toledo, Ohio, 1980-1981; Graduate
Teaching Associate, School of Occupational and Adult Education,
Oklahoma State University, Stillwater, Oklahoma, 1982-1984.

Professional Organizations: American Association for Adult and
Continuing Education, Gerontological Society of America,
Phi Delta Kappa.

Publications: Author of eight journal articles in the areas of
adult education and gerontology.