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ABSTRACT

A survey of 35 cases of reported abuse to individuals aged 60 and older in the state of Tennessee sought to determine demographic characteristics of the abused, perpetrators of elder abuse and neglect, types of abuse that occur, and any existence of relationships in elder abuse and neglect between urban and rural counties and eastern and western counties. It was found that the typical abused elder in Tennessee is a white female, 76 years old, living alone or with relatives, and obtaining most of her income from social security. A black female was found to have the same chance as a white female of being abused in western and urban counties. Neglect and self-neglect are the most common types of abuse with self-neglect the most common. (JD)

A Profile of Elder Abuse and Neglect in Tennessee

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As our aging population has continued to increase from three percent of the population in 1900 to a projected eleven percent by 1990, our long term health care systems and family structure are recognizing and identifying the syndrome of elder abuse and neglect (Fulmer and Cahill, 1984). Although the problem is not new, there is recent evidence to suggest that elder abuse occurs at an alarming rate. Doyle and Morrow ("Elder Abuse Awareness Project", 1985) cited an estimated 500,000 to 2,500,000 cases of elder abuse, neglect or mistreatment per year, but only one in six cases were ever reported.

A real problem associated with elder abuse is that it is difficult to quantify because both the victim and the perpetrator tend to downplay or deny its seriousness. Even though there are deficiencies in identification of elder abuse victims, abuse of some type or combination of types has been estimated to occur in approximately 10 percent of Americans over 65 years of age, and four percent of the victims may be of moderate to severe abuse (Clark, 1984).

Another problem is the broad parameters used for defining elder abuse and the many classifications associated with abuse. Fulmer and Wetle (1986) stated that definitions of abuse vary widely, but generally

include physical abuse, psychological abuse, active neglect, misuse of drugs, misuse of property and violation of rights. The Council on Scientific Affairs of the American Medical Association (1987) lists published classifications of elder abuse as abuse, exploitation, neglect, self-neglect, violation of rights and medical abuse. The state of Tennessee's Adult Protection Act looks at abuse and neglect as synonymous since section 14-25-102 defines "abuse or neglect" to mean the same thing.

Fulmer, Street and Carr (1984) reported that the lack of attention and reporting in relation to elder abuse is due in part to at least three factors. First, older people have only recently begun to make up a significant percentage of the population. Secondly, elderly abuse victims generally attempt to hide the facts of their situations from others. Thirdly, the lack of awareness of elder abuse is simply one more example of "ageism" or the lack of concern for the rights and needs of the elderly in America.

The low reporting rates indicate that elder abuse is not being adequately dealt with and victims are not identified so that a safe environment can be provided for them. Under-reporting may be attributed to the inability to define elder abuse as well as the elderly

person's fear of retribution from their care providers. Additionally, the elder's fear of institutionalization may outweigh their fear of abuse or neglect. Little is known about unreported victims and, although extrapolation from battered spouse studies and child abuse studies provide some information, the differences in the victims and their circumstances dictate that these insights cannot be applied with certainty (fulmer, Street and Carr, 1984).

The literature reveals that inconsistency and lack of agreement exist in targeting and identifying potential victims of elder abuse and neglect. Tennessee does not have statewide profile information on the abuser nor the victims of elder abuse and neglect. In order to develop a statewide profile, answers to the following questions were sought:

1. What are the typical demographic characteristics of the abused?
2. Who are the perpetrators of the abuse?
3. What types of abuse or neglect occur?
4. What is the relationship in elder abuse between rural and urban counties?
5. What is the relationship in elder abuse between eastern and western counties?

LITERATURE REVIEW

Recent awareness of neglect and violence directed at the elderly and recognition of elder abuse as a widespread problem have prompted federal, state and local responses to this social injustice. Until the late 1970's, there had been little in the way of systematic documentation or public recognition of elder abuse (the Beth Israel Hospital Elder Assessment Team, 1986). The magnitude of the problem and the lack of a broad-based data collection system by most states have hampered the identification and realization of elder abuse and neglect condition.

The topic of elder abuse was first raised by Walsh's (1977) paper on "granny bashing" in Great Britain and led to a series of studies in the United States. The Ohio Study provided a descriptive, retrospective review of 404 cases (Lau and Kosberg, 1979). The Michigan Study interviewed 228 professionals in five community sites (Douglass, et al., 1980). The Maryland Study used a mailed survey of health care professionals in a selected community and the Massachusetts Study surveyed 1,044 professional and paraprofessional care providers (Block and Sinnott, 1979; O'Malley, et. al., 1979). All of the said studies gave us much needed information on elder abuse and

neglect as well as providing impetus for protective legislation and reporting laws involving elder abuse.

The first laws requiring reporting of suspected cases of elder abuse, neglect, or mistreatment had their beginning in the guardianship and protective service programs of the early 1960s. Such programs were developed in order to meet the special needs of those elders who could not maintain basic living standards without some agency intervention. Through such programs, care providers and caseworkers became aware of the fact that some elders were being abused or neglected and required more specific protection that had previously been offered.

Between 1974 and 1990, there were 41 states that passed elder abuse reporting laws for the protection of the elderly. In 1978, the Tennessee legislature enacted Chapter 25 -- The Tennessee Adult Protection Act. The Act sought to protect adults from abuse, neglect or exploitation by requiring reporting of suspected cases by any person having cause to believe that such cases exist. The Act recognized that adequate protection of adults requires the cooperation of many agencies and service providers in conjunction with the Department of Human Services.

However, Tennessee does not have a mandated system for analyzing and gathering characteristic data of the abused elderly and those who inflict the abuse. Since there is a lack of available data, the system does not allow aggregation and comparison of information concerning abused elders in Tennessee. Consequently, statewide documentation of types, extent and characteristic data of elder abuse and neglect is not fully and readily available. This study was conducted in an effort to meet the need of identifying parameters of elder abuse and neglect from reported cases to the Tennessee Department of Human Services.

METHODOLOGY

Design

The subjects for this study were individuals 60 older who lived in the state of Tennessee and who reported abuse to the 12 agencies of the Department of Human Services. The regional Adult Protective Services received information on the subjects for the study and reported their findings to the state program director for the Adult Protective Services. The reported cases examined were terminated during the month of April, 1987.

The Tennessee Department of Human Services Questionnaire on Closed Adult Protective Services Cases was used in this study. The instrument was developed as a result of the 1978 Chapter 25 Adult Protection Act enacted into law by the Tennessee Legislature. The instrument was designed to comply with section 14-25-103(C) of the Adult Protection Act in that it fulfills the requirement of a written report being submitted of any suspected abuse, neglect or exploitation. The Department of Human Services deemed the instrument valid and reliable.

The instrument was designed to gather characteristic information about adult abuse and abusers as well as promoting the efficiency of the investigation being conducted. The instrument is a closed-form questionnaire that consisted of 26 prepared questions with a list of possible choices for each question that matched the case being investigated. The instrument was administered in the field by the social worker assigned to clients meeting the abused or neglected criteria.

The research design of this study involved descriptive research where abstract and general information was transformed to a profile of elder abuse. This was done through measures of central tendency, frequency distribution and measures of variability.

The study also sought to determine if a relationship existed between two sets of variables: (1) urban counties and rural counties, and (2) eastern counties and western counties.

Statistical analyses were divided into three categories according to the research questions. These categories were: (1) parameters of elder abuse in the state of Tennessee; (2) the relationship between urban and rural regions, and (3) the relationship between eastern and western regions. The last two categories and dependent on the first.

The Tennessee Department of Human Services submitted case summaries for the period to April, 1987, on reported closed adult protective services cases for each of the 12 state regions. The case studies submitted for analysis were on computer diskette with data which had been collected on cases closed in April, 1987. These data included everything on the questionnaire on closed adult protective services except the names which were assigned a numerical identification to insure anonymity.

Data Analysis

Since the data supplied to the researcher by the Tennessee Department of Human Services was on computer

diskette, the possibility of error in transferring the information from the questionnaire on closed adult protective cases to the diskette existed. For the pilot investigation, the researcher decided on a sample of 35 cases chosen by using a random digits table. A proportion test was performed which found that the information represented in the computer diskette provided by the Tennessee Department of Human Services was at least 95 percent accurate and possibly higher.

The data surveyed were nominal in scale and was analyzed using measures of central tendency. Frequency and percentage distributions were computed for the data. Additional analysis consisted of describing similarities and/or differences in elder abuse found in urban and rural counties and in eastern and western counties.

RESULTS

Based upon the investigation, the following findings are presented:

1. No significant transfer error from actual questionnaire to computer diskette was found in the sample of cases studied. At the five percent level of significance, the total number of cases looked at were

a true representation of what agency caseworkers wrote on the questionnaire.

2. Sixty-five percent of those reporting abuse were female and 70 percent of cases reporting race were white.

3. White females 76 years of age or older had the highest likelihood of suffering from abuse or neglect on a statewide basis.

4. Spouse or relatives as perpetrators account for 20 percent of abuse reported.

Table 1

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5. Sixty-three percent of elder abuse reported was self-neglect and 14 percent of elder abuse was neglect by others.

Figure 1

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6. Physical abuse by itself or in combination accounted for 13 percent of the cases reported.

7. When sex and race information was considered on a regional basis, a black female 76 years of age or older stood the same chance as a white female 76

years of age or older to suffer abuse in western and urban counties.

8. The primary problem resulting from abuse and neglect was poor health for the elderly.

Table 2

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9. The elder victims of abuse and neglect lived alone 46 percent of the time and with relatives 45 percent of the time.

10. Of those elderly reported for self-neglect, 34 percent did not live alone and self-neglect occurred while living with someone or under the care of others (54% of 63% = 34%).

11. Abuse and self-neglect was a problem more readily seen by others than by those suffering from it since the self-reporting incidence rate is only six percent.

RECOMMENDATIONS

The recommendations that resulted from this study center around the most predominate type of problem the elderly face -- neglect either produced by others or self-imposed.

1. It is recommended that a workable and acceptable definition of neglect be established. This

definition should be developed by geriatricians, elderly persons, health care professionals, social workers, and educators.

2. All agencies that interact with the elderly should work together under a said definition of neglect to asses and intervene in behalf of those affected.

3. It is important to find out how the distributions and determinants of aspects of health in the elderly are related or are a result of social epidemiology. Social variables play a big part in the well-being of individuals and certainly the elderly cannot be excluded.

4. It is imperative that a strong educational effort be undertaken to provide workshops and seminars for the elderly, their caretakers, and those who interact with the elderly. These seminars and workshops should seek to promote and organize support groups concerned about the welfare of the elderly.

EPILOGUE

Intervening in a problem of abuse and neglect would be better handled if information revealed whether a particular person had a previous referral for abuse or neglect. Information about previous referrals should be looked at as very important whether or not

the referral was deemed valid or invalid by the caseworker. This type of information could reveal flaws in assessment of valid and invalid cases. It is better to validate a case that might indeed be invalid than to invalidate a true valid situation that needs attention. The review of related literature discussed The Elder Assessment Protocol (TEAP) developed by Dr. Terry Fulmer and her associates of the Beth Israel Hospital Elder Assessment Team in Boston, Massachusetts. Important variables the literature has shown that might indicate abuse and/or neglect are included in the TEAP. The TEAP was revised in May, 1986, and retitled the Elder Assessment Instrument. This tool is mentioned because the investigator believes that information found therein can be incorporated into the present questionnaire on Closed Adult Protective Cases allowing for better screening and assessment.

This study found that the Department of Human Services accounts for only two percent of reported elder abuse and neglect cases. Therefore, it is imperative that personnel from other agencies or groups learn how to screen and assess for abuse and neglect. To many, abuse implies fractures, lacerations, burns, welts or bruises. So a mind-set bent on looking for such things will miss neglect, particularly self-neglect.

We must differentiate neglect from abuse and stop considering neglect as a subcategory of abuse. Neglect and self-neglect are the main contributors to the health problems affecting the elderly in cases investigated by the Adult Protection Agency. Abuse, which is different from neglect, accounted for only 13 percent of the problems the elderly reported. Because of this fact, it would be advisable if efforts be implemented to develop an index of high risk indicators for suspected neglect or self-neglect cases. Caution should be taken that indicators are just what the word implies and not taken to mean that an item or incident qualifies automatically as neglect.

Issues of responsibility need consideration since neglect assumes someone or somebody is not fulfilling their duties, whereas abuse implies direct deliberate action. Neglect is not abuse in the same fashion that Grape Nut Flakes are not grapes nor nuts. Since neglect is responsible for poor health in the elderly, there should be means of quick reaction to their needs. Because the elderly's physiological reserves decrease with age, they cannot afford to wait and have their cares go unnoticed, unresolved, or unreported. Neglect, instead of abuse, needs to be addressed as to why it occurs and why it is occurring so frequently.

Those who provide social support services have some idea of what abuse is and possibly even know how to identify it, but can we say that same thing about neglect? Personnel providing such services should be surveyed on awareness of neglect, extent of neglect and their commitment to educate and be educated in matters of neglect.

The types of referrals in elder abuse cases that dealt with physical or mental problems totaled 98 percent. If these cases were evaluated and diagnosed by the medical model, then only problems involving biomedical function would be addressed. This is true if we are looking at resultants of neglect and especially abuse as a physical phenomena. It is strongly recommended that diseases and problems affecting the elderly be looked at as social conditions. Social variables account for a big portion of well-being in individuals and social factors may need more attention than physical factors in trying to learn more about abuse.

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TABLE 1

Frequency and Percentage Distribution of Relationship of Perpetuator To Abused

Relationship	N	Percentage*
Spouse	3	3
Son	8	9
Daughter	7	7
Grandchildren	1	1
Niece/Nephew	1	1
Brother/Sister	1	1
Non-Relative	2	2
Unknown	2	2
Other	3	3
Self-Neglect (no perpetrator)	68	71

*Percentage rounded to the nearest whole number

FIGURE 1

Types of Abuse Encountered

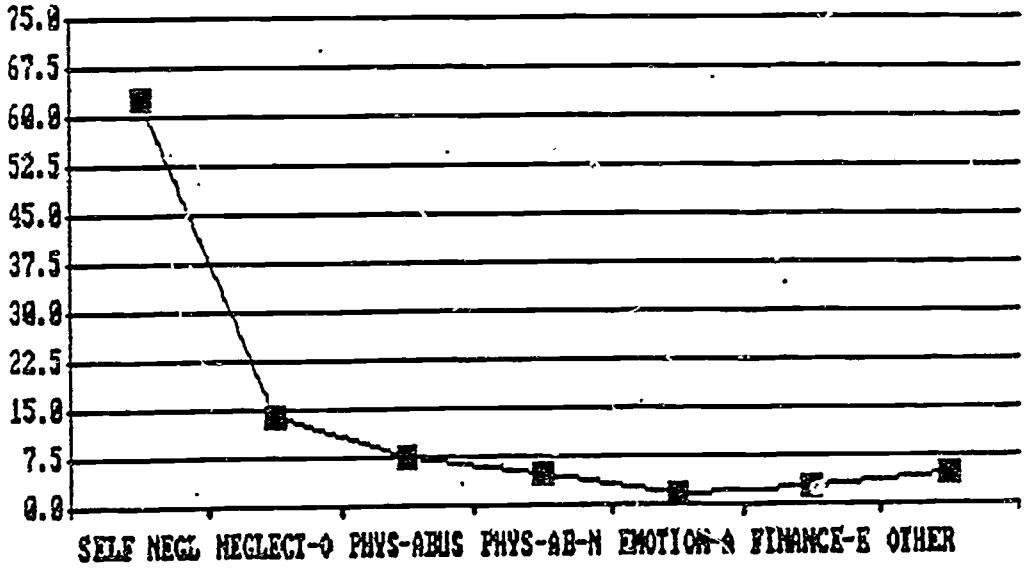

TABLE 2

Frequency and Distribution of Primary Problem Which Existed in the Case or Greatly Affected Case

Characteristic	N	Percentage*
Illegal Drug Abuse	1	1
Social Isolation	10	9
Alcoholism	7	6
Poor Health	63	53
Mental Retardation	4	3
Unemployment	1	1
Misuse of Prescribed Medicine	1	1
Lack of Transportation (Social Services)	2	2
Lack of Transportation (Essential Need)	4	3
Other	7	6

*Percentage rounded to the nearest whole number