A HIDDEN PROBLEM--ABUSED ADULTS

An Honors Thesis (ID 499)

by

Dawn M. Sweet

Thesis Director

Ronald Dolon

Ball State University
Muncie, Indiana
July 1990

August 1990
The last thing 68-year old Vera Dixon did was lie down in a corner of her son's kitchen, curl up in the fetal position, and die. When the Austin, Texas police arrived at the scene, they found a vacuum cleaner bag wrapped around her nearly naked body diaper fashion. They also found most of the apartment littered with human excrement...(Chance, 24).

Adult abuse is a problem which has certainly always existed, but which has just recently caught the public's awareness as being an unhealthy and wrong practice. Vera Dixon's story resembles many of the 1 out every 25 elderly who are abused each year (Modern Maturity, 50).

States vary as to the definition of an "abused adult" (Modern Maturity, 54). However, as most of them consider people age 55-65 and older in their abused adult laws, so this paper will focus on adult abuse as elder abuse.

The number of older Americans is increasing. This increase is affecting the number of reported abuse and neglect cases—which is also increasing. Because this social problem is becoming more widespread and is therefore likely to affect many Americans, both young and old, it is necessary to understand exactly what adult abuse and neglect is, what is currently being done to control it, and what improvements in existing services and programs can be made.
A 75-year old Caucasian woman was beaten by her 52-year old son, who was living with her. The beating resulted in moderate injury; bruises and contusions. The son was a victim of self-neglect, saying he drank heavily and had psychotic tendencies, but refused to go to the Veteran's Administration hospital for tests. Because of an investigation, he did agree to get therapy at the local mental health center. The mother was warned of the potential danger of staying with her son, but she said she felt safe since he promised to stop drinking. However, before the son started his therapy, he had again beat his mother (Indiana's Adult Protective Services Law--Program Description).

Although elder abuse, like other forms of abuse, has probably always existed, it has remarkably increased with the emergence of the stage of life known as the elderly stage. Industrialization forced the development of this stage of life when mandatory retirement came into being (Jr. of the Medical Assn., 966-967). Instead of older people being revered for their wisdom in a field of work, they began to be a hindrance at home to their children, who had to take care of them. As they got underfoot and tensions and frustrations ran high, abuse followed (Jr. of the Am. Medical Assn., 966-967).
What is abuse? Every state defines it a bit differently. However, a general definition which basically encompasses all definitions is:

An act or omission which results in harm or threatened harm to the health or welfare of an elderly person. Abuse includes intentional infliction of physical or mental injury, sexual abuse, or withholding of necessary food, clothing, and medical care to meet the physical and mental health needs of an elderly person by one having the care, custody, or responsibility of an elderly person (Jr. of the Am. Medical Assn., 967).

There are basically four types of abuse: financial/material, psychological, physical, and either active neglect or passive neglect (Modern Maturity, 53). Financial/material would involve an abuser either spending a victim's money for themselves and/or using a victim's property for their own use—all without permission and in such a way to deprive the victim of needs and belongings. Psychological abuse is mental abuse—belittling a victim by the way a caretaker speaks to him/her. Physical abuse is hurting a victim physically. Active neglect includes withholding food, water, and clothing; whereas passive neglect involves a caregiver being unable to meet basic needs.
One million older Americans are abused each year. Twenty-three percent of abusers are children and sixty-five percent are spouses (US News and World Report, 12). The typical victim is a seventy-five year old female who lives with her children. Elder abuse does affect all races, social, and religious groups of people (Modern Maturity, 50-51).

Earlier in this paper we saw how elder abuse probably saw its beginnings. But why does it continue? The Journal of the American Medical Association in the article "Elder Abuse and Neglect" presents six hypotheses to this question. The first is dependency. Because the elderly are often completely dependent on another person to supply all their needs, they tend to be more vulnerable than other groups of people. Second is lack of close families. A family who is not emotionally close has a greater chance of abuse occurring since there is no close relationship to combat the violence. Third is family violence. Those families with a history of violence tend to continue the cycle. Fourth is lack of financial resources. Many children of the elderly are barely financially maintaining their own families. The addition of an elderly parent who often requires constant medical care as well as their basic living needs can be a financial hardship. Fifth is psychopathology in the abuser. Sixth is lack of community support--both for the elderly person and the caregiver. All too often, services to aid the caregiver in their work with the elderly person are either not available
or not known to him or her (968). Another reason abuse may occur goes back to lack of financial resources and lack of community support. Many caregivers have families themselves. The financial and time consuming burden of having another mouth to feed and person to take care of can be emotionally trying and can cause a caregiver to burnout. Some elderly also develop mental problems which makes their care even more difficult. Paul Chance in his article "Attacking Elderly Abuse" commented, "The main villains of elderly abuse seem to be the mental, physical, and emotional burdens of caring for the feeble, often uncooperative elderly" (25).

We have seen what abuse is, who the victims are, and hypotheses as to why it occurs. Yet, when abuse does occur, it all too often goes unreported. There are too many stories similar to Vera Dixon's--cases where by the time the abuse was discovered, it was too late for the victim. Why do these cases go unreported? The reasons may go back to the hypotheses concerning why the abuse continues. Because of their dependency on another person, the aged may fear further abuse if the perpetrator is turned in to the authorities. They also fear losing the only caretaker they know and being turned over to strangers or to a nursing home. Another reason the aged may not report the abuse is the cycle of abuse--the third hypothesis. If there is a history of abuse in their family, the fact they themselves are being abused may be taken for granted
as a normal part of family life. A further reason abuse may go unreported is lack of financial resources on the part of the elderly person. If their caretaker (abuser) is turned i, he or she may be unable to afford to pay another caretaker or a nursing home. A final reason the elderly may not report the abuse is lack of community support. Again, the aged tend not to be looked highly upon in our country. If the elderly person feels the community is not sympathetic to the aged, he or she may not feel it is worth their time to report the abuse.

Two concepts identified in "The Breeding of Abuse" in New Statesman and Society relevant to abuse are power and dependency. This article speaks of this in relation to residential homes for the elderly, but I believe these are true of family members abusing the elderly. Max Weber has defined power as "the probability that one actor within a social relationship will be in a position to carry out his will despite resistance regardless of the basis on which this probability rests" (34). One person in a social relationship holds power that she or he enforces on another who is dependent on that person. This is, I believe the basis for elder abuse.

A 70-year old Caucasian male was reported to Adult Protective Services by a caseworker from the Agency on Aging, as a victim of exploitation. His private housekeeper, a Caucasian female age 30, borrowed money
from the endangered adult, ostensibly for a business her mother was establishing. The Adult Protective Services investigator found enough evidence of exploitation to turn the investigation over to the prosecutor. Over an 18-month period, the perpetrator influenced the victim to give her $164,000" (Indiana's Adult Protective Services Law Program Description).

Now that it is known how elderly abuse came about, what it is, what types of abuse there are, who the abused are, why abuse occurs, and why the elderly often fail to report it, the question of what is being done to control this problem comes to mind. In our country, states spend an average of $2.90 per day for each adult for protective services. This compares to the $22 per day for each child which is also spent (Jr. of the Am. Medical Assn., 967). This article also reports that 40% of all abuse cases reported—for all age groups—are adult abuse cases; yet, states only spend about 1/7 of the money they spend on abuse victims on adults. This is not to belittle the job they do for children, but it is to point out that more needs to be done to aid the elderly.

One major program to aid victims of elderly abuse is Adult Protective Services. As states vary in their definitions of who an abused adult is, so their laws vary in describing minimum age for their Adult Protective Services. Some states set it at
eighteen, some sixty-five, others somewhere in between. Indiana happens to have the age set at eighteen. In 1985, the Indiana legislature created the Adult Protective Service Units. These investigate reports of neglect (failure of a caregiver to provide the basic necessities of life such as food, clothing, and shelter), battery (physical abuse), or exploitation (includes misuse of a victim's funds and/or property and sexual abuse), and the units also assist in obtaining protective services for endangered adults. These units were developed by IC 4-28-5. The protective services available are "any medical, psychiatric, residential, and social services that are necessary to protect the health and safety of an endangered adult" (IC 4-28-5-4). There are nineteen Adult Protective Service Units covering the State of Indiana. Each unit serves between one and eight counties (Indiana's Adult Protective Services Law--Program Description).

Every unit has at least one investigator and most have several. According to Julie Stevens, a supervisor for the investigator for Area 4 (which includes Tippecanoe County) the investigator receives calls from concerned citizens wishing to report a suspected or known adult victim of violence. The investigator then investigates the case by interview and home visit. He or she makes an assessment of the case and determines whether or not the case is true. If the claim does appear to be a case of violence, the investigator notifies the prosecutor's
and district attorney's offices so a case can be built against the perpetrator. Next, the investigator must decide what type of services (medical, psychiatric, residential, social) the victim needs and then (s)he must connect the victim to the services. An underlying stipulation which needs to be kept in mind is that the services to be made available to the victim need to be the least restrictive to the adult as possible. This is keeping with the trend of deinstitutionalization. Ms. Stevens said if the endangerment is self-inflicting, the Agency on Aging might be called to provide aid. If the adult is found to be in immediate danger and cannot wait for a court date to be set, he or she can be moved to a crisis center shelter until more permanent living arrangements can be secured.

Adult Protective Service Units are state-operated programs. They are the major service currently being offered to aid adult victims of violence.

A 59 year old woman less than 152 cm tall and weighing less than 45 kg was disabled by severe arthritis and other physical problems. On one occasion, her son hit her with a board. On another, he picked her up and slammed her body into the ground (Jr. of the Am. Medical Assn., 968).
Adult Protective Services is doing a good job of aiding adult victims of violence. However, there are gaps in the presently offered services; needs also exist in this field which are not currently being met. These are the lack of emphasis on the family, no crisis shelter for adult victims, and inadequate number of investigators. The lessened weight placed on the importance of the family is the first weak area. Using Child Protective Services as an illustration, one goal is, if at all possible, to ultimately reunite the child with the family. This is accomplished by providing counseling and other necessary social services to all family members so all are made healthy. The idea is that the family one is born into is the most important aspect in a child’s life. Rather than tear apart an unhealthy center of significance for the child, a better option is to make it healthy. To apply this to Adult Protective Services, when Ms. Julie Stevens was asked if this idea of reuniting the family is also a characteristic of Adult Protective Services, she said it was not. To remove the adult from the violence and place them in a non-violent atmosphere is of major importance. True, the adult needs to be removed from the violence. However, I find it sad that the family is not provided with counseling to overcome whatever problem is causing them to hurt an adult relative. Our nation has grown to be afraid and even embarrassed of the elderly. Instead of the respect we used to hold for these people for their years of
experience, we hide them away in an attempt to forget our own humanity and what we will one day be like. I believe we are doing the perpetrators little good by removing these adult relatives without exploring their reasons for abusing them and without educating them about the fact that the elderly are human beings who do hurt and deserve to be treated with the respect deserved by all people. The Journal of the American Medical Association listed four needs that ought to be met when counseling with an adult abuser. The first is education regarding the causes of elder abuse. Second is assistance to help the abuser identify and understand his or her own personal needs. Some abuse does stem from overburdened children, a stressed-out son or daughter may need to realize that he or she simply is not able mentally, physically, or financially to care for their elder relative. Third is help for the abuser to understand how to recognize and deal with behavioral problems of the elderly person. The final need is assistance for the elderly person to use whatever resources and abilities they have to the best of their ability. For example, perhaps an older woman is very good at ceramics. Perhaps she could help her daughter and son-in-law out financially by selling some of her ceramics. Or perhaps an elderly man is good with teenagers. He might volunteer some of his time to help out at the local Boys' Club to not only give him and his family time away from each other, but also to use his abilities to help troubled
adolescents (971).

Another gap in services offered by Adult Protective Service Units, according to Ms. Stevens, is the lack of an immediate emergency shelter for adult victims. Again, using Child Protective Services as an example, if a child abuse case is reported in Delaware County, for example, and is substantiated, the child may be removed from the home to the Delaware County Children's Home, which provides a safe haven and counseling for the child. He or she remains there until a court date is set and the problems at home resolved. Connecting this idea to Adult Protective Services, nothing like this specifically for adults exists. If the home situation is really desperate and there exists immediate danger to the victim, he or she may be moved to a crisis center. Ms. Stevens expressed the desire to have a shelter similar to the Children's Home--offering the safe shelter and counseling--for adult victims. "Elders Abused By Their Loved Ones", an article in USA Today, agreed: "Maybe what the elderly need are safe houses similar to those for battered women" (8). Likewise, B. Bower in the article "Relative Downfalls Behind Elder Abuse" said, "This study indicates that 'emergency shelters' similar to those provided to battered women would provide temporary refuge from abusive situations" (277).

A third problem with Adult Protective Services is the lack of adequate staffing. The nineteen units serving Indiana, as has been mentioned, serve an average of two to eight counties.
The number of investigators is extremely low for the areas and number of cases they must cover. For example, during the period of September 1, 1985 through December 31, 1988, Unit G, of which Area 4 (Lafayette) is a part, had a total of 607 cases reported—all of which had to go through the steps of being investigated, home visits and interviews made, etc. (Indiana Dept. of Human Services, 1). Unit G has only one investigator who is responsible for the eight counties included in it. This is an incredible caseload for one person to handle. More investigators would bring the caseload down so that each case can be better investigated and more effective services offered.

There are some problems that lie within the abusive situations themselves that make getting these much needed services a difficult task. These are the problems in identifying, controlling, and preventing abusive situations.

The problem with identifying the problem of abuse was covered previously. For the various reasons suggested, the elderly all too often fail to report it. Also, many older people are invisible to the public. As stated in The Gerontologist in the article "Physician's Mandatory Reporting of Elder Abuse", "Elder abuse has largely been a hidden problem in the US. Many elderly normally on a day to day basis see only the members of their immediate families" (322). Many elder people are unaware of Adult Protective Services. Also, when the abuse is reported, they are often forced to face an
unsympathetic system which believes adults ought to take care of themselves without outside help (Modern Maturity, 53).

The problem with controlling adult abuse lies with the states not coordinating their efforts to fight against it. Each state has its own definition of abuse, its own idea of who should report it (police, social workers, doctors), who they believe ought to respond to the report (police, social service agencies), what punishments ought to be implemented against the abuser (fines, civil/criminal liability), and also how much money they choose to provide to their Adult Protective Service Units (Modern Maturity, 54).

Preventing adult abuse cases is a problem which goes back to the cycle of abuse and to the elderly's not reporting of it. Once abuse has occurred in a family, it is highly likely to be reported to some degree in future generations. This is a very difficult cycle to break. On top of this are the stresses of the abuser and the acceptance of the victim. These all work together to make adult abuse difficult to prevent.

Because there are problems in the identification, control, and prevention, it is often even more difficult to gain support for the services which are so desperately needed to control this growing problem. The services which exist to aid adult abuse victims may be improved by emphasizing family unity and counseling for the abusers, developing an adult home for abused adults, and funding Adult Protective Service Units so that more
staff may be hired to reduce workloads. States coordinating their Adult Protective Service's laws may also help in controlling abuse. Further public education about the effects of abuse on adults may help in both identifying and preventing abusive situations.

The son of a 65-year old California female confiscated her benefit checks and discarded her medications for arthritis and pain. He repeatedly demanded sexual gratification from her and threatened to throw her into the street if she made his practices known (Jr. of the Am. Medical Assoc., 968).

Adult abuse is a problem which has existed for years but has just recently come into the public's eye. A United States ethic says that adults ought to be able to care for themselves; yet, many elderly are as dependent on caregivers as are children. This dependency, along with other factors such as a cycle of abuse and lack of community and financial support, lack of close families, and psychopathology in the abuser often makes for an ideal abusive situation of which caregivers, for one reason or another take advantage.

Adult Protective Services is a program developed by states to identify and control abusive situations. This program does the best job it can with the staff it has available of locating
abusive situations, investigating them, and reporting them to the authorities.

Though Adult Protective Services is doing the best job it can, there is room for improvements in not only this program, but in the total of services offered by states to identify, control, and prevent this problem. By involving the family, developing an adult home for abused individuals, and hiring more investigators to lower caseloads, the problem of adult abuse can be more thoroughly addressed. States coordinating their adult abuse laws may also help.

In the article "The Shame of Elder Abuse" in Modern Maturity, four ways that individuals could help address this problem were suggested. The first is to keep in touch with those elderly with whom we are acquainted. Call them up, pay them a visit, talk to them, and keep informed about their lives. The better we know them, the sooner abuse can be spotted if it does occur. Second is to keep in mind that all families have problems and that not every argument or complaint is a sign of abuse. Again, getting to know the elderly person ought to give clues as to whether the complaint is a normal family problem or a more serious one. Third is to realize that some children assume responsibility for their parents for the sole intent of helping out and not to abuse them. Finally, individuals in their interactions with their elderly friends need to be alert to abusive situations (54).
By being alert to abusive situations, keeping the public educated about the harm of abusing elderly relatives/acquaintances, and developing further services to expand on those that exist, the problem of elder abuse can be lessened.
WORKS CITED


Indiana's Adult Protective Services Law--Program Description (pamphlet obtained from Dr. Ronald Dolon).


Stevens, Julie. Supervisor for the Unit G investigator. Telephone interview.
BIBLIOGRAPHY


Indiana's Adult Protective Services Law--Program Description (A pamphlet obtained from Dr. Ronald Dolon).


Stevens, Julie. Supervisor for the Unit G investigator. Telephone interview.