

ABUSED ELDERLY WHO REFUSE SERVICE OFFERS: A POPULATION-AT-RISK

Linda Vinton
Ph.D. Candidate
School of Social Work
University of Wisconsin-Madison

Introduction

This study looks at factors associated with refusing service offers among older persons who have been found to be abused or neglected by others. Abuse of the elderly is a complex social problem which has only recently been described in the literature. Although estimates of the incidence of elder abuse vary, it has been suggested that the problem is actually increasing rather than being a newly discovered social problem (Stearns, 1986).

The effects of abuse and neglect are multifold. Physical abuse can leave an elder with lacerations, bruises, or broken bones. An elder's health can be jeopardized by the lack of medical treatment which another person has caused to be withheld. Emotional harm can result from demeaning or harassing statements and elders who are materially abused may lose their life's savings. Furthermore, acts of maltreatment exacerbate already existing physical and emotional problems.

Elders who have been abused are at risk for further maltreatment. Abuse and neglect are recurrent phenomena which leave victims at risk of more harm (Block & Sinnott, 1979; Lau & Kosberg, 1979). Other forms of domestic violence have been shown to escalate in frequency and severity over time and the need for medical attention may increase (Kempe & Kempe, 1978; Walker, 1979). These consequences could be particularly severe for frail elderly.

Researchers have stressed the need for services among abused elderly. Although consensus has not been reached on the nature and extent of interventions, Douglass (1983) states that a principal conclusion of studies has been that the increased availability of family supportive services, in-home services, and other related kinds of assistance will help prevent the problem of elder maltreatment. An appropriate response would therefore be to direct existing services to high risk households.

While services are believed to help prevent and ameliorate the effects of maltreatment, many elders refuse help. Moen (1978) refers collectively to help-refusing behaviors among the elderly as the "non-acceptor syndrome." In this study, 36% of the sample cases refuse all services offered.

An assumption of this study is that non-acceptors are placed at higher risk than abused elders who accept services. These elders face triple jeopardy--being aged, abused or neglected, and isolated from services. Hence, elders who refuse service offers are a population-at-risk. The problem statement asks who are these vulnerable elders. The purpose of this research is to distinguish the characteristics of abused elders who act to refuse service offers.

To this author's knowledge, there are no studies which address the correlates of ~~service use among abused elders~~. Furthermore, few studies discuss the non-acceptor syndrome among the general elderly population. Results of this research will guide planners and policy makers who are interested in the participation of older persons in human service programs. From a practice standpoint, distinguishing nonusers of services will help determine how outreach and delivery of services might be more effective in involving larger numbers of at-risk clients.

Background

The sample consists of 440 cases. Overall for the sample, 960 services were planned ($M = 2.2$). Community-based services account for the majority of services offered (77%), followed by institutionally-based services (17%), and other services (6%). A breakdown of the services planned for abused elders in the sample is shown in Table 1.

Table 1
Services Planned for Sample by Type

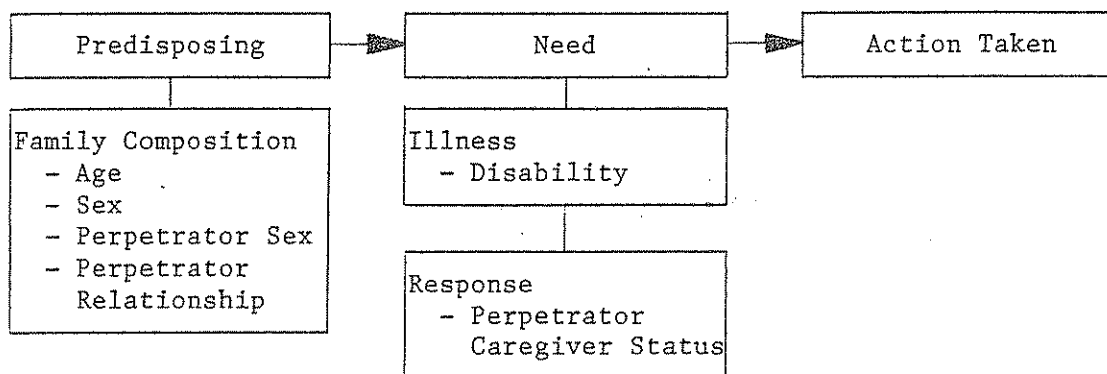
Type of Service	No. Offered Service	% Offered Service
Community-based		
Case Management	174	39.5
Information and Referral	100	22.7
Home Health Care	61	13.9
Counseling-Therapy	50	11.4
Institutionally-based		
Nursing Home	47	10.7
Other		
Other	57	13.0

Note. Only services planned for at least 10% of the sample cases are included.

Andersen (1968) suggests a general framework for looking at the factors associated with utilization of health services. His model suggests that an individual's decision to seek medical care depends on: 1) the predisposition of the individual to use services (predisposing); 2) his or her ability to secure services (enabling); and 3) his or her need for health services (need). While this study can only loosely adapt Andersen's model, this framework is useful in conceptualizing factors associated with action taken by abused elders. An abused

elder's decision to accept or refuse an offer of services is seen to depend on: 1) the predisposition of the individual to use formal services (predisposing); and 2) his or her need for services (need) (Figure 1). Due to the secondary nature of the data set, enabling factors cannot be examined in this study.

Figure 1. A Behavioral Model of Abused Elders' Action Taken



Predisposing Variables

Family Composition

Demographic factors such as age and sex have been linked with service utilization patterns among the elderly. In both urban and rural settings, Krout (1983) found persons over age 70 were more likely to use a range of community services than persons under age 70. In a study of Norwegian elders, Daatland (1983) indicated that the effect of age was a direct effect for the most part on use of in-home and residential services. Persons aged 80 and over used services significantly more than younger elderly. Daatland argues, however, that health and functional capacity decline with age; therefore, results might be interpreted as an effect of need.

While several authors have found that sex was not a predictor of use of services (Cantor & Mayer, 1978; Krout, 1983), the large-scale survey of the National Center for Health Statistics (NCHS) (1986) revealed that elderly women used senior centers at higher rates than elderly men. Women have also been shown to disproportionately use physician and nursing home services (NCHS, 1981b, 1982), but such findings may be attributable to marital status and living arrangement. Older women are more likely to be widowed and to live alone than older men, factors which may influence the use of services.

Along with victim demographics, the perpetrator's sex and relationship to the victim are considered predisposing. These latter variables characterize the elder's primary group structure, an important reference group for both elders and perpetrators.

Dominance refers to beliefs, values, and cultural meanings that give higher values and prestige to the behavior associated with one sex versus another. Most societies are male-dominated, which, for the most part, is reflected in kinship systems. Male family members often "officially" dominate and retain the final authority and power to act although women are seen to have authority in certain areas (Stockard & Johnson, 1980).

The dynamics of maltreatment are such that the strong or more powerful act against the weak. Victims are seen as vulnerable and unlikely to retaliate. Sex inequalities in society and in the family suggest that male perpetrators may be seen as more powerful than female perpetrators. Whereas formal intervenors can be seen to "expose" abusers and possibly usurp or alter the perpetrator's power over the victim, perpetrators may oppose interventions.

As with other types of domestic violence, elder abuse is most likely to be a family affair. Family abuse is the most common type of abuse found among the sample (84%). The dynamics of families affect abused members in unique ways. First, nuclear family units are typically interconnected throughout life. There is little choice as to how long family relationships will last. And, despite strained relations, ties often persist (Dono et al., 1979). Such bonds make it difficult for victims, as well as perpetrators, to contemplate surviving outside the family. Second, families are private institutions. There is control over the audience of family behavior and victims and perpetrators go to great lengths to keep abuse and neglect secret from others. Third, families are where individuals construct perceptions of reality. Finkelhor (1983) suggests that abusers use their family connection to control and manipulate victims' perceptions, thereby causing victims to blame themselves for their maltreatment. Shame and embarrassment may motivate elderly victims to refuse services.

Need Variable

Illness

Disability or impairment is connected with use of services among the elderly. The comprehensive survey of the National Center for Health Statistics (1986) found that a larger proportion of older persons who were moderately or severely impaired used home-delivered meals, homemaker, and visiting nurse or home health aide services than persons with no or slight limitations. Soldo (1985) also linked need variables to the receipt of formal in-home services for the elderly. Using nationally representative data, Soldo concluded that factors such as needing assistance with tasks of daily living, medical needs, incontinence, and supervision needs were associated with receiving assistance from nurse or other community health care workers.

Disability has also been linked with use of institutionally-based services (Andersen, 1968; Fowler, 1970). The number of hospital and nursing home days utilized by the elderly goes up directly with the number of persons with limitations in activities of daily living (NCHS, 1981a, 1981b, 1982).

Response

Older persons with impaired functioning often turn to their family and friends for assistance. Use of informal services by the elderly has been shown to affect use of formal services. McKinlay (1972) states that the influence of informal networks is formidable when people act upon symptoms or life crises.

Sussman (1976) has proposed that social support networks link elders with needed services. Empirical studies have shown, however, that informal care providers may reduce elders' awareness of the formal network of services by substituting for them (Ward et al., 1984). Several researchers have concluded that the relationship between informal and formal care is an inverse one--as reliance on informal helpers goes up, reliance on formal helpers goes down (Greene, 1984; O'Brien & Wagner, 1980).

Method

Subjects

The 440 sample cases were selected from 1,284 Elder Abuse and Neglect Reports generated in Wisconsin in 1986. Persons in the sample were "60 years of age or older" or were "suffering from the infirmities of aging" (Wisconsin Act 398). Criteria for selection into the sample were:

- 1) the primary reason for the report was physical abuse, neglect by others, material abuse, or emotional abuse;
- 2) the report was substantiated by investigators; and
- 3) an offer of least restrictive services was made and the elder acted to accept or refuse some or all of the services planned.

Table 2 contrasts samples of various elder abuse studies with the study sample. Overall, the sample is disproportionately female and old-old when compared to the general population of elderly but is similar to the samples of other studies.

Table 2
A Comparison of Elder Abuse Studies

Elder Abuse Study	Type of Abuse				Victim's Age	Victim's Sex	Disability of the Victim	Perpetrator's Sex	Perpetrator's Relationship to Victim
	Physical Abuse	Material Abuse	Emotional Abuse	Neglect by Others					
The Sample	36%	25%	25%	14%	58% 75 years of age and over	76% female	76% have at least one disabling characteristic	61% male	28% spouse 26% son 14% daughter 16% other relative
Leu & Koaberg (1978)	75%	31%	51%	-		77% female	75% had one major physical or mental impairment		82% relative
Block & Sinnott (1979)	38%	46%	58%	-	most old-old	81% female	86% physically or mentally impaired	44% male	80% relative
Gioglio and Blakemore (1983)	Financial abuse occurred in 50% of all cases cited; physical abuse was the least reported form of mal-treatment				56% 75 years of age and over	70% female	87% reported in poor general health; 48% had greatly limited activity	72% male	61% immediate family 13% extended family
The Three Model Projects (1984)	Type of Abuse Which Precipitated Report:								
- Worcester Sample	35%	24%	25%	30%*	59% 75 years of age and over	80% female	Mean Number of Physical Impairments - 2.78	71% male	34% spouse; 24% son; 29% daughter
- Syracuse Sample	29%	24%	39%	58%	63% 75 years of age and over	84% female	2.56	59% male	28% spouse; 24% son; 19% daughter
- Rhode Island Sample	49%	24%	55%	24%	50% 75 years of age and over	80% female	1.97	66% male	17% spouse; 35% son; 18% daughter

*Active and passive neglect included

Design and Procedure

This inquiry seeks to determine whether subjects who fall into respective categories of one variable differ significantly in their response to another variable. The six exogenous variables include: 1) age; 2) sex; 3) perpetrator sex; 4) perpetrator relationship; 5) disability; and 6) perpetrator caregiver status. The dependent variable is action taken. All variables are dichotomized in the interest of parsimony.

The intent is to determine whether differences exist between categories of the explanatory variables and the dependent variable, action taken. The chi-square test of independence will be used to test differences. A summary statistic, the odds ratio, will be used to describe relationships in crosstabulations. Yule's Q, a function of the odds ratio, is used as a measure of association.

Results

Results of the bivariate analysis reveal a significant difference in the rate of refusing service offers for disabled and non-disabled elder abuse victims. This difference is significant at the $p < .05$ level and in the direction hypothesized. Non-disabled persons refused service offers at a significantly greater rate than disabled persons. The odds ratio indicates that 1.7 times as many non-disabled victims refused service offers as disabled victims (Yule's Q = .26).

When controlling for the sex of the victim, non-disabled men were found to refuse service offers at a rate which is 2.7 times greater than the rate for disabled men (Yule's Q = .46). Only a small number of male victims in the sample are not disabled, however, and no difference was found among female victims.

The disability effect was significant for victims aged 75 and over (old-old) but not for victims under age 75 (young-old). Over half of the non-disabled old-old victims (53%) refused service offers while only 34% of the non-disabled young-old victims refused. This difference is significant at the $p < .05$ level. The rate of refusal for the former group is 2.2 times greater than the latter rate (Yule's Q = .38).

In addition to disability, the perpetrator sex effect was found to be significant ($p < .05$). Overall, victims with male perpetrators refused service offers at a rate 1.6 times greater than victims with female perpetrators (Yule's Q = .21).

The odds ratio increases when controlling for the caregiver status of the perpetrator. Persons with male caregiver perpetrators refused service offers at a rate 2.3 times greater than persons with female caregiver perpetrators (Yule's Q = .40). It is not surprising to note that neglect, rather than abuse of any type, was overwhelmingly cited

as the primary reason for the report in cases where the perpetrator was the primary caregiver of the victim.

In looking at other group differences, the perpetrator sex effect was found to be significant for cases of parent abuse but not for cases of spouse abuse. While 43% of the sample with son abusers refused offers of assistance, only 27% of those with daughter abusers refused help. The refusal rate for victims with son perpetrators is 2.1 times greater than victims with daughter perpetrators (Yule's $Q = .35$).

Discussion

Results of the analysis show that two variables were useful in determining abused elders who had significantly higher rates of refusing services--disability, a need variable, and perpetrator sex, a predisposing variable. Implications of the findings are discussed below as they pertain to the groups distinguished by these variables.

Non-disabled Victims

Need, as measured by disability, appears to be a determinant of accepting service offers among the sample. For the most part, when disabling characteristics were absent, abused elders refused services at significantly higher rates. It is important to note, however, that many of the services planned for sample elderly are not linked with disability per se. Frequently, counseling or therapy services were offered to non-disabled victims.

Generally, clients must travel to agencies if they choose to accept therapeutic services. In the case of older persons (particularly the old-old), the need to travel to services could make them inaccessible. In-home services may have inherent appeal to disabled as well as non-disabled clients.

Although helping professionals must bear the burden of traveling to clients' homes, in-home services have advantages for practitioners. For example, seeing the elder in his or her immediate social environment can provide useful information in assessing the elder's situation. Furthermore, being in a client's home can give the worker access to the perpetrator. Involvement of the elder's complete informal network in service programs is more easily accomplished when the therapeutic setting is the home of the client.

Other less-traditional approaches might also be considered for non-disabled elders who resist formal services. While not readily available, peer counseling could be one such alternative. Being assisted by an age cohort might be viewed as more acceptable by young and old elders alike. Peer support projects have been initiated in Wisconsin for the abused elderly and show some promise in this area.

Victims with Male Perpetrators

The nature of the elder victim-perpetrator dyad comes into question when looking at the effect of perpetrator sex on action taken. Perpetrators of elder abuse may have a significant influence on their victims' decisions to act upon service offers.

The literature describing sex roles suggests that men are more likely to dictate the outcome of crucial family decisions than women. Because victims of male perpetrators refuse services at higher rates than victims of female perpetrators, we might conclude that men more successfully dissuade their victims from accepting help. Underlying this reasoning is the assumption that it is in the interest of all perpetrators for victims to disallow intervention.

If it is assumed that male and female perpetrators have similar influence on the decisions of elder abuse victims, the findings of this research could be seen to reflect a difference in the attitudes of perpetrators with respect to formal services. Female perpetrators may welcome formal intervention while male perpetrators may oppose such assistance. The actual or interpreted "costs" of intervention could somehow be greater for male perpetrators.

This author would offer another explanation with respect to the perpetrator sex effect. The strongest effect was seen when contrasting victims with male versus female perpetrators who were also the primary caregivers of victims. Caregiver status was found to have an indirect effect on action taken. Furthermore, the perpetrator sex effect was evident in cases of parent but not spouse abuse. These results may indicate that elder abuse victims act to insure the receipt of informal services in order to control their own "costs" regarding formal interventions.

There appears to be an order of preference for family caregivers. Shanas (1979) states that spouses, if available, are preferred first, adult children second, and other relatives last. Within each of these groups, female caregivers are more likely to be found than male caregivers. In cases where a son is a primary caregiver, more preferred caregivers may simply be unavailable to the elder. Fear of institutionalization may motivate abused elders to act to protect "last resort" caregivers who can threaten to cease giving care in the event that the elder allows intervention.

While the role of the informal care network in the lives of the elderly has been repeatedly stressed, policy makers and practitioners must exercise caution in the case of elders who have been maltreated. Most perpetrators of elder abuse come from the elder's primary group. In addition, many abusers are primary caregivers of elders. A careful balancing of the interests of both parties is needed when planning and offering services to victims and perpetrators.

Fitting (1985) has suggested that men and women differ in giving care to older persons. Results of this study also point to possible differences between son and daughter caregivers who are the perpetrators of maltreatment. Further research is needed to better understand the role of gender as it affects the nature of caregiving and the dynamics of older parent-child relationships.

References

- Andersen, R. (1968). A behavioral model of families' use of health services (Research Series No. 25). Chicago: Center for Health Administration Studies.
- Block, M. R., & Simmott, J. D. (Eds.). (1979). The battered elder syndrome: An exploratory study. Unpublished manuscript, University of Maryland, Center on Aging, College Park.
- Cantor, M. H., & Mayer, M. J. (1978). Factors in differential utilization of services by urban elderly. Journal of Gerontological Social Work, 1(1), 47-61.
- Daatland, S. O. (1983). Use of public services for the aged and the role of the family. The Gerontologist, 23, 650-656.
- Dono, J. E., Falbe, C. M., Kail, B. L., Litwak, E., Sherman, R. H., & Siegel, D. (1979). Primary groups in old age structure and function. Research on Aging, 1(4), 403-433.
- Douglass, R. L. (1983). Domestic neglect and abuse of the elderly. Family Relations, 32, 395-402.
- Finkelhor, D. (1983). Common features of family abuse. In D. Finkelhor, R. J. Gelles, G. T. Hotaling, & M. A. Straus (Eds.), The dark side of families. Beverly Hills, CA: Sage Publications, Inc.
- Fitting, M., & Rabins, P. (1985). Men and women: Do they care differently? Generations, Fall 1985, 23-26.
- Fowler, J. (1970). Knowledge, need and use of services among the aged. In C. Osterbind (Ed.), Health care services for the aged. Gainesville, FL: University of Florida Press.
- Giooglio, G. R., & Blakemore, P. (1983). Elder abuse in New Jersey: The knowledge and experience of abuse among older New Jerseyans. Unpublished manuscript, New Jersey Department of Human Services, Trenton.
- Greene, V. L. (1983). Substitution between formally and informally provided care for the impaired elderly in the community. Medical Care, 31(6), 609-619.
- Kempe, R. S., & Kempe, C. H. (1978). Child abuse. Cambridge, MA: Harvard University Press.

- Krout, J. A. (1983). Correlates of service utilization among the rural elderly. The Gerontologist, 23, 500-504.
- Lau, E., & Kosberg, J. I. (1979). Abuse of the elderly by informal care providers. Aging, September-October, 11-15.
- McKinlay, J. (1972). Some approaches and problems in the study of the use of services: An overview. Journal of Health and Social Behavior, 13, 115-152.
- Moen, E. (1978). The reluctance of the elderly to accept help. Social Problems, 25, 2983-303.
- National Center for Health Statistics. (1981a). Health characteristics of persons with chronic activity limitation: United States, 1979. Vital and Health Statistics (Series 10, No. 137, December, DHHS Publication No. 82-1565). Washington, DC.
- National Center for Health Statistics. (1981b). Characteristics of nursing home residents, health status, and care received: National nursing home survey, United States, May-December 1977, by E. Hing. Vital and Health Statistics (Series 10, No. 141, December, DHHS Publication No. 82-1569). Washington, DC.
- National Center for Health Statistics. (1982). Current estimates from the National Health Interview Survey: United States, 1981, by B. Bloom. Vital and Health Statistics (Series 10, No. 141, December, DHHS Publication No. 82-1569). Washington, DC.
- National Center for Health Statistics. (1986). Aging in the eighties, age 65 years and over-Use of community services, by R. Stone. Advance Data From Vital and Health Statistics (No. 124, September, DHHS Publication No. 86-1250). Hyattsville, MD.
- O'Brien, J. E., & Wagner, D. L. (1980). Help seeking by the frail elderly: Problems in network analysis. The Gerontologist, 20(1), 78-83.
- Shanas, E. (1979). The family as a social support system in old age. The Gerontologist, 19, 169-174.
- Soldo, B. (1985). In-home services for the dependent elderly. Research on Aging, 7(2), 281-304.
- Stearns, P. J. (1986). Old age family conflict: The perspective of the past. In K. A. Pillemer & R. S. Wolf (Eds.), Elder abuse conflict in the family (pp. 3-24). Dover, MA: Auburn House Publishing House.

- Stockard, J., & Johnson, M. M. (1980). Sex roles sex inequality and sex role development. Englewood Cliffs, NJ: Prentice-Hall, Inc.
- Sussman, M. B. (1976). The family life of old people. In R. H. Binstock & E. Shanas (Eds.), Handbook of aging and the social sciences. New York: Litton.
- Walker, L. (1979). The battered woman. New York: Harper & Row.
- Ward, R. A., Sherman, S. R., & LaGory, M. (1984). Informal networks and knowledge of services for older persons. Journal of Gerontology, 39(2), 216-223.
- Wolf, R. S., Godkin, M. A., & Pillemer, K. A. (1984). Elder abuse and neglect: Findings from Three Model Projects. Worcester, MA: University of Massachusetts Medical Center, University Center on Aging.