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## **Client functionality, filial abuse and agency interventions**

Julie Anne Hibbs

Stephen Michael Thomas

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CLIENT FUNCTIONALITY, FILIAL ABUSE  
AND AGENCY INTERVENTIONS

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

---

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

---

by  
Julie Anne Hibbs  
Stephen Michael Thomas

June 2004

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by  
Julie Anne Hibbs  
Stephen Michael Thomas  
June 2004

Approved by:

  
Dr. Rosemary McCaslin, Faculty Supervisor  
Social Work 

6/1/05  
Date

  
Mary Sawicki, Director, San Bernardino  
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M.S.W. Research Coordinator

## ABSTRACT

This study examined the relationship between client functional ability and alleged filial abuse. Electronic data on 451 clients who collectively had over 5,000 service episodes were obtained from the San Bernardino County Department of Aging and Adult Services. Relationships between the alleged abuser and the alleged abused were identified and differences between groups of clients who received In-Home Support Services and those who did not were established. This study also identified services through the Department of Aging and Adult Services as possible interventions or precursors to allegations of abuse.

## ACKNOWLEDGMENTS

The authors of this study wish to thank the Director of the San Bernardino County Department of Aging and Adult Services, Mary Sawicki, for permission to examine data used as a resource to complete this project. We would also like to thank her for her support and for the opportunity to work with her and her staff, in order to better understand agency issues related to service delivery to the elderly and dependent adults of San Bernardino County.

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To our cohort of the graduating class of 2004, the supportive relationships we developed over the last three years were vital to all of our successes in this program. We started together and finished together. We did it!

To Pearl Gray we owe you all of our love and gratitude for allowing the intrusion of our academic dreams to interrupt your life.

Last but not least, to our families, friends, and other loved ones, we thank you for your patience, and your never-ending support and encouragement. Please promise to talk to us again!

## DEDICATION

This work is dedicated to the elderly and dependent adults of San Bernardino County.

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## CHAPTER ONE

### INTRODUCTION

Recent history has shown that the number of elderly in the community has and will continue to grow as the decade's progress. It is projected that by the year 2025 the number of elderly will grow by 20 percent, or an estimated 60 million persons, of the United States population as the ranks of the baby boomers join the elderly population. As these numbers have risen, the number of single, non-institutionally placed elders has also risen from 25 percent in 1940 to over 60 percent in the 1990's. In the 1940's, only 7 percent of the "oldest old" (85 years and older) were institutionalized as compared with 25 percent in recent years (Checkovich & Stern, 2002).

Past research has shown that the ability of the elderly to remain in the community has been accomplished with a network of family and friends (Checkovich & Stern, 2002). As the elderly population continues to grow, more elderly will need long-term care, and the cost of this care is astronomical (Oktay & Volland, 1990). One result of the high cost of institutionalized care has been a resurgence of interest in familial responsibility (Dwyer &

Miller, 1990). Keeping the elderly in their own homes increasingly is becoming an important goal, because it may enhance the elderly person's quality of life, while cutting financial costs.

#### Problem Statement

Laws to protect the elderly exist in every state, and every state mandates the reporting of elder abuse (Bergeron & Gray, 2003). Adult Protective Services (APS), much like Child Protective Services, are charged with the responsibility of receiving and investigating reports of abuse, assessing client needs, providing services, and pursuing legal action against perpetrators of abuse when necessary (Anetzberger, 2000). Substantiated reports of elder abuse of those 65 and older were shown to have increased dramatically between the years of 1984 and 1993 from 12.7 incidents per 1000 to over 26 per 1000. Substantiated reports have been correlated with high child poverty rates and high population density. Associated characteristics of elders investigated for possible abuse include loose social networks, low income, decreased functional ability and minority status (Jogerst, Dawson & Hartz, 2000).

In a study by the National Center on Elder Abuse (1998), it was shown that incidents of domestic elder abuse in the United States of those aged 60 and older were close to 450,000 in 1996. Almost 71,000 of these cases were reported and substantiated by APS services and the remaining 379,000 were identified by collateral sources, leading to the assumption that for every case reported, five cases will not be reported. It is assumed the recorded number is an undercount, and it is not known if the increase is due to more community awareness and professional education, or an increase in the population (Wolf, 2000).

The policies originally designed to increase family support for the elderly failed to take into account the social, emotional, and physical toll care giving responsibilities take on family members. Family care giving responsibilities can be extremely stressful for caregivers, and the demands of care giving may exceed the capacities of many of these families (Dwyer & Miller, 1990). Caregiver stress has been long been regarded as a major contributing factor to the problem of elder abuse. Family caregivers of dependent elderly sometimes feel isolated, overburdened, overstressed and even angry and, while most caregivers work through these feelings, for

some this stress can lead to abusive behaviors (Grafstom et al., 1993).

#### Purpose of the Study

The purpose of this study was to explore the relationship between the client's functionality, alleged filial abuse, and the effect of interventions as they relate to future APS referrals. Specifically, this study has attempted to answer the following questions. 1) Does there exist a relationship between client functionality and alleged filial abuse? 2) What is the relationship between the alleged abuser and the alleged victim, and is there a difference between clients that receive In Home Supportive Services (IHSS) and those who do not? 3) Does IHSS services decrease the probability of future APS referrals when the APS referral is made prior to receiving IHSS services? Alternatively, does there exist a probability that APS referrals will be made after IHSS services are established? 4) Last, if APS referred to services other than IHSS, such as the Linkages program (designed to link recipients to service providers), the Multi Service Senior Program (MSSP), or Family Caregiver Support Program (FCSP), is there decreased likelihood of future APS referrals?

Discussions with administrators revealed that little research had been done on outcomes in its In Home Support Services division, and little was known about the quality of life of those receiving services. If an association can be uncovered about the relationship of the caregiver with the alleged abused, this may allow the department to take preventative measures to protect the alleged abused and provide services to the alleged abuser. These services could include education, respite care and programs to alleviate the burdens of providing care, and could possibly decrease incidents of alleged abuse. Illuminating this issue with quantified data could possibly provide a better quality of life not only for the elderly client but also for the caregiver.

Data were drawn from a random sample of one percent of case histories of regional offices of the Department of Aging and Adult Services throughout San Bernardino County. Open and closed IHSS cases with attached APS case histories were reviewed to identify persons receiving care through the Department's In Home Support Services and alleged abuse from within the sample. All of these data were available through the large database already kept by the department. Client functionality was documented only in IHSS cases electronically. Functionality of Linkages

and MSSP recipients are only documented in paper files and there is no functional index number for APS cases. Clients were not interviewed because of the unnecessary stress a study like this would have caused; rather data sources were limited to electronic case histories.

#### Significance of the Project for Social Work

This study will assist the Department of Aging and Adult Services by identifying populations in need of additional services, linking these clients to other Department of Aging and Adult Services (DAAS) programs already in place, and justifying the funding necessary to enhance these additional services. Five on-going DAAS programs will ultimately be involved. These programs are In-Home Supportive Services (IHSS), Adult Protective Services (APS), Multi-Service Senior Program (MSSP), Linkages, and the newly formed Family Caregiver Support Program (FCSP). It is unknown at this juncture how the State budget crisis will affect these programs in the future.

A major feature of the Generalist Intervention Model (GIM) assessment phase assumes that social workers attempt to address issues at micro, mezzo, and macro levels, in order to affect positive changes for individual clients,



family systems, and agency practice. The focus of this study was to assess and identify issues relevant to the client base, which were identified as elderly and dependent adults being served by the Department of Aging and Adult Services. At the micro level, the assessment process seeks to evaluate the client-in-situation and to identify risk factors for abuse. Once these issues are identified, assessment will continue at the mezzo level to include the needs of the family system. At the macro level the impact of agency and policy practices on clients and families at the micro and mezzo levels will be explored. Using this GIM model may illuminate new alternatives to enhance current practice (Kirst-Ashman & Hull 2002.)

With this approach, it was hypothesized that while there exists a filial relationship between the alleged abuser and the abused, the likelihood of abuse would increase as the functionality index of the client decreased and that by receiving other services as the result of the APS referral, there would be a decline in need for future referrals to APS.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter discusses relevant studies and publications addressing myths of care giving as a responsibility of institutions, understanding the relationship between caregivers and care recipients and typologies of both the abused and the abuser. The objective in this literature review was to gain a broad understanding of the issues surrounding elder and dependent adult abuse.

#### Current Literature about Abuse

A study conducted on families and formal service usage cites Whitlatch and Noelker (1996) as reporting that family caregivers provide more than 70% of long term care and 85% of in home care (Lyons, Zarit & Townsend, 2000). The vast majority of this care giving is provided by women, usually spouses, daughters and daughters in law (Ayres & Woodtli, 2001). Further, a qualitative study by Russell (2001) showed that, despite common myths of family leaving older members in the care of institutions and professionals; most elderly and disabled persons are in fact cared for in the home by family members. Russell

reports that, in spite of the fact that caregivers are usually female, there are approximately one million elderly men who provide for the care of their spouses who suffer with significant cognitive impairments. Russell cites feminist literature that recognizes gender as a primary focus of how society is structured, and he further notes that gender roles are not constant throughout a lifespan; as men age, the meaning they construct for themselves is in flux as they take on the duties of providing care (Russell, 2001).

Anetzberger (2000) attempts to understand the nature of the relationship between the alleged abused and the alleged abuser, and concludes that being a caregiver is not a predictor of abuse but rather a consequence of the interaction between parties involved. This interactionist model tries to understand the burdens of long term care in the context of the nature of the relationship. New demands on the relationship of the care recipient and the care provider can lead to an uncomfortable and unexpected changing of roles within the relationship. The actions of both can lead to abuse. The loss of function for the recipient leads to a loss of privacy and independence for the caregiver; there is a loss of personal time and financial resources. Noted are characteristics of

caregivers such as mental illness, substance abuse, and financial dependence on the recipient. These characteristics often leave the caregiver less than adequately equipped for the task of providing care. Recipients are often seen as combative and argumentative, critical of the care provided and overly dependent. These interactions are seen as a precursor to future abuse (Anetzberger, 2000).

Brandl (2000) dismisses the issue of care giver stress and likens the abuse incurred to a model of traditional domestic violence, where a care giver will attempt to gain power and control over a victim to get their own needs met. The abuse is seen as a means to satisfy the provider's own needs of financial stability and control over the household. The author postulates that linking abuse to caregiver stress is a dangerous model that neglects the power differential in the relationship, and will offer inappropriate responses that will ultimately blame the recipient of care for the abuse. The message to the victim is that if they just try harder the abuse would stop, and by giving the caregiver exactly what is desired, things will get better. She notes that abusers do not lose control but actually choose how and when to respond with violence (Brandl, 2000).

Still other researchers propose that the stressors associated with the demands of care giving have largely been substantiated. These researchers point out, however, that relationship variables, personal characteristics, and resources also play an important role in the ability of caregivers to tolerate the demands associated with care giving (Sherrell, Buckwalter, & Morhardt, 2001). A recent study interviewed one hundred and twenty-two caregiver daughters and recipient mothers. They found that personal characteristics that determined the impact of caregiver stress on caregivers include the caregiver's perceived personal growth and understanding of aging, and the degree of congruency in role expectations between caregivers and care recipients. Feelings of closeness and sensitivity to the others' needs were found to be important characteristics of non-abusing caregivers (Hollis-Sawyer, 2003). Conversely, characteristics of elder abuse offenders include the overwhelmed, the domineering controllers, the narcissistic, the sadistic, and the impaired (Ramsey-Klawnsnik, 2000).

A 1993 follow-up study of caregivers who had previously reported abuse, analyzed the relationship between demented elderly people and the caregiver stress associated with caring for persons with serious cognitive

impairment. This Swedish study found that abusive reactions by the caregiver towards the demented family member occurred most often during the beginning of the dementia process (Grafstrom et al., 1993). Another study, published in 1995, was conducted by mailing out an anonymous questionnaire to 200 members of an organization that provided support for the caregivers of dementia patients. Fifty-five percent of the respondents in this study admitted to some form of abuse, with verbal abuse the most often reported. This study found an association between verbal abuse and poor pre-morbid caregiver/care receiver relationships, and an association between caregiver isolation over a long period of time and physical abuse (Cooney & Mortimer, 1995).

Dwyer and Miller examined the differences in characteristics of the care giving network by area of residence. They matched a sample of 1388 non-institutionalized functionally limited elderly people from a 1982 National Long-Term Care Survey and the National Survey of Informal Caregivers. This study found no significant residential differences in the amounts of stress, but did find that rural and smaller city caregivers experience more caregiver burden than

caregivers in urban areas, which they attributed to a lack of available services (Dwyer & Miller, 1990).

Lyons, Zarit, and Townsend (2000) studied a sample of 305 primary family caregivers. The purpose of this study was to understand the relationship between formal and informal caregiver support. These authors assert that there is a need for formal services that work in conjunction with, rather than replacing, family caregivers. However, they caution that formal services have the potential to either make the care giving experience more manageable or even more stressful for these families, depending on the delivery of services by the agency (Lyons, Zarit, & Townsend, 2000).

#### Theories Guiding this Study

Many theoretical explanations have been identified including a situational model of the overburdened caregiver, exchange theory where the power differential of the family relationship has changed, and social learning and intergenerational theories where there is a history of past child abuse within the family. Political economic theory shows that the marginalization of the elder in society may be a causative factor, and feminist theory

identifies the imbalance of power within relationships (Wolf, 2000; Cooney & Mortimer, 1995).

Role-reversal is yet another model used to explore the care giving relationship between parents and adult children. However, this theory assumes that elderly parents enter a second childhood, which serves to perpetuate the negative stereotypes associated with aging (Sherrell, Buckwalter & Morhardt, 2001).

Malley-Morrison, You, and Mills (2000) report that other theorists have expanded on Bowlby's attachment theory to further understand relationship violence. Bowlby thought that early relationship development between parents and children would define future relationships between parents and their adult children. These authors cite Mayseless (1991) as further theorizing that intimate violence would be more readily exhibited by individuals with insecure attachment styles. Further studies have concluded that adults with insecure attachment styles have problems in relationships (Malley-Morrison, You, & Mills, 2000).

Caregiver stress becomes an issue when resources necessary for providing care are not readily available. As the demands of the impaired person require more resources because of their loss of function, caregivers become



burdened with isolation, anxiety and feelings of helplessness that are exacerbated over a long period of time. Continued redefinition of the roles of both the person receiving care and the provider of that care may also lead to increased stress in the relationship (Dwyer & Miller, 1990).

Anetzberger (2000) offered an alternative explanatory model of elder abuse in her discussion of whether care giving is the primary cause of elder abuse. Anetzberger concluded that caregiver stress does not cause elder abuse. Rather, the causes of elder abuse are to be found in the problem and pathological characteristics of the abusers. For instance, Anetzberger found that life stressors, such as financial or housing dependence, or pathological characteristics, such as mental illness and substance abuse make caregivers more prone to abusing care recipients (Anetzberger, 2000).

While these authors find merit in all of the above-mentioned theoretical models, a major goal of this study is to explore the effect of agency interventions as they relate to future APS referrals. Therefore, the theory guiding this study will be the caregiver stress model from the perspective of available services as an agency intervention.

## Summary

The literature review reveals there does seem to be a filial relationship between care providers and care recipients. The literature also provides theory and findings about abuse in these relationships relative to function and family history.

## CHAPTER THREE

### METHODS

#### Introduction

This chapter discusses the design, sampling, and data collection methods used in this study. Included are specifics of population, services rendered, and types of data used.

#### Study Design

This was an exploratory study using secondary data on clients receiving services through the Department of Aging and Adult Services. These data were obtained through electronic databases. This method was chosen instead of conducting personal interviews with clients to prevent undue stress that the interview process might cause.

The examination of these data was sufficient to address the concerns of this study. Specifically, this study hypothesized that there was most likely to be a relationship between client functionality and alleged abuse, and that there was a filial relationship between the alleged abused and the alleged abuser. Also hypothesized was that agency intervention would decrease subsequent reports of abuse. If correlations could be found through this method of data examination, there could

be implications for future studies in other social service organizations.

This study was limited by geographic location to San Bernardino County. Additional study limitations included access only to reported cases of alleged abuse and the thoroughness of the agency's documentation of the allegations and interventions. While there are no eligibility criteria for Adult Protective Services other than allegations of abuse or neglect, clients receiving services through IHSS must meet income eligibility. Therefore, portions of this study were limited to lower income households.

#### Sampling

The Department of Aging and Adult Services has an extensive system of databases already in place that contain a wealth of demographic information about clients served and the services they received. From this existing data, a random one percent sample of open and closed case files was drawn for the years 1998 through 2002. In order to ensure a true random sample, all cases existing in the database were eligible for selection.

## Data Collection and Instruments

The specific dependent variables of this study were allegations of abuse, allegations that the alleged abuser was a family member, and subsequent allegations of abuse post agency intervention. Primary independent variables included client functional index score and agency intervention.

The levels of measurement of these dependent variables were nominal, as were the independent variable of agency intervention. However, the independent variable client functional index score had an ordinal scale level of measurement from 1 to 5, with five identifying maximum impairment.

Additional data were gathered and analyzed to search for other significant trends that may be used to assist the agency. These data included age, ethnicity, gender, type of residence, number of persons in the household, duration of care taking responsibilities, level of care required, income level, and marital status.

## Procedures

With the assistance of Department of Aging and Adult Services administrative personnel, automated systems analysts, and statisticians, data were collected from

electronic sources. The initial electronic data were collected within 2 months of the date requested, and secondary electronic data were collected and received in November 2003. These data were analyzed through April of 2004.

#### Protection of Human Subjects

This study initially examined sensitive and personal data from electronic sources. In accordance with the NASW Code of Ethics and the Department of Aging policy, confidentiality agreements protecting the anonymity of client case histories were obtained. As this study progressed, those data were reduced to quantified data that could not be traced back to the clients. No informed consent or debriefing statements were required since only secondary data were examined.

#### Data Analysis

This study sought to identify associations between dependent and independent variables. Specifically looked for were associations between the independent variables of client functional index score and agency interventions juxtaposed against the dependent variables of allegations of abuse, allegations that the alleged abuser was a family

member and subsequent allegations of abuse post agency intervention.

#### Summary

In summary, Chapter Three addressed the study design and sampling justification. Also addressed were specifics regarding what data were collected and from what sources. Data collection time frames and assigned duties were clearly defined.

## CHAPTER FOUR

### RESULTS

#### Introduction

This chapter will look at the sample that was extracted from electronic databases through the Department of Aging and Adult Services.

#### Presentation of the Findings

The sample used for this study is a 1% random sample of clients receiving services through the San Bernardino County Department of Aging and Adult Services from January 01, 1998 through December 31, 2002. There were a total of 451 clients in the sample, which included over 5,000 open and closed service episodes. The ages of the sample ranged from age 1 to age 102, with 11 whose age was unknown.

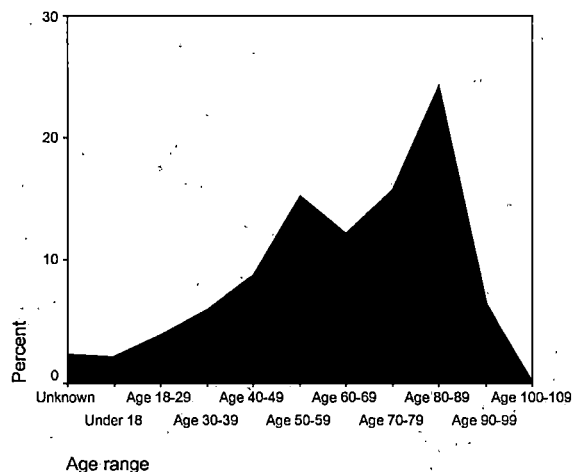


Figure 1. Client Age Range



Gender break down of the sample reveals 42.8% were male and 57.2% were female.

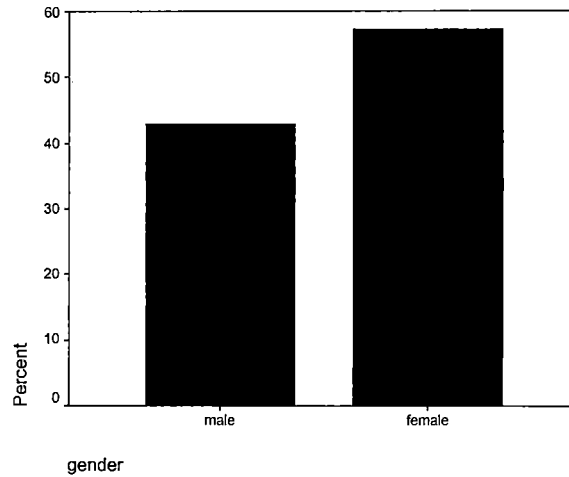


Figure 2. Client Gender

Of the sample, 53.6% were identified as White; 19.7% were identified as Hispanic; 13.0% were identified as Black; 13.7% were identified as other or unknown.

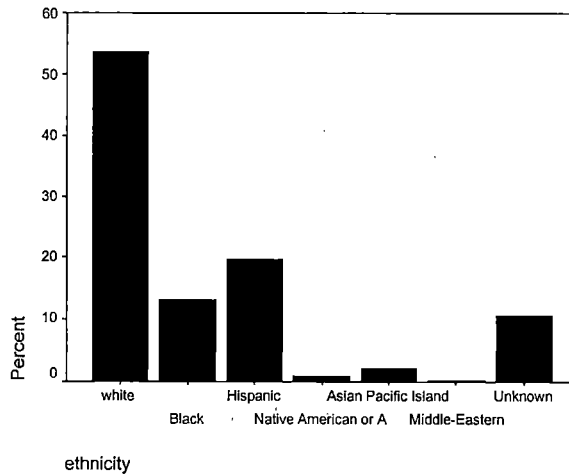


Figure 3. Client Ethnicity

An overwhelming majority of the sample population was identified as English-speaking (86.1%), while 7.4% were identified as Spanish-speaking, and 6.5% spoke other languages.

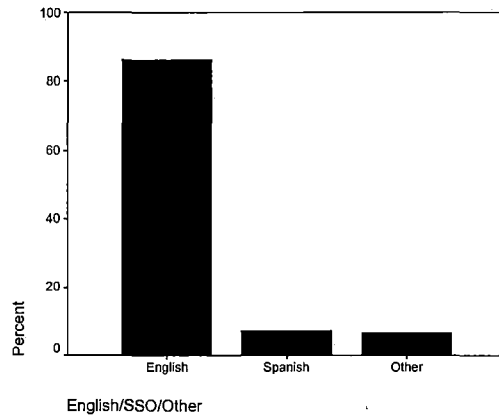


Figure 4. Client Language

Marital status of the sample showed 13.2% were single, 18.2% were married, 5.2% were divorced, 11.2% were widowed, 1.3% were separated, and 50.9% was unknown.

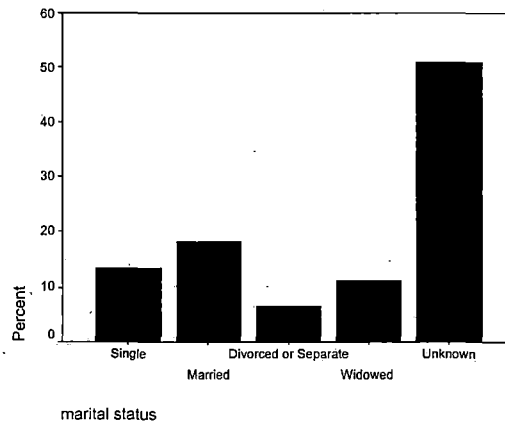


Figure 5. Client Marital Status

Of the 451 clients, 5 were excluded from the sample as outliers. All five of these excluded clients had unusually high service episode counts. Of the remaining 446, 165 clients had APS histories, 181 clients received IHSS services, and of these clients 33 had both APS and IHSS histories. For the purposes of this study, only the 165 clients with APS activity were analyzed.

One of the variables, the functionality index score, gives a quantitative assessment of the clients' overall ability to provide for self-care. This variable was used to determine if there were significant differences between the clients based on age, ethnicity, gender, and language. There were no significant differences in client functionality based on age, ethnicity, or gender. When language was assessed using ANOVA against the functionality index code, the post hoc test showed a difference that approached significance, ( $P = .058$ ) between English and Spanish-Speaking clients' functional index code, with Spanish speakers having a higher mean (less functionality).

Hypothesis #1: This study sought to identify a relationship between client functionality and alleged filial abuse. After the alleged perpetrators were recoded to distinguish between families, self, or other, a one-way

ANOVA was conducted, checking to see if there were any differences among these groups according to the functionality index. There was no significant difference, with significance of  $P = .905$  (means for family equals 3.03, means for self equals 2.90, and means for other equals 2.91). These results were confirmed using independent samples T-tests comparing the means of each group. There was no significant difference between the groups, with means for family equaling 3.03 and means for other equaling 2.91.

In an issue related to the first hypothesis, post hoc tests showed a difference between the functional index of English and Spanish-speaking clients that approached significance ( $P = .058$ ), with Spanish-speaking clients being assessed as less functional.

Hypothesis #2: This study also sought to identify the relationship between the alleged abuser and the alleged victim, and to determine whether or not there was a difference between clients who receive IHSS services and those who do not. While all APS clients in this sample had between 1 and 5 service episodes, only the first case was used for comparisons. To ensure that the clients with only one case were not significantly different than the clients with multiple cases, an independent samples T-test was run

between these two groups and their mean functionality index score. The differences between the means were not significant, with group 1 having only one service episode showing a means of 2.72 and group 2 having multiple service episodes showing a means of 3.09.

Cases were divided into groups of clients who received IHSS services and clients who did not. Crosstabulation analysis of this variable was conducted to determine if the alleged perpetrator was family, self, or other. The chi-square test for this crosstabulation was not significant [ $P = .360$ , with 2 degrees of freedom] (see table in Appendix A).

Hypothesis #3: This study also sought to determine if receiving IHSS services decreased the probability of future APS referrals when an APS referral was made prior to implementation of IHSS services. Alternatively, did there exist a probability that APS referrals would be made after IHSS services were established? In order to determine this, a variable was used that identified the number of APS cases referred before receiving IHSS services as the grouping variable in all independent samples T-test. The cut point was 1, which resulted in two groups: A) those who had one or more APS cases before receiving IHSS services, and B) those who had had no APS

cases before receiving IHSS services. The means for the number of APS cases reported after receiving IHSS services differed significantly. For clients who did not have APS referrals prior to receiving IHSS services, the mean number of APS cases reported after IHSS services was 1.61. For clients who had APS referrals prior to receiving IHSS services, the mean number of APS cases reported after receiving IHSS services was 0.68. The independent samples T-test for the equality of means showed a (2-tailed) significance of  $P = 0.009$ , equal variances assumed.

In an issue related to the third hypothesis a crosstabulation analysis was run to determine whether or not family members were the identified primary support system for the APS clients or if their support systems were identified as other than family, and who the alleged perpetrator in their APS cases were. Of the APS clients for whom family members were identified as their primary support system, the alleged perpetrators were family members in 54.8% of the cases. Self was identified as the alleged perpetrator in 28.6% of cases, and others were identified in 16.7% of cases. Of the clients where non-family was identified as their primary support system, family members were identified as alleged perpetrators in 29.3% of cases, self was identified in 48.0% of cases, and

others were identified in 22.8% of cases (see table in Appendix B). These results were significant ( $P = .011$ ) with chi square value of 8.977, with 2 degrees of freedom.

Hypothesis #4: This study also sought to determine if APS clients who were referred to other DAAS programs would have a decreased likelihood of future APS referrals. From the data collected identification could not be made to determine which IHSS or APS cases had additional services already in place, or if referrals were made to the Linkages, MSSP, or the Family Caregiver Support Program, therefore could not be analyzed.

#### Summary

No significant relationship was found between client functionality and alleged filial abuse. A difference was found in assessed functionality between English and Spanish-speaking clients that approached significance, with Spanish-speaking clients being assessed as less functional. There was also no significant difference found between clients who receive IHSS support services and those who do not when examining the alleged abuser and the alleged victim in the APS case. It was found that clients who had one or more APS referrals prior to the establishment of IHSS services have a decreased

probability that additional APS referrals will be made following the establishment of IHSS services. Also found was a significant relationship between support systems and alleged perpetrators. Family members were the most likely perpetrators of people who relied on them for support. The data set did not contain enough information to determine whether APS referrals to additional DAAS programs other than IHSS decreased the likelihood of future APS referrals.



## CHAPTER FIVE

### DISCUSSION

Several conclusions were reached in the process of this study. There was no significant relationship between client functionality, as measured by the functionality index code described in Chapter Four, and alleged filial abuse. This means that whether family members, self, or others are the alleged perpetrators, the clients do not differ in their ability to provide care for themselves. However, a difference was found between the functionality of English and Spanish-speaking clients that approached significance, with Spanish-speaking clients being assessed as less functional.

A second conclusion is that there was no significant difference between clients who receive IHSS services and those who do not, when examining the alleged abuser and the alleged victim in the APS case.

A third conclusion is that for clients who had one or more APS cases prior to the establishment of IHSS services there is a significantly decreased probability that APS referrals will be made following the establishment of IHSS services. It is hypothesized that this is true because clients are under increased surveillance due to the

involvement of IHSS. Therefore, abuse that would have gone undetected prior to IHSS involvement is now being prevented.

Due to the overrepresentation of clients receiving IHSS services and those who had APS cases, the sample did not include APS clients who were referred to services other than IHSS, such as Linkages, MSSP, or the Family Caregiver Support Program. Therefore, no conclusions could be made as to whether or not APS referrals to services other than IHSS decreased the likelihood of future APS referrals.

#### Limitations

One limitation of this study was that client involvement was limited to residents of San Bernardino County, California. The study was also limited to reported cases of alleged abuse through the Department of Aging and Adult Services, and by the thoroughness or lack thereof of agency documentation. A further limitation of this study is that while no income eligibility criteria is established for APS activity, there is income eligibility criteria for clients receiving IHSS services. Therefore, there may have been an overrepresentation of low-income clients in this sample.

After analyzing the one-percent sample of the total population from the Department of Aging and Adult Services over a 5-year period, it was determined that a sample drawn more specifically from the APS and IHSS databases could have addressed the stated hypotheses more purposefully. Another option would have been to narrow the data set by limiting the sample to APS cases that had a history of IHSS involvement either prior or subsequent to the APS referral being made.

#### Recommendations for Social Work Practice, Policy and Research

As a result of this study, several recommendations can be made. The findings demonstrated that clients with APS cases prior to receiving IHSS services were less likely to have additional APS cases after receiving IHSS services. However, a significant number of clients who did not have APS referrals prior to receiving IHSS services did have APS referrals following the establishment of IHSS services. Therefore, continued funding for IHSS is recommended, because budgetary cuts or the elimination of some IHSS services would likely result in unreported and undetected allegations of abuse, thus putting clients at higher risk.

A significant relationship between support systems and alleged perpetrators was demonstrated with family members being the most likely perpetrators of people who relied on them for support. Therefore, it is recommended that referrals to Family Caregiver Support Program should be more frequently utilized by social workers at both the APS and IHSS programs. Likewise, because clients who do not identify family members as their primary support were the most likely to be self-abusive, social workers should have a heightened awareness of this potential threat to their clients.

Additionally, data analysis revealed that key bits of information were missing from the DAAS database, such as demographic information that should be asked during the initial referral process and subsequent assessment. More importantly, referrals to specific DAAS programs such as Linkages, MSSP, and Family Caregiver Support Program are not being tracked electronically under services provided in the DAAS database. Therefore, it is recommended that the department review and update the DAAS database for documentation of referrals provided by APS social workers to more efficiently track whether or not referrals are being made to other DAAS programs.

Finally, the issue of Spanish-speaking clients being assessed as less functional than English-speaking clients deserves further study. At this venture it is unknown why this disparity exists. It may be that English-speaking social workers are not appropriately utilizing interpretive services, or there may be cultural barriers to overcome. This issue warrants further study by the department.

#### Conclusions

It is important to continue to examine the Department of Aging and Adult Services electronic database in order to assist the department in their on-going efforts to monitor and evaluate product service delivery, and to continue to investigate issues surrounding elder and dependent adult abuse. This will enable the department to continue effectively serving the elder and dependent residents of San Bernardino County.

APPENDIX A  
ALLEGED PERPETRATORS BETWEEN CLIENTS WITH  
IN-HOME SUPPORT SERVICES AND THOSE WITHOUT

Crosstabulation				
	Alleged Perpetrator			Total
	Family	Self	Other	
Cases with In-Home Support Services	16	16	4	33
Cases without In-Home Support Services	46	55	31	132
Total	59	71	35	165
Pearson Chi-Square Value = 2.045, df = 2, P = .360 (2-sided)				

Table 1.

APPENDIX B  
ALLEGED PERPETRATORS BY PRIMARY  
SUPPORT SYSTEM



Crosstabulation			
	Primary Support System		
	Family	Not Family	Total
Alleged Perpetrator - Family	23	36	59
Alleged Perpetrator - Self	12	59	71
Alleged Perpetrator - Other	7	28	35
Total	42	123	165
Pearson Chi-Square Value = 8.977, df = 2, P = .011 (2-sided)			

Table 2.

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## ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. For each phase of the project, both authors took primary responsibility.

1. Data Collection:

Team Effort: Julie Hibbs & Stephen Thomas

2. Data Entry and Analysis:

Team Effort: Julie Hibbs & Stephen Thomas

3. Writing Report and Presentation of Findings:

a. Introduction and Literature

Team Effort: Julie Hibbs & Stephen Thomas

b. Methods

Team Effort: Julie Hibbs & Stephen Thomas

c. Results

Team Effort: Julie Hibbs & Stephen Thomas

d. Discussion

Team Effort: Julie Hibbs & Stephen Thomas