

1993

How Black elders perceive elder abuse

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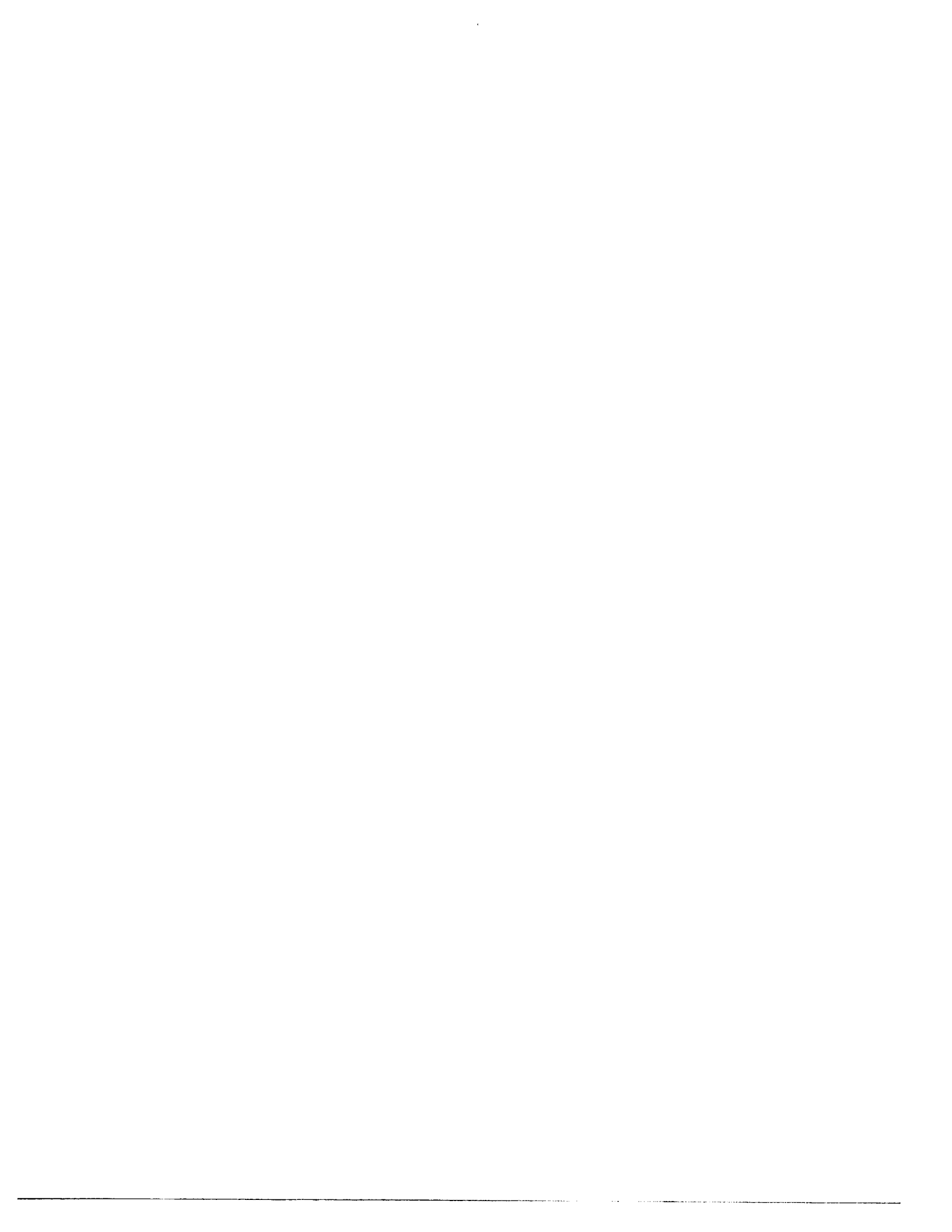
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How Black elders perceive elder abuse

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San Jose State University, 1993

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HOW BLACK ELDERS PERCEIVE ELDER ABUSE

A Thesis

Presented to

The Faculty of the Department of Nursing

San Jose State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

by

Tress M. Stewart

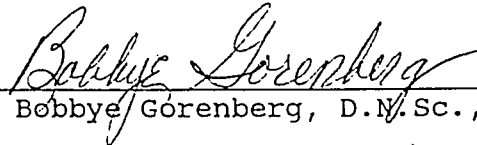
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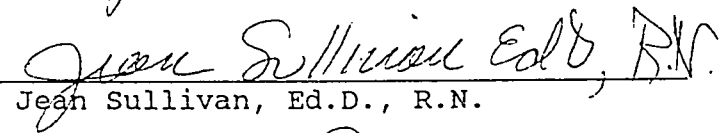
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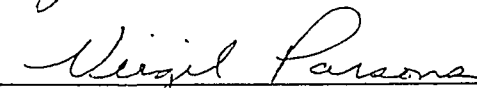
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ABSTRACT

HOW BLACK ELDERS PERCEIVE ELDER ABUSE

by Tress M. Stewart

This thesis examines how Black elders living in inner cities perceive elder abuse. Using an exploratory and descriptive study design, data were collected by survey on perceptions and demographics to a sample of (N=9) Black inner-city elders. Question 19 of the questionnaire contained 15 items of abuse.

The data indicate that the most prevalent form of abuse among this population was physical action which includes financial abuse. The Black elders in this study appeared to perceive abusive acts the same as other cultural aged populations, but tended to be hesitant about reporting. Review of the data suggests that a culturally sensitive definition of abuse along with culturally sensitive service providers and law enforcement may be helpful.

ACKNOWLEDGEMENTS

To God be the Glory

To my children, Michael Stewart, who challenged me by choosing this semester to complete his Masters in Mechanical Engineering at SJSU, and Linda Stewart, who shared my interest in elder abuse as she completed her Bachelors in Occupational Therapy at SJSU.

To my extended family, church family, colleagues, and friends for their encouragement.

To all my instructors at SJSU for their guidance.

To my thesis readers, Dr. Gorenberg, Dr. Sullivan, and Dr. Parsons, for guidance, instruction, patience, and understanding of my use of time.

To Dr. Arnold Brown for the use of the interview guide and for taking the time to communicate with me by phone and letters. To Dr. Reynolds for editing.

To Gil Hamilton for helping me with my statistics and suggesting that I use lottery scratchers.

To Janella Frank and Francine Vandervau11 for typing portions of this thesis. To Pam Warren for typing this thesis and for her patience and professionalism.

To Dr. George Davis and his staff for providing space at the center for interviewing subjects and to the Black elders who participated in the study.

To all the above, thanks.

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Chapter 1

INTRODUCTION

Recent literature on the status of the Black family in the United States clearly documents that, for the last 40 years, inner-city Black families have been living in the self-perpetuating culture of the ghetto (Davis & Davis, 1986; Karenga, 1986). Living in a low-income area with large numbers of school dropouts, unemployed persons, and high crime rates increases the risk of victimization through disproportionate exposure of the elderly or their close proximity to persons who are highly likely to commit crimes (Watson, 1991). This disproportionate number of uneducated and poorly educated persons of all ages living in inner cities decreases their political power. Therefore, they are less likely to organize themselves to fight crimes including elder abuse.

According to the National Caucus and Center on Black Aged (1988), "Older Blacks are among the most educationally deprived group in our society today. The median level of educational attainment is 7.8 years for Black males 65 years of age or older and 8.8 years for Black females" (p. 10). However, being slightly more educated has not been an advantage for Black inner-city women who are pushed to the margins of society by discrimination, not only of their race and ethnicity, but also their age and gender. Aged Black

inner-city women who may find themselves at the bottom of the economic ladder in our society often find themselves with the extra burden of raising their grandchildren or great grandchildren because of the high rate of crack cocaine use in the ghetto. These women assume this extra burden in their effort to keep their extended families intact (Burton & Devries, 1992). The effort to keep the extended family together without full family support often places the Black inner-city elder at risk of abuse and vulnerability for financial and emotional ruin.

In a paper on Social Ethics and the Black Family, Karenga (1986) noted that "living on the margins of society we become the unravelled seams of society when it suffers great pressures. We are the first to feel it and the hardest hit given our social location and our political and cultural vulnerability" (p. 51). Roles that were always stressful for grandparents have become increasingly so as their adult children experience increasing poverty and joblessness, and as teenage pregnancy rates and the number of single parent households rise among Blacks (Dilworth-Anderson, 1992).

Black inner-city grandparents who are single by virtue of the death of a spouse, divorce, or separation from their spouse often take in single children and their children. This arrangement may become abusive if the child relinquishes his/her parental role to the grandparent and

neglects to support himself/herself or his/her children. The current literature on elder abuse supports the assumptions that Black elders are at risk of abuse, but reports of abuse are low for this group, perhaps due to conflicting definitions, or is it distrust of law enforcement? This study attempted to disclose how Black inner-city elders perceive abuse.

Statement of the Problem

As the elder population grows, so does the incidence of elder abuse. The elderly Black population is projected to grow by 21.5% from 1987 to the year 2000 (National Caucus, July 1988). A review of the literature reveals a paucity of information on abuse of Black elders. This rapidly growing Black elderly population is the least likely to have financial stability, good health, and adequate education and housing. "Older Blacks are three times as likely to be poor as elderly Whites" (National Caucus, July 1988, p. 6). Also, "elderly Blacks living alone or with nonrelatives are among the most economically deprived groups in our entire society" (National Caucus, July 1988, p. 5). They are more likely to lose their ability to function when compared to White elderly. In 1986, 38.3% of all Blacks 65 years of age or older were confined to a bed during the preceding year compared to 35.4% for elderly Whites (National Caucus, July 1988). In spite of their problems, Black elders are still trying to preserve their extended family units.

The Black family in America has had to cope with racism, economic, and political pressures. They have been forced by necessity to try and care for their own, even though the economic climate in the last two decades has dealt them a powerful blow. Davis and Davis (1986) state, "Current observation on the Black family continually points out that in two decades following 1960, the percentages of single Black women with children rose from 21 percent to 47 percent. What is seldom noted, however, is that during the same historical period, the percentage of employed Black men plummeted from approximately 75 percent to 55 percent" (p. 36).

As jobs declined for the Black male, Black elders sometimes make tremendous sacrifices to keep the family unit together. They give up medical care, social life, fellowship with church members and, last of all, sometimes their very lives in an attempt to care for their children, grandchildren, great grandchildren, nieces, nephews, and a host of other extended family members on their small fixed incomes (Burton & Devries, 1992).

In return, some Black elders are shocked to discover that some of their children and grandchildren have adopted the American popular culture belief that makes it acceptable to have a small nuclear family of mother, father, and children. The conflict created by the clashing of the two concepts can cause a lack of support among family members.

When the Black elder decides to care for an extended family member and allow his or her own health to deteriorate, health providers label the action as self-neglect or self-abuse. Therefore, it is important for the health care providers to define elder abuse and neglect from a cultural perspective.

Black elders living in extended families in inner cities are often confronted with family members who are drug dependent or have other psychopathological problems as caregivers. Yet, Black elders living in inner cities do not report a higher incidence of abuse than White elders; secondly, they report less abuse than White or non-White elders living in the suburbs.

Purpose and Need

The purpose of this study was to determine the perceptions of Black elders regarding the concept of abuse in order to formulate a culturally relevant definition of the term and to increase understanding. Most studies on elder abuse are drawn from the majority culture. In 1988, Pillemer and Finkelhor conducted a study in which the sample was 94% White. Steuer and Austin's (1980) study was based on a sample which was mostly White, although Blacks and Latinos were represented. In Bristowe and Collins' (1981) British Columbia study, the sample consisted of 52.8% Anglo-Canadians, 10% Balto-Slavic, 10% European, 10% Native Indian, and 4.2% Asian.

Research Questions

The study questions were:

1. How do Black elders living in inner cities perceive abuse?
2. What is the demographic profile of these elders?

Definition of Terms

Elder abuse and neglect is poorly defined. There is still a great deal of inconsistency in the definitions of terms. Hudson (1991) states, "Consistent definitions are impeded by the unique training and societal mandates of the various professions involved in the field" (p. 2). Also, cultural differences among health professionals make it difficult for them to agree that certain interactions are abusive. Cultural differences are not always understood by health professionals, and the dominant cultural beliefs are used to label interactions among other groups in our society. Johns, Hyde, and Aschjem (1991) state, "Words in one language seldom make sense in another; a gesture in one culture might be understood quite differently in another" (p. 55). A lack of understanding of cultural differences and different value systems may be the root of misinterpretation. These same differences may lead to underreporting (Fulmer & Cahill, 1984). For the purpose of this study, the following definitions were used:

1. Abuse refers to mistreatment or injury.
2. Active neglect is defined as situations in which

the abuser withholds items necessary for daily living such as food, medicine, money, or bathroom assistance (Powell & Berg, 1987).

3. Black refers to African-Americans living in the United States.

4. Elderly refers to persons age 60 and above.

5. Inner-city is the crowded or blighted central section of a large city or the parts of a city that are being destroyed by a lack of care and are economically and socially depressed.

6. Physical abuse refers to instances where the elderly person has been hit, slapped, bruised, sexually molested, cut, burned, or physically restrained (Powell & Berger, 1987).

7. Self-neglect occurs when an elder who plays a role in his/her deterioration because of mental or physical impairments, mismanagement of medications, substance dependency, or willful denial of intervention (Fiegener, Fiegener, & Meszaros, 1989).

Summary

Black elders living in inner cities are one of the most disadvantaged groups in our society today. They are trapped in a chasm between their historical and traditional family role and their need to ensure the survival of themselves and their extended families.

Many have chosen to ensure that the traditional Black family concept survives at great expense to their physical, mental, and spiritual health. Elder abuse is just one of the many problems Black elders are facing in the efforts to maintain family unity.

Family privacy has been an institution in America since the early settlers. Family problems were not shared with neighbors or strangers, especially problems of family violence such as incest, battering, and mental and emotional cruelty. Members of the family unit depended on each other for support and to protect the family secrets. Early American families had a high mortality rate throughout the life cycle. Most families consisted of only one or two generations (Nydegger, 1983). The elderly who survived the harsh environment and diseases were usually cared for when they could no longer care for themselves. Those who were strong often became the matriarch and patriarch of their families.

Now that the elderly are living longer than ever before, we are beginning to see multigenerational families and the special problems that are encountered by these larger family units. Elder abuse is a growing problem of the frail elderly living in multigenerational families.

Black families in America do not normally reflect the norm for American families; therefore, Black families are usually described and defined in pathological terms.

Davis and Davis (1986) state, "Black people, during and after the slave era, have had to creatively and often improvisationally build a family life consistent with the dictates of survival" (p. 34). Many elderly Blacks have lived through the different eras of American history and have been the forerunners who shaped the extended family structure for today's Black families. The extended family concept provides a mutual aid system for Black families as they struggle to nurture and protect family and community members. However, today's inner city Black elders are witnessing the destruction of the extended family concept due to poverty and drug abuse in inner cities. This destruction of the extended family decreased the Black elders' support system, placing them at risk for elder abuse.

Black elders who insist on holding onto traditional family concepts often perceive their efforts as essential to family and community. Therefore, their identification of abusive acts are the same as other aged populations, but their perceptions of how well they are managing in an atmosphere of abuse may be different from other aged population. The Black elder have a strong sense of duty to family and may perceive that he/she can overcome the abuse to keep the family together.

Chapter 2

CONCEPTUAL FRAMEWORK AND REVIEW OF LITERATURE

This chapter will first apply Lenore Walker's cycle theory of violence to elder abuse. A review of literature will follow. The chapter ends with a review of Brown's study of Navajos on the southern Utah border.

The Cycle Theory of Violence

Walker's cycle theory of violence proposes one explanation of elder abuse in the family unit and the hesitancy of some elders to report that abuse. Walker's battering cycle appears to have three distinct phases which may vary in both time and intensity: the tension-building phase, the explosion phase, and the calm loving phase (Walker, 1979).

Phase One - The Tension-Building Phase

Phase one for most elderly begins when the elder becomes dependant. Several things can happen at this time: (a) family members may decide to take on the caregiving role without adequate knowledge of what it entails, creating a sense of burden and stress (Bass & Noelker, 1987; Brody, 1986; Janz, 1990); (b) family members may develop a problem with role reversal (Beck & Ferguson, 1981); (c) A dependent family member may be the only person available to care for the elder, i.e., a retarded son, drug-dependent, or unemployed family member; (d) mental status of elder may

become unacceptable to family members, because the elder's negative behavior overshadows their positive attributes causing the elder's identity to be spoiled (Beck & Phillips, 1983). During this phase, infrequent episodes of minor abuse may occur. The abuser/family member may threaten, isolate, withdraw affection, take over the elder's finances, or move into the elder's home without permission, all seemingly in the best interest of the elder (Korbin, Anetzberger, Thomasson, & Austin, 1991; Weiner, 1991). The elderly person usually chooses between loneliness, decreasing ability to care for self and maintaining independence, and self-esteem. Many elderly tolerate an unhappy situation because they are afraid to lose contact with family, especially when the abuser is their link to the rest of the family or is the only family member left. Cassell (1989) states, "They do not complain to authorities because they are frightened of further physical punishment and because they do not see alternatives to their situations" (p. 159).

The elder tries to determine how to prevent the abuse. Excuses are made for rude and abusive behavior from the caregiver. An elder living with children may feel that he/she is a burden, or he/she should try to fit in without causing problems (Tomita, 1990). Therefore, if there is a problem, he/she should find a solution by altering his/her behavior. Physically handicapped abused elders will often

blame abuse on their condition and the amount of care needed. Mildly demented elders, for example, realize they have a problem with memory and explain to friends and service providers that they are aware their behavior triggers the violence. Most elders refuse to assign any blame to the abuser for his/her behavior. Instead, the elder will do all in his/her power to please the abuser, hoping to avoid further incidents (Tomita, 1990).

As the minor abuse continues, the elder usually becomes embarrassed and fearful of the abuser's behavior. The elder will sometimes become tearful, will not make eye contact when interviewed, will not engage in conversation, and may refuse to answer questions. Tomita (1990) states, "The emotionally abusive acts may cause severe problems such as depression, feeling of helplessness, or suicidal ideation" (p. 177). He/she may behave in this manner when trying to hide bruises, scratches, or other signs and symptoms of abuse. Abusers may also behave in a manner that indicates that they are abusive. During this first phase of abuse, the abuser may treat the elder as a child, swear at them, or use harsh tones when speaking with the elder. Some abusers become overcritical of their elders and will openly admit that the elder is a burden (Deimling & Bass, 1986; Pillemer & Suitor, 1992). The abuser may also engage in shoving, slapping, threats of punishment for undesired behavior, restriction of elder's privileges, physical or chemical

restraints, or lock the elder in a room or closet (Beck & Phillips, 1983; Janz, 1990; Powell & Berg, 1987). This phase of abuse for the elderly can last for a long period of time or progress to the second phase rapidly.

Phase Two - The Acute Battering Incident

The second phase of abuse, the explosive phase, is usually associated with an event such as a change in the elder's status or the abuser's status (Godkin, Wolf, & Pillemer, 1989). For inexperienced caregivers, the explosive phase begins when the family member realizes that the elder's condition is deteriorating or the elder becomes an embarrassment to the family. A family member may become overwhelmed by the amount of work involved in his/her new caregiving role and may neglect the elder rather than blame him/herself for his/her inability to function (Janz, 1990). The retarded caregiver may be abusive simply from frustration and inability to care for the elder. The dependent caregiver will abuse when he/she perceives a lack or loss of power (Pillemer & Finkelhor, 1989). In each case, the explosive behavior will result in an injury or enough emotional turmoil to bring the elder to the attention of service providers. When questioned, the abuser usually denies that there is a problem (Foekler, Holland, Marsh, & Simmons, 1990; Tomita, 1990). The elder may insist that it was just a misunderstanding with the abuser or an accident (Tomita, 1990). Physical abuse becomes a factor in

financial abuse when the elder refuses to be coerced into signing away all rights to property, adding the abuser's name to the elder's bank accounts, allowing the abuser to take over the elder's living space, or taking away the elder's freedom. This phase can last for months or years.

Phase two occurs when the abuser/caregiver loses control. The abuser will usually report that he/she had no intention of seriously harming the elder. Some abusers report that the elders were uncooperative or stubborn and they became so incensed by the behavior that they did not know where to turn for help (Tomita, 1990). Signs that phase two is occurring include the disappearance of elders from friends or senior centers or failure to keep medical appointments. Other signs of severe battering include frequent trips to the emergency room with unexplained injuries, the use of several different emergency rooms or doctors, unexplained weight loss, an elder who suddenly becomes incoherent without a cause, elders who feel hopeless and express the wish to die (Janz, 1990; Tomita, 1990). Phase two is usually a very fearful time for the elderly victim. After an episode of violence, some victims will confide in a close friend or a service provider whom they trust, if he or she promises to keep the secret.

Phase Three - The Loving Phase

The third phase of the cycle theory of violence begins when the elder comes to the attention of service providers.

At this point, the abuser often becomes very loving to the abused elder (Tomita, 1990). Many caregivers are able to state that they need training to provide adequate care. The dependent caregiver might request to be paid for caregiving. Caregivers who have the burden of dealing with a severely demented or mentally ill elder will accept a respite program.

The abuser/caregiver may spend a great deal of time during this phase reminding the elder of all the good times they have enjoyed in the past. He/she may also make a plea for family unity, indicating that he/she is being picked on by the investigator who should not be allowed to intrude in family business (Tomita, 1990). The elder may be showered with gifts or praise for a short time. Sometimes abusers/caregivers will try to evoke sympathy from the elder regarding the abusers' lot in life. They will talk about all the problems and bad breaks that have shaped their lives and indicate that they would be a lot nicer if life was fairer for them (Tomita, 1990).

The elders will usually feel the need to give the abuser another chance. Many elders will verbalize the fact that the abuser is wrong, but will also state that they feel he/she is all they have left in life. Some elders admit that they are living in abusive situations but are willing to do so to assist children, grandchildren, or great grandchildren (Korbin et al., 1991). Elderly men may

realize that they are financially abused by a younger woman but feel too proud to admit it to anyone else. These men will struggle to solve the problem with little or no input from family, friends, or service providers.

This is usually the point where overburdened caregivers are distinguished from chronic abusers. The overburdened caregiver will usually not allow another episode of abuse to occur, but the chronic abuser will return to previous ways as soon as the service providers close the case. The chronic abuser will start the cycle of abuse again. To stop this cycle, the elder usually must be separated from the caregiver/abuser.

Definition of Elder Abuse

Definitions of elder abuse and neglect are still in the initial stages of development, partially due to the fact that elder abuse and neglect are emotionally charged and value-laden issues (Hudson, 1991). Experts on abuse find it hard to agree on a definition that applies equally to different disciplines and arenas. Each discipline's definition of abuse usually depends on its purpose and/or objective (Hudson, 1991; Stein, 1991). For example, Adult Protective Service workers may use a different definition from that cited by physicians or lawyers involved in legal issues.

In an attempt to come to an acceptable definition on elder abuse, Margaret F. Hudson (1991), Associate Professor

of the School of Nursing at the University of North Carolina, conducted a three-round Delphi survey with a panel of 63 elder mistreatment experts. The purpose of the survey was to inductively develop a taxonomy of elder mistreatment and the definitions of the categorical concepts. The 63 professionals were from various fields and educational backgrounds. After three rounds of collaboration, 63 final panelists identified the following destructive behaviors involved in elder abuse and neglect: (a) physical abuse, behavior(s)/action(s) in which physical force is used to inflict the abuse; or available and warranted physical assistance is not provided resulting in neglect; (b) psychological abuse, behavior(s)/action(s) in which verbal force is used to inflict the abuse; or available and warranted psychological/emotional assistance/support is not provided, resulting in neglect; (c) social abuse, behavior(s)/action(s) that prevent the basic needs of an older adult from being met; or failure to provide available and warranted means by which an older adult's basic social needs can be met; (d) financial abuse, theft or misuse of an older adult's funds or property; or failure to provide available and warranted means by which an older adult's basic material needs can be met (Godkin, Wolf, & Pillemer, 1989; Hall, 1989; Hamilton, 1989; Hudson, 1991; Janz, 1990; Pillemer & Finkelhor, 1988; Powell & Berg, 1987).

In spite of attempts to agree on definitions, professionals are not always clear on which interactions are abusive. Interactions that may appear to be abusive to one professional are not always considered abusive by another professional or family member. Families tend to relate to one another with learned gestures, words, and voice tones that are acceptable to their own family members but may seem offensive and abusive to members of different families, communities, or cultures. Johns, Hydle, and Aschjem (1991) explain this concept: "Our definition of abuse is, at the level of 'form' an interaction that is interpreted and morally evaluated by at least three different persons: the victim, perpetrator, and witness" (p. 56). However, if the witness is not familiar with the normal interactions of the perpetrator and the victim, then the act may be inappropriately deemed abusive.

Self-Neglect and Abuse

The concept of self-abuse is also prevalent in the literature. Ehrlich and Anetzberger (1991) included in their definition of elder abuse harm experienced by older persons as a result of the actions of others or themselves. Janz (1990) defines self-neglect/self-abuse as a range of behaviors from simple physical neglect to suicide. Godkin, Wolf, and Pillemer (1989) define active and passive neglect as refusal or failure to fulfill a caretaking obligation (p. 211), while Powell and Berg (1987) define passive

neglect as instances which generally involve harm resulting from inadequate knowledge about caring for the elderly. Powell and Berg (1987) add the element of intent to their definition of neglect, a problem many professionals find difficult to assess. Because it is difficult to determine the extent to which passive neglect is intentional, when it does occur, some professionals refuse to label it abuse. Hudson's panelists, however, made clear distinctions between abuse and neglect and between intentional and unintentional abuse and neglect.

Overlapping Definitions

There are many overlapping definitions of abuse. For example, Johnson's (1989) definition of physical abuse lists misuse of medication, bodily impairment, and/or bodily assault under physical abuse. Psychological abuse includes humiliation, harassment, and/or manipulation. Sociological abuse includes isolation, role confusion, and/or misuse of living arrangements and legal abuse refers to material misuse, theft, and/or misuse of rights. Sengstock, Hwalek, and Petrone (1989) refer to the State of Illinois' definition of abuse in their study. Illinois added confinement to its definition of physical abuse, describing "confinement" as the restriction of the freedom of the individual for other than medical reasons. Illinois' definition of confinement would not be clear under Johnson's definition of physical abuse. The overlapping of terms and

definitional ambiguity may become less of a problem as professionals, legislators, and the public develop a better understanding of abuse and its many manifestations. Current researchers are trying to reach agreement on a standard definition to assist professionals in determining the extent of abuse and neglect of the elderly in this country and the rest of the world.

Theoretical Explanations for Elder Abuse

A review of the literature reveals several theories concerning why elder abuse occurs. Some earlier researchers concluded that role reversal, the casting of adult children into parental roles caused elder abuse (Beck & Ferguson, 1981). Other researchers hypothesized that the dependency caused by physical impairment of the elderly and the stress and burden such impairment placed on the caregiver was the reason for abuse (Bass & Noelker, 1987; Beck & Phillips, 1983; Fulmer & Cahill, 1984; Galbraith & Zdurkowski; 1984). But as the different theories of elder abuse were explored, it became clear that elders who were neither physically nor mentally impaired were still being abused. Researchers then decided to take a closer look at the status of the caregiver. Pillemer and Finkelhor (1989) found that caregiver dependency and the psychological status of the abuser was as much a problem as dependency of the frail elderly.

Just as there is no universal agreement on the definition for elder abuse, there is also no universal agreement on the reason for elder abuse. Researchers continue to use different theories to explain elder abuse and the victim's and abuser's response to elder abuse. For example, Godkin, Wolf and Pillemer (1989) list five factors that may cause an elder to be abused: (a) the psychological status of the abusers and the elders, (b) health status of the elders, (c) conflict in the exchange relationship between abusers and elders, (d) changes in the family and living situations of abusers and abused, (e) social isolation of the elder. Pillemer and Suitor (1992) cited four potential risk factors for violence by caregivers: (a) caregiving demand--families become stressed when an elder becomes frail and dependent; (b) interactional stressors--day-to-day and even moment-to-moment problems in family interaction may lead to violence; (c) caregiver characteristics--abusers with poor self-esteem or young caregivers; (d) caregiving context--isolation of elder, structural relationship, whether the caregiver is the spouse or child of the relative, shared living arrangement.

Although some abusers feel they are justified in their abusive acts against elders, other deny their abusive acts against elders occurred. Tomita (1990) applied Sykes and Matza Neutralization theory to elder mistreatment to explain the denial of abusive incidents by abusers and victims.

Tomita states, "Sykes and Matza theorize that delinquency is based on the extension of the defenses to crime in the form of justification and rationalizations for deviance which are not seen as valid by society at large but which are seen as valid by the delinquent" (p. 157). The five neutralization techniques developed by Sykes and Matza and applied to elder mistreatment by Tomita are: (a) denial of responsibility, the abuser and elderly victim state the abusive act was an accident, (b) denial of injury, the elderly abuser and victim will say the abusive act did not cause significant harm, (c) denial of the victim, the elder abuser claims that the inflicted injury or the exploitation was an act of retaliation or punishment for unacceptable behavior, (d) condemnation of the condemner, the abuser will accuse the investigator of being snoop or intrusive, (e) appeal to higher loyalties, the abuser tells the victim, "If you love me, you won't turn me in" (Tomita, 1990).

As stated before, theories on abuse are as plentiful as definitions of abuse. In the early literature the dependency of the elder was thought to be the major reason for abuse (Beck & Phillips, 1983; Fulmer & Cahill, 1984; Galbraith & Zdurkowski, 1984). Researchers are now looking at not only the problems of the frail elderly but also the problems of the caregiver.

Race, Culture, and Abuse

Elder abuse crosses all social, ethnic, economic, and religious lines (Weiner, 1991). However, very little has been written about elder abuse in minority populations in the United States. Most of the subjects in elder abuse studies are frail, elderly white females. For example, in their discussion of their study in the metropolitan area, Pillemer and Finkelhor (1988) state, "Interestingly, the rate of abuse and neglect were no higher for minorities than for white elderly" (p. 54). However, of the 2,020 elderly surveyed, 94% were Anglo. It is not clear from this study if any Afro-Americans were surveyed. Hall's study, published in 1987, compared 126 minorities and 161 non-minorities by using data from the Texas Department of Human Resources (TDHR) records. The study subjects were 81 Blacks, 45 Hispanics, and 161 non-minorities. The study reported a higher proportion of elder abuse among the minority's elders. Other interesting findings of Hall's study were: (a) the ethnic-racial minority elder had more contact with TDHR than the non-minority elder, (b) other social service or law enforcement agents report minority elder maltreatment at a rate lower than for non-minority cases, (c) the reporter observes the maltreatment or its direct effects in a higher proportion of the minority elders (Hall, 1987). It was also noted that family members, friends, or neighbors reported minority abuse more

frequently than non-minority, and minorities had higher rates of multiple maltreatment. Hall's study provides a glimpse into elder abuse among minorities.

Elder Abuse Versus Child Abuse

Elder abuse is sometimes compared to child abuse. To understand child abuse in the Afro-American culture, one must look at the reason for discipline and also the norms of abuse in this country. During slavery and even into the twentieth century, Afro-American parents have been placed in a double-bind situation of teaching their children responsibility and survival in a hostile environment. In earlier times, if slave children did not obey, they could be killed on the spot, or their parents might have to stand by and watch their children brutally beaten by the land owner or a group of Whites. Wright (1982) noted that Black slave parents would often say as they were whipping their children, "I'd rather kill him myself than let those White folk get him. He's got to learn" (p. 241).

Our Western society has systematically sanctioned the use of corporal punishment as well as imbalanced interpersonal relationships such as those of the master-slave, male-female, and adult-child (Wright, 1982). Korbin, Anetzberger, and Eckert (1989) noted that "while historical precedents and social milieu promote tolerance of physical force directed at a recalcitrant child, the same attitude is not in evidence for such behavior directed against one's

parents" (p. 64). Young children and the elderly may behave in a similar manner, such as being recalcitrant, dependent, incontinent, and sullen, but they are usually disciplined in different ways. Physical restraint or force directed at children fall under the rubric of maintaining control and even providing instruction, while the same act directed at an adult could constitute assault or at least a violation of rights (Korbin, Anetzberger, & Eckert, 1989). Also, some Black elders and their parents used force against their children such as whipping and loud tones when speaking. This discipline method was passed down from slavery where it was used to keep children in line and protect them from the evil hands of slave masters and racist law enforcers. It is within the context of this legacy that Black elders will share their perceptions of elder abuse. Intrafamily violence in our Western society has been documented. We are now looking for reasons for the problem and culturally acceptable solutions.

Traditional Black Families and Abuse

Dilworth-Anderson (1992) states, "The traditional black communities define family relationally. Although most kin are related by blood, this is not a requisite" (p. 29). Another tradition is the sharing of resources within the family and across households. This tradition has been a part of the Black community since slavery. This mutual aid system Black families use to assist needy and dependent

members is often stretched to the limit, especially under conditions of economic hardship and increasing drug use in the urban cities. In many Black families, different generations have always shared homes with one another, particularly in families including low-income single mothers with children (Burton & Devries, 1992; Dilworth-Anderson, 1992). In the past, the elderly viewed the sharing of their homes as a reciprocal arrangement. They were able to help family members progress in a harsh environment. In return, the younger relative family member helped the elderly with tasks that were difficult, provided companionship, and gave the elderly the intimacy with their grandchildren or great-grandchildren that they desired. Today's elders who share their homes are often expected to provide total support for their grandchildren or great-grandchildren without receiving the companionship or any kind of assistance in return. However, young inner-city Blacks who are plagued with social and economic problems are less likely to participate in intergenerational support activities. Usually the Black elders are the losers because of their need to keep their families together. Most find themselves not supported but abused by those family members they are trying to help. They also find the burden of caregiving for young children leaves them exhausted and unable to meet their own personal needs (Burton & Devries, 1992).

In 1985, Browning noted that five support systems determine a Black family's mental health: "the ability to legitimize a sense of well-being; the ability to provide the family membership with codes of conduct; the elasticity of boundaries; the engagement in the provision of information and knowledge; and mediation of concrete conditions" (p. 40). When the Black family loses these five cultural support systems, they can no longer protect members of the family. Inner-city Blacks, with all their varied problems, appear to be losing their cultural support system. One result of this loss may be increased elder abuse.

Black communities have traditionally taken a religious approach to life that includes respect for elders among its many tenets. Many Blacks, however, have discarded the religious approach and adopted the American popular culture which does not place value on the elderly. Therefore, they do not advocate the same respect for elders that is part of traditional Black culture.

Historically, Black families are known to be extremely involved in intergenerational support activities and are more likely to treat the older person with respect (Lockery, 1991). A major concern is whether the emerging Black family structure headed by single females will be resilient and resourceful enough to address the needs of dependent older parents with an increasing life expectancy (Dilworth-Anderson, 1992).

Brown's Study

Brown (1989) surveyed 37 Navajos on a reservation of the southern border of Utah. The purpose of the study was to determine: (a) the extent to which elder abuse existed among very traditional Navajos, (b) the types of abuse that are prevalent, (c) the severity of existing patterns of abuse, and (d) the most prevalent causal variable associated with abuse (p. 20). Brown reported that none of the respondents claimed annual incomes over \$10,000, an amount that was equal to Blacks in 1986. Therefore, it seems that economic conditions of elderly Blacks and Navajos are similar.

According to Brown, the most frequent abuse experienced by the Navajos was being left alone and neglected when they needed help. The next most frequent abuse pattern reported was financial exploitation by family members. Brown (1989) stated, "It is noteworthy that most of these elderly people claimed that they were voluntarily sharing what income they had with family members who had needs. As far as they were concerned, they were simply living according to an important cultural value" (p. 23). The Navajos, as the Black elderly, usually deprive themselves of income that is badly needed for their own care. Indeed, the elderly Navajo's in Brown's study supplemental security income check was often the only regular income in the household, for joblessness is a problem for Navajos as well as for inner-city Blacks. These

Navajo elderly, like inner-city Black elderly, feel they are living according to important cultural values. The Navajos in Brown's study were more apt to report being neglected than abused (Brown, 1989). Elderly Navajos in Brown's study, like elderly Blacks who live in extended low-income families, feel that it is important to provide support and care to family members in need.

The ability of Black extended families to continue to provide support to its members is now challenged by increasing unemployment, a greater number of single-parent households, more poverty among women, and more early childbearing families (Dilworth-Anderson, 1992). For the Black elderly abused victim, the historical fact that Blacks prefer to care for their own can create a problem if service providers accept that view (Clavon, 1985).

Chapter 3

METHODOLOGY

There are few studies of elder abuse among Black inner-city elders. Therefore, this study was designed to explore the perceptions of Black elders living in inner cities. This chapter discusses the design, subjects, setting, and tools used for this study. Because few studies have been done with Black inner-city elders, it was important to use a tool that would give as much information as possible. The inner-city setting was selected because elders who live there must cope with all the problems that place elders at risk for elder abuse. Also, some studies suggest that Black elders may be abused at a younger age than White elders. Korbin et al. (1991) found that abused Black elders who reported their children to the legal system were younger than other abused victims. Other studies, however, state that there are no differences between Black elders and other elders who are abused. This chapter will discuss the methods used in this study.

Research Design

An exploratory and descriptive study was conducted in an urban senior center in northern California. The objectives of this study were to develop a culturally relevant definition of elder abuse and to increase the understanding of the Black victim of elder abuse.

Subjects

Ten Black elders between the ages of 58 and 82 volunteered for the study. The group consisted of 3 men and 7 women who attend an inner-city senior center meal program. The 58-year-old volunteer was interviewed and paid the same as the 9 other volunteers, but data from that interview are not included in the study. The 58-year-old volunteer did not meet the 60 and above age criterion used in this study. Five volunteers ranged in age from 65 to 75. Four volunteers were older than 75.

Of the 9 subjects accepted for the study, 3 (33.3%) were male and 6 (66.6%) were female. The ages were: 65, 68, 71, 73, 75, 79, 82, and 87. Only 2 of the subjects were married and living with a spouse. Three were widowed or divorced and living with 1 or 2 family members. Three were widowed or divorced and living alone. One was single and living with a friend. Seven reported incomes of \$10,000.00 or more. Two reported annual incomes of \$5,000.00 to \$10,000.00.

Only 3 subjects admitted to needing assistance with daily living. The most hours the subjects reported needing were 8 hours, with 1 subject needing 8 hours, 1 subject needing 4 hours, and 1 subject needing 2 hours. When asked how much help they actually receive, 1 subject stated she received 1½ hours of help per day that she did not need.

Two subjects received the amount of help needed, 2 and 4 hours, and 1 subject received more help than she felt she needed, 12 hours instead of 8 hours.

The subjects ranged in age from 65 to 87. One (11.1%) male and 5 (55.5%) females were between the age of 65 and 78, and 2 (22.2%) males and 1 (11.1%) female were between the age of 79 and 89. The majority of the women were in the 65-78 age range, while only 1 (11.1%) was in the 65 to 78 age range (see Table 1).

Table 1

Age Distribution by Sex (N=9)

Sex	Age Distribution					
	65-78		79-89		Total	
	<u>N</u>	%	<u>N</u>	%	<u>N</u>	%
Male	1	11.1%	2	22.2%	3	33.3%
Female	5	55.5%	1	11.1%	6	66.6%
Total	6	66.6%	3	33.3%	9	99.9%

The majority of 4 subjects (44.4%) reported that they lived with other family members or friends, with 3 (33.3%) living with other family members, and 1 male (11.1%) living with a female friend. One male (11.1%) and 2 females

(22.2%) reported that they lived alone. One male (11.1%) and 1 female (11.1%) reported that they lived with their spouses (see Table 2).

Table 2

Living Situation by Sex (N=9)

Sex	Living Situation							
	With spouse		With other family members or friends		Alone		Total	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Male	1	11.1%	1	11.1%	1	11.1%	3	33.3%
Female	1	11.1%	3	33.3%	2	22.2%	6	66.6%
Total	2	22.2%	4	44.4%	3	33.3%	9	99.9%

The income levels of the subjects were higher than expected, with 7 (77.7%) reporting incomes of \$10,000 or more. All 3 males (33.3%) in this study reported incomes of \$10,000 or more; 4 females (44.4%) reported incomes of \$10,000 or more, and 2 females (22.2%) reported incomes of \$5,000 to \$10,000 (see Table 3).

Table 3

Income Distribution by Sex (N=9)

Sex	Income Distribution					
	\$5,000 to \$10,000		\$10,000 or more		Total	
	<u>N</u>	%	<u>N</u>	%	<u>N</u>	%
Male	0	0%	3	33.3%	3	33.3%
Female	2	22.2%	4	44.4%	6	66.6%
Total	2	22.2%	7	77.7%	9	99.9%

The majority of the subjects, 6 (66.6%), reported that they did not need help in their daily living. Two females (22.2%) reported that they needed from 1 to 4 hours of help per day, and 1 female (11.1%) reported she needed 5 to 8 hours of help per day (see Table 4). The subject's dependency characteristics included two types of information.

The subjects were asked how many hours they needed someone to assist with daily living. They were also asked to indicate how suddenly they had become dependent. One subject reported that she received 1½ hours of help per day that she did not need. One subject reported that she needed 8 hours of help per day, but received 12. Only 2 subjects reported dependency. Both reported they became dependent slowly. The majority of the subjects reported no dependence.

Table 4

Hours Per Day Needing Help by Sex (N=9)

Sex	Hours Needing Help							
	0		1 - 4		4 - 8		Total	
	<u>N</u>	%	<u>N</u>	%	<u>N</u>	%	<u>N</u>	%
Male	3	33.3%	0	0.0%	0	0.0	3	33.3%
Female	3	33.3%	2	22.2%	1	11.1%	6	66.6%
Total	6	66.6%	2	22.2%	1	11.1%	9	99.9%

Setting

The senior center is the first Black community-owned and operated multipurpose senior center in northern California. It was established in 1987 and designated a National Model Program in 1990. The center serves two communities. The 1990 U.S. Census reported 3,069 Blacks age 60 and above living in the area. Of this number, 1,240 are males and 1,829 are females.

The center is located on a street which divides the two communities and is on a major bus route. The center offers a number of programs and recreational activities including a mini-market, transportation passes (reduced taxi fare for seniors), share food program, legal assistance, health screening (podiatry and blood pressure screening), social

service counseling, educational classes, trips and outings, special events and parties, transportation, Saturday lunches, and a hot noon meal each weekday. Two annual fundraisers are Black Cuisine Day (featuring soul food) and the yearly Tribute to the Black Clergy. Funding for the center is provided by the Commission on Aging and donations.

The Center's staff consists of a director, director of food service, social workers, activities director, and a number of volunteers. Teachers from the community college and other service providers such as nurses provide classes on a variety of subjects.

Human Subject Approval

Approval was granted for this study by the Institutional Review Board, Human Subjects, of San Jose State University (see Appendix A). Permission to conduct the study at the senior center was given by the Executive Director of the center (see Appendix B).

Data Collection

Data were collected by means of survey of elderly volunteers from the senior center's meal program. At the suggestion of the center staff, each senior in attendance at the meal site was offered a flyer and a consent form. Seventy-five percent of the 50 seniors present accepted the flyer and consent form. The investigator was allowed 15 minutes to request the seniors' participation in the study

and to answer any questions. The seniors asked questions such as "Where do you work?" "Who are you affiliated with?," and "Are you the same person who spoke to us on elder abuse a year ago?" The investigator answered all their questions, but the seniors did not volunteer. The investigator assured each senior that all information collected would be kept confidential, and he/she could volunteer in secret if this was his/her wish. The investigator added her name and phone number to the bottom of the flyers and gave each senior who accepted the flyers and consent forms her calling card to contact her if he/she decided to volunteer.

After 2 weeks with no volunteers, the investigator made another appointment with the Center's staff and requested volunteers again. Flyers and consent forms were again given to each senior present at the meal site. This time, the center's staff and an instructor from a community college who was working with the seniors encouraged the seniors to participate in the study. The investigator explained that the information collected would be kept confidential. A California State Lottery scratcher (cost \$1.00) was added to the \$5.00 fee paid each volunteer. Ten seniors volunteered.

The investigator interviewed each subject face-to-face in a private room at the senior center. All interviews took place between the hours of 11:00 a.m. and 1:00 p.m. Brown's 1986 Navajo Elder Abuse Questionnaire was changed to Survey of Black Elders (see Appendix C). The investigator read

each question aloud and recorded the answers. After the interview was completed, each subject was paid \$5.00 and given a \$1.00 lottery scratcher. Three subjects asked if the \$5.00 was given by the investigator and questioned whether they should take it. No one refused the lottery scratcher or the money.

Instrument

The Navajo Elder Abuse Questionnaire (see Appendix C) was developed by the Navajo Office on Aging and the Northern Arizona Regional Gerontology Institute at Northern Arizona University. The survey consists of 24 questions. Question #19 of the questionnaire contained 15 items that measured abuse. Five of the items are types of neglect. Five of the items are characterized as verbal or psychological abuse. Five items are concerned with financial exploitation. Other variables included in the survey are (a) the extent that families and others in the community provide care to the elderly respondents (#1, #2, #3); (b) how family care responsibilities are divided among family members and the extent caregiving represents a crisis within the family (#4); (c) who the primary caregiver is and what kind of problems that the primary caregiver is having (#6); and (d) who the abusers are and is the abuse intentional or unintentional (#20, #21). The survey tool also asks the respondents their age (#22), marital status (#23), dependency on others for daily living (#5), suddenness of

becoming dependent (#2), and level of income (#24). Most of the questions in the questionnaire were single-item measures. A few were open-ended.

Validity and Reliability of the Instrument

Validity and reliability of the original questionnaire were particularly problematic because it had to be translated into Navajo as well as interpreted by the interviewers. First, expert Geriatric Navajo service providers reviewed the questionnaire for content validity. Secondly, the expert Navajo Geriatric service providers tested the questionnaire with a small number of elderly Navajos. After revisions of the questionnaire, a group of Navajo experts who spoke both Navajo and English fluently reviewed each question to make sure each interviewer had a clear and common understanding of what each question meant. The Navajo experts agreed on a common translation for each question to help overcome any biases that might have resulted from different translations by interviewers.

The questionnaire was selected for use in this study because of the similarities between the Navajo and Black culture and their economic conditions. The English version of the questionnaire was reviewed by non-Navajo experts for use in this study.

Analysis Procedures

Bivariate descriptive statistics were used to describe the relationship between variables. Data for this study

were collected in the areas of age of abused elder, income of elder, hours of help needed, types of abuse or neglect, age of caregiver, who were the abusers, how dependency occurred, relationship with caregiver, marital status of caregiver, number of caregivers involved in care, problems of caregiver, marital status of caregiver, and marital status and living arrangement of the elders. Contingency tables were used to cross-tabulate acts of abuse with the elder's age, income, hours of help needed, caregivers, living arrangement, marital status, and who were the abusers. The frequency of each abusive act was also cross-tabulated.

Chapter 4

FINDINGS AND INTERPRETATION

This chapter will discuss the findings of this study and give some interpretation of the findings. The leading causes of abuse as identified in this study, who the abused are, and the abusers will be presented. Several factors related to abuse are also discussed. Questions from the following abuse categories are included in the interview guide: (a) neglect, (b) psychological abuse, and (c) physical abuse. Five of the questions asked about types of neglect (being left alone and being denied food, medicine, companionship, and bathroom assistance). Five of the questions related to verbal or psychological abuse (being insulted, humiliated, frightened, threatened, and treated as children). Five of the questions related to overt physical actions (being hit, sexually molested, burned, restrained, and having money taken). This chapter ends with a brief summary of the findings.

Perceptions of Abuse

The inner-city Black elders in this study appear to perceive abuse the same as other cultured aged populations. However, financial abuse, a form of physical abuse category in the questionnaire, was the most prevalent abuse. This finding is different from that of the Navajos in Brown's study and other studies of cultural aged populations. Most

researchers reported neglect as the leading cause of elder abuse. For example, in response to the question, "Have you ever been hit or slapped, sexually molested, burned by someone else, physically restrained, or had money taken from you?," 4 respondents reported that their money was stolen.

The financially abused elders in this study perceived that the abuse was intentional, and all but 1 elder implied that the abuse was drug-related. One elder simply stated that her sister took her money, because her sister was mean. The subject now lives in a board and care home. One male respondent in the study stated that he financially assisted his niece who is unemployed and needs help. He reported that he only helps her to make ends meet, and he feels this is his duty. This respondent appeared to be practicing the mutual aid system that is common in the Black community.

Spouse Abuse as Physical Abuse

One respondent reported being hit or slapped. This female respondent lives with her spouse. She reported that her husband is retired with an income of over \$15,000, and her income is over \$10,000. She became dependent by slowly becoming unable to do things due to arthritis. Her husband is her primary caregiver, and she requires approximately 4 hours of assistance each day. She does not perceive that it is difficult for her husband to care for her.

She has a very close relationship with her husband and has generally had this close relationship in the past. They

have 3 children who are grown and married. She stated that her husband is a good man who does not have problems with alcohol, depression, self-esteem, or relationships with others. He has always been her primary caregiver with no assistance. She admitted that her husband humiliates her by teasing her about her weight. Her daughter intentionally took her money when the daughter had a drug problem. She did not report who slapped her--the daughter or the husband.

This female respondent reported the slapping incident in a matter-of-fact manner. She did not appear concerned about the battering incident, but appeared to accept it as a fact of life. Spouse abuse is sometimes accepted by elderly females, because it was tolerated for such a long time in this country.

Spouse abuse is usually used to "control" women through fear and intimidation. Many older women believe they should obey and honor their husband. Therefore, this respondent may not perceive the slap as abusive if she were slapped by her husband. She may perceive it as his right to use force against her in certain circumstances. With all the cultural and social expectations many older Black women encounter, few complain or report spouse abuse.

Psychological Abuse

The second most frequent abuse was psychological abuse. In response to the question, "Have you ever been deliberately insulted, humiliated, frightened, threatened,

or treated as a child?," 2 respondents reported that they had been deliberately insulted on rare occasions, and 1 respondent reported that she had been deliberately frightened, humiliated, and threatened.

Black elders in this study perceived insulting behavior directed towards them as very abusive. They also perceived being threatened, humiliated, and frightened as abuse. To understand the Black elders' perception of psychological abuse, it is important to understand the Black elders' perceptions of their role in the Black family. Black elders have been perceived as the central figure in their family survival throughout Black American history (Dilworth-Anderson, 1992). Traditionally and culturally, they have been respected for their wisdom. Therefore, disrespect may be seen as a part of the self-perpetuating culture of the inner city (Davis & Davis, 1986; Karenga, 1986) which causes many Black elders to feel abused not only by family members, but by their extended family, their community. This may be related to the feelings of isolation by many Black inner-city elders.

Neglect

No one reported neglect in this study. In response to the question, "Have you ever been left for long periods of time with no one to help you, denied food, medicine, companionship, or bathroom assistance?," all the respondents denied being neglected.

One reason neglect was not prevalent in this study may be because most subjects were very independent. Dependency of an elderly person creates vulnerability that usually leads to abuse. Most Black elderly in this study perceived themselves as being very independent. Those who perceived themselves as being dependent stated they had become dependent by slowly becoming unable to do things. Stress caused by dependency seems to be linked with the suddenness of becoming dependent. Unexpected dependency of elderly family members create a crisis for family members who may encounter problems while rapidly adjusting their lifestyle (Cantor, 1983). Also, families may not understand what caregiving entails, which creates problems in planning and executing how the needed care will be provided (Janz, 1990).

Intentionality of Abuse

All the abused respondents reported that the abuse was intentional. The abused respondents reported that the abuser knew what he/she was doing and knew it was wrong, especially the respondents who were financially abused. This finding was very important because it supports the impact of drug use and the economy on Black families in inner cities. The elderly respondents appeared to blame most of the incidents on the drug problems in the inner city. For example, 1 respondent, who stated her daughter took her money, stated the problem resolved when her daughter stopped using drugs. Most of the respondents were

quick to say that most of their problems came from the economic conditions and the drug problem in their community.

The Abuser

Three of the 4 abusers in this study were women. Of these women, 1 was a daughter, another a sister, and another a niece. The fourth abuser was not identified as male or female but was only identified as a friend. Women traditionally have been assigned the caregiving role. Usually it is the daughters or daughters-in-law if a female spouse is not available (Brody, 1986).

Three of the 4 abused elders in this study lived with someone else, and 1 elder lived alone. Only 1 of the 4 abused females lived with a spouse. Most researchers agree that elder abuse is most likely when the elder lives with someone else and less likely to occur if the elder lives alone. Also, elders living with spouses may not perceive their situations as violent. They tolerate the abuse, believing they must "take the good with the bad," or, for women, they must obey and honor their spouse. Pillemer and Finkelhor (1988) state, "Many more elders live with their spouses than with their children. That's why so many more elders are abused by their spouses" (p. 55). The respondent who reported that she was slapped, lived with her spouse. However, it is not clear if her spouse slapped her. Although Powell and Berg (1987) found that the men in their study were the primary abusers, women who are primary

caregivers for their husbands are at high risk of becoming abusive under stressful conditions.

The Abused

Leroux and Petrunik (1990) state, "One of the forces behind the emergence of elder abuse as a social problem has been the public perception of old age as a social problem" (p. 653). Frail, elderly, low-income White women, 75 and above, have been identified as the most vulnerable for abuse (Beck & Phillips, 1983; Powell & Berg, 1987; Sayles-Cross, 1988). In this study, 6 elderly Black females were interviewed along with 3 elderly Black males. Four Black elderly females reported that they had been abused. No Black males reported any abuse. The ages of the abused Black females were 65, 68, 73, and 76. Their mean age was 70.5, which is lower than 75, the mean age reported in the literature for White elderly females.

Sex appeared to be a factor in this study, since all of the abused were female. Age, however, did not appear to be as much of a factor since only 1 of the abused elders were in the 75 and above age category (see Table 5). Little is known about abuse among low-income, elderly Black women, but it appears that they are more at risk at a younger age than Black males.

Table 5

Types of Abuse Reported by Age and Sex (N=4)

Type of Abuse	Age		Sex	
	65-74	75-87	M	F
Deliberately insulted	2	0	0	1
Deliberately frightened	1	0	0	1
Deliberately humiliated	1	0	0	1
Deliberately threatened	1	0	0	1
Hit or slapped	1	0	0	1
Had money taken from you	3	1	0	4

Black Elders' Perception of Burden

Most Black elders in this study did not perceive themselves as a burden to their caregivers. They appeared to see themselves as functioning in a helping capacity. This perception agrees with the perception and expectations of elders in the Black community (Burton & Devries, 1992). The Black elder expects to help support family members, but they also expect love and respect (Karenga, 1986).

Most of the elders in this study lived in an extended family arrangement, with family or friends. Most denied needing help with activities of daily living. However, Black elders in this study believed that they were helping

their family members or friends to make ends meet. Those admitting to needing help did not perceive that it was difficult for their family members to help them. In response to the question, "If any of your family members help take care of you, to what extent do you feel that is difficult or a crisis for them?," all but 1 Black elder reported that it was not at all a problem. One reported that it was very much a problem. Therefore, she moved out of the abusive setting.

However, in this study, 2 abused elders reported needing help with their daily living, and 2 reported that they did not need help with their daily living. The 2 abused elders who reported that they needed help in their daily living reported that they had become dependent by slowly becoming unable to do things. Becoming functionally impaired and the loss of family role appears to increase the elders' chances of abuse (Sadler, 1989).

One of the abused elders reported that it was very difficult for her family to take care of her. She also reported that 2 family members shared the care equally which added up to 12 hours per day. The other abused elder reported that it was not at all difficult for her family member to care for her. She reported that 1 family member did all the care which was 4 hours per day. The other 2 abused elders denied they needed any help with their daily living.

One abused elder stated that she lived with a married family member with 1 or 2 children and felt whatever help she received was divided between the two of them. She reported that her daughter helps her the most, and her money was taken by a friend. The abused elder who denied needing help reported that her grandson was the family member who helped her the most and that her niece took her money.

Relationship with Caregivers

Caregiver stress did not appear to be a problem in this study. In response to the question, "What kind of relationship have you generally had in years past with the family member who now usually helps you the most?," most of the elders reported having a very close relationship with the family member who helped them. Only one elder reported having a poor relationship with her caregiver in the past. She now lives in a board and care home.

According to the literature, living alone should decrease the elder's chance of becoming a victim of abuse. In this study, 1 of the abused females reported that she lived alone. Another is widowed or divorced and living with one or more family members. Another is married and living with a spouse. The other abused elder lives in a board and care facility.

The concept of extended family beyond blood line is very prevalent in the Black community. However, 3 (75%) of

the abused elders in this study reported that no one besides family members helps take care of them. One abused elder reported that her board and care operator spent approximately 2 hours per day helping her. Three of the 4 abused elders reported that they have a close relationship with family members who help them. One abused elder reported that her relationship with the family member who helps was not good at all. Even though most of the abused elders denied that anyone helped them besides family members, 2 reported that, in the past, they have had friendly relationships with non-family members who helped them. One reported having a close relationship with a non-family member who helped her, and another abused elder reported that no one besides family members ever helped her. It appeared that the abused elders were discussing formal and informal helping by family and non-family members. Formal helping means getting daily tasks accomplished, and informal helping means helping with luxuries such as shopping for incidentals when friends went shopping.

Income

Although most Black elders' income is expected to be lower than average, low income did not appear to be as much a factor as availability for financial abuse for these abused elders. Three of the 4 abused elders had incomes in

the \$10,000 or more range. One had an income in the \$5,000 to \$10,000 range (see Table 6).

Table 6

Types of Abuse Reported by Income (N=4)

Types of Abuse	Income	
	\$5,000-\$10,000	\$10,000-Above
Deliberately insulted	1	1
Deliberately frightened	0	1
Deliberately humiliated	0	1
Deliberately threatened	1	0
Hit or slapped	0	1
Had money taken from you	1	3

Summary

Two research questions were asked in this study:

(a) How do Black elders living in inner cities perceive abuse, and (b) What are the demographic profiles of these elders? For the question, "How do Black elders living in inner cities perceive abuse?" it appears that Black inner-city elders perceive abuse the same as other cultural aged populations. For example, when asked if the abuse was intentional or unintentional, all the abused elders reported that their abuse was intentional.

However, there were differences in the types of abuse in Brown's (1989) study compared to this study. Physical abuse category in the form of financial abuse was the primary abuse in this study, and neglect was primary in Brown's study. Brown examined three factors that may cause an elderly person to be abused: (a) the elderly persons' pattern of dependency; (b) their mental conditions, as perceived by members of their families; and (c) the income of the elderly persons (Brown, 1989).

First, patterns of dependency were very different. Unlike the elderly Navajos in Brown's study who reported being abused after becoming suddenly dependent, Blacks in this study perceived themselves as independent. Those who perceived themselves as dependent stated they became dependent slowly. Researchers have found that physical impairments of the elderly and subsequent dependency on the caregiver makes them vulnerable to abuse (Godkin, Wolf, & Pillemer, 1989; Hamilton, 1989; Pillemer & Suitor, 1992). No one in this study had a physical impairment that prevented him/her from functioning independently. Brown (1989) states:

Those who suddenly become dependent compared to those whose dependency progressed slowly also (1) were more apt to be perceived as dependent by families, (2) needed more hours of help in daily living, (3) were more apt to be perceived by their families

as having mental problems, (4) tended to have less income, (5) tended to be older, (6) were quite apt to be cared to by family members (usually daughters) who were already burdened with other family duties, and (7) tended to be abused by members of their own immediate families more than by anyone else (p. 26).

Second, only one elder in this study had mental problems as reported by staff at the senior center, compared to 40.5% of the elders in Brown's study. This may be an important factor in the kind of abuse experienced by each group. Researchers have found that interactional stress created by a confused elder's inability to follow through with simple commands and their problems with social functioning and disruptive behavior have been cited as reasons for abuse (Clark & Rakowski, 1983; Deimling & Bass, 1986; Pillemer & Suitor, 1992).

Third, the elders' income in Brown's (1989) study were needed for family survival, compared to the elders' money in this study being stolen to buy drugs. Most of the caregivers of Black elders in this study worked. Therefore, the problem with financial abuse seemed to be more related to the extended family concept and the problems of the abusers. Black families traditionally take in family members and friends who cannot support themselves (Burton & Devries, 1992; Dilworth-Anderson, 1992; Hareven, 1992; Karenga, 1986). Often, family members who are unable to

care for themselves are mentally incompetent or drug users. Recently, researchers have been exploring the relationship between elder abuse and the pathophysiology of the abuser (Cassell, 1989; Pillemer & Finkelhor, 1989).

Financial abuse is the most frequently reported abuse in this study. Having a larger income seems to place inner-city seniors at greater risk. Given the economic hardship and the rising drug problem in inner cities, this finding was predictable. Also, because many elders in inner cities interact daily with family members or friends who have a drug addiction, they place themselves at greater risk of abuse. Chatters and Taylor (1987) state, "Elderly Blacks are more likely to reside with children and grandchildren and to take children and grandchildren and nieces and nephews into their households" (p. 87). This extended family living arrangement which was once a very positive part of Black social integration may be the factor that places Black elders at the highest risk for financial abuse. The elders in this study had close relationships with their abusers. Three of the elderly respondents were able to admit the acts were intentional, but did not share a sense of anger. Instead, they had resolved to secure their finances so that the act would not happen again. One elder respondent appeared angry that her sister had taken her money.

For the second question, "What are the demographic profiles of these elders?," the abused elders in this study appeared to be younger than those reported in current literature, with a mean age of 70.5 as compared to 75. Three of the 4 financially abused elders were in the 65 to 74 age range. Only 1 of the 4 was in the 75 and above age range.

Most of the abused elders' annual incomes were in the higher income range for the study of \$10,000 or more. Their incomes are probably more than most of the unemployed persons living in the area, making them vulnerable for abuse. Three of the 4 abused elders in this study were widowed. One of the 4 abused elders was married and lived with a spouse. One of the abused elders lived in a board and care facility, another lived with family, and another lived alone.

The elders who took part in this study tended to be independent and friendly. Most of the respondents have developed a friendship with other elders and the staff at the center which provides them with a support system. Most of the seniors in the center who had problems with family members or the "system" discussed them with friends, pastors, or their church family which takes on many of the functions of the extended family. They also utilize family members and neighbors in coping with psychological distress. Factors related to dependence that cause elders to be

vulnerable to abuse, such as suddenness of being dependent, having mental problems, or the lack of income, were not reported. Overall, the elders in this study perceived themselves as being independent and helpful to their extended families.

Chapter 5

DISCUSSION

The results of this study suggest that Black elders living in inner cities perceive abuse the same as other cultural aged populations. But, their unwillingness to report the abuse to authorities appears to be linked partially to their belief that service providers and law enforcement agencies are not sensitive to their needs or the needs of their families. Sensitivity of service providers and law enforcement is important to Black inner-city elders because theft, the most reported abuse in this study, was committed by family members or friends. Therefore, the Black elder will usually utilize the formal legal system to report family members or friends when the elder believe they will receive help (Korbin, Anetzberger, Thomasson, & Austin, 1991). Older Blacks have a low use of community-based services which impacts their knowledge of elder abuse. A plausible explanation may be that they are unable to identify with the service providers. Spence and Atherton (1991) state, "The addition of more Black staff as administrators, supervisors, and case managers would likely encourage service use among the Black elderly" (p. 30).

Black inner-city elders worry about kin and friends who may steal from them and the high crime rate in their

neighborhoods. Burglary and household larceny is one of the major crimes in inner cities where many Black elders live (Watson, 1991). At the same time, the same family members and friends who commit the burglary and household larceny depend on the elder to provide food and shelter. Therefore, they are concerned about family, fictive kin, and community. Fictive kin may extend to a large part of the community. Dilworth-Anderson (1992) states, "Fictive kin can, therefore, be as important in the Black family as those related by blood" (p. 29). However, Black family members and friends are also less likely to report abuse and neglect (Hall, 1987).

Psychological abuse in the form of deliberately threatening, insulting, frightening, and humiliating is rare, but it is a problem for Black elders. This form of intimidation goes against traditional Black culture which teaches respect for elders. However, the sense of hopelessness that many younger Blacks feel is threatening traditional Black values. The Black church is still the major support system for many Black families and is where many elderly Blacks express their problems and concerns. Therefore, elderly Blacks may not report abuse as readily as other cultures. They may prefer to settle their problems in their homes or with the help of the pastors of their churches.

Conclusions

This study indicates that the Black elderly are experiencing financial abuse which goes against their traditional mutual aid system. In the traditional mutual aid system, elderly Blacks and their adult children shared goods and services with one another, and adult children were their parents' primary caregivers (Dilworth-Anderson, 1992). Black elders today have become the primary caregivers for their families for the purpose of family survival (Burton & Devries, 1992). The extended family with its mutual support system is being challenged by economic hardships of the younger family members. The extended kin network which protected, nurtured, and maintained the family structure in the past may not exist for the Black elder. Today, the Black elder may not have family support or may be the only family member who has the financial stability to keep the family together.

The many challenges of the traditional Black family includes unemployment of the Black males, single-parent female households, and increased drug use in the inner cities. All of the above problems seem to place the Black elderly at a greater risk for elder abuse.

Scope and Limitations

This study was limited by the sample size, its setting, and the social and economic status of its participants. It applies to inner-city populations and not to elders across

different socioeconomic lines. The results of this study cannot be generalized for middle-class, upper-class, or suburban Black elders or other races or cultures, but it will give some insight into the perceptions of inner-city Blacks about elder abuse. Although this study gives a glimpse of the perception of Black elders in inner cities, a larger study with a wider age range may give a more accurate glimpse of Black elder's perception of elder abuse.

One problem with this study was finding seniors who were willing to volunteer as subjects. Many seniors at the center refused to volunteer for the study. A possible cause may be the guilt and shame many abused Black elders feel and are unable to discuss with family, friends, or service providers. Many are hesitant to report family members to authorities because of the injustices in the law enforcement agencies. Others feel uncomfortable with medical and legal agencies because of their cultural insensitivity. Also, historically, Black Americans have been excluded from most of the social institutions and tend to distrust their sincerity and effectiveness. Therefore, Black elders generally do not report abuse because of their distrust of the system. The Black elders at the center did not perceive this study as beneficial to them.

A major weakness of the questionnaire is while the Navajo and Black cultures are similar, there are differences. Culturally sensitive questions should be added

to the questionnaire for a clear understanding of how Black elders perceive elder abuse.

Recommendations

Elder abuse among Black elders is a topic that needs further study. The sample for this study was drawn from a fairly healthy population of inner-city elders. It may be more appropriate to study Black elders who are mentally or physically impaired; those who are dependent on their caregivers more than 4 hours per day. This study drew its sample from the senior center. It may be more appropriate to draw the sample from the Adult Day Health Center where the elders are more dependent on staff and family members.

Another method may be to interview family members who are caregivers and the abusers who are willing to tell their side of the story. There must be mutual respect if Black elders are to trust the agencies they must report abuse to. Today, there appears to be a lot of distrust of the "system," causing some Black elders to suffer in silence when help is available.

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APPENDIX A

Institutional Review Board - Human Subjects Approval

San Jose State University

Office of the Academic Vice President • Associate Academic Vice President • Graduate Studies and Research
One Washington Square • San Jose, California 95192-0025 • 408/924-2480

To: Tress Stewart
8 Montebello Drive
Daly City, CA 94015

From: Serena W. Stanford *Serena W. Stanford*
AAVP, Graduate Studies and Research

Date: December 2, 1992

The Human Subjects-Institutional Review Board has approved your request to use human subjects in the study entitled:

"How Black Elders Perceive Elder Abuse"

This approval is contingent upon the subjects participating in your research project being appropriately protected from risk. This includes the protection of the anonymity of the subjects' identity when they participate in your research project, and with regard to any and all data that may be collected from the subjects. The Board's approval includes continued monitoring of your research by the Board to assure that the subjects are being adequately and properly protected from such risks. If at any time a subject becomes injured or complains of injury, you must notify Dr. Serena Stanford immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised that each subject needs to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate or withdrawal will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have questions, please contact me at 408-924-2480.

APPENDIX B
Consent Letter

MULTIPURPOSE SENIOR CENTER
"PRESERVING THE ROOTS OF THE COMMUNITY"

May 30, 1990

To Whom It May Concern:

*Tress M. Stewart has been given permission by
to conduct an in-house survey here at our Senior facility, subject:
How Black Elders Define Elder Abuse?*

If there are any questions, please feel free to contact our office.

Sincerely,

Executive Director

Administrative Offices

APPENDIX C
Survey of Black Elders

SURVEY OF BLACK ELDERS

This is a survey of Black elders. The purpose of this study is to determine how Black elders living in inner cities perceive abuse and what are the demographic profiles of these elders. Thank you for volunteering for this study. Your answers will be held in very strict confidence.

1. About how many hours per day do you need someone to help you in your daily living?
 _____ hours

2. If you depend upon others in your daily living needs, did you become dependent
 _____ suddenly and unexpectedly?
 _____ by slowly becoming unable to do things?

3. If any of your family members help take care of you, to what extent do you feel that that is difficult or a crisis for them?
 _____ Not at all
 _____ Somewhat
 _____ A lot
 _____ Very much

4. If your family provides any care that you need, how is that responsibility divided up?
 _____ One family member does it all.
 _____ One family member does most of it.
 _____ Two members share it about equally.
 _____ Three or more members share it about equally.

5. If the members of your family provide any care that you need, about how many hours per day do they spend in helping you?
 _____ hours

6. Which of the following is the family member who helps you the most?
 _____ Daughter
 _____ Son
 _____ Granddaughter
 _____ Grandson
 _____ Sister
 _____ Brother
 _____ Other member: (Please describe) _____

7. What kind of relationship have you generally had in years past with the family member who now usually helps you the most?
 _____ Very close
 _____ Positive but not close
 _____ Not good at all
8. What kind of relationship do you now have with the member of your family who helps you the most?
 _____ Very close
 _____ Positive but not close
 _____ Not good at all
9. How old is the person in your family who helps you the most?
 _____ years
10. What is the marital status of the family member who helps you most of the time?
 _____ Single
 _____ Married with no children
 _____ Married with one or two children
 _____ Married with three or more children
 _____ Widowed or divorced with no children
 _____ Widowed or divorced with one or two children
 _____ Widowed or divorced with three or more children
11. Which, if any, of the following problems does the family member have who helps you the most?
 _____ None
 _____ Unemployed
 _____ Depression
 _____ Drinking and alcoholism
 _____ Feeling of not being worth much
 _____ Feeling of resentment toward others
 _____ Others: (please describe) _____

12. About how much income does the family member have who helps you the most?
 _____ Less than \$1,000
 _____ \$1,000 to \$1,999
 _____ \$2,000 to \$2,999
 _____ \$3,000 to \$3,999
 _____ \$4,000 to \$4,999
 _____ \$5,000 to \$9,999
 _____ \$10,000 to \$15,000
 _____ \$15,000 or more

13. What is the occupation of the family member who helps you the most? (Please describe) _____
14. Who, if anyone, besides family members helps take care of you?
 _____ No one else
 _____ Neighbor or friend
 _____ Chapter worker (please describe) _____
 _____ Other person (please describe) _____
15. About how many hours per week do people other than family members spend in helping you?
 _____ hours
16. What kind of relationship do you tend to have with people, other than family members, who help you?
 _____ Close
 _____ Friendly
 _____ Compatible but not close or friendly
 _____ Not very compatible
17. How old is the non-family person, if any, who helps take care of you?
 _____ years
18. If there are any hostile feelings between you and someone who helps to take care of you, please describe what you see as the reasons for that hostility.
19. How often has any of the following things happened to you?
- | | Never | Rarely | Frequently | Often |
|---|-------|--------|------------|-------|
| Left alone long periods of time with no one to help you | | | | |
| Denied needed food | | | | |
| Denied needed medicine | | | | |
| Denied companionship when needed | | | | |
| Denied bathroom assistance | | | | |
| Deliberately insulted | | | | |
| Deliberately frightened | | | | |
| Deliberately humiliated | | | | |
| Deliberately threatened | | | | |
| Treated as a child | | | | |

	Never	Rarely	Frequently	Often
Hit or slapped	_____	_____	_____	_____
Sexually molested	_____	_____	_____	_____
Burned by someone else	_____	_____	_____	_____
Physically restrained	_____	_____	_____	_____
Had money taken from you	_____	_____	_____	_____
Other (please describe)	_____	_____	_____	_____

20. If any of these things have happened to you, who has been responsible?

_____ Daughter
 _____ Son
 _____ Granddaughter
 _____ Grandson
 _____ Friend or Neighbor
 _____ Other (please describe) _____

21. In your opinion, if any of these things have happened to you, have they been done:

_____ intentionally (deliberately trying to hurt you)
 _____ unintentionally (not trying to hurt you)

22. How old are you? _____ years

23. What is your marital status?

_____ Single living alone
 _____ Single living with one or more family members
 _____ Married living with spouse
 _____ Widowed or divorced living alone
 _____ Widowed or divorced living with one or more family members

24. About how much is your annual income?

_____ Less than \$1,000
 _____ \$1,000 to \$1,999
 _____ \$2,000 to \$2,999
 _____ \$3,000 to \$3,999
 _____ \$4,000 to \$4,999
 _____ \$5,000 to \$10,000
 _____ \$10,000 or more

Thank you for your help with this important project.

APPENDIX D
Consent Form

School of Applied Arts and Sciences • Department of Nursing • Graduate Program
One Washington Square • San Jose, California 95192-0057 • 408/924-3134

C O N S E N T F O R M

RESPONSIBLE INVESTIGATOR: Tress Stewart

TITLE OF PROTOCOL: HOW BLACK ELDERS DEFINE ELDER ABUSE.

I have been asked to participate in a research study that is investigating; HOW BLACK ELDERS DEFINE ELDER ABUSE. The results of this study should further our understanding of how black elders perceive elder abuse.

I understand that:

1. I will be asked to answer questions on elder abuse for approximately one hour at the Bayview Hunters Point Senior Center. I also understand that I will be asked demographic information but my name will not be used.
2. There are no anticipated risk to this study.
3. There are no discernible benefits expected from this study.
4. There are no alternative procedures.
5. The results from this study may be published, but any information from this study that can be identified with me will remain confidential and will be disclosed only with my permission.
6. Each volunteer will be paid \$5.00.
7. Any question about my participation in this study will be answered by Tress M. Stewart (415) 992-6385. Complaints about the procedures may be presented to Dr. Bobbye Gorenberg (408) 924-3134. For questions or complaints about research subjects rights, or in the event of research-related injury, contact Serena Stanford, Ph.D. (Associate Academic Vice President for Graduate Studies and Research) at (415) 924-2480.
8. My consent is given voluntarily without being coerced; I may refuse to participate in this study or in any part of this study, and I may withdraw at any time, without prejudice to my relationship with SJSU or Bay View Hunters Point.
9. I have received a copy of this consent for my file.

I HAVE MADE A DECISION WHETHER OR NOT TO PARTICIPATE. MY SIGNATURE INDICATES THAT I HAVE READ THE INFORMATION PROVIDED AND THAT I HAVE RECEIVED TO PARTICIPATE.

Date: _____ Subject's Signature _____

Investigator's Signature _____

APPENDIX E

Flyer

VOLUNTEERS NEEDED

83

TO GIVE THEIR OPINIONS ON

ELDER ABUSE

TO QUALIFY, YOU MUST:

65-75 YEARS OLD

ONE PARENT OF AFRICAN DESCENT

BORN AND RAISED IN THE UNITED STATES

LIVE IN THE BAYVIEW HUNTER'S POINT AREA

SPEAK AND UNDERSTAND ENGLISH

ABLE TO HEAR NORMAL CONVERSATION

EACH VOLUNTEER WILL BE ABLE TO:

WITHDRAW FROM THE INTERVIEW AT ANY TIME

REFUSE TO ANSWER ANY QUESTION

**ALL VOLUNTEERS
WHO COMPLETE THE INTERVIEW
WILL BE PAID \$5.00.**

Tress Stewart

468-1800

APPENDIX F

Dr. Brown's Consent Letter



DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

April 1, 1992

Ms. Tress Stewart
8 Montebello Drive
Daily City, CA 94105

Dear Ms. Stewart:

Here is a copy of the questionnaires that we used in the elder abuse study among Navajo elderly, here at NAU, that you requested.

As indicated on the questionnaires, one was used to interview the elderly persons themselves, and the other was used to interview a family member of each elderly person interviewed. We interviewed another family member because we felt that some of the elderly people would not be able to provide some important information that we wanted. It also gave us a chance to find out the extent that they might have a different perception of the problem.

I hope this is helpful to you in doing your project. We are glad to share it with you, and if you have any questions about which questions measured what, etc., let me know. If you ever want to call me between 9:30 am and 1:00 pm and Mondays, Wednesdays, or Fridays, I can usually be reached at (602) 523-6957.

The Northern Arizona Regional Gerontology Institute (NARGI) here at NAU and the Navajo Office on Aging worked together on this project. Therefore, if you use any part of these questionnaires and want to give credit for what you use in any reports you might make, it would be appropriate to mention both organizations. Good luck on your project.

Sincerely yours,

Arnold S. Brown, Ph.D.
Professor of Sociology

APPENDIX G
Research Protocol

PROTOCOL

Purpose

The purpose of this study is to determine how Black elders living in inner cities perceive abuse from caregivers and to develop a demographic profile of these elders.

Background

Victims of elder abuse have been described in the literature as predominantly White, female, between the age of 60 and 80, widowed or single, low income, and having less than a high school education (Chen, Bell, Dolinsky, Doyle, & Dunn, 1982). Since most studies are drawn from the majority population, there is little information on Black victims of elder abuse. In their 1988 study, Pillemer and Finkelhor concluded that the rate of abuse for minorities was no higher than that of Whites. However, their final study sample was 94% White. Other studies have included a small number of minorities (Sever & Austin, 1980; Bristow & Collins, 1981).

Brown's (1989) study surveyed Navajos on a reservation on the southern border of Utah. The purpose of the study was to determine the extent, type, and severity of abuse among very traditional elderly Navajos. The Navajos surveyed by Brown (1989) were economically deprived and living in impoverished

conditions similar to those of low-income, inner-city elderly Blacks. Brown (1989) found that the two most frequent forms of abuse were neglect and financial exploitation. Most of the elderly Navajos felt they were voluntarily sharing their income with family members practicing a cultural tradition of mutual helping. However, the younger family members did not reciprocate the mutual helping cultural value; the more dependent the elderly Navajo was, the more likely he/she was abused.

Many inner-city Black elderly also have strong beliefs in extended families. Like the Navajos in Brown's (1989) study, they are low income, and many live with large extended families. Some are even responsible for their grandchildren and great grandchildren due to the increase of crack cocaine addiction of young Black between the ages of 20 and 40. These elderly Blacks feel they, too, are practicing a cultural value in keeping the family together at all cost. There is little information of the experiences of these elderly or the effect that this burden has on their lives. Current literature documents that the Black elderly are at risk due to their position in society. They live on the margins of society with little income, education, and political power. Yet, there is a scarcity of information of elder abuse in

inner cities perhaps due to conflicting definitions. This study will attempt to disclose how Black inner-city elders perceive abuse.

Justification for Study Involving Human Subjects

Black inner-city elders' perceptions of abuse can best be given by them. The life experiences of this group differ from those of any other ethnic or cultural group. Elderly Blacks who are the children or grandchildren of slaves have lived through great economic, political and social hardship, and pressures such as the depression, life without the vote, and life without civil rights that was afforded to the White race. They have also lived through the feminist movement and the sexual revolution. They are now faced with the decaying of their communities because of the high rate of drug abuse in this country which is destroying the moral fabric of their culture. Life in the Black community has changed tremendously in the last 50 years since Black families began to migrate from rural areas to cramped inner cities.

African culture defines the family as much more than parents and their children. Family means the inclusion of uncles, aunts, nieces, nephews, grandparents, and close friends. Blacks have traditionally practiced extended family ties as a cultural norm, but with constant assault on Black

culture and the inability to break the poverty cycle, close family ties are sometimes lost. Many inner-city Blacks have lived below the poverty line for more than two generations with all attempts to break the cycle failing. In the last 40 years, many Black inner-city males have become jobless or are working jobs that pay minimum wages. The welfare system assists women and children but does little to foster strong male heads of household.

Today's Black elderly have witnessed many young Blacks discard their families, moral value, religion, and culture in search of a new lifestyle and the popular culture. With very little family support, these young Blacks often find themselves estranged from the values and morals that define Black life, while not being able to cope with the values and morals of the popular culture. Therefore, when they are in trouble, they have difficulty understanding the elders of the race and culture. It then becomes difficult to receive or give support that will sustain strong family ties. With the increase of drug abuse in the inner cities, Black families are at risk of being destroyed. Black elders are the first to recognize the problem and are the ones who are fighting to keep Black families together. They are also the ones who can tell us what kind of abuse they are experiencing.

Specific Aims

This study is designed to allow Black, inner-city elders to relate to service providers how they perceive elder abuse. A survey questionnaire of 24 questions will be read by the interviewer. The questionnaire was used by Dr. Arnold S. Brown in his study on elder abuse among Navajo elderly. All answers will be analyzed, both quantitatively and qualitatively, to determine if the elders perceive or define abuse in the same manner as the current literature and according to California law.

Method

Each subject will be asked to answer 24 questions from the questionnaire (see attached guide). The interviewer will read each question aloud to the subject. The interview will last approximately 1 hour. The interviews will take place in a private room at the Bayview Hunters Point Multi-Purpose Senior Center. All information will be kept in a private file and will be reviewed by the interviewer and her immediate instructors.

Subjects

A flyer will be posted at the Bayview Hunters Point Senior Center asking for volunteers (see attached flyer). The first 10 elders who volunteer and meet the criteria will be interviewed. Each volunteer will be

asked to read and sign the consent form. Each volunteer will be told that he or she can withdraw at any time from the study. Each volunteer will be informed that he or she can refuse to answer any question without penalty (see attached consent form). All volunteers who complete the interview will be paid \$5.00.

Risk and Benefit

There is no risk to the elderly subject answering the questions. The benefit is the knowledge the elder will gain about abuse as a result of answering the questions. It is conceivable that each subject interviewed will discuss the questions with at least one other person who is not a subject, thereby sparking a small interest in elder abuse in the Black community.