The Dynamics of Interpersonal Relationships in 150 Families in Which Elder Abuse Has Occurred - An Exploratory Study in Texas*

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Introduction and Objectives of the Study

Elder abuse may have been occurring for centuries in the United States but was not recognized as a serious social problem until the end of the 1970s, when Congress held a series of hearings on the subject. Since then, efforts have been made by experts to understand the extent and causes of the problem. Despite the fact that there has been some progress in these efforts, information is still limited today particularly with respect to the true incidence or prevalence of elder abuse, as well as the causal factors of elder abuse. Many agree that a great deal of more information about the problem must be learned before governments can increase their resources to combat elder abuse.

The primary objective of this study is to examine the dynamics of interpersonal relationships in 150 families, which were randomly selected from the caseload of the Texas Department of Protective and Regulatory Services (TDPRS) in the summer of 1999, and in which elder abuse had been confirmed. The author of this paper served as the Principal Investigator (PI) of this study. The methodology for this study will be described in more detail later.

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The Nature of the Problem, With a Review of the Past Studies

After completing America's first national "incidence" study of elder abuse, the National Center on Elder Abuse (NCEA) announced in the fall of 1998 that "as many as 787,027 elders or as few as 314,995 elders could have been abused, neglected and/or self—neglecting in domestic settings, in 1996" (NCEA, 1998, p.4). These estimates were considerably lower than those that had been circulated for some years in the elder abuse community and were not greatly welcomed by advocates for the elderly or by some researchers who even suggested that NCEA had committed some technical errors in sampling and in making national estimates. The only previous national study of elder abuse, conducted in 1986, was designed to generate a "prevalence" of elder abuse for the nation and was very different from NCEA's incidence study in terms of its research design and its elder abuse definitions.

Nevertheless, the 1986 prevalence study estimated that as many as 1.1 million elders were being abused in the U.S.A. at any given moment during that year (Pillemer and Finkelhor, 1988). Compared to this 1986 estimate, the NCEA's new estimates of elder abuse incidence certainly did appear to many people to be a gross underestimate. It became apparent that some people really had expected to hear from NCEA that the estimated number of elder abuse victims in 1996 was larger than 1.1 million, but that did not happen.

Consequently, the elder abuse community has been in turmoil over the issue of what would be the true incidence or prevalence of elder abuse in the United States. Today, no one seems to know how many elderly people are being maltreated in the country. However, it does not appear that any new national study designed to explore the extent of elder abuse problems is in progress or is likely to begin soon.

In the meantime, researchers have done a number of studies to understand the nature of elder abuse, and many of these studies were concerned with efforts to identify factors that would cause elder abuse. A wide variety of different methods have been used in these efforts, but these research methods relied upon data that were derived from one of the following five sources: (1) elderly people receiving services from aging agencies; (2) professional or paraprofessional personnel working directly with elderly people; (3) case records or reports of elderly clients prepared by professionals; (4) elder abuse data generated by the management information systems (MIS) of adult protective services (APS) agencies; and (5) a probability sample of the elderly taken from the populations

in a specific geographic region or in the nation (NCEA,1998, p. 2-1). Until the 1986 prevalence study of elder abuse cited earlier, researchers did not use probability samples of the U.S. population to conduct scientific studies. Early researchers, nevertheless, were interested in generating prevalence or incidence of elder abuse in some geographic area. For example, Gioglio and Blakemore (1982) found that only 1 percent of the elderly respondents of a random sample of elders in New Jersey were victims of some form of elder abuse.

After examining the records of elderly patients served by a Chronic Illness Center in Cleveland, Ohio, Lau and Kosberg (1979) concluded that 9.6 percent of 404 patients showed symptoms of abuse. Additionally, Block and Sinnott (1979) examined the "battered elder syndrome" in Maryland and found that 4.1 percent of the elderly who had responded to their survey were being abused. Other researchers surveyed or interviewed social workers serving the elderly to establish the prevalence rate of elder abuse (Dolon and Blakely, 1989; Douglas, Hickey, and Noel, 1980; Sengstock and Liang, 1982). None of these researchers, however, were able to translate their findings into national prevalence rates on elder abuse, because their samples were "convenience" samples, which did not allow such translations. Finally, Tatara (1989, 1990, and 1993) collected data on elder abuse reports from state adult protective services agencies, and generated and disseminated to the elder abuse community across the country information about the characteristics of elder abuse victims and abusers. Tatara also developed national estimates of elder abuse reports each year from 1986, and continued until 1998, when he issued the 1996 national estimate of 293,000 reports showing a 150.4 percent increase from 117,000 reports in 1986 (NCEA, 1998, p. 2-2).

Still, other early researchers tried to explain the causes and dynamics of elder abuse by using various sociological or psychological theories. For example, Phillips (1986) applied a situational theory/model to understand elder abuse and neglect, and according to her, elder abuse is related to the stress of caregiving. She suggested that when the stress associated with caregiving is reduced, there would be a reduction of elder abuse. With or without the situational model, the idea that elder abuse is somehow associated with the stress of providing eldercare has been very popular among professionals, as well as caregivers themselves. Next, Steinmetz (1988) chose the symbolic interaction theory to explain the dynamics of eldercare, and postulated that each person interacts with another person on the basis of his/her own role definitions and expectations.

If there occurs a large discrepancy between behaviors and role expectations, conflict then may arise, she suggested. It was Steinmetz (1977) who first advanced a theory that violence in the family is transmitted from one generation to another as if though it were a "cycle of violence". This theory has been popular among many human service professionals, particularly in child protective services, who believe that victims of child abuse are likely to become abusers of their children later. However, the cycle of violence theory has not yet been proven to be true by elder abuse researchers.

Sociologists have long been using the social exchange theory to explain the dynamics of human relationships in many different settings, but Gelles (1983) applied the theory to understand spousal and child abuse in the early 1980s. Later, the theory was used by Wolf and Pillemer (1989) to analyze interactions in a study of elderly people who were physically abused. The theory holds that each person contributes something (cost) to a relationship in exchange for something (reward) and that when both parties in the relationship feel that the exchange is fair, there is no conflict between the parties, but when one of them feels that the exchange is unfair, conflict may arise. It may be that abusive caregivers feel that they are not getting a fair exchange in their relationships with elders and are taking it out on them.

Knowing that some abusive acts to elders are committed by truly violent people, some researchers accept the psychopathology explanation of elder abuse (Wolf and Pillemer, 1986; Bristowe and Collins, 1989). O'Leary (1993) showed a relationship between violent behavior and aggressive personality traits, while the United Nations Office (1993) recognized that psychopathology in the victim also will increase chances of domestic violence. It is well known that psychopathology includes personality disorders, mental illness, and the abuse of alcohol and drugs. Given that about one-third of the abusers of elderly people are adult children of the victims with various psychopathological problems (Tatara, 1995), the psychopathology theory of elder abuse may also make good sense (Anetzberger, 1987).

In addition, feminist theorists (Aitken and Griffin, 1996) and those who would prefer a political economy interpretation of social problems tend to view elder abuse as being caused by structural inequities in society, or as a by-product of the way older people are marginalized by society (Nolan, 1993; Phillipson, 1997). These researchers believe that society, not individual attributes or dysfunctions, is responsible for elder abuse. In the final analysis, each case of elder abuse is very complex and has multiple dimensions, and

it is possible that there is some truth to each one of the theories that are briefly described (Wolf, 1999, p.8).

The Definitions of Elder Abuse

In the United States, there are as many elder abuse definitions as there are states in the country. The definition of elder abuse varies from one state to another, and some states have more than one elder abuse definition. Then, there are the federal definitions of elder abuse, which have been included in the Older Americans Act since 1987, but have not been enforced because the federal Administration on Aging (AOA) has not been given the authority by Congress to enforce them in the states.

In view of the fact that there was no standard definition of elder abuse that states could readily use for gathering common data, the National Aging Resource Center on Elder Abuse (NARCEA)** developed and disseminated its definitions on domestic elder abuse (Tatara, 1990). NARCEA's definitions were made up of seven categories, as follows:

- 1. *Physical abuse* non-accidental use of physical force that results in bodily injury, pain or impairment.
- 2. *Sexual abuse* non-consensual sexual contact of any kind with an older person.
- Emotional or psychological abuse willful infliction of mental or emotional anguish by threat, humiliation, intimidation, or other verbal or nonverbal abusive conduct.
- 4. *Neglect* willful or non-willful failure by the caregiver to fulfill his or her caregiving obligation or duty.
- 5. Financial or material exploitation unauthorized use of funds, property, or any resources of an older person.
- 6. *Self-abuse and neglect* abusive or neglectful conduct of an older person directed at himself or herself that threatens his or her health or safety.
- 7. *All other types* all other types of domestic elder abuse that do not belong to the first six categories.

^{**}NARCEA, which was founded in 1988, became the National Center on Elder Abuse (NCEA) in 1992. The author of this paper served as director of NARCEA/NCEA between 1988 and 1998.

NARCEA's definitions of domestic elder abuse were similar to the federal definitions of elder abuse, but have been better known and better accepted by states than the federal definitions, because the states have been using the NARCEA definitions to assemble state data on elder abuse for NARCEA (and for NCEA after 1992), which in turn has been generating national estimates of elder abuse.

The Elder Abuse Definitions in the State of Texas

As mentioned earlier, this study was concerned with 150 Texas families, in which elder abuse had been confirmed, based on the elder abuse definitions of that state. The elder abuse definitions of Texas are included in the Texas Human Resources Code, Chapter 48. 001, which provides for the definitions of several types of maltreatment of adults. According to this Code, the abuse of an adult is defined as:

- 1. Any act or failure to act performed knowingly, recklessly, or intentionally, including incitement to act, which caused or may have caused physical injury or death to a person served;
- 2. Any act or inappropriate or excessive force or corporate punishment, regardless of whether the act results in injury to a person served; and
- 3. Any use of chemical or bodily restraints not in compliance with federal and state laws and regulations.

Further, neglect is defined in part as:

a negligent act or omission by any individual responsible for providing services in a facility that renders care or treatment which caused or may have caused physical or emotional injury or death to an individual with mental illness or mental retardation at risk of physical or emotional injury or death...

Additionally, exploitation is defined as:

the illegal or improper act or process of using a person or the resources of a person served for monetary or personal benefit, profit or gain.

Chapter 48 of the Texas Human Resources Code includes a lengthy definition of adult sexual abuse, but because this study is not concerned with sexual abuse victims, the definition is not introduced here. Further, as of November 1999, the Texas Human

Resources Code also contained the definitions of psychological abuse and self-neglect for adults or the elderly.

Given these circumstances, the 150 families in Texas selected for this study were those in which the abuse, neglect, or exploitation of elder persons (65 years old or older) had occurred prior to the summer of 1999. Incidentally, in the United States, the definition of who is an older person differs from one benefit/service program to another. For example, the Older Americans Act defines anyone who is 60 years old and older as an older person. However, other federal programs, like Medicaid and Medicare, hold that a person must be 65 years old or older to be considered an older person. States have enacted their own laws concerned with the elderly and defined older people in different ways, but most states use an age of 65 as a cut-off when they define older people. The state of Texas is one of those states.

Texas Department of Protective and Regulatory Services (PRS)

The Texas Department of Protective and Regulatory Services (PRS) was created in 1995 with the passage of (Texas State) House Bill 7. Today, PRS is charged with protecting children, adults who are elderly or have disabilities living at home or in state facilities, and licensing group daycare homes, daycare centers, and registered family homes. Further, with an annual budget of over \$714 million for fiscal year 2001, PRS has a total of 6,698 employees in more than 275 local offices across the state. Programmatically, PRS is divided into four distinct but closely related program units, as follows: 1) protective services for families and children - this program component is responsible for investigating reports of abuse and neglect of children and for providing services to children and families in their own homes; 2) adult protective services - this component investigates reports of abuse, neglect and exploitation of elderly people and people with disabilities living at home or in facilities licensed by the Texas Department of Mental Health and Mental Retardation; 3) child care licensing - this unit investigates complaints and serious incidents involving daycare and residential care facilities and takes corrective measures, as necessary, and licenses group daycare homes, daycare centers, and registered family homes, child-placing agencies, and private and publicly owned residential child care facilities; and 4) prevention and early intervention - this program unit manages community-based programs that prevent delinquency, abuse, neglect and exploitation of Texas children, elderly, and disabled adults.

During 1999 (the year in which this study was conducted), PRS received a total of 57, 430 reports of alleged abuse, neglect, or exploitation of adults. Of these, PRS investigated 54,478 reports and confirmed that in 35,291 reports, abuse, neglect, exploitation or other forms of maltreatment of adult Texans had taken place (a confirmation rate of 64.8%). Of the reports that were investigated, a total of 30,961 (56.8%) were elderly people, and the remaining 23,517 (43.2%) were adults with disabilities. Given that there were 1,998, 696 older Texans in that year, the elderly who were reported to PRS as allegedly being maltreated represented 1.5%.

Study Design and Research Methodology

As mentioned earlier, the primary objective of this study is to examine the dynamics of interpersonal relationships of 150 Texas families, in which elder maltreatment has occurred. In the spring of 1999, the author of this paper sought and obtained approval from the director of the Adult Protective Services (APS) Program regarding the use of their elder abuse cases for this study. Subsequently, the author's discussions with the same director resulted in an agreement that included, among others, the following key items:

- The author of this paper will develop and submit to PRS for their review a Family Checklist;
- PRS will randomly select a total of 150 cases (families), in which elder maltreatment has been confirmed, from their APS Management Information System (MIS) for the purpose of this study;
- PRS will identify the social workers that have been assigned to the 150
 cases and will train them on the completion of the Family Checklist for
 each case (family);
- PRS will provide the author of this paper and his consultants with the logistical support necessary for their visits to the homes of selected families for in-home interviews; and
- The author of this paper will analyze the completed Family Checklists for the purpose of developing a final report.

Later, it was further agreed that of the 150 cases to be examined by this study, 100 cases will be chosen from the APS caseload of the Dallas region, while the remaining 50 will come from the San Antonio region. This arrangement was made so that the social

workers of one region will not have to shoulder the entire burden of filling out the Family Checklists. Additionally, it was also decided that only those cases in which physical abuse and serious caregiver neglect have been confirmed will be included in the study. Thus, the cases involving financial exploitation, sexual abuse, and other types of maltreatment were excluded.

The Family Checklist

The Family Checklist, designed to gather information about the dynamics of interpersonal relationships among family members, consisted of 11 major and 9 sub-questions, and each question provided a list of response options that could be checked off. Each checklist was supposed to be completed by the social worker who was most knowledgeable about a particular case. Another important fact is that the Family Checklist used in this study was the English translation (with considerable modifications) of the Japanese version that was used by the author of this paper for a national elder abuse research study, supported by a grant from the Japanese Ministry of Health and Welfare. When this study was conducted in Texas in the summer and fall of 1999, the study in Japan had already been in progress. In the Japanese study, the social workers of 135 eldercare facilities completed the Family Checklists for a total of 241 families, in which elder abuse had been confirmed. Because the checklists (or the response options for the questions) in two countries are not exactly comparable, the results cannot be compared on an item-by-item basis. This author will explore the possibility of comparing the results of the two checklists, but this paper will not address the Japanese checklist.

Some of the Family Checklist questions, designed to gather information about the internal dynamics of the Texas families in which elder maltreatment has happened, through the perceptions of the families' social workers, pertain to:

- The causes of abuse and neglect Based on his/her knowledge of the family, the social worker must choose the main cause of elder abuse for that family.
- *The burdens of caregiving and elder abuse* The social worker must decide whether the burden of caregiving has contributed to this incidence of elder abuse or neglect.
- The length of time abuse or neglect lasted The social worker must tell how long this incidence of elder abuse or neglect has been continuing.
- The possibility of other types of family violence The social worker must determine whether there is child abuse or domestic violence occurring in the family.

- *The family's attitude toward caregiving* Based on his/her knowledge of the family, the social worker must determine how earnestly the family is providing eldercare.
- The elder's attitude toward his/her family The social worker must determine whether the elder is feeling bad (or good) about being cared for by the family.
- *The elder's health conditions* The social worker must provide his/her assessment of the elder's health conditions.

These are only some of the items that are covered by the Family Checklist; there are many more, similar items. As mentioned earlier, during the summer and fall of 1999, the Texas Department of Protective and Regulatory Services chose a total of 150 families (100 families from the Dallas region and 50 families from the San Antonio region) from their APS caseload's "confirmed elder abuse cases" and identified the social workers that had been assigned to these families. Then, the APS/PRS staff provided these social workers with training on the completion of the Family Checklists and assured that the checklists would be completed correctly by these social workers. Subsequently, the completed checklists were shipped to the author of this paper in Japan, and an analysis was performed there.

The Results of an Analysis of the Family Checklists

An analysis of the data was conducted, with the use of SPSS, and the information on each checklist was entered into a computer after the checklists were "cleaned up" and coding for the checklists was completed. Frequency distribution tables were constructed for a number of items for the purpose of organizing and analyzing the data. Further, as appropriate, statistical analyses, including some statistical tests with the application of chi-square tests, were performed. The major findings from an analysis of the frequency distribution tables are presented first in this section. The results of the statistical test will be discussed later.

The Characteristics of the Elderly. Of the 150 elder abuse cases chosen for the study, demographic information was available about 147 elders (i.e., elder abuse victims). The (mean) average age of these elders was 75.8 years old, and 72.8% were women, while the remaining 27.2% were men. Next, of 146 elders for whom information was available, 87 (59.6%) were victims of neglect, while the remaining 59 (40.4%) were victims of physical abuse. Additionally, information about abusers was obtained for 127 people, and for 70

of them (55.1%), the main perpetrator was either the elder's son or daughter. The elder's spouse was the abuser of 22 (17.3%) elders, but grandsons, granddaughters, and other relatives were seldom mentioned as abusers.

The Causes of Abuse and Neglect. Although the social workers thought the main cause of abuse or neglect was the "abuser's personal problem (e.g., alcoholism, stress, drug addiction)" in 38.0% of the cases, they also thought the "environment that surrounds the family (e.g., economic hardship, the family's disinterest in caregiving, social isolation)" was the main cause of elder maltreatment in 16.7% of the cases. Further, the social workers were of the opinion that the "conditions of the older victim (e.g., mental or physical impairments, excessively high expectations of the elder)" were also responsible for 14.0% of the elder abuse cases. Additionally, about one-fourth of the cases (24.7%) were viewed as being caused by a combination of several specific factors. Finally, the social workers thought the "bad relationship between the elder and the abuser" was the main cause of only a small portion (6.7%) of the elder abuse cases. Table 1 presents the summary of these responses.

Table 1
Causes of Abuse and Neglect

Cause	Number	Percent
Abuser's Problem	57	38.0
Environment	25	16.7
Conditions of Elder Victims	21	14.0
A Combination	37	24.7
Total:	150	100.1 **

^{*}Due to rounding errors, the total is more than 100.0.

The Burden of Caregiving and Elder Abuse. Of the 129 elder abuse cases for which information was available, the social workers thought that 54.3% of the cases had something to do with the caregiver's burden or stress, but the remaining cases (45.7%) were unrelated to it.

The Length of Time Abuse or Neglect Lasted. In the 102 cases for which information was obtained, elder maltreatment had lasted for less than 2 years (as of the fall of 1999, when this study was conducted) in 58.3% of the cases, but in the remaining 41.7%, elder maltreatment had continued for more than 2 years. On average, elder abuse or neglect lasted for a length of 1.4 years.

Existence of Other Types of Family Violence. The social workers thought child abuse

had occurred in 10.0% of the families, in which elder abuse was confirmed, but spousal abuse had taken place in 14.7% of the families.

The Family's Attitude Toward Caregiving. Information about this item was available for 127 families. The social workers thought slightly over two-fifths (42.5%) of the families were providing eldercare "very reluctantly" or "out of their sense of obligation." Additionally, they thought that about one-fifth (22.0%) were refusing to provide their elders with care. On the other hand, more than one-third (35.5%) of the families were perceived to be providing eldercare "earnestly or dedicatedly."

The Elder's Attitude Toward His/her Family. According to the assessment of social workers, nearly one-half (48.0%) of the elders did not feel one way or the other about their families regarding caregiving, but about one-third (31.7%) appeared to be thinking they were "entitled to a good caregiving." On the other hand, the social workers reported that 20.3% of the elders appeared to be feeling "bad about being a burden to the family."

The Elder's Health Conditions. Information about this item was available for 149 elders. Nearly three-fourths (70.5%) of the elders had some physical impairments, and about one-fifth (21.5%) were cognitively impaired. However, the elders having other forms of impairments were relatively few – mental impairment (14.8%) and behavioral impairment (8.7%). Additionally, about one out of seven elders (14.1%) did not appear to be impaired in any way. Table 2 below presents the summary of these responses.

Table 2
Elder's Health Conditions

Conditions	Number*	Percent
Physically Impaired	105	70.5
Cognitively Impaired	32	21.5
Mentally Impaired	22	14.8
Behaviorally Impaired	13	8.7
Not Impaired	21	14.7

N = 150

*Because the respondents were allowed to check more than one item, the total exceeds 150.

The Elder's Reactions to the Social Worker on Abuse and Neglect. Information about this item was available for 117 elders. One-third (33.3%) of the elders "tried to hide the fact of being abused or neglected" from their social workers, but about one-fourth (25.7%) "actively sought the worker's assistance." On the other hand, approximately two

-fifths (41.0%) of the elders either "reluctantly related the fact of being abused or neglected" or gave "some hints for seeking help" from their social workers. Some of these elders also were resigned to accept the situation. Table 3 presents the summary of these responses.

Table 3
Elder's Reaction to Social Workers on Abuse and Neglect

Reaction	Number	Percent
Tried to Hide Abuse/Neglect	39	33.3
Actively Sought Help	30	25.7
Reluctantly Talked About It	48	41.0
Total:	117	100.0

<u>The Family's Social Participation.</u> Information about this item was available for 103 families. Over three-fourths (78.6%) of the families only seldom participated, or did not participate, in events and activities in the community. One-tenth (10.7%) were frequent participants. Table 4 presents the summary of these responses.

Table 4
Family's Social Participation

Degree of Participation	Number	Percent	
Seldom Participated/or Did Not Participate	81	78.6	
Occasionally Participated	11	10.7	
Frequently Participated	11	10.7	
Total:	103	100.0	

The Results of Statistical Tests

Whenever appropriate and practicable, chi-square tests were performed to find out if sets of relationships among variables would be statistically significant. A significance level of $p \le 0.05$ was used in all of these tests, and the results of the tests, in which a statistical significance was found, are summarized below:

- Physical abuse is less likely to be related to the stress of caregivers.
- Spousal abuse is more likely to involve physical abuse than other forms of maltreatment. Also, spousal abuse is more likely to last more than 2 years.
- · When child abuse is found in a family, it is more likely that there are other forms of

maltreatment in that family. Conversely, when child abuse is not found, it is less likely that there are other types of abuse in that family.

- When spousal abuse is found in a family, it is more likely that there is physical abuse of an elderly person in that family.
- When there is neither child abuse nor elder abuse in a family, it is less likely that there is spousal abuse in that family. On the other hand, if both child abuse and elder abuse are found in a family, it is more likely that there is spousal abuse in that family.
- Cognitively impaired elders are more likely to be neglected than physically abused. On the other hand, mentally impaired elders are more likely to be physically abused than neglected.

The implications of some of the findings are quite intriguing. For example, the finding that "physical abuse is less likely to be related to the stress of caregivers" implies that the factors other than the caregiver's stress are more likely to be the major causes of physical abuse. Although some researchers argue that there are more important factors (e.g., bad relationship between the caregiver and the elderly person, a history of violence in the family) than the caregiver's stress as being contributory to elder abuse (Steinmetz, 1998), the "caregiver stress theory" still appears to be supported by a large number of people, including those who practice eldercare, in the elder abuse community.

The research finding that "cognitively impaired elders are more likely to be neglected than physically abused" is something that may not be easily comprehended by many people. It is still a widely-held assumption in the community today that persons with cognitive impairment are frequent victims of physical abuse in the institutional settings, as well as in their own homes. Another finding that "mentally impaired elders are more likely to be physically abused than neglected" is informative, and may make good sense to many people. Further, the findings that "spousal abuse is more likely to involve physical abuse than other forms of maltreatment" and "when child abuse is found in a family, it is more likely that there are other forms of maltreatment in that family" are both very informative and also make good sense empirically.

Conclusions

This paper presented a summary of the key findings in the study, in which the dynamics of interpersonal relationships were examined in 150 families in the state of

Texas. These families, in which elder abuse was substantiated, were randomly selected from the caseloads of the Adult Protective Services (APS) Program of the Texas Department of Protective and Regulatory Services (TDPRS) in Dallas (100 families) and in San Antonio (50 families). The study was conducted in the summer and fall of 1999.

It is true that similar studies must be performed elsewhere using different populations before these research findings can be definitively accepted as the truth. However, it is also reasonable that some of the findings of this study be incorporated immediately into the curricula of training classes for APS personnel as pieces of new information, to which the trainees may be asked to refer. In the meantime, this study has generated more information than can be presented in a single journal article.

For example, the information gathered through in-home interviews has not been used. The author of this paper intends to continue to examine the data and may share additional findings with his colleagues in the elder abuse community in the future.

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The Dynamics of Interpersonal Relationships in 150 Families in Which Elder Abuse Has Occurred —An Exploratory Study in Texas

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This study examined the dynamics of interpersonal relationships in 150 families, which were randomly selected from the caseload of the Texas Department of Protective and Regulatory Services (TDPRS) and in which elder abuse was confirmed. The examination was performed by the adult protective service (APS) workers assigned to these families, with the use of a Family Checklist, in the summer and fall of 1999. Of these 150 families, 100 of them were chosen from the APS caseload for the Dallas region, while the remaining 50 came from the San Antonio region. Some of the findings of the study are very informative and can possibly be incorporated into the practice of elder protection. For example, the finding that "physical abuse is less likely to be related to the stress of caregivers" implies that one must also look for factors other than the caregiver's stress as the probable causes of physical abuse. This and several other findings, which were the results of statistical tests, are introduced and discussed in this paper.